Health of Portland Report

Public Health
Prevent. Promote. Protect.
Portland Public Health Division
City of Portland, Health and Human Services Department

2019 - 2020

Research & Evaluation Program, Public Health Division
Health and Human Services Department, City of Portland

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A Letter from the Director of Public Health

October 28, 2019

Welcome to the Health of Portland Report

On behalf of the City of Portland, Health and Human Services Department, Public Health Division, I am pleased to share our first Health of Portland Report with you. This health report provides a broad overview of the overall health and well-being of our unique city. Here we cover a variety of health variables that directly affect the health of Portlanders. These data points help us understand where our strong health outcomes are and where we have room for improvement. I hope this report serves as a baseline and provides a foundation of current and local data for further discussions and coordinated planning to better the health of our city as a whole.

Here at Portland Public Health, our mission and vision statements speak to our purpose.

Mission: The mission of Portland Public Health is to improve the health of individuals, families, and the community through disease prevention, health promotion, and protection from environmental threats.

Vision: Portland will be the "go to" public policy thought-leader in creating communities in which the public can enjoy health & well-being; a clean environment; protection from public health threats; and having access to quality health care.

We will continue to provide qualitative and quantitative data for Portland residents, organizational partners, and community stakeholders. Special thanks to Hayley Prevatt for putting this report together - great job!

I encourage readers of this report to reach out to our Portland Public Health's Research and Evaluation Program with feedback and let us know how you're using this report to support you in your work. Thank you!

Yours in good health,

Kolawole Bankole, MD, MS, MBA
Portland Public Health Director / Administrator
City of Portland Local Health Officer
www.portlandmaine.gov/PublicHealth

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Acknowledgements

The creation of the Health of Portland Report was a labor of love that would not have been possible without the support and guidance of numerous colleagues from different organizations across the state. We relied heavily on the individuals below to guide the report's content, analyze data, write narratives, and think critically about Portland's health. It is with most humble thanks that we acknowledge those who gave their valuable time and effort - this report would not be what it is without your help. Thank you!

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A special thank you to City of Portland staff who spent time writing narratives and poring over the data. This report would be stark in comparison without your thoughtful prose, inquisitive questioning and dedication to the health and well-being of Portlanders and beyond.

City of Portland

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We would also like to thank the Boston Public Health Commission's Research and Evaluation Office for their guidance in the initial stages of this report. Additionally, thank you to Corey Templeton for the beautiful photographs seen throughout the report.

Last, but certainly not least, thank you to the residents of Portland for sharing your stories with us and for making Portland such a wonderful place to live, work and play.
Thank you, all!

Hayley M. Prevatt

Hayley M. Prevatt, MPH
Research and Evaluation Program Coordinator
https://www.portlandmaine.gov/2365/Research-and-Evaluation-Program

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Executive Summary

Through our combined efforts, The Health of Portland Report will result in a number of health and system improvements for Portland residents including, but not limited to, the following outcomes illuminated from the qualitative and quantitative data in the report:

Areas where Portland is performing poorly compared to Cumberland County and/or Maine:

Indicator	Portland	Cumberland Co.		Maine		Source
Asthma-related emergency department visits per 10,000 people	2010-2014 85	2010-2014 34		2010-2014 39.7		Maine Environmental Public Health Tracking Program
Children living in poverty	2012-2016 25.60%	2012-2016 13.30%		2012-2016 17.20%		Maine Shared CHNA, Portland Profile
Fall-related emergency department visits per 10,000 people	2012-2014 408.6	2012-2014 272.1		2012-2014 340.9		Maine Shared CHNA, Portland Profile
Mental health emergency department visits per 10,000 people	2012-2014 297.3	2012-2014 164		2012-2014 167.6		Maine Shared CHNA, Portland Profile
Met physical activity recommendations of 60 minutes per day, high school	2019 17.10%	2019 20.00%		2019 20.90%		Maine Shared CHNA, Portland Profile
Overall death rate per 100,000 people	2012-2016 756.3	2012-2016 683.6		2012-2016 753.1		Maine Shared Community Health Needs Assessment (CHNA), Portland Profile
Newly diagnosed cases of infectious syphilis per 100,000 people	2017 26.9	2017 9.9		2017 6.2		Maine Infectious Disease Surveillance System
Overdose-related deaths per 100,000 people	2018 66.2	2018 29.97		2018 26.45		Expanded Maine Drug Death Report, 2018
Percentage of women, aged 50 - 74, who have had a mammogram within the past two years	2016 73.40%	2014 & 2016 84.60%		2016 80.20%		Portland and Maine: 500 Cities Cumberland County: Maine Shared CHNA, Cumberland County Profile
Poisoning deaths per 100,000 people	2018 37.1	2012-2016 18.4		2012-2016 17.6		Portland: Maine CDC Data Research and Vital Statistics Cumberland County and Maine: Maine Shared CHNA, Cumberland County Profile
Substance-use hospitalizations per 10,000 people	2016 21.5	2016 11.8		2016 18.1		Maine Shared CHNA, Portland Profile
Years of potential life lost before age 75 per 100,000 people	2014-2016 7600	2014-2016 5354.3		2014-2016 6529.2		Portland: CityHealthDashboard.com Cumberland County and Maine: Maine Shared CHNA, Cumberland County Profile

Areas where Portland is performing well compared to Cumberland County and/or Maine:

Indicator	Portland	Cumberland Co.		Maine		Source
Firearm Deaths per 100,000 people	2018 4.4	2012-2016 5.8		2012-2016 9.5		Portland: Maine CDC Data Research and Vital Statistics Cumberland County and Maine: Maine Shared CHNA, Cumberland County Profile
Incidence of lyme disease per 100,000 people	2018 45.3	2018 97.8		2018 105.1		Maine Environmental Public Health Tracking Program
Obesity, high school students	2019 10.60%	2019 10.80%		2019 15%		Maine Shared CHNA, Portland Profile
Percentage of babies who are ever breast fed	2018 97.46%	2016 81.90%		2016 82%		Portland: Maine CDC Data Research and Vital Statistics Cumberland County and Maine: Maine Shared CHNA, Cumberland County Profile
Percentage of high school age students who used alcohol in the last 30 days	2019 20.80%	2019 24.10%		2019 22.90%		Maine Integrated Youth Health Survey
Percentage of high school age students who used tobacco in the last 30 days	2019 7.80%	2019 9.30%		2019 10.60%		Maine Integrated Youth Health Survey
Percentage of new mothers who smoked cigarettes during 3rd trimester	2018 3.10%	2016 7.00%		2016 14.50%		Portland: Maine CDC Data Research and Vital Statistics Cumberland County and Maine: Maine Shared CHNA, Cumberland County Profile
Percentage of residents with park access	2017 86.90%	2015 28%		2015 17%		Portland: CityHealthDashboard.com Cumberland County and Maine: National Environmental Public Health Tracking Network
Rate of death due to heart disease per 100,000 people	2012-2016 133.7	2012-2016 164.3		2012-2016 195.8		Maine CDC Data Research and Vital Statistics
Violent crime offenses per 100,000 people	2017 279.1	2014-2016 394.4		2014-2016 366.7		Portland: CityHealthDashboard.com Cumberland County and Maine: Maine Shared CHNA, Cumberland County Profile

It is the hope of Portland Public Health that the data compiled in this report will allow subsequent initiatives and programmatic interventions to be tailored to the needs of Portlanders. This report serves as a compass for Portland Public Health and we plan to use it as a guide for our community health improvement plan, system integration, policy and decision-making, and resource and asset mapping. To read more about our plan, head to the *Next Steps* chapter, beginning on page 30.

= Portland is performing worse than comparison indicator

= Portland is performing better than comparison indicator

= Unable to confidently compare due to differences in source year

DEMOGRAPHY PORTLAND

POPULATION AGE RACE

POPULATION

66,417

PORTLANDERS

3.3%

Portland has grown by 3.3% since 2000.

3,053 veterans

9% of Portland's population is disabled

median age is **36** years old

98 males per 100 females*

*Biological sex data are collected from the US Census Bureau, which does not account for gender identity. We recognize that this is not inclusive of the Portland community and are looking for other avenues for more diverse data reporting.

AGE

The AGE COMPOSITION of the Portland population is:

- **5%** Ages 0-4
- **11%** Ages 5-17
- **45%** Ages 18-44
- **25%** Ages 45-64
- **14%** Ages 65+

RACE

Portland's Race & Ethnicity

Asian, non-Hispanic	3.8
Black, non-Hispanic	8.7
White, non-Hispanic	81.1
Hispanic, any race	3.6
American Indian or Alaska Native	0.1
Two or more races, any ethnicity	2.9

13% of Portland's residents are foreign born

Portland has a racial/ethnic diversity score of 45.2/100, compared to an average of 64.1 across the United States' 500 largest cities.

Demography Discussion

Population: Portland is the largest city in Maine and serves an immediate geographic area of approximately 250,000 residents. The City continues to grow in size, so perhaps it's not surprising then that Portland has become the hub for many health and social services that may not be offered in other parts of the state.

Sexual Orientation: Although it is hard to obtain exact figures on the lesbian, gay, bisexual, transgender, questioning (LGBTQ) population in Portland, particularly among youth, Portland has a reputation for being a welcoming city for all forms of diversity including sexual orientation. In 1992, Portland became the first city in Maine to pass legislation protecting its residents from discrimination due to sexual orientation. Since that time several Maine communities and the state of Maine have voted to protect Mainers from discrimination based on sexual orientation.

