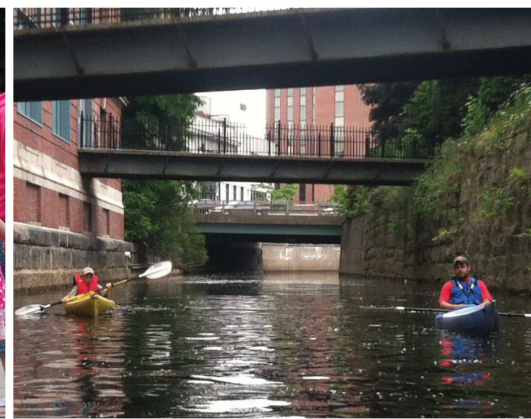


Community Health Assessment Bangor, Maine

2023–2027



Bangor Public Health
& Community Services

MESSAGE FROM THE DIRECTOR

Dear Staff, Partners, and Community Members,

We are proud to share our first Community Health Assessment report with you!

This Community Health Assessment provides our public health staff, community stakeholders, organizational partners, and local decision-makers with a synthesis of key community indicators to help us better understand the current state of community health and well-being in Bangor. The report is part of our agency's process to become a nationally accredited public health department, and it will guide subsequent community health planning processes.

Perhaps more importantly, the development of this report is part of our agency's Vision to ensure that **"all residents live in thriving communities where every person has a healthy and fulfilling life."** We strive to provide effective and data-driven programming that responds to the needs of our community, with a focus on supporting individuals and families that experience health, social, and economic inequities. Recognizing that our work is part of multisector initiatives to collectively achieve a healthier community, we hope that this report will support the numerous improvement initiatives underway in the City of Bangor and through community and regional partners.

My deep appreciation goes to all members of the Bangor Public Health and Community Services team, who have contributed their collective experience and knowledge of the Bangor community to the development of this report.

We welcome any feedback regarding this report or recommendations for future health assessments.

Thank you for your interest in the health of our city!

Patty Hamilton,
Director of Bangor Public Health & Community Services



ACKNOWLEDGMENTS

This Community Health Assessment was developed with the participation of community members, social service leaders, and data and content experts with deep experience working in the Bangor community and throughout Maine.

We want to recognize professionals from around the state that assisted in the data gathering process:

- Daniel Soucier**, Maine Drug Data Hub
- Helen Hemminger**, Maine Children's Alliance
- Nancy Birkhimer**, Maine Center for Disease Control and Prevention
- Carolyn Bancroft**, Maine Center for Disease Control and Prevention
- Emily Gerety**, Maine Department of Health and Human Services

We are grateful to members of our Advisory Group for their review and insights around data gathering and prioritization of data to include in the report:

- Jessica Fogg**, Penquis Public Health District Liaison, Maine Center for Disease Control and Prevention
- Stacy Boucher**, Aroostook Public Health District Liaison, Maine Center for Disease Control and Prevention
- Matt Dexter**, Executive Director, Christine B. Foundation, Inc.
- Tabatha Caso**, Executive Director, Eastern Area Agency on Aging
- Bruce Campbell**, Chair, Maine Substance Use Disorder Services Commission
- Nicole Hammar**, Manager, Community Health Improvement, Northern Light Health

The staff and leadership at the Bangor Public Health Department and Community Services offered their insights throughout the report development.

Finally, we want to thank the community members that have participated in previous and ongoing community engagement efforts to identify key community needs and barriers to accessing essential services.

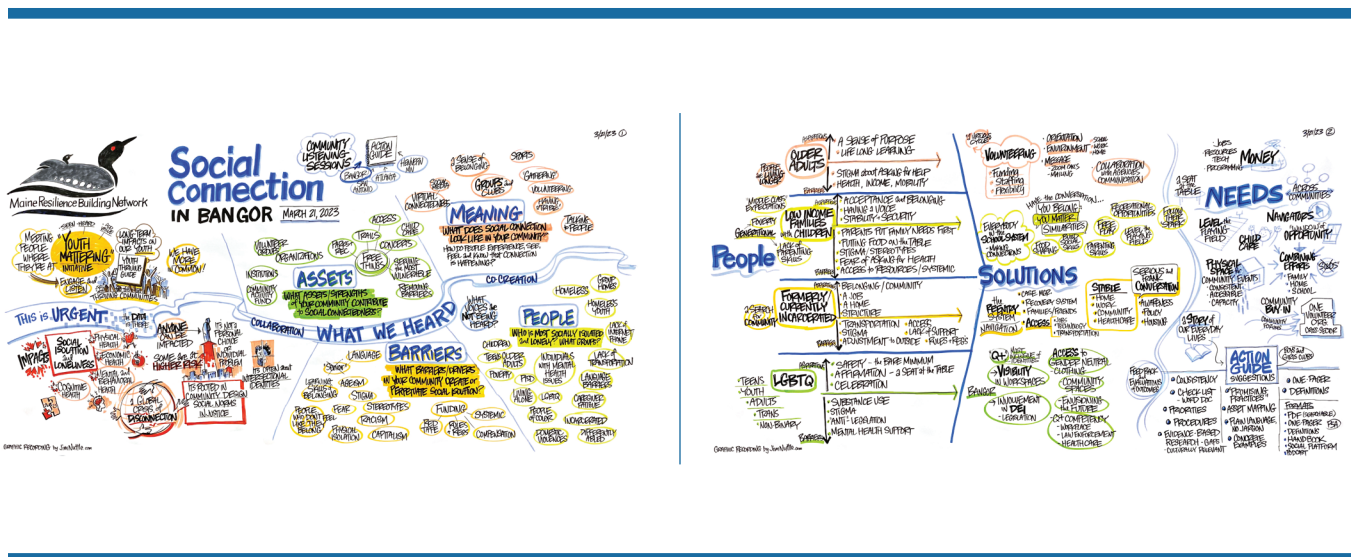


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www.bangorpublichealth.org

EXECUTIVE SUMMARY

Process

Comprehensive and collaborative report development with a focus on health equity.

This Community Health Assessment embraced a comprehensive, multisector data collection process that included a broad range of community conditions that shape our health and well-being. The secondary and primary data were selected with a view towards increasing our understanding of the social, economic, and health disparities that exist in our community. Report development was a collaborative process, with feedback from community partners and content experts that informed the data gathered for this report and the types of data that will be collected for future health assessments.

Content

Data represents a broad range of community conditions.

For this report, data was collected at local, county, and state levels for the following community conditions:

- Basic Needs for Health & Safety
- Humane Housing
- Meaningful Work & Wealth
- Belonging & Civic Muscle
- Thriving Natural World
- Lifelong Learning
- Reliable Transportation

Community priorities identified through existing community engagement efforts include housing and homelessness, mental health, substance use, and community connection.

Next Steps

Identify priority community issues and community health improvement strategies.

The data gathered for this report will be reviewed and interpreted through stakeholder input to identify priority community health issues in Bangor. Continued community engagement strategies will be used to develop key strategies to address the priority community health issues and advance community health and well-being in the city.



GUIDING FRAMEWORKS

The Project Team, with input from Bangor Public Health & Community Services (BPHCS) staff and leadership, selected the **Vital Conditions for Health and Well-Being Framework** (see Figure 1) to guide the development of this report. The Vital Conditions Framework, recently recognized at the national level in the Federal Plan for Equitable Long-Term Recovery and Resilience, advances a collaborative, cross-sector, and comprehensive approach to improving community health and well-being. It is an asset-based model that moves beyond the social determinants of health to identify the essential elements needed for individuals, families, and communities to thrive.

BPHCS’s commitment to recognizing and addressing the **“upstream” factors that shape our health** also impacted the decision to adopt this framework. The Vital Conditions Framework guided a data collection process that included indicators that go beyond the traditional public health focus on health behaviors and disease outcomes to include community conditions—housing, transportation, and education—that are essential to our health and well-being. This framework also encompasses the department’s commitment to multisector collaboration, across all community agencies, in order to best serve our community.

The Vital Conditions Framework guided a broad data collection process, provided the structure for this report, and will be used in the upcoming community health improvement planning phases to identify levers for community change.

FIGURE 1:

Vital Conditions for Health and Well-Being Framework



[Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.](#)

A commitment to **health equity** also shaped the development of this Community Health Assessment. BPHCS is committed to meeting the comprehensive needs of local individuals and communities that experience social, economic, and institutional barriers in accessing services and resources necessary for health and well-being. As much as possible, data elements and perspectives that communicate the experience of diverse populations have been included in this report.

VITAL CONDITIONS AND COMMUNITY HEALTH ASSESSMENT INDICATORS

After selecting the Vital Conditions Framework, the Project Team, in collaboration with the BPHCS staff and leadership, populated each of the seven Vital Conditions with health outcomes and community indicators to explore for the health assessment (see Table 1). The project team then compiled a Data Map with all existing data for each health outcome and community condition at the city, county, and state levels from a broad range of sources.

TABLE 1:

Health Outcomes and Community Indicators Linked to the Vital Conditions Framework

| VITAL CONDITION | HEALTH OUTCOMES AND COMMUNITY INDICATORS | VITAL CONDITION | HEALTH OUTCOMES AND COMMUNITY INDICATORS |
|--|--|-------------------------------------|--|
| Basic Needs for Health & Safety | Access to Care | Meaningful Work & Wealth | Employment |
| | Quality of Care | | Poverty |
| | Substance Use | Belonging & Civic Muscle | Family & Social Support |
| | Mental Health | | Children & Youth |
| | Maternal and Child Health | | Civic Participation |
| | Chronic Disease | Thriving Natural World | Air & Water Quality |
| | Infectious Disease | | Access |
| | Oral Health | | Climate Change |
| | Food and Nutrition Security | | |
| | Aging, Death and Dying | Lifelong Learning | Education Spending & Access |
| Environmental Health | Education Attainment | | |
| Injury and Exposure to Violence | Education Outcomes | | |
| Humane Housing | Availability | Reliable Transportation | Access |
| | Stability | | Commuting |
| | Affordability | | Safety |
| | Quality | | |

Not all data points from the completed Data Map were included in this report. The following criteria guided the data selection process:

- Bangor specific (versus data that was only available at the county level).
- Illustrates disparities across populations in terms of health outcomes or community conditions.
- Captures community assets as well as areas for improvement.
- Highlights areas where Bangor is performing well/poorly compared to Penobscot County or Maine.
- Is understandable and accessible.

The full Data Map is available through a link on the BPHCS website.

COMMUNITY HEALTH ASSESSMENT DATA

This report includes secondary data collection and analysis as well as findings from primary data collection efforts.

Secondary Data

Secondary data was collected from existing national, state, regional, and local-level data sources, reports, and databases that include multisector data around health outcomes and community conditions (see Data Sources section for a complete list of included reports). The Maine Shared Community Health Needs Assessment, American Community Survey, Community Health Rankings, and Maine Integrated Youth Health Survey, among others, were referenced frequently during the secondary data collection process.

While data for most indicators was available at the county and state levels, city-level data was more difficult to find. When city-level data was unavailable, the report includes data from Penobscot County. Data collection targeted the most up-to-date data available, with data points included from 2017–2022.

