

Washington & Hancock Counties Comprehensive Community Assessment 2014

**Prepared for
Washington Hancock Community Agency**

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Washington Hancock Community Agency

Comprehensive Community Assessment

2014

Introduction

Washington Hancock Community Agency is a private non-profit agency, incorporated in 1966 as a Community Action Agency and governed by a Board of Directors comprised of residents of Washington and Hancock counties representing diverse occupations, sectors and perspectives. The agency was founded in 1966, following the signing of the Economic Opportunity Act which began the War on Poverty. Incorporated in 1972, Washington Hancock Community Agency (WHCA) works with the support of diverse funders, community partners, elected officials, citizens, community service providers, and private donors to achieve its mission.

The mission of the agency is to “bring community resources together to help people in Washington and Hancock counties achieve self-sufficiency and a better quality of life.”

The Comprehensive Community Assessment provides an analysis of the complex community needs in Washington and Hancock counties and describes the challenges for people to achieve economic security and well-being.

ASSESSMENT PROCESS

Grantees in receipt of Community Service Block Grant funds are required to conduct a tri-annual Comprehensive Community Assessment. Annually, an update is prepared addressing key areas of change in the profile, needs and trends in the service area. The general purpose of this *Washington and Hancock Counties Comprehensive Community Assessment 2014* is to assist the WHCA leadership team in its strategic planning process by offering a thorough profile of the community needs in the two counties, with particular focus on the issues facing people who are economically insecure.

The “communities of interest” for this report are Washington and Hancock counties. The assessment process identifies social service, cultural and civic resources and partnership opportunities in the community that can help meet the needs of people. The report informs WHCA’s planning process and decisions regarding programs and services and can be used to assist the community in understanding the rationale informing those decisions. (Moore PhD)

Methods used to conduct this assessment include review and citation of extensive statistical and credible research reports on the overall conditions for people in Washington and Hancock counties and the State of Maine. Attention was given to research on the factors contributing to the well-being of people with low incomes and the conditions in the communities within the two counties. The process included a survey of LIHEAP consumers and phone and in-person interviews with key program managers, WHCA Board of Directors and community leaders, including those not in a formal partnership with WHCA. The author also reviewed the comments of elder residents regarding issues of importance to them, a survey of phone and transportation needs of LAUNCH participants, and a summary of opinions garnered in the 2013 community assessment surveys conducted by the local Head Start agency, Child and Family Opportunities.

In areas where data is from various sources or different years, the author has made every attempt to be clear in explaining any discrepancies. The process integrated findings from community assessments conducted by local and state agencies with similar missions, such as the Head Start and Maine Children's Alliance. The complete listing of citations and sources is found at the end of the report.

KEY FINDINGS

"People are independent, rugged and resilient and can survive on little resources. They are innovators. Yet Washington County is the poorest county east of the Mississippi." (WHCA Community Leadership Interviews, 2014)

Of the 236 LIHEAP clients who completed a 2013/14 WHCA survey, the issues affecting the most people as a "moderate or serious problem" are demonstrably income and transportation related, the top issues being "enough money to buy clothing, food and other necessities." Respondents commented on the need for outreach workers to provide social services in the home, concerns about needed repairs for the safety of their homes, transportation challenges, lack of jobs, inadequate household income, issues related to health or disability, and home heating assistance.

The 2013 estimated population of Hancock County was 55,845 persons and 32,190 in Washington County. Washington County ranked fourteenth out of the sixteen counties in Maine. Only two counties have fewer people than Washington County. (U.S. Census)

- In Washington County, there are 13 "plantations", "unorganized territories" and "towns" with five or less people per square mile. Together in these thirteen communities, 2,374 people or 7.2% of the county population live in these extremely rural areas. In Hancock County, the largest community has less than 5,300 people, but the population density is almost three times that of Washington County, with 34.3 persons per square mile.
- Grandparents are increasingly being called upon by their children or the state of Maine DHHS to step in and help raise their grandchildren, whether due to substance abuse, child abuse or poverty. In Maine, "The number of children living in their grandparent's home has increased significantly (by more than an 8% increase from 2000 to 2010.)"

- Between 2000 and 2010, the number of people who were over the age of 62 increased by 25% in Hancock County to 22,475 people, 41% of the total population. In Washington County, that number increased by 13% to 14,398 people, 44% of the total population.
- The number of live births declined between 2003 and 2012 in Hancock County from 516 to 435 and in Washington County from 354 to 302 in a year.
- Washington County has a much higher percentage of persons who are Native American (5.1%) than the nation as a whole (1.2%), specifically, the Passamaquoddy people.
- “The town of Milbridge in Washington County has the most significant Hispanic population in our service area [Hancock/Washington counties] as a result of “settling out” in the community from seasonal work in the blueberry industry.” (Child and Family Opportunities) The rate (1.7%) is slightly higher than the Maine statewide rate for Hispanic ethnicity.
- The 2008-2012 average median household income in Hancock County is \$48,635; \$36,486 in Washington County; \$48,210 in Maine; and \$53,046 in the United States.
- The five-year average 2008-2012 poverty rate was 12.7% in Hancock County; 19.8% in Washington County; 13.3% in Maine; and 14.9% in the United States.
- Washington County has the highest poverty rate for children in the state of Maine and was 5.5 percentage points above the national rate in 2011.
- Washington County has ten communities with poverty rates above 24% and 3 communities with poverty rates above 35%. (U.S. Census)

In 2014, the *County Health Ranking Report* began to measure “severe housing problems” and there were, between the years of 2006 and 2010, 15% in Hancock County and 16% of households in Washington County that reported severe housing problems.

There has been a decline in services provided in the Downeast region by WHCA, due to declining funding and increasingly complex eligibility requirements. The number of homes weatherized went from 162 homes in 2009 to 40 in 2013. The number of households which received reduced electricity rates went from 5,996 in 2009 to 3,637 in 2013. LIHEAP benefits provided declined from 6,004 in 2009 to 4,547 households in 2013. The number of households assisted with the locally developed THAW fund has increased, however. This program is funded through local donations. (WHCA)

In 2010, the affordability index for homeownership was .83 in Hancock County, the 2nd worst county in the state (along with Lincoln and York Counties, which were at that same rate); and the affordability index for rent was .87, the 7th worst in the state, out of 16 counties. “Some counties with higher poverty rates, such as Washington and Somerset, have better affordability indexes for homeownership than counties with lower poverty rates...” In Washington County, the affordability index for home ownership was 1.02, the 5th best in the state... and the affordability index for rent was .68 in Washington County, the worst in the state. (Maine State Planning Office, Economics and Demographics Team)

In September 2014, the average price of heating oil in Maine was \$3.14/gallon and in New England was \$3.30/gallon (Vermont oil prices not available for comparison), but the price in the Downeast region (\$3.51/gallon) was the highest of every region within Maine and New England. (Maine Oil)

From the WHCA Community Leadership Interviews:

- “There are 250 roofs that need repair on the waiting list and we can only fix 30 in a program year.”
- “In the last 5-7 years there is a lack of healthy living in regard to home repair, specifically roofs. There is almost no funding. We cannot insulate without a good roof. It is a bigger problem in Washington County.”
- “WHCA gets 3-5% of the resources needed for home weatherization, etc.”
- “The homeless shelter has been full, even this summer. It has never been full in the summer before.”
- “Alcohol abuse [is a] problem; often people fall through the cracks. People with chronic issues come in and out of the hospital. They can be on the brink of homelessness, but when they leave the hospital they cannot go to the homeless shelter. People cannot access social services because of alcoholism.”
- “Teen homelessness is a concern. Teachers are seeing a lot of homeless and hungry teens. They need stable supports in order to finish high school. One school is addressing this through backpacks filled with food. Washington County has a coalition to address homelessness. Issues at home such as neglect and conflicts, contribute to teen homelessness.”
- “All (homeless shelters) except those operated by H.O.M.E. are located outside of Hancock County. There are no shelters in Washington County.”
- “The majority of households in the two counties have 1-2 vehicles, but for families who are financially insecure, the cost of vehicle maintenance, insurance, and the high price of gasoline can be prohibitive and often lesser priorities than housing, food, and health needs. Additionally, the long distances and huge geographic area make it extremely difficult to provide fixed routes community transportation. People cannot access food pantries, non-medical but important services, such as WIC and ASPIRE, without reliable transportation.” “The biggest issue is transportation, even when people have MaineCare [insurance]. People cannot get transportation to shop, work and socialize. Medical services cannot be accessed [by the elderly] because Medicare doesn’t pay for transportation.”
- “It is a big complicated issue; we see people who haven’t been out of their homes for months at a time.”

- “We need more emphasis on the national level about the unique challenges of rural transportation. We need increased funding for community/public transportation. Large businesses need workers and they need transportation to get to work. Businesses need to also invest in community transportation. The state of Maine spends only \$.50 per person on transportation, which is extremely low compared to other states. Everyone needs to realize that transportation affects businesses and service access. Both entities need to invest.”

Washington County had the worst “health factors” ranking in the state for three years in a row and made only slight improvements in “health outcomes” since 2012, moving from 16th to 14th. The stark difference in the health of people in Hancock County is represented by its #1 best in state ranking for “health outcomes” and a ranking of 6th in 2014 for “health factors”. (University of Wisconsin)

- Between the 2012 and 2014 reports, there have been slight improvements in the percentage of adult smokers in both counties and Maine.
- Between 2012 and 2014 reports, the number of uninsured persons has increased in both counties.
- The ratio of population to physicians is a concern in Washington County, almost double the ratio in Hancock County.
- The rate of violent crimes was dramatically higher in Washington County than Hancock County, Maine and the best performing U.S. County. In each of the three years the rate was more than 3 times the rate for violent crimes in Hancock County and in the past two years, it was double the Maine rate.
- Only 63.4% of Maine children 0-17 years of age “received care within a medical home” in 2011. This was a decrease from 65.5% of children in 2010, but higher than the national rate of 54.4%. (University of Wisconsin)

Indicators from the *2010 Call to District Action* shows that in the Downeast district, 28.9% of people in Hancock County and 45.2% in Washington County reported no dental care in the past year, as compared to a state percentage of 32.4%. Furthermore, 28.8% of Washington County adults have “tooth loss to gum disease or tooth decay (more than 6)” as compared to 19.7% in Maine. (Maine Center for Disease Control and Prevention)

- From 2006-2011, Hancock County had a lower percentage of high school students who reported “current alcohol use” as compared to Maine.
- The “incidence of all cancers” for WC people was above the national rate.
- Hancock County is healthier in this area (consistent with the state of Maine) but for Washington County, adult obesity and lack of physical activity are a concern. People who are overweight or obese are at higher risk of heart disease, high blood pressure, diabetes, stroke, orthopedic problems, and a host of other ailments. The rate of diabetes in Washington County was 12%,

Hancock County 7.8%, Maine 8.7% and the U.S. 8.7%. (Maine Center for Disease Control and Prevention)

In 2012, 31.7% of children 0-17 years of age were receiving SNAP food supplement benefit. In Hancock County that percentage was 25.7%; and 41.8% in Washington County. Both figures have increased from the previous *Maine KIDSCOUNT* report. Washington County has the third highest percentage in the state of children with SNAP benefits and the second highest percentage of children eligible for subsidized school lunch. Hancock County has the third lowest percentage in the state of children with SNAP benefits and the fourth lowest percentage of children eligible for subsidized school lunch in the state. (Maine Children's Alliance)

“Food security is an issue. There is regular attendance at the soup kitchen. There are food pantries in Blue Hill and Ellsworth. 25% of the residents on the peninsula use the food pantry.” (WHCA Community Leadership Interviews, 2014)

“Our food pantries are very busy....We had three calls a day this winter at the local church for food. The pantry in Calais is open two days/week because of the need.” (WHCA Community Leadership Interviews, 2014)

“The number of babies born in Maine exposed to or affected by drugs in the womb has increased from 135 in July 2004-June 2005 to 835 in July 2012-June 2013” (MaineHealth)

“The American Society of Addiction Medicine reports that misuse of prescription drugs has dropped about 15 percent nationally since 2010, while heroin use has doubled since 2007.” (MaineHealth)

“Neglected children from households with caregivers who struggle with drug use were three more times as likely to be placed in out-of-home care, than those without drug problems. Neglected children who lived with caregivers with mental health problems, alcohol problems, or who had trouble paying for basic necessities were about twice as likely to be placed in out-of-home care,” according to the 2010 study by the Carsey Institute, University of New Hampshire. (Walsh)

About the same number of reports to DHHS Child Protective Services occurred at the Machias DHHS office from 2010 to 2012. There was an increase at the Ellsworth office. (Maine DHHS)

The rate for children in DHHS care or custody was higher in Hancock County (7.0/100,000) than for Washington County (3.4) and for Maine (6.0). (Maine Children's Alliance)

The Maine Children’s Alliance reports in the 2013 *Maine KIDSCOUNT* report, there were increases from the previous year in domestic violence reports to police (2011) in both counties and the state.

“The overall crime rate in Maine increased by 5.4% between 2010 and 2011, the “largest jump since 1975,” ...[and the]... “number of pharmacy robberies has jumped two-fold.” (Ricker) Drug-related crime is on an epidemic rise in Maine.

“In Maine, there are 1,582 violent crimes annually, a rate of 120 per 100,000...Maine has about 2,000 adults incarcerated...In Maine, 54 percent of prisoners have less than a high school education.” (Bishop-Josef Ph.D.)

The rate of violent crimes was dramatically higher in Washington County than Hancock County, Maine and the best performing U.S. County. In each of the three years the rate was more than 3 times the rate for violent crimes in Hancock County and in the past two years, it was double the Maine rate. (University of Wisconsin)

Issues facing the elderly population include isolation, nursing and care facilities, safe housing, food security, transportation and access to services, and support for caregivers. Elders often ask for someone to help with maintenance and repairs on their homes and for community transportation services.

Participants in the WHCA Community Leadership Interviews identified strong concerns for the safety and care of the elderly in the Downeast region and repeatedly mentioned the strong sense of independence that can be a barrier to linking people with needed services.

- “Concern for the elderly. Two nursing facilities closed in Washington County due to profitability. Patients have to be relocated out of the county.....”
- “Assisted living centers are also relocating.”
- “Once it is self-sustaining, expand the Friendship Cottage program into Washington County. An increased reimbursement rate is needed to be self-sustaining.”
- “Nursing facilities are closing. Advocacy and legislative support is needed for increased rates for adult day care. There is no presence of the interagency Coalition on Aging in Washington County.”
- “Housing repair and weatherization [is a need]. Federal funds have stipulations, income criteria and conditions that stop the people that need the help the most from accessing it...Often the elderly who sign over their homes to their children cannot get help [for repairs and weatherization].”
- “...Elder medical care is needed in Washington County. Facilities are sub-standard and people are afraid of going to the Machias Hospital, but it is a long ride to Bangor....We cannot get physicians to come to Washington County.”
- “...Services are declining at the hospital in Calais and people are transferring to Bangor, which is 2 hours away.”

The two concerns mentioned most often in the WHCA Community Leadership Interviews were poverty, i.e., access to jobs paying livable wages (mentioned by 15 of the 22 participants, 68%) and the decline in funding for community action agencies (WHCA specifically), which has meant decreased programs and services for the community. Other top issues of concern were inadequate community transportation,

regulatory challenges, such as the state brokerage system for transportation and funding formulas which negatively impact areas with low population, rural isolation of people, and inadequate access to quality education/job and business skills training.

50% highlighted the importance of education and job or business skills training.

27% highlighted the need for actions to inspire youth and provide life skills opportunities.

23% highlighted the value of financial literacy and case management services to build people's financial security.

"There are stark differences from one community to another. Whether substance abuse or lack of education or lack of jobs, it all ties together. More people are living on the verge of spiraling into not being able to feed their family."

"More employment is needed, but there are so many people disabled or on social security. People over income guidelines cannot get needed services."

"In Hancock County you can make a living from tourism."

"Economic development and jobs [are needed] in Washington County. Unemployment is so high; Washington County is 2-3 times the state rate. A livable wage with benefits is needed. People make a living with seasonal agricultural work: clamming, picking blueberries, making wreaths."

"People don't want to go back to school. There is nothing available locally, the cost is high, the travel is a barrier, and many are in the age bracket (32-50 year old) with no computer skills. Soon they will be on social security benefits with no good job before retirement and therefore will have a very low retirement income. This will mean more elderly in poverty."

"[We need to] educate young people from elementary age and up about opportunities to get out of poverty. There is more than what is at home available for their futures. There are some horrible living conditions here. But there are other avenues. Business and education leaders can inspire youth, showing them how the world is - different jobs and occupations. Help them have experiences in the world to be inspired."

"There are more entrepreneurs with a desire to become good at what they want to do. But they don't have the resources. They have the skills, the plans and the marketing ideas, but they need financing."

Strengths of the community noted by the interviewees included the number of entrepreneurs and small businesses in the region; the willingness of neighbors to help their neighbors; the spirit of collaboration at the community level; the volunteers in the community who lead charitable effort; a commonly held pride in the rural nature of the region; the presence of a tourism industry; and the accessibility of policy makers, including the democratic process. The most commonly mentioned strength in Washington and Hancock counties, however, was the spirit of self-reliance in the people who live here.

History

HISTORY OF WASHINGTON HANCOCK COMMUNITY AGENCY

Washington Hancock Community Agency is one of ten Community Action Agencies in Maine. The following brief history is excerpted from the 2008 WHCA Community Assessment report.

“WHCA grew out of a grassroots initiative in Washington County. It started with an organizational meeting held early in 1965 by 124 residents of the county to address their concerns with the causes of poverty. Dr. James Payson was elected to lead the group and the Washington County Regional Action Agency (WCRAA) was formed. When the War on Poverty began taking shape, 20% of the families in Washington County were living on less than \$3,000 per year. WCRAA wrote its first grant in 1966 and was funded for \$23,191 by the Office of Economic Opportunity to help identify the causes of poverty. In 1967, WCRAA operated on a \$26,000 budget, and was partially funded by the county with office space donated by the Merrill Trust Company. The purpose of the agency was to help county residents deal with the problems of poverty on the local level and to help low-income people attain self-sufficiency. At that time, the agency operated just two programs: the Head Start program at Lubec and the Indian Community Action program at Indian Township. The agency began outreach and food distribution initiatives.

“On July 12, 1969, the agency accepted the Federal Government’s offer to use the old post office building and customs house in Machias as headquarters. WCRAA received \$13,160 to operate an outreach program to provide information about the region’s governmental programs and social services to those in need of assistance. Office of Economic Opportunity funds in the amount of \$217,000, were awarded to the county to help fight the War on Poverty. The Board of Directors identified five program areas that they felt should take priority: nutrition, housing, education, economic development and health.

