

Helping People. Changing Lives.

MeCAP

Maine Community Action Partnership

2021 Statewide Community Needs Assessment

December 2021

crescendo

Participating Community Action Agencies

ACAP
Aroostook County Action Program

Community Concepts
Fostering opportunities for thriving individuals, families & communities

Downeast Community Partners

KVCAP
Kennebec Valley Community Action Program

Midcoast Maine Community Action
Building better lives for stronger communities

PENQUIS
Helping Today • Building Tomorrow

The Opportunity Alliance

55 Anniversary
Waldo Community Action Partners

wmca
Western Maine Community Action
Helping People • Changing Lives

York County Community Action Corporation

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Introduction

The broad purpose of Maine's Community Action Programs (MeCAP) is to eliminate the causes and conditions of poverty. This is a particularly difficult challenge in a state where people are proud of their independence, find it difficult to talk about poverty, and, like the woman quoted on this page, have a difficult time asking for help.

This report describes the fundamental economic challenges facing Mainers. For the first time in MeCAP history, the data and interviews provide a good comparative look at these challenges across the state and up-close issues by region. Some of the stories are heartbreaking or just plain embarrassing: "there are some houses that clearly are not safe or habitable, no heat, broken windows, falling apart, fire traps…. Do poor people not matter? Shame on our town."

With input from over 6,000 people, we can say a critical part of overcoming poverty is to understand the interchangeability of our perspectives - without shame or stigma. The approach is simple. If we want people to treat us in a certain way, then we have to be able to apply the same standard to ourself.

"When I was growing up in Mexico (Maine) during the depression, we never thought of ourselves as poor. Even though I only had one pair of shoes, the six of us kids always had a roof over our head and enough to eat. I don't know where I'd be today without the help of my daughters. I receive less than $1,000 a month from social security and my rent is $700. Luckily, I have my health."

A 98-Year-Old Widow

The analysis here uses traditional measures of poverty, but no matter how you define it, no one wants to worry about having a roof over their head, about having enough money for food, or having heat in winter. Yet, this is the case for too many of our neighbors.

Mainers are also innovative. The good news is that there are new resources available and literally thousands of community members helping one another to find new ways to address these perennial issues.

Brief Overview of Community Action Partnerships in Maine

The Economic Opportunity Act of 1964 was a landmark bill championed by President Lyndon B. Johnson and his War on Poverty. The Act created the Community Action Network of national and locally-focused organizations that connect millions of children and families to greater opportunity.

A Community Action Agency (CAA) has received this designation from the local government under the Economic Opportunity Act of 1964 or from the state under the Community Services Block Grant Act of 1981 to combat poverty in geographically designated areas. It is recognized as an eligible entity as defined in the CSBG Act and can receive funding from the state under the Community Services Block Grant.

"For so long as man has lived on this earth, poverty has been his curse. On every continent in every age men have sought escape from poverty's oppression. Today, for the first time in all the history of the human race, a great nation is able to make and is willing to make a commitment to eradicate poverty among its people."

President Lyndon B. Johnson Upon Signing the Economic Act of 1964

Maine has ten Community Action Agencies (CAAs) across the state covering all counties. Many CAAs serve multiple counties while others only serve a single county. Some agencies also overlap service areas, however, in each of the overlapping counties, each CAA offers services that the other does not. The ten Community Action Agencies in Maine include the following organizations and service areas:

Organization	Counties Served
Aroostook County Action Program, Inc. (ACAP)	Aroostook
Community Concepts, Inc. (CCI)	Androscoggin, Franklin, and Oxford
Downeast Community Partners (DCP)	Hancock and Washington
Kennebec Valley Community Action Program (KVCAP)	Lincoln, Kennebec, Sagadahoc, and Somerset
Midcoast Maine Community Action (MMCA)	Knox, Lincoln, Northern Cumberland, Sagadahoc, and Waldo
Penquis	Knox, Piscataquis, and Penobscot
The Opportunity Alliance (TOA)	Cumberland
Waldo Community Action Partners (WCAP)	Waldo
Western Maine Community Action (WMCA)	Androscoggin, Franklin, and Oxford
York County Community Action Corporation (YCCAC)	York

History of MeCAP

Since their inception as part of the Economic Opportunity Act of 1964 CAAs have helped low-income people escape poverty and achieve economic security through programs such as Head Start, job training, housing, food banks, energy assistance, and financial education. Maine Community Action Partnership **(MeCAP)** was formed as a non-profit in 2002 to work on areas of common interest across the state. The executive director/CEO of each of the ten CAA agencies comprise the Board of Directors.

Maine Community Action Partnership brings together the executive directors/CEOs of Maine's ten CAAs to coordinate common efforts. The association strives to identify and advocate for areas of common interest to advance the mission of community action agencies: that of improving the quality of life, health and economic circumstances of Maine's most vulnerable citizens.

MeCAP convenes bi-monthly meetings for all ten CAAs; helps organize and staff regular meetings of the Housing & Energy Council, Economic Opportunity Council, Northern New England Training Committee (responsible for developing and staffing a yearly-tri-state conference), Resource Development Affiliate Group, empowOR data group, Whole Families Initiative, and the Region 1 New England Community Action Partnership (comprised of all six New England states).

MeCAP member CAAs are uniquely positioned through our diversity of program services offered, our strong state and national networks, our wide-ranging community-based connections, and our federal, state, local and private funder relationships, to assist in achieving system level change. Collectively, the CAAs have established more than 3,000 partnerships with other local organizations and community stakeholders.

MeCAP Mission

Maine Community Action Partnership (MeCAP) is a statewide organization dedicated to improving the quality of life of Maine citizens by advocating for, enhancing and supporting the work of Maine CAAs. Each of Maine's ten CAAs is rooted in the communities within which it serves, collectively touching the lives of approximately 140,000 clients. Each individual CAA has developed a mission statement and program focus areas specific to its organization and service area through community needs assessments. The unifying thread weaving the CAAs together is the strategic effort to improve the quality of life, health and economic circumstances of Maine's most vulnerable citizens -- specifically targeting Maine's low and very low-income people.

Programs Offered by Each Community Action Agency

		ACAP	CCI	DCP	KVCAP	MMCA	PENQUIS	TOA	WCAP	WMCA	YCCAC
ASSET DEVELOPMENT	Matched Savings/IDA	♦		♦		♦	♦			♦	♦
	Financial Coaching	♦	♦	♦	♦	♦	♦			♦	♦
	Free Income Tax Preparation	♦		♦		♦	♦				♦
	Business Development		♦	♦			♦				
CHILD CARE & YOUTH DEVELOPMENT	Child Care & School Readiness	♦	♦	♦	♦	♦	♦	♦	♦		♦
	Juvenile Justice	♦					♦	♦			
	Head Start / Early Head Start	♦	♦	♦	♦	♦	♦	♦	♦		♦
	Specialized Care & Education	♦		♦	♦	♦	♦				♦
	Youth Development	♦	♦	♦	♦		♦	♦			
EMPLOYMENT TRAINING	Transition Teams	♦		♦	♦		♦				
	Workforce Investment Services	♦	♦								
	Youth and Young Adults	♦	♦					♦			
	Vocational & Skills Training	♦	♦		♦			♦			
	Employer Assistance	♦	♦					♦			
ENERGY ASSISTANCE & WEATHERIZATION	Energy Assistance & Emergency Fuel	♦	♦	♦	♦		♦	♦	♦	♦	♦
	Heating Systems Improvement	♦	♦	♦	♦		♦	♦	♦	♦	♦
	Weatherization	♦	♦	♦	♦		♦	♦	♦	♦	♦
HEALTH	Substance Abuse Prevention & Counseling	♦	♦					♦			♦

	Health Care Services	♦		♦								♦
	Disease Prevention, Counseling & Outreach	♦										♦
	Behavioral Health Services		♦				♦	♦				♦
	Health Care Navigation						♦					♦
	Dental Services	♦										♦
HOUSING	Affordable and/or Subsidized Housing		♦	♦	♦	♦	♦					♦
	Emergency Rental/Mortgage Payments	♦	♦	♦	♦	♦	♦	♦	♦	♦		♦
	Foreclosure Counseling	♦	♦	♦	♦	♦	♦	♦	♦			♦
	Supportive/Transitional Housing						♦	♦				♦
	Home Ownership Education	♦	♦	♦	♦	♦	♦		♦			♦
	Home Loans	♦	♦				♦					
	Home Repair & Modification	♦	♦	♦	♦		♦	♦	♦	♦		♦
	Homelessness Prevention	♦	♦	♦	♦	♦	♦	♦	♦	♦		♦
	Rapid Rehousing	♦						♦		♦		
	Residential Care & Support Services						♦					
NUTRITION	Child & Adult Food Care Program	♦	♦	♦	♦	♦	♦	♦	♦	♦		
	Nutrition Education, Food Programs	♦		♦	♦	♦	♦	♦	♦	♦		♦
	Women, Infants & Children (WIC)	♦				♦		♦		♦		♦
SENIORS	RSVP & Senior Volunteer Programs			♦			♦	♦				

	Senior Support Services	♦		♦		♦		♦		♦	♦
	Assisted Living						♦				
STRENGTHENING FAMILIES	Family Development/Parenting Education	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
	Case Management/Info & Referral	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
	Domestic Violence Prevention & Education		♦			♦	♦				
	Home Visiting	♦	♦	♦	♦	♦	♦	♦	♦		
TRANSPORTATION	Medical and/or Special Population Transp.		♦	♦	♦	♦	♦		♦		♦
	Public Transportation			♦	♦	♦	♦		♦		♦

Community Needs Assessment Objectives

Community Action Agencies are required to complete a Community Needs Assessment (CNA) every three years in order to receive Community Service Building Grant (CSBG) funding. Section 676(b)(11) of the CSBG Act states "…an assurance that the State will secure from each eligible entity in the State …a community action plan …that includes a community needs assessment for the community served, which may be coordinated with community needs assessment conducted for other programs…"

A Community Needs Assessment establishes a profile of a community, noting both needs as well as community resources. CAAs conduct assessments to determine the needs in a community that can be addressed and the population that is most impacted by the need. CAAs should include both qualitative and quantitative data to assist in identifying needs in the community. From this identification of needs on the family, community, and agency levels, and through a strategic planning process, As determine the outcomes that they plan to achieve for the next three years. A Community Needs Assessment must meet the CSBG Standards Category Three for Community Assessments.

Community Engagement and Data Collection Methods

The CNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and community members – especially those from underserved populations and agency clients. The methodology that was used helped prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs. The major sections of the methodology include the following:

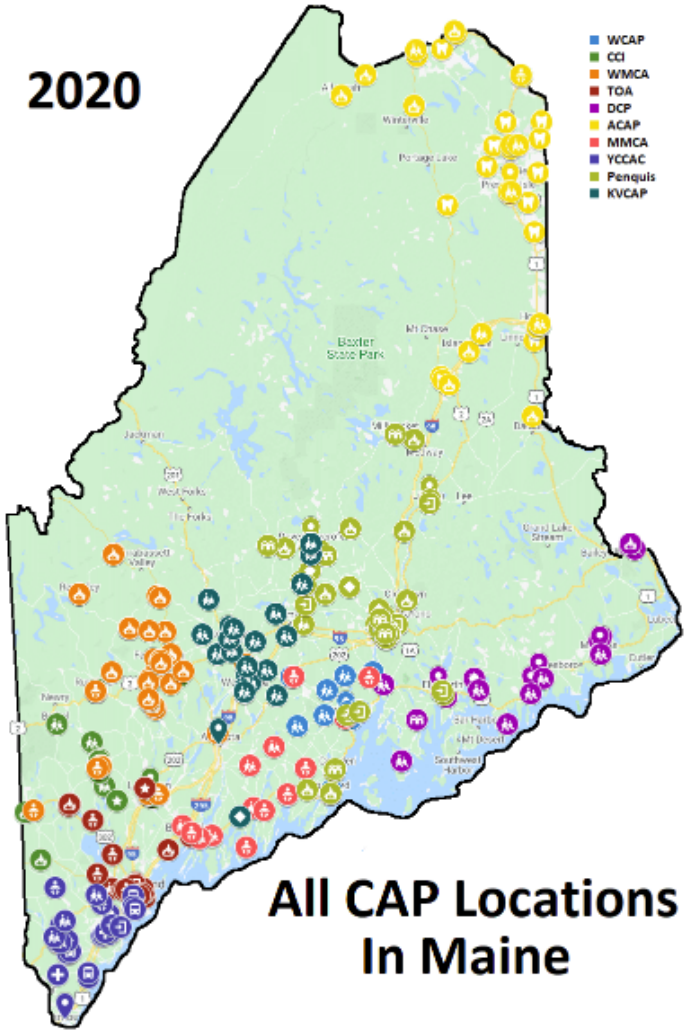
- **Strategic Secondary Research.** This type of research includes a thorough analysis of previously published materials that provides insight regarding the community profile and health-related measures.
- **Qualitative Interviews and Discussion Groups.** This primary research includes discussion groups and interviews with CAA leadership and staff, other community service providers, and community members across the state of Maine.
- **Community Survey.** Crescendo conducted an online and paper-based survey in eight languages with over 7,000 community members across the state. Results were analyzed, and data tables / graphs were created to illuminate the results found in this report.
- **A Needs Prioritization Process.** Following the secondary research, qualitative interviews, focus group discussions, and community survey, a list of 35 community needs was generated. Leadership group members participated in a two-phase prioritization process. In Phase 1, leadership group members were asked to complete a quantitative and qualitative survey in which they indicated: “What community needs require more focus and attention?” After analysis of the Phase 1 survey, leadership group members reviewed the Phase 1 responses and generated a final list of prioritized needs during two 90-minute discussion sessions. Results were used to arrive at the key areas of priority emphasis.

Data Limitations

In general, the secondary data utilizes the most current data sets available. The dramatic changes in 2020 due to COVID-19 may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS) which provides detailed population and housing information revised its messaging, altered their mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.[1] Where relevant, the impacts or new data due to COVID-19 are noted.

Additionally, one-on-one interviews were limited to telephone and virtual formats, whereas previously in-person interviews were preferred. The decision to conduct telephone only or virtual interviews may have impacted some traditional in-person focus group dynamics.

[1] See U.S. Census Bureau: https://www2.census.gov/ces/wp/2021/CES-WP-21-02.pdf

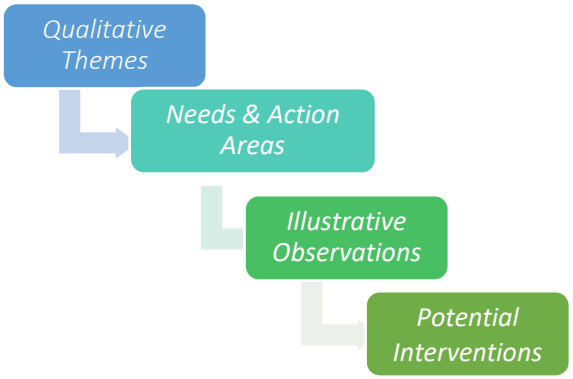


Maine has ten Community Action Agencies across the state covering all 16 counties. Each of the organizations has multiple locations for services in their service area.

- WCAP
- CCI
- WMCA
- TOA
- DCP
- ACAP
- MMCA
- YCCAC
- Penquis
- KVCAP

Overview and Approach

The qualitative primary research methodology consisted of stakeholder interviews and focus group discussions with key community stakeholders, policymakers, and local residents (see Appendix). One hundred and fifty (150) one-on-one interviews that lasted approximately 20-30 minutes in length were conducted. This provided the opportunity to have in-depth discussions about community-wide strengths, barriers to health equity, and action-steps.



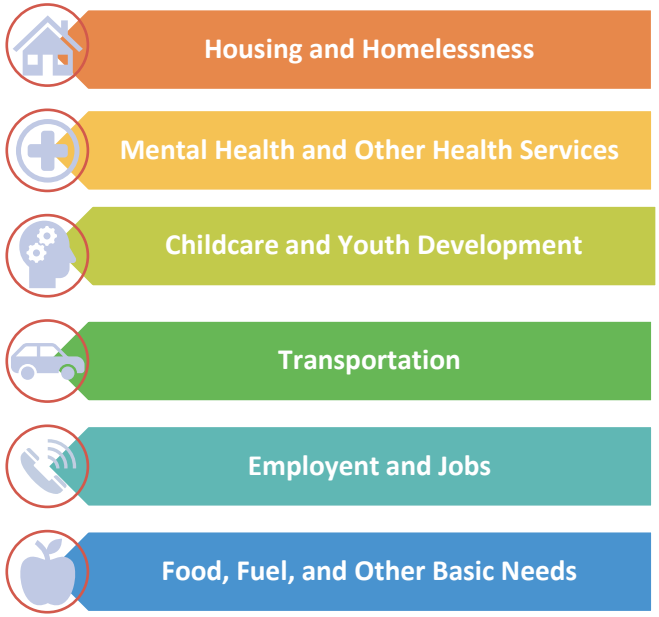
In addition, 25 virtual or in-person focus group discussions allowed Maine voices to be heard to highlight areas of consensus as to what they see as the biggest community needs facing the community. In total, across both qualitative research stages over 300 individuals provided input from the following segments:

- MeCAP clients and stakeholders by region
- Executive leadership
- Community service organizations
- Faith based organizations
- Governmental organizations

The combination of individual interviews and focus group discussions elicited several Qualitative Themes about areas of need. Each of these themes cut across and impact the subsequent Needs and Action Areas, and they are identified below with a short explanation. The sections which follow the themes are the Needs and Action Areas. Each of these includes an overview of the Action Area and utilizes de-identified Illustrative Observations in italics which are representative of respondents' consensus perspectives. In many cases the observations highlight examples of Potential Interventions.