Data Limitations

Due to small sample sizes and limitations in existing data, it was often not possible to access reliable disaggregated data at the city or county levels to accurately demonstrate differences in health outcomes or community conditions across race, ethnicity, or other demographic factors. Unfortunately, reliable secondary data does not exist to fully understand the existing unmet needs in our communities. Data gathering for this report has highlighted the ways in which data collection, access to data, and missing data elements all have the potential to exclude communities that have historically experienced social discrimination and inequalities. BPHCS hopes to participate in processes that lead to more comprehensive and inclusive data collection as well as platforms to make data accessible across our community.

Primary Data

Findings from the following primary data collection efforts conducted by BPHCS are also incorporated in this report:

- **Local Counts Data:** In March 2023, BPHCS staff conducted baseline environmental scans throughout Penquis Health District (Penobscot and Piscataquis counties) as part of a state-funded chronic disease prevention grant program. Counts were conducted for early childhood education centers; behavioral health services; tobacco, alcohol, and cannabis retailers; education institutions; and other community assets.
- **Key Informant Interview Research with People With Experience Using Drugs (PWEUD):** In 2022, BPHCS received a Systems Improvement and Innovation Responsive Grant from the Maine Health Access Foundation to conduct interviews with individuals from the PWEUD community in the Greater Bangor Area to better understand their experiences with BPHCS's systems, unmet needs, and community priorities. In total, more than 55 face-to-face interviews were conducted with the support of peer facilitators. Findings are included in the Community Priorities section.

Finally, information about the scope, service delivery, and client experience for existing BPHCS services is also incorporated in the program narratives throughout the report.

Community Engagement Data

Existing findings from community engagement efforts aimed at identifying key community needs at the city and county levels are also included in this report in the Community Engagement section. While BPHCS will facilitate a process of issue prioritization as part of the upcoming Community Health Improvement Plan process, existing findings from community surveys, meetings, and interviews have informed the data collection and interpretation process for this report, and the findings will be used to help assess community priorities for the planning process.

COMMUNITY ENGAGEMENT IN THE COMMUNITY HEALTH ASSESSMENT PROCESS

Feedback from community partners and content experts was a key aspect of the report development. During the data gathering for the Data Map, the Project Team collaborated with state and local agencies, including the Maine Centers for Disease Control and Prevention and the Maine Drug Data Hub, to access all available data relevant to the health indicators and community conditions selected for review.

The Advisory Group reviewed the Data Map to ensure that data collection was accurate and comprehensive; to provide expertise in specific content areas; and to identify the most important data points to include in the final report. In their review, advisors responded to the following questions:

- Are any indicators missing, incorrect, or outdated? Are there additional data sources we should review, including data projections relevant to future population health and planning?
- Which data points do you feel are most important to include in the BPHCS Community Health Assessment report?

The BPHCS research with the PWEUD community also provided an opportunity for an underrepresented population in the city to share their experience of unmet needs and priorities for additional services.

COMMUNITY PRIORITIES

In recent years, several community engagement efforts have been conducted in Bangor and Penobscot County to identify key community priorities for improving health and well-being. Community perspectives can help contextualize the secondary data findings and identify the community conditions that are most important to Bangor and county residents. Findings around community priorities will be used for the subsequent prioritization and planning processes involved in the Community Health Improvement Plan.

Existing Community Engagement Data

2022 Maine Shared Community Health Needs Assessment (CHNA): Penobscot County Community Forum

As part of the 2021–2022 Maine Shared CHNA process, community forums were held in all counties (with a total of 1,029 participants) to identify top health priorities and gaps/assets in each community to address the top priorities. The Penobscot County community forum was held in 2021. Each forum participant was allowed to vote for up to four priorities from a list of 24 issues.

2022 City of Bangor Comprehensive Plan: Community Engagement Efforts at the City Level

The development of the 2022 City of Bangor Comprehensive Plan included a broad public outreach effort to engage community members in identifying community values and priorities. Engagement methods included listening sessions, visioning sessions, a walk audit survey, and an online visioning survey.

2022 Bangor Public Health and Community Services Research: Interviews with People with Experience Using Drugs (PWEUD): Description of this research provided in the previous section.

While each community engagement effort identified distinct community priorities, overlapping priorities also emerged (see Table 2).

TABLE 2:**Top Community Priorities Identified in Bangor and Penobscot County**

| | MSCHNA (PENOBSCOT COUNTY) | BANGOR COMPREHENSIVE PLAN (BANGOR) | BPHCS PWEUD RESEARCH (GREATER BANGOR AREA) |
|--|---|--|---|
| Housing and Houselessness | <ul style="list-style-type: none"> • Housing Insecurity | <ul style="list-style-type: none"> • Housing availability and affordability • Houselessness | <ul style="list-style-type: none"> • Affordable housing options including recovery housing • Temporary safe spaces to support the basic needs of people who live outside and/or are in active use |
| Mental Health | <ul style="list-style-type: none"> • Availability of mental health providers • Mental health issues among youth | <ul style="list-style-type: none"> • Supporting and expanding mental health services | <ul style="list-style-type: none"> • More services that address mental health and wellness such as detox and residential programs |
| Substance Use | <ul style="list-style-type: none"> • Overdose deaths • Misuse of prescription drugs | <ul style="list-style-type: none"> • Supporting and expanding services for substance use | <ul style="list-style-type: none"> • Services and treatment options for minors affected by substance use disorder |
| Community Connection | | <ul style="list-style-type: none"> • Sense of community • Actions to continue to make Bangor a caring and welcoming city | <ul style="list-style-type: none"> • Community connection • Listen, celebrate, and value people’s life experiences |
| Additional Community Priorities | <ul style="list-style-type: none"> • Access to care • Mental healthcare providers • Cost of care | <ul style="list-style-type: none"> • Public safety concerns | |

COMMUNITY PROFILE

Bangor is the economic and media center for the region with 10 major radio stations, 3 television stations, and one daily newspaper. Bangor is a commercial and economic center within Penobscot County and the state. The city has a diversified economy with large employment sectors in management and administration, retail and food service, education, and healthcare. Bangor is one of the largest retail markets in the state, and it is also a regional center for communications, transportation, healthcare, industry, and government services. The city's daytime population doubles with daily commuters, shoppers, tourists, students, and people seeking a wide range of services.

The City of Bangor was first incorporated along the Penobscot River in 1834 as an industrial center for lumber and shipbuilding. The town experienced population and economic growth through the 19th century. Today, it is the third most populous city in Maine, behind Portland and Lewiston, and it occupies 34.7 square miles of land. The Penobscot people have inhabited the land in and around Bangor for at least 11,000 years.

Similar to regional population trends, Bangor experienced an overall population decline in the 1960s and 1970s, with the population remaining relatively stable in subsequent decades. Pre-pandemic estimates predicted population decline in Bangor, though recent years have brought a slight growth in Bangor's population with the increase in remote work and pandemic-related migration away from larger cities. Bangor was designated in the fall of 2022 as a resettlement site for refugees and asylum seekers, which may also affect the future population of the city. Bangor's population has grown more diverse in recent years, and there is potential for increasing diversity with the arrival of new Mainers and migration from larger cities in the U.S.

Although Bangor's median age is younger than the overall median age in Maine, the city's older population is currently growing and is expected to continue to increase. This shift towards an older population will impact the need for healthcare, housing, and transportation services. It may also reduce school enrollment and the available labor force and affect the local economy.

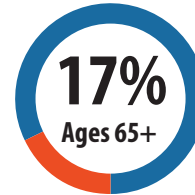
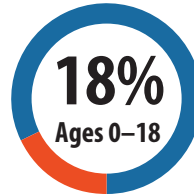
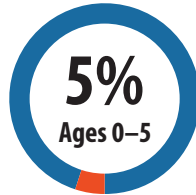


POPULATION DEMOGRAPHICS

Total Population ▶ **Bangor 31,588** | **Penobscot County 153,704**

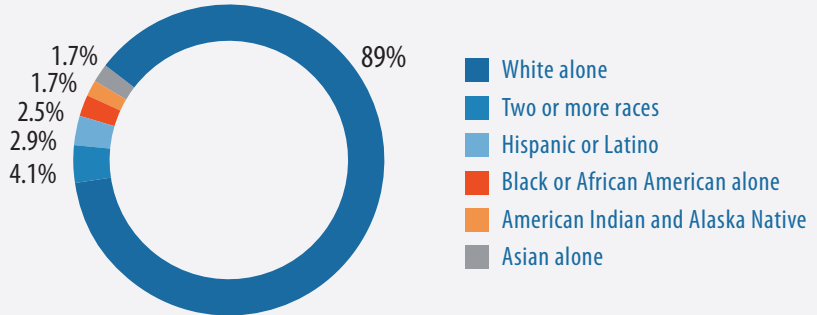
Age Composition

Median Age: **39** ▶



8.6%
OF
BANGOR RESIDENTS
ARE
VETERANS

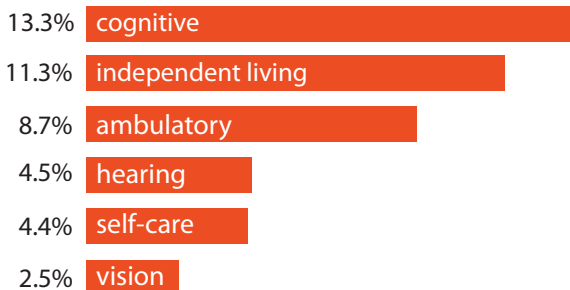
Race and Ethnicity



Persons with a Disability

21% of people in Bangor have a disability

Types of disabilities:



Origin and Language

5.1% Bangor residents are foreign-born

6.5% speak a language other than English at home

Sexual Orientation and Gender Identity*

3.7% adults in Penobscot County identify as gay, lesbian, or bisexual

11.7% high school students identify as gay, lesbian, or bisexual

1.4% high school students identify as transgender

*Data for Penobscot County. Bangor data not available.

BASIC NEEDS FOR HEALTH AND SAFETY

When basic needs for physical and mental well-being are satisfied, people across the lifespan can lead healthy and thriving lives. Access to nutritious food, fresh air, healthy relationships, and lives free from violence, addiction, and injury are fundamental to the health of a community. High quality and routine healthcare services are also necessary to maintain health and well-being.

Basic Needs for Health and Safety include:

- Access to physical, oral, and behavioral healthcare services
- Nutritious food for all families
- Physical health and activity
- Freedom from violence and addiction
- Supportive care for older adults

Health and Safety in Bangor

Health priorities for Bangor parallel those experienced by residents of Penobscot County and the state. Mental health, substance and alcohol use, and access to care are consistent community health issues at the local and regional levels. However, Bangor and Penobscot County experience disproportionate rates of overdose deaths compared to the state, and substance use is a critical concern in Bangor. Through its Overdose Response Team the city partners with the Community Health and Counseling Services' Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) liaisons to increase access to harm reduction services, counseling, and broader support services.

