



CITY OF BANGOR PUBLIC HEALTH & COMMUNITY SERVICES



ANNUAL REPORT

2019



BANGOR PUBLIC HEALTH & COMMUNITY SERVICES

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Annual Report to City of Bangor Public Health & Community Services May 2019

It is with great pleasure that I present our Public Health Department's first annual report. This year the Health Department has been working to improve, the conditions in which we live and work as scientist have found these conditions have an enormous impact on our health. Our work has been guided by our vision that *all residents deserve to live in thriving communities where every person has a healthy and fulfilling life. We seek to accomplish this vision through our mission to promote health and well-being in our community by providing prevention services, supports, education and leadership.*

Our three-year strategic priorities include (1) communication & branding, (2) programs and services, (3) fiscal stability, (4) a welcoming and functioning workspace and environment, (5) a community indicators dashboard, and (6) achieving national public health accreditation

Communication and branding: Our goal is to achieve recognition as the public health leader for the Bangor region by setting local public health policy and participating in the State of Maine's system of public health provision. Emphasis will focus on prevention services using a 'health in all policies' lens. Toward this goal, staff have consulted with area municipalities and schools as content experts to address vaping and marijuana use, especially among minors. We are applying for grants that align with our specific strategic goals and areas of expertise. Our hope is that our recognition as the health leader will help promote and encourage behavior change, inspire action, and build momentum toward a healthier community.

Programs and services: We continue to scan the public health landscape to identify and address gaps in our community. As an example, the Maternal Child Health (MCH) program recognized our community no longer had a car seat distribution program. Hospitals require a car seat before an infant can leave the hospital, and this was unaffordable for many. We identified a nurse and sent her for car seat technician training, making this service available to Bangor area residents through the provision of free car seats for qualified applicants. In the winter months, we collaborate with the fire department to offer this service in a warm environment. Our MCH program also recognized that parents of infants riding the bus needed a safe way to transport their babies. Our nurse provided a presentation to the Bangor noontime Rotary Club and received a donation to purchase front carriers that we now distribute among our families. The Woman Infant and Children (WIC) nutrition program now offers Farmer's markets checks and the SNAP Ed program offers "Harvest Bucks" to eligible recipients, both initiatives improve access to healthy foods. The Immunization program nurses and nursing students provided vaccines in 18 area schools over the past year. Our Community Services program is currently working in collaboration with the police department to address homelessness by seeking to improve the safety net using a housing first approach.

Fiscal stability: Following a planned retirement, we hired a grants accounting specialist to assist with our budgeting and grant management. We currently hold 17 grants; a combination of federal, state and private sources. Having grant management expertise in our department relieves a significant burden on the city's Finance Department. We seek to support the majority of our services using grant dollars and to maintain and leverage our public health expertise.

Welcoming and functioning workspace: Last year we installed waiting room cameras and an employee electronic swipe-card entry system. This winter we completed a months' long flooring project to cover our asbestos tile floors. The result has been a boost in morale for staff and visitors alike and a more professional appearance. This summer we anticipate installing internal security doors and improving lightening. We intend to continue to upgrade our workspace to address significant deferred maintenance as budget allows.



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Community indicators/ dashboard: The development of a community dashboard will allow for the collection of data we can use to measure the impact of our work in the community. We sought an intern interested in data and data collection and were lucky to find a match with the University Of Maine School Of Social Work. One of two social work interns we hosted this year assisted with gathering information regarding dashboards used across the country in cities our size, easily collectable community metrics, and census data. We met with the Community and Economic Development Department and the School Department to determine metrics they identified as best measures of their work. We are now exploring the use of dashboard tools and software products available. In addition, we participated in the Maine Shared Community Health Needs Assessment (CHNA) and the development and creation of city level data. (Appendix A)

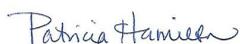
Accreditation: The first step toward accreditation is the strategic plan we completed in the spring of this year. Next steps include possible ordinance changes strengthening public health language, researching and adopting a quality improvement tool, and instigating a procedure for its use. Our eventual goal is to hire a part time accreditation manager who will map out our strategy among 12 domains and assist with applying for national public health accreditation through National Association of City and County Health Organizations (NACCHO).