“By 1971, plans were underway to expand into Hancock County. The new Office of Economic Opportunity guidelines called for a service area of 50,000 people to qualify as a Community Action Agency. Washington and Hancock counties together would meet that requirement. The certification of organization was filed in the Machias Registry on May 25, 1972. The main office would be in Machias, in the old post office and customs building. An additional office was established over Dick’s Diner in Ellsworth. The purpose of this newly formed bi-county corporation was exclusively charitable and educational. In 1972, the Washington Hancock Community Agency (WHCA), a Community Action Agency, was formed.

“...The agency emphasized self-help, resource mobilization, citizen advocacy, and economic and community development...(and by 1986) the agency’s total budget reached \$4.4 million dollars....By the early 1990’s...the number of phone calls from residents seeking winter aid and heating assistance increased to 500 calls daily.” (Washington Hancock Community Agency Community Assessment Report)

Since the 1980's, Washington Hancock Community Agency has operated programs such as:

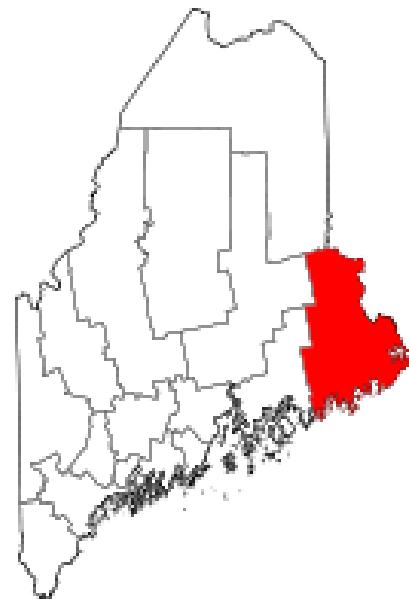
- The Rakers Center in Cherryfield
- Our Team Project in Danforth
- FEMA funded emergency food and shelter in Washington County
- Distribution of surplus food commodities for family day care providers statewide
- Winter aid and heating assistance
- Housing Preservation Loan program
- Affordable Housing program fundraising auction
- Incubator Without Walls program
- Transportation Services
- New WHCA facility in Ellsworth
- Launched the 2-1-1 statewide human services information and referral system
- The Heating and Warmth Fund (THAW)
- Helping Hands Garage
- Housing Weatherization Services and Expert Energy Solutions
- Family Resource Center Downeast and Medication Assistance Program
- Adult Day Services Program, Friendship Cottage in Blue Hill
- Down East Business Alliance and the 30th Incubator Without Walls

Geography and Culture

Together, Hancock and Washington counties are often referred to as “Downeast” Maine, yet they have stark differences in both population and poverty. The counties share a Maritime climate and long harsh winters, and both have predominant fishing industries, but Hancock County has a stronger tourism economy than Washington County. The term “Downeast”, technically refers to the coastal sections of both counties between the broad Penobscot Bay on the west and the Canadian border on the east, but is commonly used to refer to the entirety of the two counties. The coastline is dotted with islands and is a rocky maze of peninsulas, bays, coves, harbors and inlets. Inland, the region is forested, with many lakes and areas of wilderness.

Washington County was established in 1789. It is the eastern most county in Maine and borders the Canadian Province of New Brunswick, the Atlantic Ocean and the counties of Aroostook, Penobscot, and Hancock in Maine. The county seat is Machias.

Washington County covers 2,562.66 square miles of land. It is sparsely populated, particularly in the inland sections, and includes unorganized territories. The overall population density is 12.8 persons per square mile. (Census, Quick Facts) There were 14,096 households (according to 2008-2012



ACS Estimates) and 22,937 housing units in 2013, with 7.7% of those housing unit in multi-unit structures.

“Many small seaside communities have small-scale fishing-based economies. Tourism is also important along the county's shoreline, but it is not as important as elsewhere in the state. The blueberry crop plays a major role in the county's economy; nearly 85% of the world's supply of wild blueberries comes from Washington County.” (Wikipedia, Washington County Maine)

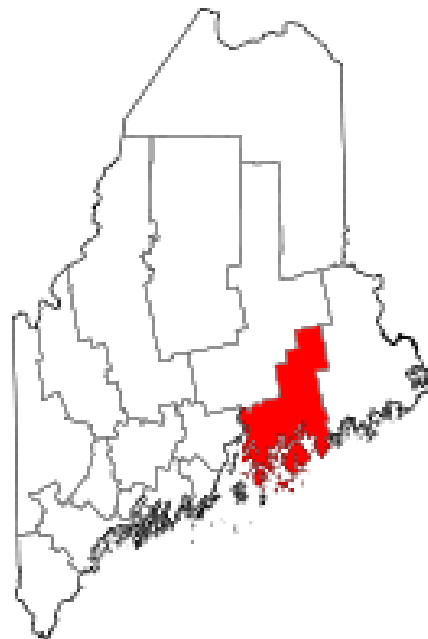
- “In 2012, Washington County accounted for 89.3% of Maine’s cranberry yield with 31,917 barrels of 3,191,700 pounds valued at \$1.1 million.
- “According to a report prepared by the Wild Blueberry Commission of Maine, wild blueberries return \$25 million to Maine in direct and indirect contributions. The most recent census of agriculture reported that Washington County has 73% of the wild blueberry acres across Maine.
- “The University of Maine’s Maritime Extension Team has been collaborating with Cooke Aquaculture USA to raise blue mussels alongside pens of Atlantic Salmon in Washington County. This integrated multi-trophic aquaculture approach...is expected to [harvest] in excess of 20,000 pounds [of mussels].” (University of Maine Cooperative Extension)

There are two institution of higher education, Washington County Community College in Calais and the University of Maine at Machias. Washington County has two hospitals: Calais Regional Hospital and Downeast Community Hospital in Machias. The following towns/cities have police departments: Baileyville, Calais, Eastport, Machias, Milbridge, and the Passamaquoddy Tribe. The remainder of the county is protected by the Washington County Sheriff’s office and the Maine State Police. The U.S. Coast Guard Search and Rescue serves the coastline. The Maine Forest Service, Maine Warden Service, Department of Marine Resources, and Department of Homeland Security also assist.

Hancock County was also established in 1789. It borders the Atlantic Ocean and the counties of Washington, Penobscot, and Waldo in Maine. The county seat is Ellsworth. Ellsworth is considered the economic center of the Downeast region.

Hancock County covers 1,586.89 square miles of land. The overall population density is 34.3 persons per square mile. (Census, Quick Facts) There were 23,875 households (according to 2008-2012 ACS Estimates) and 40,283 housing units in 2013, with 8.6% of those housing unit in multi-unit structures.

“Hancock County has the longest coastline of any Maine county. Commercial fishing and tourism are the county’s most important industries. Hancock County is home to Acadia National Park (the only national park in Maine or the New England region, excluding the national sea shore on Cape Cod) and Cadillac Mountain (the highest point



in Maine's coastal region). Jackson Laboratory, noted for cancer research, is located in Bar Harbor.”
(Wikipedia, Hancock County, Maine)

Institutions of higher education include the Maine Maritime Academy at Castine and the College of the Atlantic at Bar Harbor. The Hancock County Higher Education Center, located in Ellsworth, is an off-campus center of Eastern Maine Community College and the University of Maine System. There is also the Hancock County Technical Center. Hancock County has four hospitals: Blue Hill Memorial Hospital, Maine Coast Memorial Hospital, Mount Desert Island Hospital and Eastern Maine Healthcare in Ellsworth. The following towns/cities have police departments: Bar Harbor, Bucksport, Ellsworth, Hancock, Southwest Harbor, Stonington and Winter Harbor. The remainder of the county is protected by the Hancock County Sheriff’s office and the Maine State Police. The U.S. Coast Guard Search and Rescue serves the coastline. The Maine Forest Service, Maine Warden Service, Department of Marine Resources, and Department of Homeland Security also assist.

Population

POPULATION TRENDS

According to the U.S. Census, the 2013 estimated population of Hancock County was 55,845 persons and 32,190 in Washington County. In 2010, Hancock ranked as the eighth most populated county in the state and Washington County ranked fourteenth out of the sixteen counties in Maine. Only two counties have fewer people than Washington County.

The trends in population (see charts below) show an increase in overall population in Hancock County between 2000 and 2012 and a decline in Washington County. In Hancock County, the following towns had a greater than 18 percentage change in population between 2000 and 2012:

| | |
|-------------------|--------------|
| Dedham | 19% increase |
| East Hancock U.T. | 29% increase |
| Ellsworth | 21% increase |
| Frenchboro | 60% increase |
| Great Pond | 23% increase |
| Mariaville | 25% increase |
| Otis | 23% increase |
| Winter Harbor | 48% decline |

In Washington County, the following towns had greater than an 18 percentage change in population between 2000 and 2012:

| | |
|------------|--------------|
| Beals | 18% decline |
| Beddington | 69% increase |
| Eastport | 20% decline |
| Lubec | 19% decline |

The Maine Office of Policy and Management projects a population decline in both counties between 2015 and 2030 (see chart below.) State Economist Rector explains, “Town projections are calculated using two pieces of information: 1. The recent historical growth of each town’s share of its county population and 2. County population projections....They are based on past assumptions and may not hold into the future....Towns with smaller populations or dramatic population changes may find their projections less reliable than projections for towns with larger, stable population.” (Rector)

The communities with the largest estimated 2012 populations in Hancock County are Bar Harbor (5,264), Bucksport (4,933) and Ellsworth (7,824). In 2012, 40% or sixteen of the forty communities in Hancock County had populations of less than 600 people. In Washington County, the largest towns are Baileyville (1,494), Calais (3,069) and Machias (2,184). In 2012, 60% or 29 of the 48 communities in Washington County had populations of less than 600 people.

Washington County contains large areas of undeveloped land and unorganized communities which isolates people, but also builds self-reliance and resourcefulness. According to the 2010 U. S. Census, while there is an overall population density of 12.8 persons per square mile in the county, there are 13 “plantations”, “unorganized territories” and “towns” with five or less people per square mile. Together in these thirteen communities, 2,374 people or 7.2% of the county population live in these extremely rural areas. In Hancock County the population density is almost three times that of Washington County, with 34.3 persons per square mile and only 221 people living in communities with five or less people per square mile. (U. S. Census Bureau)

Grandparents are increasingly being called upon by their children or the state of Maine DHHS to step in and help raise their grandchildren, whether due to substance abuse, child abuse or poverty. In Maine, “The number of children living in their grandparent’s home has increased significantly (by more than an 8% increase from 2000 to 2010)....Seven percent (7%) of children under age 18 live in grandparent-headed households [and] approximately 20% of these children have neither parent present and the grandparents are responsible for their basic needs (Goyer)

“The state removed about 3,200 children from their parents' homes about 10 years ago, and last year, that number was down by more than half, to about 1,500”, said Therese Cahill-Lowe, director of the Department of Health and Human Services' Office of Child and Family Services, in an article in the Portland Press Herald in 2012. “Child-care advocates said Maine should put even more effort into reunification of families or kinship care -- placing a child with a relative -- to further reduce the use of foster care. Maine began using kinship care about seven years ago. Now, about a third of children removed from a home go to live with a relative, rather than be placed with a foster parent... Maine is moving toward kinship care at a faster rate than the nation as a whole, said Richard Wexler, who heads the National Coalition for Child Protection Reform” (Murphy)

**Maine KIDS COUNT 2013 reports 1,654 children ages 0-17 were in DHHS custody or care in 2012 and 843 children, ages 0-5.*

“Between December 2002 and December 2011, Maine saw a 50% decrease in the rate of children in DHHS care or custody, dropping from a rate of 9.6 per 1,000 children ages 0-17 in 2002 to 4.8 in 2011.

But in 2012, the rate of children of children in DHHS care or custody increased by 2 percent to 6.0 per 1,000 children ages 0-17. Kinship care continues to be the most prevalent placement type for children in state care or custody. However, younger children ages 0-5 were more likely to be placed in a kinship setting (39%) than children ages 6-17 (27%). The older group was placed more frequently in a Therapeutic Care setting (30%) than young children (8%)” (Maine Children's Alliance)

| Hancock County Trends of Population Growth and Decline | | | | | |
|---|---------------|---------------|-----------------|-----------------------|---------------|
| | U.S. Census | | Annual Estimate | Population Projection | |
| | 2000 | 2010 | 2012 | 2015 | 2030 |
| HANCOCK COUNTY | 51,791 | 54,418 | 54,558 | 53,106 | 48,744 |
| Amherst | 230 | 265 | 264 | 254 | 235 |
| Aurora | 121 | 114 | 114 | 123 | 125 |
| Bar Harbor | 4,820 | 5,235 | 5,264 | 5,084 | 4,687 |
| Blue Hill | 2,390 | 2,686 | 2,676 | 2,709 | 2,716 |
| Brooklin | 841 | 824 | 820 | 788 | 662 |
| Brooksville | 911 | 934 | 930 | 902 | 796 |
| Bucksport | 4,908 | 4,924 | 4,933 | 4,701 | 3,998 |
| Castine | 1,343 | 1,366 | 1,362 | 1,357 | 1,254 |
| Central Hancock UT | 138 | 117 | 117 | 106 | 68 |
| Cranberry Isles | 128 | 141 | 140 | 141 | 138 |
| Dedham | 1,422 | 1,681 | 1,686 | 1,685 | 1,710 |
| Deer Isle | 1,876 | 1,975 | 1,975 | 1,929 | 1,765 |
| East Hancock UT | 73 | 94 | 94 | 100 | 115 |
| Eastbrook | 370 | 423 | 423 | 429 | 436 |
| Ellsworth | 6,456 | 7,741 | 7,824 | 7,578 | 7,463 |
| Franklin | 1,370 | 1,483 | 1,484 | 1,461 | 1,383 |
| Frenchboro | 38 | 61 | 61 | 57 | 59 |
| Gouldsboro | 1,941 | 1,737 | 1,734 | 1,564 | 1,052 |
| Great Pond | 47 | 58 | 58 | 50 | 39 |
| Hancock | 2,147 | 2,394 | 2,388 | 2,403 | 2,374 |
| Lamoine | 1,495 | 1,602 | 1,622 | 1,574 | 1,472 |
| Mariaville | 414 | 513 | 518 | 538 | 593 |
| Mount Desert | 2,109 | 2,053 | 2,057 | 2,004 | 1,742 |
| Northwest Hancock UT | 4 | 2 | 2 | x | x |
| Orland | 2,134 | 2,225 | 2,216 | 2,166 | 1,961 |
| Osborn | 69 | 67 | 67 | 63 | 50 |
| Otis | 543 | 672 | 670 | 708 | 788 |
| Penobscot | 1,344 | 1,263 | 1,261 | 1,265 | 1,127 |
| Sedgewick | 1,102 | 1,196 | 1,190 | 1,188 | 1,140 |
| Sorrento | 290 | 274 | 273 | 253 | 191 |
| Southwest Harbor | 1,966 | 1,764 | 1,765 | 1,614 | 1,134 |

| | | | | | |
|--|-------|-------|-------|-------|-------|
| Stonington | 1,152 | 1,043 | 1,040 | 938 | 636 |
| Sullivan | 1,185 | 1,236 | 1,241 | 1,209 | 1,098 |
| Surry | 1,361 | 1,466 | 1,464 | 1,448 | 1,365 |
| Swan Island | 327 | 332 | 331 | 319 | 277 |
| Tremont | 1,529 | 1,563 | 1,584 | 1,555 | 1,445 |
| Trenton | 1,370 | 1,481 | 1,504 | 1,467 | 1,393 |
| Verona Island | 533 | 544 | 543 | 523 | 456 |
| Waltham | 306 | 353 | 349 | 348 | 340 |
| Winter Harbor | 988 | 516 | 514 | 505 | 461 |
| <i>Sources: U.S. Census 2000 and 2010; Annual Estimates of Populations - 2012 Population Estimates; and Maine Office of Policy and Management - Town Population Projections 2015-2030.</i> | | | | | |

| Washington County Trends of Population Growth and Decline | | | | | |
|--|---------------|---------------|-----------------|------------------------|---------------|
| | U.S. Census | | Annual Estimate | Population Projections | |
| | 2000 | 2010 | 2012 | 2015 | 2030 |
| Washington County | 33,915 | 32,865 | 32,463 | 32,469 | 31,068 |
| Addison | 1,209 | 1,266 | 1,255 | 1,300 | 1,383 |
| Alexander | 514 | 499 | 492 | 494 | 475 |
| Baileyville | 1,686 | 1,521 | 1,494 | 1,450 | 1,233 |
| Baring Plt. | 273 | 251 | 248 | 250 | 236 |
| Beals | 618 | 508 | 505 | 486 | 385 |
| Beddington | 29 | 50 | 49 | 47 | 52 |
| Calais | 3,447 | 3,123 | 3,069 | 2,985 | 2,560 |
| Charlotte | 324 | 332 | 327 | 337 | 350 |
| Cherryfield | 1,157 | 1,232 | 1,214 | 1,236 | 1,279 |
| Codyville Plt. | 19 | 24 | 24 | 18 | 12 |
| Columbia | 459 | 486 | 479 | 500 | 536 |
| Columbia Falls | 599 | 569 | 549 | 544 | 492 |
| Cooper | 145 | 154 | 152 | 159 | 172 |
| Crawford | 108 | 105 | 104 | 104 | 101 |
| Cutler | 623 | 507 | 505 | 453 | 295 |
| Danforth | 629 | 589 | 589 | 573 | 522 |
| Deblois | 49 | 57 | 56 | 49 | 39 |
| Dennysville | 319 | 342 | 342 | 332 | 326 |
| East Central Washington UT | 768 | 728 | 717 | 722 | 696 |
| East Machias | 1,298 | 1,368 | 1,347 | 1,406 | 1,507 |
| Eastport | 1,640 | 1,331 | 1,308 | 1,196 | 793 |
| Grand Lake Stream Plt. | 150 | 109 | 107 | 98 | 56 |
| Harrington | 882 | 1,004 | 992 | 1,015 | 1,096 |

| | | | | | |
|--|-------|-------|-------|-------|-------|
| Jonesboro | 594 | 583 | 584 | 581 | 569 |
| Jonesport | 1,408 | 1,370 | 1,359 | 1,359 | 1,310 |
| Lubec | 1,652 | 1,359 | 1,336 | 1,275 | 958 |
| Machias | 2,353 | 2,221 | 2,184 | 2,175 | 2,016 |
| Machiasport | 1,160 | 1,119 | 1,107 | 1,106 | 1,056 |
| Marshfield | 494 | 518 | 518 | 536 | 573 |
| Meddybumps | 150 | 157 | 155 | 162 | 172 |
| Milbridge | 1,279 | 1,353 | 1,342 | 1,359 | 1,402 |
| North Washington UT | 547 | 499 | 491 | 520 | 525 |
| Northfield | 131 | 148 | 145 | 157 | 181 |
| Passamaquoddy Indian Twp. | 676 | 718 | 708 | 790 | 912 |
| Passamaquoddy Pleasant Plt. | 640 | 749 | 739 | 732 | 765 |
| Pembroke | 879 | 840 | 823 | 827 | 778 |
| Perry | 847 | 889 | 910 | 916 | 985 |
| Princeton | 892 | 832 | 819 | 807 | 730 |
| Robbinston | 525 | 574 | 566 | 593 | 649 |
| Rogue Bluffs | 264 | 303 | 297 | 317 | 361 |
| Steuben | 1,126 | 1,131 | 1,118 | 1,138 | 1,147 |
| Talmadge | 70 | 64 | 63 | 67 | 69 |
| Topsfield | 225 | 237 | 234 | 236 | 240 |
| Vanceboro | 147 | 140 | 138 | 138 | 129 |
| Waite | 105 | 101 | 100 | 100 | 95 |
| Wesley | 114 | 98 | 97 | 91 | 70 |
| Whiting | 430 | 487 | 487 | 506 | 565 |
| Whitneyville | 262 | 220 | 219 | 227 | 215 |
| <i>Sources: U.S. Census 2000 and 2010; Annual Estimates of Populations - 2012 Population Estimates; and Maine Office of Policy and Management - Town Population Projections 2015-2030.</i> | | | | | |