Themes and High-Level Action Areas

As the 98-year-old interviewee quoted in the introduction pointed out, there was a time when not having much money or many material possessions was not considered a stigma. Self-reliance was and is a strength. Many interviewees noted they didn't need much, but it has gotten increasingly difficult with changes in demographics and the economy to live independently without a good job. Across the state there is a growing consensus that:



- There are few advocates for improving a transportation system that remains a persistent barrier for young people finding better jobs, and those needing to travel for treatment.
- Too often a bureaucratic safety net feels so stigmatizing that when increases in housing, food and energy costs have overrun modest retirement savings and social security benefits for seniors they don't ask for help - even when their lives and homes are in jeopardy.
- Children are our future, but isolation due to poverty and COVID-19 risk is creating permanent education and behavioral health challenges for many in our next generation.
- Working-age people want good jobs that pay wages that allow them to afford housing, education, and transportation.
- Employers are desperate for employees who have both hard and soft skills that will enable them to get the job done.

In addition to interventions associated with the themes above, there are interventions which flow naturally from the and Action Areas below.

These are important to include in any planning response. The following High Level Action Areas are most representative of respondents' consensus in both the qualitative interviews and the focus group discussion.
Please note, the Action Areas are not in prioritized order.

Housing and Homelessness

In 2019, more than 80% of renters earning less than $25,000 were cost burdened nationwide, with a large majority severely burdened paying more than 50% of their income for housing. Affordable housing and housing related issues remain top concerns in Maine, as of the 150 individual interviewees who were asked about their top concerns, housing was mentioned as a priority community challenge. Over 70 participants commented on it with words like "blighted." There were also numerous comments that spoke to homeless system redesign, current unstable housing situations, and the need for homeless shelters. Old housing stock was mentioned frequently, especially regarding seniors. The interrelated housing challenges mentioned included, the sheer number of units needed, the location, distribution of needed units, and the overall cost

The following are other representative comments from across the state.

- *Housing is a nightmare. It's so expensive. Everyone is fleeing cities, so prices are skyrocketing. People with bad credit can't buy a house, background checks mean people can't rent, so they have to go way out then it's hard to get places. People are desperate to find places. (YCCAC area)*

- *Individuals living alone on a fixed income can't pay for the upkeep of the homes, steps that need to be repaired, roof leaks, bathrooms not on the first floor. Maine's housing stock is old; some of these people have lived in these house for years. (Penquis CAP area)*

"THE HOUSING STOCK IS TOO EXPENSIVE, TOO BIG, INEFFICIENT, AND IN THE WRONG PLACE. FOR EVERY 100 LOW-INCOME HOUSEHOLDS THERE ARE ABOUT 50 UNITS AVAILABLE. SEVEN OUT OF TEN CAPS ARE PART OF THE MAINE AFFORDABLE HOUSING COALITION (MAHC) AND LOOKING AT HOUSING STOCK ON BOTH THE SUPPLY SIDE AND DEMAND SIDE. HOW DOES EXISTING INVENTORY MEET DEMAND? INCOME VS. HOUSING COSTS. WE NEED TO GROW STOCK TO MEET THE CURRENT VERSION OF WHO WE ARE."

Augusta Area Interviewee

- *We just did a $50K affordable housing challenge; the two applications that were funded were for homelessness - we had lost our shelter. It's got to be a creative community solution. (CCI area)*

- *In Augusta there is a lack of affordable housing; the City is looking at the housing stock, some property owners are deciding to tear down; our programs have had an uptick in number of families looking at programs in the Gardiner area as it's cheaper; transportation is tied to housing as you need public transportation.*

- *Maine housing issues are out of control. Out-of-staters are flocking here because of our low COVID numbers and paying outrageous amounts for our homes leaving many homeless due to increased rents for renovations and personal gain. Many of these (homeless) victims have lived, learned, and worked in Maine for generations. Then the new property owners can just up and leave after causing turmoil for these families. My rant is over! (Focus Group participant)*

- *We've had an Increase in unstable housing, not necessarily homelessness. People may be living with parents, or doubling up, or not in an ideal situation. Homeless people bring other issues: substance use, mental health, and domestic violence. More people are in unsafe homes than people realize.*

- *There are lots of resources available in Waterville to help the homeless; KVCAP runs a coalition.*

- *We do have two shelters (fairly small) in Hancock and none in Washington; most are couch-surfing or living in camps (camp trailers, cabins). This does seem to be increasing in numbers, people can't get heating assistance because they're not considered a permanent residence.*

Maine is undergoing a homeless system redesign with more resources and focus on diversion – identify natural supports, shorter term remedies, rental assistance – to provide help on the front end to help people stay out of homelessness. Funding needs to be available for diversion programs.

Mental Health & Substance Use Disorder Services

Mental health (MH) and substance use disorders (SUD) affect people of all ages, genders, race, and ethnic groups. Prior to COVID-19[1], out of the 330.1 million people living in America, nearly one in five (61.2 million) were living with a mental illness and/or substance use disorder which is a 5.9% increase from the prior year. Of these people 25.5% (13.1 million) experience a severe mental illness, which can be defined as an individual over 18 having (within the past year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. [2]

In Maine, access to mental health and substance use disorder treatment is highly varied across the state with many stating that access is limited in their local area. However, the linkage between MH / SUD and employment and housing challenges highlights the need for concurrent expansion according to interviewees.

> "People are judgmental; they make me feel that I was a bad parent. They don't understand that it is a disease. They think my child must have been raised wrong. I have two children who were raised identically in the same home. One is very successful and yet the other has taken this different journey. I have a sister-in-law who works at a recovery center and explains relapse is part of recovery and it's very difficult. My husband and I have been dealing with this for a long time. At the start, my husband was one who thought it was a choice; he sees now that we can't fix it for our child."
>
> ACAP Focus Group Participant

- *It's limited. Social isolation is bad for people's mental health, especially for older people. COVID made it worse. There's not much recognition that mental health treatment can help. (In many families) people were taught to suck it up and not bother others. If we have someone who needs help, we refer to Tri-county mental health. (Cumberland County)*

- *(In Greater Portland) they launched their community goals in 2016: Early Learning, Financial Stability (housing affordability), Healthy Lives (preventing premature death with mental health and substance use). Community thought these goals were the most important and they were right on target 5 years ago and still are today with COVID. (TOA area)*

- *We've been doing budget meetings and working with the police chief and fire chief. It hasn't gotten worse; its changed; steady amount of people. Is it getting out of control? No? There may be some new programs. We're meeting with a provider from Rumford. But there are no real crisis services – people go straight to Lewiston – but in a month its handful. (WMCA area)*

- *People understand there's a real need for behavioral health services. There's more of a demand than*

capacity. Additional Intensive Outpatient beds (in Sanford) will help people step down from inpatient to a once a month appointment. The organization there has a commitment to the community. (York County)

- *We see a lot of it. Mental health treatment is a systemic need. We haven't broken it down by percentage, but there is a large number of clients who have this need. They use it as an excuse to keep abusing drugs. In all my housing cases that don't involve money, most others are that mental health or substance use issues are causing disruptions. (Aroostook County)*

- *Mental health and substance use are definitely tied together. Many of our families are impacted by substance use. It has a ripple effect in our classrooms - some kids are born with substances onboard and/or being cared by a single parent or grandparent because a parent became incarcerated or died. (Kennebec & Somerset Counties)*

- *People are dying from Fentanyl and opioid overdoses. We have an increase in Washington County right now. It's generational drug addiction, and it ties into poverty, domestic abuse, education, employment. It's a suicide that people carry with them. (Downeast Area)*

- *Depression and anxiety have increased due to the pandemic. Eating disorders are also increasing due to the pandemic - people are so isolated and disconnected from support systems, don't have the same structure to keep disorders on track. People are becoming more aware of issues because they are seeing their family more. Suicidality [is a problem]. Substance use disorders are impacted by the legalization of marijuana which becomes a gateway. Elementary school kids already have complex and significant trauma in their family systems, and the kids carry this weight in addition to other issues like food insecurity, poverty. How do we address these issues with kids early on and give them coping skills? Many professionals value Adverse Childhood Experiences. (Cumberland County)*

- *There are not enough mental health or substance use disorder treatment services. Funding (state and federal) isn't enough to sustain these agencies. Large hospitals do treatment, but the geography makes it hard. Enrolling people in MaineCare isn't easy if people don't have an address. We need to look at it differently. We're working with a plain clothes officer to help homeless people. He's getting trained in Adverse Childhood Experiences, going to homeless camps, and working with other agencies to get people out of the woods. Do targeted housing around this and work with different treatment providers to help people stay in recovery." (York County)*

- *It's so important to identify the mental health condition and provide early intervention. We don't have enough money for early detection, and we need more community-based outpatient providers. Mental health diagnoses are not different than chronic disease and need managing. (Penquis)*

Childcare & Youth Development

Access to safe and affordable childcare is an essential building block to the overall quality of life for families in the United States. Parents and caregivers have more opportunities to pursue a career and higher education that contribute to stability and financial security.[3] During the pandemic, daycare facilities closed, and childcare programs were put on pause. This only worsened the already high cost of care as providers are heavily reliant on parent fees, accounting for 52% of total industry revenue.[4] In 2020, mothers spent eight hours a day on average on direct or indirect childcare last year *while* simultaneously working an average of six hours on weekdays.[5]

"THE LACK OF HIGH-QUALITY, AFFORDABLE CHILD CARE IN MAINE IS A MAJOR BARRIER TO THE SUCCESS OF OUR CHILDREN & OUR ECONOMY. IT PREVENTS PEOPLE FROM STARTING NEW BUSINESSES, TAKING NEW JOBS & MOVING TO RURAL COMMUNITIES."

Governor Janet Mills

A 2021 survey focused on the cost of childcare indicates that most caregivers pay approximately $185 to $270 for full-time childcare for one infant child, and approximately $145 to $270 for one preschooler each week.[6] Maine is very familiar with this community-wide issue and recently passed legislation to expand access to childcare, *An Act To Support Children's Healthy Development and School Success.*[7] In addition, licenses were granted to 26 new childcare facilities between March of 2020 and 2021.[8] While the number of licensed facilities is increasing, representative comments from across the state suggest the largest focus for Mainers is the overall cost.

- *There is no affordable childcare for one-income families, or "on the cusp" families who aren't eligible for services (who need) transportation to the facility and then to work. Head Start is wonderful but they don't provide transportation…We serve a lot of families in healthcare and hours are wonky - childcare doesn't cater to that. (Waldo County)*

- *We just got a $50k to do childcare mapping in Washington County; it's such a significant issue and we're getting movement on it. (The area) has two reservations and a huge First People's population. There is a lot of mistrust with formal supports and our children are the most vulnerable. (Downeast Area)*

- *Pay is so low in the childcare sector, so people don't want to work in these facilities. Economics are hard for people running childcare (facilities) and for parents – it costs 27% of the average family income. It's hard for parents of all income brackets - lower cost alternatives are lower quality, although not necessarily unsafe. (Cumberland County)*

- *Younger students lack access to free extracurricular activities unless families have extra income. Lower income youth don't have the same opportunities. There are no free school sports programs. (Midcoast Area)*

- *General lack of affordable childcare (was) made worse by the pandemic, so families have to rely on family, friends, neighbors, and older kids who aren't even ready for college and miss the transition into adulthood, especially for kids who transition out of foster care, or out of juvenile detention centers. (Cumberland County)*

- *There are not enough (quality) providers; it's expensive. The number of hours can be an issue for families…there are more "mom and pop" in-home providers (as) hours are outside of typical business hours. (Penobscot, Piscataquis & Knox Counties)*

- *Childcare and after school care are harder in the more rural parts of the county; we are a service desert. (Waldo County)*

- *I hear families say they "don't trust people" (because) they don't take care of the kids, or the hours don't work…it can prevent people from working. (Kennebec & Somerset Counties)*

- *A big need is childcare. You need reliable childcare if you want to be in the workforce; if not, it's tough to improve a life. The programs have qualifiers, and they may not be eligible (including) the working poor. (York County)*

- *There's a gap for kids who qualify for Head Start and those who don't and there's a long wait…if you moved here and wanted to get into one of the childcare centers, it's a huge wait. (Androscoggin, Franklin & Oxford Counties)*

Transportation

Transportation is a central beneficiary of the 2021 Federal infrastructure bill. Maine could receive at $2.0 billion for roads, bridges, public transit, electric vehicle charging and broadband internet from the bill.[9] Yet the representative comments from across the state suggest the improvements are needed now to bring the benefits that policy makers hope to achieve such as health and health equity, employment, and social connection.[10] In-state policymakers are increasingly aware of the utter lack of infrastructure to build a comprehensive and inclusive public transportation system. A commission studying funding solutions regarding public transportation discovered that Maine faces an annual transportation funding shortfall of approximately $232 million and Mainers are feeling the

"WHY HAVEN'T WE FIGURED THIS OUT YET? PEOPLE SEE THIS (ISSUE) AS 'REALLY HARD' AND DON'T WANT TO GO THERE."

Cumberland County Participant

impact.[11] The following are representative comments from across the state.

- *There is a limited schedule with public transportation, (and the) cost of the city bus is minimum for most people; if you're on a limited income then you may walk over riding. (Penobscot, Piscataquis & Knox Counties)*

- *Unless you live right in town it's difficult. Rockland and (other) areas had a connector, but it was taken away because they couldn't afford it – it's not sustainable. There are no sidewalks so it's not safe to walk, especially in the winter. (Midcoast Area)*

- *Municipalities want to know more about the opportunity to increase transit services in the region, (as areas are) experiencing so much housing growth and demand. People are coming into the state from larger cities where there was an architecture for public transportation they relied on. There is new demand and interest among developers as well. This has led them to look at baseline ridership data and employment to better understand where people work and live, how they're traveling; there are opportunities to increase public transit based on these patterns. (York County)*

- *You need your own vehicle; Penquis has Links, but it has been majorly impacted by the pandemic. Stigma and shame (exist) around the bus, i.e. "it's for the poor people"… It wasn't a service people tended to use in a positive way. (Penquis)*

- *Ninety percent of our business uses MaineCare transit; they are operating (using a) different model due to COVID. They are at about 30% capacity with about 740 rides a day; pre-pandemic they were at about 1,200 a day. The curve is going up and there is more need than we can cover. (Kennebec Valley Community Action)*

- *Lots of people are elderly or disabled. It's very difficult getting around. Medicaid is very limited. (Waldo County)*

- *Why haven't we figured this out yet? People see this (issue) as 'really hard' and don't want to go there - it's too big of a problem to try to solve. (Cumberland County)*

- *Washington and Hancock Counties are so spread out and large, we mostly use MaineCare for transportation for medical appointments - but that doesn't work for employment. You have to have a car to live here, if you don't have a car then you can't work or go to school. (Downeast Area)*

Employment & Job Opportunities

The complexity of the Maine job market makes it difficult for interviewees, and even experts, to condense the challenges into a single sound bite. However, several themes are consistent across the thousands of comments in the MeCAP assessment and even among state leaders[12]:

It is difficult to find a job that enables people to pay for housing, food, and other necessities. "I think people have a hard time finding a living wage job, not just in this area but throughout Maine. People feel stagnant and it's hard to get young people to stay here - you can be a big fish in a small pond. (Kennebec & Somerset Counties)

There is a shortage of qualified applicants in the area. "Prior to COVID-19 anyone could get a job, but now it's not the case. (There are) lots of service-based jobs, the school system is one of the largest employers in the area, but they struggle to find qualified people to work for them. (Penquis Cap Area)

Maine's Department of Labor's Center for Workforce Research and Information database identifies the most in-demand jobs by all education levels which include general and operations managers, heavy and tractor-trailer truck drivers, registered nurses, first-line supervisors of retail sales workers, carpenters, and first-line supervisors of office. The median hourly salaries for these positions range from $19.25 to $39.90 per hour.[13] In 2020, the median hourly wage was $19.45. The following are representative comments from across the state.

People are getting back to work. As of July 2021, Maine's unemployment rate was 4.9%, lower than the U.S. average of 5.4%. According to the most recent Employment Situation Summary[2] released September 3, 2021, the employment-population ratio was 58.5%, up from a low of 51.3% in April 2020 but remains below 61.1% in February 2020.

People are afraid of being infected at work. Over 1.5 million in the U.S. who are not in the labor force in the U.S. at this writing say they are prevented from looking for work due to the pandemic.

[2] U.S. Bureau of Labor Statistics. Employment Situation Summary. September 3, 2021. https://www.bls.gov/news.release/empsit.nr0.htm

- *Prior to COVID-19 anyone could get a job, but now it's not the case. (There are) lots of service-based jobs, the school system is one of the largest employers in the area, but they struggle to find qualified people to work for them...The trades are pretty hot right now. There is still some stigma around trade schools, but that's mostly gone now. (Penobscot, Piscataquis & Knox Counties)*

- *I think people have a hard time finding a living wage job, not just this area but throughout Maine. People feel stagnant and it's hard to get young people to stay here - you can be a big fish in a small pond. (Kennebec & Somerset Counties)*

- *It's hard to find a job with a living wage ($15-$18/hour) with benefits that provides a meaningful life occupation. (We need) possible apprenticeship programs or job opportunities for people who don't want to go to college or need more trade training. (Waldo Community Action Partners)*

- *How do you attract jobs to an area with an unstable and uneducated workforce? People who could do these jobs have left. I am sure employers communicate with schools to let them know (which) skills are needed, but then how do you get people into the programs? (York County)*

- *There are not many opportunities for youth and families with a decent wage, benefits, and time with family. Single moms and others have a hard time finding time to get ahead. (Midcoast Area)*

- *We're helping students to navigate the path to career goals…now trade schools (graduates) make more money than (people with) master's degrees; there are jobs but not enough skilled people. (Aroostook County Action Program)*

- *Women are leaving the workforce, and this impacts the family. Employers say they have jobs but not the right talent, so accessible workforce training is needed. (Cumberland County)*

- *There is a disconnect around what's a livable wage. (People are) working at Walmart for more money, more than working at a publicly funded organization. (Western Maine Community Action)*

- *There are lots of job openings, but a lot of applicants have backgrounds that don't allow them to get the jobs. You see help wanted everywhere (but people have) health restrictions - many are waiting for social security and doctors can't let them work, and some have criminal backgrounds. (Kennebec & Somerset Counties)*

- *Barriers include not knowing that jobs are out there (they think nothing is out there due to COVID); lack of internet and technology, technology literacy; soft skills like resume writing, financial literacy, budget and planning. (Waldo County)*

Food, Fuel, and Other Basic Needs

Maslow's original hierarchy of needs is still relevant today. In addition to shelter, food, clothing, and warmth remain essential for well-being.[14] Just before the COVID-19 pandemic, the Urban Institute found that nearly 40% of American families struggled to meet at least one basic need for health care, housing, utilities, or food.