The Bangor City Council passed an ordinance that banned the sale and marketing of all flavored tobacco products in the city—including menthol cigarettes and all e-cigarette flavors—beginning on June 1, 2022. The ban was recognized by the Campaign for Tobacco-Free Kids and the American Lung Association, and supporters see the Bangor ban as an important step towards similar legislation at the state level.

As a regional hub, people in need of social services travel to Bangor from the surrounding region. The city has a higher concentration of people living below the federal poverty level than the surrounding area, and interrelated issues around mental health, substance use, houselessness, and poverty pose critical challenges. The Bangor Police Department has prioritized training for mental health and crisis de-escalation, and it recently brought on a Community Relations Officer to serve as a community liaison and facilitate relationships and communication between the community and the Department. Bangor also employs an outreach caseworker, based in the Public Health Department, to support law enforcement responses that involve unhoused individuals.

Bangor has been an American Association of Retired Persons (AARP) Age-Friendly Livable Community since 2015, and the Bangor Livable Communities Committee, together with community partners, is actively working to make the city's infrastructure—including housing, transportation, access to parks, and civic participation—accessible for residents of all ages.

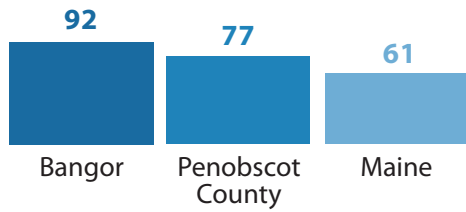
Similar to communities across the state, the Bangor region's Emergency Medical Services (EMS) system is facing a crisis due to significant underfunding and a fragmented response network. Leadership at the Penobscot County level continues to work to improve the recruitment and retention of first responders.



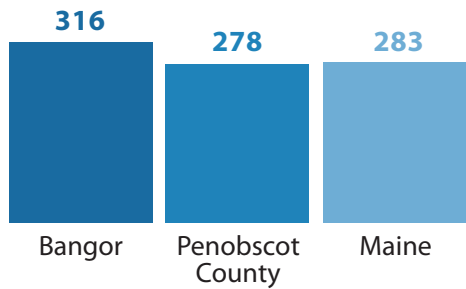
ACCESS TO CARE & CARE QUALITY

Preventable Hospital Visits

Rate of hospitalizations for ambulatory care-sensitive conditions per 10,000 people:



Rate of emergency department visits for ambulatory care-sensitive conditions per 10,000 people:



46% of all fee-for-service Medicare enrollees have an annual flu vaccine*

Medicare enrollees receiving flu vaccine:



Preventive Care

41% of women ages 65+ are up to date on core clinical preventive services*

48% of men ages 65+ are up to date on core clinical preventive services*

37% of all Medicare enrollees ages 65–74 receive annual mammography screening*

Insurance Coverage

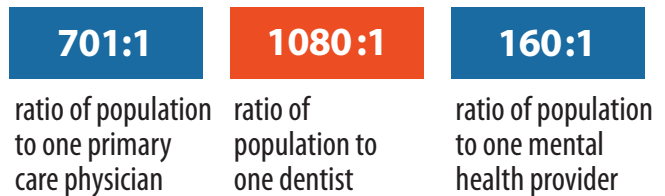
7% of all residents are without healthcare coverage

66% of ages 0–19 are enrolled in MaineCare

Barriers

12% of people experience cost barriers to healthcare access*

Availability of Providers*



*Data for Penobscot County. Bangor data not available.

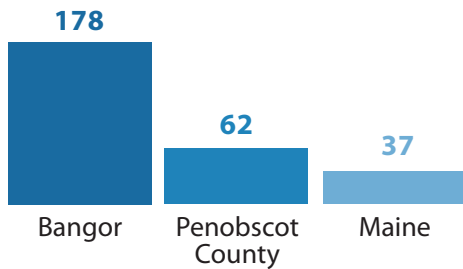


SUBSTANCE USE

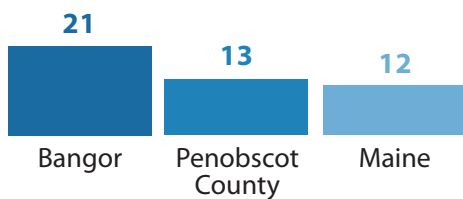
Drug Deaths

107 annual suspected and confirmed fatal overdoses*

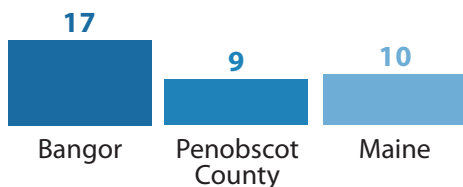
Overdose deaths per 100,000 people:



Alcohol-induced deaths per 100,000 people:



Opiate poisoning emergency department rate per 10,000 people:



1 in 5 adults are current smokers*

26% of high school students report vaping during the past 30 days:*



Alcohol Use

19% of high school students report alcohol use in the past 30 days*

19% of adults report binge or heavy drinking*

33% of driving deaths have alcohol involvement*

125 alcohol licensees in Bangor

Nicotine Use

7% of high school students report smoking cigarettes during the past 30 days*

57 tobacco retailers in Bangor

Cannabis Use

17% of adults report cannabis use in the past 30 days*

17% of high school students report cannabis use in the past 30 days*

17 cannabis retailers in Bangor

Opioid Use

43 retail opioid prescriptions dispensed per 100 people each year*

1292 annual EMS incidents requiring naloxone administration*

100 annual opiate drug arrests*

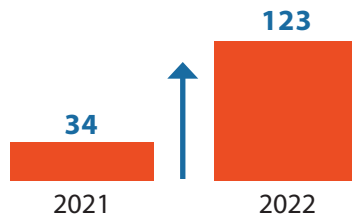
*Data for Penobscot County. Bangor data not available.

Substance Use Prevention and Treatment Services

1 Recovery Center in Bangor

OPTIONS program

Law enforcement referrals to OPTIONS liaisons for individuals with problematic substance use:*



Harm Reduction in Bangor

24 Tier 2 naloxone distributors

2 sites offer a syringe service program

2 sites offer Hepatitis/HIV testing

The **OPTIONS Overdose Response Team** is a collaboration between Community Health and Counseling Services, the Bangor Area Recovery Network, Together Place, and Bangor Public Health and Community Services. The team provides free direct support, information and naloxone for individuals who have experienced an overdose or are at risk of overdose. The team can provide information about available resources to meet basic needs or explore treatment and recovery, information and support to families and friends, and a variety of training on overdose prevention. This project is funded by Maine’s Office of Behavioral Health.

The **Overdose Prevention program** has been in place since 2008 through funding from Maine’s Office of Behavioral Health. It provides overdose education and naloxone distribution throughout Penobscot, Piscataquis, Hancock, Washington, and Aroostook counties as part of a statewide effort to help minimize overdose deaths, reduce the stigma of substance use disorder, and advocate for free naloxone access for vulnerable populations.

Virtual training and in-person training is available along with print materials about opioid overdose prevention, how to recognize and react to an overdose, risk factors for overdose, and how to use Narcan in the event of an overdose.





Substance Use Prevention in Action:

BPHCS Substance Use Prevention Team

The BPHCS Substance Use Prevention team has been in place since 2007, working to reduce substance use and its effects in our community. We are a Maine Prevention Network partner, funded by the Maine CDC to provide prevention services in Penobscot County, and offer the following services:

For youth: Classroom visits with middle and high school students to talk about alcohol, cannabis, and other drugs; healthy decision-making; and ways to help friends and cope with stress.

For school staff and parents: Faculty/staff training and parent education on a variety of topics such as cannabis and alcohol trends, Maine Integrated Youth Health Survey data presentations, the Risk and Biology of Addiction, Parenting the Teen Brain to help prevent high-risk choices, and Creating Inclusive Environments. We also tailor workshops to meet schools' unique needs!

For businesses/employers: Training on how to support a healthy workforce and discourage a culture of substance misuse in the workplace. Access to free and low-cost resources for employees. We also provide responsible sales training and certification for alcohol and cannabis-licensed retailers.

For healthcare and social service providers: Training and technical assistance on how substance use affects clients and patients, data on emerging trends, screening tools, and ways to support lower-risk choices.

For policymakers: Information about how laws and policies make a difference in keeping youth and communities healthy and safe. Up-to-date data on substance use trends. Expert resources for prevention information and questions. We also provide stories about our work in the community and how it's helping.

For everyone: Prevention messaging and resources via our website, social media, and live/recorded education sessions on a variety of topics.

BPHCS Tobacco Prevention & Control Program

The Tobacco Prevention & Control Program partners with schools, higher education, youth-serving organizations, public/private workplaces, hospitals, healthcare, and other community partners serving vulnerable populations to:

- Prevent youth and young adults from starting to use tobacco products
- Support current tobacco users in seeking treatment and successfully quitting
- Address and eliminate long-standing disparities in tobacco addiction
- Work to promote healthy choices that do not include tobacco use, in hopes of reducing tobacco-related chronic disease and death.

The program is part of the Maine Prevention Network, a group of organizations funded by the Maine Center for Disease Control and Prevention (Maine CDC) to implement primary tobacco prevention strategies statewide. Bangor Public Health and Community Services provides tobacco prevention services in Penobscot County.

The program also receives funding from the Maine Cancer Foundation for a pilot project to expand treatment options for patients and employees of Penobscot Community Health Care, with the goal of developing a sustainable model so that we can expand access to treatment options in Penobscot County.



MENTAL HEALTH

Frequent Mental Distress

15% of adults report **14+ days** of poor mental health each month*



Depression

29% of adults report experiencing depression in their lifetime*

12% of adults report current symptoms*

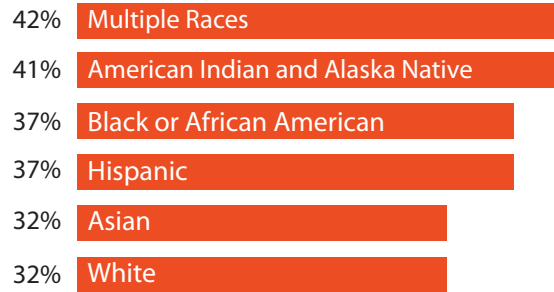
Suicide

20 suicide deaths per 100,000 people

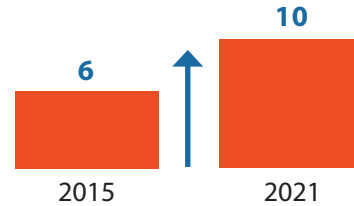
19% of middle school students have seriously considered attempting suicide*

16% of high school students have seriously considered attempting suicide for 2+ weeks in a row*

33% of high school students report feeling sad or hopeless for **2+ weeks** in a row*

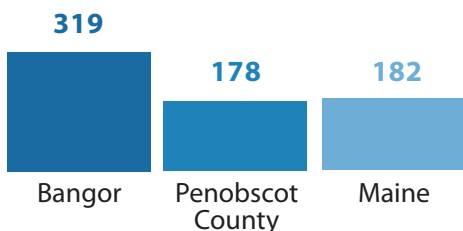


Suicide deaths per 100,000 youth ages 10-19:*



Utilization

Mental health emergency department visits per 10,000 people:



37 sites offer behavioral health services in Bangor



1 in 5 adults are currently receiving outpatient treatment for mental health*

*Data for Penobscot County. Bangor data not available.