Key Accomplishments

- Worked with engineering, police, and fire to create and share GIS maps to illustrate the extent of substance use disorder in Bangor. This is an evidence-based approach to the work and not done elsewhere.
- Continued to serve as the backbone organization to lead and promote the activities of the Community Health Leadership Board (CHLB). We are currently addressing substance use disorder. (Appendix B)
- Received a grant to collaborate with the school department to address school absenteeism, a precursor to future risk behaviors
- Chosen as one of only two Maine locations able to offer *Stamaryl*, (European yellow fever vaccine, experimental in the U.S.) during the national yellow fever vaccine shortage.
- Applied for a Robert Wood Johnson Culture of Health Prize and made it through round one. We anticipate reapplying in the near future.
- Worked collaboratively with the city's housing work group and we anticipate continuing this work.
- Awarded a *FitLot* playground project, the only one located in Maine, due to our Bangor Livable Communities Committee's (BLCC) visibility and recognition. A summer installation is planned in partnership with the Parks & Recreation Department.
- Applied for a Substance Abuse and Mental Health Services Administration (SAMHSA) grant proposing to work with area schools to implement an evidence based screening tool among area youth.

We continue to provide consultation to other communities regarding substance use disorder (SUD) prevention, active living, and healthy eating. We have addressed policy changes in municipalities, schools, and businesses by pushing for stronger policies on vaping, alcohol, and marijuana use, especially among minors. We instigated the need to change our liquor license process to include mandatory Responsible Beverage Server (RBS) training. Once enacted, we began offering community RBS trainings. We work with local partners to improve healthy food access in our city and surrounding towns. The coming year will bring continued change and opportunities, and we look forward to meeting those challenges. We have the staff and expertise to represent Bangor well into the future.

Respectfully submitted,



Patricia Hamilton APRN, Public Health Director

WIC Nutrition Program

2018 Annual Report



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WIC Provides



The Women, Infant and Children (WIC) program is a nutrition and health program for growing families that provides:

- ▶ Quality nutrition education and services
- ▶ Breastfeeding promotion and education
- ▶ Healthy foods at no cost
- ▶ Seasonal checks for fresh fruits and vegetables to use at approved local farm stands and Farmers' Markets
- ▶ Referrals to maternal, prenatal and pediatric health-care services and social service programs

WIC Counts

Oct 2017 - Sept 2018



\$1,960,979.00 spent annually at **36** local grocery stores



\$6355 spent annually at **21** WIC approved Farmers' Market and farm stands



3513 residents served throughout Penobscot and Piscataquis Counties

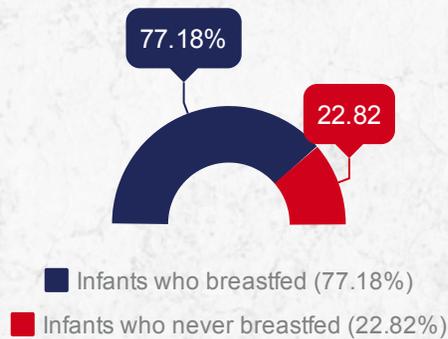


17,503 social service and healthcare referrals throughout Penobscot and Piscataquis Counties

WIC Makes a Difference

Oct 2017- Sept 2018

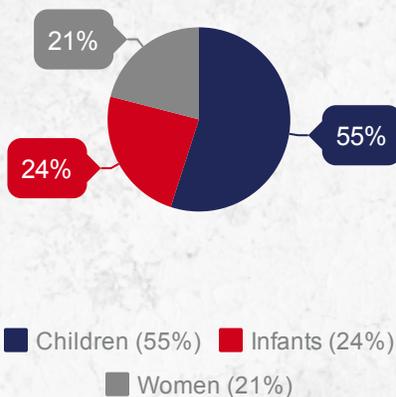
77.18% of infants on WIC have Breastfed



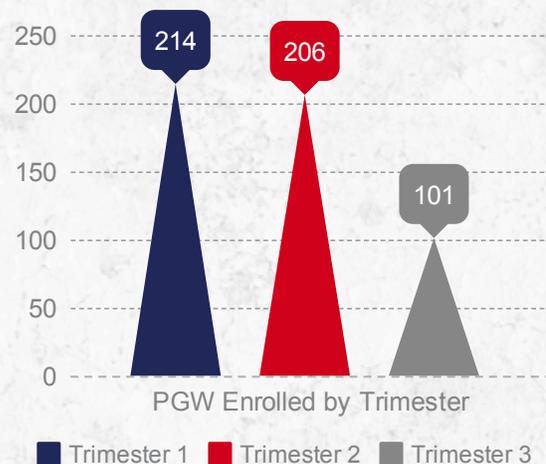
Breastfeeding Duration



WIC Supports Families



WIC Supports Pregnant Women



WIC Staff

- 8 Certified Lactation Counselors (CLC)
- 1 Registered Dietitian (RD/LD)
- 5 Nutritionists or Nutrition Educators
- 1 Lactation Consultant (IBCLC)
- 1 Breastfeeding Peer Counselor