Access to healthy and affordable food is a known challenge in Maine and is more prevalent in rural communities. Maine's population consists of approximately 545,287 people living in rural areas, lacking nutritional opportunities or food retailers creating a food desert. Food deserts are known as areas with limited supplies of fresh, affordable foods.[15] In Maine, 1 in 8 people face food insecurity, 1 in 6 are children[3].

- *Recognize that communities are diverse and there's no one size fits all solution - so give (people) a range of access. Put pantries into communities so people can pick what they want or order online. Process fresh produce - one senior can't eat a whole butternut squash or have the strength to cut them. (Midcoast Area)*

- *Having basic needs taken care of helps us demand structural changes. Deep engagement and relationship building - the more these threads are woven in, and oppression is acknowledged and addressed, it can lead to solutions. Until those people who are most targeted are listened to, we'll likely always have problems. How do we help people who don't have the education, background etc. to productively get their voices heard? (York County)*

- *Housing and heating taskforces (are the) two biggest calls we get each year. We (need to) get all the service providers on the same page to understand what it takes to get people utilizing the services. Next would be educating people about the services. (Kennebec Valley Community Action Program)*

"IN MAINE, 1 IN 8 PEOPLE FACE FOOD INSECURITY, 1 IN 6 ARE CHILDREN."

Feeding America, 2019 Overall County Food Insecurity In The United States

- *The gap with nutrition is teaching (people) how to eat properly…I don't think there's a gap in the food that we can get; the gap is how to prepare and generational education. (Aroostook County)*

[3] Feeding America. 2019 Overall County Food Insecurity in the United States.

- *About 1 in 5 children in Waldo County don't have enough to eat; Maine has one of the highest rates of food insecurity. (Waldo Community Action Partners)*

- *Food became more accessible due to the pandemic. Many came together around food, especially dried grains and foods with a short shelf life; food stamps increased (but) people who are poor are still eating junk food – it's more accessible and costs less. (Androscoggin, Franklin & Oxford Counties)*

- *There are a number of grocery stores, but cost can be a barrier. Getting quality fresh produce is difficult; the health centers and programs are working hard on providing food to anyone who needs food. We support the local food pantry, but the need has increased due to the pandemic. (Downeast Community Partners)*

- *The pandemic has made us realize how important the collaboration between organizations is. Pre-pandemic, we were tracking the number of parents, especially moms, who skip meals to feed their kids. During the pandemic they might have access to food or supports to buy food, but no transportation to get food. (Kennebec Valley Community Action)*

Approach and Overview

Focus groups add insight and depth to community needs perceptions – especially among underserved community members. The MeCAP assessment included focus group discussions in each member service area and several statewide discussions. A total of 25 virtual and in person groups were held with low-income participants, funders, community partners, other service providers, local government, law enforcement, health care providers, and other interested citizens throughout Maine.

Focus group members were recruited from the local (or statewide) community through social media, mass emailing, and through word of mouth at the programs themselves. Almost all focus group participants had recent interaction and/or knowledge of the agencies. Many of their opinions and observations were grounded in personal experiences.

The interview guide mirrored the discussion guide used for the one-on-one interviews. The groups started with introductions, and then participants were asked to think broadly about the topic areas. The discussions narrowed into what they saw as the biggest concerns facing their community.

General Observations and Major Areas of Need

While many the challenges and concerns were consistent overall, the local, and in some cases statewide, nuances were particularly helpful. The tables on the following pages seek to illuminate the nuances while highlighting the overall consistencies.

Statewide Insights from LGBTQ+ Community

	Comments and Ideas
Top Challenges Mentioned	• COVID-19 recovery (health/jobs/mental health) • Potential negative political environment/backlash • Rural queer healthcare (including mental health)
Unique Strength or Challenge Mentioned	• Institutional education around LGBTQ+ elders in nursing homes.
Housing	• For many younger LGBTQ+ people quarantining with family or having to move back home when colleges or jobs shut down was not just isolating, in some cases it was dangerous.
Mental Health	• If you want an LGBTQ+ therapist north of Brunswick, it's difficult. A family therapist is a little easier. A lot of them are booked. It depends on your insurance. It's often challenging to get patients in with the right fit. It's not like you can shop around.
Domestic Violence	• There are a lot of situations where domestic violence is happening with certain kinds of abuse that are very specific to LGBTQ+ couples, like threatening to 'out' someone if they leave them. • Schools aren't trained to deal with them because they are looking for the classic signs of abuse.
Transportation	• Transportation is important due to the lack of (LGBTQ+ informed) doctors available (particularly specialists).
Childcare	• Wanting children, affording to have children with IVF, and childcare are all issues.
Basic Needs	• Not many in the community are aware of CAP services such as food assistance and childcare.
Magic Wand Highlight	• A better, kinder understanding of the extremely specific issues our community endures.
Noted Policy Area	• Helping K-12 and colleges transition to a better understanding of increasing LGBTQ+ youth/young adults.

Statewide Insights from the BIPOC Community

	Comments and Ideas
Top Challenges Mentioned	• The fight is with the "This is not my problem" attitude. There are uncomfortable topics that have yet to be addressed. We are a minority, and it will be a hard fight to win the hearts and minds of White residents. • Hate crimes against Black people have doubled in last 3 years. We can't be asleep at the wheel on this. • Biggest challenge is staying connected and having representation.
Unique Strength or Challenge Mentioned	• Maine is a place where people have your back and people won't let other people go without. • Black people are not just surviving but thriving in this really white state. Black people are really resilient. I can have my tribe here in Maine
Housing	• There's not enough to keep Black folks here – it is really hard to buy property here, pay rent here, forces Blacks to move farther away from the city and more into isolation. There is not enough time and capacity to sit on boards to promote systems changes. They are just struggling to survive. It is hard to live here. • Housing for women with children while they recover is non-existent.
Mental Health	• Painful loneliness which can create mental health challenges/lack of community even though Black population is increasing in Maine. • A real threat is isolation – it just happens in Maine – particularly in winter and more so with Covid.
Children	• No place for children to play in the cities – put buildings on all the grass. • Kids are falling through the cracks – esp. in school – many don't have computers at home.
Noted Policy Area	• Create opportunities in the community where people – of all colors – can come together to listen and learn from each other in a positive and welcoming environment.

Insights from the ACAP Area

	Comments and Ideas
Top Challenges Mentioned	• Employment • Childcare
Unique Strength or Challenge Mentioned	• I come from a small town; it is slowly dying; people want work and a life; no opportunities. The community is getting older, and the older people are not getting replaced. Employers are desperate.
Housing	• Housing varies greatly across the area, but in general Aroostook County has home ownership that is very affordable. • The housing depends on if people can fix their homes; LIHEAP needs you to have a working furnace. • My landlord is great; used to be lots of rentals in the area; can't find them now. • There's a waiting list for senior living places.
Mental Health	• It's difficult to find a therapist; at St. Johns AMHC they don't have a waiting list, but physician prescribers have a waiting list.
Childcare	• I haven't visited a lot of day cares; but many don't look safe to put my daughter there. • Lots of home day cares that are full. Teaching pre-K; state requires licensure. • ACAP mentors them; provides food support; helps them be licensed. • It's too expensive; $140 a week depending on the child's age.
Transportation	• You have to have a car to live up here; or friends or family willing to drive. • There are taxis in town, but most don't live in town.
Employment	• Used to be easy to find a job. Now there are not a lot of help wanted signs. In lots of places people have worked in the same job for 19 years. Lots of people are struggling making ends meet. Food prices are the same as the cities, but the rents are less.
Basic Needs	
Magic Wand Highlight	• Making sure families have what they need and childcare. This will help prevent substance abuse.
Noted Policy Area	• Working with moms of young kids and help them with issues; ACAP does a great job; teach moms the basics; teach them the milestones or growth; Mom's freak out when they help; Have an advocate for those moms to help them with their child.

Insights from the DCP Area

	Comments and Ideas
Top Challenges Mentioned	• Employment • Housing and homelessness
Unique Strength or Challenge Mentioned	• There is a strong sense of community and a deep, rich, diverse culture with the First Peoples, Latinx and others.
Housing	• We have 30 families in our program each year, at least one family living in a tent in August. • Homelessness isn't in your face. You don't see it but it's here. In the summertime, people live in tents at campgrounds. During winter, people live in uninsulated campers. There's a lot of squatting.
Mental Health	• Strong recovery community in Washington county, but limited providers.
Childcare Insight	• Very little licensed center care. There are a lot of people who do babysitting on the side. A lot of people don't want to report their income in fear of losing benefits.
Transportation insight	• You need to know someone to get to work. • For women it is dangerous to get a ride from someone because they expected something in return (i.e., money, sexual favors).
Employment	• A lot of people work multiple jobs and have side hustles. • Young people have the hunger to work but don't have the opportunities. But also, people need to keep their benefits. • A lot of the jobs are seasonal – blueberries, lobstering, tipping for wreaths, trees – unless you have a job at bank, grocery store or teacher, food services.
Basic Needs Insight	• For heating assistance for DCP then you need to call the day it's open (October). First appointment is in December. People typically have to requalify for SNAP.
Magic Wand Highlight	• All the systems here are overwhelmed. Some are so nice. I've never had a negative experience with DHHS, but TANF made me feel bad about myself. They all need a program on how to talk to people.
Noted Policy Area	• Simplifying means testing for all programs on the phone.

Insights from the WMCA Area

	Comments and Ideas
Top Challenges Mentioned	• Access to mental health care; shortage of mental health professionals • Safe, lead-free, affordable housing • Workforce development, especially for new Mainers
Unique Strength or Challenge Mentioned	• Having a low barrier shelter is huge. Many people have mental health issues and can't go other places. When you come back drunk or high then they didn't kick them out.
Housing	• People are getting the vouchers but no housing for them to go.
Mental Health	• Lewiston/Auburn, North Jay, and Farmington all have substance use disorder challenges. • Addiction is hard to treat. Its time sensitive treatment and it's hard to find anyone to make a diagnosis and treat patients immediately. Emergency Department doctors can diagnose general symptoms, but then let the patient go. If the patient showed up drunk, she would have gotten help, but the doctors/providers hands are tied.
Childcare	• In the Wilton area 3 childcares opened in last year so it's been a tremendous help to get people back to work. Plenty in the area. • Androscoggin: shortage of childcare, plus transportation is tough. • Lewiston: there are enough childcare centers but they're not affordable. YMCA had childcare on site and good for nurses who worked 12 hours, but it recently closed, and it's been a huge blow to area hospital's workforce. Good quality childcare exists. People who can't afford a school setting put their kids in a group home care which is more like babysitting.
Transportation	• Outside Lewiston/Auburn there is the Western Maine Transportation, but it is hard to find a bus that meets everyone's needs. No taxi service or its very expensive. • The bus is not convenient' it can take all day to get to an appointment and back.
Employment	• Before COVID, most businesses were grocery stores or pizza places, and it's the same now. Big changes haven't happened and not sure they will since it's so expensive to bring businesses into Western Maine. It's hard to get supplies from the highway. • Anyone who has ambition or desire for education, a healthier and wealthier life, they all leave. Direct care workers can't afford to work in their jobs, and this will be bad as the population ages – we need to create a different system.

Basic Needs	• In some parts of Franklin County, the elderly need to choose between car registration or medications. Insurance and problems with insurance are tough.
Magic Wand Highlight	• Open access to healthcare - people in crisis should get the care they need.
Noted Policy Area	• Allow every employee in social services to have 10 hours a month to learn about other services available – a true No Wrong Door approach for the community.

Insights from the KVCAP Area

	Comments and Ideas
Top Challenges Mentioned	• Childcare • Employment • Transportation
Unique Strength or Challenge Mentioned	• Having reliable trades folks that will follow through with a job or even just call back is challenging. • Even if good internet is available, it is expensive.
Housing	• We are renting right now. We have been here for 7 years, but our rent has constantly gone up and it's getting to be hard to afford it. They just raised it by $100 but we don't qualify for state help because my husband makes "too much."
Mental Health	• I certainly see behavioral outcomes impacted by home situations – I think we can even focus less on reading and writing (in schools) and make sure these kids are safe, are cared for, are set up for success.
Childcare	• Affordable childcare even while working full time was very difficult to find locally.
Transportation	• There are a lot of entry level jobs that pay poorly, and the better paying jobs are hard to get to and require transportation.
Employment	• Very hard finding full time positions for decent pay and include insurance that work with a school schedule.
Basic Needs	• The school food pantry provides quality food for kids; there are other programs t get them fruits and vegetables.
Magic Wand Highlight	• Universal health care (three mentions.)
Noted Policy Area	• Improving awareness about what is and isn’t current can be difficult. People might know about a program that expired 2 years ago.

Insights from the MMCA Area

	Comments and Ideas
Top Challenges Mentioned	• Access to multiple resources - foster care; childcare; utility assistance; housing. • Accessibility; no programs for disabled single parents or kids.
Unique Strength or Challenge Mentioned	• "Small town" feel with beautiful outdoor opportunities
Housing	• Housing costs are through the roof.
Mental Health	• There is a great need for children's mental health needs. I think there was a deficiency before the pandemic, and now it's awful.
Childcare	• It would be nice if Early Head Start was expanded, especially for people on the brink. When looking at income deficiency, they should look at all the bills and not select bills/expenses.
Transportation	• If you need to drive to DHHS then you need to drive to the cities. Services are often located in the worst places
Employment	• There is employment, but the question is around livable wages. The wages being paid here are way too low to support a family; our economy here is built around 2 earners supporting a household. • The sense of community here can help people strive and be successful, even when money is tight.
Basic Needs	• Dental is a major issue, and also a real barrier for people, if you don't have a good dental situation.
Magic Wand Highlight	• Clinics and childcare for lower and middle income families. The class divide in the area is huge and there is a lot of classism.
Noted Policy Area	• The state is inputting new building standards, which is good, but it's going to continue to drive up cost.

Insights from the Penquis CAP Area

	Comments and Ideas
Top Challenges Mentioned	• Transportation • Shelters • Childcare
Unique Strength or Challenge Mentioned	• Hard to teach older people how technology works, and many don't want to learn. Internet access spotty in rural area and could be more affordable and better.
Housing	• Housing has gone insane. Not enough low-income housing. • I got HUD voucher but it's hard to find somewhere to live because you can only have $500 or less and it's in the worst part of town. • Homelessness and housing instability are problems. • I'm surprised we have so many homeless. Shelter doesn't have enough beds.
Mental Health	• In the 1990's we had preventative care for mental health, but now we don't. Funding was cancelled by governments who don't understand needs. • We need more education about mental health, especially depression during pandemic. • Social media and Zoom created connections but not always for the better.
Childcare	• Childcare isn't affordable for anybody, ever. Can't make enough money to pay for childcare. There are programs out there, but people don't know about them.
Transportation	• Hard to get a job without traveling or transportation. Link's transportation's hours aren't convenient.
Employment	• No livable wage - hard to pay rent and save. A few people got jobs during COVID-19. Not much changed due to COVID.
Basic Needs	• Overcoming stigma. I think some people don't know where to start their search for help. Then pride gets in the way. There are resources; it's just a struggle for some to reach out.
Magic Wand Highlight	• Make the government see the people's perspectives. • Subsidized or private co-housing opportunities.
Noted Policy Area	• Childcare. I need another full-time job just to pay for daycare. Hard to get vouchers.

Insights from the TOA Area

	Comments and Ideas
Top Challenges Mentioned	• Affordable housing crisis • Childcare
Unique Strength or Challenge Mentioned	• Support for rural communities in not so rural counties. • In the Head Start classroom in Bridgton we had 15 children; 8 experienced chronic homelessness; 11 if you count housing instability last year.
Housing	• MaineHealth and Continuum of Care (CoC) are working on the coordination of entry system including listing name for people who are homeless. Need more person-centered approach. • Avesta and PHA – don't have a one point of applying – different application for each unit (hard esp. for dual language learners).
Mental Health	• Lack of mental health and substance use disorder treatment hinders the ability of many people (experiencing homelessness) to maintain housing, employment, etc. Many choose living in a tent as that's their way of life.
Childcare	• Income cliff – the federal poverty level is so maladjusted to the income that you need to live. The "working poor" are ineligible for public housing subsidies or Head Start. The income is too high for programs. It could be $20 over.
Transportation	
Employment	• There is job opportunity training for (people with) minimal wage jobs, but not any scholarships or ways to pay for it if you're working a minimal wage job.
Basic Needs	• Stigma is still front and center. People think that the services offered by agencies are "not for them." We saw more people during COVID. People don't know what they need until they need it. It's hard to ask for help.
Magic Wand Highlight	• Change the systems to move away from intervention to prevention care. • Become prevention rather than reactive (schools are the back of prevention network now).
Noted Policy Area	• Fix the income cliff – the federal poverty level is so maladjusted to the income that you need to live; the "working poor" are ineligible for public housing subsidies or Head Start; income is too high for programs. It could be $20 over. • In the City of Portland recent zoning changes have made it significantly more expensive to have new units online; pace of development is slowing dramatically and price per unit is going up.