Biological Sex: Biological sex data are collected from the US Census Bureau. However, this figure does not account for gender identity, making it difficult to ascertain exact figures on gender identity in Portland.

Age: "Americans are living longer than ever. The increase in the number of older adults in the United States stems from the large number of children born between 1946 and 1964 - commonly known as the Baby Boomers. One in three Americans is currently aged 50 or older and by 2030, one out of every five people will be 65 years old or older. Portland has seen its share of this increase with a larger elderly population calling Portland "home". As a result of these changing demographics, our nation is grappling with many age-related issues and causing many to look for ways to support this population in their own homes and communities." - Portland, Maine Age-Friendly Community Work Plan, January 2017.

Race and Ethnicity: In a state where only about 5% of the total population is non-white, Portland is home to a very diverse population of ethnic minorities, both immigrants and refugees, from more than 50 different countries. 13% of Portland's residents are foreign born and more than 60 different languages are spoken in homes across the city.

The Importance of Understanding Our Community

The data included in this Demography chapter serve as the foundation for the Health of Portland Report. In order to fully understand what is happening in Portland, we need to understand who calls Portland "home". The next chapters delve deeper into the health outcomes of Portlanders and also take into account the multiple factors that determine our health.

We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health, but health starts in our homes, schools, workplaces, neighborhoods, and communities. Our health is determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. All of these factors combined are called the Social Determinants of Health (SDOH) and these conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be (HealthyPeople 2020).

SOCIAL DETERMINANTS OF HEALTH

EDUCATION JOBS HOUSING
INCOME ACCESS POVERTY

PORTLAND

EDUCATION

53% of 3rd graders scored "proficient" or above in reading

ABSENT

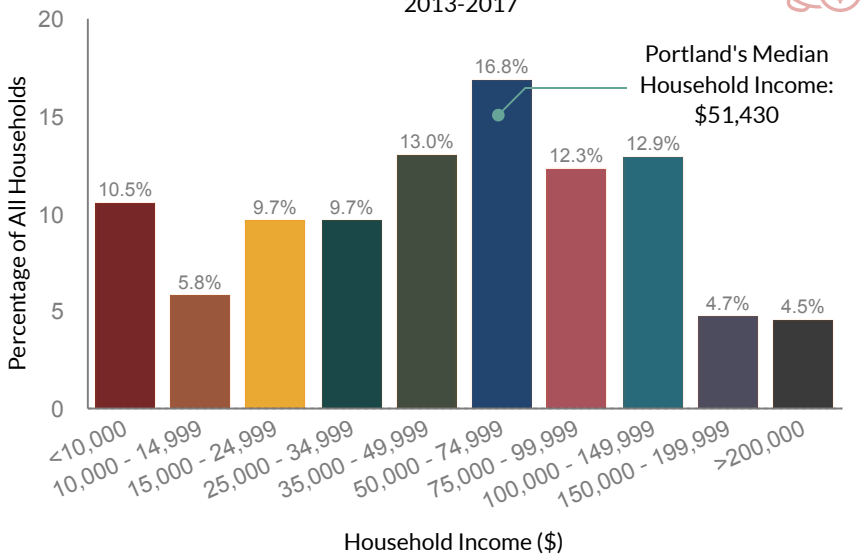
16% of students missed 15 or more school days in a school year

87% of students graduate high school within 4 years of entering 9th grade

INCOME

Portland Income Distribution

2013-2017



POVERTY

Poverty

26% of children live in households where the total household income is below the federal poverty level

17% of adults live on income that is below the federal poverty level

Food Insecurity

47% of Portlanders live more than a 1/2 mile from the nearest grocery store

HOUSING & HOMELESSNESS

median home value = **$261,100**

40% of households spend 30% or more of their income on housing costs

The Portland Family Shelter provided **51,788** bed nights for 183 families (644 individuals)

UNEMPLOYMENT

2.6%

Unemployment rate in Portland

ACCESS

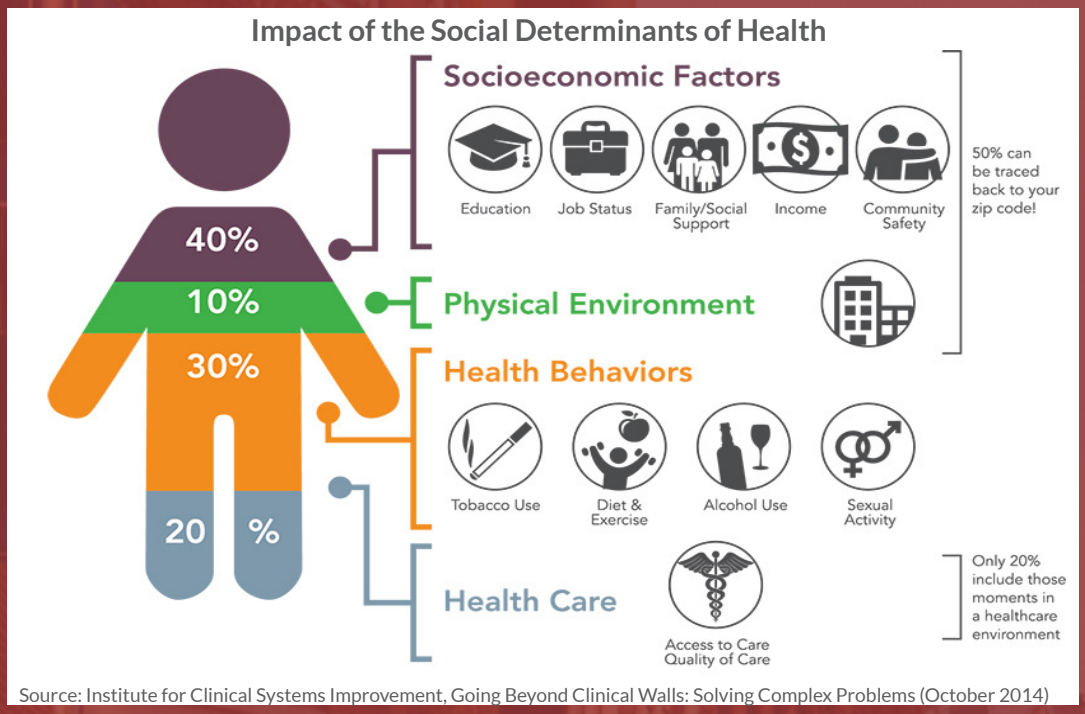
SWAHILI KHMER FRENCH
BOSNIAN SERBIAN CHINESE SOMALI
RUSSIAN SPANISH BURUNDI ARABIC
PORTUGUESE ACHOLI VIETNAMESE
LINGALA CROATIAN KINYARWANDA

15% of Portland's population sometimes or always speak a language other than English at home

Public Health 3.0

Public health is what we do together as a society to ensure the conditions in which everyone can be healthy. As seen in the image below, most factors that impact our health occur in our homes and neighborhoods and do not involve clinical care. Understanding the relationship between how population groups experience their surroundings and the impact they have on health is fundamental to addressing social determinants of health.

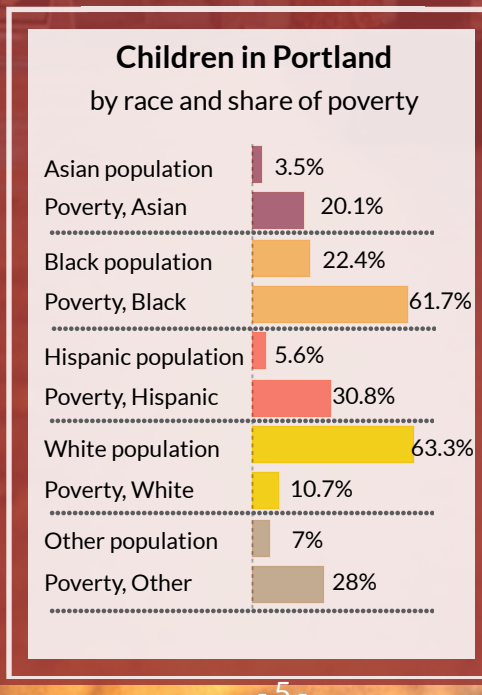
To meet these new challenges head on, local public health has been reinventing itself in partnership with others in their communities, and is transforming into a new model of public health we call Public Health 3.0 (PH3.0). Under this new model, public health agencies are adding special attention to the social determinants of health in order to achieve health equity for all (HealthyPeople.Gov). It is the mission of Portland Public Health to be on the forefront of leading Portland and other Maine communities into this new era of public health through collaboration and cross-sector partnerships, collective strategizing and implementation of upstream initiatives and the curation and utilization of reliable and actionable data.