Note: Some staff have more than one credential

Clinic Locations

- Bangor
- Dexter
- Dover-Foxcroft
- Corinth
- Lincoln
- Millinocket
- Milo
- Newport
- Greenville



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Community Services

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Community Services includes General Assistance and Shelter Plus Care

Services



General Assistance helps qualified Bangor residents with basic needs such as rent, food, and hygiene items.

GA also helps with prescription medications for residents without private insurance or MaineCare

Eligibility is based on income guidelines established by the Maine Department of Health & Community Services.

Shelter Plus Care helps to house adults and families experiencing homelessness who have a mental health, substance use, or HIV/AIDS diagnosis.

Shelter Plus Care is funded by the U.S. Department of Housing and Urban Development and uses the "housing first" model. This approach houses people immediately and wraps them with services they need to remain stably housed.

Statistics

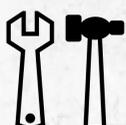
Oct 2017 - Sept 2018



- GA served 2,595 individuals from Oct 2017-October 2018. This represents 944 adults and 418 families.



- 84% received help for 6 months or less



- 21% are employed



- Shelter Plus Care currently houses 169 individuals and families.

Community Services Makes a Difference

Oct 2017- Sept 2018

By assisting with housing, food, and other basic necessities, we help reduce homelessness and move people toward independence.

GA provides "workfare" experience for able bodied adults, thereby providing valuable volunteer hours for local non-profits and work experience for participants.

Many GA clients are disabled and applying for Social Security benefits. Because they are unable to work, GA provides for their basic needs while they're waiting for their benefits to begin.

GA caseworkers link clients with other services within the Department including WIC, Maternal Child Health, and the Immunization Clinic.

Shelter Plus Care successfully houses our community's most vulnerable and difficult to house individuals and families with a retention rate of 98%.

GA Expenditures October 2017 - October 2018



Staff

- 2 full time GA caseworkers
- 2 part time caseworkers
- 1 full time Shelter Plus Care Housing Specialist



- Onsite services at the Bangor office serving clients from the City of Bangor
- Shelter Plus Care houses adults and families in Bangor and surrounding communities



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MCH Program

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MCH Provides

Maternal & Child Health (MCH) Program provides nurse home visits for pregnant women and parents of young children. Services include:



Up to date health information on pregnancy, postpartum and child care



Checks of unborn baby's heartbeat and mother's blood pressure



Breastfeeding support by Certified Lactation Counselors



Guidance and support for caring for children from birth to age 5 years



Home safety suggestions including safe sleep for infants

MCH Counts Oct 2017 - Sept 2018



- 1486 home visits conducted



- 288 mothers and babies served



- 100 referrals to partner agencies and services



- 23 car seats inspected and 28 car seats distributed

MCH Makes a Difference

Oct 2017- Sept 2018

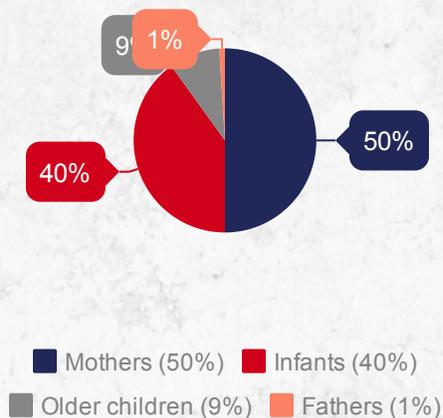
Results of on-line survey

"My nurse helps me keep track of my babies weight and growth in between doctors visits, resources in my community and just listening to my everyday struggles with life.