Insights from the WCAP Area

	Comments and Ideas
Top Challenges Mentioned	• Internet access • Affordable housing
Unique Strength or Challenge Mentioned	• The back to the land movement; the self-reliance of people here. • There's a great sense of community in Waldo County; it's a great place to raise a family.
Housing	• As a landlord it's easy to rent. And I would love to buy or build more, but that industry is out of control. I own one property, I posted it for rent, and I had 200 applications. People offered to pay the entire rent up front. • I feel I've experienced housing discrimination when people find out I am a single parent family. I know others who have as well.
Mental Health	• SUD treatment providers are not readily available. Someone I know has tried 3 times to get a rehab bed and been turned away; people who are ready can't get the help they want and need; there are some AA/NA/support groups, but no or very limited services; have to leave the county for medication assisted treatment (MAT) services.
Childcare	• Childcare is not affordable, and unfortunately for the childcare provider it's not an affordable lifestyle. Semi-skilled employees don't make enough to afford the services themselves. • And when we're able to provide 0-3 help, then what happens before they are school aged? There's nothing for that gap after the age of 3.
Transportation	• When it comes to low-income people, the wages do not support the cost of owning, maintaining, and insuring a vehicle. They are a breakdown away from financial disaster. • In areas where public transit is common or good, there is great investment via taxation, etc. We simply do not have the support for that, so it falls to us, a CAP agency to figure out how to finance the cost.
Employment	• All businesses (manufacturing, retail, clerical, services) are desperate for workers. There are jobs in Waldo County – the rural interior with farming, and unskilled jobs and the coastal with sea building, hospital, nursing home, skilled work jobs. It's made it hard for people in interior Waldo County to stay in the area and we're losing the young working population.
Basic Needs	• Heating fuel and utility assistance
Magic Wand Highlight	• I think we are absolutely in a housing emergency – we have to change some zoning issues which

	people are not going to like.
Noted Policy Area	• Infrastructure: connect rural Waldo County to the major cities (highways) and reliable internet.

Insights from the CCI Area

	Comments and Ideas
Top Challenges Mentioned	• Childcare • Housing
Unique Strength or Challenge Mentioned	• Food for feeding families and children is a positive for Lewiston. The Lewiston Public Schools provide meals throughout the summer to kids. There are lots of food pantries and Trinity Jubilee feeds families and homeless 6 days a week.
Housing	• Private housing market does not provide solutions that working class families can afford; the pandemic is a rare case that we have the money, but we don't have the infrastructure to distribute the funds. On the positive side – we received a HUD Choice award. • We need to both expand our supply to meet growing demand (occupancy rates currently 97-99%), as well as replace much of our old, distressed housing with new quality supply. The old supply has lead, they are not handicap accessible, and other design challenges.
Mental Health	• Telehealth has improved access and reduced no-shows, but long wait lists. • I don’t know, but from the perspective of port-a-john service provider, there was dramatic increase in needles in the last month.
Childcare	• Having childcare for employment. CCI is instrumental in ensuring access to childcare however, still we hear from the folks we serve and our employees that finding affordable childcare is a barrier.
Transportation	• There is very limited transportation in rural Maine. • Recovery clients use ride shares that can be reimbursed by MaineCare, but it's a huge barrier for people to seek treatment. Just look at bus routes and where the stops are.
Employment	• Funding often comes with lots of red tape, which makes it difficult for agencies to pay enough to keep staff AND support the programming OR supplies. There are training opportunities, but again at times criteria that needs to be met to join the training is not inclusive to ESL community members.
Basic Needs	• Healthy foods
Magic Wand Highlight	• I would make sure all parents with young children were supported in becoming the best parents

	they could be and offered the highest quality childcare available.
Noted Policy Area	• Rental assistance is a very clunky system, the requirements for documentation are difficult. It needs to be improved.

Insights from the YCCAC Area

	Comments and Ideas
Top Challenges Mentioned	• Housing costs • Transportation • Living wages
Unique Strength or Challenge Mentioned	• It's getting better but the services are very siloed in the towns. • There is a new Intensive Outpatient Treatment facility in Sanford.
Housing	• Lack of affordable housing
Mental Health	• There is no detox facility in York County; closest is in Portland. The new behavioral health unit at Goodall has increased the number of beds (about 44 beds); but it has strict criteria; a 72-hour hold generally happens at a hospital emergency department and the crisis team from behavioral health will evaluate and possibly send them to Goodall if beds are available.
Childcare	• Lack of affordable childcare, especially in more rural areas of the county.
Transportation	• Poor transportation is the biggest issue some residents face. First thing people lose is the car. Need regular bus service that doesn't require appointments. From Old Orchard Beach not much transportation. If you don't make an appointment (with the MaineCare service) you're not getting there unless your neighbor takes you.
Employment	• I think it's generalization but with work ethic there is a generational divide – kids seem to hop from job to job. It's even hard to find good police officers. You need to pass the background check and agility test. • I have two kids. One works in the shipyard and is a little resentful that others got to stay home. The other received benefits because he worked in hospitality and the restaurant closed. • Employers and employees don't have the loyalty. You used to take a job for 20+ years and now people don't have that loyalty.
Basic Needs	• Food insecurity

Magic Wand Highlight	• There is a complex of dorms from Nassau College that could be turned into apartments. • Reliable bus service across the county.
Noted Policy Area	• Substance use disorder is a disease, and it needs to be treated as such. A methadone clinic in York County needs to be mobile because people in rural areas don't have transportation.

Community Survey Results

An online and paper-based community survey available in eight languages was conducted from July 5 to July 31, 2021. The survey received 7,023 responses with approximately 5,600 unduplicated individuals completing it to completion. Key highlights of the survey respondent demographics include the following:

- Approximately 75 percent of survey respondents identified as White or Caucasian followed by 15 percent identified as Black or African American.
- Over 63 percent of respondents identified as female, 30 percent male, and 5.4 percent as non-binary.
- Almost one quarter of respondents have at least a bachelor's degree. Twenty percent have at least some college.
- Approximately one in four survey respondents were between the ages of 25 and 34. Another 21 percent were aged 35 to 44 years old.

The below tables provide a deeper look at the survey respondent demographics by community action agency.

Figure 1: Survey Respondents Gender by Community Action Agency

	Male	Female	Non-binary
Aroostook County Action Program, Inc.	26.4%	73.2%	0.4%
Community Concepts	37.3%	61.1%	1.6%
Downeast Community Partners	44.8%	55.2%	0.0%
Kennebec Valley Community Action Program	27.5%	71.8%	0.7%
Midcoast Maine Community Action	31.8%	42.2%	26.0%
Penquis	24.5%	74.8%	0.7%
Waldo Community Action Partners	22.5%	77.1%	0.4%
Western Maine Community Action	36.3%	62.6%	1.1%
York County Community Action Corp	32.0%	67.7%	0.2%
The Opportunity Alliance	31.0%	67.7%	1.3%

Figure 2: Survey Respondents Age Group by Community Action Agency

	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Aroostook County Action Program, Inc.	0.3%	16.5%	26.6%	26.9%	11.9%	11.4%	6.4%
Community Concepts	0.4%	21.2%	31.4%	26.6%	8.1%	8.0%	4.3%
Downeast Community Partners	0.2%	17.0%	41.2%	24.2%	4.2%	6.2%	6.9%
Kennebec Valley Community Action Program	0.3%	5.6%	15.1%	17.9%	17.4%	22.5%	21.2%
Midcoast Maine Community Action	9.3%	12.6%	19.3%	15.7%	14.4%	13.6%	15.1%
Penquis	0.2%	5.3%	17.9%	19.1%	19.1%	21.5%	17.0%
Waldo Community Action Partners	0.4%	5.9%	11.4%	21.1%	16.0%	22.8%	22.4%
Western Maine Community Action	0.8%	13.4%	34.1%	19.9%	7.7%	12.6%	11.5%
York County Community Action Corp	0.4%	11.5%	18.4%	22.0%	12.7%	17.8%	17.2%
The Opportunity Alliance	1.0%	18.9%	25.5%	21.0%	8.4%	8.9%	16.3%

Figure 3: Survey Respondents Educational Attainment by Community Action Agency

	Less than high school or equivalent	High school diploma or equivalent	Some college	Technical or trades school	Associate's degree	Bachelor's degree	Graduate or professional degree (Masters, PhD, MD, etc.)
Aroostook County Action Program, Inc.	1.4%	17.4%	22.9%	7.5%	17.0%	21.7%	12.2%
Community Concepts	1.5%	12.2%	21.5%	11.0%	15.5%	24.4%	13.9%
Downeast Community Partners	1.5%	8.6%	17.2%	4.9%	10.1%	43.3%	14.3%
Kennebec Valley Community Action Program	1.9%	22.0%	20.1%	6.3%	13.1%	21.5%	15.0%
Midcoast Maine Community Action	9.8%	16.2%	17.4%	11.3%	14.7%	17.3%	13.4%
Penquis	2.3%	19.4%	22.8%	6.1%	14.4%	21.5%	13.5%
Waldo Community Action Partners	0.4%	17.9%	15.8%	5.4%	8.3%	27.5%	24.6%
Western Maine Community Action	3.5%	27.3%	21.2%	5.0%	7.7%	24.6%	10.8%
York County Community Action Corp	1.4%	15.2%	21.6%	10.4%	16.4%	22.0%	12.8%
The Opportunity Alliance	2.1%	12.7%	18.0%	8.2%	13.2%	22.8%	23.0%

Figure 4: Survey Respondents Race/Ethnicity[4] by Community Action Agency

	White or Caucasian	Black or African American	Asian or Asian American	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Hispanic or Latino	Another race
Aroostook County Action Program, Inc.	60.9%	9.6%	7.3%	1.7%	0.3%	1.1%	0.3%
Community Concepts	56.2%	16.9%	10.8%	0.6%	0.3%	0.5%	0.3%
Downeast Community Partners	75.3%	5.7%	4.4%	3.1%	0.0%	1.1%	0.0%
Kennebec Valley Community Action Program	72.0%	3.2%	2.0%	1.8%	0.2%	0.7%	0.0%
Midcoast Maine Community Action	54.6%	33.7%	34.5%	31.9%	32.3%	30.0%	31.8%
Penquis	69.3%	3.2%	2.6%	4.0%	0.7%	1.4%	0.1%
Waldo Community Action Partners	76.3%	3.6%	1.8%	2.2%	0.0%	1.8%	0.7%
Western Maine Community Action	70.4%	7.3%	5.0%	3.0%	0.3%	2.7%	1.3%
York County Community Action Corp	59.6%	10.2%	8.6%	0.6%	0.5%	1.6%	0.0%
The Opportunity Alliance	50.5%	17.2%	13.5%	2.8%	0.4%	0.9%	0.4%

[4] Survey respondents were able to select all that apply.

Figure 5: Survey Respondents Household Income by Community Action Agency

	Under $15,000	Between $15,000 and $29,999	Between $30,000 and $49,999	Between $50,000 and $74,999	Between $75,000 and $99,999	Between $100,000 and $150,000	Over $150,000
Aroostook County Action Program, Inc.	11.3%	13.8%	27.5%	22.6%	17.3%	6.6%	1.0%
Community Concepts	5.4%	11.4%	29.4%	25.5%	23.0%	4.1%	1.2%
Downeast Community Partners	1.8%	7.6%	20.7%	21.2%	32.0%	12.6%	4.3%
Kennebec Valley Community Action Program	21.8%	22.1%	23.6%	13.8%	11.3%	4.9%	2.4%
Midcoast Maine Community Action	13.8%	15.5%	19.2%	15.4%	16.4%	10.3%	9.5%
Penquis	18.8%	22.5%	21.2%	19.0%	10.8%	5.6%	2.0%
Waldo Community Action Partners	11.5%	15.0%	26.4%	17.2%	18.1%	8.8%	3.1%
Western Maine Community Action	15.8%	21.7%	22.5%	21.3%	15.0%	3.2%	.4%
York County Community Action Corp	16.5%	14.4%	25.4%	21.6%	16.3%	4.2%	1.5%
The Opportunity Alliance	11.1%	15.6%	26.1%	19.1%	22.4%	2.7%	3.0%

Survey respondents were asked a series of questions regarding their perception of need on community and family/individual-level needs identified in the qualitative research. Respondents were asked to identify "how much focus each issue should be given." The 49 needs were ranked in order based on the percentage of survey respondents who selected "much more focus needed."

Figure 6: Statewide Community Survey Results in Rank Order By Focus Needed

Rank	Need	Percent "Much More Needed"
1	Making dental care more affordable	55.43%
2	Increasing the number of affordable apartments	55.38%
3	Developing more livable-wage jobs	55.33%
4	Increasing the number of mental health providers in rural communities	54.84%
5	Providing more flexible and affordable childcare options for working parent(s)	54.20%
6	Reducing the amount of opioid misuse	54.16%
7	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	52.85%
8	Expanding crisis services for mental health and substance use disorders	52.36%
9	Increasing the number of affordable childcare providers	51.45%
10	Increasing the number of dentists who serve MaineCare patients	51.23%
11	Providing job growth opportunities	51.10%
12	Improving access to high-speed internet and technology	50.76%
13	Creating technical school, trade school, or other job training options	50.52%
14	Increasing the number of substance use disorder providers and services	50.24%
15	Reducing stigma associated with mental health and substance misuse	50.10%
16	Increasing programs for major housing repairs (roofs, windows, etc.)	49.81%
17	Reducing the amount of childhood obesity	49.51%
18	Creating more emergency shelter beds for people who are homeless	49.34%
19	Making public transportation available in rural communities	49.26%
20	Creating higher quality rental apartments and houses	49.14%
21	Providing more after-school programs for school-aged children	49.02%
22	Developing rental and mortgage assistance programs	48.77%
23	Increasing the number of affordable houses for sale	48.69%
24	Providing more recreational opportunities for youth	48.58%
25	Increasing the number of high quality licensed childcare providers	48.52%
26	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	48.16%
27	Providing more senior housing options	46.90%
28	Reducing building costs of new affordable housing units	45.75%
29	Increasing the number of detox facilities	45.75%

30	Creating more affordable public transportation options	45.70%
31	Increasing the number of childcare providers who offer age-appropriate education	45.55%
32	Providing help with utility assistance (heating fuel, electricity, etc.)	45.45%
33	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	45.15%
34	Increasing the number of landlords who accept housing vouchers	44.84%
35	Reducing the amount of alcohol misuse	44.83%
36	Providing soft skills education (customer service, showing up on time, etc.)	44.56%
37	Reducing the amount of adult obesity	44.52%
38	Providing help with weatherization	44.51%
39	Reducing the amount of smoking and vaping	43.70%
40	Reducing stigma associated with the housing voucher program	43.28%
41	Providing more transportation options to childcare services	41.93%
42	Expanding open hours at food banks	41.27%
43	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	41.00%
44	Adding better routes and time schedules to current public transportation system	41.00%
45	Expanding food options for people with dietary restrictions or allergies at food banks	40.38%
46	Increasing programs for minor housing repairs (paint, upgrades, etc.)	39.96%
47	Providing help with the cost of vehicle repairs	39.67%
48	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	37.07%
49	Providing help with the cost of vehicle insurance and regular maintenance	36.11%

The top needs vary based on household income and service area. In the table below, the top five needs for each household income bracket shows that the top needs vary but have some similarities as well. For low-income households, dental care and livable wage jobs are the most important. As household income increases, childcare and substance misuse prevention and services become the top needs. For households earning over $150,000, the top needs are focused on mental health and substance misuse services. While the top needs vary between household income brackets, respondents all identified dental care, childcare, mental and substance misuse, and affordable housing as the top issues across Maine. For full survey responses, see Appendix.

Figure 7: Top 5 Statewide Needs by Household Income

	Under $15,000	Between $15,000 and $29,999	Between $30,000 and $49,999	Between $50,000 and $74,999	Between $75,000 and $99,999	Between $100,000 and $150,000	Over $150,000
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Providing more flexible and affordable childcare options for working parent(s)	Providing more flexible and affordable childcare options for working parent(s)	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of opioid misuse
2	Increasing the number of dentists who serve MaineCare patients	Developing more livable-wage jobs	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Developing more livable-wage jobs	Increasing the number of affordable childcare providers	Increasing the number of mental health providers in rural communities
3	Developing more livable-wage jobs	Reducing the amount of opioid misuse	Reducing the amount of opioid misuse	Reducing the amount of opioid misuse	Reducing the amount of opioid misuse	Increasing the number of mental health providers in rural communities	Reducing the amount of other drug misuse (heroin, cocaine, etc.)
4	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders	Increasing the number of affordable apartments
5	Increasing the number of affordable apartments	Increasing the number of dentists who serve MaineCare patients	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable childcare providers	Increasing the number of high quality licensed childcare providers	Increasing the number of affordable apartments	Expanding crisis services for mental health and substance use disorders

Population

Maine is the 42nd most populous state[5] with a total population of 1,335,492 in 2019. Approximately half of the state population resides in Androscoggin, Cumberland, and York Counties in the southern part of the state. The least populous counties are Piscataquis, Washington, and Waldo Counties. Initial U.S. Census Bureau data revealed that the population of the state increased six percent from 1,328,361 people in 2010 to 1,362,359 people in 2020.

Figure 8: Total Population by County, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Total Population	324,697,795	1,335,492	107,602	67,809	292,307	29,982	54,601	121,753	39,759
% Total	100%	100%	8.1%	5.1%	21.9%	2.2%	4.1%	9.1%	3.0%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; ACS Demographic and Housing Estimates.									

Figure 9: Total Population by County, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Total Population	34,201	57,550	151,774	16,836	35,452	50,520	39,539	31,491	204,316
% Total	2.6%	4.3%	11.4%	1.3%	2.7%	3.8%	3.0%	2.4%	15.3%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; ACS Demographic and Housing Estimates.									

[5] Source: https://www.worldatlas.com/articles/us-states-by-population.html

Maine is the oldest state in the country with a median age of 44.7. Almost 20 percent of the population is over the age of 65 with the highest concentrations of seniors in Piscataquis, Lincoln, Hancock, and Washington Counties. An aging population can have many impacts on a community including workforce shifts, specialized housing and health care needs, and potential lost tax revenue for municipalities and the state[6].

