May 15

2015

Annual Report

Introduction

The Cumberland District Public Health Council (Council) continues to work toward its vision of making communities in Cumberland District among the healthiest in the state. Over the past year, the Council worked to address issues such as disaster preparedness, health equity, influenza, obesity, and tobacco. The Council received a grant from the Maine Community Foundation's People of Color Fund to support Health on the Move events targeting underserved populations. This annual report contains information on the Council's activities, fiscal health, committees, workgroups, and all members who were active over the past fiscal year.

Council Officers

At the May 2014 Annual Meeting, the Membership voted on three officer positions. The Membership elected Colleen Hilton as the Council Vice Chair, Deb Deatrick as the Council Treasurer and Kristen Dow as the Council Representative to the State Coordinating Council. Deb Deatrick specifically agreed to stay as Council Treasurer until an appropriate replacement could be found. Naomi Schucker replaced Deb Deatrick in July 2014. In addition, Becca Matusovich stepped down as Maine CDC District Liaison on March 20, 2015. The current officers of the Council are:

Council Chair—Toho Soma (term ending May 2016)
Council Vice Chair—Colleen Hilton (term ending May 2015)
Council Secretary—Bethany Sanborn (term ending May 2016)
Council Treasurer—Naomi Schucker (term ending May 2015)
Council Representative to the Statewide Coordinating Council—Kristen Dow (term ending May 2015)
Maine CDC District Liaison (Interim) — Adam Hartwig

Committees and Workgroups

The Council maintained six standing committees, as set forth in the Council bylaws. The standing committees include the Advocacy Committee, Communications Committee, Finance & Fundraising Committee, Health Data Committee, Healthy Cumberland Committee, and Membership Committee. These committees had varying level of activity over the past year. In addition, the Executive Committee continued meeting every other month to discuss and administer Council business. The Membership Committee initiated an orientation session for new members starting with the March 2015 meeting.

The Council also maintained several work groups that addressed District Public Health Improvement Plan priorities (see below).

Progress on the Cumberland 2013-15 District Public Health Improvement Plan Priorities

With leadership provided by the Maine CDC Cumberland District Liaison, as well as many other Council members and district partners, the Council made progress this year on all of the priorities set forth in the 2013-2015 District Public Health Improvement Plan.

- **Flu Vaccination**

The Flu Work Group has not formally reconvened; however, the core leadership of the workgroup met to determine the work group's best course of action due to limited capacity and resources. The group determined the best course of action would be to repeat the best strategies from the previous two flu seasons. During the fall of 2014, 11 of 14 K-12 school districts (located entirely in Cumberland County) carried our School-located Vaccine Clinics. The work group sent out letters to each of the 11 superintendents to thank them for offering flu clinics. In addition, a mailing went out to primary care providers and pediatric practices across the district to share the list of school districts offering clinics. Lastly, the Cumberland County Medical Reserve Corps explored collaborating with VNA Home Health & Hospice regarding volunteers for both vaccinator and data entry roles to support the school flu clinics.

- **Health Equity and Disparities**

The Health Equity and Disparities Work Group remained very active over the past year. The group meets the first Friday of every even numbered month. There are several sub-initiatives

1. **Health on the Move**

   The work group received the People of Color Grant in June of 2014. The grant provided funding for five events. To date three of the five events have been implemented. Those events included:

   1. Portland Adult Education June 27, 2014
   2. Parkside Neighborhood Annual Block Party August 9, 2014
   3. Westbrook Intercultural Center January 23, 2015

2. **Access to Care in the Lakes Region**

   The Healthy Lakes Director and Cumberland District Liaison from Maine CDC continued to provide leadership for this work group. Informed by findings from the Access to Health for the Lakes Region Assessment completed by a graduate student

intern in summer 2013, the group determined a focus on access to oral health services. Using grant funds from the Maine Office of Rural Health and Primary Care, the group created a paid internship opportunity for a graduate student and recruited a Public Health Masters student from USM's Muskie School. The intern began work in April 2014. Healthy Lakes also received an "Improving Children's Oral Health" planning grant from the Maine Oral Health Funders. This enabled an additional staff person to devote one day per week to the effort. The group conducted a Community Oral Health Assets and Needs Assessment for the Lake Region School District community – Bridgton, Casco, Naples and Sebago. This assessment included analysis of MaineCare claims for oral health, a "secret shopper" component evaluating availability of services in the local area, and key informant interviews. The assessment culminated in development of an implementation plan to be used as the basis of an implementation grant proposal to the Maine Oral Health Funders in May 2015. If awarded, the grant will provide $175,000 over four years for improving children's access to oral health and will begin July 1st, 2015.