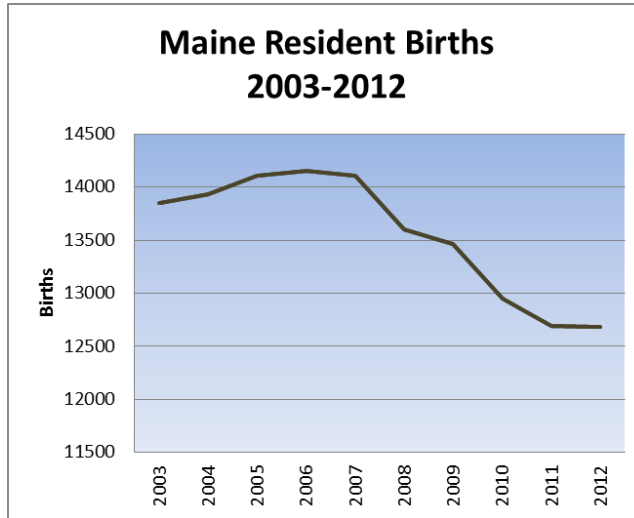
MEDIAN AGE AND BIRTHS

Maine has the oldest median age in the nation (43.5 years old.) “Median” is a term used to identify the middle number, meaning half of the population is younger and half are older than the median age. No other state has a lower percentage of people between the ages of 15 and 43.5. Hancock County’s median age is even greater: 46.3 years old, according to the 2010 U.S. Census. In Washington County the median age is 46.1.

Between 2000 and 2010, the number of people who were over the age of 62 increased by 25% in Hancock County to 22,475 people, 41% of the total population. In Washington County, that number increased by 13% to 14,398 people, 44% of the total population.

The birth rate in both counties has been declining since 2006, following a general statewide trend. The following chart by Maine Vital Statistics illustrates this shift in population; one contributing factor to the high median age of people in both Maine and WHCA’s service area.

“This shift in demographics is predicted by State Economist Amanda Rector to continue, “Maine’s population by 2030 will be about the same as it is today. However, it will be significantly older, because the youngest baby boomers by then will be older than 65”” (Bell)



Total Live Births by Residence County and Year
2003-2012 Resident Data

| County of Residence | Year | | | | | | | | | |
|---------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
| Total Births | 13,852 | 13,932 | 14,111 | 14,152 | 14,111 | 13,605 | 13,466 | 12,951 | 12,694 | 12,687 |
| Hancock | 516 | 520 | 532 | 532 | 531 | 514 | 450 | 464 | 476 | 435 |
| Washington | 354 | 336 | 348 | 365 | 352 | 314 | 304 | 305 | 307 | 302 |

Prepared by Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, Data, Research, and Vital Statistics, 10/2013

RACE, CULTURE AND LANGUAGE

Both Washington and Hancock Counties are significantly more predominantly “white” and “non-Hispanic/Latino” than the United States as a whole. These counties have not experienced the growth in diversity seen in the state of Maine regarding increased numbers of persons who are Black/African American. However, Washington County has a much higher percentage of persons who are Native American (5.1%) than the nation as a whole (1.2%), specifically, the Passamaquoddy people.

The chart below illustrates the 2013 Census Quick Facts profile of ethnicity and race. By comparison from the 2010 Census to 2013 figures, the percentage of Caucasian/White persons has decreased from 92.1% in Washington County and from 96.9% in Hancock County in 2010.

“The town of Milbridge in Washington County has the most significant Hispanic population in our service area [Hancock/Washington Counties] as a result of “settling out” in the community from seasonal work

in the blueberry industry.” (Child and Family Opportunities) The rate (1.7%) is slightly higher than the Maine statewide rate for Hispanic ethnicity.

| Race/Ethnicity Profile | | | | |
|-------------------------------------|-------------|----------------|-------|---------------|
| | Hancock Cty | Washington Cty | Maine | United States |
| White | 96.7% | 92% | 95.2% | 77.7% |
| Black or African American | .6% | .6% | 1.4% | 13.2% |
| American Indian or Alaska Native | .5% | 5.1% | .7% | 1.2% |
| Asian | 1% | .5% | 1.1% | 5.3% |
| Native Hawaiian or Pacific Islander | 0 | 0 | 0 | .2% |
| Two or More Races | 1.2% | 1.8% | 1.6% | 2.4% |
| Hispanic or Latino | 1.3% | 1.7% | 1.4% | 17.1% |

Source: U.S. Census, People Quick Facts, 2013

A profile of primary language for Washington County resident is listed on Wikipedia (the online open source encyclopedia): 95.0% speak English, 1.9% Passamaquoddy, 1.0% Spanish and 1.0% French as their first language. In Hancock County 1.5% speak French and 1.0% Spanish as their first language. (Wikipedia, Washington County, Maine) The U.S. Census American Survey 5-year Average 2008-2012, shows that 4.8% of persons over the age of 5 years old in Washington County speak a language other than English in the home, leaving 95.2% speaking English alone, as compared to 96.5% in Hancock County; 93% in Maine and 79.5% in the United States. (Census, Quick Facts)

Poverty

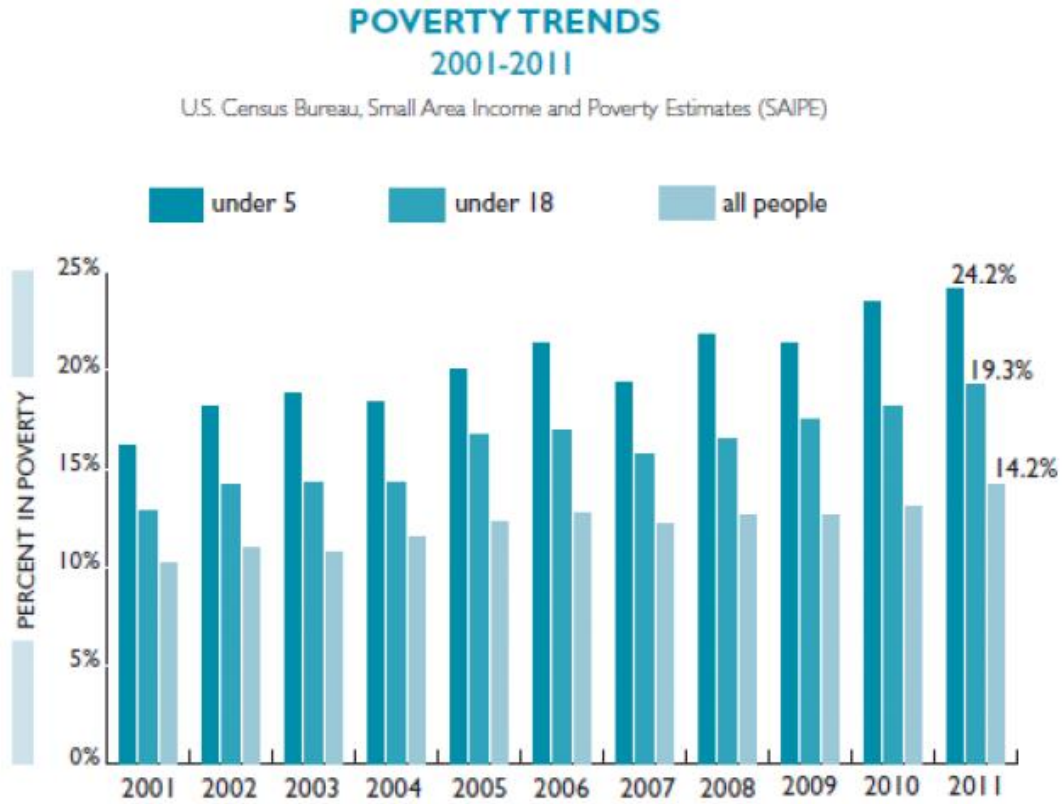
HOUSEHOLD INCOME

The U.S. Census Quick Facts reports that the 2008-2012 average median household income in Hancock County is \$48,635; \$36,486 in Washington County; \$48,210 in Maine; and \$53,046 in the United States. (Census, Quick Facts) “Between 2005 and 2012, Maine’s median income of families with children grew slightly from \$51,700 to \$53,400, an increase of 3.3 percent. However, Maine’s family income has not returned to its prerecession amount. During that same time, the U.S. median family income grew 11 percent while the average of the median family income for other New England States (CT, MA, NH, RI, & VT) increased almost 13 percent” (Maine Children's Alliance)

POVERTY TRENDS

The five-year average 2008-2012 poverty rate was 12.7% in Hancock County; 19.8% in Washington County; 13.3% in Maine; and 14.9% in the United States. (Census, Quick Facts) Poverty rates continue to rise statewide and in Washington County. The poverty rate for children under age 18 rose from 30.9% to 31.3% in 2011 in Washington County. Hancock County’s poverty rate for children improved from 20.2% to 19.3% in 2011. Across Maine, the poverty rate rose for children under 5 years old to 24.2% in 2011; the national rate was 25.8%. Washington County has the highest poverty rate for children in the state of Maine and was 5.5 percentage points above the national rate in 2011.

The ten-year trend in Maine is illustrated below in the following chart provided by in the *Maine KIDSCOUNT 2013*.



“In December 2012, 15,293 Maine children eighteen years and younger were TANF recipients, a decline from December 2011 when 23,922 Maine children were TANF recipients. This drastic decrease – 8,629 children – is the result of the implementation of a strict 60 month life time limit on the receipt of TANF assistance and a stricter sanction policy that includes a “full family sanction.” During the same time period, the number of children receiving SNAP benefits increased from 75,889 in December 2011 to 86,908 in December 2012, a difference of 11,019 children.” (Maine Children's Alliance)

Disparities in household incomes vary by communities within both counties, with affluent residents in rural communities together with people who are barely getting by. The charts below showing poverty rates by town, illustrates this demographic of localized poverty rates.

| Hancock County Comparison of Poverty By Town (2008-2012 ACS Estimates) | | | | | | | | |
|---|-------------------|-----------------------------|-------------------------------------|-------------------------------------|------------------------|-------------------------------|---------------|---------------------|
| | Unemployment Rate | Poverty Rate for Population | Poverty Rate for 18 to 65 Year Olds | Poverty Rate for 65 Years and Older | Social Security Income | Cash Public Assistance Income | SNAP Benefits | No Health Insurance |
| HANCOCK COUNTY | 5.3% | 12.7% | 12.4% | 7.9% | 33.7% | 3.1% | 11.6% | 15.2% |
| Amherst | 3.3% | 11.6% | 6.6% | 2.5% | 26.9% | 0.0% | 9.2% | 20.9% |
| Aurora | 0.0% | 4.1% | 9.3% | 0.0% | 28.1% | 0.0% | 6.3% | 13.7% |
| Bar Harbor | 4.7% | 11.2% | 13.0% | 8.4% | 23.5% | 1.4% | 6.2% | 12.5% |
| Blue Hill | 4.1% | 12.0% | 10.2% | 9.8% | 39.0% | 4.1% | 7.9% | 14.4% |
| Brooklin | 1.7% | 9.6% | 9.7% | 4.4% | 39.3% | 0.5% | 7.5% | 10.9% |
| Brooksville | 2.1% | 5.8% | 5.8% | 6.0% | 41.3% | 0.7% | 8.9% | 11.1% |
| Bucksport | 6.9% | 19.6% | 15.7% | 25.2% | 27.7% | 8.1% | 22.1% | 13.2% |
| Castine | 3.3% | 18.1% | 27.3% | 2.2% | 32.2% | 4.1% | 3.6% | 6.0% |
| Central Hancock UT | 6.8% | 12.8% | 11.9% | 30.8% | 31.7% | 0.0% | 36.6% | 27.9% |
| Cranberry Isles | 15.0% | 16.3% | 17.2% | 31.3% | 29.2% | 0.0% | 0.0% | 30.6% |
| Dedham | 7.3% | 6.8% | 7.3% | 5.2% | 24.1% | 1.6% | 11.7% | 12.3% |
| Deer Isle | 2.0% | 12.9% | 14.6% | 11.9% | 43.8% | 1.1% | 14.0% | 16.4% |
| East Hancock UT | 3.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 7.1% | 4.3% |
| Eastbrook | 1.5% | 5.3% | 3.7% | 17.1% | 25.5% | 5.0% | 8.0% | 25.3% |
| Ellsworth | 6.8% | 10.1% | 10.0% | 6.6% | 31.9% | 4.2% | 12.4% | 17.6% |
| Franklin | 14.4% | 20.8% | 19.5% | 3.2% | 35.9% | 6.1% | 20.1% | 19.0% |
| Frenchboro | 0.0% | 15.1% | 13.3% | 16.3% | 0.0% | 0.0% | 12.0% | 8.2% |
| Gouldsboro | 7.4% | 14.9% | 15.8% | 5.8% | 42.6% | 3.1% | 12.3% | 20.1% |
| Great Pond | 0.0% | 0.0% | 0.0% | 0.0% | 38.5% | 0.0% | 0.0% | 0.0% |
| Hancock | 7.1% | 7.7% | 7.4% | 5.3% | 40.2% | 2.2% | 8.8% | 10.6% |
| Lamoine | 6.4% | 6.1% | 6.9% | 4.7% | 33.6% | 2.3% | 8.5% | 12.2% |
| Mariaville | 7.8% | 15.0% | 12.4% | 3.1% | 28.5% | 7.0% | 13.5% | 33.4% |
| Mount Desert | 0.8% | 8.1% | 10.4% | 2.6% | 39.2% | 0.0% | 2.7% | 8.5% |
| NW Hancock UT | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Orland | 3.7% | 8.1% | 11.2% | 0.0% | 34.9% | 0.9% | 5.6% | 13.6% |
| Osborn | 0.0% | 9.1% | 12.5% | 20.0% | 52.0% | 8.0% | 44.0% | 12.1% |
| Otis | 5.7% | 8.1% | 7.6% | 0.0% | 24.7% | 1.5% | 8.6% | 10.4% |
| Penobscot | 2.2% | 15.2% | 11.7% | 13.6% | 47.3% | 1.0% | 7.9% | 11.5% |
| Sedgewick | 7.0% | 23.2% | 25.5% | 9.3% | 39.8% | 1.7% | 18.9% | 20.1% |
| Sorrento | 1.6% | 11.2% | 13.3% | 7.8% | 58.3% | 4.9% | 3.9% | 12.6% |
| Southwest Harbor | 2.2% | 22.5% | 16.8% | 16.5% | 36.2% | 4.5% | 16.8% | 15.5% |
| Stonington | 1.3% | 9.6% | 9.2% | 11.0% | 35.3% | 0.7% | 17.3% | 25.9% |
| Sullivan | 5.3% | 19.7% | 15.7% | 4.7% | 33.7% | 3.1% | 11.6% | 15.2% |

| | | | | | | | | |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Surry | 3.9% | 10.2% | 10.2% | 7.9% | 32.7% | 2.3% | 12.8% | 14.3% |
| Swan Island | 5.7% | 1.6% | 2.2% | 1.1% | 48.4% | 1.9% | 5.6% | 25.4% |
| Tremont | 5.9% | 19.9% | 17.0% | 10.6% | 33.0% | 2.3% | 9.7% | 17.1% |
| Trenton | 5.7% | 15.5% | 15.0% | 3.4% | 36.2% | 5.5% | 13.5% | 15.0% |
| Verona Island | 5.8% | 13.2% | 12.6% | 3.3% | 29.6% | 0.9% | 7.0% | 22.9% |
| Waltham | 10.5% | 20.8% | 19.6% | 0.0% | 28.4% | 11.2% | 24.1% | 21.1% |
| Winter Harbor | 4.4% | 13.8% | 9.5% | 25.8% | 25.3% | 0.8% | 12.3% | 29.5% |

Sources: U.S. Census, American FactFinder, 2008-2012 American Community Survey 5-Year Estimates. Employment figures reflect those 16 years and older in labor force.