Figure 10: Population by Age Groups, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Median Age (years)	38.1	44.7	41.0	48.0	42.2	46.3	48.8	44.4	48.4
Under 5 years	6.1%	4.8%	5.9%	4.9%	4.8%	4.7%	4.4%	4.9%	4.4%
5 to 9 years	6.2%	5.2%	6.2%	4.8%	5.4%	4.8%	5.0%	4.9%	4.9%
10 to 14 years	6.4%	5.4%	6.1%	5.2%	5.2%	5.2%	4.8%	6.1%	5.4%
15 to 19 years	6.5%	5.9%	6.3%	5.6%	6.0%	6.8%	4.9%	6.1%	4.9%
20 to 24 years	6.8%	5.7%	6.1%	5.3%	6.2%	6.6%	4.7%	5.9%	4.8%
25 to 34 years	13.9%	11.8%	12.1%	9.9%	13.5%	11.0%	11.0%	11.5%	10.2%
35 to 44 years	12.6%	11.4%	12.0%	10.4%	12.2%	9.9%	10.4%	11.5%	11.2%
45 to 54 years	13.0%	13.9%	13.8%	13.8%	14.2%	13.0%	13.6%	14.0%	13.2%
55 to 59 years	6.7%	8.0%	7.5%	8.3%	7.9%	8.5%	8.0%	8.2%	7.6%
60 to 64 years	6.2%	7.7%	6.7%	8.3%	6.8%	8.3%	9.1%	7.6%	9.0%
65 to 74 years	9.1%	11.9%	10.1%	13.3%	10.5%	12.9%	14.7%	11.3%	14.3%
75 to 84 years	4.6%	5.6%	5.1%	6.8%	4.9%	5.6%	6.5%	5.5%	6.9%
85 years and over	1.9%	2.5%	2.1%	3.4%	2.4%	3.0%	2.9%	2.6%	3.1%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; ACS Demographic and Housing Estimates.									

- Downeast Maine is home to some of the highest concentrations of seniors in the state.
- Androscoggin County has the lowest median age (41.0) and the highest concentration of youth, especially children under the age of five. Over the recent decades, Androscoggin County has seen an influx of New Americans and refugees calling Lewiston and surrounding towns home. This led Androscoggin County to have a higher percentage of youth. A high percentage of youth may result in additional childcare needs for young families.

[6] Source: Pew Trusts. Seniors' Sweet Tax Breaks Have Become a Target. https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/01/17/seniors-sweet-tax-breaks-have-become-a-target

Figure 11: Population by Age Groups, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Median Age	51.0	47.0	42.0	51.5	46.9	46.4	46.2	48.1	45.2
Under 5 years	4.0%	4.4%	4.7%	4.3%	5.1%	4.7%	4.5%	4.7%	4.7%
5 to 9 years	5.4%	5.1%	4.9%	4.6%	5.6%	6.1%	5.1%	4.9%	4.9%
10 to 14 years	4.2%	5.5%	5.2%	4.6%	4.9%	4.9%	5.7%	5.9%	5.9%
15 to 19 years	4.8%	5.8%	7.0%	5.8%	5.2%	5.6%	5.8%	5.8%	5.7%
20 to 24 years	4.7%	4.7%	7.0%	4.2%	4.4%	4.8%	5.0%	5.2%	5.3%
25 to 34 years	9.7%	10.3%	13.3%	8.4%	11.3%	10.7%	10.7%	9.3%	11.9%
35 to 44 years	10.0%	11.4%	11.2%	10.2%	11.1%	11.4%	11.6%	10.3%	11.4%
45 to 54 years	13.0%	14.0%	13.5%	13.7%	14.2%	14.9%	13.2%	13.0%	14.3%
55 to 59 years	7.5%	8.6%	7.7%	9.0%	8.8%	8.5%	8.1%	8.2%	8.2%
60 to 64 years	9.6%	9.0%	7.3%	9.4%	7.6%	7.8%	8.5%	8.8%	7.9%
65 to 74 years	16.0%	12.6%	10.5%	15.8%	13.1%	12.6%	13.8%	14.2%	11.7%
75 to 84 years	7.9%	6.0%	5.4%	6.7%	6.0%	5.9%	5.7%	7.0%	5.5%
85 years and over	3.2%	2.7%	2.1%	3.4%	2.7%	2.2%	2.2%	2.5%	2.7%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; ACS Demographic and Housing Estimates.									

- Piscataquis County is the oldest county in Maine with a median age of 51.5 years followed closely by Lincoln County (51.0).
- Cumberland County as the highest percentage of workforce-aged individuals (ages 25 to 65) followed by Somerset, Sagadahoc, Oxford, and Penobscot Counties.

Figure 12: Population by Sex, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Male	49.2%	49.0%	48.9%	49.5%	48.5%	49.0%	48.3%	48.8%	49.8%
Female	50.8%	51.0%	51.1%	50.5%	51.5%	51.0%	51.7%	51.2%	50.2%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; ACS Demographic and Housing Estimates.									

- Similar to national trends, Maine has slightly more females than males.

Figure 13: Population by Sex, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Male	49.0%	49.4%	49.6%	49.9%	48.9%	49.5%	49.1%	49.1%	48.8%
Female	51.0%	50.6%	50.4%	50.1%	51.1%	50.5%	50.9%	50.9%	51.2%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; ACS Demographic and Housing Estimates.									

As an historically White state, Maine's diversity has increased significantly over the recent decade due to migration of New Americans and refugees. Maine's diversity is largely concentrated in its largest cities – Portland and Lewiston. The state's largest racial group other than White is Black or African American and American Indian and Alaska Native. Maine is home to several First Peoples, the Abenaki, Maliseet, Micmac, Passamaquoddy, and the Penobscot. Collectively the tribes are known as the Wabanaki. The Passamaquoddy have two reservations in Washington County and the Maliseets have a reservation in Aroostook County.

Figure 14: Population by Race/Ethnicity, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
White	72.5%	96.4%	96.2%	96.5%	94.1%	98.7%	97.1%	97.3%	98.1%
Black or African American	12.7%	2.0%	3.4%	1.5%	3.8%	0.8%	1.2%	1.3%	1.3%
American Indian and Alaska Native	18.0%	1.7%	3.9%	2.8%	1.0%	1.4%	1.1%	1.4%	1.4%
Asian	6.6%	1.7%	1.4%	0.7%	3.1%	0.8%	1.5%	1.3%	0.9%
Native Hawaiian and Other Pacific Islander	0.8%	0.1%	0.1%	0.1%	0.1%	0.3%	0.4%	0.2%	0.2%
Some other race	0.4%	0.4%	0.5%	0.2%	0.6%	0.4%	0.2%	0.3%	0.5%
Hispanic or Latino (of any race)	18.0%	1.7%	1.9%	1.2%	2.1%	1.3%	1.5%	1.6%	1.5%
Not Hispanic or Latino	60.7%	98.3%	98.1%	98.8%	97.9%	98.7%	98.5%	98.4%	98.5%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; ACS Demographic and Housing Estimates									

Figure 15: Population by Race/Ethnicity, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
White	97.9%	98.7%	96.4%	97.1%	97.9%	98.4%	97.9%	92.9%	97.1%
Black or African American	0.5%	1.0%	1.5%	1.0%	1.3%	1.0%	1.2%	1.4%	1.5%
American Indian and Alaska Native	1.0%	1.6%	2.2%	1.4%	1.1%	1.3%	1.3%	6.6%	1.1%
Asian	1.3%	1.1%	1.5%	1.2%	1.2%	1.0%	0.9%	0.8%	1.7%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.1%	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%
Some other race	0.3%	0.2%	0.4%	0.7%	0.5%	0.3%	0.6%	0.5%	0.3%
Hispanic or Latino (of any race)	1.2%	1.4%	1.4%	1.5%	1.7%	1.1%	1.5%	2.4%	1.7%
Not Hispanic or Latino	98.8%	98.6%	98.6%	98.5%	98.3%	98.9%	98.5%	97.6%	98.3%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; ACS Demographic and Housing Estimates.									

- Cumberland, Androscoggin, and Penobscot Counties are Maine's most diverse counties while Oxford, Somerset, Franklin, and Knox Counties are Maine's least diverse counties.
- Washington County is home to the largest percentage of Maine's First People and Hispanic or Latino. Blueberry growers often utilize the help of migrant workers from Central America and Mexico, which has resulted in the high percentage of Hispanic or Latino individuals when compared to other Maine counties.

Only 3.6 percent of Maine's total population was born outside of the United States. Location of birth of the foreign-born population varies widely depending on the county. In Aroostook County and Washington County there is a high percentage of individuals who were born in North America due to bordering Canada. Androscoggin County is home to large numbers of Somali and West African immigrants. In many of Maine's smaller coastal and inland counties, most of the foreign-born individuals originate from Europe.

Figure 16: Foreign Born Population, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Percent Foreign born	13.6%	3.6%	3.5%	4.4%	6.1%	1.5%	3.1%	2.4%	2.3%
Foreign-born population, excluding population born at sea	44,011,407	47,938	3,802	2,975	17,727	437	1,680	2,909	914
Europe	10.8%	23.8%	15.1%	6.3%	20.8%	46.0%	32.4%	27.9%	50.5%
Asia	31.0%	28.7%	18.3%	10.3%	33.3%	26.5%	38.6%	37.0%	17.5%
Africa	5.1%	15.9%	40.7%	4.7%	27.3%	5.5%	2.9%	6.6%	1.6%
Oceania	0.6%	1.1%	0.5%	0.0%	1.7%	0.5%	0.7%	0.4%	0.3%
Latin America	50.6%	10.4%	8.4%	6.6%	9.6%	4.8%	14.5%	4.1%	15.2%
Northern America	1.9%	20.2%	16.9%	72.1%	7.3%	16.7%	11.0%	24.1%	14.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Social Characteristics in the United States.									

- Due to its strong connection with Canada, Aroostook County's approximately 75 percent of foreign-born population was born in Northern America (Canada).
- Androscoggin and Cumberland Counties are home to the largest percentages of individuals born in Africa.
- Hancock and Kennebec Counties have the highest percentage of individuals born in Asia.

Figure 17: Foreign Born Population, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Percent Foreign born	2.7%	1.5%	2.9%	2.0%	4.0%	1.7%	2.2%	4.0%	3.2%
Foreign-born population, excluding population born at sea	934	841	4,385	330	1,412	851	852	1,261	6,628
Europe	45.1%	40.5%	25.4%	9.7%	33.4%	29.7%	38.8%	16.8%	26.4%
Asia	21.0%	24.0%	30.6%	43.9%	23.2%	16.3%	19.8%	9.5%	33.0%
Africa	2.6%	5.1%	7.4%	0.0%	1.7%	3.1%	1.2%	2.1%	4.9%
Oceania	0.3%	0.0%	1.9%	0.9%	0.0%	1.8%	4.6%	0.6%	0.5%
Latin America	16.2%	7.4%	12.1%	10.3%	16.2%	6.1%	18.2%	16.3%	12.4%
Northern America	14.9%	22.9%	22.6%	35.2%	25.5%	43.0%	17.4%	54.6%	22.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Social Characteristics in the United States.									

- For a small, rural county, Piscataquis County has a high percent of foreign-born individuals from Asia.

Understanding languages spoken by Maine residents is important to CAAs and other social service organizations to ensure applications and other programmatic materials are available in the resident's language or translation services are available.

Figure 18: Spoken Languages, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
English only	78.4%	93.9%	89.6%	85.0%	92.7%	98.0%	96.6%	95.6%	96.8%
Language other than English	21.6%	6.1%	10.4%	15.0%	7.3%	2.0%	3.4%	4.4%	3.2%
Speak English less than "very well"	8.4%	1.5%	2.3%	3.2%	2.5%	0.3%	0.8%	1.0%	0.7%
Spanish	13.4%	0.9%	1.0%	0.7%	1.2%	0.5%	0.8%	0.8%	1.0%
Other Indo-European languages	3.7%	3.7%	7.4%	13.6%	3.2%	1.1%	1.5%	2.5%	1.6%
Asian and Pacific Islander languages	3.5%	0.8%	0.5%	0.3%	1.3%	0.3%	1.0%	0.8%	0.5%
Other languages	1.1%	0.7%	1.4%	0.3%	1.6%	0.1%	0.1%	0.3%	0.1%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Social Characteristics in the United States.

- Maine's primary language is English with pockets of all languages spoken instead of English.
- Aroostook County has the lowest percentage of English only speakers due to its historically strong French-Canadian heritage. French is still very much spoken in parts of Aroostook County, especially in the St. John River Valley.

Figure 19: Spoken Languages, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
English only	97.3%	97.1%	95.7%	96.6%	95.4%	96.9%	96.1%	94.0%	93.4%
Language other than English	2.7%	2.9%	4.3%	3.4%	4.6%	3.1%	3.9%	6.0%	6.6%
Speak English less than "very well"	0.4%	0.5%	0.8%	0.9%	0.8%	0.7%	0.5%	1.1%	1.7%
Spanish	0.5%	0.6%	0.8%	1.0%	0.8%	0.7%	0.9%	1.5%	0.9%
Other Indo-European languages	1.6%	1.9%	2.2%	1.4%	2.7%	2.1%	2.6%	1.6%	4.5%
Asian and Pacific Islander languages	0.4%	0.2%	0.7%	0.8%	1.0%	0.3%	0.3%	0.3%	0.7%
Other languages	0.2%	0.2%	0.6%	0.1%	0.1%	0.1%	0.1%	2.6%	0.4%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Social Characteristics in the United States.									

- The highest percentage of Spanish speakers are in Washington County where migrant workers are hired to harvest the blueberry barrens and other agricultural industries.

Households

Maine residents account for 559,921 households across the state with the highest number of households in Cumberland, York, and Penobscot Counties. Approximately 50 percent of all households in the state are comprised of married-couple families. Of the married-couple families, only approximately one in six have children under the age of 18 living at home. This means that a majority of married-couple families do not have children or are considered "empty nesters." Approximately one in four households in the state of Maine is female householder with no spouse or partner present. Of those female households, 3.7 percent have children under the age of 18 and approximately 10 percent are over the age of 65.

Figure 20: Households by Type, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Total households	120,756,048	559,921	45,630	29,516	120,644	11,848	23,661	52,105	17,020
Married-couple family	48.2%	48.6%	45.5%	49.6%	48.1%	49.9%	51.3%	46.0%	49.1%
With own children of the householder under 18 years	18.8%	15.3%	15.8%	14.8%	17.5%	15.5%	14.6%	14.0%	13.5%
Cohabiting couple household	6.3%	8.9%	11.7%	6.2%	8.5%	6.8%	8.0%	10.8%	8.0%
With own children of the householder under 18 years	2.2%	2.6%	4.3%	2.0%	1.5%	1.8%	2.4%	3.3%	2.3%
Male householder, no spouse/partner present	17.8%	17.1%	18.9%	19.6%	17.1%	19.0%	15.9%	17.0%	15.3%
With own children of the householder under 18 years	1.3%	1.3%	2.0%	1.5%	1.3%	1.0%	1.1%	1.3%	1.1%
Householder living alone	12.5%	12.8%	13.9%	15.6%	12.0%	14.9%	12.1%	13.5%	12.4%
65 years and over	3.5%	4.2%	3.6%	5.8%	3.6%	5.4%	4.1%	4.7%	5.0%
Female householder, no spouse/partner present	27.7%	25.3%	23.9%	24.6%	26.3%	24.4%	24.8%	26.2%	27.6%

With own children of the householder under 18 years	5.3%	3.7%	4.4%	3.0%	3.6%	3.2%	4.1%	3.9%	4.1%
Householder living alone	15.4%	16.8%	15.1%	17.5%	18.0%	16.7%	17.6%	16.8%	19.5%
65 years and over	7.5%	9.1%	8.4%	10.4%	8.8%	9.0%	10.7%	8.9%	12.0%
Households with one or more people under 18 years	31.0%	25.3%	28.8%	23.8%	25.8%	24.6%	24.3%	25.0%	22.8%
Households with one or more people 65 years and over	29.4%	33.4%	29.4%	37.3%	30.2%	35.9%	38.5%	32.3%	40.3%
Average household size	2.62	2.32	2.29	2.22	2.35	2.43	2.24	2.26	2.24
Average family size	3.23	2.85	2.82	2.79	2.94	3.01	2.72	2.8	2.79
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Social Characteristics in the United States.									

Figure 21: Households by Type, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Total households	15,336	21,338	62,156	7,025	15,980	21,321	17,236	13,791	85,314
Married-couple family	50.2%	51.4%	46.3%	49.5%	51.3%	47.7%	50.5%	45.5%	51.7%
With own children of the householder under 18 years	12.3%	12.9%	14.4%	12.4%	15.8%	13.4%	14.6%	11.7%	16.8%
Cohabiting couple household	8.2%	9.3%	9.1%	8.5%	7.8%	10.5%	11.9%	9.5%	7.8%
With own children of the householder under 18 years	2.9%	4.2%	3.2%	3.3%	2.3%	3.1%	4.7%	3.8%	1.6%
Male householder, no spouse/partner present	14.9%	16.5%	18.1%	19.4%	16.8%	16.9%	14.5%	18.1%	16.1%
With own children of the householder under 18 years	1.0%	1.2%	1.4%	1.5%	1.5%	0.9%	1.1%	1.1%	1.1%
Householder living alone	11.4%	12.4%	12.8%	15.2%	13.2%	12.7%	11.2%	14.4%	11.7%
65 years and over	4.3%	4.8%	4.0%	7.4%	4.1%	5.8%	3.4%	6.1%	3.5%
Female householder, no spouse/partner present	26.7%	22.9%	26.5%	22.7%	24.1%	25.0%	23.0%	26.9%	24.4%
With own children of the householder under 18 years	4.0%	2.3%	3.7%	3.8%	3.8%	4.1%	2.9%	4.1%	3.7%
Householder living alone	17.9%	15.7%	16.9%	15.3%	17.7%	15.1%	15.9%	17.6%	15.7%

65 years and over	12.5%	8.6%	8.5%	9.2%	9.6%	8.9%	8.2%	9.8%	8.8%
Households with one or more people under 18 years	22.7%	23.4%	25.3%	23.3%	26.0%	24.5%	26.5%	24.1%	25.7%
Households with one or more people 65 years and over	42.9%	36.5%	30.5%	42.7%	34.2%	35.4%	36.3%	38.4%	33.3%
Average household size	2.19	2.66	2.33	2.34	2.21	2.33	2.26	2.21	2.36
Average family size	2.64	3.2	2.85	2.84	2.7	2.81	2.67	2.72	2.87
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Social Characteristics in the United States.									

Household Income and Poverty Status

The state median household income for 2019 was $57,918. However, the median household income varies widely from $73,072 in Cumberland County to $40,890 in Piscataquis County. Household income also varies based on the household's race and/or ethnicity across Maine's counties, with American Indian and Alaska Natives and Hispanic or Latino households generally earning less than their White counterparts.