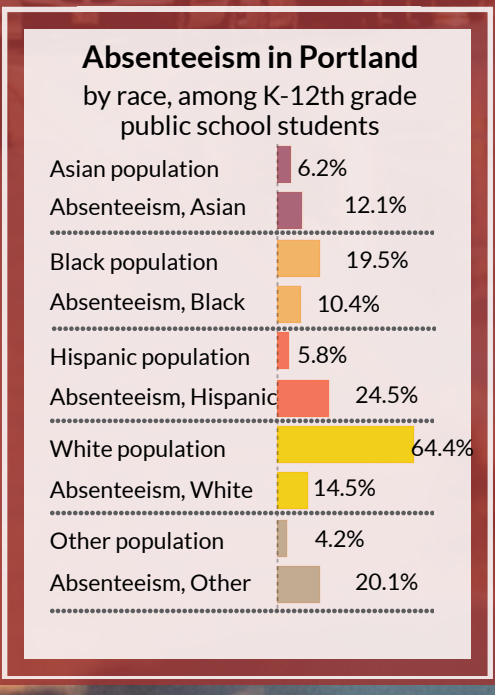


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Social Determinants of Health (SDOH) Data

Data that leverages social determinants of health (SDOH) paint a more comprehensive picture of health beyond clinical indicators. The data below are examples that illustrate how different populations carry the burden of SDOH and utilizing this type of data is important in understanding population health. Looking at the poverty indicator below, we see that children of minority races carry a higher burden of poverty. We know that there is an established relationship between poverty, socioeconomic status, and health outcomes—including increased risk for disease and premature death (HealthyPeople.Gov). We also know that children living in poverty typically are absent more at school (U.S. Department of Education, *Chronic Absenteeism in the Nation's Schools*) and this is reflected in the data below as we see higher rates of absenteeism in Portland's more impoverished populations. However, absenteeism in the black population seems to go against this trend and they are experiencing lower rates of absenteeism. This could be because of different protective factors held within the black community. Protective factors, such as community engagement, stable housing and strong social supports are positive influences that help people achieve success in the face of adversity. More research is needed to pinpoint exactly what protective factors are at play for black children in Portland. Additionally, Portland Public Health is committed to continuing our long-standing partnership with Portland Public Schools and other organizations to help build the resiliency of minority and ethnic children to increase school attendance.

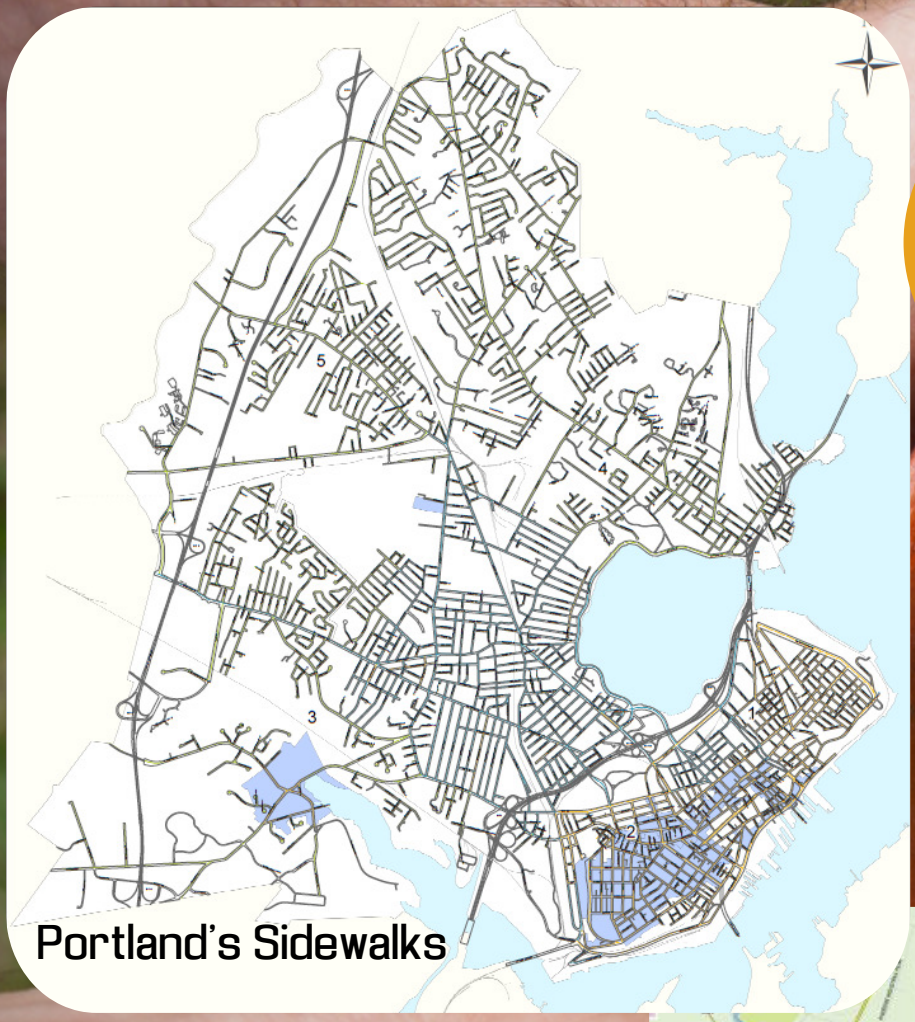




COMMUNITY ASSETS

LIVE WORK PLAY

PORT LAND



Portland's Sidewalks

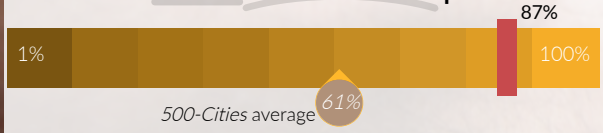
61

Portland's walkability score is 61/100, compared to an average of 43/100 across the United States' 500 largest cities.

Portland's "Places to Play"

87%

Portland residents live within a half mile walk to a local park



Portland residents have more park access compared to an average park access of 61% across the United States' 500 largest cities.

TO CHECK OUT MORE MAPS, VISIT
https://portlandme.maps.arcgis.com

Where We Live Matters for Our Health

You may have heard the saying, "your zip code matters more than your genetic code." While genetic code and health behaviors are vitally important to your overall health, an ever-growing volume of evidence shows that one's health is also influenced by a variety of physical and social environmental elements. In short, the neighborhoods we live in shape our behavior and influence our health. Let's look at exercising, for example. An individual's ability to exercise can be constrained by the physical environment of living in a neighborhood that lacks safe areas for exercise and sidewalks. If there is not a safe place to go for a walk, an individual might not be interested in doing so. Additionally, health can be shaped by the social environments of neighborhoods and the characteristics of the social relationships among the residents. A neighborhood that shares a degree of mutual trust and connectedness among neighbors may be more likely to work together to promote cleaner and safer spaces or discourage crime.

Individuals and populations are able to achieve better health when they have access to a variety of important health supports, or health assets. People who have access to strong community assets are better able to practice healthy living and obtain the services necessary to lead a healthy life. On the flip side of this, people with asset deficits are at a higher risk for adverse health outcomes. Examples of community assets include:

It is important to consider community assets and their accessibility to all. At the City of Portland, we have identified several community assets and mapped them such as sidewalks and walking trails, playgrounds and greenspaces, and municipal services. We are interested in furthering the identification and **mapping of community assets** in and around Portland in order to analyze and address the health challenges affecting Portlanders.

ACCESS TO CARE & HEALTH EQUITY PORTLAND

AVAILABILITY

600:1 ratio of population to one primary care provider*

1040:1 ratio of population to one dentist*

150:1 ratio of population to one mental health provider*

*Ratio for Cumberland County. Portland not available.

BARRIERS

1 IN 10 Portlanders do not have health insurance

15% do not have a specific source of ongoing care**

12% have difficulty accessing healthcare due to cost**

7% live in a limited English speaking household

**Data for Portland-South Portland MMSA. Portland not available.

ELDER HEALTH

36% of women aged 65+ are up to date on preventive services

44% of men aged 65+ are up to date on preventive services

PREVENTIVE SERVICES

69% of adults receive routine wellness check ups

66% of adults receive regular dental care

PORTLAND COMMUNITY FREE CLINIC

909 clinical encounters WITH **347** total patients

52% new patients

48% returning patients

CARE PROVIDED BY

104 volunteers

1906 volunteer hours

A Day in the Life of a CHOW

Working as a Community Health Outreach Worker (CHOW) with Portland Public Health's Minority Health Program is exciting as every day brings new opportunities and challenges to work through with clients. The goal of this type of community health work is to help patients become self-sufficient enough to be able to manage their affairs on their own and navigate complicated systems without support. If I am doing my job correctly, clients gain the skills they need to be successful after we are done working together.

Some clients I work with I see once or twice in order to help connect them with the proper services and they move along. Others are more complicated in nature and require months of work and support. Home visits are the backbone of the work I do as they provide a safe and comfortable atmosphere to get to know the patient and build trust. Ultimately, this makes my job easier as it also gives me access to pieces of information about their life and situation that cannot be seen in a doctors office. We strive to connect with patients almost immediately after they've accessed the emergency department so we can be as responsive as possible to their immediate needs. Community health work is extremely rewarding and the impact that you can have on your community is immediate and long lasting. Giving your clients the gift of self-sufficiency not only impacts their health but gives them tools to use in other areas of their lives.