| Washington County Comparison of Poverty by Town (2008-2012 ACS Estimates) | | | | | | | | |
|--|-------------------|-----------------------------|-------------------------------------|-------------------------------------|------------------------|-------------------------------|---------------|---------------------|
| | Unemployment Rate | Poverty Rate for Population | Poverty Rate for 18 to 65 Year Olds | Poverty Rate for 65 Years and Older | Social Security Income | Cash Public Assistance Income | SNAP Benefits | No Health Insurance |
| Washington County | 6.0% | 19.8% | 19.6% | 12.9% | 39.2% | 5.9% | 23.2% | 13.5% |
| Addison | 5.6% | 13.4% | 12.6% | 10.2% | 32.4% | 2.9% | 19.5% | 46.1% |
| Alexander | 2.4% | 4.3% | 4.4% | 7.1% | 38.1% | 0.0% | 3.2% | 5.7% |
| Baileyville | 7.9% | 8.5% | 10.7% | 3.7% | 37.6% | 6.3% | 18.6% | 9.3% |
| Baring Plt. | 5.6% | 19.5% | 18.7% | 36.0% | 22.5% | 10.1% | 33.3% | 5.2% |
| Beals | 5.2% | 19.9% | 24.2% | 11.9% | 42.6% | 3.9% | 26.5% | 13.6% |
| Beddington | 0.0% | 10.5% | 21.4% | 0.0% | 44.0% | 7.9% | 0.0% | 0.0% |
| Calais | 1.7% | 16.8% | 16.9% | 11.9% | 38.3% | 3.0% | 17.8% | 4.0% |
| Charlotte | 3.7% | 11.3% | 12.6% | 9.3% | 43.1% | 2.4% | 13.8% | 15.8% |
| Cherryfield | 6.9% | 18.7% | 16.0% | 13.6% | 43.2% | 2.1% | 26.0% | 15.4% |
| Codyville Plt. | 10.5% | 11.5% | 0.0% | 60.0% | 55.6% | 0.0% | 22.2% | 26.9% |
| Columbia | 5.2% | 20.7% | 20.1% | 21.6% | 30.5% | 4.2% | 25.3% | 26.7% |
| Columbia Falls | 10.1% | 17.9% | 18.2% | 17.6% | 44.3% | 2.0% | 26.0% | 14.6% |
| Cooper | 1.8% | 12.6% | 16.3% | 5.0% | 56.8% | 2.3% | 11.4% | 2.3% |
| Crawford | 2.2% | 7.5% | 8.2% | 0.0% | 20.8% | 4.2% | 4.2% | 7.5% |
| Cutler | 3.2% | 17.6% | 17.5% | 13.8% | 49.1% | 4.7% | 26.6% | 12.4% |
| Danforth | 9.1% | 25.3% | 26.8% | 18.9% | 44.7% | 11.1% | 28.9% | 15.0% |
| Deblois | 10.5% | 12.5% | 0.0% | 33.3% | 75.0% | 0.0% | 31.3% | 25.0% |
| Dennysville | 4.4% | 31.6% | 36.9% | 12.5% | 41.5% | 8.5% | 28.0% | 10.0% |
| East Central Washington UT | 4.3% | 27.4% | 23.7% | 13.4% | 39.4% | 4.0% | 23.1% | 14.1% |
| East Machias | 2.8% | 17.6% | 15.5% | 8.9% | 29.8% | 7.8% | 23.0% | 7.8% |
| Eastport | 5.0% | 20.2% | 23.1% | 16.2% | 51.1% | 4.5% | 16.6% | 8.8% |
| Grand Lake Stream Plt. | 0.0% | 3.5% | 3.2% | 4.5% | 53.1% | 0.0% | 1.6% | 1.7% |
| Harrington | 7.9% | 17.5% | 17.1% | 11.8% | 49.3% | 2.0% | 18.2% | 25.7% |
| Jonesboro | 6.2% | 23.5% | 20.8% | 11.7% | 35.3% | 7.7% | 31.1% | 6.3% |
| Jonesport | 4.5% | 23.9% | 21.9% | 12.9% | 40.0% | 3.9% | 28.4% | 18.8% |

| | | | | | | | | |
|-----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Lubec | 4.5% | 18.3% | 14.9% | 14.9% | 54.1% | 8.4% | 23.8% | 12.4% |
| Machias | 6.5% | 17.3% | 19.1% | 11.5% | 36.1% | 7.8% | 27.9% | 13.8% |
| Machiasport | 1.2% | 10.3% | 11.7% | 10.4% | 36.5% | 2.5% | 18.0% | 18.3% |
| Marshfield | 4.8% | 12.8% | 9.4% | 10.1% | 25.4% | 4.6% | 9.7% | 4.1% |
| Meddybumps | 8.3% | 15.6% | 17.8% | 0.0% | 30.5% | 0.0% | 8.5% | 27.1% |
| Milbridge | 9.9% | 20.9% | 21.2% | 16.3% | 38.9% | 6.6% | 20.8% | 14.3% |
| North Washington UT | 5.2% | 34.6% | 37.6% | 11.3% | 52.9% | 5.8% | 14.7% | 28.7% |
| Northfield | 7.6% | 12.1% | 9.5% | 23.5% | 28.8% | 4.1% | 13.7% | 7.3% |
| Passamaquoddy Indian Twp. | 18.3% | 47.3% | 44.1% | 8.8% | 19.8% | 29.7% | 65.4% | 12.7% |
| Passamaquoddy Pleasant Plt. | 23.5% | 43.6% | 43.4% | 23.7% | 14.5% | 30.3% | 64.9% | 15.9% |
| Pembroke | 6.1% | 16.1% | 21.4% | 7.3% | 33.6% | 7.6% | 18.8% | 17.3% |
| Perry | 3.6% | 24.2% | 18.5% | 28.0% | 31.8% | 4.1% | 28.9% | 15.3% |
| Princeton | 10.0% | 29.1% | 25.4% | 17.5% | 40.4% | 5.3% | 29.1% | 11.0% |
| Robbinston | 9.0% | 10.2% | 12.4% | 6.3% | 42.2% | 8.4% | 22.7% | 13.6% |
| Rogue Bluffs | 6.3% | 18.2% | 25.8% | 9.7% | 47.4% | 9.0% | 12.3% | 12.3% |
| Steuben | 7.4% | 27.0% | 25.5% | 16.3% | 43.1% | 2.5% | 25.3% | 19.9% |
| Talmadge | 3.8% | 56.1% | 51.6% | 54.5% | 59.4% | 0.0% | 21.9% | 7.0% |
| Topsfield | 10.1% | 24.4% | 15.9% | 8.0% | 29.0% | 7.2% | 21.7% | 15.9% |
| Vanceboro | 5.1% | 9.4% | 11.4% | 5.3% | 50.0% | 9.3% | 20.4% | 50.0% |
| Waite | 7.1% | 35.0% | 31.1% | 50.0% | 16.0% | 4.0% | 20.0% | 17.0% |
| Wesley | 0.0% | 5.6% | 0.0% | 13.9% | 55.8% | 0.0% | 3.8% | 40.0% |
| Whiting | 7.8% | 9.3% | 9.1% | 13.3% | 35.9% | 6.3% | 19.4% | 10.2% |
| Whitneyville | 7.0% | 12.8% | 13.0% | 13.3% | 38.9% | 0.0% | 14.4% | 16.9% |

Sources: U.S. Census, American FactFinder, 2008-2012 American Community Survey 5-Year Estimates. Employment figures reflect those 16 years and over in labor force.

Factors Linked to Poverty

HOUSING

In 2014, the *County Health Ranking Report* began to measure “severe housing problems” and there were, between the years of 2006 and 2010, 15% in Hancock County and 16% of households in Washington County that reported severe housing problems. (University of Wisconsin)

There were 23,875 households in Hancock County (according to 2008-2012 ACS Estimates) and 40,283 housing units in 2013. Only 8.6% of those housing units are in multi-unit structures. There were 14,096 households in Washington County and 22,937 housing units in 2013, with only 7.7% of those housing units in multi-unit structures. The national rate for housing units in multi-unit structures was 25.9%. Also the homeownership rate in both counties is above the national rate.

In the community surveys and interviews conducted for this report, participants repeatedly mentioned the extreme difficulties paying for deferred maintenance on their homes such as: weatherization, roofing, and safety repairs. Participants also expressed a need to find help to make those repairs.

Waiting lists for “section 8” housing choice vouchers and subsidized housing apartments are both extremely long, i.e., measured in years (Maine State Housing Authority) The majority of subsidized housing is for the elderly and families and most units are located in the largest communities in the counties. (Maine State Housing Authority)

In Hancock County, the subsidized rental units listed on the www.mainehousing.org website include 11 rental properties are available to families in Hancock County, while 21 are available to seniors. In Washington County, 7 rental properties are available to families, while 35 properties are available to seniors. Tenants usually pay about one third of their income on rent. (Hancock and Washington Counties Affordable Housing Options)

For the 88 communities in the two county area “income-based” rental units are available in the following 28 communities:

- Hancock County: Bar Harbor, Blue Hill, Bucksport, Deer Isle, Ellsworth, Franklin, Mount Desert, Sedgewick, Southwest Harbor, Stonington, Swan’s Island, Tremont, Winter Harbor
- Washington County: Addison, Baileyville, Calais, Cherryfield, Columbia Falls, Danforth, Dennysville, East Machias, Eastport, Harrington, Indian Township, Jonesboro, Jonesport, Lubec, Machias.

Other housing program in Maine include the Bridging Rental Assistance Program, a transitional housing voucher program designed to assist persons with mental illness for up to 24 months or until they are awarded a Section 8 Housing Choice Voucher or alternative housing placement. And, there is a Shelter Plus Care program, permanent housing voucher program designed to assist homeless persons with mental illness on a long term basis. Also there are some private rental units available that were rehabilitated using the Moderate Rehabilitation Program funds and therefore, eligible tenants generally pay reduced rent. Families in a crisis affecting their housing stability may access a homeless shelter (see the discussion in the next section) or request financial assistance from their local municipal General Assistance office.

While most residents must connect with the Maine State Housing Authority in Augusta, some are served locally by the Indian Township Passamaquoddy Reservation Housing Authority and the Pleasant Point Passamaquoddy Reservation Housing Authority in Washington County. And in Hancock County, there is the Bar Harbor Housing Authority, Mt. Desert Island and Ellsworth Housing Authority, and the Southwest Harbor Housing Authority.

The local Maine Seacoast Mission provides home repair and weatherization support to homeowners. Support Services for Veteran Families, operated by WHCA, can provide financial assistance to prevent

homelessness; and WHCA provides weatherization and assistance with home repairs. The following chart illustrates the decline in services provided in the region, due to declining funding and increasingly complex eligibility requirements. (Washington Hancock Community Agency) (Nugent)

| Housing and Energy Services Provided by WHCA | | |
|--|---|--|
| 2009 | 2011 | 2013 |
| 7 households were helped with past due rent | 10 households received with financial assistance to stop foreclosures | |
| 98 foreclosure counseling clients | 56 foreclosure counseling clients | |
| 172 Section 8 vouchers and 6 Moderate Rehab | 172 Section 8 Vouchers | |
| 162 homes weatherized plus Expert Energy Solutions weatherized 15 structures | 205 homes weatherized | 40 homes weatherized |
| 69 homes repaired and one home replaced | 49 homes repaired | 32 homes repaired |
| 94 new heating systems and 12 oil tanks | 80 new heating systems and 25 oil tanks. 5 septic and 2 well replacements; 6 lead abatement repairs | 64 new or repaired home heating systems |
| 800 households received PUC appliance replacement | | |
| 16 seniors served by "Keeping Seniors Home" program | | 137 seniors served by "Keeping Seniors Home" program |
| 5,996 households received reduced electricity rates | 8,094 households received reduced electricity rates | 3,637 homes received reduced electricity rates |
| 216 households received "Keep ME Warm" funds | | 33 households received "Keep ME Warm" funds |
| 384 households received THAW home energy assistance | 578 households received THAW home energy assistance | 502 households received THAW home energy assistance |
| 6,004 households received LIHEAP assistance | 6,118 households received LIHEAP assistance | 4,547 households received LIHEAP assistance |

The 2012 Report on Poverty describes the trend in the high cost of home ownership.

"The cost of homeownership has outpaced the rise in median income in the last decade. The median price in Maine was 50% higher in 2010 than in 2000....Rental prices have seen an increase on par with the increase in income. The rent for a 2-bedroom apartment has risen 28% since 2000 while, median income during the same time period has risen 27%.... The statewide

affordability of homeownership and rentals has been gradually increasing since 2005. Significant improvement in homeownership affordability levels between 2007 and 2009...are signs of the economic recession and collapse of the housing market bubble. Rents have also become more affordable but have seen less dramatic improvements” (Maine State Planning Office, Economics and Demographics Team)

In 2010 the affordability index for homeownership in Maine was .88, up from .70 in 2005 and the affordability index for rent was .92, up from .81 in 2005. In 2010, the affordability index for homeownership was .83 in Hancock County, the 2nd worst county in the state (along with Lincoln and York counties, which were at that same rate); and the affordability index for rent was .87, the 7th worst in the state, out of 16 counties. “Some counties with higher poverty rates, such as Washington and Somerset, have better affordability indexes for homeownership than counties with lower poverty rates...” In Washington County, the affordability index for home ownership was 1.02, the 5th best in the state and the affordability index for rent was .68 in Washington County, the worst in the state. (Maine State Planning Office, Economics and Demographics Team)

HOME HEATING

The high cost of heating a home or paying for the combined utility costs, such as electricity and propane, can put families living in poverty on the verge of disconnection of electric services or running out of fuel. WHCA’s response includes the administration of the federal LIHEAP and ECIP programs and the locally funded THAW program which help with home heating costs; and weatherization programs to help households save fuel and stay warm. The local Maine Seacoast Mission also provides home repair and weatherization support to homeowners.

Home weatherization programs are critical for long-term savings in home heating. Whether homes are heated with wood, wood pellets, kerosene, propane or fuel oil, the fuel costs continue to rise. The Maine State Planning Office reports that the cost of heating oil in New England rose from \$2.18/gallon in 2009 to a peak of \$3.92/gallon in 2011. (Maine State Planning Office, Economics and Demographics Team) In September 2014, the average price of heating oil in Maine was \$3.14/gallon and in New England was \$3.30/gallon (Vermont oil prices not available for comparison), but the price in the Downeast region (\$3.51/gallon) was the highest of every region within Maine and New England. (Maine Oil)

“MaineHousing has developed an affordability index for both homeownership and rental. The affordability index is the ratio of the home cost or rent cost considered to be “affordable” at median income to the median home cost or rent cost. A cost of 28% or less of gross income is considered affordable for homeownership, 30% for rental. Using this index, a score of less than 1.00 means that an area is generally unaffordable, i.e., a household earning the area’s median income could not cover the payment on a median priced home (30-year mortgage, taxes, and insurance) using 28% or less of gross income. Similarly, a score of less than 1.00 on the rental affordability index means a household earning the area’s median income could not cover the payment of rent using 30% or less of gross income” (Maine State Planning Office, Economics and Demographics Team)

Essential home safety/roof repairs must occur before weatherization efforts can proceed, as noted by participants in the WHCA Community Leadership Interviews,

- “There are 250 roofs that need repair on the waiting list and we can only fix 30 in a program year.”
- “WHCA’s development committee is seeking donor funds through the Bucket of Nails project [to repair roofs]. This is a good direction, but I am not sure it will fill the need.”
- “There is a huge gap between the need for home repair and the funding available. Yet, government pours so much money on fuel assistance each year into energy inefficient homes. An energy efficient ‘replacement home’ is proven to save money and [result in] people who no longer need LIHEAP, food stamps and other benefits.” WHCA has not been able to continue this positive home replacement program.

“LIHEAP benefits are based on a percentage of federal poverty levels and the guidelines change each year so clients need to reapply each year. LIHEAP pays a portion of home heating costs, but not all. When LIHEAP benefits run out, a client may be eligible for ECIP. Energy Crisis Intervention Program (ECIP) funds supplement LIHEAP in emergencies. To qualify for ECIP the household must be below 1/8 tank of oil or about to be disconnected. This program can provide up to \$400 of emergency heating assistance in life threatening situations. [Households] can only receive this once a year, and must be a current, approved LIHEAP client.” (Washington Hancock Community Agency)

As illustrated in the previous chart, due to declining federal funding and more complex eligibility requirements, there has been a decline in the number of households served in Hancock and Washington counties with LIHEAP benefits from 6,004 in 2009 to 4,547 households in 2013.

The number of households assisted with the locally developed THAW fund has increased, however. This program is funded through local donations.

Excerpted from the WHCA website,

“In 2006, WHCA started a community fund to help people stay warm, known as The Heating and Warmth fund (THAW). THAW helps people having difficulty paying home energy bills. Funds raised from the community assist people who may be just outside the LIHEAP program eligibility requirements or who have exhausted all other options to heat their homes. People recently out of work, due to plant closures and layoffs, or who do not qualify for other home energy assistance programs may be eligible for THAW.

“THAW funds are not tied to income or assets and kick in when all other sources have been exhausted. THAW Fund donations provide assistance for Low Income Home Energy Assistance Program (LIHEAP) ineligible purposes, such as furnace repairs, utility bills and service reconnections. A typical THAW fund recipient gets a 100-gallon emergency delivery of heating fuel. (Washington Hancock Community Agency)

HOMELESSNESS

In Maine in 2013, at least 7,765 people experienced homelessness. Each year on one day in late January, a statewide survey of people who are homeless gathers information to study the trend and issues.

The Maine State Housing Authority writes, in a press release about the results of the *2012 Point in Time Survey*: “Single adults encompassed most of the people encountered, but approximately one-third of the people who were homeless were members of families....a figure that is similar to the National Center on Family Homelessness’ national average....The majority of the [survey] respondents reported they were white (87%), unemployed (83%), from Maine (83.5%) and almost half have at least a high school education (48%). The majority of people (72%) had been homeless for seven days to six months prior to the survey. Approximately 38% of the people surveyed were homeless for the first time while 17% are chronically homeless. Almost 18% of the adults surveyed are domestic violence survivors, and approximately 12% are veterans. Also, the majority of adults surveyed suffer from a chronic disability, severe or persistent mental illness and/or chronic substance abuse” (Maine State Housing Authority)

The *Point in Time Survey* for the following year (2013) showed a very similar profile. The only percentages with large variances are fewer people who reported being homeless for the first time (down to 32.7%) and fewer people (5%) reporting being domestic violence survivors (Maine State Housing Authority)

The *Point in Time Survey* showed an increase from 2012 to 2013 from 1,050 to 1,175 people (on that one day in January when the count occurs). And in the statewide report on *Homeless Shelter Statistics*, there has been a small increase over the past three years in the number of homeless individuals who use shelters and the number of “bed nights” provided (Maine State Housing Authority)

- 2011: 304,524 bed nights 7,725 clients
- 2012: 326,379 bed nights 7,745 clients
- 2013: 358,284 bed night 7,765 clients

The picture of homelessness in Washington and Hancock counties is challenging to illustrate, since 2013 was the first time that volunteers participated in the *Point in Time Survey*. Anecdotally, community leaders in the two-county area have seen the face of homelessness in the high school aged children with no home, the families “bunking up” with one another and the people living in cars, tent cities and other inadequate places.

From the *WHCA Community Leadership Interviews*:

“The homeless count is difficult because people are couch-surfing, in camps, tents and not countable because they are “at-risk”, not [technically] homeless. *Point in Time Survey* counts the sheltered count; and outreach counts the unsheltered. “At-risk” are not counted. In January 2014, 32 homeless were counted in Hancock County, before it was never truly counted.”

“The homeless shelter has been full, even this summer. It has never been full in the summer before.”

“Alcohol abuse [is a] problem; often people fall through the cracks. People with chronic issues come in and out of the hospital. They can be on the brink of homelessness, but when they leave the hospital they cannot go to the homeless shelter. People cannot access social services because of alcoholism.”

“There are two tent cities in the woods in Ellsworth. We are trying to provide liaisons through the hospital and the soup kitchen, but people who are homeless only get into services through the emergency room.”

“Teen homelessness [is a problem]. Could there be a halfway house, after-school clubs, mentoring? How can we reach out and get homeless teens involved in services?...”