Figure 22: Household Income, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Number of Households	120,756,048	559,921	45,630	29,516	120,644	11,848	23,661	52,105	17,020
Less than $10,000	6.0%	5.7%	5.7%	8.7%	4.9%	5.3%	5.8%	6.2%	4.0%
$10,000 to $14,999	4.3%	5.1%	4.9%	8.9%	3.5%	6.5%	5.5%	4.8%	5.4%
$15,000 to $24,999	8.9%	10.0%	10.7%	13.7%	7.1%	10.7%	8.9%	10.8%	10.0%
$25,000 to $34,999	8.9%	9.6%	9.6%	12.1%	7.4%	11.1%	9.6%	10.0%	10.0%
$35,000 to $49,999	12.3%	13.2%	16.1%	14.2%	10.8%	15.3%	13.6%	13.9%	12.7%
$50,000 to $74,999	17.2%	18.6%	18.5%	17.4%	17.4%	22.1%	20.1%	18.3%	19.8%
$75,000 to $99,999	12.7%	13.8%	13.3%	11.1%	14.3%	12.7%	13.4%	14.9%	14.4%
$100,000 to $149,999	15.1%	14.5%	13.9%	8.9%	18.1%	10.0%	12.8%	13.0%	14.9%
$150,000 to $199,999	6.8%	5.1%	4.6%	3.0%	8.0%	3.0%	4.9%	4.4%	4.8%
$200,000 or more	7.7%	4.6%	2.7%	2.1%	8.5%	3.3%	5.4%	3.6%	4.0%
Median income	$62,843	$57,918	$53,509	$41,123	$73,072	$51,422	$57,178	$55,365	$57,751
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Income in the Past 12 Months.									

Figure 23:Household Income, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Number of Households	15,336	21,338	62,156	7,025	15,980	21,321	17,236	13,791	85,314
Less than $10,000	5.4%	6.2%	6.5%	7.9%	4.4%	8.8%	6.7%	9.7%	3.4%
$10,000 to $14,999	5.0%	5.0%	5.9%	9.8%	4.8%	8.9%	4.5%	7.8%	3.9%
$15,000 to $24,999	9.8%	12.6%	12.6%	12.7%	8.4%	12.8%	11.6%	13.2%	7.9%
$25,000 to $34,999	9.2%	11.6%	10.5%	12.5%	9.6%	11.2%	11.2%	12.6%	8.6%
$35,000 to $49,999	13.9%	15.4%	13.7%	17.0%	12.5%	13.6%	13.9%	14.6%	12.4%
$50,000 to $74,999	20.2%	19.4%	18.1%	19.6%	18.0%	19.4%	18.3%	18.9%	19.2%
$75,000 to $99,999	14.5%	13.0%	12.9%	8.3%	17.5%	11.9%	14.4%	10.8%	14.8%
$100,000 to $149,999	14.0%	11.5%	12.7%	8.8%	16.7%	9.2%	12.9%	8.9%	18.1%
$150,000 to $199,999	3.8%	3.4%	3.7%	1.6%	5.2%	2.9%	3.3%	2.0%	6.0%
$200,000 or more	4.2%	1.8%	3.2%	1.7%	3.0%	1.4%	3.2%	1.5%	5.6%
Median income	$57,720	$49,204	$50,808	$40,890	$63,694	$44,256	$51,931	$41,347	$67,830
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Income in the Past 12 Months.									

Figure 24: Household Income by Race/Ethnicity, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Total Households	$62,843	$57,918	$53,509	$41,123	$73,072	$51,422	$57,178	$55,365	$57,751
One Race									
White	$68,785	$58,459	$54,231	$41,605	$74,400	$52,111	$56,967	$56,054	$58,150
Black or African American	$41,935	$42,901	$34,844	ND	$38,077	$93,125	ND	$37,639	$87,039
American Indian and Alaska Native	$43,825	$33,767	$36,563	$24,196	$98,125	ND	$46,538	$33,409	ND
Asian	$88,204	$63,763	$78,299	ND	$71,563	$50,500	$62,196	$41,411	$54,423
Native Hawaiian and Other Pacific Islander	$63,613	ND	ND	ND	ND	ND	ND	ND	ND
Some other race	$49,221	$58,049	$58,958	ND	$100,286	ND	ND	ND	ND
Two or more races	$59,184	$42,317	$41,658	$38,750	$50,669	ND	$53,750	$41,094	$25,735
Hispanic or Latino origin (of any race)	$51,811	$52,925	$41,146	$43,125	$58,578	$46,042	$62,115	$44,722	ND
White alone, not Hispanic or Latino	$68,785	$58,522	$54,539	$41,624	$74,538	$52,168	$56,906	$55,987	$58,198
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Median Income in the Past 12 Months.									

Figure 25: Household Income by Race/Ethnicity, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Total Households	$57,720	$49,204	$50,808	$40,890	$63,694	$44,256	$51,931	$41,347	$67,830
One Race									
White	$58,462	$49,336	$51,482	$40,938	$64,294	$44,342	$52,036	$41,979	$68,267
Black or African American	ND	ND	$40,183	ND	$60,735	$51,136	ND	$90,341	$51,818
American Indian and Alaska Native	$19,719	ND	$24,662	ND	$30,926	ND	ND	$27,961	$60,701
Asian	ND	$53,750	$50,815	ND	ND	$11,694	$112,708	$71,250	$66,114
Native Hawaiian and Other Pacific Islander	ND	ND	ND	ND	ND	ND	ND	ND	ND
Some other race	$8,869	ND	$66,938	$16,625	ND	ND	ND	ND	$85,054
Two or more races	$40,764	$39,894	$27,950	ND	$44,063	$44,000	$62,870	$41,364	$57,609
Hispanic or Latino origin (of any race)	ND	$27,194	$58,750	$36,679	$72,557	$22,120	$36,354	$63,750	$63,467
White alone, not Hispanic or Latino	$58,734	$49,513	$51,307	$40,995	$64,217	$44,494	$52,237	$41,881	$68,579
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Median Income in the Past 12 Months.									

Approximately 12 percent of Maine residents live below the Federal Poverty Level (FPL). One in five individuals in Somerset County lives in poverty while only 7.4 percent of York County residents live below the FPL. Childhood poverty is abundant in many Maine counties. Approximately one in three children live below the FPL in Somerset, Oxford, and Washington Counties. Children growing up in low socioeconomic households may experience negative impacts on their overall health and cognitive development that can impact them into adulthood. Generational poverty also plays a role in childhood poverty. The best protection against further increasing the childhood poverty rate and breaking generational poverty is access to the workforce, quality childcare, and adequate employment and education for parents.

Figure 26: Poverty by Age Groups, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Total Population	13.4%	11.8%	11.8%	16.1%	9.0%	11.5%	10.8%	12.8%	9.9%
Under 5 years	20.3%	17.0%	18.5%	26.1%	9.0%	21.2%	12.6%	19.1%	24.4%
5 to 17 years	17.9%	14.4%	13.8%	17.5%	10.1%	11.9%	13.5%	16.6%	12.9%
18 to 34 years	16.3%	16.0%	15.9%	20.3%	12.1%	14.2%	14.4%	16.5%	12.0%
35 to 64 years	10.5%	9.9%	9.8%	14.5%	7.7%	9.9%	8.8%	10.7%	7.4%
65 years and over	9.3%	8.7%	7.4%	13.0%	7.8%	10.0%	10.1%	9.4%	8.3%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Poverty Status in the Past 12 Months.									

Figure 27: Poverty by Age Groups, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Total Population	12.3%	15.1%	14.8%	18.5%	9.6%	20.4%	13.5%	18.9%	7.4%
Under 5 years	25.0%	30.3%	17.5%	28.3%	15.9%	36.1%	24.8%	28.9%	9.0%
5 to 17 years	18.1%	24.1%	17.8%	24.2%	14.6%	28.1%	15.7%	25.3%	8.0%
18 to 34 years	17.4%	20.8%	23.0%	24.9%	15.2%	25.5%	19.4%	22.4%	10.6%
35 to 64 years	10.0%	12.1%	12.0%	19.0%	6.4%	16.3%	12.4%	17.9%	6.0%
65 years and over	8.2%	7.8%	8.4%	9.8%	7.0%	15.4%	7.2%	12.4%	6.7%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Poverty Status in the Past 12 Months.									

- Approximately one in three children under the age of five live below the Federal Poverty Level (FPL) in Somerset County.
- Somerset, Washington, and Piscataquis Counties have the higher poverty rates for the total population.
- Approximately one in six seniors lives below the FPL in Somerset County.
- York County then Cumberland County have the lowest poverty rates in the state.

Educational attainment and poverty are directly linked. Individuals with a higher level of education attainment are less likely to experience poverty compared to individuals who have less than a high school diploma or even a high school diploma or equivalency. Additionally, for children who live in poverty, research[7] has shown that they are likely to start the school year already behind their peers from higher income households.

Figure 28: Poverty by Education Attainment, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Less than high school graduate	24.9%	26.2%	22.8%	27.8%	28.2%	17.9%	27.2%	25.5%	18.7%
High school graduate (includes equivalency)	13.5%	13.8%	12.4%	17.5%	13.6%	12.4%	14.0%	13.8%	9.9%
Some college, associate's degree	9.6%	9.1%	7.6%	12.3%	8.5%	7.2%	7.3%	11.0%	10.3%
Bachelor's degree or higher	4.3%	4.1%	3.2%	6.1%	3.9%	6.6%	5.3%	3.8%	3.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Poverty Status in the Past 12 Months.									

[7] Source: Child Trends. The Other Achievement Gap: Poverty and Academic Success. https://www.childtrends.org/blog/the-other-achievement-gap-poverty-and-academic-success

Figure 29: Poverty by Education Attainment, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Less than high school graduate	32.9%	30.8%	25.7%	31.7%	21.9%	43.0%	25.4%	31.5%	18.0%
High school graduate (includes equivalency)	13.0%	14.3%	16.0%	18.8%	12.2%	20.0%	14.1%	19.7%	9.2%
Some college, associate's degree	10.5%	10.3%	10.6%	13.4%	6.6%	10.8%	11.7%	14.3%	5.6%
Bachelor's degree or higher	3.0%	5.2%	5.1%	6.1%	2.5%	5.7%	5.4%	7.9%	2.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Poverty Status in the Past 12 Months.									

- Approximately one in four individuals who have less than a high school diploma in Maine lives below the Federal Poverty Level (FPL) compared to only 4.1 percent of individuals who have earned a bachelor's degree or higher.

Historically, discrimination, marginalization, and systemic racism has hindered the upward mobility for ethnic and racial minorities seeking to escape poverty in the United States. The poverty rates in Maine are much higher for all racial and ethnic groups when compared to White residents.

Figure 30: Poverty by Race/Ethnicity, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
White alone	11.1%	11.1%	10.2%	15.2%	7.8%	11.1%	10.7%	12.3%	9.8%
Black or African American alone	23.0%	34.8%	49.6%	38.4%	37.3%	0.0%	25.2%	30.6%	0.0%
American Indian and Alaska Native alone	24.9%	29.1%	34.9%	40.5%	10.9%	0.0%	10.4%	19.4%	0.0%
Asian alone	10.9%	13.0%	5.6%	22.2%	14.0%	2.9%	6.4%	9.4%	0.0%
Native Hawaiian and Other Pacific Islander alone	17.5%	27.0%	ND	25.0%	0.0%	0.0%	0.0%	69.4%	100.0%
Some other race alone	21.0%	12.5%	18.0%	53.1%	3.3%	0.0%	44.6%	25.0%	0.0%
Two or more races	16.7%	21.7%	23.8%	21.0%	18.7%	34.7%	12.3%	29.2%	21.8%
Hispanic or Latino origin (of any race)	19.6%	18.6%	10.8%	27.8%	14.2%	7.5%	8.4%	32.7%	5.4%
White alone, not Hispanic or Latino	9.6%	11.0%	10.2%	15.1%	7.7%	11.1%	10.7%	12.1%	9.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Poverty Status in the Past 12 Months

Figure 31: Poverty by Race/Ethnicity, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
White alone	12.3%	14.8%	14.0%	18.8%	9.5%	19.9%	13.1%	17.7%	7.2%
Black or African American alone	9.5%	58.0%	22.7%	0.0%	15.9%	18.0%	60.9%	16.2%	21.3%
American Indian and Alaska Native alone	6.9%	41.8%	36.2%	12.6%	9.4%	63.5%	23.3%	40.1%	7.4%
Asian alone	0.3%	25.6%	29.9%	4.8%	0.0%	50.3%	4.5%	0.0%	7.4%
Native Hawaiian and Other Pacific Islander alone	ND	0.0%	63.8%	ND	ND	ND	ND	0.0%	11.3%
Some other race alone	66.7%	23.6%	11.9%	1.7%	0.0%	15.0%	1.3%	28.6%	10.3%
Two or more races	18.1%	16.0%	28.8%	25.2%	17.8%	26.7%	23.3%	23.3%	14.8%
Hispanic or Latino origin (of any race)	44.7%	10.1%	26.5%	14.3%	2.0%	38.1%	8.5%	21.2%	22.5%
White alone, not Hispanic or Latino	12.0%	14.9%	14.0%	18.7%	9.6%	19.7%	13.1%	17.6%	6.9%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Poverty Status in the Past 12 Months.									

Housing

Maine has a unique housing inventory that may be atypical to other states. Being in New England means that Maine's housing inventory is old with some buildings dating back as early as the 18th-century. Maine's rental unit supply is often comprised of old single-family homes, schools, and factories converted into multiunit or apartment complexes. Old housing units can come with additional caveats, such as lead-based paint, old heating systems, old electrical and plumbing, and poor insulation against the cold, among other issues.

Maine is also a very large rural state and home to many vacation or second homes to out-of-staters or people who split their time between Maine in the summer and warmer climates during the winter months. Vacation homes are often found along Maine's coast, in the lakes regions, and in western mountains of the state where there is an abundant of outdoor activities.

The COVID-19 pandemic exacerbated an already identified affordable housing crisis in Maine. Many families lost or greatly reduced their income as many businesses across the state shut down or reduced their hours during the pandemic, which impacted many households' ability to pay rent or mortgage. A September 2, 2021, MaineHousing Emergency Rental Assistance Program report revealed that 10,806 households have received emergency rent and utility assistance across the state since the beginning of the pandemic.

Additionally, for families trying to purchase a house, the low supply and high demand increased the median sales price of houses in Maine dramatically. According to the Maine Association of Realtors[8], the statewide median sales price (MSP) was $256,000, an increase of 13.78 percent over the previous year. Many low-income or first time homebuyers were priced out of the market due to high prices and cash buyers.

[8] Maine Home Values Jumped 13.78 Percent in 2020; Sales Increased 9.82 Percent. https://www.mainerealtors.com/wp-content/uploads/2021/01/MaineHousingReport-December2020.pdf

Maine is home to 742,788 housing units across the state with the highest concentration of units in Cumberland and York Counties. Piscataquis County has the lowest number of housing units with just over 15,000 scattered across a very geographically large county. Known as Vacationland, Maine has an unusually high number of vacant housing units due to second homes and vacation homes for people in and outside of Maine. Over 50 percent of the total housing stock in Piscataquis County is vacant followed by Franklin, Hancock, Oxford, and Washington Counties.

Figure 32:Total Housing Units, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Total housing units	137,428,986	742,788	49,892	39,916	144,470	22,181	41,260	62,754	24,400
Occupied housing units	87.9%	75.4%	91.5%	73.9%	83.5%	53.4%	57.3%	83.0%	69.8%
Vacant housing units	12.1%	24.6%	8.5%	26.1%	16.5%	46.6%	42.7%	17.0%	30.2%
Homeowner vacancy rate	1.6	1.8	1.6	2.9	1.3	3.1	2.2	1.5	2
Rental vacancy rate	6.0	6.0	2.6	9	4.7	8.8	6	5.7	8.1
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

Figure 33: Total Housing Units, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Total housing units	23,978	36,942	75,789	15,463	18,830	30,868	22,455	23,364	110,226
Occupied housing units	64.0%	57.8%	82.0%	45.4%	84.9%	69.1%	76.8%	59.0%	77.4%
Vacant housing units	36.0%	42.2%	18.0%	54.6%	15.1%	30.9%	23.2%	41.0%	22.6%
Homeowner vacancy rate	2	2.4	1.5	4.1	0.3	2.2	2.1	3.0	1.7
Rental vacancy rate	3.5	20.2	6.6	3.6	7.0	4.5	4.4	7.9	5.8
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

Approximately one-third of all occupied housing units are occupied by renters in Maine. Androscoggin County has the highest percentage of renter-occupied housing at 35.7 percent followed by Cumberland County (30.7%) and Penobscot County (30.6%). Each of these three counties are home to Maine's largest cities and economic centers. Oxford County has the highest percentage of owner-occupied housing units at 80.8 percent.

Figure 34: Housing Occupancy, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Occupied housing units	122,802,852	559,921	45,630	29,516	120,644	11,848	23,661	52,105	17,020
Owner-occupied	64.1%	72.3%	64.3%	72.0%	69.3%	79.4%	76.3%	70.5%	77.2%
Renter-occupied	35.9%	27.7%	35.7%	28.0%	30.7%	20.6%	23.7%	29.5%	22.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

Figure 35: Housing Occupancy, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Occupied housing units	15,336	21,338	62,156	7,025	15,980	21,321	17,236	13,791	85,314
Owner-occupied	79.2%	80.8%	69.4%	75.9%	74.5%	76.1%	79.2%	76.5%	73.9%
Renter-occupied	20.8%	19.2%	30.6%	24.1%	25.5%	23.9%	20.8%	23.5%	26.1%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

Overall, owner-occupied housing is largely single detached homes while renter-occupied housing consists of small to large apartment complexes. This varies across the state with slightly more renters occupying single-family units in more rural counties where apartment complexes are rare. Approximately one in ten Maine residents live in a mobile home or other type of housing. Mobile homes are more prevalent in rural counties compared to more urban counties.