- *Brendan Johnson - CHOW*

2018 Minority Health Assessment Report

https://www.portlandmaine.gov/DocumentCenter/View/23309/2018-Minority-Health-Assesment-Report-

Mobile Medical Outreach

The Mobile Medical Outreach Project, which began in May 2017 during the height of Maine's opioid epidemic, allows experienced paramedics to provide low-barrier, on-site medical care to individuals experiencing homelessness. Since its inception, a team of six paramedics have provided medical care over 600 times to individuals receiving services at the Oxford Street Shelter (OSS). In 2019, the Project is on track to provide services over 400 times. As a result of this multi-departmental collaboration between Social Services, Public Health, and the Fire Department, emergency calls for service to OSS have decreased. In April 2019, the project expanded to include services for clients of the Needle Exchange Program, located at 103 India Street. On a weekly basis, a paramedic is available at the India Street Public Health Center to assess injection-site wounds or abscesses, provide wound care kits, and make other referrals and recommendations as needed. The Mobile Medical Outreach Project is funded by the Community Development Block Grant (CDBG), Maine Substance Abuse and Mental Health Services (SAMHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

- *Bridget Rauscher - Program Manager*

Portland Community Free Clinic

The Portland Community Free Clinic (PCFC), located at 103 India Street, opened its doors in October 1993 and has been providing high-quality healthcare to uninsured residents of Cumberland and York counties for over 25 years. The Clinic provides no-cost, comprehensive primary health care to adults who are:

1. 18-64 years old
2. uninsured or under-insured
3. living in stable housing
4. low or no income

Care at the PCFC is provided by volunteer physicians, nurse practitioners, and nurses. Volunteers include primary care, internal medicine, and specialty services. The Clinic works with a network of providers in the community to obtain no-cost or low cost services for patients that require care beyond the scope of Clinic services. All on-site services at the PCFC are provided at no charge. The PCFC is financially supported in part by the Friends of the Portland Community Free Clinic, a 501(c)3 non-profit organization with a mission to raise funds so that the PCFC can continue its important work. Every $1 donated to the PCFC translates into $13.50 worth of services and care for patients.

- *PCFCME.com*

Portland Community Free Clinic | 103 India St. Portland | PCFCME.com | 207.874.8982

MATERNAL & CHILD HEALTH

PREGNANCY WELLNESS BIRTH
BREASTFEEDING CHILD WELLNESS

PORTLAND

PREGNANCY WELLNESS

88%
births for which prenatal care began in the 1st trimester

3%
new mothers smoke cigarettes during 3rd trimester

36
drug-affected infant reports per 1000 births

BREASTFEEDING

97% babies are ever fed breast milk

BIRTH RATES

44 BIRTHS
per 1000 women, aged 15 - 50

8 BIRTHS
per 1000 women, aged 15-19

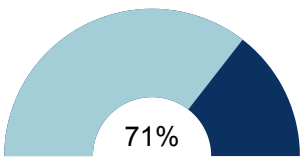
7%
babies born with a low birth weight (2,500 grams)

8%
babies born before their due date

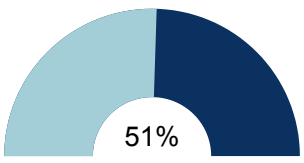
C-SECTIONS

37% c-sections among low-risk births

CHILD WELLNESS



2 year olds up to date with recommended immunizations*



13-18 year olds up to date with recommended immunizations*

*Data for Cumberland County. Portland not available.

Maternal-Child Health (MCH) Program

The City of Portland's Maternal-Child Health Program (MCH) aims to help mothers have a healthy pregnancy, teach parents about growth and development and give infants and children a healthy start at life. MCH employs Maternal-Child Health nurses who visit prenatal women, post-partum women, newborns and children under age 5 in their homes. They offer the following services: health checks for pregnant and postpartum mothers; prenatal education; growth and developmental assessment for children 0-5; newborn care, education, and weight checks; lactation counseling and breastfeeding support; lead education and screening; and referrals to health & community services. Interpreters are provided for non-English speakers.

To support parent-child engagement, MCH nurses host a weekly children's playgroup where the nurses can check in with both mom and child. Additionally, the MCH nurses visit the Portland Family Shelter two times a week to connect new families to prenatal and primary care.

The MCH nurses also provide vital in-home lead education on all of their home visits. They assist families with obtaining free dust wipe kits, and make referrals to the City of Portland's Healthy Homes Program as needed. The State's Childhood Lead Poisoning Program refers lead poisoned children to Portland's MCH nurses to provide targeted lead education home visits and MCH nurses conduct capillary lead screenings for children at Head Start Centers throughout Cumberland County.

These services provided by MCH are free and open to residents of the City of Portland and are supported by a Title V Federal Block Grant, Housing and Urban Development grant money, and city funding.

- *Larisa Stout, RN-BSN, MS - Maternal-Child Health Nurse*
- *Mary Anne MacDormand, RN-BSN - Maternal-Child Health Nurse*

MCH BY THE NUMBERS 2018

523 clients referred to MCH

408 clients served by MCH

892 home visits provided to clients

68 children screened for lead

1,314 playgroup attendees

174 people living in the Family Shelter referred to a Medical Home

8 women living in the Family Shelter referred to the OB Clinic

MCH Spotlight

On a routine home visit from the City of Portland's Maternal-Child Health Nurses, Kate*, a Portland resident and first-time mom, was experiencing concerning symptoms from high blood pressure. High blood pressure during pregnancy impacts not only the mother's health, but can also endanger the health of the unborn child. Recently, Kate's car had stopped working and she was unable to afford other means of transportation, leaving her to walk over four miles to and from work each evening. Learning this, the Maternal-Child Health Nurses worked with Kate and local organizations to secure free, reliable transportation while Kate saved enough money to fix her car. The nurses also made sure Kate had a scheduled appointment with her doctor to check in on her blood pressure. Eventually, both mom and baby had a safe delivery and are doing well.

*This story is a generic example of the services provided by the Maternal-Child Health Nurses to clients of the program.

CHRONIC DISEASE | PORTLAND

NUTRITION PHYSICAL ACTIVITY HEALTHY WEIGHT COPD
ALCOHOL DIABETES HEART DISEASE TOBACCO

NUTRITION, PHYSICAL ACTIVITY & HEALTHY WEIGHT

Adult		High School	
28%	eat less than one serving of fruit per day*	38%	eat less than one serving of fruit per day
12%	eat less than one serving of vegetables per day*	54%	eat less than one serving of vegetables per day
1 IN 4	adults are obese	1 IN 10	youth are obese
18%	report no leisure-time physical activity	17%	meet physical activity recommendations of 60 minutes per day

*Data for Portland-South Portland MMSA. Portland not available.

HEART DISEASE

- 28% adults diagnosed with high blood pressure
- 16 heart attack hospitalizations per 10,000 people**
- 16 heart failure hospitalizations per 10,000 people**
- 19 stroke hospitalizations per 10,000 people**
- 83 coronary heart disease deaths per 100,000 people

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- 12 COPD hospitalizations per 10,000 people
- 42 COPD deaths per 100,000 people

TOBACCO

- 17% of Portland adults are current smokers
- 8% of high school students used tobacco in the last 30 days
- 29% of high school students used E-Cigarettes in the last 30 days**

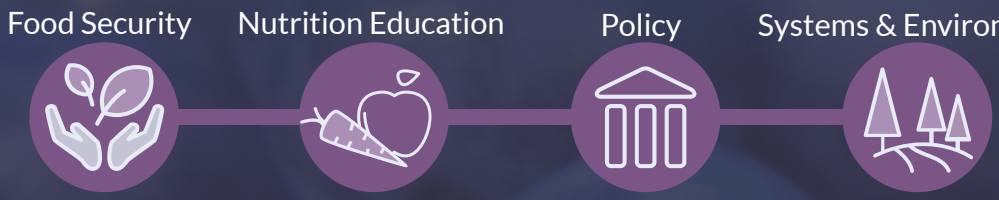
DIABETES

- 8% have diagnosed diabetes
- diabetes hospitalizations per 10,000: 13
- 18 diabetes deaths per 100,000

**Data for Cumberland County. Portland not available.

Obesity Prevention Program

In an effort to create healthier environments for children and families and combat the obesity epidemic, the Obesity Prevention Program uses a multi-setting approach to reach children and their families where they live, learn, work, and play. The Program utilizes evidenced-based initiatives and policy recommendations that address healthy eating and active living throughout Cumberland County. The Obesity Prevention Program focuses on:



The Obesity Prevention Program relies on grant funds and is comprised of three major funding sources. The program receives grant funds from the Fund for a Healthy Maine via the Let's Go! Program, UNE SNAP-Ed, and The United Way of Greater Portland. This braided funding model allows the Obesity Prevention Program to function as a team and a true collaborative effort. Each stream comes with prescribed programming, goals, and objectives. Staff strategically work together to refer partners to specific programs within Obesity Prevention to assure all of their healthy eating and active living needs are met leading to greater impact in the communities we serve.

Obesity Prevention Program reached nearly

11,000

children and adults across Cumberland County in 2018.

- *Amanda Hutchins, MS - Program Coordinator*

Tobacco Prevention Program

The Tobacco Prevention Program is a grant-funded program that serves the community in reducing the harmful effects of tobacco use, including exposure to second hand and third hand smoke. The Tobacco Prevention Program is implemented by MaineHealth Center for Tobacco Independence in collaboration with fourteen Maine community-based sub-recipients, the City of Portland being one recipient. The Tobacco Prevention Services Grant is funded by the Maine Center for Disease Control and Prevention (Maine CDC). The City of Portland's Tobacco Prevention Program covers a variety of establishments, with whom the District Tobacco Prevention Partners (DTPPs), collaborate with to establish or update tobacco policies in hopes to meet model policy. The DTPPs work with school districts, youth serving entities, municipalities, housing units, colleges, career and trade schools, behavioral health agencies, hospitals, and lodging establishments within Cumberland County.

Tobacco Prevention Program supported the passing of

24

tobacco-related policies from Oct. 2018 - May 2019

In addition to policy work, the Tobacco Prevention Program also provides education and resources to animal welfare agencies and provides non-clinical, technical assistance to local social service agencies by training and educating staff about the Maine Tobacco Helpline. The Tobacco Prevention Program offers various presentations for youth and adults in regards to tobacco use. In 2019, the most requested presentations were about vaping and the health implications of vaping. DTPPs work alongside youth through the Sidekicks Program where participants are encouraged to have conversations about tobacco use using motivational interviewing techniques.