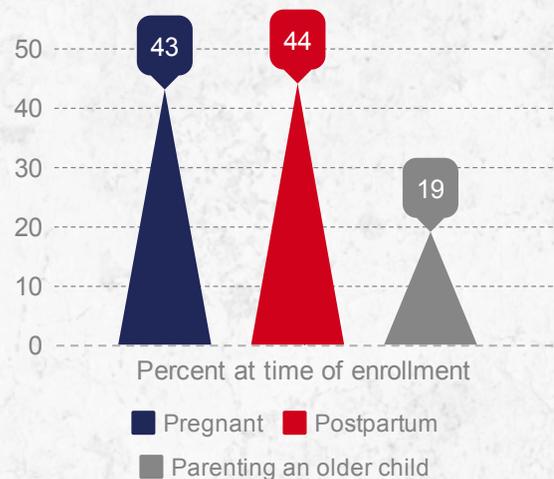
" (my nurse) was always willing to listen to and answer all my questions. She made time for my baby and me, and she was willing to schedule extra weight checks to ease my anxiety."

"Helped me get thru the baby blues and taught me very helpful stuff I needed to know for my baby."

MCH Supports Families



MCH Supports Women during Perinatal Period



MCH Staff

- 2 Full time Registered Nurses
- 3 Certified Lactation Counselors
- 1 Certified Asthma Educator
- 1 Certified Child Passenger Safety Technician

Note: Some staff have more than one credential



- Nurse home visits are free of charge for residents of the City of Bangor
- Car seat inspections and distributions are open to the greater Bangor area



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Immunization Clinic

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Clinic Provides



The Immunization Clinic provides a walk-in clinic two days a week and one evening a month.
Travel Health Counseling by appointment.
Services include:

- Routine vaccinations for all ages
- Travel Health counseling for travel overseas including travel vaccinations and malaria prevention
- Confidential screenings and treatment for several sexually transmitted infections
- Pre-employment/school TB skin testing and titers for Hepatitis A and B, MMR and Varicella
- Pre-exposure Rabies vaccinations

Clinic Counts

Oct 2017 - Sept 2018



- 18 school based immunization clinics conducted during the influenza season



- 1413 pediatric immunizations administered (including routine and influenza vaccines)



- 377 Yellow Fever vaccinations administered



- 397 infectious disease tests conducted with treatment or referral for 17 positive tests

Immunization Clinic Makes a Difference

Oct 2017- Sept 2018

By increasing the number of vaccinated individuals the clinic improves the overall 'herd immunity' of the community, thereby protecting those who cannot be vaccinated

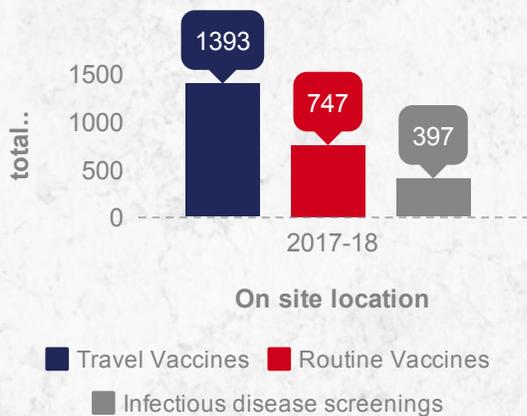
Expert travel health counseling help travelers stay safe while traveling abroad and return to their communities healthy

The clinic works with businesses to meet OSHA requirements regarding protection of employees and patrons from risks of infectious disease

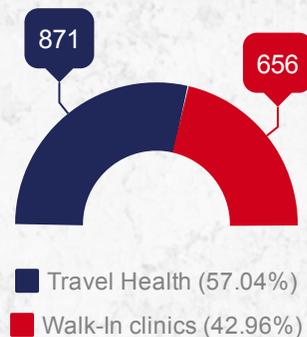
The Clinic offers access to low barrier, confidential care by offering state provided vaccine and testing

Since October 2017 the Clinic has been one of two sites in the state permitted to provide Yellow Fever vaccine

Vaccines and Screenings



1527 Clients seen on-site



Clinic Staff

- 7 Part time Registered Nurses
- 1 Full time Clinical Program Assistant
- 1 Nurse Practitioner



- Onsite services at the Bangor office serving clients from all areas of the state
- Offsite clinics for participating schools and businesses in the greater Bangor area



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Health Promotion

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Prevention Works



Health Promotion programs work in the community to change habits and improve environments where people live, work, and play

▶ Providing overdose prevention trainings throughout Penobscot, Hancock, and Washington counties

▶ Working with schools, businesses, municipalities and community organizations to develop tobacco/vaping /alcohol/marijuana prevention policies

▶ Bringing the Let's Go curriculum to area schools, early child care sites and after school programs to improve healthy eating and active living

▶ Bringing SNAP Ed trainings to adults and children in Penobscot and Piscataquis counties

▶ Providing Responsible Beverage Server training to area businesses

Making a Difference in Communities

▶ Educating landlords and parents about preventing lead poisoning in children - long term exposure can cause serious health and developmental problems.