Figure 36: Occupied Housing Units by Type, Table A

	United States		Maine		Androscoggin County		Aroostook County		Cumberland County		Franklin County	
	Percent owner-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
Occupied housing units	78,724,862	44,077,990	404,759	155,162	29,359	16,271	21,246	8,270	83,578	37,066	9,410	2,438
UNITS IN STRUCTURE												
1, detached	82.4%	26.7%	84.3%	23.6%	83.1%	17.7%	86.9%	27.8%	84.0%	17.8%	86.5%	32.5%
1, attached	5.9%	6.2%	2.4%	3.1%	1.6%	1.4%	0.5%	2.2%	5.1%	5.6%	1.1%	1.1%
2 apartments	1.2%	7.2%	2.0%	13.6%	3.8%	16.2%	1.0%	10.4%	3.0%	14.0%	0.6%	10.7%
3 or 4 apartments	0.9%	10.1%	0.9%	19.5%	0.7%	17.6%	0.4%	23.4%	1.8%	19.7%	0.4%	21.3%
5 to 9 apartments	0.8%	11.5%	0.4%	14.3%	0.2%	19.9%	0.0%	12.5%	0.8%	13.5%	0.4%	15.3%
10 or more apartments	2.6%	33.9%	0.5%	18.6%	0.0%	21.8%	0.1%	16.4%	1.3%	27.0%	0.2%	11.2%
Mobile home or other type of housing	6.2%	4.4%	9.5%	7.3%	10.6%	5.5%	11.2%	7.3%	4.1%	2.3%	10.8%	7.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units												

Figure 37: Occupied Housing Units by Types, Table B

	Hancock County		Kennebec County		Knox County		Lincoln County		Oxford County		Penobscot County	
	Percent owner-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
Occupied housing units	18,056	5,605	36,752	15,353	13,146	3,874	12,148	3,188	17,242	4,096	43,123	19,033
UNITS IN STRUCTURE												
1, detached	89.0%	36.6%	84.4%	19.8%	87.8%	26.9%	86.7%	38.7%	83.7%	38.3%	81.7%	21.3%
1, attached	0.9%	1.3%	1.3%	1.7%	2.2%	4.2%	0.6%	0.5%	0.8%	1.9%	1.7%	2.9%
2 apartments	1.5%	14.4%	1.9%	15.5%	1.2%	16.5%	0.3%	7.5%	1.6%	7.8%	1.5%	11.1%
3 or 4 apartments	0.2%	13.4%	0.9%	15.4%	0.3%	14.9%	0.1%	20.7%	0.4%	18.1%	0.3%	25.0%
5 to 9 apartments	0.1%	7.9%	0.3%	20.9%	0.3%	11.5%	0.0%	8.4%	0.0%	10.4%	0.3%	14.0%
10 or more apartments	0.1%	15.3%	0.3%	15.7%	0.5%	18.3%	0.2%	9.8%	0.0%	13.0%	0.1%	17.1%
Mobile home or other type of housing	8.2%	11.1%	10.8%	11.0%	7.8%	7.7%	12.0%	14.4%	13.4%	10.5%	14.3%	8.6%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

Figure 38: Occupied Housing Units by Type, Table C

	Piscataquis County		Sagadahoc County		Somerset County		Waldo County		Washington County		York County	
	Percent owner-occupied housing units	Percent owner-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
Occupied housing units	5,332	1,693	11,909	4,071	16,230	5,091	13,649	3,587	10,553	3,238	63,026	22,288
UNITS IN STRUCTURE												
1, detached	84.3%	40.5%	84.0%	30.1%	82.6%	33.4%	82.8%	37.2%	83.6%	39.7%	84.2%	21.6%
1, attached	1.2%	1.5%	2.6%	4.2%	0.6%	1.7%	1.7%	1.5%	0.3%	1.0%	3.6%	3.7%
2 apartments	1.1%	9.0%	1.2%	17.2%	1.0%	10.7%	1.0%	9.5%	0.7%	6.0%	2.7%	16.5%
3 or 4 apartments	0.4%	24.0%	0.6%	17.0%	0.3%	17.5%	0.2%	13.1%	0.2%	16.4%	1.3%	21.5%
5 to 9 apartments	0.1%	4.9%	0.3%	8.8%	0.2%	6.5%	0.4%	18.3%	0.0%	11.5%	0.5%	14.8%
10 or more apartments	0.1%	8.2%	0.3%	11.4%	0.0%	10.0%	0.0%	4.2%	0.1%	11.2%	0.7%	17.8%
Mobile home or other type of housing	12.9%	11.9%	11.1%	11.2%	15.2%	20.2%	13.9%	16.1%	15.2%	14.1%	6.9%	4.0%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

According to the 2019 American Community Survey, the median home age in Maine is 45 years old. New York has the oldest housing stock at 63 years old followed by the other New England states[9]. An old housing stock can come with many challenges, such as lead-based paint, inefficient insulation, and old electrical, plumbing, and heating systems. On average, Maine's rental units are older than owner-occupied housing units. Androscoggin County is home to the oldest housing stock in the state with 56.2 percent of its renter-occupied housing units built before 1960. Aroostook and Piscataquis Counties have the oldest owner-occupied housing stock with each over 40 percent of their owner-occupied housing built before 1960.

Figure 39: Year Structure Built, Table A

	United States		Maine		Androscoggin County		Aroostook County		Cumberland County		Franklin County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
2014 or later	2.4%	2.5%	1.7%	1.3%	0.7%	0.7%	0.7%	0.8%	2.4%	2.0%	1.2%	1.5%
2010 to 2013	2.8%	3.1%	2.5%	1.8%	2.2%	1.2%	1.7%	2.0%	2.6%	1.8%	1.7%	2.3%
2000 to 2009	14.1%	11.1%	15.3%	7.3%	13.0%	3.6%	10.6%	3.7%	13.8%	7.7%	12.4%	2.9%
1980 to 1999	27.4%	26.9%	28.0%	24.8%	23.8%	19.5%	21.4%	28.3%	27.5%	21.3%	27.8%	25.3%
1960 to 1979	25.8%	28.0%	20.6%	22.4%	24.1%	18.8%	25.1%	27.4%	19.9%	19.5%	27.4%	31.3%
1940 to 1959	15.3%	14.6%	10.9%	13.0%	14.2%	14.2%	17.6%	19.8%	13.4%	13.3%	8.4%	10.0%
1939 or earlier	12.2%	13.7%	21.0%	29.4%	21.8%	42.0%	23.0%	18.0%	20.4%	34.5%	21.2%	26.7%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

[9] The Median Age of Homes in the United States by Build Year. https://housemethod.com/home-warranty/median-home-age-us/

Figure 40: Year Structure Built, Table B

	Hancock County		Kennebec County		Knox County		Lincoln County		Oxford County		Penobscot County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
2014 or later	1.3%	1.1%	1.1%	1.4%	1.2%	0.5%	1.8%	1.3%	1.6%	0.1%	1.7%	1.9%
2010 to 2013	2.4%	2.4%	2.7%	0.6%	2.1%	0.5%	1.6%	0.2%	2.2%	1.6%	2.6%	2.9%
2000 to 2009	19.8%	13.5%	15.8%	6.6%	16.7%	10.8%	18.2%	10.7%	15.1%	6.9%	15.5%	8.0%
1980 to 1999	31.7%	32.7%	27.3%	22.4%	26.7%	24.2%	33.4%	33.0%	25.0%	30.6%	27.2%	26.1%
1960 to 1979	18.4%	26.5%	21.8%	27.2%	16.0%	20.3%	16.9%	20.7%	21.5%	21.9%	21.6%	23.2%
1940 to 1959	6.7%	7.2%	12.0%	14.2%	6.9%	10.2%	6.0%	7.2%	10.7%	14.7%	11.7%	14.2%
1939 or earlier	19.7%	16.6%	19.3%	27.6%	30.4%	33.7%	22.1%	26.9%	23.8%	24.3%	19.7%	23.6%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

Figure 41: Year Structure Built, Table C

	Piscataquis County		Sagadahoc County		Somerset County		Waldo County		Washington County		York County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
2014 or later	0.9%	1.1%	2.0%	1.3%	1.0%	0.2%	2.1%	0.9%	1.6%	0.6%	2.1%	0.6%
2010 to 2013	1.5%	0.8%	2.4%	1.5%	2.7%	1.4%	3.9%	2.2%	2.6%	0.9%	2.8%	2.7%
2000 to 2009	11.9%	3.6%	16.0%	4.6%	13.4%	4.4%	19.9%	13.5%	13.3%	9.3%	17.6%	8.7%
1980 to 1999	26.0%	27.5%	31.3%	24.4%	30.0%	30.4%	30.1%	33.3%	26.3%	30.4%	31.6%	26.1%
1960 to 1979	19.6%	31.4%	18.4%	18.4%	21.0%	24.9%	17.5%	20.6%	20.3%	29.7%	19.2%	21.4%
1940 to 1959	10.1%	13.4%	6.9%	16.4%	7.4%	9.9%	5.4%	8.1%	8.2%	8.1%	9.8%	11.7%
1939 or earlier	30.1%	22.2%	23.0%	33.4%	24.4%	28.7%	21.0%	21.4%	27.7%	21.0%	17.0%	28.7%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

The median owner-occupied home value in Maine was $190,4000 in 2019. Cumberland and York Counties have the highest median home value whereas Aroostook County has the lowest. The COVID-19 pandemic had a huge impact on the housing market in Maine starting in 2020. According to the Maine Association of Realtors[10], the statewide median sales price (MSP) was $256,000, an increase of 13.78 percent over the previous year.

Rural and coastal counties saw the highest increase in median sales price, such as Lincoln (32.09%), Franklin (31.00%), Waldo (23.42%), and Oxford (20.46%). Aaron Bolster, the President of the Maine Association of Realtors said, "Sustained low mortgage rates, Maine's rural geography and controlled COVID experience relative to the rest of the U.S., plus the emergence of teleworking, and the allure of our beautiful four-season recreational state has created unprecedented demand for residential real estate in Maine" in the report. Tom Landry, a Portland-based realtor reported in the MaineBiz[11] that approximately 30 percent of homebuyers in 2020 where was out-of-staters. Most were from Massachusetts, New Hampshire, New York, Florida, and California, among other states.

Figure 42: Owner-Occupied Unit Value, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Less than $50,000	6.9%	6.8%	6.5%	15.0%	2.5%	7.7%	4.2%	6.0%	3.5%
$50,000 to $99,999	12.0%	12.5%	13.6%	35.3%	2.8%	22.8%	8.5%	14.9%	5.5%
$100,000 to $149,999	13.3%	15.6%	25.0%	21.6%	5.3%	24.2%	14.1%	24.0%	15.5%
$150,000 to $199,999	14.0%	18.0%	23.6%	13.6%	13.1%	20.1%	19.6%	23.6%	21.8%
$200,000 to $299,999	19.6%	24.3%	21.6%	9.9%	33.4%	15.9%	25.8%	20.2%	24.4%
$300,000 to $499,999	19.3%	16.3%	7.8%	3.6%	30.1%	6.2%	17.2%	8.6%	20.6%
$500,000 to $999,999	11.4%	5.3%	1.4%	0.6%	11.0%	1.9%	8.3%	2.0%	7.2%
$1,000,000 or more	3.4%	1.2%	0.5%	0.4%	1.8%	1.2%	2.3%	0.6%	1.4%
Median (dollars)	$217,500	$190,400	$158,200	$99,600	$278,100	$139,800	$212,700	$159,400	$213,400
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

[10] Maine Home Values Jumped 13.78 Percent in 2020; Sales Increased 9.82 Percent. https://www.mainerealtors.com/wp-content/uploads/2021/01/MaineHousingReport-December2020.pdf

[11] Here's a Breakdown on Where Maine's Out-of-State Homebuyers are Coming From. https://www.mainebiz.biz/article/heres-a-breakdown-on-where-maines-out-of-state-homebuyers-are-coming-from

Figure 43: Owner-Occupied Unit Value, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Less than $50,000	4.3%	10.6%	11.8%	16.5%	5.2%	12.3%	8.9%	15.7%	3.6%
$50,000 to $99,999	7.7%	19.8%	18.8%	29.8%	7.2%	28.3%	14.3%	28.5%	4.0%
$100,000 to $149,999	13.9%	22.0%	21.6%	18.6%	14.5%	24.9%	20.1%	18.2%	7.7%
$150,000 to $199,999	19.8%	18.7%	21.5%	16.0%	18.6%	14.1%	21.2%	15.7%	16.5%
$200,000 to $299,999	24.5%	17.2%	18.2%	12.4%	29.2%	13.2%	20.9%	12.0%	33.2%
$300,000 to $499,999	19.1%	9.2%	6.5%	5.1%	18.0%	5.9%	10.4%	7.0%	25.4%
$500,000 to $999,999	7.9%	2.1%	1.2%	1.1%	6.0%	1.1%	3.4%	2.3%	8.0%
$1,000,000 or more	2.8%	0.4%	0.4%	0.4%	1.4%	0.2%	0.8%	0.6%	1.6%
Median (dollars)	$215,400	$144,100	$144,700	$109,500	$213,400	$115,700	$163,000	$112,400	$252,300
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

It is recommended that a household should not spend more than 30 percent of its income on housing costs. This general guideline dates back to the Brooke Amendment[12] developed by Senator Edward Brooke in 1969 as a way to cap public housing resident's rent contribution to 25 percent of their income. It was increased to 30 percent in 1981.

Almost 40 percent of Mainers do not have a mortgage on a home they owner-occupy. Mainers without a mortgage on their home likely have more "free" income that can be spent on things other than housing or may live on fixed incomes, like many seniors. Homeowners with no mortgage also have equity in their homes that those with mortgages might not have.

Mortgages and other housing costs, like property taxes, insurance, and regular maintenance, constitute a large portion of household's income. For a low-income or fixed income household, a roof or HVAC replacement could be detrimental to their financial stability. Many households may choose to delay major home repairs which could lead to even more costly repairs, condemnations, or safety issues.

Figure 44: Mortgage Status, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Owner-occupied units	77,274,381	404,759	29,359	21,246	83,578	9,410	18,056	36,752	13,146
Housing units with a mortgage	62.7%	61.7%	66.6%	51.9%	68.9%	56.4%	56.2%	62.9%	59.6%
Housing units without a mortgage	37.3%	38.3%	33.4%	48.1%	31.1%	43.6%	43.8%	37.1%	40.4%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

[12] Rental Burdens: Rethinking Affordability Measures. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

Figure 45: Mortgage Status, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Owner-occupied units	12,148	17,242	43,123	5,332	11,909	16,230	13,649	10,553	63,026
Housing units with a mortgage	60.2%	54.6%	59.0%	47.7%	62.7%	51.8%	53.6%	45.7%	67.5%
Housing units without a mortgage	39.8%	45.4%	41.0%	52.3%	37.3%	48.2%	46.4%	54.3%	32.5%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

The median gross rent in Maine in 2019 was $853. Median rent varies across the state from $1,131 in Cumberland County to $603 in Washington County. Penobscot County has a median rent of $1,094 just behind Cumberland County. However, the median household income in Penobscot County is $50,808 and $73,072 in Cumberland County, a $22,000 difference.

Figure 46: Gross Rent, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Less than $500	9.4%	17.6%	18.6%	38.7%	12.5%	31.6%	21.6%	16.5%	15.1%
$500 to $999	36.2%	47.2%	60.3%	51.7%	25.4%	57.8%	51.2%	65.4%	52.1%
$1,000 to $1,499	30.0%	26.1%	17.8%	7.9%	41.2%	9.9%	21.5%	15.6%	23.3%
$1,500 to $1,999	14.0%	6.4%	2.2%	1.5%	15.2%	0.6%	3.9%	2.0%	6.2%
$2,000 to $2,499	5.6%	1.6%	0.5%	0.2%	4.0%	0.2%	0.7%	0.2%	1.2%
$2,500 to $2,999	2.4%	0.5%	0.0%	0.0%	1.0%	0.0%	0.0%	0.3%	2.2%
$3,000 or more	2.4%	0.5%	0.5%	0.0%	0.7%	0.0%	1.1%	0.1%	0.0%
Median (dollars)	$1,062	$853	$771	$574	$1,131	$635	$818	$761	$856
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

Figure 47: Gross Rent, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Less than $500	18.8%	27.4%	16.7%	33.5%	11.1%	21.5%	19.4%	38.8%	12.0%
$500 to $999	55.7%	53.8%	58.2%	58.3%	51.9%	63.6%	52.4%	46.7%	40.3%
$1,000 to $1,499	22.4%	14.8%	20.0%	6.7%	28.3%	12.8%	23.3%	13.2%	37.0%
$1,500 to $1,999	1.4%	3.8%	3.1%	0.7%	4.5%	0.9%	4.5%	1.1%	7.9%
$2,000 to $2,499	1.4%	0.2%	0.8%	0.7%	2.6%	0.1%	0.3%	0.0%	1.9%
$2,500 to $2,999	0.1%	0.0%	0.8%	0.0%	0.6%	0.0%	0.0%	0.1%	0.5%
$3,000 or more	0.2%	0.0%	0.3%	0.0%	1.0%	1.1%	0.0%	0.0%	0.5%
Median (dollars)	$819	$713	$1,094	$618	$894	$728	$814	$603	$1,078
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

The U.S. Department of Housing & Urban Development (HUD) defines cost-burdened as "a household that pays more than 30 percent of their income on housing." Severe cost burdened is a household that spends more than 50 percent of its income on housing. In Maine, one in three renters pay over 35 percent of the household income on rent. Almost 50 percent of all renters in Somerset County pay over 35 percent of their income on rent followed by Oxford (41.2%), Penobscot (40.8%), and Sagadahoc (39.8%) Counties. The highest percentage of households across the state that pay over 35 percent of their household income on rent indicates the growing affordable housing crisis, especially for renters.