“Teen homelessness is a concern. Teachers are seeing a lot of homeless and hungry teens. They need stable supports in order to finish high school. One school is addressing this through backpacks filled with food. Washington County has a coalition to address homelessness. Issues at home such as neglect and conflicts, contribute to teen homelessness.”

Regional homeless shelters (listed below), offer a total of 347 beds of which 41 beds are for victims of domestic violence and 73 beds for people with substance abuse or mental illness. All except those operated by H.O.M.E. are located outside of Hancock County. There are no shelters in Washington County. To access a shelter in Bangor, for example, a person or family would need to travel 2.5 hours from Lubec, the easterly-most community in Washington County. The next closest shelters would be 3 to 3.5 hours away.

| | |
|--|---|
| Bangor Area Homeless Shelter, Bangor | General Needs (38 beds) |
| Bread of Life Ministries, Augusta | General Needs (26 beds) |
| Family Violence Project, Augusta | Domestic Violence (16 beds) |
| H.O.M.E., Inc., Dorr House, Orland | Mental Illness, Substance Abuse (6 beds) |
| H.O.M.E, Inc., Hospitality House, Bucksport | General Needs (7 beds) |
| H.O.M.E., Inc., Mandala Farm, East Orland | General Needs (18 beds) |
| H.O.M.E., Inc., St. Francis Inn, Orland | General Needs (11 beds) |
| H.O.M.E., Inc., Emmaus, Ellsworth | General Needs (25 beds) |
| Hope House, Bangor | Substance Abuse (54 beds) |
| Knox/Waldo Coalition Hospitality House, Rockland | General Needs (22 beds) |
| MANNA, Inc., Elijah’s Place, Bangor | Men, Substance Abuse (13 beds) |
| MAPS Shelter Services, Bangor | Pregnant/Parenting Women/Children (10 beds) |
| Mid-Maine Homeless Shelter, Waterville | General Needs (48 beds) |
| New Hope for Women, Rockland | Domestic Violence, Safe Homes (8 beds) |
| Shaw House, Bangor | Youth (16 beds) |
| Spruce Run, Bangor | Domestic Violence (17 beds) |
| Togus Veterans Affairs/BOLM, Augusta | Veterans (12 beds) |

WHCA's Support Services for Veteran Families program assists with securing and maintaining housing for veterans who are currently or at risk of being homeless. The goal is for the veterans and their families to remain stably housed after temporary financial and case management assistance ends. The program can help with rental assistance, security deposits, utility payments, transportation and childcare.

RURAL TRANSPORTATION

The majority of households in the two counties have 1-2 vehicles, but for families who are financially insecure, the cost of vehicle maintenance, insurance, and the high price of gasoline can be prohibitive and often lesser priorities than housing, food, and health needs. Additionally, the long distances and huge geographic area make it extremely difficult to provide fixed routes community transportation. People cannot access food pantries, non-medical but important services, such as WIC and ASPIRE, without reliable transportation. "The biggest issue is transportation, even when people have MaineCare [insurance]. People cannot get transportation to shop, work and socialize. Medical services cannot be accessed [by the elderly] because Medicare doesn't pay for transportation....People who need cancer treatment may not be able to drive." (WHCA Community Leadership Interviews)

Further examples of how transportation impacts a family's ability to meet their basic needs:

"The working poor are the...priority;...people who have jobs and have families, but not enough money for a car and food. They don't qualify for TANF. Lots of single moms are trying to make ends meet. The car is everything." (WHCA Community Leadership Interviews)

University of New England conducted a study of transportation needs of 66 LAUNCH clients in March 2012. 89% are traveling with children. They were asked in the survey to check all the reasons why they could not get to their destination.

52% cannot afford repairs

41% do not have a car

30% have a car but a partner takes the car to work

West's Transportation is a private for-profit corporation that provides fixed-route and demand response public transportation service to communities within Washington county and eastern portions of Hancock County. Passengers are charged a fee to ride. Intercity service is provided between Calais and Bangor (named Coastal Connection) with stops in Washington and Hancock counties along the way. WHCA is collaborating with West Transportation to pick people up at their homes and connect them with Wests' fixed routes in order to link people with job opportunities, such as the new lobster processing plant.

"Small grassroots volunteer groups, which are usually connected with churches, provide transportation within their congregation." "New Freedom is a local program where people with a disability or cancer can obtain rides." – WHCA Community Leadership Interviews.

WHCA operates the Sunrise Transit transportation program. The program strives to fill the gap in transportation needs in the two counties with its fleet of busses and volunteer drivers. In 2009, the program served 3,812 passengers and provided 179,088 total trips. By 2013, that number has reduced to 3,242 passengers and 133,132 total trips, due to decreased funding and a new state brokerage system for scheduling rides for clients, which had been confusing and unreliable for clients. (Washington Hancock Community Agency)

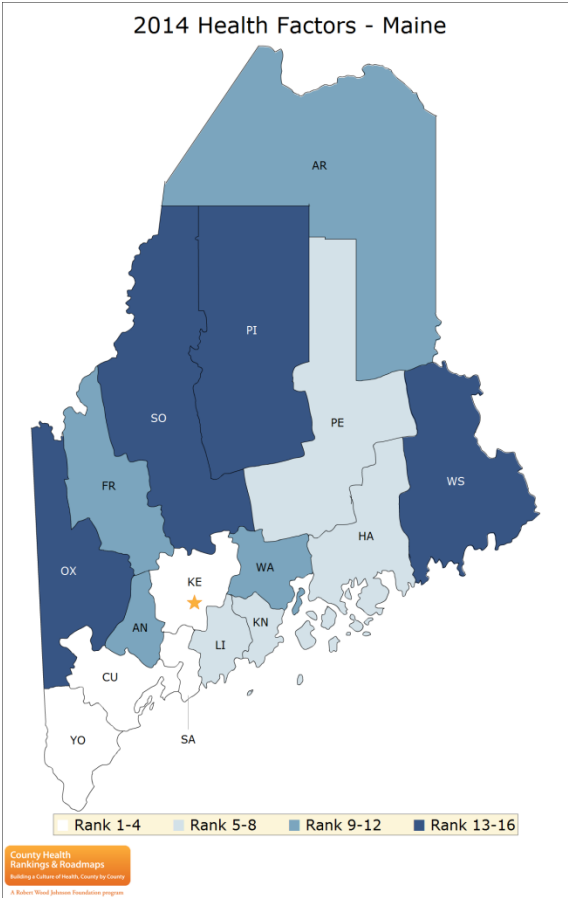
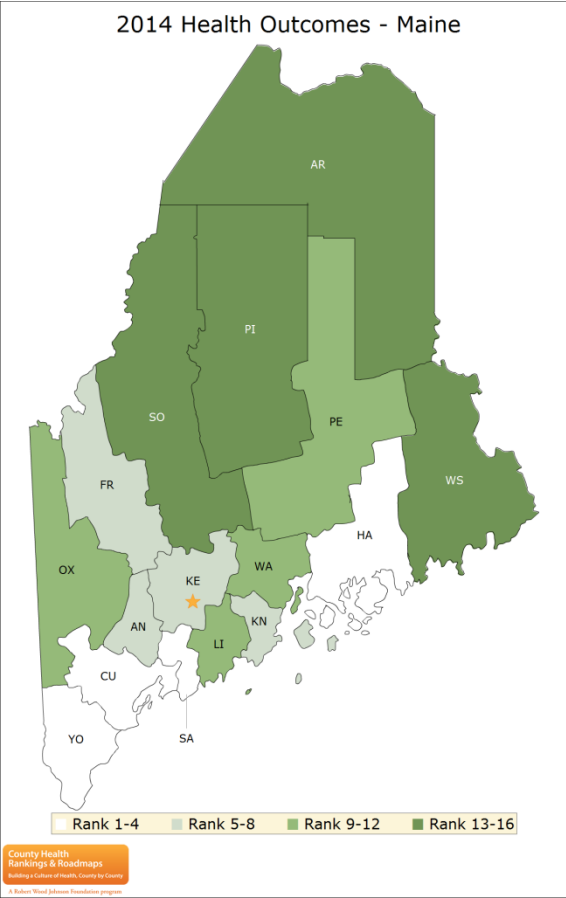
WHCA also operates the non-profit Helping Hands Garage, an innovative program that assists people to obtain a low-cost reliable vehicle and provides financial literacy classes, which includes budgeting and vehicle maintenance skills. The program “receives vehicle donations and purchase used, often high mileage vehicles and then goes through them from top to bottom to find and repair any problems.” (www.whcacap.org) Participants receive a modestly priced vehicle, low interest loan and reasonable payment plan. In 2009, WHCA helped 37 people purchase affordable cars, 28 cars in 2011, and 64 cars in 2013.

“We need more emphasis on the national level about the unique challenges of rural transportation. We need increased funding for community/public transportation. Large businesses need workers and they need transportation to get to work. Businesses need to also invest in community transportation. The state of Maine spends only \$.50 per person on transportation, which is extremely low compared to other states. Everyone needs to realize that transportation affects businesses and service access. Both entities need to invest.” (WHCA Community Leadership Interviews)

Individual Well Being

HEALTH AND MEDICAL CARE

The following chart highlights the findings from the 2012, 2013 and 2014 *County Health Rankings and Roadmaps Reports*. The findings are significant in their comparison of counties in Maine ranked against one another, to the state of Maine and to the best performing county in the U.S. in that category. The report organizes indicators into “health outcomes” such days when people had poor to fair mental health or live births with low birth weights; and “health factors” such as smoking, obesity, poverty, violent crime in the community, etc. Each county is ranked based on health outcomes and on health factors. According to this report, Washington County had the worst “health factors” ranking in the state for three years in a row and made only slight improvements in “health outcomes” since 2012, moving from 16th to 14th. The stark difference in the health of people in Hancock County is presented in the following chart and maps, with #1 best in state rankings for “health outcomes” and a ranking of 6th in 2014 for “health factors”. (University of Wisconsin)



| "County Health Rankings" for Washington and Hancock Counties 2012-2014 Reports | | | | | | | | | | | | |
|--|-----------------|--------------|------------|------------------|-----------------|--------------|------------|------------------|-----------------|--------------|------------|------------------|
| | 2012 | | | | 2013 | | | | 2014 | | | |
| | Washington Rate | Hancock Rate | Maine Rate | Top US Performer | Washington Rate | Hancock Rate | Maine Rate | Top US Performer | Washington Rate | Hancock Rate | Maine Rate | Top US Performer |
| HEALTH OUTCOMES | | | | | | | | | | | | |
| Overall County Ranking out of 16 Counties | 16 | 2 | | | 14 | 1 | | | 14 | 1 | | |
| Premature Death (Years of Potential Life Lost Before Age 75, per 100,000 pop.) | 8898 | 5560 | 6390 | 5466 | 7971 | 5312 | 6109 | 5317 | 7971 | 5312 | 6109 | 5317 |
| Poor or Fair Health (% Adults Self-Rating) | 18% | 13% | 13% | 10% | 17% | 13% | 13% | 10% | 18% | 12% | 13% | 10% |
| Poor Physical Health Days (Mean Number Days) | 4 | 3.3 | 3.6 | 2.6 | 4.1 | 3.4 | 3.6 | 2.6 | 4 | 3.2 | 3.5 | 2.5 |
| Poor Mental Health Days (Mean Number Days) | 3.6 | 3.4 | 3.6 | 2.3 | 3.8 | 3.4 | 3.6 | 2.3 | 3.8 | 3.3 | 3.6 | 2.4 |
| Live Births with Low Birthweights (%<2500 grams) | 5.7% | 5.2% | 6.6% | 6.0% | 5.9% | 5.2% | 6.5% | 6.0% | 6.1% | 5.7% | 6.0% | 6.0% |
| HEALTH FACTORS (select examples) | | | | | | | | | | | | |
| Overall County Ranking out of 16 Counties | 16 | 3 | | | 16 | 6 | | | 16 | 6 | | |
| Current Smokers (% adults self-reporting) | 25% | 18% | 20% | 14% | 23% | 18% | 19% | 13% | 23% | 17% | 19% | 14% |
| Obesity (% adults report BMI >=30) | 31% | 25% | 28% | 25% | 31% | 25% | 25% | 28% | 32% | 25% | 28% | 25% |
| No Leisure-Time Physical Activity (% age 20+ self-reporting) | 31% | 20% | 23% | 21% | 31% | 20% | 23% | 21% | 30% | 21% | 22% | 21% |
| Excessive Drinking in Past 30 Days (% adults self-reporting) | 17% | 17% | 17% | 8% | 18% | 18% | 17% | 7% | 17% | 18% | 17% | 10% |
| Teen Birth Rate (per 1,000 ages 15-19) | 36 | 22 | 25 | 22 | 36 | 22 | 24 | 21 | 36 | 22 | 24 | 20 |
| Uninsured 0-64 years of age | 17% | 14% | 13% | 11% | 17% | 15% | 12% | 11% | 18% | 16% | 13% | 11% |
| Ratio of Pop. to Primary Care Physicians | 1354:1 | 741:1 | 974:1 | 945:1 | 1640:1 | 836:1 | 952:1 | 1067:1 | 1484:1 | 691:1 | 935:1 | 1051:1 |
| Ratio of Population to Dentists | * | * | * | * | 2803:1 | 2057:1 | 1995:1 | 1516:1 | 2775:1 | 2064:1 | 1862:1 | 1439:1 |
| Ratio of Population to Mental Health Providers | * | * | * | * | * | * | * | * | 343:1 | 464:1 | 351:1 | 536:1 |
| Preventable Hospital Stays (per 1,000 enrollees) | 74 | 63 | 63 | 49 | 87 | 65 | 59 | 47 | 88 | 74 | 62 | 46 |
| Some Post-Secondary Education (Age 25-44) | 53% | 59% | 60% | 68% | 54% | 60% | 62% | 70% | 55% | 61% | 62% | 70% |
| Adults Reporting No Social-Emotional Support | 20% | 18% | 17% | 14% | 20% | 18% | 17% | 14% | 20% | 18% | 17% | 14% |
| Children in Poverty (% of age <18) | 31% | 20% | 18% | 13% | 31% | 19% | 19% | 14% | 26% | 19% | 20% | 13% |
| Children in Single-Parent Households | 30% | 32% | 31% | 20% | 33% | 34% | 31% | 20% | 33% | 33% | 32% | 20% |
| Violent Crimes (per 100,000 pop.) | 208 | 63 | 120 | 73 | 279 | 74 | 120 | 66 | 243 | 75 | 122 | 64 |

Source: Maine County Health Rankings, Robert Wood Johnson Foundation and University of Wisconsin [* =New Data Category]

The County Health Rankings Reports (University of Wisconsin) show the following trends of the three year period:

- The number of premature deaths has decreased for both Hancock and Washington counties, the state.
- The percentage of persons who describe themselves in poor to fair health and the mean number of days that individuals were in poor physical or mental health has been relative unchanged in the past three years, with no significant improvements for either county.
- The percentage of live births with a low birth weight has increased in both counties, but improved in the state. The national percentage for the best performing county in the United States is steady.
- There have been slight improvements in the percentage of adult smokers in both counties and Maine.
- The rates of obesity, physical activity and excessive drinking have not changed significantly in the past three years; however Washington County is less healthy than Hancock County, the state and the best county in the United States in all of these categories.
- The teen birth rate was steady, except at the national level, where improvements are seen.
- Unfortunately, the number of uninsured persons has increased in both counties.

- The ratio of population to physicians is a concern in Washington County, almost double the ratio in Hancock County.
- The ratio of population to dentists was significantly different than the best performing county in the nation; and there was a difference of almost 1000 more people per dentist in Washington County than in Maine as a whole.
- Washington County had the best ratio for population to mental health providers.
- The rate of preventable hospital stays has increased in both counties, but has been steady for the state. Washington County's rate was almost double the rate of the best performing county in the nation.
- The percentage of persons with some post-secondary education has increased across the board.
- The percentage of persons reporting no social-emotional support was unchanged at 18% Hancock, 20% Washington, 17% Maine, and 14% United States best performing county.
- The percentage of children in poverty has improved in Washington County.
- The percentage of single-parent households has only slightly changed.
- The rate of violent crimes was dramatically higher in Washington County than Hancock County, Maine and the best performing U.S. County. In each of the three years the rate was more than 3 times the rate for violent crimes in Hancock County and in the past two years, it was double the Maine rate.

In Maine in 2012, 72.6% of children had up-to-date immunizations; while the national rate is 68.5%. Only 63.4% of Maine children 0-17 years of age "received care within a medical home" in 2011. This was a decrease from 65.5% of children in 2010, but higher than the national rate of 54.4%.

In 2011, 80.5% of Maine children, ages 1-17, received preventive dental care, above the national percentage of 77.2%. (Maine Children's Alliance) There are dental programs at Hancock Dental, Caring Hands Dental Clinic in Ellsworth, the Bucksport Regional Health Center in Bucksport, and the Maine Coast Community Dental Clinic in Ellsworth. Indicators from the *2010 Call to District Action* shows that in the Downeast district, 28.9% of people in Hancock County and 45.2% in Washington County reported no dental care in the past year, as compared to a state percentage of 32.4%. Furthermore, 28.8% of Washington County adults have "tooth loss to gum disease or tooth decay (more than 6)" as compared to 19.7% in Maine. (Maine Center for Disease Control and Prevention)

Additional highlights from this report, which uses data ranging from 2006-2011 include that Hancock County had a lower percentage of high school students who reported "current alcohol use" as compared to Maine. Washington County (WC) is "significantly worse than the state of Maine" in the following areas:

- 25% of WC adults reported "fair or poor health" as compared to 14.7% in Maine.
- 36% of WC adults were obese as compared to 27.7% in Maine.
- 32% of WC adults had a "sedentary lifestyle" as compared to 22.5% in Maine.
- The rate of "diabetes hospitalizations" for WC adults was 154.2/100,000 as compared to a rate of 118.4 in Maine.

- The rate of persons in WC with “ER Visits for bronchitis and asthma” was 36% higher than the Maine rate.
- The rate of fatal motor vehicle crashes was more than double the national rate.
- The “incidence of all cancers” for WC people was above the national rate.

NUTRITION AND FOOD SECURITY

Childhood obesity is an epidemic, according to the Center for Disease Control and Prevention. From the *2013 Maine Health Index Report*, the persistent health risk of obesity and the correlation with poverty and education is highlighted:

“While obesity among Maine’s adults has continued to increase steadily, up to 28% in 2012, it is encouraging that obesity among high school students has plateaued, remaining steady at 12-13% in recent years. However, a high proportion of Maine’s younger students are obese or overweight. A recent “snapshot” survey showed that nearly one-quarter of kindergarteners and 5th graders were obese, and one in five of 3rd, 5th, 7th and 8th graders [were] overweight.