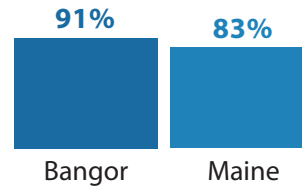
MATERNAL AND CHILD HEALTH

7% babies born with a low birth weight*



Prenatal Care

Mothers receive most expected prenatal visits:



Birth

24% c-sections among low-risk first births

13 births per 1,000 women ages 15–19

Breastfeeding

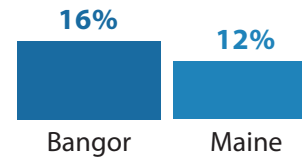
84% of infants are ever fed breast milk

Child Wellness

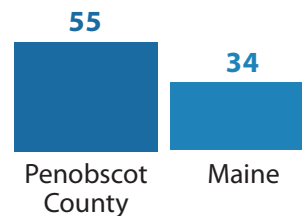
77% of two-year-olds up to date with recommended immunizations*

Substance Use

Smoking during pregnancy:



Women diagnosed with opioid use disorder at delivery among 1,000 delivery hospitalizations:*



Healthcare workers suspect that infants have been affected by legal/illegal substance use in **8%** of births*



1 in 20 babies born exposed/affected to substances*

*Data for Penobscot County. Bangor data not available.



Maternal and Child Health Support in Action:

BPHCS Maternal-Child Health Home Visiting Program

The City of Bangor has been providing public health nursing services for over 60 years, including maternal and child nursing services. The mission of the Maternal-Child (MCH) Program is to provide primary prevention to prenatal, postpartum, and parenting families, with the ultimate goal of promoting physical and emotional health, education, and links to needed community resources. The MCH program provides experienced, lactation-trained nurses who visit families in their own environment to build trust and connection. The goals are created by the family and services are based on individual family needs.

In the home, MCH nurses provide health assessments on prenatal and postpartum mothers and newborns and developmental screening on children up to age 5. As Certified Lactation Counselors, they can give lactation support. Evidence-based education offered is aimed at healthy pregnancies, the postpartum period and newborn care, safe sleep, period of purple crying, developmental milestones, and lead poisoning prevention. Screenings for postpartum depression, intimate partner violence, safe sleep areas, and home safety, including home lead testing, are important to the MCH nurses to provide a safe environment for the entire family.

The MCH program provides monthly education presentations on subjects of interest to families. Some past presentations have included: Safe Sleep, Intimate Partner Violence, Summer Safety, Baby Equipment Recalls, Breastfeeding, Picky Eaters, Heavy Metals in Baby Foods, Immunizations, Common Childhood Illnesses, and much more.

The MCH nurses in the City of Bangor are well known and trusted by community partners—hospitals, provider offices, shelters, group homes, transition, and recovery homes. The team collaborates with other organizations to provide community events geared toward health and wellness. Through translation, the MCH team has been able to provide culturally sensitive care to immigrant families upon their arrival to Bangor.

Finally, during COVID-19, MCH nurses participated in community COVID-19 vaccine efforts. They provided community support to daycares and other organizations on cleaning practices and the latest COVID-19 guidance. Finally, although visits looked different during the pandemic, the nurses made every effort to meet families in a safe manner, sometimes even in the park or on a porch. The team's commitment and compassion given to families in the community is strong and steadfast.

MCH Spotlight

During the pandemic, one of the public health nurses identified that there was an increase in families living in hotels due to the lack of housing availability in Bangor. Exploring this further, the team realized there are unique challenges that accompany hotel living that others may not encounter. The need for safe sleep equipment and home safety equipment was evident while living in such a small space with a whole family. The team applied for a small grant through Bangor Savings Bank to help provide families in hotels and transitional housing with needed equipment; this included cribs, pack and plays, sleep sacks, cupboard latches, toilet latches, curtain ties,

electrical plugs, portable highchairs, changing mats, and silicone steam bags for bottles and breast pump equipment. Families getting SNAP and WIC had healthy foods to eat with no stove to cook. The team provided microwave cookbooks with healthy recipes to promote healthy eating. One particular family in a hotel was grateful that while they were waiting for housing, they had help with basic needs for a baby: a mat to change the baby, a highchair for feedings, and equipment to keep the baby safe. The family was thankful that when they finally found housing, they could take the items with them to assist with their new start.

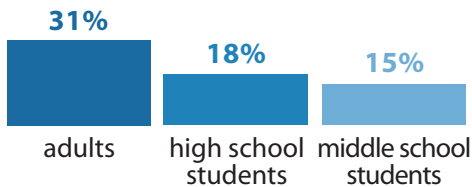


CHRONIC DISEASE

Physical Activity and Healthy Weight

23% of adults report no leisure-time physical activity*

Obesity:*



Cardiovascular Disease

190 deaths per 100,000 people

30 heart attack hospitalizations per 10,000 people

15 heart failure hospitalizations per 10,000 people

25 stroke hospitalizations per 10,000 people

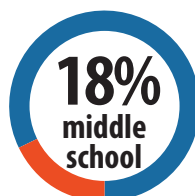
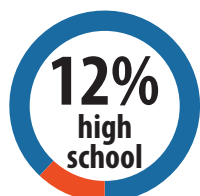
Chronic Obstructive Pulmonary Disease

22 hospitalizations per 10,000 people

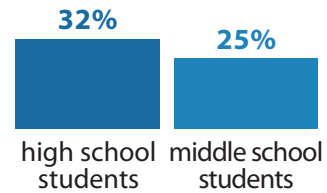
61 deaths per 100,000 people

Nutrition

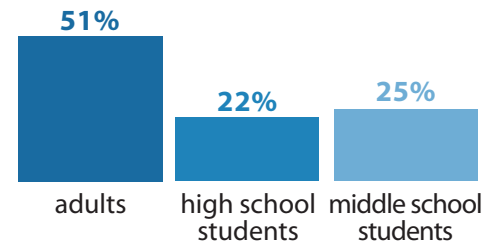
Students that eat 5+ servings of fruit or vegetables per day:*



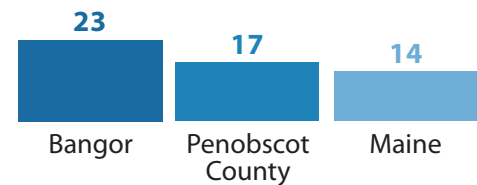
Watched fewer than 2 hours of combined screen time per day:*



Met physical activity recommendations:*

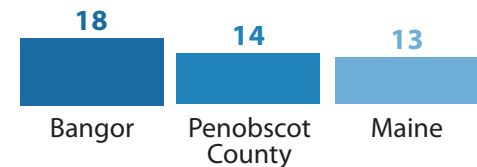


High blood pressure hospitalizations per 10,000 people:

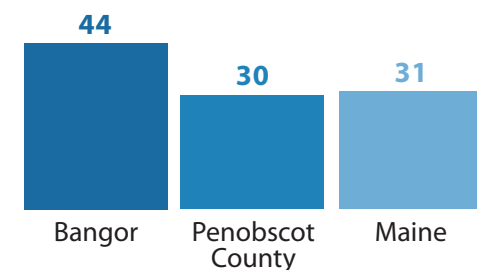


Diabetes **29** deaths per 100,000 people

Hospitalizations per 10,000 people:



Emergency department rate per 10,000 people:



*Data for Penobscot County. Bangor data not available.



Obesity Prevention in Action:

BPHCS Healthy Eating Active Living Program

With funding from the Maine Prevention Network and the University of New England, Bangor Public Health implements obesity prevention interventions across Penobscot County to create healthier environments where Mainers live, learn, work, and play. Qualified SNAP-Ed Nutrition Educators deliver evidence-based nutrition and cooking classes in income-qualifying community settings (schools, childcare, food pantries, senior housing, and others). Healthy Eating Active Living staff provides technical assistance on best-practice nutrition, breastfeeding, and physical activity strategies for early care at education sites, schools, and work sites. Additionally, staff collaborates with community partners and stakeholders to improve nutrition security and food access, while reducing food waste.

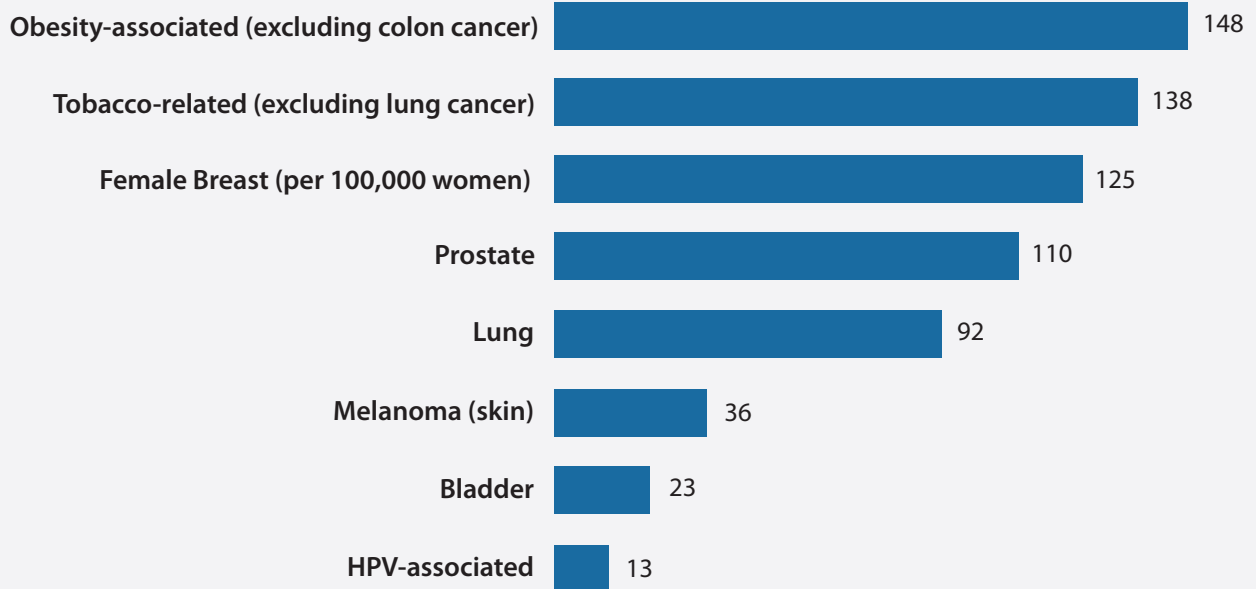




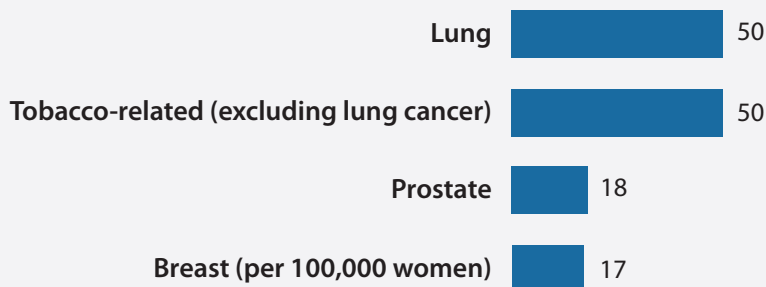
CANCER



539 new cases of cancer each year per 100,000 people



174 deaths due to cancer (any type) per 100,000 people



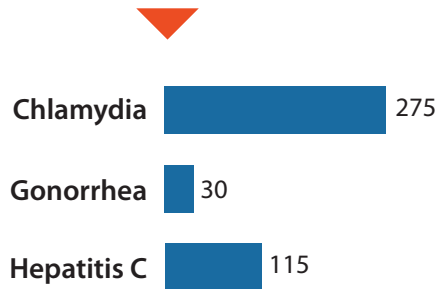


INFECTIOUS DISEASE

COVID-19

12,058 total cases since the start of the pandemic

newly diagnosed cases per 100,000 people*



Immunizations

40% of adults received influenza vaccine in the past year*

38% of 13-year-olds up to date on HPV immunizations*

86% of 13-year-olds up to date on Tdap immunizations*



Infectious Disease Prevention in Action:

BPHCS Immunization, Travel Medicine, and STI Clinic

Bangor provides immunization and STI testing through Bangor Public Health and Community Services. The clinic provides comprehensive, low-barrier services to the citizens in the greater Bangor area.