- *Hawa Shir, Community Health Promotion Specialist*

CANCER

BLADDER FEMALE BREAST CERVICAL SKIN LUNG
COLORECTAL PROSTATE TOBACCO-RELATED

PORTLAND

ALL CANCER

462 NEW CASES
of cancer (any type)
per 100,000 people

166 DEATHS
due to cancer (any type)
per 100,000 people

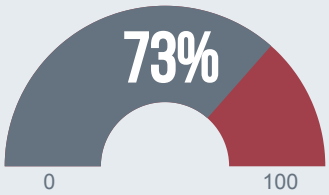
TOBACCO-RELATED

136 NEW CASES
of tobacco-related cancers*
per 100,000 people

*Tobacco-related cancers exclude lung and bronchus cancers and are defined as cancers of the oral cavity and pharynx, esophagus, stomach, colon and rectum, liver, pancreas, larynx, cervix uteri, urinary bladder, kidney and renal pelvis, and acute myeloid leukemia.

FEMALE BREAST

121 NEW CASES
of female breast cancer per 100,000 women

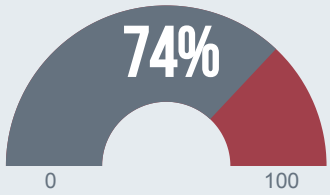


women aged 50 - 74 who have had a mammogram within the past two years

19 DEATHS
per 100,000 women due to breast cancer

COLORECTAL

38 NEW CASES
of colorectal cancer per 100,000 people

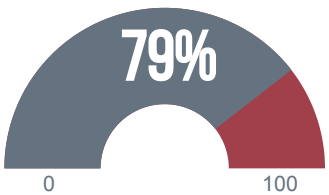


adults aged 50-75 who have received a colorectal cancer screening

14 DEATHS
per 100,000 people due to colorectal cancer

CERVICAL

<10 NEW CASES
of cervical cancer per 100,000 women



women aged 21-65 have had a pap test in the past three years

LUNG

68 NEW CASES
of lung cancer per 100,000 people

50 DEATHS
per 100,000 people due to lung cancer

PROSTATE

95 NEW CASES
of prostate cancer per 100,000 men

BLADDER

26 NEW CASES
of bladder cancer per 100,000 people

MELANOMA

23 NEW CASES
of melanoma (skin) cancer per 100,000 people

Colorectal Cancer Screening in Underserved Populations

Colorectal cancer (CRC) is the third leading cause of cancer-related death in Maine, but it is preventable. While CRC occurs across all races and income levels, ethnic minorities and people with low socioeconomic status are screened at lower rates, leading to a higher mortality risk. However, patient navigation has been proven to increase CRC screening rates among underserved populations and a unique partnership set out to do just that.

In 2017, Portland Public Health's Minority Health Program was awarded a two-year grant of $100,000 from the Maine Cancer Foundation to focus on increasing CRC screening rates and improve the colorectal health for vulnerable populations in Greater Portland. The initiative relies on collaboration between Maine Medical Partners - Portland Family Medicine and the City of Portland's Community Health Outreach Workers (CHOWs) to help patients overcome barriers to screening, such as language and cultural barriers, low health literacy, complicated scheduling processes and stigma to name a few.

Check out the CRC Project on WMTW.

https://www.wmtw.com/article/healthcare-workers-connect-mainers-with-life-changing-services/19505385

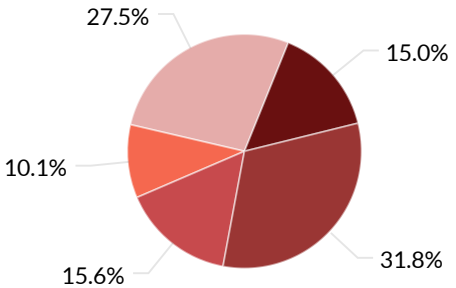
To be tested, patients must meet the following criteria:

- Be between 50 to 75 years old
- Due for CRC screening
- Utilize Medicaid or are uninsured
- Speak one of the following languages: Arabic, English, French, Kinyarwanda, Russian, Somali, Spanish or Vietnamese

8 CHOWs were trained in CRC screening outreach and were assigned to their own ethnic communities. From there, CHOWs made multiple attempts to contact patients via telephone and mail, offering a fecal immunochemical test (FIT) or colonoscopy. CHOWs then provided education, access to transportation, reminders and health insurance applications to patients who expressed interest in screening. Below are the outreach and screening results as of 5/1/2019.

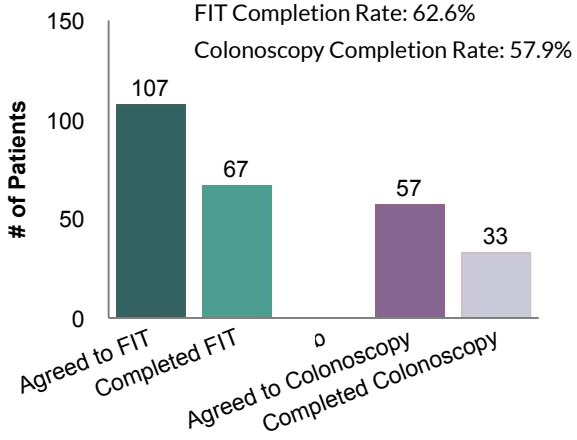
- *Nelida Berke, MPH - Program Coordinator*

Outreach Results



Agreed to FIT	31.8% (n=110)
Agreed to Colonoscopy	15.6% (n=54)
Declined	10.1% (n=35)
Lost to Follow-Up	27.5% (n=95)
Pending	15% (n=52)

CRC Screening Completion Results



INFECTIOUS DISEASE PORTLAND

CHLAMYDIA GONORRHEA SYPHILIS
HEPATITIS C IMMUNIZATIONS

CHLAMYDIA

2018

492

NEWLY DIAGNOSED CASES

of chlamydia per 100,000 people

GONORRHEA

2018

146

NEWLY DIAGNOSED CASES

of gonorrhea per 100,000 people

SYPHILIS

2018

29

NEWLY DIAGNOSED CASES

of infectious syphilis per 100,000 people

HEPATITIS C

2017

339

NEWLY DIAGNOSED CASES

of chronic hepatitis C per 100,000 people

IMMUNIZATIONS

2% kindergarteners have immunization exemptions for philosophical reasons

two-year-olds in Cumberland County who are up to date with recommended immunizations* **71%**

47% adults in Cumberland County received influenza vaccination in the past year*

Maine children received influenza vaccination in the past year** **62%**

*Data for Cumberland County. Portland not available.

**Data for State of Maine. Portland and Cumberland County not available.

Sexually Transmitted Diseases Clinic

India Street Public Health Center has offered low-barrier health care services for over 20 years. Each program at India Street addresses the unique needs of the community through education, outreach and clinical services. The STD Clinic is the only publicly funded clinic in Maine specializing in sexually transmitted diseases, disease surveillance, HIV prevention and the diagnosis and treatment of STDs.

Staff conduct in-service and community trainings on STDs and overdose response and awareness. The York Hospital system, Martins Point, and other primary care practices have received in-service training on STD rates, testing, and treatment, pre-exposure prophylaxis (PrEP), and sexual history intakes. In addition, staff regularly offer outreach testing at Cumberland County Jail, Crossroads and Milestone. Other off-hours testing takes place at local bars and around community events, such as PRIDE.

In October 2017 the STD Clinic started prescribing Truvada as PrEP for the prevention of HIV; PrEP is over 90% effective at preventing HIV infection. More than 100 patients have accessed PrEP at India Street since the program's inception. For many, this includes access to patient financial support programs that can eliminate any out of pocket costs for the medication.

The STD Clinic is also a learning hub for medical residents from Maine Medical Center. Residents receive a tour of the Needle Exchange, observe a sexual history intake, and get hands-on experience with patients, including administering treatment. Residents receive additional training they may not get otherwise in a setting that tackles highly stigmatized conversations. Through this partnership, more providers who offer primary care are equipped to address local health issues including the increase in STDs.

- *Christina DeMatteo, DO, MPH - Medical Director*
- *Isabella Borrero, M.Sc - Laboratory Director*
- *Zoe Brokos - Program Coordinator*
- *Shawn K. Peterson, MPH - Community Health Promotion Specialist*
- *Lizzy Garnatz, LCSW - Community Health Promotion Specialist*
- *Kimberly Meehan-Brown - Disease Intervention Specialist*

STD CLINIC BY THE NUMBERS

JULY 2017 - JUNE 2018

CLINICAL CARE

705 clients served by STD Clinic
- Males: 556
- Females: 149

1,026 HIV tests administered
- Oral test: 216
- Blood draw: 810
- Positive Tests: 10

205 Hepatitis C tests administered
- Rapid test: 86
- Blood draw: 119
- Detections: 52

OUTREACH

Oxford Street Shelter
Jewel Box Blackstones
Leavitt's Mill Health Clinic
Unitarian Universalist Church Saco
Space Gallery

7 Outreach Testing Events

ENVIRONMENTAL HEALTH

LEAD POLLUTION ASTHMA
TICKBORNE DISEASES RADON

PORTLAND

LEAD

53%
of housing units were built pre-1950s

500-Cities average 5.5

9

Portland has a higher Lead Exposure Risk Index score of 9/10, compared to an average of 5.5 across the United States' 500 largest cities.