“Increasing physical activity is a key strategy for decreasing obesity in Maine.

“In 2011, only 21% of Maine’s adults participated in enough aerobic and muscle strengthening exercise to meet the activity levels recommended in national guidelines.

“Fewer adults in lower-income groups (15%) were physically active at the recommended levels. Only 12-16% of adults with no formal education beyond high school were physically active at recommended levels. Of note, the 2011-2012 obesity rates in these two groups were significantly higher than Maine’s statewide rate” (MaineHealth)

The previous County Health Rankings chart shows Hancock County is healthier in this area (consistent with the state of Maine) but for Washington County, adult obesity and lack of physical activity are a concern. People who are overweight or obese are at higher risk of heart disease, high blood pressure, diabetes, stroke, orthopedic problems, and a host of other ailments. The rate of diabetes in Washington County was 12%, Hancock County 7.8%, Maine 8.7% and the U.S. 8.7%. (Maine Center for Disease Control and Prevention)

Food insecurity is defined by USDA as lack of “access by all people at all times to enough food for an active, healthy life.” The USDA reports on families in three categories: food secure, low food security and very low food security. In 2008-2010 “more than one in ten Maine residents did not have stable and secure access to food [and] the rate of very low food security increased in Maine for the 2008-2010 period compared to preceding 3-year averages. Over 15% of Maine’s population experienced food insecurity and of these 6.8% met the category of very low food security” (Maine State Planning Office, Economics and Demographics Team)

In 2012, 31.7% of children 0-17 years of age were receiving SNAP food supplement benefit. In Hancock County that percentage was 25.7%; and 41.8% in Washington County. Both figures have increased from the previous *Maine KIDSCOUNT* report. Washington County has the third highest percentage in the

state of children with SNAP benefits and the second highest percentage of children eligible for subsidized school lunch. Hancock County has the third lowest percentage in the state of children with SNAP benefits and the fourth lowest percentage of children eligible for subsidized school lunch in the state. (Maine Children's Alliance)

WHCA is the administrator of food through the TEFAP program for community sites that feed the hungry. The *WHCA Annual Reports* show in 2013, "95 tons of food was delivered to local pantries". Eleven food pantries and soup kitchen are listed in Washington County on the website www.foodpantries.org. Seven are listed in Hancock County. (Food Pantries)

- "There are stark differences from one community to another. Whether substance abuse or lack of education or lack of jobs, it all ties together. More people are living on the verge of spiraling into not being able to feed their family. Depending on the location, there are more or less services available. It comes back to poverty and nutrition."
- "Food security is an issue. There is regular attendance at the soup kitchen. There are food pantries in Blue Hill and Ellsworth. 25% of the residents on the peninsula use the food pantry."
- "Our food pantries are very busy....We had three calls a day this winter at the local church for food. The pantry in Calais is open two days/week because of the need."
- "People are caring and willing to work hard and make things happen. We have small, strong communities that care for each other, such as the Mighty Women of Washington County. They have a list-serve to get people what they need quickly." (WHCA Community Leadership Interviews)

"Young children who experience maltreatment frequently have disruptions in brain development that result in impaired physical, mental, and emotional development.*

"Older children who have experienced maltreatment frequently perform poorly in school; commit crimes, including crimes against persons; and experience emotional problems, such as depression, suicidal thoughts, and alcohol and substance abuse.**

"Adults who have been maltreated as children are at an increased risk of smoking, alcoholism, drug abuse, eating disorders, severe obesity, depression, suicide, sexual promiscuity, and certain chronic diseases.***" (Maine KIDS COUNT, 2013.)

*Child Welfare Gateway, 2008
 ** English, D.J. Spring 1998
 *** National Center for Injury and Prevention and Control

YOUTH AND ELDERLY AT RISK

Youth

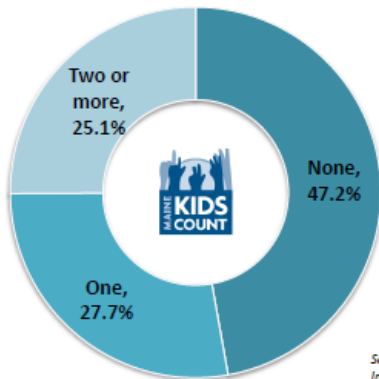
"One in four Maine children ages 0-18 experienced two or more of the following adverse experiences: socioeconomic hardship, divorce/separation of parent/death of parent, parent served time in jail, witness to domestic violence, victim of neighborhood violence, lived with someone who is mentally ill or suicidal, lived with someone with alcohol/drug problem, treated or judged unfairly due to race/ethnicity." (Maine Children's Alliance)

The following illustration, from *Maine KIDSCOUNT 2013*, shows that in the lowest income brackets, more children in Maine vs. the nation have two or more adverse experiences.

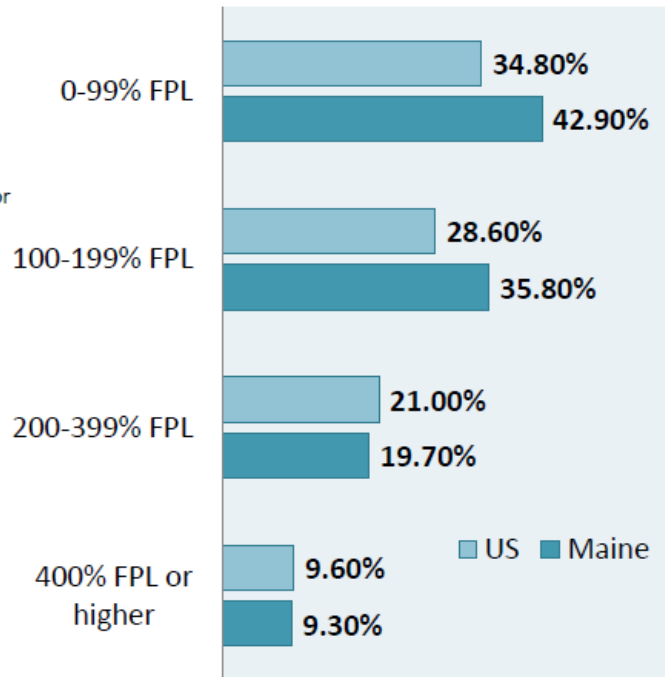
Almost 53% of Maine children have experienced at least one of the following adverse experiences:

- socioeconomic hardship
- divorce/separation of parent
- death of parent
- parent served time in jail
- witness to domestic violence
- victim of neighborhood violence
- lived with someone who was mentally ill or suicidal
- lived with someone with alcohol/drug problem
- treated or judged unfairly due to race/ethnicity.

One in four Maine children have had two or more adverse experiences.



Children in Maine & US with two or more adverse experiences by family income level



FPL=Federal Poverty Level
In 2012, the FPL for a family of 4 (2 adults/ 2 children) was \$23,383.

Source: National Survey of Children's Health, NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [03/26/2013] from www.childhealthdata.org.

In 2010 and 2011, of Maine children ages 2-17 years of age, the following percentages show the growth in mental health needs: (Maine Children's Alliance)

Children who have been told by a doctor that they have:

| | | | |
|-------------------------------|--------------------|--------------------|-------------------|
| ADD or ADHD: | Nation, 2011: 9.7% | Maine, 2011: 11.4% | Maine, 2010: 8.3% |
| Depression: | Nation, 2011: 3.8% | Maine, 2011: 6.3% | Maine, 2010: 5.3% |
| Anxiety: | Nation, 2011: 5% | Maine, 2011: 9.8% | Maine, 2010: 8% |
| Behavior or Conduct Problems: | | | |
| | Nation, 2011: 4.1% | Maine, 2011: 4.3% | Maine, 2010: 4.2% |

Statewide in 2011, 36.6% of parents of children ages 0-5 had at least one concern about their child's physical, behavioral or social development vs. 32.2% in 2010. (Maine Children's Alliance)

Indicators of dysfunction in family systems include the co-occurrence of substance abuse/dependency, domestic assault, and child abuse and/or neglect. Mental health is one underlying factor. "In 2011, just over half of all substance abuse treatment admissions also involved a mental health disorder. Over one quarter had received outpatient mental health services in the past year." (Zeller)

“The number of babies born in Maine exposed to or affected by drugs in the womb has increased from 135 in July 2004-June 2005 to 835 in July 2012-June 2013” (MaineHealth)

“The American Society of Addiction Medicine reports that misuse of prescription drugs has dropped about 15 percent nationally since 2010, while heroin use has doubled since 2007.” Substance abuse treatment specialists and law enforcement personnel in Maine are seeing this trend of heroin use and overdose mirrored, and the problem of:

“Prescription drug overdose is now the leading cause of accidental death in the U.S....nationally, overdose deaths involving prescriptions painkillers quadrupled in the past decade....In Maine, Emergency Medical Services calls related to prescription medication overdoses are projected to rise to almost 3,000 in 2013. There were 1,364 calls in 2011.

“In the U.S., over 70% of people who abuse prescription painkillers get them from a friend or relative; only 4% obtain them from a drug dealer or stranger....Prescription drug use is highest among Mainers 18 to 25 years old; 11% in the age group reported non-medical use of prescription drugs in the past year (2010-2011).” (MaineHealth)

“Heroin arrests by the Maine Drug Enforcement Agency (MDEA) began to increase in 2011, and during the first quarter of 2013 they constituted 18 percent of arrests (compared with 5 percent in 2010).” (Sorg Ph. D.)

“Neglected children from households with caregivers who struggle with drug use were three more times as likely to be placed in out-of-home care, than those without drug problems. Neglected children who lived with caregivers with mental health problems, alcohol problems, or who had trouble paying for basic necessities were about twice as likely to be placed in out-of-home care,” according to the 2010 study by the Carsey Institute, University of New Hampshire. (Walsh)

About the same number of reports to DHHS Child Protective Services occurred at the Machias DHHS office from 2010 to 2012. There was an increase at the Ellsworth office. In Ellsworth, of the reports of child abuse which were investigated in 2012, 42% were found to be substantiated abuse or neglect, representing 121 children. In the Machias office, 36% of reports were found to be substantiated abuse or neglect, 63 children in a year. (Maine Department of Health and Human Services) The rate for children in DHHS care or custody was higher in Hancock County (7.0/100,000) than for Washington County (3.4) and for Maine (6.0). (Maine Children's Alliance)

A big concern is the high incidence of prescription drug use, the increase in heroin use, the number of babies born drug-addicted and the related increases in crime. These factors are changing small communities across Maine, making once relaxed and safe places feel less secure and more vulnerable to criminal activity. The Maine Children's Alliance reports the following in the 2013 *Maine KIDSCOUNT* Report:

- Increases from the previous year in domestic violence reports to police (2011) in both counties and the state.

- Fewer arrests than in the previous year of children under age 17 (2011) in both counties and the state. Washington County has the best performing rate in Maine.
- Arrests of children for crimes against persons (2011) increased from the previous year in Hancock County, and improved in Washington County and Maine. (Maine Children's Alliance)

““The overall crime rate in Maine increased by 5.4% between 2010 and 2011, the “largest jump since 1975,” Maine Department of Public Safety spokesperson Stephen McCausland said in a press release. In the same article, Public Safety Commissioner John E. Morris said the “number of pharmacy robberies has jumped two-fold.”” (Ricker) Drug-related crime is on an epidemic rise in Maine.

“In Maine, there are 1,582 violent crimes annually, a rate of 120 per 100,000...Maine has about 2,000 adults incarcerated...In Maine, 54 percent of prisoners have less than a high school education.” (Bishop-Josef Ph.D.) The rate of violent crimes was dramatically higher in Washington County than Hancock County, Maine and the best performing U.S. County. In each of the three years the rate was more than 3 times the rate for violent crimes in Hancock County and in the past two years, it was double the Maine rate. (University of Wisconsin)

In Maine, according to *Maine KIDSCOUNT* and the *Youth Risk Behavior Surveillance Survey, 2011*, 11.3% of high school students say they have been “ever been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months”. The percentage of those who have “been in a physical fight one or more times during the past 12 months” is 19.5%; and 8% of high school students have been “physically forced to have sexual intercourse when they did not want to.” In 2011, the Maine rate of arrests of youth 10-17 years of age for crimes against persons was 41.7 per 1,000 youth, a decrease from the previous year. (Maine DHHS and Maine DOE) (Maine Children's Alliance)

Eldery

Issues facing the elderly population include isolation, nursing and care facilities, safe housing, food security, transportation and access to services, and support for caregivers. Elders often ask for someone to help with maintenance and repairs on their homes and for community transportation services.

A 2010 needs assessment conducted by the University of Maine, Center on Aging identified the following challenges faced by caregivers in Washington and Hancock counties.

“Transportation” – long distance, door-to-door health services

“Lack of formal resources/money for expanding services” – programs and services are spread out of big geographic areas

“Respite” – affordable, flexible, reliable in-home and out-of-home supports

“Informal networks” – to spread information throughout communities

“Lack of awareness of formal resources” – benefits and programs

“Caregiving is complex and demanding” – knowledge of support systems and training, facing changing relationships with loved ones. (University of Maine Center on Aging)

Participants in the WHCA Community Leadership Interviews identified strong concerns for the safety and care of the elderly in the Downeast region and repeatedly mentioned the strong sense of independence that can be a barrier to linking people with needed services.

- “We need to help elders stay in their homes.”
- “We noticed less people applying for LIHEAP because elders do not have the required social security card.”
- “Concern for the elderly. Two nursing facilities closed in Washington County due to profitability. Patients have to be relocated out of the county....”
- “Assisted living centers are also relocating.”
- “Once it is self-sustaining, expand the Friendship Cottage program into Washington County. An increased reimbursement rate is needed to be self-sustaining.”
- “Nursing facilities are closing. Advocacy and legislative support is needed for increased rates for adult day care. There is no presence of the interagency Coalition on Aging in Washington County.”
- “Literacy is a challenge. People don’t know what to ask for. They are frustrated when there is no human contact when seeking a [new service]....”
- “Isolated people and the increased number of elderly alone in their homes [is a need]. We need a service to tend to people in their homes.”
- “There is an enormous amount of community compassion; a genuine desire to help your neighbor, like Friends in Action, Everybody Eats and At Home Downeast.”
- “There are elderly people who are isolated without supportive families and who refuse healthcare and are militantly isolated by choice. Their access to services is through emergencies. They might live off the grid. They want to age in their own space no matter how inadequate; until something happens.”
- “Everybody Eats served 80-100 people each week and a number of those are regular clients. They come due to hunger and/or need for socialization....”
- “Housing repair and weatherization [is a need]. Federal funds have stipulations, income criteria and conditions that stop the people that need the help the most from accessing it...Often the elderly who sign over their homes to their children cannot get help [for repairs and weatherization].”
- “Elder care is the most important priority. People have trouble with all services. Elder medical care is needed in Washington County. Facilities are sub-standard and people are afraid of going to the Machias Hospital, but it is a long ride to Bangor....We cannot get physicians to come to Washington County.”
- “Even the local hospital is looking like a transfer station. Services are declining at the hospital in Calais and people are transferring to Bangor, which is 2 hours away.”
- “No expansion of Medicaid in Maine is a big problem.”
- “We need to recruit leaders and doers who will be the boots on the ground to inspire people to give money and help with the needed resources. People over 60 are a great resource who can share their experiences and talents.” (WHCA Community Leadership Interviews)

Community Resources and Partners

In the two-county area, there are numerous grassroots community group, agencies and organizations working to improve the well-being of individuals and to strengthen their communities. Service groups include local Elks, Rotary, Business and Professional Women, Lions, Lioness, Veterans, Shriners, Knights of Columbus, Lygonia, Veterans of Foreign Wars, Sheriff's Charities and more. State, regional and local organizations, groups and non-profit organizations are helping to meet the community needs and strengthen the region. The following list illustrates the breadth and diversity of that spirit of volunteerism and/or community involvement at the non-profit social/public service level in the region. (Washington Hancock Community Agency) (Ellsworth Chamber of Commerce) (Maine Families of Washington County) Those highlighted in red indicated some of the many individuals, businesses, public and non-profit agencies who have partnered in some way with Washington Hancock Community Agency over the past five years.

Acadia Angus Consulting

Acadia Hospital

Addison Point Agency
Adult and Community
Education

**Alzheimer's Association
(Maine Chapter)**

Arnold Memorial Medical
Center

At Home Downeast, WHCA

**American Association of
Retired Persons**

American Heart Association
AMHC Family Counseling
ASPIRE/TANF Program, DHHS
ARC in Eastern Maine
At Home Downeast

**Bangor Harbor Banking and
Trust**

Bangor Hydro Electric

Bangor Savings Bank

Bank of America

Barnstormer Design

Barresi Benefits Group

Behavioral and Developmental
Services

Behavioral Health Center

Belvedere Fund

Beth C. Wright Cancer

Research Center

Blue Hill Farmers Market

Blue Hill Memorial Hospital

Blue Hill Public Library

Bridging Program (prenatal
health)

Broadreach

Brooklin Community Housing

Calais Chamber of Commerce

Calais Farmers Market

Calais Food Pantry

Calais Regional Hospital

Calais Rotary

Camden National Bank

Career Center

Caring Hands Dental Clinic

Castine Farmers Market

Catholic Charities

Catholic Charities Refugee and
Immigration Services

Centre St. Congregational

Church

CF Adams Charitable Trust

Child and Family

Opportunities

Child Development Services

Coastal Enterprises, Inc.

Cobscook Bay Resource

Center

Combat Veterans' Support

Group

Community Caring

Collaborative

Community Health and

Counseling

Community Transportation

Assoc.

Compass Mental Health

Crystal Consalvi

Deb Burwell

Discovery House

Division of Vocational
Rehabilitation, DOL

Downeast Aids Network

**Downeast Community
Hospital**

Downeast Family YMCA

Downeast Health Services

Downeast Horizons

Downeast Hospice Cancer

Support Group

Downeast Maine Public

Health District

Downeast Media Outlets

Downeast Partners for

Children and Families

Downeast Rail Heritage

East Grand Health Center

Eastern Area Agency on Aging

Eastern Maine CA\$H Coalition

Eastern Maine Development

Corp.