The Bangor Public Health clinic participates in the Maine Immunization Vaccines for Children program to offer vaccines at no cost to children 18 and under. This program provides important vaccines and education on CDC recommendations and school/daycare requirements. The clinic also provides routine adult vaccines, including some at no cost for uninsured or underinsured individuals. The immunization team partners with area schools, colleges, long-term care facilities, correction facilities, shelters, and other community organizations to meet immunization needs of the community. The team is committed to meeting people where they are at. At times, this has meant going to homes for the homebound, group homes, shelters, or meeting individuals who are unsheltered.

BPHCS also has a robust Travel Medicine program to provide comprehensive education, vaccine, and prescriptions to individuals traveling outside the United States. The nursing staff have specialized training in travel medicine and infectious disease and use this knowledge to guide travelers on safe practices during their trip.

The clinic provides testing for sexually transmitted infections including rapid HIV, hepatitis C, and syphilis, as well as urine tests for gonorrhea and chlamydia. This testing is accompanied by education and if appropriate, treatment or referral to a provider.

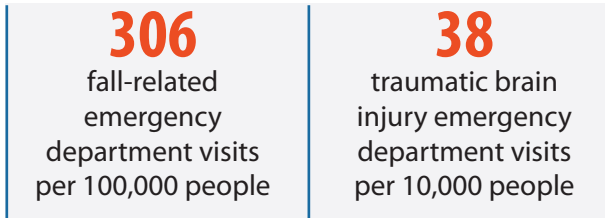
The services Bangor Public Health provides contribute to the health of the community and ensure access to services for all, especially the most vulnerable who may be experiencing barriers to care.

*Data for Penobscot County. Bangor data not available.

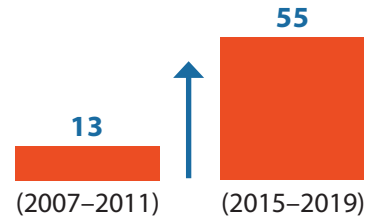


INJURY & EXPOSURE TO VIOLENCE

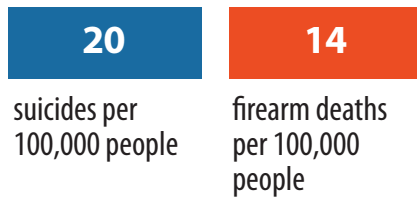
Unintentional Injury



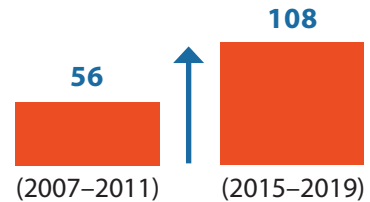
Poisoning deaths per 100,000 people:



Intentional Injury

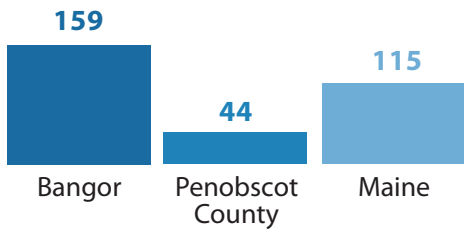


Injury deaths per 100,000 people:



Violence

Violent crime offenses per 100,000 people:



207 domestic assaults
reported to the police
each year
per 100,000
population*



13% of females have
experienced rape/
non-consensual sex*

*Data for Penobscot County. Bangor data not available.



Community Safety in Action:

Bangor Community Action Team

The Bangor Community Action Team (BCAT) responds to a variety of engagement opportunities in collaboration with the City of Bangor Department of Public Health and the Bangor Police Department. These touchpoints include welfare checks, public service interaction, vagrancy/loitering, citizen assistance, and organizational assistance. The four-member team has background experience in the areas of mental health, addiction/recovery, lived experience, and active/veteran military, allowing for meaningful and proactive community response and assistance. This 3-year pilot program was launched in January 2023 and will continue through 2026. Through ongoing partner feedback and data collection, the City of Bangor leadership is mindfully adjusting and building BCAT goals and next steps as the program moves forward. Whether responding as an independent team or working in coordination with the Police Department to assist, BCAT has demonstrated that the additional perspective of service options as an alternative response for individuals can have a positive outcome impact.

Between March 7–May 4, 2023, the program responded to 205 non-emergency calls made to Penobscot County dispatch, ranging from welfare checks, public service, and vagrancy/loitering, to public/organizational assistance.

From the Field: A BCAT Success Story—

The BCAT was asked to respond to an individual that was displaying vocal and physical distress at a place of business. On arrival, the team realized that they had encountered the individual previously and were able to build on this to start communication and begin to connect them with needed resources. In this instance, the resources needed were not local to our community, and the team needed to problem-solve and stay engaged with the individual in order to gain their trust and permission to transport them safely to the resource that could best support their situation. The effort put in by the BCAT on behalf of the underlying need of this individual led to a greater willingness to receive correct services.



FOOD AND NUTRITION SECURITY

Food and Nutrition Security

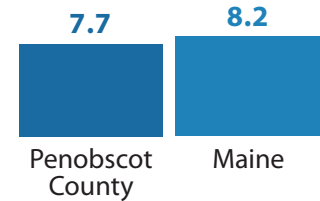
12% of people lack access to healthy foods*

20% of children experience food insecurity*

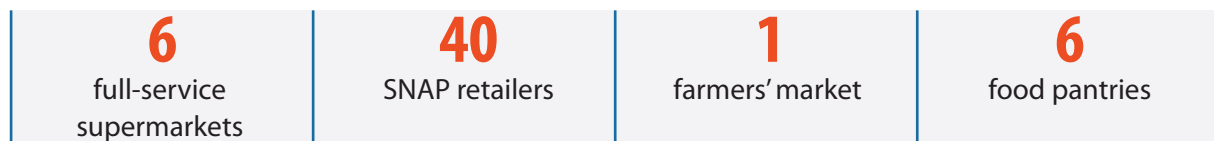
6% of people who are low-income do not live close to a grocery store*

24% of children receive SNAP benefits*

Food Environment Index,* from 0 (worst) to 10 (best):



Bangor Food Resources



ORAL HEALTH

Older Adults 17% of adults ages 65+ have lost all teeth*

Dental Insurance

56% of children and young adults had dental insurance during the past year*

Utilization

58% of adults received dental care in the past year*

61% of children with commercial insurance receive preventive dental care*

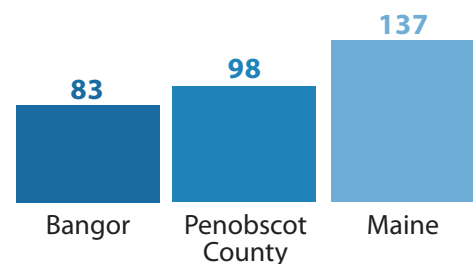
49% of children with Medicaid receive preventive dental care*

Preventable Dental Emergencies

15 ambulatory care-sensitive dental emergency department visits per 10,000 children



Ambulatory care-sensitive dental emergency department visits per 10,000 adults:



*Data for Penobscot County. Bangor data not available.



Food and Nutrition Security Programming in Action:

BPHCS Women, Infants, and Children (WIC)

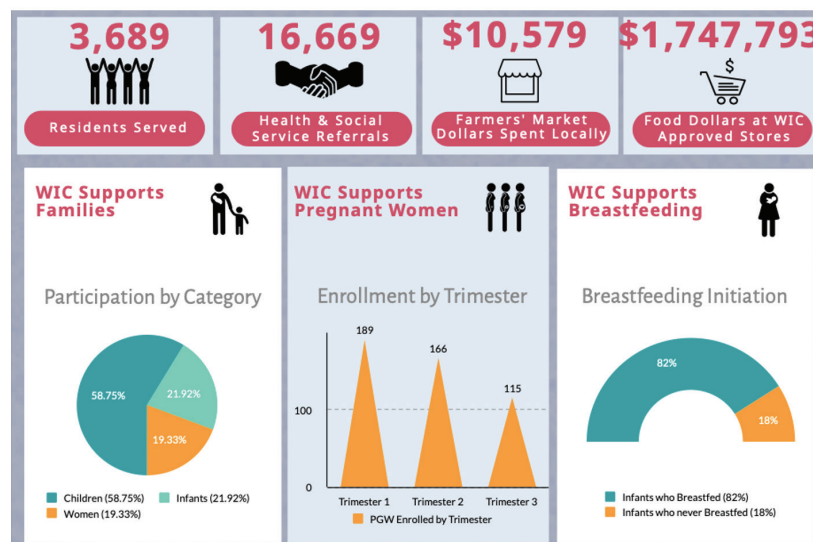
The Women, Infants, and Children (WIC) Nutrition Program provides supplemental foods, nutrition and breastfeeding education, health screenings, and health and social service referrals to qualifying residents. Bangor Public Health and Community Services has operated the WIC Nutrition Program for Penobscot and Piscataquis counties since the inception of WIC in 1974.

WIC is one of the nation's most successful and cost-effective nutrition intervention programs serving income-eligible pregnant women, postpartum women, infants, and children up until age 5 years. Data show that WIC interventions improve birth outcomes, diet-related outcomes, infant feeding practices, immunization outcomes, cognitive development, and school readiness. WIC provides prenatal vitamins through the Vitamin Angels Grant, free well water tests through a CDC partnership, lead education and support, hospital-grade electric breast pump loaners and breastfeeding supplies, educational materials, healthy foods, and diapers (when available). WIC responds to public health emergencies, most recently the formula crisis, and connects families with area resources for comprehensive care.