3. The Greater Portland Refugee and Immigrant Healthcare Collaborative

One of district partners' greatest concerns focuses on the barriers to care experienced by refugees and immigrants, who are an increasing proportion of the Cumberland County population and a group with particularly complex health needs. The "Greater Portland Refugee & Immigrant Healthcare Collaborative," an informal network of partners in the Greater Portland area who serve refugees and immigrants, continued its work to meet these needs.

During this past year, the Collaborative focused much of its work on the following areas: the CHANNELS Project through the University of New England, the SmilePartners dental care program, the Affordable Care Act, vision care, behavioral health, the New Mainers Resource Center, and HIV prevention and education. Additionally, a strategic planning process was conducted to reinvigorate the group and discover new leadership.

- **Healthy Homes**

The Healthy Homes Work Group experienced a continual decline in meeting participation over the past year. The group eventually decided it did not need to meet on a regular basis but would meet as needed and serve as a resource when needed. Despite the lack of work group meetings members of the work group participated in a variety of activities over the past year. The activities mostly focused on child care centers and landlord-tenant groups. Examples

projects the work group members participated in include organizing a health fair in the Munjoy Hill neighborhood of Portland, organizing and presenting webinars and trainings, participating in the Landlord-Tenant Advisory Committee, and surveying Cumberland County child care providers regarding healthy homes topics.

- **Mental Health/Substance Abuse**

The Mental Health/Substance Abuse Work Group did not meet during the past year. After completing the education materials project, participation in the work group dwindled. In addition, the individuals responsible for providing leadership were no longer able to participate regularly.

- **Obesity**

The Obesity Work Group continued to work on its two priority projects which included sending a letter to the Sea Dogs requesting they end the practice of providing soda as a prize to children and replacing all scoreboards containing sugar sweetened beverage advertising in Cumberland County schools. The letter to the Sea Dogs changed from a request to a thank you letter, as the organization changed their practice from providing soda to providing water. The scoreboard replacement project is nearly completed. The obesity work group worked with the Maine Beverage Association to identify schools in need of scoreboard replacement, order new scoreboards, and deliver replacements. Due to an unusually harsh winter, some of the outdoor scoreboards still need to be replaced. The work group anticipates this work to be completed in May and then will evaluate compliance.

- **Public Health Preparedness**

The Council's Public Health Preparedness priority is not a single work group rather a core group of partners who share the leadership on several collaborative initiatives under the priority. The partners include Maine Center for Disease Control and Prevention, Cumberland County Emergency Management Agency, Portland Public Health/Cities Readiness Initiative, and Southern Maine Regional Resource Center. Over the past year the partners have continued to develop the Medical Reserve Corps, developed an Excessive Heat Emergency Plan, and jointly participated in numerous emergency exercises and drills.

- **Sexual Health**

The Sexual Health Work Group organized a day long workshop for Cumberland District middle and high school nurses and health teachers called "Adolescent Health—The Tough Stuff". Over 50 participants attended the event. The workshop covered a variety of topics including emerging trends in contraception and sexually transmitted diseases, as well as substance abuse

prevention topics. The University of New England's Maine Area Health Education Center helped cover the financial costs of the work shop.

- **Tobacco**

An active Tobacco Workgroup was established in March of 2012 and continues to meet bi-monthly. The group operates from a strong group of 8-10 members. It remains an important mechanism for exchanging knowledge, experience and ideas. The group serves as an environment to discuss emerging issues in the tobacco arena. Over the past year the workgroup developed educational materials for restaurants addressing Maine's current workplace smoking laws, with an emphasis on what is means for e-cigarettes and why a restaurant may include the devices in their current policies. The mailers and letters were distributed to 122 restaurants in Portland, local Chambers of Commerce, the Maine Restaurant Association, and all work group members to distribute locally. In addition, the work group continues to discuss utilizing social media and smart phone technology as important new tools in tobacco prevention and cessation. This workgroup continues to meet regularly and anyone interested in contributing to reducing the impact of tobacco in Cumberland County is encouraged to get involved.

Community Transformation Grant

The Community Transformation Grants were Federal grants authorized under the Affordable Care Act of 2010. The Maine Center for Disease Control and Prevention received a $1.3 million dollar Community Transformation Grant in September 2011. The majority of the Community Transformation Grant funds were distributed to the eight public health districts and the tribal district.