Eastern Maine Electric

Company

Eastern Maine Home Care

Eastern Maine Transportation

Collaborative

Eastport Health Center

Efficiency Maine

Elder Independence of Maine

Ellsworth Area Chamber of

Commerce

Ellsworth Farmers Market

Ellsworth Public Library

Emmaus Homeless Shelter

Everybody Eats

Fairpoint Communications
Faith in Action Community Connections
 Families United
 Family Caregiver Support Services
Family First
 Family Planning of Maine
Farm Credit/Northeast AgEnhancement
Farmers Market Coalition
Federal Transit Administration
Finance Authority of Maine
Four Directions
Friends in Action Community Connections
Friendship Cottage, WHCA
 Frenchman Bay Conservancy
Friends of Acadia
Giving Tree Partners
 Great Pond Mountain Conservation Trust
Group Dynamics
Gouldsboro Health Clinic
Hancock County Case Resolution Committee
Hancock County Children's Committee
 Hancock County Habitat for Humanity
Hancock County Home Care and Hospice
Hancock County Planning Commission
Hancock County Sheriff's Office
Hancock County Transition Team
Handpoints
 Harrington Community Mental Health Program
Harrington Family Health Center
Healing Hands
Healthy Acadia
Healthy Island Project
 Healthy Peninsula
Heart of Maine RD&C
 Helping Hands Garage, WHCA
Henry Shein Foundation
 H.O.M.E.

Hospice Volunteers of Maine
 Immigrant Legal Advocacy Project
Indian Township Health Center
Island Community Center
Jasper Wyman and Sons, Co.
JMG United
 Katie Beckett Program for Disabled Children
Knights of Columbus, Co. 1036
Legal Services for the Elderly
 Literacy Volunteers
 Living Innovations
Machias Bay Area Chamber of Commerce
Machias Career Center
Machias Farmers Market
Machias Saving Bank
Maine Children's Trust
Maine Coast Memorial Hospital
Maine Community Foundation
Maine Crafts Alliance
Maine Department of Agriculture
Maine DHHS Elder Services
Maine Dept. of Transportation
 Maine Equal Justice Partners
Maine Farm Bureau
 Maine Families of Washington County
Maine Federation of Farmers Markets
 Maine Kids-Kin
 Maine Migrant Health Program
Maine Organic Farmers and Gardeners Assoc.
 Maine Parent Federation
Maine Primary Care Assoc.
Maine Rural Partners
Maine Seacoast Mission
 Maine Service Advocates in Foreign Languages
Maine State Housing Authority
Maine State Police
Maine Transit Association

Maine Veteran's Services
Maine Wellness Association
 Mano en Mano – Hand in Hand
Marden's
 MAS Homecare of Maine
 Maternal Child Health Nursing
MCI
Milbridge Farmers Market
Milbridge Medical Center
Monique Bouchard Design
Mt. Desert Island Hospital
Muskie School of Public Service
National ABLE Network
National Worksite Benefits Group
Neighbors Helping Neighbors
New York University College of Dentistry
 Next Step Family Violence Project
Northeast Delta Dental
Northern Maine Development Corp.
Parker Ridge
Partners for a Hunger Free York County
Passages Program (diplomas for teens)
 Passamaquoddy Peaceful Relations
 Penobscot East Resource Center
Penquis Community Action Program
Pine Tree Legal
 Pleasant Point Child Welfare
 Pleasant Point Health Center
Pleasant Point Indian Reservation
 Project Linus
Public Health Nursing
Public Utilities Commission
 Reflections
Regional Medical Center, Lubec
 Regional Medical Center, Machias
 Rowland French Medical Center in Eastport

Robert and Mary's Place
 Safe Families for Children
St. Andrew Lutheran Church
St. Croix Health Center
 St. Croix Valley Healthy
 Communities
 Shaw Fund for Mariner's
 Children
Slow Money of Maine
Small Business Administration
Small Business Development
Centers
Small Potatoes Investment
Group
Special Children's Friends
 Stepping Stones
Sunrise County Economic
Council
 Sunrise County Homecare
 Services
 Sunrise Education Pathways
 Sunrise Opportunities
 Support Services for Veteran
 Families
Susan G. Komen – Maine
Affiliate
Swan's Island Electric
TDS Telecom
The First
The Next Step
 Thermal Efficiency Eastport
 United Way of Eastern Maine
U.S. Dept. of Agriculture

U.S. Fisheries and Wildlife
Service
USDA Rural Development
Union Trust
United Bikers of Maine
United Way of Eastern Maine
University of Maine at
Machias
University of Maine at
Augusta, RN Program
University of Maine Center of
Aging
University of Maine Coop.
Extension
 Univ. of Maine – School of
 Social Work
Vacationland Resources
Committee
Veteran's Affairs
 Vogt Behavioral Health Center
Waldo Community Action
Partners
Washington County Career
Center
Washington County Case
Resolution Committee
Washington County Children's
Program
Washington County
Committee to Prevent Child
Abuse
Washington County
Community College

Washington County Council of
 Gov.
 Washington County
 Emergency Management
Washington County Local
Children's Cabinet
Washington County: One
Community
 Washington County Senior
 Companion Program
Washington County Transition
Team
Washington Hancock
Community Agency
Washington County Homeless
Prevention Coalition
West's Transportation
Western Maine Community
Action
 Whiting Bay Family Medicine
Wholesome Wave
 WIC
 WINGS
Wipfli
Women of Washington
County
 Women's Health Center
 Women's Health Resource
 Library
Woodlawn Museum
WQDY-WALZ Radio
 Yesterday's Children
Zone Radio

Perspective of Consumers and Community Leaders

In this section, the results and summaries of four activities to garner the perspective of the people who reside in and/or provide services or leadership in Washington and Hancock counties are presented. Each of these efforts was designed to learn people's view on the most pressing community needs in the Downeast region. First, an informal conversation with a small group of widows provides a window into the concerns of the elderly. Second, the findings of a series of scripted interviews conducted with 22 community leaders are presented (the full transcribed anonymous interviews are in the appendices). Third, the results of a survey of 236 LIHEAP clients conducted by Washington Hancock Community Agency have been analyzed to further understand trends and issues. Fourth, surveys conducted about phone and transportation services in Washington County for participants in Project LAUNCH are summarized. Finally, an excerpt from the *Child and Family Opportunities Head Start 2013 Community Needs Assessment* report shows the findings of surveys conducted with community partners and 184 Head Start/Childcare parents.

CONCERNS OF THE ELDERLY

In July 2014, a WHCA Manager sat briefly with a small informal group of residents at a low-income senior housing complex in Deer Isle. He asked these widows to share their top concerns. This is what he heard:

“Home repairs are daunting. They cannot afford necessary repairs. Contractors are not responsive to ‘fix-it’ jobs. Husbands handled this matter. Specific to WHCA, our housing team might not be as responsive to phone calls as in years past.

“Phone scams are non-stop. The women lumped all annoying marketing ploys into the ‘scam’ category. They spoke exclusively of telemarketing and/or scams directed at seniors.

“Regarding transportation, this group used to rent buses to go shopping together for example in Bangor, but it is too costly. Specific to WHCA, they asked [the WHCA Manager] to explore options to provide fixed route for shopping in Ellsworth and/or Bangor.

“Women showed greatest interest in learning about WHCA At Home program which provides services to help people maintain their independence in their own homes.”

COMMUNITY LEADERSHIP INTERVIEWS

In July 2014, a consultant for WHCA facilitated a series of interviews with community leaders to gather diverse perspectives regarding the challenges people and community service delivery systems are facing in Washington and Hancock counties. Interviews were conducted by phone or in-person using a consistent set of questions and lasted between 20-45 minutes. The 22 interviewees were held anonymous in the final report. After transcribing the interviews, the facilitator charted themes which were mentioned in each interview to illustrate common perspectives.

Interview Questions

1. If people in Washington and/or Hancock County have experienced significant difficulty accessing community services in the past two years, please explain what type of services; the people (teens, elderly, people with substance abuse problems, parents, etc.); and why you feel these services have been inaccessible.
 - a. Service Access
 - b. Population
 - c. Contributing Factors

2. For what ONE (1) type of service do you see the largest gap between need and resources to meet those needs? Please explain.

3. What are the community strengths in Washington and/or Hancock Counties?
4. If you had to choose only one priority, what do you believe is the most urgent community development issue in Washington and/or Hancock counties?
5. Do you expect to reduce, expand, or modify your program/agency/institution size, approach, options or locations in the next few years? Please explain what you expect to change and why.

Eleven members of the WHCA Board of Directors and eleven management staff at WHCA were interviewed. Board members represent a diverse cross-section of the two counties, economically, professionally and represent both the business and non-profit sector.

Themes in both community needs and strengths were evident throughout the interviews, as illustrated on the following chart. The two concerns mentioned most often were poverty, i.e., access to jobs paying livable wages (mentioned by 15 of the 22 participants, 68%) and the decline in funding for community action agencies (WHCA specifically), which has meant decreased programs and services for the community. Other top issues of concern were inadequate community transportation, regulatory challenges, such as the state brokerage system for transportation and funding formulas which negatively impact areas with low population, rural isolation of people, and inadequate access to quality education/job and business skills training.

Themes which emerged in the interviews were mentioned by the following percentages of the participants:

| | |
|--------------------------------------|-----|
| Livable wages / Jobs / Poverty | 68% |
| Funding for WHCA | 68% |
| Community transportation | 64% |
| Regulatory challenges | 55% |
| Rural isolation | 50% |
| Education / Job or business skills | 50% |
| Elder care/elder services | 45% |
| Duplication of effort | 45% |
| Food insecurity | 41% |
| Community / Economic Investment | 32% |
| Safe housing | 32% |
| Fuel / Home heating | 32% |
| Resistance to change or help | 27% |
| Affordable available housing | 27% |
| Information/Communication | 27% |
| Youth life skills / Aspirations | 27% |
| Financial literacy / Case management | 23% |
| Homelessness | 23% |
| Lack of hope or leadership | 23% |

| | |
|----------------------------------|-----|
| Healthy choices / Nutrition | 23% |
| Health care (quality and access) | 23% |
| Substance abuse | 23% |
| Infrastructure / Internet | 18% |
| Mental health / Disabilities | 18% |
| Specialized healthcare | 18% |

Strengths of the community noted by the interviewees included the number of entrepreneurs and small businesses in the region; the willingness of neighbors to help their neighbors; the spirit of collaboration at the community level; the volunteers in the community who lead charitable effort; a commonly held pride in the rural nature of the region; the presence of a tourism industry; and the accessibility of policy makers, including the democratic process. The most commonly mentioned strength in Washington and Hancock Counties, however, was the spirit of self-reliance in the people who live here. The number of times these strengths were each mentioned in an interview is illustrated in the following chart.

Washington and Hancock Counties Community Leadership Interviews, July 2014

| | 22 | 21 | 20 | 19 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | Interviewee | | |
|---------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|------------------|-------------------------------------|----------------------------------|
| Community Needs and Issues Identified | x | | x | x | x | x | x | x | x | x | | x | | | x | | x | x | | | x | x | Funding for WHCA | | |
| | x | | | x | | x | | | x | x | | x | | x | x | | | | | x | x | x | x | Regulatory Challenges/Brokerage | |
| | | | | x | x | | | | | x | | | | x | x | x | | x | x | x | x | x | x | Duplication of Effort/Collaboration | |
| | x | | | x | | | x | x | | | | | x | | | | | | | x | x | | | Community/Economic Investment | |
| | x | x | | x | | x | x | | x | x | x | | x | | x | | | | | | | | | x | Rural Isolation |
| | | | | | | x | | | x | x | x | | x | | | | | | | | x | | | | Resistance to Change/Help |
| | | | | | x | | x | | | | | x | | x | | | | | | | | x | | | Hope/Depression/Leadership |
| | | | | x | | x | x | x | | | | | x | x | | | | | | | x | x | x | x | Elder Care/Elder Services |
| | | | | x | | x | | | | | x | x | | x | x | | | | | | | | | | Information/Communication |
| | x | x | x | x | x | | | x | | x | x | | | | x | x | x | x | | | | x | x | | Community Transportation |
| | | x | | | | | | x | | | | x | | | x | | | | | x | | | | | Healthy Choices/Nutrition |
| | x | | | | | x | x | | | | | | | | | | | | | | | x | | | Specialized Healthcare |
| | x | | | | | x | x | | | | | | | x | | | | x | | | | | | | Health Care (Quality and Access) |
| | | | | | | | | | | x | x | | | x | | | | | | x | | | | x | Substance Abuse |
| | | | | | | | | | | | | | | | x | x | | | | x | x | | | | Mental Health/Disabilities |
| | | x | | | | | | x | | x | | | | | | | x | | | | | | x | x | Affordable/Available Housing |
| | x | | | x | | | | | | x | x | x | | x | | | | | | | | | | | Safe Housing |
| | | | | x | | | | | | x | x | x | | | | x | | x | | | | | | x | Fuel/Home Heating |
| | | x | x | | | | | | | x | | x | x | | | | | | | | | | | | Homelessness |
| | | | | | | | | x | | x | | x | | | x | | | | | | | | | | Infrastructure/Internet |
| | | x | x | | | | x | | | | | x | x | | | x | x | | | x | | | | x | Food Insecurity |
| | | x | | | | | x | x | x | | x | x | x | x | x | x | x | x | x | x | x | | | x | Livable Wage/Poverty/Jobs |
| | x | x | | | x | x | x | x | | | x | x | | | | | | | x | x | | | x | Education/Job or Business Skills | |
| | | | x | x | x | | | | | | | | | | | | x | | | x | | | | Financial Literacy/Case Mgmt | |
| | x | | | | x | | | | | | | x | | | | | | | x | x | x | | | Youth Life Skills/Aspirations | |
| Strengths Identified | | x | | | x | x | | | x | | x | | | x | | x | | | | x | x | | x | Spirit of Self-Reliance | |
| | | | | | x | x | | x | | | | | | | | | | | | | x | | | Entrepreneurs/Small Business | |
| | x | x | x | x | x | x | | x | | | | x | x | x | | | | | x | | | | | Helpful Neighbors | |
| | | | | | | | | | x | x | | | | | | x | | | | | | | | Collaboration | |
| | | | x | x | x | | | | | | | x | | | | | | | | | x | | x | | Rural Community Pride |
| | x | | | | | | | | | x | x | | x | x | x | x | | x | x | x | | | | x | Volunteer Community Leadership |
| | x | | | | | | | | | | | | | | | | | x | | | | | x | Accessible Policymakers/Democracy | |
| | | | | | | x | | | | | | | | | | | | | | x | x | | x | Tourism | |

The following excerpts from the interviews describe the interconnected challenges and strengths. Though each interview happened one-on-one with the facilitator, when their comments are woven together, this group of 22 people was eloquent in a collective articulation of the key issues facing the people of Hancock and Washington counties. Here are few examples, which one might imagine as a conversation between the participants. (The full results of the interviews are available in the appendices and there is much to learn from reading the entirety of their comments about the human condition in the region and the recommendations of community leaders for action.)

“Food security and housing all filter down to lack of a livable wage. For aging people, it’s the lack of the ability to retire; it’s becoming scarier and scarier.”

“People’s greatest strength is their resourcefulness and independence. But being self-employed means you can’t save for retirement.”

“There are stark differences from one community to another. Whether substance abuse or lack of education or lack of jobs, it all ties together. More people are living on the verge of spiraling into not being able to feed their family.”

“More employment is needed, but there are so many people disabled or on social security. People over income guidelines cannot get needed services.”

“In Hancock County you can make a living from tourism.”

“Economic development and jobs [are needed] in Washington County. Unemployment is so high; Washington County is 2-3 times the state rate. A livable wage with benefits is needed. People make a living with seasonal agricultural work: clamming, picking blueberries, making wreaths.”

“People don’t want to go back to school. There is nothing available locally, the cost is high, the travel is a barrier, and many are in the age bracket (32-50 year old) with no computer skills. Soon they will be on social security benefits with no good job before retirement and therefore will have a very low retirement income. This will mean more elderly in poverty.”

“Elder care is the most important priority.”

“For the elderly, there is a lot of isolation. People are family oriented; they tend to their own family, but not to the community.”

“There is a lack of skilled nursing care and nursing homes. There is no nursing home in Calais and the one in Lubec is closing. Elders then are moved out of their communities a long way from their families. There is assisted living care, but we need more. Many elders don’t have family because their children

packed up and left. Nursing homes cannot stay open due to the high percentage of patients with Medicare and its low reimbursement rate.”

“There is less access to limited services due to low populations. The populations differ between the counties and that impacts nursing facility revenue. They can’t get the numbers of people to justify the funding.”

“The brightest don’t stay and they don’t come back because there are no jobs.”

“There is a word of mouth attitude that is negative and depressing. People say “they don’t care. I tried...” After a while you don’t believe good things can happen. They go on welfare and they move away and they lose connections with family and community.”

“Isolation [due to] transportation contributes to lack of access to food.”

“...Even when people have MaineCare, they cannot get transportation to shop, work, socialize. Medical services cannot be accessed because Medicare doesn’t pay for transportation.”

“It is a big complicated issue; we see people who haven’t been out of their homes for months at a time.”

“In Washington County, there is a huge geographic challenge for transportation and there is no public transportation.”

“Transportation is the primary challenge. It affects all people. The contributing factor is the federal mandate for a state brokerage system. People have not been able to get reliable transportation services through the brokerage. It is a system designed for urban areas, which doesn’t work well in rural areas.”

“...Reliable transportation, in this area, means a car. There is very little mass transportation here. This affects the poor – the lack of income is the contributing factor.”

“We need to do more for transportation. There is no public transportation for people to get to food pantries.”

“The winter is the hardest on people. Our food pantries are very busy. The THAW program cannot keep up. We had three calls a day this winter at the local church for food. The pantry in Calais is open two days/week because of the need.”

“People are independent, rugged and resilient and can survive on little resources. They are innovators. Yet Washington County is the poorest county east of the Mississippi.”

“Families have been here for many generations and believe they can always survive (fish, hunt, forage.) As difficult as it is, it’s a feeling that you can make it.”

“People have low expectations of themselves and their community, feeling “anything more than 3rd-rate is unnecessary.””

“Elder medical care is needed in Washington County. Facilities are sub-standard....We cannot get physicians to come to Washington County.”

“We need to help the elderly stay in their home safely.”

“In the last 5-7 years, there is a lack of healthy living in regards to home repair, specifically roofs. There is almost no funding. We cannot insulate without a good roof. It is a bigger problem in Washington County.”

“WHCA gets 3-5% of the resources needed for home weatherization, etc.”

“There is a huge gap between the need for home repair and the funding available. Yet, the government pours so much money on fuel assistance each year into inefficient homes. An energy efficient “replacement home” is proven to save money and [then] people no longer need LIHEAP, food stamps and other benefits.”

“The homeless shelter [in Hancock County] has been full, even this summer. It has never been full in the summer before.”

“There is no homeless shelter in Washington County.”

“Housing prices are too high for first-time buyers. People are living in overcrowded housing, renting rooms and sharing quarters. It is hard to find a place to rent.”

“[We need to] educate young people from elementary age and up about opportunities to get out of poverty. There is more than what is at home available for their futures. There are some horrible living conditions here. But there are other avenues. Business and education leaders can inspire youth, showing them how the world is - different jobs and occupations. Help them have experiences in the world to be inspired.”