▶ Environments influence behavior. Youth use of alcohol, tobacco and other substances is lower where policies restricting access and availability exist.

▶ Let's Go helps schools and early child care settings improve nutrition and increase physical activity for the youth they serve. State data shows a downward trend in obesity among 3rd and 5th graders - in part because of the Let's Go program.

Prevention Counts

Oct 2017 - Sept 2018



- 44 opioid outreach trainings for high risk individuals, care givers and social service providers. Distributed educational material to 70 locations and 35 towns/cities



- Tobacco prevention program engaged all 27 public schools & 3 private schools in Penobscot and Piscataquis counties



- Held 22 Responsible Beverage Server trainings for 178 individuals since ordinance was enacted



- Provided 13 Prime for Life substance use prevention school-based education classes



- Held 14 marijuana education sessions



- SNAP Ed helps you shop, cook, and eat healthy on a budget. 3,345 youth in Penobscot and Piscataquis counties were reached in 2018 and 161 adult nutrition classes were provided



- 21 Let's Go registered early child care sites and after school programs in 15 communities

Staff

- 1 Program Manager
- 1 Substance Use Prevention Coordinator
- 6 Public Health Educators
- 4 Nutrition Educators



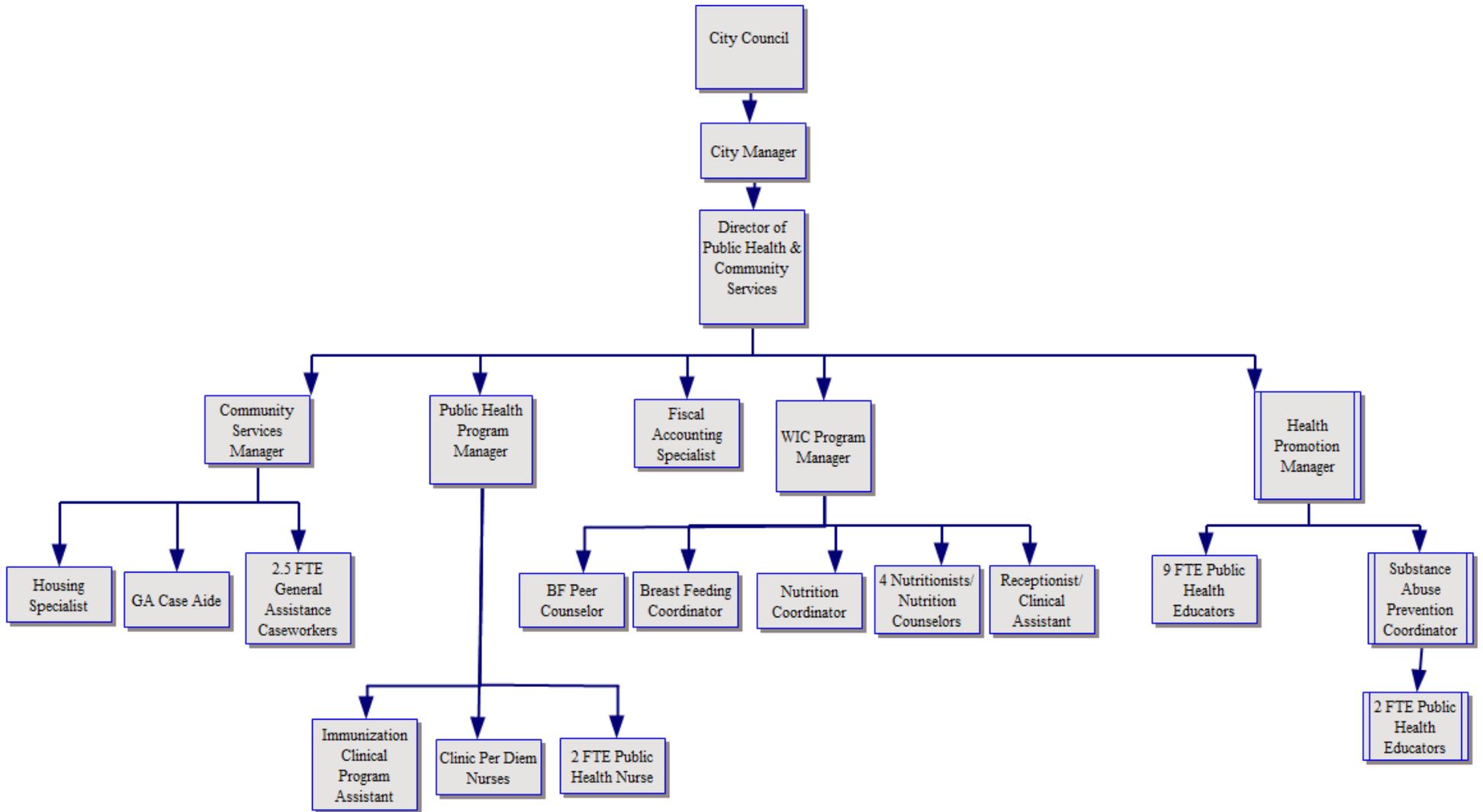
- Substance Use Prevention & Let's Go: Penobscot County
- SNAP Ed & Tobacco Prevention: Penobscot and Piscataquis counties
- Overdose Prevention: Penobscot, Washington, & Hancock counties
- Lead Poisoning Prevention: Greater Bangor