ONLY 27%
of children 0-3 years received a blood lead test

149
Children with lead poisoning

AIR POLLUTION

Portland has a better annual average concentration of fine particulate matter (PM2.5) at 7.8, compared to an average of 9.2 across the United States' 500 largest cities.

WATER

Portland's tap water meets or exceeds all quality standards.

ASTHMA

11% Asthma prevalence among adults, aged 18+

10% Asthma prevalence among children, aged 0-17*

85
Asthma-related emergency department visits per 10,000 people

6
Asthma-related hospitalizations per 10,000 people

TICKBORNE DISEASES

45
new cases of Lyme Disease per 100,000 people

RADON

Portland is located in an EPA-designated

ZONE 1

Counties designated as a Zone 1 have the highest potential for radon.

HEAT-RELATED ILLNESS

10
heat-related illness emergency department visits per 100,000 people*

*Data for Cumberland County. Portland not available.

Portland's Focus on Climate Change

Climate change has been in the headlines recently as communities around the world feel its effects. Portland is not immune. Casco Bay has risen over 8 inches during the past hundred years and the pace is quickening. Information from the Bayside Adapts study completed in 2017 says we should anticipate between 2 feet and 3.5 feet of sea level rise in Portland by 2050. Research shows that we should expect more coastal flooding, more intense and frequent storms, and more extremely hot days in the coming years. This is happening because we continue to burn large amounts of fossil fuels that emit carbon dioxide and other greenhouse gases (GHG) into the atmosphere. Moving to clean energy sources quickly will mitigate the worst impacts of climate change. To do its part, the City of Portland has committed to reducing community-wide GHG emissions 80% by 2050 and to use 100% clean energy for municipal operations by 2040. Here are some of the important steps the City has already taken to work toward these goals:

Reduced the City's overall electricity consumption by 8%.

Installed 1.5 megawatts of solar capacity in 2018.

Deployed highly intelligent traffic signals to reduce greenhouse gases.

Closely tracked the City's energy usage to identify inefficiencies.

Last, but certainly not least, Portland and South Portland have partnered to develop a climate action and adaptation plan, One Climate Future, that will identify specific strategies needed to reach the climate action goals. The planning process will include a comprehensive Greenhouse Gas inventory, a climate vulnerability assessment, and extensive community outreach. One Climate Future wants to incorporate feedback from as many community voices as possible and will be holding focus group sessions as well as utilizing surveys.

One Climate Future
https://oneclimatefuture.org/index.php

- *Troy Moon, Sustainability Coordinator*

Lead Poisoning Prevention

The City of Portland has received funding from the Maine CDC to conduct prevention and education work in the high risk areas of Portland and Westbrook since 2011. A large part of the work involves building local capacity through convening community stakeholders. These meetings provide critical information and resources to community organizations on efforts in Portland and Westbrook to reduce childhood lead poisoning and allows community members to share how this issue is impacting the families they work with. Currently, the group consists of almost 50 members from over 20 organizations. Recent guest speakers included the Federal Environmental Protection Agency and the Maine Affordable Housing Coalition.

- *Karlene Hafemann, LCSW - Community Health Promotion Specialist*

INJURY & EXPOSURE TO VIOLENCE

FIREARMS CRIME FALLS MOTOR VEHICLE POISON

PORTLAND

EXPOSURE TO VIOLENCE

Property crime
DECREASED
1.83% from 2016 to 2017

279
violent crime offenses per 100,000 population, compared to an average of 514 across the United States' 500 largest cities

Violent crime
INCREASED
8.6% from 2016 to 2017

INTENTIONAL INJURY

4
firearm deaths per 100,000 people

13
suicides per 100,000 people

12%
of Cumberland County women have been the victim of rape/non-consensual sex*

UNINTENTIONAL INJURY

39
poisoning deaths per 100,000 people

5
motor vehicle traffic crash deaths per 100,000 people

74
traumatic brain injury emergency department visits per 10,000 people in Cumberland County*

409
fall-related emergency department visits per 10,000 people

24
fall-related deaths per 100,000 people

*Data for Cumberland County. Portland not available.

Community Policing - A Portland Asset

Portland Community Policing is made up of approximately 13 police officers and six civilian coordinators. The coordinators are spread throughout different neighborhoods on the peninsula and each have their own section of Deering. Community Policing Centers are in the following neighborhoods:

West End

East Bayside

Midtown

Munjoy Hill

Parkside

Portland Housing Authority

While the positions are the same, our roles in the community look different depending on the neighborhoods we serve. In Midtown, my office is located on Portland Street and much of my daily interactions are with people experiencing homelessness as well as those struggling with mental health and substance use disorder. As one can imagine, the main struggle for folks in this population stems from access to healthcare and consistency of that care. Unfortunately, we tend to see a revolving door of people who need a higher level of care but are unable to meet the requirements of the system.

Community policing works closely with the Behavioral Health Unit at the Police Department to facilitate conversations and find creative ways to bring services to some of the most vulnerable individuals. We also regularly connect with the social service providers in the area to keep an open dialogue about what we are seeing.

One of our roles as community coordinators is to review calls for service in our respective areas. Officers may respond to a call at a home and notice that the individual is having a hard time or living in poor conditions. We are able to follow up with these people and connect them to services that they often have never heard of. Partnering with officers allows us to witness the needs of our neighborhood first hand. We refer to a variety of services such as, in-home healthcare, Adult and Child Protective Services, rides to appointments, substance use detox and treatment options, and case management.

With the national opiate crisis and the subsequent increase in use of other substances, the Midtown office is seeing so many individuals struggle to meet even their most basic needs, but we're here to help.

- *Kelly Crotty - Midtown Community Policing Coordinator*

https://www.portlandmaine.gov/203/Community-Policing

MENTAL HEALTH PORTLAND

DEPRESSION SUICIDE ACCESS UTILIZATION

DEPRESSION

Approximately

Cumberland County adults have been diagnosed with depression in their lifetime*

13%

of Portland adults report frequent mental distress

Approximately

high school students report feeling sad or hopeless for 2 weeks in a row

UTILIZATION

297

mental health emergency department visits per 10,000 people

ACCESS

150:1

ratio of population to one mental health provider*

POLICE CALLS FOR SERVICE

5509

behavioral health-related Calls for Service to Portland Police Dept.

SUICIDE

14%

of high school students seriously consider suicide

21%

of middle school students seriously consider suicide

13

completed suicides per 100,000 people

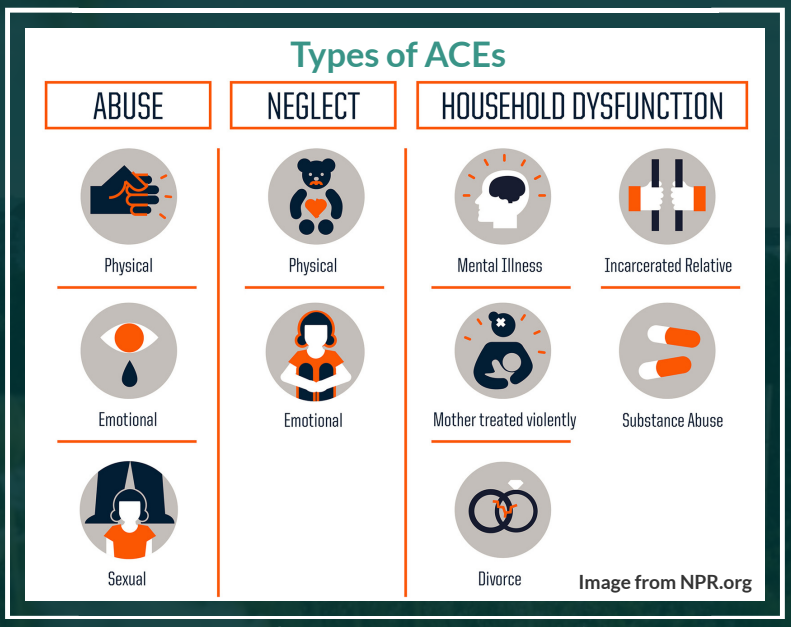
*Data for Cumberland County. Portland not available.

Portland Addresses Youth Mental Health

From 2011 to 2018, Portland Public Health and Maine Behavioral Healthcare co-convened Portland Defending Childhood, a unique collaboration among numerous local organizations to address youth mental health.

Portland Defending Childhood was one of eight sites in the country that worked to both prevent children's exposure to violence and reduce negative effects of violence. We offered information, support and evidence-based treatment. Portland Defending Childhood implemented and supported a broad range of prevention programs and activities throughout Portland.

PDC provided ongoing training and technical assistance to city-based nurse home visitors so that families and children were screened for exposure to violence and referred to supportive community resources, and worked closely with the Portland Public Schools and local early education classrooms to provide evidence-based violence prevention curricula for students and to support teachers in content delivery.



PDC increased awareness of children's exposure to violence to pediatric staff at MMC and implemented screening and assessment of violence exposure. Over the past few years, Maine Behavioral Healthcare has worked in partnership with MaineHealth, Maine Medical Center, and Maine Medical Partners to examine the impact, improve support, and provide intervention to children and families experiencing trauma and Adverse Childhood Experiences (ACEs). Co-led by the MBH Clinical Innovation Department, this program includes an interdisciplinary team of leaders and content experts focused on leading the MaineHealth system in the development of best practice models for education, prevention, screening and treatment of ACEs. To learn more about this work, please visit the MaineHealth ACEs webpage.