“There are more entrepreneurs with a desire to become good at what they want to do. But they don’t have the resources. They have the skills, the plans and the marketing ideas, but they need financing.”

LIHEAP PARTICIPANT SURVEY

In the fall of 2013 through winter 2014, WHCA staff administered a needs assessment survey to LIHEAP clients. The survey was offered as optional and the staff assured participants that the results were anonymous and would not affect their eligibility or non-eligibility for fuel assistance or any other program at WHCA. The survey asked participants to rate 31 questions on a scale of “not a problem” to “a serious problem” and also asked for basic demographic information. The survey included one open ended question, “If you could tell people at WHCA just one thing that would help the most to meet the needs of the people living in your household, what would it be?” WHCA staff collected responses from 236 persons. This is a sample of the survey.



WHCA Needs Assessment Survey

The purpose of this survey is to help guide the administration and board of Directors of WHCA in the assessment and development of programs to serve the people of Washington and Hancock counties.

This survey is strictly optional and will have nothing to do with your eligibility or non-eligibility for fuel assistance or any other program that you or a member of your household may apply through the Washington Hancock Community Agency. Your name will not be put on the survey and your responses will not be connected in any way to your name. Do you agree to participate?

After each item on the list, just mark if it is “not a problem” for anyone in your household, “a slight problem”, “a moderate problem”, “a serious problem” or that you don’t know or it doesn’t apply. If there are questions you do not want to answer, just skip them.

| | What about.... | Not a problem | A slight problem for anyone? | A moderate problem for anyone? | A serious problem for anyone? | Don't know | Doesn't apply |
|----|---|---------------|------------------------------|--------------------------------|-------------------------------|------------|---------------|
| 1 | Finding help with caregiving? | | | | | | |
| 2 | Access to legal help? | | | | | | |
| 3 | A doctor you can go to? | | | | | | |
| 4 | A dentist you can go to? | | | | | | |
| 5 | Health insurance coverage? | | | | | | |
| 6 | A stable job for the adults in this household who can work? | | | | | | |
| 7 | Enough room in your home for the people who live here? | | | | | | |
| 8 | Housing that is safe? | | | | | | |
| 9 | Rent or mortgage payments that you can afford? | | | | | | |
| 10 | Enough money to pay other monthly bills? | | | | | | |
| 11 | Being able to pay a security | | | | | | |

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| | deposit? | | | | | | |
| 12 | Enough money to buy gas for a vehicle? | | | | | | |
| 13 | A car that is reliable? (if not a problem, skip to number 17) | | | | | | |
| 14 | Reliable transportation to and from work? | | | | | | |
| 15 | Reliable transportation for doctor and dentist visits? | | | | | | |
| 16 | Reliable transportation for shopping and other activities? | | | | | | |
| 17 | Enough education for the adults in your household? | | | | | | |
| 18 | A job that pays enough to meet your needs? | | | | | | |
| 19 | Enough money to buy clothing, food and other necessities? | | | | | | |
| 20 | People you can talk to when things go wrong? | | | | | | |
| 21 | The ability to get credit? | | | | | | |
| 22 | The ability to pay your debts? | | | | | | |
| 23 | The ability to budget money for your household? | | | | | | |
| 24 | The ability to read and write English? | | | | | | |
| 25 | Dealing with an emotional or mental health problem? | | | | | | |
| 26 | Dealing with a physical health problem? | | | | | | |
| 27 | Discrimination or prejudice toward you by other people in the community? | | | | | | |
| 28 | The availability of childcare? | | | | | | |
| 29 | Enough money to pay for childcare? | | | | | | |
| 30 | Child care that is safe and reliable? | | | | | | |
| 31 | Child care that is affordable? | | | | | | |

32 In what city or town do you live? _____

33 What type of housing best describes where you live now? _____

34 Do you own or rent this housing? _____

35 How many people in your household? _____

36 How many in your household are 65 years or older? _____

37 How many in your household are 18 years of age or younger? _____

38 Is yours a single parent household? _____ Yes _____ No

39 Do any adults in your household work more than one job? _____ More than two? _____

40 Finally, if you could tell people at WHCA just one thing that would help the most to meet the needs of the people living in your household, what would it be? (Please use the back if you need more room.)

Thank you so much for your time and attention in completing this survey. Your feedback is important to us. If you have any questions concerning the survey, please call us at 610-5944. For more information about the services and programs offered by WHCA, please call us at 664-2424 or visit us online at www.whcacap.org.

Of the 236 LIHEAP clients who completed the survey, and also responded to the demographic questions, 24% rent and 76% own their own home. The average household size is 3.4 persons. The issues affecting the most people as a “moderate or serious problem” are demonstrably income and transportation related, and the issues listed below, with the first item affecting the most people as a moderate to serious problem:

- Enough money to buy clothing, food and other necessities
- Enough money to pay other monthly bills
- The ability to pay your debts
- Enough money to buy gas for a vehicle
- A job that pays enough to meet your needs
- The ability to get credit
- A car that is reliable
- Reliable transportation to and from doctor and dentist visits
- Reliable transportation for shopping and other activities
- A stable job for the adults in this household who can work.

Six years ago, in 2008, WHCA conducted a community survey and asked the same set of questions. At that time, the top ten issues affecting participants as a moderate to serious were nearly the same, with the exception of “rent or mortgage payments you can afford” and “access to legal help.”

WHCA Needs Assessment Survey Result 2013/14 – All Respondents

| Question Number | What about... | Percentage of respondents to this question for whom this is a serious to moderate problem | Percentage of respondents to this question for whom this is little to no problem* |
|------------------------|--|--|--|
| 1 | Finding help with caregiving? | 8% | 48% |
| 2 | Access to legal help? | 15 | 48 |
| 3 | A doctor you can go to? | 10 | 79 |
| 4 | A dentist you can go to? | 20 | 65 |
| 5 | Health insurance coverage? | 21 | 68 |
| 6 | A stable job for the adults in this household who can work? | 22 | 32 |
| 7 | Enough room in your home for the people who live here? | 6 | 76 |
| 8 | Housing that is safe? | 9 | 78 |
| 9 | Rent or mortgage payments that you can afford? | 14 | 58 |
| 10 | Enough money to pay other monthly bills? | 42 | 51 |
| 11 | Being able to pay a security deposit? | 31 | 32 |
| 12 | Enough money to buy gas for a vehicle? | 35 | 50 |
| 13 | A car that is reliable? (If not a problem, skip to number 17) | 27 | 57 |
| 14 | Reliable transportation to and from work? | 21 | 68 |
| 15 | Reliable transportation to and from doctor and dentist visits? | 24 | 62 |
| 16 | Reliable transportation for shopping and other activities? | 23 | 61 |
| 17 | Enough education for the adults in your household? | 11 | 56 |
| 18 | A job that pays enough to meet your needs? | 33 | 29 |
| 19 | Enough money to buy clothing, food and other necessities? | 44 | 45 |
| 20 | People you can talk to when things go wrong? | 13 | 73 |
| 21 | The ability to get credit? | 33 | 42 |
| 22 | The ability to pay your debts? | 40 | 46 |
| 23 | The ability to budget money for your household? | 20 | 67 |
| 24 | The ability to read and write English? | 20 | 67 |
| 25 | Dealing with an emotional or mental health problem? | 14 | 67 |
| 26 | Dealing with a physical health problem? | 20 | 63 |
| 27 | Discrimination or prejudice toward you by other people in the community? | 9 | 65 |

| | | | |
|---|--------------------------------------|----|----|
| 28 | The availability of childcare? | 5 | 40 |
| 29 | Enough money to pay for childcare? | 11 | 32 |
| 30 | Childcare that is safe and reliable? | 8 | 33 |
| 31 | Childcare that is affordable? | 10 | 29 |
| <i>The remainder responded "don't know" or "doesn't apply."</i> | | | |

Responses to the question, "If you could tell people at WHCA just one thing that would help the most to help meet the needs of the people living in your household, what would it be?", included requests for outreach workers to provide social services in the home, concerns about needed repairs for the safety of their homes, transportation challenges, lack of jobs, inadequate household income, issues related to health or disability, and not surprisingly, comments were largely about home heating assistance, which is the initial reason respondents had connected with WHCA at the time of this survey. The comments have been organized, for this report, into categories for ease in understanding the trends.

Jobs

- "A job for myself. I am obese and cannot gain employment because of size."
- "Help with job."
- "Finding dependable fulltime employment with benefits."
- "A job." X2
- "A job for my daughter. She lives w/me and she's 40 years old--need a job."
- "Better job opportunities."

Basic Needs / More Income

- "Ability to keep bills paid and maintain as safe house."
- "Never Enough (in response to question 10, enough money to pay bills?)"
- "Need help with propane and electricity."
- "I might need transportation to Portland in November. Help with Rent."
- "Would be money probably all the time."
- "Wife: medical insurance, job within 50 miles that pays well, help with food and money. Husband: help with food and money, furnace repair and cleaning."
- "Oil bill and taxes."
- "More help with paying fuel, electricity, gas etc."
- "Money to fix our car, help with leagel fee's (sic), just need help."
- "Gas is always a problem. It is expensive and not too affordable. Food is equally a problem."
- "Money to pay bills, medical bills, utility bills, for food, etc."

Housing

- "Just some help for me heating or some help with winterizing if possible like they use to with some people years ago."
- "To update heating and mold problem."
- "No jobs. Help with a house."

"In response to 17 "Do you ever have enough education?" Carpenter and maintenance help."
"Disabled; replace windows, doors and insulation."
"Handyman help for things too difficult for me - i.e., recaulking roof, fence repair, occasional help."
"A different way to help people who are renting to own. We need as much help for fixing our houses as anyone. I need windows, doors, help with furnace, but I don't own my home for three more years. But the help rate now would be very helpful."
"Home repairs."
"Rent with option to buy. Drafty and cold in winter need new windows and doors. Septic and well are in bad shape."
"Help with my furnace it doesn't work well. And get help fixing up my home."
"New roof."
"Repairing and replacing windows."
"Need more help to help people fix their home that don't have much money to do it. I real need it."
"Hot water heater, electric dryer."
"Windows, chimney, fuel tank (inside), ceiling painted."
"Someone to help with household chores."
"Finding a 3 bedroom place with affordable rent & being able to afford heating oil thru the winter."
"Fix up home."
"Ability to get alternate financing to do needed deferred maintenance on home."
"Rental assistance, that is the biggest expense."

Home Heating

"None, you guys are so helpful and we appreciate everything you guys do for us!! Heat is the main thing we need and you guys are so helpful!!"
"The one thing now would be the help on fuel oil which I get now."
"More fuel assistance while the price of fuel is so high."
"So we wouldn't have to worry about fuel IT IS VERY HARD!"
"We have no way to get wood for the whole winter because of money and my husband is sick."
"Fuel."x4
"Fuel and lights." X2
"Firewood."
"Help with heating."
"Oil."
"Larger amounts for fuel, as \$300 doesn't go far."
"Quicker application processing for the heat assistance. Waiting months for the results of applying is rather stressful and worrying."
"Divide the help to twice a year."
"Having enough heat for winter."
"Just help with fuel would be most helpful."
"Cheaper oil."
"The fuel assistance is a huge help & is much appreciated."

"Helping with fuel assistance."

"More people to take in applications."

"Fuel to heat with."

"To at least be able to get more heating oil or alternatives heating help."

"Fuel assistance." X2

"Heating fuel."

Transportation

"[I have] no car."

"A monthly gas card for at least \$50."

"More help with gas money?"

"A car for doing laundry and grocery shopping."

"More access to transportation."

Outreach

"If in home interviews could be provided by WHCA it would save problems as I don't drive or own a car."

"For people who are disabled, an outreach worker to come to the home."

"To be able to apply to services by telephone from difficulty walking."

"Things are out there, but you sometime didn't know about them, so ask people."

Health

"More qualified doctor/health care in the area."

"Dental Insurance."

"I need help with health needs and cannot afford all the meds I am to take."

"I need dental work and no money to pay for it. Also need more money to buy oil for my furnace. Had to pay for half of it last year."

"Free counseling for teenagers."

"Assist people in gaining access to health care."

"Help w/ medical for working families."

Disability

"SSI/Disability for help to pay mother for rent and basic needs, "not a problem until recently" (transportation reliability, question 16)."

"Disability for my husband."

"Disability for me so that my wife doesn't have to bear such a burden."

"Have MS; help with fuel."

"Is to help us fix our home up and give my husband a job to fit his disability needs (heating improvement). Thanks."

"I have chronic lyme disease and have had it since 2007. It has physically mentally affected my life there are a lot of jobs I cannot do. I have fought for disability for 4 years, with 0 luck. Even partial disability would be helpful! I don't know where to go or what to do, or how to get appropriate (sic) help."

Misc.

“Not sure at this time (responded disabled to the question on number of jobs).”

“They have met all my needs.”

“Be careing (sic) and help.”

“All is fine.”

“Need assistance for certain things.”

“Continue the good work. Thanks.”

“In response to 3 - limited; 8 - difficulty with up keep; 9 - property tax; 13 - not; 26 - Dr won't help. All in serious problem column. Credit income.”

“Whatever you can help us with.”

“Life tenancy.”

“Retired.”

“Nothing at this time.”

“There are not enough services for the elderly.”

“[I have a] lifetime lease in response to #34 (rent or own).”

“No comment.”

“Thank you for fuel assistance & help I worked all my life.”

“I thank you all for you do for me.”

“They can help you.”

“They are already doing a great job.”

“Being just as you are, friendly and very helpful.”

“New and improved government.”

“I'm not really sure.”

“WHCA has been very helpful.”

“I think they do a very good job for our household.”

“Get my can certificate active.”

“Childcare.”

“Don't understand.”

PROJECT LAUNCH CLIENT SURVEYS

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) in Washington County was one of the initial five LAUNCH sites across the country funded through the Substance Abuse and Mental Health Services Administration to support systems change for improving services that support young children and their families. The project was administered by the Community Caring Collaborative. In 2012, University of New England, Center for Community and Public Health (UNE), conducted two surveys asking clients about issues with transportation and phone service. These are two factors that contribute to isolation and create difficulties in accessing needed services. Participants in these surveys have young children and, to varying degrees, risk factors which could include being a teen parent, single-parent family, no high school diploma, receipt of state or federal public benefits, person with mental

illness or substance abuse in the household, or a child 0-8 years old who has been a victim of abuse, neglect, violence, grief, etc. The following is summarized from the two surveys.

Phone Survey

UNE surveyed 77 clients in June 2012 and learned the following:

45% do not have a land line phone.

12% of those with land line phone said it did not currently work due to unaffordability or a limited plan.

66% have a cell phone, but have limited access due to limited coverage area or not enough minutes on the plan.

A sample of the comments illustrates the issues with lack of service and affordability.

“Shut off due to late payment”

“Trac Phone – run out of minutes”

“Often towers down”

“Safe link phone – most of the time no service”

“No places in the trailer(?) where phone works”

“No service in Machiasport”

“Have to text from home as do not have enough service to actually answer the phone”

UNE surveyed 9 providers in June 2012 and learned the following:

An average of 20% of clients missed appointments because they could not call. A sample comment,

“We need to help clients get landlines and even help them to keep them.”

(Spence PhD)

Transportation Survey

UNE conducted a study of transportation needs of 66 LAUNCH clients in March 2012. 89% are traveling with children. They were asked in the survey to check all the reasons why they could not get to their destination.

52% cannot afford repairs

41% do not have a car

32% did not have childcare during the time of the appointment

30% have a car but a partner takes the car to work

23% do not own a driver’s license

9% have medical restrictions

6% were not able to make or change travel arrangements

3% have no/limited access to public transportation

Client Destinations

Combo of medical, store and therapy 50%

Medical only 15%

Therapy (behavioral, speech, etc.) 14%

Combo of work and medical 5%

| | |
|--------------------------|----|
| Drug Replacement Therapy | 5% |
| Store/pharmacy | 5% |
| ASPIRE | 3% |
| WIC | 3% |
| Prenatal appointment | 2% |

Sample comments:

“WHCA does not transport for non-medical appointments such as WIC.” ... “[and] ASPIRE.”

“WHCA will not transport if there is a working vehicle in the household.”

“...WHCA cannot guarantee that they will be able to transport both she and her child both ways.”

“Clients friends sometimes transport but lack of pre-planning.”

“Client found alternative ways when her car broke down.”

“Client is loosing (sic) license.”

“Client speaks limited English, applying for WHCA but need to pay \$2 to transport sibling. Difficult when young child needs parent to accompany them and then are charged for having siblings in the car.”

CHILD AND FAMILY OPPORTUNITIES COMMUNITY NEEDS ASSESSMENT SURVEY

As part of the 2013 community assessment process, the local Head Start agency, Child and Family Opportunities (CFO), conducted a community needs assessment survey asking both Head Start and Child Care parents and community partners for their perspective on the needs in both Hancock and Washington Counties. The interest of parents and partners is largely in the sphere of early childhood education and care. The following is from the “CFO Head Start 2013 Community Assessment” report. Only the first five issues in each category are excerpted below. Themes which emerged for community partners were concerns for nutrition and food security, transportation, housing, dental care, literacy, and early intervention services. The top two “social service” issues for community partners were domestic violence and drug and alcohol abuse, issues which are among those on the short list (see below) of concerns identified by Head Start and Child Care parents. Head Start parents, however, did not highlight concerns for nutrition or food security, in comparison to community partners.

“CFO’s community partners identified the following needs. Needs are roughly rank ordered by the frequency of mention within each category.

“Education Needs

- *Early and family literacy*
- *School Readiness*
- *Nutrition and healthy foods*
- *Contact with appropriate intervention services*
- *Child development....*

Health Needs

- *Good nutrition*
- *Poor dental health*
- *Dental care*

- *Access to health care*
- *Healthy eating...*

Nutrition Needs

- *Education about nutrition and healthy eating*
- *Understanding different foods*
- *Shopping for healthy foods*
- *Education about food preparation*
- *Access to affordable, fresh, nutritious foods....*

Social Service Needs

- *Domestic violence intervention*
- *Drug and alcohol abuse*
- *Safe and affordable housing*
- *Transportation*
- *Lack of income (poverty)....*

“Parents returned 184 parent surveys in the spring of 2013 that answered the question, “What do you see as the most pressing issues for children and families in your community?”In addition to financial stressors, parents noted concerns about their ability to spend quality family time together because of other pressing family issues, including jobs. Other concerns noted included the following, in no particular order:

“Education Needs

- *Parent education*
- *Family literacy*

Health Needs

- *Health insurance*
- *Medical care*
- *Dental care*
- *Drug and alcohol abuse*

Nutrition Needs

- *None*

Social Service Needs

- *Affordable child care*
- *Transportation*
- *Job hunting and job security*
- *Affordable housing*
- *Domestic violence”*

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