On February 20, 2014, the Maine Center for Disease Control and Prevention notified all grantees of funding cuts. The cuts took effect at the end of the Federal fiscal year (September 30, 2014) and all activity ended on this project. Results from the three years of CTG funding are listed below.

The Early Childhood Education (ECE) implementation staff worked with childcare sites across Cumberland District to make nutrition and physical activity changes. A total of 77 childcare sites completed baseline and post assessments. Of the 77 recruited sites, 76 made a nutrition change and 71 made a physical activity change. On average, child care sites made 9 nutrition and 7 physical activity changes per site.

School nutrition and physical activity staff worked with Cumberland County school districts to make nutrition and physical activity changes. A total of 23 schools completed baseline and post assessments. Of the 23 schools, 15 schools made a nutrition change and 12 schools made a

physical activity change. On average, schools made 1 nutrition change and 1 physical activity change per site.

Active Community Environment (ACE) implementation staff worked closely with several communities over the course of three years. Four towns formed or adapted existing committees into ACE teams. The towns included Freeport, Scarborough, South Portland, and Yarmouth.

County Health Rankings

The collaborative efforts of the member organizations of the Council continue to pay off. The results of these efforts are reflected in the County Health Rankings & Roadmaps. Cumberland County continues to rank very well amongst Maine's 16 counties—second for health outcomes (how healthy a county is) and first for health factors (what influences the health of a county). The 2015 County Health Rankings & Roadmaps can be found in Appendix A.

Financial Report

The Council received funding from Cumberland County government, the four Cumberland District Healthy Maine Partnerships (Healthy Portland, Healthy Casco Bay, Healthy Lakes and Healthy Rivers), the Community Transformation Grant, and a grant from the People of Color fund. The main expense of the Council remained salary for staff support. A detailed report can be found in Appendix B.

Meeting Locations

Over the past year, the Council held meetings in various locations. Meeting locations included MaineHealth, Portland Public Library, and the University of New England. The Council also moved toward providing more technology based opportunities for members to participate. As such, the Council sought locations that could provide conference calling and web based viewing options for members.

Membership

The Council's membership represented a variety of organizations and diverse regions of the Cumberland Public Health District. Members from the past year are listed below.

Neal Allen— Greater Portland Council of Governments

Hannah Brintlinger—University of Southern Maine, MPH Student

Jim Budway—Cumberland County Emergency Management Agency

Leslie Clark—Portland Community Health Center

Eric Covey—Planned Parenthood of Northern New England

Crystal Cushman—University of Southern Maine, MPH Student

Faye Daley—Bridgton/Harrison Local Health Officer

Deb Deatrick—MaineHealth/Maine Medical Center

Kristen Dow—City of Portland Public Health Division, Healthy Portland HMP

Dennis Fitzgibbons—AlphaOne

Stephen Fox—South Portland Local Health Officer

Mark Grover—Cumberland County Commissioner, District 3

Adam Hartwig—Maine CDC Cumberland District DHHS Office (interim)

Robin Hetzler—Medical Care Development

Colleen Hilton—Mercy Health System of Maine/VNA Home Health and Hospice

Liz Horton—Westbrook Local Health Officer

Paul Hunt—Portland Water District

Ian Imbert—University of New England, MPH Student

Anne Lang—City of Portland Public Health Division, Healthy Casco Bay

Becca Matusovich—Maine CDC Cumberland District DHHS Office

Zoe Miller—Opportunity Alliance, Healthy Lakes

Paul Niehoff— Portland Area Comprehensive Transportation System

Karen O'Rourke—University of New England Center for Community and Public Health

Cathy Patnaude—VNA Home Health & Hospice

Linda Putnam—Portland Public Library

Emily Rines—United Way of Greater Portland

Lucie Rioux—Opportunity Alliance, Healthy Rivers

Bethany Sanborn—City of Portland Public Health Division

Erica Schmitz—Medical Care Development

Naomi Schucker—MaineHealth

Amanda Sears—Environmental Health Strategy Center

Pamela Smith—Bridgton Hospital

Toho Soma—City of Portland Public Health Division

Ashley Soule—Maine Quality Counts

Peter Stuckey—Maine State Legislature, District 114 (part of Portland)

Julie Sullivan—City of Portland Public Health Division

Ted Trainer—Southern Maine Area Agency on Aging

Lisa Wishart—Crossroads

Carol Zechman—CarePartners, MaineHealth

Next Steps

Looking forward there is much work for the Council in the coming year. Some examples of the Council's current work include:

