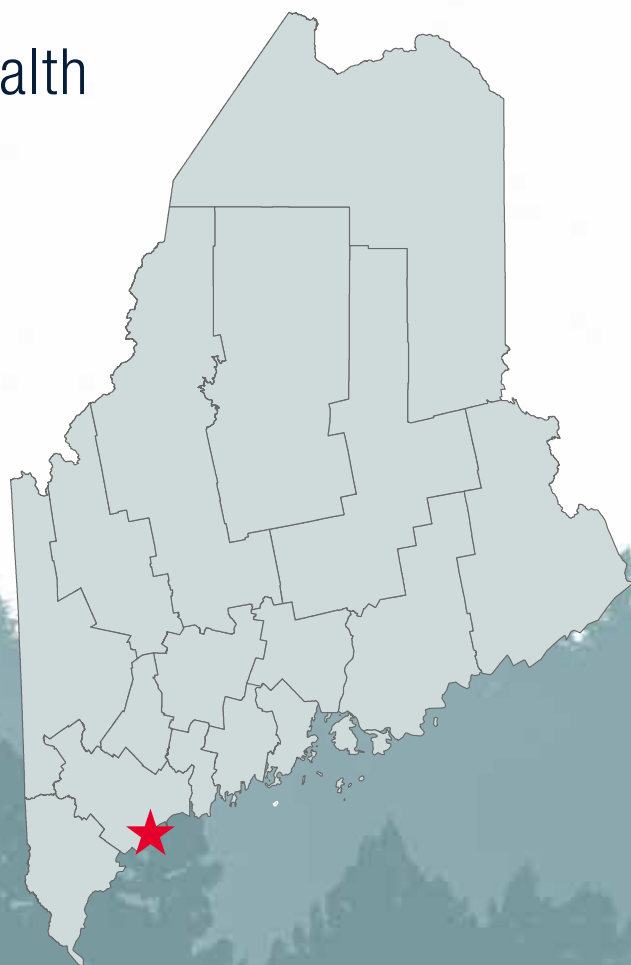


PORTLAND HEALTH PROFILE 2018

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

- ★ means Portland is doing **significantly better** than the county or state average.
- ! means Portland 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	PORTLAND DATA			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	CUMBERLAND	+/-	MAINE	+/-
DEMOGRAPHICS							
Population	—	2012-2016 66,649	N/A	2012-2016 288,204	N/A	2012-2016 1,329,923	N/A
SOCIAL DETERMINANTS OF HEALTH							
Children living in poverty	—	2012-2016 25.6%	N/A	2012-2016 13.3%	N/A	2012-2016 17.2%	N/A
Median household income	—	2012-2016 \$48,259	N/A	2012-2016 \$61,902	N/A	2012-2016 \$50,826	N/A
Estimated high school graduation rate	2011 79.1%	2017 83.1%	N/A	2017 87.7%	N/A	2017 86.9%	N/A
MORTALITY							
Overall death rate per 100,000 population	2007-2011 753.0	2012-2016 756.3	○	2012-2016 683.6	!	2012-2016 753.1	○
ACCESS							
Uninsured	2009-2011 11.1%	2012-2016 10.0%	N/A	2012-2016 7.5%	N/A	2012-2016 9.5%	N/A
HEALTH CARE QUALITY							
Ambulatory care-sensitive hospitalizations per 10,000 population	—	2016 54.5	N/A	2016 49.9	○	2016 74.6	★
Ambulatory care-sensitive emergency department rate per 10,000 population	—	2012-2014 262.8	N/A	2012-2014 541.9	★	2012-2014 259.4	○
CANCER							
All cancer deaths per 100,000 population	2007-2011 176.1	2012-2016 166.0	○	2012-2016 161.5	○	2012-2016 173.8	○
All cancer new cases per 100,000 population	2005-2009 481.8	2010-2014 461.5	○	2012-2014 459.3	N/A	2012-2014 473.7	N/A
CARDIOVASCULAR DISEASE							
Cardiovascular disease deaths per 100,000 population	2007-2011 177.9	2012-2016 181.7	○	2012-2016 164.3	○	2012-2016 195.8	○
DIABETES							
Diabetes deaths (underlying cause) per 100,000 population	2007-2011 20.4	2012-2016 18.3	○	2012-2016 15.7	○	2012-2016 22.0	○
Diabetes hospitalizations (principle diagnosis) per 100,000 population	—	2016 13.3	○	2016 9.0	!	2016 11.9	○
RESPIRATORY							
Chronic obstructive pulmonary disease (COPD) hospitalizations per 10,000 population	—	2016 12.4	N/A	2016 9.5	○	2016 16.5	★
PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT							
Obesity (high school students)	2015 10.2%	2017 11.1%	○	2017 11.9%	○	2017 15.0%	★
Met physical activity recommendations (high school students)	2011 19.6%	2017 14.3%	!	2017 19.8%	!	2017 20.3%	!
PREGNANCY AND BIRTH OUTCOMES							
Low birth weight (<2500 grams)	—	2012-2016 6.9%	N/A	2012-2016 6.8%	○	2012-2016 7.1%	○

KEY INDICATOR	PORTLAND DATA			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	CUMBERLAND	+/-	MAINE	+/-
PREGNANCY AND BIRTH OUTCOMES							
Pre-term live births	—	2014-2016 8.0%	N/A	2012-2016 7.8%	N/A	2012-2016 8.2%	N/A
IMMUNIZATION							
Immunization exemptions among kindergarteners for philosophical reasons	2014-2015 3.8%	2017-2018 1.6%	N/A	2017-2018 4.2%	N/A	2017-2018 4.6%	N/A
INFECTIOUS DISEASE							
Lyme disease new cases per 100,000 population	2011 33.2	2017 43.8	N/A	2013-2017 93.1	N/A	2013-2017 96.5	N/A
UNINTENTIONAL INJURY							
Fall-related injury (unintentional) emergency department rate per 10,000 population	—	2012-2014 408.6	N/A	2012-2014 272.1	!	2012-2014 340.9	!
INTENTIONAL INJURY							
Suicide deaths per 100,000 population	2007-2011 12.9	2012-2016 13.1	○	2012-2016 12.6	○	2012-2016 15.9	○
MENTAL HEALTH							
Mental health emergency department rate per 10,000 population	—	2012-2014 297.3	N/A	2012-2014 164	!	2012-2014 167.6	!
SUBSTANCE AND ALCOHOL USE							
Overdose deaths per 100,000 population	2007-2011 18.1	2012-2016 29.3	!	2012-2016 18.1	!	2012-2016 18.1	!
Alcohol-induced deaths per 100,000 population	2007-2011 12.6	2012-2016 16.7	○	2012-2016 8.6	○	2012-2016 9.7	!
Past-30-day alcohol use (high school students)	2011 33.3%	2017 25.2%	★	2017 24.1%	○	2017 22.5%	○
Past-30-day marijuana use (high school students)	2011 27.7%	2017 21.9%	○	2017 19.4%	○	2017 19.3%	○
Past-30-day misuse of prescription drugs (high school students)	2011 7.9%	2017 7.2%	○	2017 6.1%	○	2017 5.9%	○
Substance-abuse hospitalizations per 10,000 population	—	2016 21.5	N/A	2016 11.8	!	2016 18.1	○
TOBACCO USE							
Past-30-day tobacco use (high school students)	2011 20.5%	2017 9.4%	★	2017 12.9%	○	2017 13.9%	★
Environmental tobacco smoke exposure (high school students)	2011 37.6%	2017 21.0%	★	2017 24.3%	○	2017 31.1%	★

Leading Causes of Death

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