To learn more about Portland Defending Childhood, contact:

Rebecca Hoffmann Frances
Director of Clinical Innovation
Email: rhfrances@MaineBehavioralHealthcare.org
Phone: 207-661-6506

https://mainehealth.org/maine-behavioral-healthcare/services/counseling-therapy-services-adult-child/trauma/portland-defending-childhood

SUBSTANCE USE PART 1

ALCOHOL MARIJUANA OPIOID INJURY DEATH

PORTLAND

ALCOHOL

1 IN 5
adults binge drink

1 IN 5
high school students used alcohol in the last 30 days

37%
middle school students think alcohol is easy to get

58%
high school students think alcohol is easy to get

MARIJUANA

26%
marijuana use among high school students

EMERGENCY SERVICES

75
overdose emergency medical service responses per 10,000 people

1063
drug-related Calls for Service to Portland Police Dept.

2575
alcohol-related Calls for Service to Portland Police Dept.

INJURY & DEATH

22
substance-use hospitalizations per 10,000 people

17
alcohol-induced deaths per 100,000 people

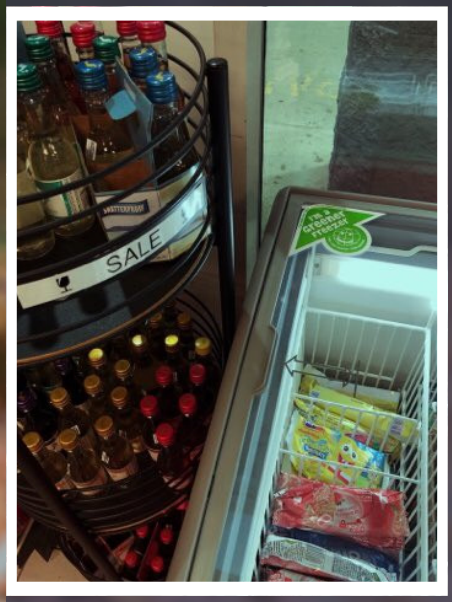
34
total opioid-related deaths

44
total overdose-related deaths

Substance Use Prevention Program

The City of Portland's Substance Use Prevention (SUP) Program utilizes evidence-based practices to delay the onset of substance use and encourage healthy behaviors and safe use. Primary prevention among youth is the key focus, but efforts extend to parents, educators, and community partners as well. The SUP Program is made possible by grant funding from Maine Prevention Services to address alcohol, marijuana, and prescription drug use and misuse among populations aged 12 and older within the Portland community. Staff enjoy incorporating creative approaches to prevention and one way of doing so is with a prevention-centered project called Photovoice.

Spongebob Ice Cream

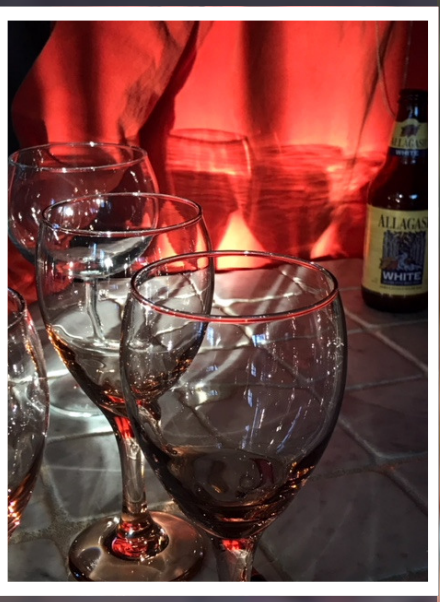


"Small bottles of alcohol on-sale are right next to ice cream that is intended to be sold to young children. This makes it extremely accessible and appeals to underage people since the bottles are small and cheap."

Friendship

"Friendship represents the interpersonal level of the Socio-Ecological Model. My friends are a protective factor since we do fun things together and have fun without getting in trouble with drugs and alcohol."

Shiny, Sparkling, Beautiful & Within Reach



"This photo is a risk factor that can be found in almost all households. It shows how substance usage can start in your home and be a part of your family's past."

This project was implemented with a group of Portland High School students during a weekly study hall over the course of eight weeks. The project incorporated public health concepts, specifically the Socio-Ecological Model that considers the connection between individual knowledge, interpersonal networks, organizations and social institutions, community relationships, and public policy in impacting an individual's risk for substance use. Students captured photos on their own time and were encouraged to be creative, but to use the Socio-Ecological model as a guide in looking at the risks and protective factors in their own lives. The students were very thoughtful with their photography and chose their favorite photos to be displayed during an art exhibit held at City Hall. The SUP program is pursuing other creative approaches to prevention and plans on utilizing Photovoice with other groups in the future.

- *Janet Dosseva, MPH - Community Health Promotion Specialist*

SUBSTANCE USE PART 2

NEEDLE EXCHANGE
NALOXONE DISTRIBUTION

PORTLAND

NEEDLE EXCHANGE PROGRAM

229
new enrollees of the Needle Exchange Program in 2018

3,316
total enrollees of the Needle Exchange Program in 2018

204,259
syringes collected and disposed of

199,439
syringes distributed

- **4,189** Housing referrals
- **700** Case Management referrals
- **2,564** STD Clinic referrals
- **2,103** HIV Testing referrals
- **1,081** Substance Use Treatment referrals
- **3,889** Primary Care referrals
- **115** Anti-Trafficking Coalition referrals
- **200** Family Planning Organizations referrals

15,835
referrals made, as necessary

- **365** Hepatitis Testing referrals
- **629** Other referrals

NALOXONE DISTRIBUTION PROGRAM

715
clients enrolled in the naloxone distribution program

1,314
doses of naloxone dispensed as refills

1,871
doses of naloxone dispensed to new registrants

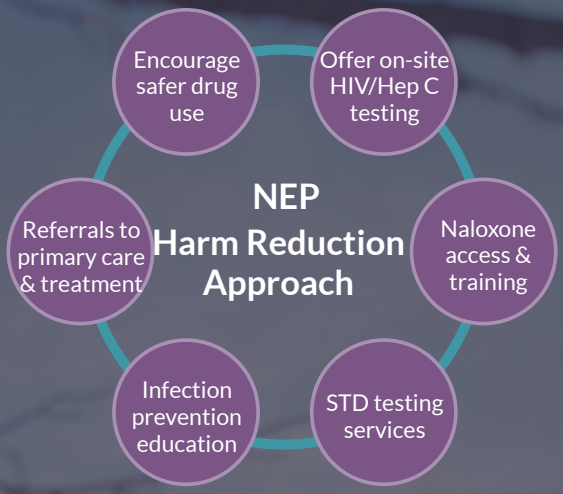
190
overdoses reversed, as reported by clients

UNE ATHLETIC TRAINERS CONFERENCE MAINE FISHERMENS' FORUM
ROTARY CLUBS OF SOUTHERN MAINE KENNEBUNK CLERGY ASSOCIATION
OXFORD STREET SHELTER LAKES REGION SUBSTANCE AWARENESS COALITION
MAINE MEDICAL PARTNERS FAMILY RESTORED USM PUBLIC SAFETY
KNOX COUNTY SHELTER MAINE BEHAVIORAL HEALTH FEDCAP
PORTLAND RECOVERY COMMUNITY CENTER KEY THREE WEST

100+
"Overdose Recognition, Response and Naloxone"
Trainings provided by Needle Exchange Program Staff

Portland Needle Exchange Program

The Portland Needle Exchange Program (NEP) was the first needle exchange program offered in the state of Maine and with over 200,000 needles exchanged and 3,316 individuals enrolled, it is also the state's largest. The NEP is rooted in harm reduction philosophy, as demonstrated by the services they provide:



At the NEP, clients receive education on risk reduction, overdose prevention education, naloxone, case management services, testing for HIV, Hepatitis C and STDs, as well as referrals to drug treatment programs upon request. In addition to providing services at the India Street Public Health Center, volunteer outreach teams provide needle exchange services on the corner of Elm and Oxford Streets four days a week.

The NEP has also distributed naloxone since 2015 and offers "Overdose Recognition and Response" trainings, free of charge, to anyone enrolled in the program who would like to gain the skills to recognize and respond to opioid overdose. This training is also available to community partners and organizations throughout York and Cumberland County. The NEP prides itself on their efforts to "meet clients where they're at" and their welcoming and non-judgmental environment.

Needle Exchange Program
103 India St.
Portland, ME
207.756.8024

Jenny's Journey

Jenny* signed up in the Portland Needle Exchange Program after learning about it at a community event downtown. It took her a few visits to open up, but once she felt confident that the staff were non-judgmental and truly concerned about her health and well-being, she started to talk about her substance use disorder, her childhood trauma, and losing custody of her children due to domestic violence in her home. Each time Jenny came in, she felt a little more comfortable. One day she asked for an HIV and Hepatitis C test. She and her partner had been sharing injection equipment and she was worried. Her test did come back positive for Hepatitis C, so the next few visits were spent discussing health insurance, resources and linking her to primary and specialty care at the hospital. She knew she was at risk due to her drug use and risky behavior, but testing positive for Hepatitis C really stunned Jenny. From this, she felt compelled to teach others by using her experience as an example.

She started talking to peers and loved ones about the Portland Needle Exchange Program and she brought several people in for testing and supplies. She talked about overdose prevention and showed people how to use naloxone. One day, Jenny came in asking for treatment for her substance use. She had never been to a rehabilitation center and she was scared. Staff at the Portland Needle Exchange Program were able to find her a scholarship bed since she was uninsured.