- Continuing work on DPHIP priorities.
- Setting new DPHIP priorities based on guidance from the Statewide Coordinating Council.
- Continuing to strengthen the Membership Subcommittee in order to ensure an active membership that represents the full breadth of public health partners in the district.
- Exploring cross-jurisdictional sharing within the District.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2015 *County Health Rankings*

Maine

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Support provided by

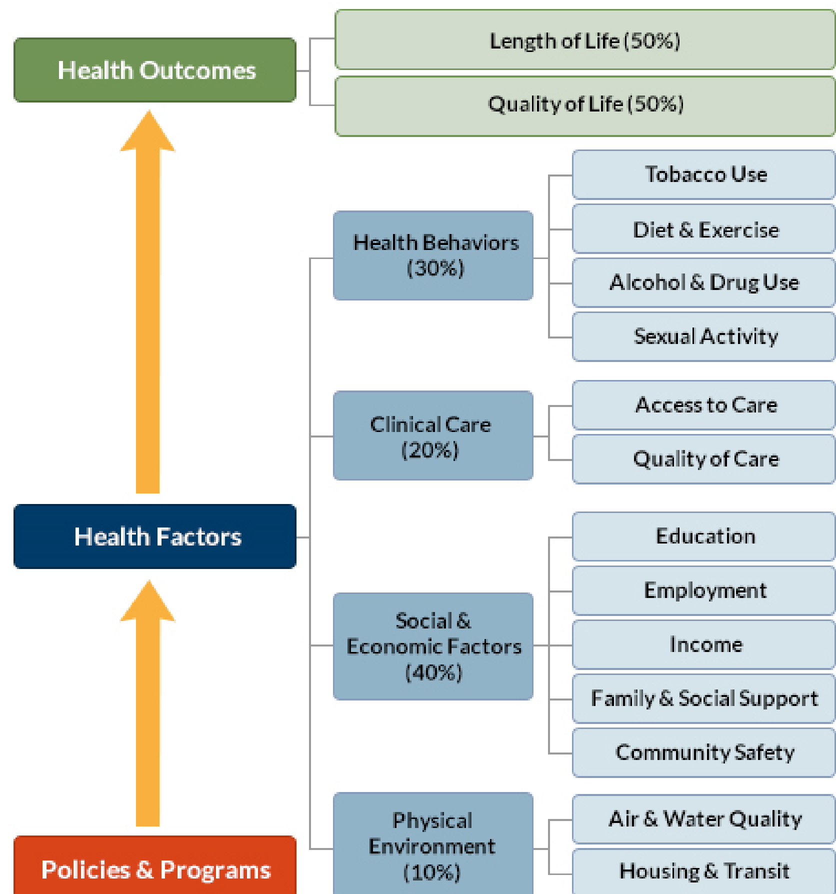
Robert Wood Johnson Foundation

INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps to Health* and *RWJF Culture of Health Prize* show what we can do to create healthier places to live, learn, work, and play.

WHAT ARE THE *COUNTY HEALTH RANKINGS*?

Published online at countyhealthrankings.org, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



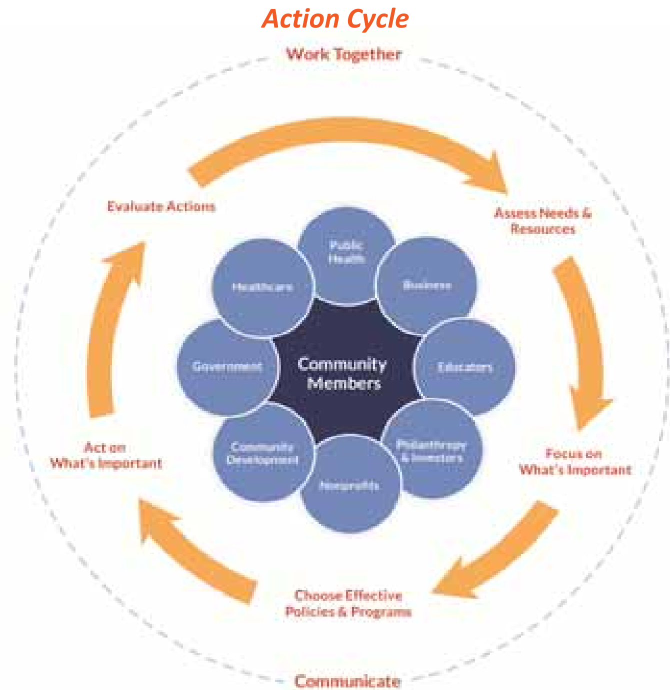
MOVING FROM DATA TO ACTION

Roadmaps to Health help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from awareness about their county's ranking to action to improve people's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health

- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at countyhealthrankings.org



LEARNING FROM OTHERS

At countyhealthrankings.org, we feature stories from communities across the nation who have used data from the *County Health Rankings* or have engaged in strategies to improve health. The *RWJF Culture of Health Prize* recognizes communities that are creating powerful partnerships and deep commitments to enable everyone in our diverse society to lead healthy lives now and for generations to come. The Prize is awarded annually by RWJF to honor communities that are working to build a Culture of Health by implementing solutions that give everyone the opportunity for a healthy life. In 2015, up to 10 winning communities will each receive a $25,000 cash prize and have their stories shared broadly with the goal of inspiring locally driven change across the nation.

Prize winners are selected based on how well they demonstrate their community's achievement on their journey to a Culture of Health in the following areas:

- Defining health in the broadest possible terms
- Committing to sustainable systems changes and long-term policy-oriented solutions
- Cultivating a shared and deeply held belief in the importance of equal opportunity for health
- Harnessing the collective power of leaders, partners, and community members
- Securing and making the most of resources
- Measuring and sharing progress and results

Visit countyhealthrankings.org or rwjf.org/prize to learn about the work of past Prize winners and the application process.

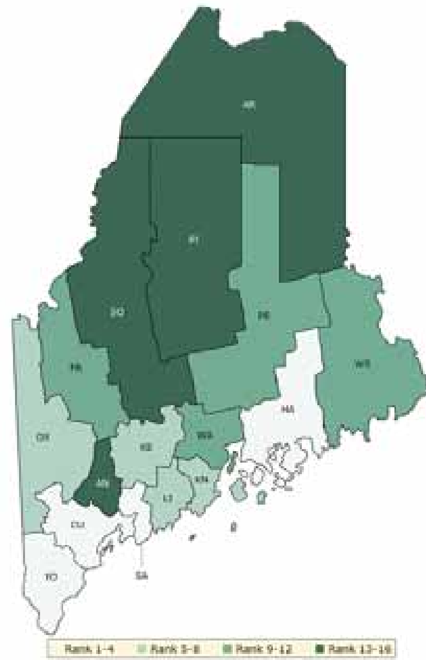
HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide or the National Association of Counties – their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.

HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Maine's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

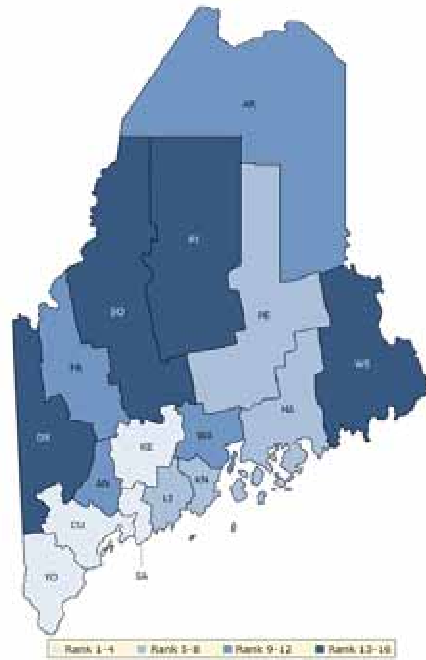


County	Rank	County	Rank	County	Rank	County	Rank
Androscoggin	13	Hancock	3	Oxford	7	Somerset	16
Aroostook	14	Kennebec	8	Penobscot	11	Waldo	12
Cumberland	2	Knox	6	Piscataquis	15	Washington	10
Franklin	9	Lincoln	5	Sagadahoc	1	York	4

HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Maine's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.



