

# 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](http://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	+/-
<b>DEMOGRAPHICS</b>							
Population	—	2012-2016 32,491	N/A	2012-2016 152,978	N/A	2016 1,329,923	N/A
<b>SOCIAL DETERMINANTS OF HEALTH</b>							
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
<b>MORTALITY</b>							
Overall death rate per 100,000 population	2007-2011 862.3	2012-2016 914.4	○	2012-2016 799.9	!	2012-2016 753.1	!
<b>ACCESS</b>							
Uninsured	2009-2011 11.7%	2012-2016 12.4%	N/A	2012-2016 10.5%	N/A	2012-2016 9.5%	N/A
<b>HEALTH CARE QUALITY</b>							
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	★
<b>CANCER</b>							
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
<b>CARDIOVASCULAR DISEASE</b>							
Cardiovascular disease deaths per 100,000 population	2007-2011 230.5	2012-2016 210.4	○	2012-2016 216.7	○	2012-2016 195.8	○
<b>DIABETES</b>							
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	!
<b>RESPIRATORY</b>							
Chronic obstructive pulmonary disease (COPD) hospitalizations per 10,000 population	—	2016 20.7	N/A	2016 21.2	○	2016 16.5	○
<b>PREGNANCY AND BIRTH OUTCOMES</b>							
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	+/-
<b>IMMUNIZATION</b>							
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
<b>INFECTIOUS DISEASE</b>							
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
<b>UNINTENTIONAL INJURY</b>							
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	○
<b>INTENTIONAL INJURY</b>							
Suicide deaths per 100,000 population	2007-2011 14.6	2012-2016 20.6	○	2012-2016 14.8	○	2012-2016 15.9	○
<b>MENTAL HEALTH</b>							
Mental health emergency department rate per 10,000 population	—	2012-2014 247.1	N/A	2012-2014 143.5	!	2012-2014 167.6	!
<b>SUBSTANCE AND ALCOHOL USE</b>							
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