The Breastfeeding Peer Counselors are available around the clock to provide support and encouragement to pregnant and breastfeeding women enrolled in WIC. Data and studies report peer counseling improves both breastfeeding initiation and duration by increasing confidence and providing support and encouragement from someone who has gone through similar experiences and struggles. Breastfeeding Peer Counselors work with the WIC nutritionists and WIC dietitians for comprehensive support and care.

The Farmers' Market Nutrition Program provides benefits to WIC participants to use at local WIC-approved farm stands and farmers' markets. Education and support are provided to WIC participants on what is in season, storing and handling produce, and seasonal recipes. Providing access to healthy foods increases fruit and vegetable consumption.

Program Impact from October 21, 2021–September 30, 2022:





ENVIRONMENTAL HEALTH

Lead

3% of screened children have elevated blood levels

63% of children ages 12–23 months are screened for lead*

41% of houses built pre-1950s

Air Quality

4.3 $\mu\text{g}/\text{m}^3$ average daily density of fine particulate matter*

30 emergency department visits for asthma per 10,000 people

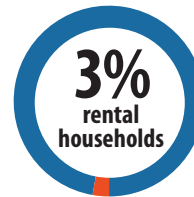
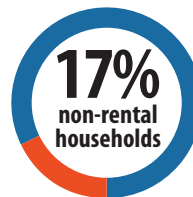
Tickborne Diseases



Bangor rated #5 cleanest U.S. city by year-round particle pollution

Radon in Air

households that have elevated radon levels



Environmental Health Promotion in Action:

BPHCS Lead Poisoning Prevention

Bangor has received funding from the Maine Centers for Disease Control to implement lead poisoning prevention education in the city of Bangor since 2009. Staff work with families, landlords, and healthcare providers to increase awareness of lead poisoning (particularly in children under the age of five), increase screening for childhood lead poisoning, and promote safe remediation when lead is detected.

*Data for Penobscot County. Bangor data not available.



AGING, DEATH & DYING

Cognitive Health

10% adults ages 45+ report cognitive decline during the past year*

Caregiving

6% adults provide regular care or assistance to a friend or family member*

Premature Death

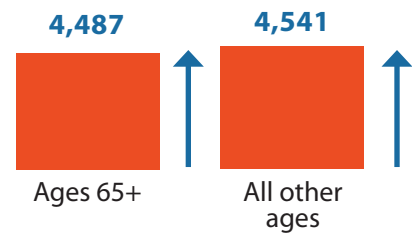
395 deaths among residents under age 75 per 100,000 people*

Overall Death Rate

902 deaths from any cause per 100,000 people

Aging Population

Bangor's projected population change (2022–2027):



Life Expectancy

77 years*



Leading causes of death:*

- **Cancer**
- **Heart disease**
- **Unintentional injuries**
- **Chronic lower respiratory diseases**
- **Cerebrovascular disease**

*Data for Penobscot County. Bangor data not available.

HUMANE HOUSING

Safe, stable, affordable, and accessible housing supports the physical, mental, and economic health of individuals and communities. Housing quality and stability impact health outcomes, and housing affordability is a significant factor in overall financial well-being. Housing has implications for almost every aspect of life, especially among children. Housing quality and accessibility are reflections of broader community systems, and access to humane housing can determine the health of families and population groups.



Humane Housing in Bangor

Bangor has a critical need for additional affordable, safe, and quality housing. A combination of slow housing development, low area median income, and changing demands for housing types has led to a critical lack of humane housing in the city.

Wage increases in recent years have not been proportional to rising housing costs, making housing unaffordable for many residents in Bangor. While one-fifth of Bangor residents live below the federal poverty level, median home sale prices have increased drastically in recent years. Bangor's aging housing stock and lack of maintenance also make housing quality and safety key issues in Bangor. City demographics and projected population changes also point to the need for different types of housing options, including smaller units and housing for seniors.

Bangor's unhoused population has increased significantly, due at least in part to people traveling to the city from other parts of the state to access services. There are currently two adult shelters in Bangor with a total of 95 beds, and these facilities are not able to meet the existing demands for short-term shelter space. Bangor has adopted the Built for Zero methodology to engage a coordinated effort to track and provide services to the unhoused population and to assist individuals experiencing houselessness in accessing safe and permanent housing.

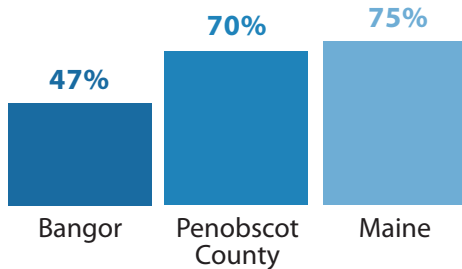
Bangor Housing Authority (BHA) provides housing for low-income families and seniors through 808 units on 10 different properties in the city. BHA serves 1,988 residents and also provides housing choice vouchers in the Bangor area.



AVAILABILITY AND STABILITY

Home Ownership

Homes occupied by the owner:



Total Housing Units

15,900 units in 2020

27 subsidized housing properties

Stability

79%

of people live in the same residence as one year prior

3% of high school students report housing instability during the past month*



Vacancy Rate

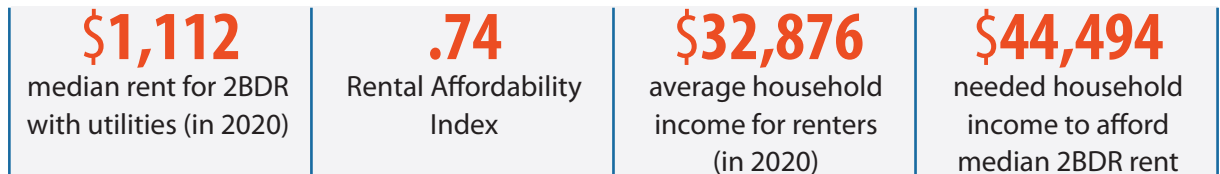
<2%



AFFORDABILITY

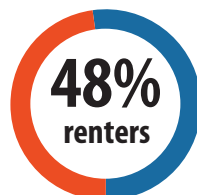
More than 60% of Bangor households are unable to afford the median rent

Housing Costs



Cost-Burdened Households

households that spend 30% or more of their income on rent or mortgage



Median home sale price grew 21% from April 2020—April 2023

*Data for Penobscot County. Bangor data not available.

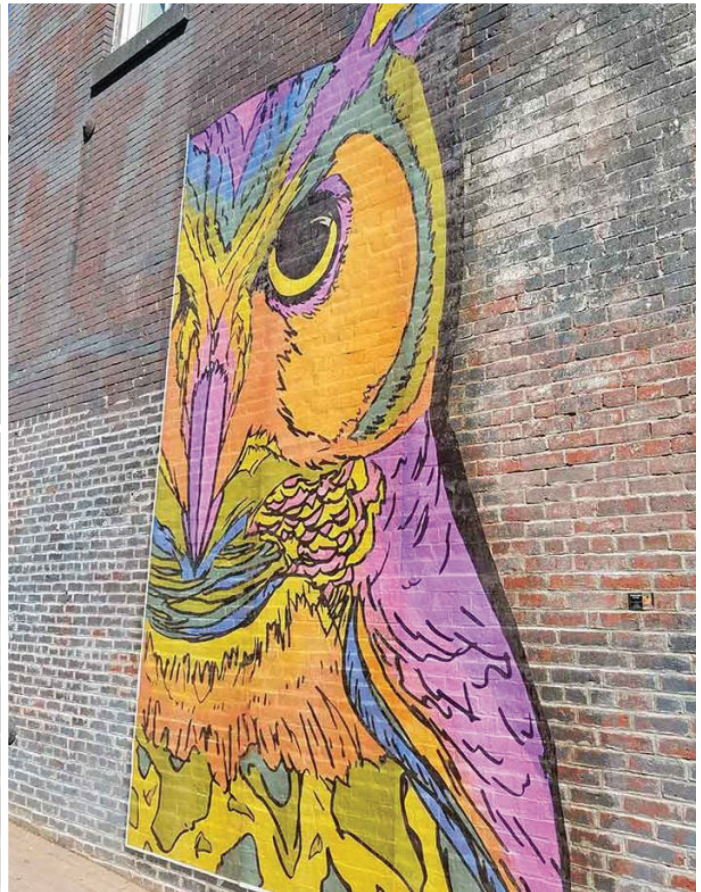
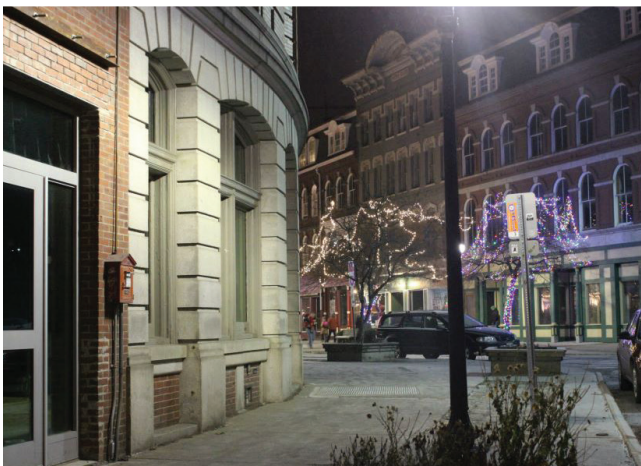


Housing Support in Action:

BPHCS Shelter + Care Program

The Shelter + Care program receives funding from Housing and Urban Development through its Community Planning and Development division. Most of the participants in the program come from emergency shelters, transitional housing programs, and encampments of unhoused individuals. In operation since 1994, Bangor Shelter + Care has made significant efforts to wrap services and resources around program participants, especially those who are chronically houseless. The Shelter + Care Housing Specialist works with participants with lease violations to correct those issues, thus preventing a return to houselessness.

Maine's Coordinated Entry system refers houseless individuals with the highest vulnerability scores, which is part of our plan to end houselessness. Participants requesting employment resources are referred to vocational rehabilitation programs that include the Department of Labor Career Center in Bangor. The Shelter + Care Housing Specialist works closely with participants to ensure maximization of mainstream resources they are eligible to receive including SNAP, Medicaid, Medicare, TANF, GA, veteran's benefits, Social Security, and others.



MEANINGFUL WORK & WEALTH

Access to work that pays a living wage and ensures financial security contributes to healthy, secure families and communities. Personal, family, and community economic well-being and the ability to accumulate adequate wealth improves overall living standards for future generations. Productive employment also contributes to self-worth and opportunities to build community connections.

Meaningful Work & Wealth includes:

- Fulfilling jobs that provide a living wage
- Family and community wealth
- Equitable access to banking and financial resources

Meaningful Work & Wealth in Bangor

As a commercial, economic, and regional service center, Bangor faces complex issues in providing services for a growing unhoused population as well as a daytime population that is more than twice the resident population. While total jobs and number of workers increased in Bangor from 2010–2019, poverty remains a critical challenge in the city. Bangor’s median household income is nearly 20% lower than the state level. 1 in 5 people (and 1 in 4 children) in the city live below the federal poverty level.

The growth in Bangor’s population of older adults has already started to impact the labor force in the service sector and healthcare, and increasing impacts on the city’s workforce are expected in the coming years. The city’s unemployment rate is less a reflection of an improved economy than it is a symptom of a shrinking labor force. Much of the population can be classified as unemployed, underemployed, or working poor.