County	Rank	County	Rank	County	Rank	County	Rank
Androscoggin	10	Hancock	7	Oxford	13	Somerset	15
Aroostook	12	Kennebec	4	Penobscot	8	Waldo	9
Cumberland	1	Knox	5	Piscataquis	14	Washington	16
Franklin	11	Lincoln	6	Sagadahoc	2	York	3

2015 *COUNTY HEALTH RANKINGS*: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	7681	6199	4780	8911
Poor or fair health	% of adults reporting fair or poor health	17%	13%	10%	18%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.5	2.9	4.6
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.5	3.6	3.3	4.4
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	6.5%	5.7%	7.6%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	21%	19%	14%	26%
Adult obesity	% of adults that report a BMI ≥ 30	31%	28%	22%	34%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	7.5	6.7	8.2
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	27%	21%	16%	30%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	65%	72%	42%	86%
Excessive drinking	% of adults reporting binge or heavy drinking	16%	17%	14%	20%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	34%	24%	48%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	291	257	142	425
Teen births	# of births per 1,000 female population ages 15-19	41	23	14	36
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	17%	12%	11%	17%
Primary care physicians	Ratio of population to primary care physicians	2015:1	935:1	1676:1	641:1
Dentists	Ratio of population to dentists	2670:1	1773:1	5171:1	1236:1
Mental health providers	Ratio of population to mental health providers	1128:1	250:1	663:1	167:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	65.3	55	41	83
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	88%	84%	91%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	69.8%	60.3%	79.9%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	85%	80%	88%
Some college	% of adults ages 25-44 with some post-secondary education	56%	63.2%	50.2%	73.6%
Unemployment	% of population aged 16 and older unemployed but seeking work	7%	6.7%	5.3%	9.8%
Children in poverty	% of children under age 18 in poverty	24%	18%	12%	28%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.5	3.7	4.6
Children in single-parent households	% of children that live in a household headed by single parent	31%	32%	27%	39%
Social associations	# of membership associations per 10,000 population	12.6	11.3	7.4	14.8
Violent crime	# of reported violent crime offenses per 100,000 population	199	123	39	224
Injury deaths	# of deaths due to injury per 100,000 population	73.8	63	44	96
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	10.3	10.0	10.5
Drinking water violations	% of population potentially exposed to water exceeding a violation limit during the past year	1.0%	2%	0%	21%
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	15%	12%	18%
Driving alone to work	% of workforce that drives alone to work	80%	78%	71%	81%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	30%	17%	41%

2015 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2010-2012
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics – Natality files	2006-2012
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2011
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2012
	Physical inactivity	CDC Diabetes Interactive Atlas	2011
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2013
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2009-2013
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012
	Teen births	National Center for Health Statistics – Natality files	2006-2012
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2012
	Primary care physicians	Area Health Resource File/American Medical Association	2012
	Dentists	Area Health Resource File/National Provider Identification file	2013
	Mental health providers	CMS, National Provider Identification file	2014
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care	2012
	Diabetic monitoring	Dartmouth Atlas of Health Care	2012
	Mammography screening	Dartmouth Atlas of Health Care	2012
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	data.gov, supplemented w/ National Center for Education Statistics	2011-2012
	Some college	American Community Survey	2009-2013
Employment	Unemployment	Bureau of Labor Statistics	2013
Income	Children in poverty	Small Area Income and Poverty Estimates	2013
	Income inequality	American Community Survey	2009-2013
Family and Social Support	Children in single-parent households	American Community Survey	2009-2013
	Social associations	County Business Patterns	2012
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2008-2012
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution – particulate matter [1]	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2007-2011
	Driving alone to work	American Community Survey	2009-2013
	Long commute – driving alone	American Community Survey	2009-2013

[1] Not available for AK and HI.

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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

countyhealthrankings.org

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FY 15 YTD Fiscal Report

Period 10

Prepared: 05/12/2015

FY 15 YTD Revenue	
Carry Over FY 14	$ 49,881.57
Cumberland County Government	$ 15,000.00
Cumberland County HMPs	$ 3,300.00
total	$ 68,181.57

FY 15 YTD Expenses	
Salary	$ 22,648.25
Mileage	$ 102.23
Printing	$ 96.11
Health on the Move	
Intercultural Community Center	$ 1,200.00
Portland Adult ED	$ 1,200.00
Total HOTM	$ 2,400.00
Supply/Training	
APHA Membership Renew-Shane	$ 200.00
APHA Registration	$ 535.00
APHA Food Per Diem	$ 200.00
APHA Hotel	$ 1,090.64
APHA Airfare	$ 305.20
APHA Out of Pocket (baggage, cab)	$ 110.00
CHES certification Annual Fee	$ 55.00
Legislative Breakfast Catering	$ 261.60
MPHA Conference and Membership	$ 135.00
MS Publisher Software	$ 109.99
USM- Lean Sigma Six Course	$ 600.00
USM- Lean Sigma Six Course Credit	$ (600.00)
Total Supply/All Other	$ 3,002.43

Total Expenditures YTD FY 15	$ 28,249.02
Net Revenue	$ 39,932.55