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**Bangor Public Health and Community Services
 Organization Chart
 April 2019**



DEPARTMENT HIGHLIGHTS BUDGET 2019-2020

Current Year Accomplishments PH&CS	Significant Challenges	Major Goals and Objectives
Completed first strategic planning document to guide health department activities	Some activities remain unfunded	Review strategic plan with council, seek grant and alternative funding for unfunded activities. Complete annual report
Housing/Homelessness: participated in housing workgroup. Began conducting outreach visits to homeless encampments with police dept., continued efforts to visit people identified with clutter/hoarding or other disorders affecting housing. Identified Bangor Livable communities (BLCC) housing goals	Visits are time consuming and require coordination with PD staff. Staff are pulled away from current work tasks to assist in visits and coordination and referral after the visits	Submit request for new outreach program personnel; complete grant application to offset fiscal request
Overall reduction in General assistance (GA) applications in 2018-2019	Increase homelessness	Anticipate reduction in GA expenditures for prescription medications due to Maine Care expansion
<p>Efforts to address substance use disorder: Participation in project ECHO (Extension for Community Healthcare Outcomes is a movement to de-monopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world) with police and fire to address population most at risk of death, continue Community health leadership board (CHLB) work especially current development of community wide emergency room discharge plan</p>	No staff or funding exits for rapid response team, burn out threat for current staff (fire, police). No standard discharge plan for people admitted to ED following over dose	Submitted \$10,000 planning grant to Maine community foundation (MCF) to explore idea of rapid response team. Presentation of CHLB efforts to MCF, begin first offender class in collaboration with DA office and Bangor Area Recovery Network. Continue work with PD and FD to use GIS maps to quantify problem. Create video to tell story of Bangor response to opiate crisis
WIC successful farmers market food program and breast feeding peer support	Declining numbers overall in Bangor and statewide due primarily to food stamp allotment & availability	Perform analysis of participant numbers. Consider survey of PH&CS participants; consider new partnerships with OB & pediatric providers. Evaluate outreach locations and consolidate if necessary
Health promotion (prevention): on-going successful efforts related to SNAP Ed,	Unstable funding, state public health	Continue monitoring evaluation measures, seek