INCOME AND POVERTY

Gender Pay Gap

Women earn 84 cents for every \$1 earned by men*

Income Inequality

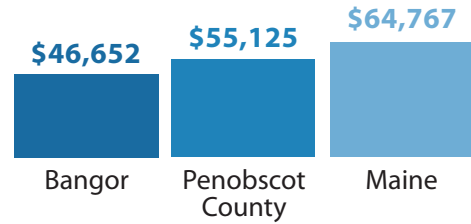
4.7 ratio of 80th to 20th percentile household incomes*

Living Wage

\$24/hr estimated living wage for a 2-child household where both parents are working full time

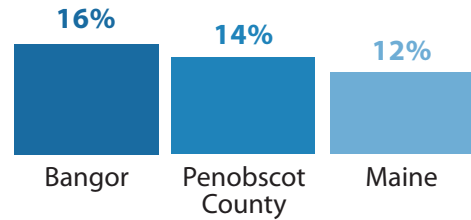
\$19/hr is the average hourly rate

Median Household Income

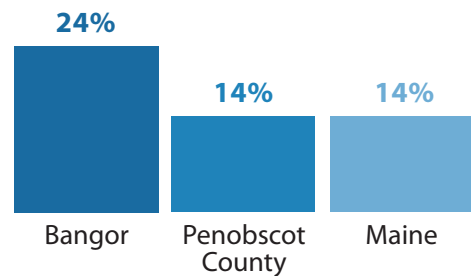


Poverty

People living in poverty:



Children living in poverty:



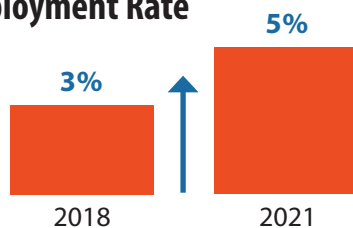
EMPLOYMENT

Employer Firms

695 men-owned employer firms

225 women-owned employer firms

Unemployment Rate



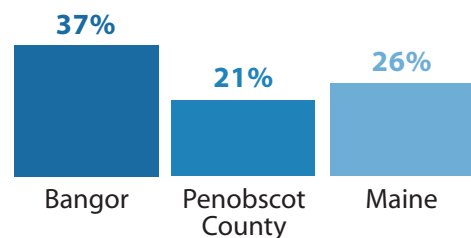
35% of children have a family income below 185% of the federal poverty level*

Employment Rate

60% of people ages 16+ are in the civilian workforce



Females in Computer, Engineering, and Science Occupations



*Data for Penobscot County. Bangor data not available.

BELONGING & CIVIC MUSCLE

Healthy family and community relationships in the context of strong social support help fulfill our practical and emotional needs, improve mental well-being, and reinforce health-promoting behaviors. Individuals that experience a sense of efficacy, community connectedness, and belonging across the lifespan have happier, healthier lives. When people feel cared for in their community, they more actively participate in community life, contributing to community vibrancy and social cohesion.

Belonging & Civic Muscle includes:

- Opportunities for civic engagement
- Social support
- Civic agency and association
- Equitable access to information
- Freedom from discrimination and stigma
- Vibrant arts and cultural life

Belonging & Civic Muscle in Bangor

The city has worked to maintain and revive the downtown area as a community and cultural center, including entertainment venues, a museum, and arts initiatives. The Bangor Region YMCA offers arts and social engagement programming for older adults, and youth organizations offer youth and parent support, recreation, and youth engagement. There are dozens of local non-profits that offer opportunities to participate in civic engagement. The City of Bangor also offers free bus rides on election days to encourage voter participation.

Data show that aspects of family and social support are lacking for vulnerable populations in the city, including youth and older adults. While Bangor Parks and Recreation offers before and after school care, childcare is a basic need for parents and children that is unaffordable and unavailable for many families, similar to many communities across the state.

In response to variable access to reliable, high-speed, and affordable internet, the city developed a Broadband Strategic Plan and Roadmap in 2020 and is making significant investments in broadband infrastructure to provide equitable access to all residents.



FAMILY & SOCIAL SUPPORT

Childcare

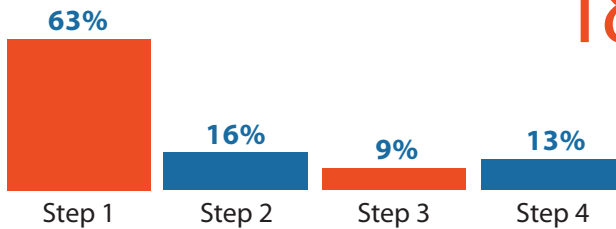
32 childcare centers in Bangor with a total licensed capacity of **1,488 children**

31%



of households experience childcare cost burden*

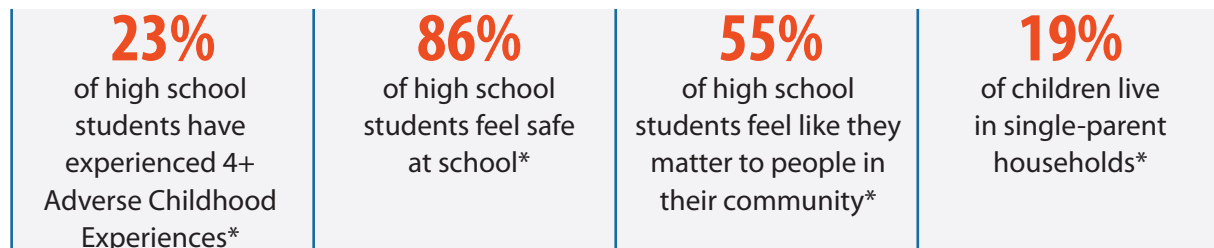
Childcare center classification:



18 juveniles ages 0–17 experience child abuse and neglect per every 1,000 juveniles

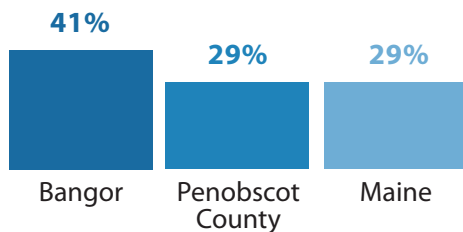
6 youth-serving organizations in Bangor

Children and Youth



Older Adults & Social Isolation

Adults ages 65+ living alone:



Social Association Rate

9 membership associations per 10,000 people*

Broadband

85% of households have broadband internet connection*

\$51 average price per month for internet



CIVIC PARTICIPATION

21,856 adults in Bangor are registered to vote



*Data for Penobscot County. Bangor data not available.

THRIVING NATURAL WORLD

Healthy environments and equitable access to high-quality green spaces and nature improve mental health, increase opportunities for recreation and socialization, and contribute to personal and community well-being. The natural environment impacts broader community systems including food, water, healthcare, energy, and transportation, and protecting the environment is necessary for mitigating the effects of climate change.



Thriving Natural World includes:

- Clean air, water, and soil
- Accessible natural spaces
- Freedom from extreme environments and pathogens
- Healthy, sustainable ecosystems

Thriving Natural World in Bangor

Bangor is home to numerous parks, extensive trail systems, and multiple natural preserves. The city's Parks and Recreation Department facilitates community events and specific programming for adults, seniors, and youth across park sites to bring the public to these open spaces. The Bangor Parks & Recreation Master Plan was developed in 2021 with participation from the community, and its recommendations include upgrades to improve accessibility and provide necessary repairs for existing facilities.

The Bangor Land Trust (BLT) also actively works to maintain and protect natural areas for public use. The BLT facilitates outreach and educational programming to promote stewardship and conservation efforts. In recent years, Bangor has established Stream Protection and Resource Protection zoning districts to protect local natural areas and wildlife habitats.

Bangor Water District (BWD) oversees the sourcing of Bangor's water from Otis, Maine, 15 miles from the city. 13.2 million gallons of water are stored for daily draw down and emergency use, and 11,000 direct service connections are provided for domestic and fire protection services. More rural areas in Bangor still rely on private wells and septic systems.

In 2021, a Bangor City Council resolution declared a climate emergency and established a commitment to a municipal climate action planning process that will build on the state's Maine Won't Wait plan to protect natural areas. Plans to develop a climate-resilient community include preserving natural areas and critical habitats from urban expansion and responding to potential issues connected to sea level rise, extreme weather, and flooding.

The City of Bangor collaborated with the Bangor Area Comprehensive Transportation System (BACTS) and the Town of Orono to develop the Penobscot Climate Action Regional Climate Vulnerability Assessment (released in 2022). The Assessment documents current and future climate risks, and it will guide the city's climate action efforts in the coming years.



ACCESS

More than half of the city's open space area is dedicated to parks

Bangor Parks and Recreation Department includes



| | | | | | |
|-------------------------|---|-------------------------------|---|------------------------------|-------------------------------|
| 6 urban parks | 14 neighborhood and community parks | 1 public waterfront | 5 natural areas/ community forests | 1 community garden | 39+ miles of trails |
|-------------------------|---|-------------------------------|---|------------------------------|-------------------------------|

900+ park acres available for public use



Preserves comprise nearly one-third of open space

55%

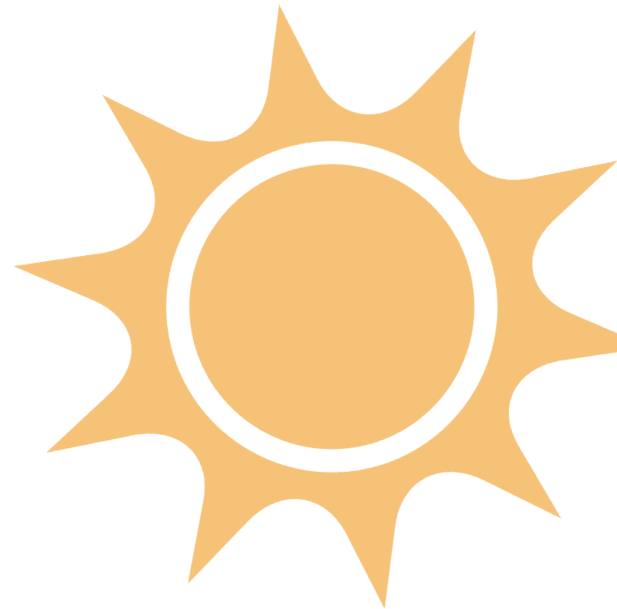
of Bangor residents live within a 10-minute walk to a park



CLIMATE CHANGE

Expected Environmental Impacts for Bangor

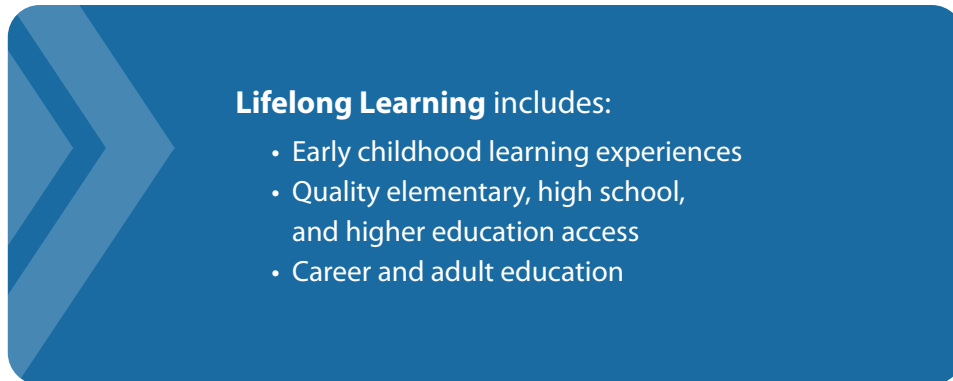
- More days of extreme heat (Bangor is expected to have 12–14 days of 90 degrees Fahrenheit per year by 2025)
- More intense storms
- Variability in snowfall and earlier snowmelt
- Longer growing season
- Warmer waterbodies
- Less ice
- Surface floodings (between 2021–2051, Bangor is expected to experience a 9.8% increase in residential property loss due to flooding)
- Drought



*Data for Penobscot County. Bangor data not available.