It was three years before staff saw Jenny again. She had treated her Hepatitis C, was on medication assisted treatment, living in a recovery residence and was working on getting back full custody of her children. She felt that her experience at the NEP helped her feel safe enough to talk openly about her substance use and helped her get connected to the services in the community she needed.

- *Zoe Brokos, Program Coordinator*

*Due to the nature of the NEP's work, all client information is anonymous. This story is a generic example of the referral process typically utilized in the NEP.

DEATH & DYING

PREMATURE DEATH LIFE EXPECTANCY END OF LIFE
LEADING CAUSES OF MORTALITY DEMENTIA

PORTLAND

MORTALITY

7600

years of potential life lost before age 75 (per 100,000 population)

Life Expectancy*

women
82.3
years old*

men
78.1
years old*

OVERALL DEATH RATE

756

deaths from any cause per 100,000 people

ALL-CAUSE MORTALITY

CANCER

167

deaths due to cancer per 100,000 people

HEART DISEASE

133

deaths due to heart disease/heart failure per 100,000 people

INJURY

59

deaths due to injury per 100,000 people

CHRONIC LOWER RESPIRATORY DISEASE

46

deaths due to chronic lower respiratory disease per 100,000 people

STROKE

32

deaths due to stroke per 100,000 people

HOSPICE

HOSPICE UTILIZATION, 2017

57%

of total Medicare Deaths were Medicare Hospice Deaths*

DEMENTIA

21

deaths due to Alzheimer's per 100,000 people

601
DEATHS
statewide due to Alzheimer's Disease

*Data for Cumberland County. Portland unavailable.

End-of-Life Needs: Through Cultural Eyes

As Portland continues to grow, it is imperative that our health system grows with it and responds to the needs of community members. The city's diversity has grown in so many different ways, but none more exponentially than racial and ethnic diversity. With this ever-growing population, Portland Public Health recognizes the impact of race, culture, language, gender and class on seeking care.

One particularly difficult aspect of healthcare for minority groups is end-of-life care. Often times, there are structural and cultural barriers to accessing services for minority groups. Accessing the health care system can be hard due to structural barriers such as lack of health insurance, high out of pocket expenses and lack of transportation. Additionally, the system can be hard to access due to cultural barriers like interaction styles and expectations, integration of traditional health care practices and linguistic barriers. The Minority Health Program set out to explore community perceptions, barriers and possible solutions to end-of-life issues as well as provide education to service providers on cultural matters related to end-of-life care.

In a series of six focus groups with six different minority communities (Latino, Somali, Sudanese, Russian, Serbian and French), Minority Health Program staff worked to understand barriers and identify common themes. Several common themes were identified:

- Family and religious beliefs come first in decision-making
- Cultural or religious ritual practices need to be performed
- System constraints to observing cultural end-of-life passage
- Linguistic and financial barriers
- Grieving is a natural part of the process

Several recommendations were also made:

- Create a resource guide on end-of-life in multiple languages
- Train community hospice volunteers on cultural competence
- Work with funeral homes to provide education on cultural practices
- Make available the use of medical interpreters

In recognition that cultural competency is a journey, not a destination, the staff of Portland Public Health work to incorporate culturally and linguistically appropriate services across the division.

Next Steps

It is the hope of Portland Public Health that the data compiled in this report will allow subsequent initiatives and programmatic interventions to be tailored to the needs of Portlanders. This report serves as a compass for Portland Public Health and we plan to use it as a guide for our community health improvement plan, system integration, policy and decision-making, and resource and asset mapping.

Community Health Improvement Plan (CHIP)

In order to properly plan for and address local health concerns, Portland Public Health will utilize community and stakeholder engagement strategies to first understand what those concerns are. To do so, we plan on hosting focus groups and community forums to encourage the Portland public to share their opinions and perceptions. We will also strengthen our commitment to cultural competency and inclusion of individuals with diverse backgrounds in response to Portland's ever-growing diversity. Together, the data and feedback will provide the foundation for an updated Community Health Improvement Plan for Portland.

System Integration

Because the Health of Portland report pulls data from several sources, Portland Public Health will work with state and local entities to create and provide a database for the public to utilize. This work will be done in collaboration with the City of Portland's Innovation Working Group that is looking to streamline data and implement modern systems to increase efficiency city-wide. We will also be using the data to strengthen reporting requirements in accordance with the Public Health Accreditation Board (PHAB).

Policy-making

Portland Public Health will explore avenues within the City and beyond to address health concerns at a policy level in hopes of addressing health systemically and improving compliance with national, evidence-based strategies.

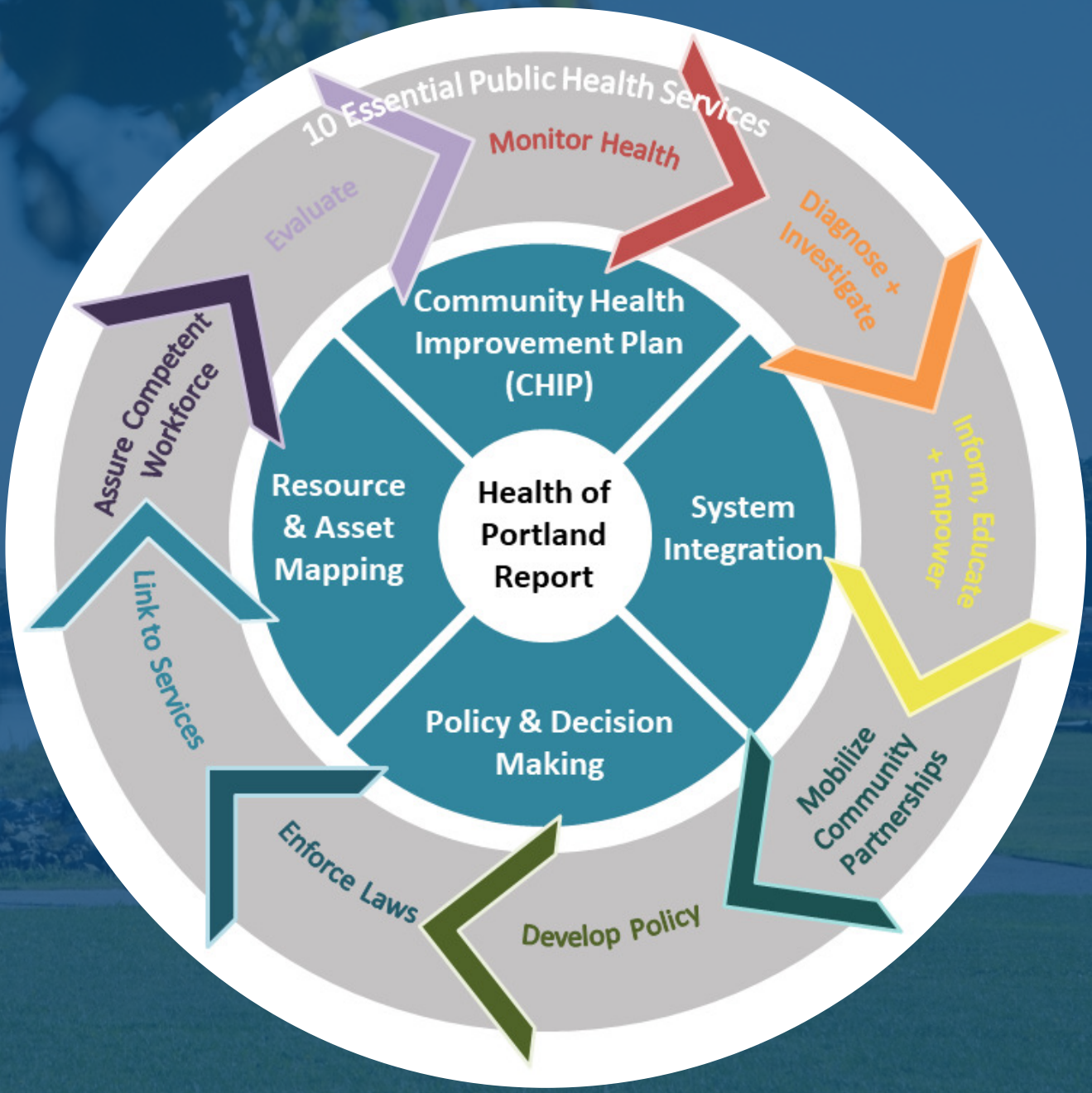
Resource and Asset Mapping

Portland Public Health will continue collaborating with organizations across the City and the state to identify and utilize resources that could be harnessed in addressing under-performing health areas. This will involve significant collective effort from divisions across the City, Portland residents and local organizations. Additionally, we hope this report will support Portland Public Health in streamlining programs and funding resources to address identified needs and areas of concern.

How it all fits

As a nationally accredited health department, Portland Public Health utilizes the 10 Essential Public Health Services as a framework to guide our public health initiatives. These essential services, developed by The Core Public Health Functions Steering Committee, serve as a foundation for any public health activity and provide structure and measurement to assess our performance. It is vital that all our current and future efforts are guided by evidence-based practice and are evaluated consistently to address the growing needs of the public.

Below, you will see that we have aligned Portland Public Health's next steps with the 10 Essential Public Health Services in recognition of the framework and the union of our work with national best practices. It is our intention that the Health of Portland Report sits at the center of our work and guides our next steps in alignment with the essential services and ultimately, supports our mission of improving the health of individuals, families, and the community through disease prevention, health promotion, and protection from environmental threats




RESURGAM.
CITY OF PORTLAND, MAINE