DEPARTMENT HIGHLIGHTS BUDGET 2019-2020

<p>Tobacco prevention (including vaping), <i>Let's Go Healthy Living</i>, Lead poisoning prevention and substance use prevention. Held 22 Responsible Beverage Server (RBS) trainings with 178 participants after passage of city ordinance. established absenteeism specialist in collaboration with Bangor school dept.</p>	<p>environment and whole system reorganization, funding challenges</p>	<p>funding for continuation of programs, and apply for prevention grants that align with health dept. mission and goals. Current SAMHSA grant pending</p>
<p>Public health nursing: Designed pilot project to evaluate effectiveness of PHN education modules and text messaging evaluation tool</p>	<p>PHN visits are longer & more complex, burn out risk is greater, safety concerns</p>	<p>Set up meeting with HR to set up structure to support staff in service delivery & establish safety protocols</p>
<p>Immunization/travel/infectious disease: on-going participation in Stamaril (yellow fever) vaccine trial</p> <p>Outreach to Bangor Area Homeless Shelter and Hope House to establish Hepatitis A vaccination plans to prevent potential outbreaks in shelter settings</p>	<p>Documentation and education requirements are stringent</p> <p>Staff time to coordinate efforts among partners and set up policies/procedures to ensure work continues</p>	<p>Monitor clinic numbers related to Stamaril/YF vaccine to anticipate loss of funding when trial ends</p> <p>Continue work with regional epidemiologist to identify potential outbreaks and design plans to mitigate risk. Complete MOU with St. Joseph Hospital for shelter nurse to vaccinate BAHS residents.</p>

BANGOR HEALTH PROFILE 2018

Maine Shared Community Health
Needs Assessment



INTRODUCTION

The Maine Shared Community Health Needs Assessment (CHNA) is a partnership with the vision to turn health data into actions to improve the health of all Maine people. This is the third Maine Shared CHNA and the second conducted on a triennial basis.

The mission of the Maine Shared CHNA is to:

- Create Shared CHNA Reports,
- Engage and activate communities, and
- Support data-driven health improvements for Maine people.

These reports, as well as additional information and data, can be found at the Maine Center for Disease Control and Prevention (Maine CDC) webpage for the Maine Shared CHNA (www.mainechna.org).

HOW TO READ THIS DOCUMENT

This document provides around 40 health data indicators that describe demographics, health outcomes, behaviors, and the conditions that influence our health.

The data come from over 30 sources and represent the most recent data available as of July 2018. Data from several years is often combined to ensure there is enough data to draw conclusions. The two time periods being compared can be found within the tables under columns marked, “Point 1” and “Point 2.” All comparisons are based on 95% confidence intervals. A **95% confidence interval** is a way to say that if this indicator were measured over and over for the same population, we are 95% confident that the true value among the total population falls within the given range/interval. When the confidence intervals of two measurements do not overlap, the difference between them is statistically significant. Where confidence intervals were not available, no indication of significant difference has been made.

The tables use symbols to show whether there are important changes in each indicator over time, and to show if local data is notably better or worse than the state or the nation. See the box below for a key to the symbols:

CHANGE shows **statistically significant changes** in the indicator over time, based on 95% confidence interval (see description above).

- ★ means the health issue or problem is **getting better** over time.
- ! means the health issue or problem is **getting worse** over time.
- means the change was not statistically significant.
- N/A means there is not enough data to make a comparison.

BENCHMARK compares Bangor data to county and state data, based on 95% confidence interval (see description above).

- ★ means Bangor is doing **significantly better** than the county or state average.
- ! means Bangor is doing **significantly worse** than the county or state average.
- means there is no statistically significant difference between the data points.
- N/A means there is not enough data to make a comparison.

ADDITIONAL SYMBOLS

- * means results may be statistically unreliable due to small numbers, use caution when interpreting.
- means data is unavailable because of lack of data or suppressed data due to a small number of respondents.

Data in this report are presented as both rates and percentages.

- For data that is presented as a percentage, the “%” symbol appears with the data point. The most common conditions and behaviors are presented as percentages.
- When the health condition, behavior, or outcome is less common, the numbers are presented as rates per 1,000, 10,000, or 100,000 people. For indicators that are a rate, look below the indicator name to see the rate denominator (per 1,000 or per 10,000, etc.). The less common the health condition, behavior, or outcome is, the larger the denominator.