LIFELONG LEARNING

Education access for all people across the lifespan—from early childhood programs through elementary, post-secondary, and adult education opportunities—increases literacy, skills, and connections that lead to thriving individuals and communities. Supportive learning environments from a young age positively shape social and behavioral development and increase future capacity for learning. Quality preK–12 education sets the stage for productive individuals that engage in higher education, trades, and ongoing community-based learning opportunities. Higher education attainment is connected to higher income, social mobility, better health and longer lifespan, and increased opportunities.



Lifelong Learning includes:

- Early childhood learning experiences
- Quality elementary, high school, and higher education access
- Career and adult education

Lifelong Learning in Bangor

Educational attainment in Bangor has increased in previous decades. The city has a greater proportion of residents with a higher degree than Penobscot County or the state, and Bangor Public Schools are highly ranked in the state. However, local school district data shows unequal educational outcomes and attendance across different population groups.

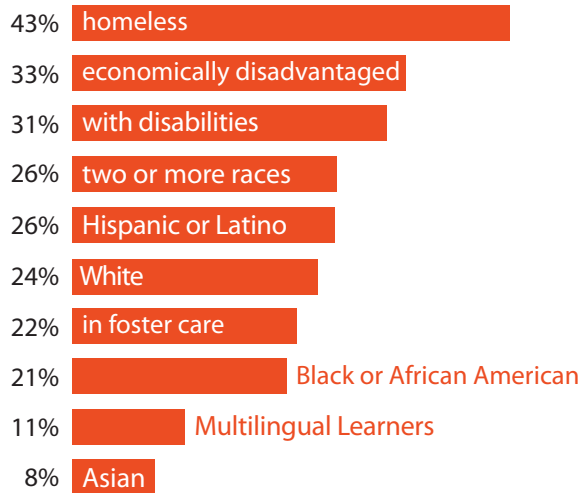
There are four colleges and universities in the city that serve local, regional, and out-of-state students. Educational programming for adults is also available through Maine Cooperative Extension and the Seniors Achieving Greater Education (SAGE) program. The Bangor Adult & Community Education program offers courses in high school completion, college transition, healthcare training, computers/technology, basic adult education, and a range of enrichment courses.



EDUCATION SPENDING & ACCESS

Chronic Absenteeism

24% of all students are chronically absent from school:



10 schools in the Bangor Public School district

3,297 students

236 teachers

Spending

\$16,259 per pupil annual spending

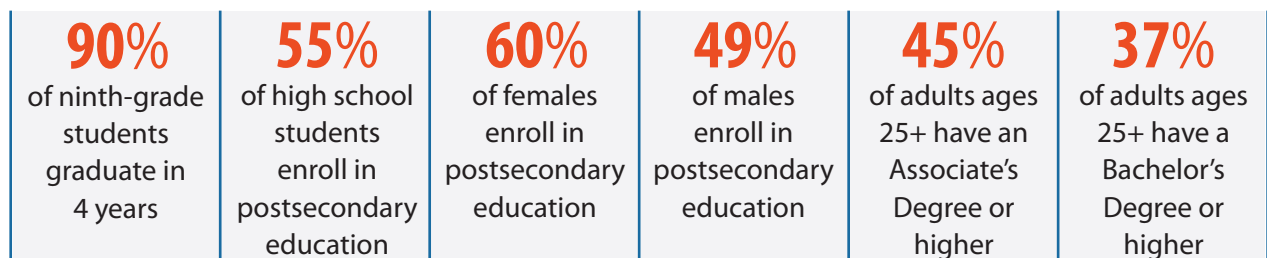
\$37,907 is the average salary for first-year teachers*

Preschool 53% of 4-year-olds are enrolled in public preschool* compared to 43% in the state.



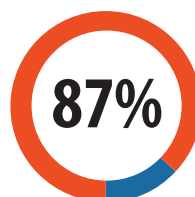
EDUCATIONAL ATTAINMENT

High School Graduation / Postsecondary Enrollment / Higher Education

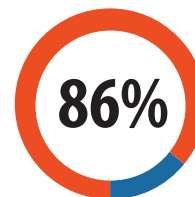


EDUCATION OUTCOMES

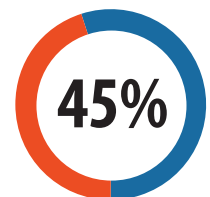
students perform at or above expectations on Level Two assessment



English Language Arts



Math

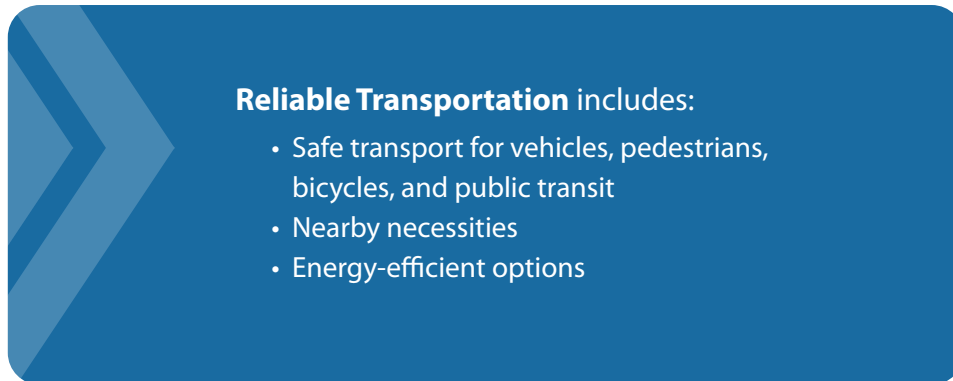


Science

*Data for Penobscot County. Bangor data not available.

RELIABLE TRANSPORTATION

People need reliable, accessible, and safe transportation to access work, social activities, healthcare, education, outdoor spaces, and opportunities for civic engagement. Infrastructure for walking, biking, and public transit increases opportunities for physical activity in our daily lives. Accessible transportation systems ensure that everyone can access resources needed for health, employment, and social connection.



Reliable Transportation includes:

- Safe transport for vehicles, pedestrians, bicycles, and public transit
- Nearby necessities
- Energy-efficient options

Reliable Transportation in Bangor

Bangor is working to increase the reach and accessibility of its public transportation system, which is currently only used by 1% of Bangor’s commuters. A recently completed transit center in downtown Bangor will increase access to Bangor’s local bus system, the Community Connector. Living in an urban center also gives residents access to taxis and rideshare companies.

The Bangor Area Comprehensive Transportation System (BACTS) is a nonprofit dedicated to improving transportation in the greater Bangor region. BACTS evaluates and approves proposed transportation improvement projects and is working to build a comprehensive transportation system by facilitating communication between member communities and state and federal transportation agencies. BACTS is currently updating the long-range transportation plan for the region.

The statewide nonprofit organization Penquis coordinates rides for MaineCare appointments in Penobscot County, and they offer reimbursement for family and friends. They also provide free or low-cost general transportation throughout Penobscot County for those who cannot drive or do not have a reliable vehicle, including veterans, seniors, or disabled individuals.

The city is actively developing pedestrian and bicycle infrastructures. This includes a trail system, additional bicycle routes, and sidewalk construction and maintenance.



ACCESS & COMMUTING

Travel Time to Work

17 mins

average travel time to work

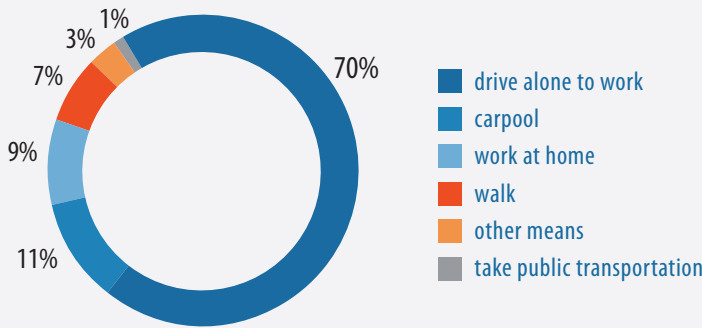
10%

of individuals have a commute of 30+ minutes driving alone

Vehicle Access



Transportation to Work (workers ages 16+)



Public Transport

Before the pandemic, there was an annual ridership of 770,000–941,000 riders on the Community Connector regional bus system.

Commuting

Jobs are filled by workers who:

67% live in the Bangor Labor Market Area

33% commute from outside of the region



SAFETY

Sidewalks

The city has restored sidewalks on 15–30 roadways per year since 2014



Automobile Accidents

2,543
total crashes in
2021–2022

65

involved
OUI

32

involved a
pedestrian

13

involved
a bicycle

8

were fatal
crashes

NEXT STEPS

This Community Health Assessment report for Bangor will be used in coming years to develop targeted and data-based local and regional programming. As the first health assessment to be completed by BPHCS, it is a rich source of baseline data around a range of community indicators, and the document will be used by the department and community partners to assess programmatic progress and pinpoint continued areas of need.

Community Health Improvement Plan

The data gathered for this report will be reviewed and interpreted through stakeholder input to identify priority community health issues in Bangor. Continued community engagement strategies will be used to develop key strategies to address the priority community health issues and advance community health and well-being in the city.

To guide the Community Health Assessment and the Community Health Improvement Plan processes, BPHCS is following the Association for Community Health Improvement (ACHI) Community Health Assessment Toolkit (see Figure 2). This nine-step guide incorporates community and stakeholder engagement throughout the assessment, planning, and evaluation processes.

FIGURE 2:

ACHI Community Health Assessment Toolkit



Source: [American Hospital Association, Community Health Assessment Toolkit](#)

Improve Local Data Gathering

The report development has highlighted areas where data is unavailable for local community indicators, and BPHCS hopes to be involved in efforts to improve data gathering at the local level, especially among population groups that are currently underrepresented and may experience social, economic, and health disparities in our community.

Community Collaboration

BPHCS will continue to engage in multisector collaboration with local, regional, and state partners to address the range of community conditions that impact our health and well-being.

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