KEY INDICATOR	BANGOR DATA			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	PENOB-SCOT	+/-	MAINE	+/-
DEMOGRAPHICS							
Population	—	2012-2016 32,491	N/A	2012-2016 152,978	N/A	2016 1,329,923	N/A
SOCIAL DETERMINANTS OF HEALTH							
Children living in poverty	—	—	N/A	2012-2016 18.3%	N/A	2012-2016 17.2%	N/A
Median household income	—	2012-2016 \$37,987	N/A	2012-2016 \$45,302	N/A	2016 \$50,826	N/A
Estimated high school graduation rate	2011 86.2%	2017 89.9%	N/A	2017 88.3%	N/A	2017 86.9%	N/A
MORTALITY							
Overall death rate per 100,000 population	2007-2011 862.3	2012-2016 914.4	○	2012-2016 799.9	!	2012-2016 753.1	!
ACCESS							
Uninsured	2009-2011 11.7%	2012-2016 12.4%	N/A	2012-2016 10.5%	N/A	2012-2016 9.5%	N/A
HEALTH CARE QUALITY							
Ambulatory care-sensitive hospitalizations per 10,000 population	—	2016 115.3	N/A	2016 96.6	!	2016 74.6	!
Ambulatory care-sensitive emergency department rate per 10,000 population	—	2012-2014 178.4	N/A	2012-2014 332.8	★	2012-2014 259.4	★
CANCER							
All cancer deaths per 100,000 population	2007-2011 204.8	2012-2016 186.3	N/A	2012-2016 176.7	○	2012-2016 173.8	○
All cancer new cases per 100,000 population	2005-2009 531.8	2010-2014 520.6	○	2012-2014 498.1	N/A	2012-2014 473.7	N/A
CARDIOVASCULAR DISEASE							
Cardiovascular disease deaths per 100,000 population	2007-2011 230.5	2012-2016 210.4	○	2012-2016 216.7	○	2012-2016 195.8	○
DIABETES							
Diabetes deaths (underlying cause) per 100,000 population	2007-2011 27.2	2012-2016 32.2	○	2012-2016 26.6	○	2012-2016 22.0	!
Diabetes hospitalizations (principle diagnosis) per 10,000 population	—	2016 25.3	○	2016 14.1	!	2016 11.9	!
RESPIRATORY							
Chronic obstructive pulmonary disease (COPD) hospitalizations per 10,000 population	—	2016 20.7	N/A	2016 21.2	○	2016 16.5	○
PREGNANCY AND BIRTH OUTCOMES							
Low birth weight (<2500 grams)	—	2012-2016 7.1%	N/A	2012-2016 7.3%	○	2012-2016 7.1%	○
Pre-term live births	—	2014-2016 10.0%	N/A	2012-2016 8.9%	N/A	2012-2016 8.2%	N/A

KEY INDICATOR	BANGOR DATA			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	PENOB-SCOT	+/-	MAINE	+/-
IMMUNIZATION							
Immunization exemptions among kindergarteners for philosophical reasons	2014-2015 0.0%	2017-2018 0.0%	N/A	2017-2018 3.1%	N/A	2017-2018 4.6%	N/A
INFECTIOUS DISEASE							
Lyme disease new cases per 100,000 population	2011 3.1	2017 46.1	N/A	2013-2017 42.2	N/A	2013-2017 96.5	N/A
UNINTENTIONAL INJURY							
Fall-related injury (unintentional) emergency department rate per 10,000 population	—	2012-2014 339.3	N/A	2012-2014 283.7	!	2012-2014 340.9	○
INTENTIONAL INJURY							
Suicide deaths per 100,000 population	2007-2011 14.6	2012-2016 20.6	○	2012-2016 14.8	○	2012-2016 15.9	○
MENTAL HEALTH							
Mental health emergency department rate per 10,000 population	—	2012-2014 247.1	N/A	2012-2014 143.5	!	2012-2014 167.6	!
SUBSTANCE AND ALCOHOL USE							
Overdose deaths per 100,000 population	2007-2011 20.0	2012-2016 33.9	○	2012-2016 17.0	!	2012-2016 18.1	!
Alcohol-induced deaths per 100,000 population	2007-2011 8.1	2012-2016 17.4	○	2012-2016 11.0	○	2012-2016 9.7	!
Substance-abuse hospitalizations per 10,000 population	—	2016 29.6	N/A	2016 14.7	!	2016 18.1	!

Leading Causes of Death

RANK	STATE OF MAINE	BANGOR
1	Cancer	Cancer
2	Heart disease	Heart Disease
3	Chronic lower respiratory diseases	Chronic lower respiratory disease
4	Unintentional injuries	Unintentional injuries
5	Stroke	Cerebrovascular disease