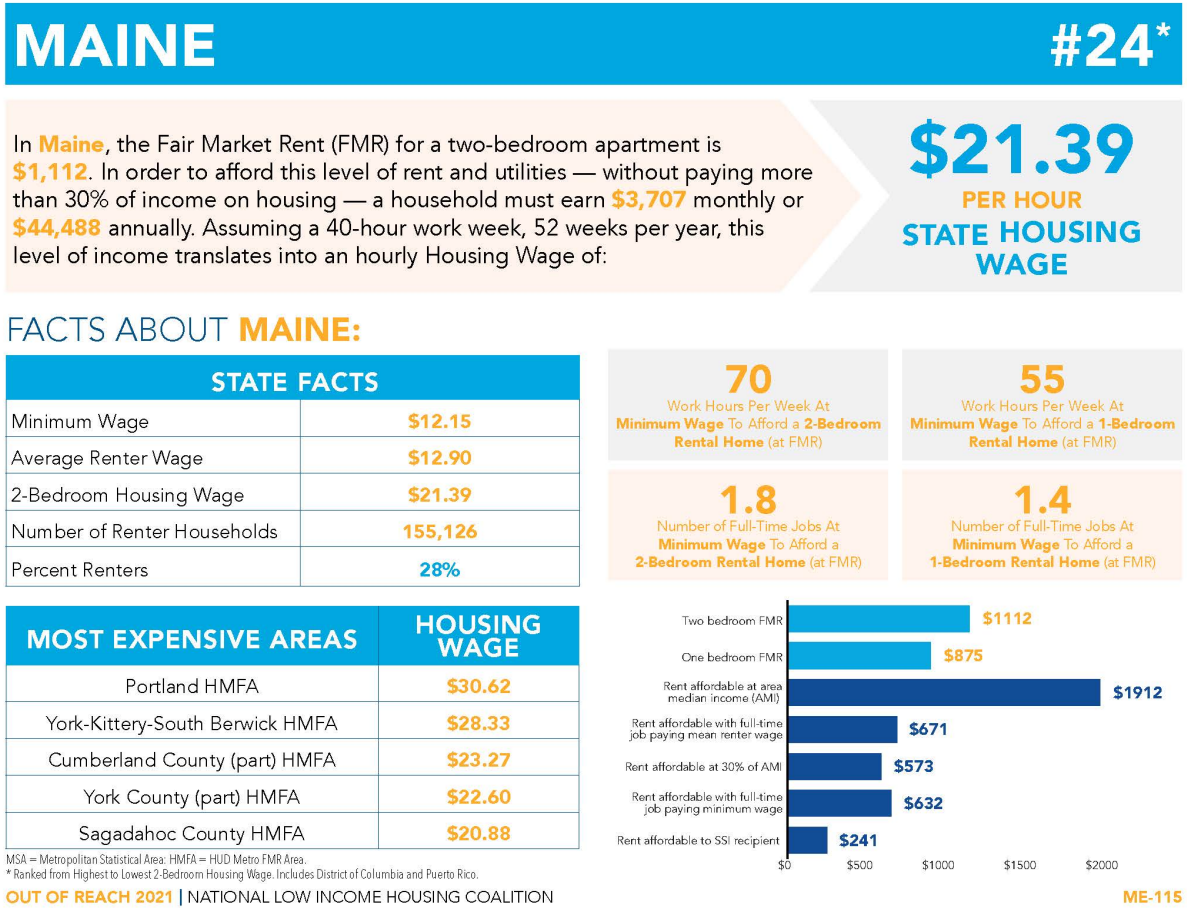
Figure 48: Gross Rent as a Percent of Household Income, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Less than 15.0 percent	13.1%	12.6%	12.5%	15.3%	11.1%	12.5%	18.4%	13.4%	11.4%
15.0 to 19.9 percent	12.9%	13.3%	14.6%	9.9%	13.7%	15.2%	11.2%	12.8%	17.4%
20.0 to 24.9 percent	12.9%	13.0%	12.8%	10.5%	14.0%	18.2%	12.8%	13.8%	12.8%
25.0 to 29.9 percent	11.6%	14.7%	16.8%	16.1%	15.0%	13.9%	15.6%	14.0%	14.5%
30.0 to 34.9 percent	9.1%	10.0%	10.6%	11.4%	10.9%	14.4%	8.7%	10.7%	9.6%
35.0 percent or more	40.5%	36.5%	32.7%	36.7%	35.4%	25.8%	33.3%	35.3%	34.2%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

Figure 49: Gross Rent as a Percent of Household Income, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Less than 15.0 percent	10.9%	9.3%	12.4%	11.4%	14.3%	12.1%	16.4%	13.5%	12.5%
15.0 to 19.9 percent	14.6%	9.6%	13.3%	11.9%	16.3%	13.2%	11.1%	11.3%	13.2%
20.0 to 24.9 percent	11.4%	12.5%	13.1%	10.7%	9.9%	10.1%	13.4%	10.2%	13.1%
25.0 to 29.9 percent	17.5%	13.2%	13.0%	20.2%	13.7%	9.7%	11.5%	18.4%	14.4%
30.0 to 34.9 percent	5.7%	14.1%	7.5%	8.6%	6.0%	8.1%	10.5%	14.9%	9.8%
35.0 percent or more	39.9%	41.2%	40.8%	37.2%	39.8%	46.9%	37.2%	31.6%	37.0%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Housing Characteristics.									

The National Low Income Housing Coalition released its annual *Out of Reach* report[13] in July 2021. The report shows that in 2021, the average Maine resident needs to earn at least $21.39 per hour to afford a two-bedroom apartment at Fair Market Rent (FMR) in the state. The housing wage varies across the state with the most expensive rental market in the Greater Portland area where a person needs to earn at least $30.62 per hour.



MAINE #24*

In **Maine**, the Fair Market Rent (FMR) for a two-bedroom apartment is **$1,112**. In order to afford this level of rent and utilities — without paying more than 30% of income on housing — a household must earn **$3,707** monthly or **$44,488** annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into an hourly Housing Wage of:

$21.39
PER HOUR
STATE HOUSING WAGE

FACTS ABOUT MAINE:

STATE FACTS	
Minimum Wage	$12.15
Average Renter Wage	$12.90
2-Bedroom Housing Wage	$21.39
Number of Renter Households	155,126
Percent Renters	28%

MOST EXPENSIVE AREAS	HOUSING WAGE
Portland HMFA	$30.62
York-Kittery-South Berwick HMFA	$28.33
Cumberland County (part) HMFA	$23.27
York County (part) HMFA	$22.60
Sagadahoc County HMFA	$20.88

MSA = Metropolitan Statistical Area; HMFA = HUD Metro FMR Area.
* Ranked from Highest to Lowest 2-Bedroom Housing Wage. Includes District of Columbia and Puerto Rico.

70 Work Hours Per Week At **Minimum Wage** To Afford a **2-Bedroom Rental Home** (at FMR)

55 Work Hours Per Week At **Minimum Wage** To Afford a **1-Bedroom Rental Home** (at FMR)

1.8 Number of Full-Time Jobs At **Minimum Wage** To Afford a **2-Bedroom Rental Home** (at FMR)

1.4 Number of Full-Time Jobs At **Minimum Wage** To Afford a **1-Bedroom Rental Home** (at FMR)

OUT OF REACH 2021 | NATIONAL LOW INCOME HOUSING COALITION ME-115

Cumberland County is the most expensive county while Aroostook and Piscataquis Counties are the least expensive in terms of hourly wage necessary to afford a two-bedroom apartment at FMR. However, there is a huge gap between want renters typically earn for an

[13] National Low Income Housing Coalition. Out of Reach 2021. https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach_2021.pdf

hourly wage compared to what they need to afford housing. For example, the estimated hourly mean renter wage in Aroostook County is $9.56, meaning the renter can only afford a monthly rate of $497. The FMR for a two-bedroom is $734.

MAINE

	FY21 HOUSING WAGE	HOUSING COSTS			AREA MEDIAN INCOME (AMI)				RENTERS				
	Hourly wage necessary to afford 2 BR[1] FMR[2]	2 BR FMR	Annual income needed to afford 2 BMR FMR	Full-time jobs at minimum wage to afford 2BR FMR[3]	Annual AMI[4]	Monthly rent affordable at AMI[5]	30% of AMI	Montly rent affordable at 30% of AMI	Renter households (2015-2019)	% of total households (2015-2019)	Estimated hourly mean renter wage (2021)	Monthly rent affordable at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR FMR
Maine	$21.39	$1,112	$44,488	1.8	$76,460	$1,912	$22,938	$573	155,126	28%	$12.90	$671	1.7
Combined Nonmetro Areas	$16.32	$849	$33,947	1.3	$64,050	$1,601	$19,215	$480	56,433	25%	$10.57	$550	1.5
Metropolitan Areas													
Bangor HMFA	$20.33	$1,057	$42,280	1.7	$72,700	$1,818	$21,810	$545	14,019	37%	$12.13	$631	1.7
Cumberland County (part) HMFA	$23.27	$1,210	$48,400	1.9	$78,500	$1,963	$23,550	$589	4,703	23%	$15.61	$812	1.5
Lewiston-Auburn MSA	$18.21	$947	$37,880	1.5	$71,200	$1,780	$21,360	$534	16,271	36%	$13.19	$686	1.4
Penobscot County (part) HMFA	$16.67	$867	$34,680	1.4	$59,200	$1,480	$17,760	$444	5,014	20%	$12.13	$631	1.4
Portland HMFA	$30.62	$1,592	$63,680	2.5	$99,900	$2,498	$29,970	$749	34,948	31%	$15.43	$802	2.0
Sagadahoc County HMFA	$20.88	$1,086	$43,440	1.7	$78,300	$1,958	$23,490	$587	4,071	25%	$13.68	$711	1.5
York County (part) HMFA	$22.60	$1,175	$47,000	1.9	$84,200	$2,105	$25,260	$632	15,614	28%	$12.16	$632	1.9
York-Kittery-South Berwick HMFA	$28.33	$1,473	$58,920	2.3	$105,300	$2,633	$31,590	$790	4,053	21%	$12.16	$632	2.3
Counties													
Aroostook County	$14.12	$734	$29,360	1.2	$54,900	$1,373	$16,470	$412	8,270	28%	$9.56	$497	1.5
Franklin County	$14.48	$753	$30,120	1.2	$62,500	$1,563	$18,750	$469	2,438	21%	$9.20	$478	1.6
Hancock County	$17.69	$920	$36,800	1.5	$71,800	$1,795	$21,540	$539	5,605	24%	$10.86	$565	1.6
Kennebec County	$16.19	$842	$33,680	1.3	$68,700	$1,718	$20,610	$515	15,353	29%	$10.95	$570	1.5
Knox County	$18.60	$967	$38,680	1.5	$70,400	$1,760	$21,120	$528	3,874	23%	$11.70	$609	1.6
Lincoln County	$19.63	$1,021	$40,840	1.6	$72,000	$1,800	$21,600	$540	3,188	21%	$9.75	$507	2.0
Oxford County	$16.12	$838	$33,520	1.3	$60,400	$1,510	$18,120	$453	4,096	19%	$9.83	$511	1.6
Piscataquis County	$14.12	$734	$29,360	1.2	$53,900	$1,348	$16,170	$404	1,693	24%	$9.14	$475	1.5
Somerset County	$15.35	$798	$31,920	1.3	$57,200	$1,430	$17,160	$429	5,091	24%	$10.73	$558	1.4
Waldo County	$19.25	$1,001	$40,040	1.6	$66,000	$1,650	$19,800	$495	3,587	21%	$12.50	$650	1.5
Washington County	$15.29	$795	$31,800	1.3	$56,400	$1,410	$16,920	$423	3,238	23%	$10.03	$522	1.5

1: BR = Bedroom
2: FMR = Fiscal Year 2021 Fair Market Rent.
3: This calculation uses the higher of the county, state, or federal minimum wage, where applicable.
4: AMI = Fiscal Year 2021 Area Median Income
5: Affordable rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.

A large majority of Maine homes are heated by fuel oil, which is significantly higher than other homes in the United States that primarily use utility gas and electricity.

Figure 50: Heating Fuel Type and Telephone Services, Table A

	United States		Maine		Androscoggin County		Aroostook County		Cumberland County		Franklin County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
TELEPHONE SERVICE AVAILABLE												
With telephone service	98.7%	96.9%	98.8%	96.9%	98.5%	97.7%	98.1%	94.6%	98.9%	97.0%	99.2%	96.6%
HOUSE HEATING FUEL												
Utility gas	52.2%	40.5%	4.4%	15.6%	5.2%	28.1%	0.3%	1.5%	13.3%	33.9%	0.3%	2.7%
Bottled, tank, or LP gas	6.0%	2.6%	10.7%	10.9%	8.6%	6.2%	2.6%	2.2%	11.8%	10.5%	8.3%	10.1%
Electricity	32.4%	50.4%	3.4%	16.4%	1.6%	11.7%	4.1%	22.7%	3.5%	17.5%	1.6%	15.5%
Fuel oil, kerosene, etc.	5.6%	3.2%	65.2%	51.8%	71.6%	49.2%	69.2%	63.9%	63.2%	34.8%	56.7%	60.6%
Coal or coke	0.1%	0.1%	0.2%	0.2%	0.1%	0.0%	1.4%	1.1%	0.2%	0.2%	0.1%	0.0%
All other fuels	3.1%	1.3%	15.9%	4.3%	12.7%	3.4%	22.1%	7.9%	7.9%	2.6%	32.9%	10.8%
No fuel used	0.7%	1.9%	0.1%	0.8%	0.2%	1.3%	0.3%	0.7%	0.1%	0.5%	0.1%	0.3%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

- Cumberland County, Maine's most urban county, has the highest access to utility gas compared to other counties across the state.

Figure 51: Heating Fuel Type and Telephone Services, Table B

	Hancock County		Kennebec County		Knox County		Lincoln County		Oxford County		Penobscot County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
TELEPHONE SERVICE AVAILABLE												
With telephone service	99.3%	98.3%	99.0%	96.4%	98.8%	98.0%	99.1%	97.0%	97.9%	97.4%	98.9%	97.2%
HOUSE HEATING FUEL												
Utility gas	0.5%	0.8%	1.9%	8.5%	1.1%	0.7%	0.3%	2.4%	0.2%	1.7%	5.8%	19.0%
Bottled, tank, or LP gas	16.3%	17.7%	9.1%	10.1%	15.2%	16.4%	14.5%	14.5%	10.3%	13.7%	8.1%	9.7%
Electricity	3.9%	19.9%	3.3%	12.0%	3.8%	22.2%	3.6%	12.2%	1.5%	16.3%	4.4%	18.0%
Fuel oil, kerosene, etc.	59.1%	55.3%	69.2%	64.4%	66.3%	56.8%	59.0%	64.3%	59.1%	56.1%	65.7%	48.6%
Coal or coke	0.2%	0.2%	0.1%	0.4%	0.1%	0.0%	0.4%	0.0%	0.1%	0.4%	0.2%	0.4%
All other fuels	19.7%	5.8%	16.4%	4.2%	13.4%	3.9%	22.0%	5.3%	28.8%	11.6%	15.8%	3.4%
No fuel used	0.2%	0.4%	0.1%	0.4%	0.1%	0.0%	0.3%	1.3%	0.1%	0.3%	0.1%	0.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

Figure 52: Heating Fuel Type and Telephone Services, Table C

	Piscataquis County		Sagadahoc County		Somerset County		Waldo County		Washington County		York County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
TELEPHONE SERVICE AVAILABLE												
With telephone service	98.4%	97.2%	98.9%	96.8%	98.9%	97.0%	98.3%	94.5%	98.7%	95.5%	99.1%	97.0%
HOUSE HEATING FUEL												
Utility gas	0.2%	0.2%	4.0%	2.9%	0.5%	3.9%	0.4%	0.5%	0.2%	1.4%	1.6%	6.0%
Bottled, tank, or LP gas	10.6%	11.4%	10.9%	13.9%	7.2%	11.5%	12.2%	13.3%	14.9%	11.1%	12.8%	15.1%
Electricity	4.3%	20.5%	2.4%	12.2%	2.7%	12.9%	3.6%	18.7%	2.4%	17.1%	3.9%	16.7%
Fuel oil, kerosene, etc.	54.7%	59.2%	66.7%	63.1%	61.8%	61.9%	57.3%	58.9%	63.2%	64.3%	70.2%	58.5%
Coal or coke	0.2%	0.0%	0.3%	0.0%	0.2%	0.0%	0.0%	0.0%	0.7%	0.6%	0.1%	0.1%
All other fuels	30.0%	8.4%	15.7%	7.0%	27.6%	7.7%	26.4%	8.6%	18.5%	5.3%	11.2%	2.3%
No fuel used	0.0%	0.3%	0.0%	0.9%	0.2%	2.0%	0.1%	0.1%	0.2%	0.2%	0.1%	1.3%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

The Digital Divide has been occurring long before the COVID-19 Pandemic began in March 2020, but the pandemic has brought the issue to the forefront, especially in rural communities where access to internet may be spotty at best and non-existent at worse. Approximately 18 percent of households do not have access to broadband internet and 10 percent do not have a computer. Access to both internet and technology is worse in more rural counties like Aroostook and Piscataquis Counties. These counties are also home to some of the highest percentages of seniors, which may play a role in lower internet and technology access. Low-income households are also disproportionately affected by internet access due to high costs and few providers. Approximately 40 percent of households earning less than $20,000 do not have broadband whereas just 5 percent of households earning $75,000 or more are without broadband.[14]

Figure 53: Computers and Internet Use, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Total households	120,756,048	559,921	45,630	29,516	120,644	11,848	23,661	52,105	17,020
With a computer	90.3%	89.7%	89.7%	82.4%	92.8%	87.6%	90.1%	88.5%	91.2%
With a broadband Internet subscription	82.7%	82.1%	81.7%	69.2%	87.2%	77.5%	82.2%	81.9%	84.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Social Characteristics in the United States.									

Figure 54: Computers and Internet Use, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Total households	15,336	21,338	62,156	7,025	15,980	21,321	17,236	13,791	85,314
With a computer	91.4%	87.1%	89.7%	84.6%	90.0%	85.8%	88.6%	84.3%	91.4%
With a broadband Internet subscription	80.2%	77.3%	81.6%	68.9%	83.4%	76.0%	80.3%	74.3%	85.4%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Selected Social Characteristics in the United States.									

[14] Explaining and Bridging Maine's Digital Divide. https://www.islandinstitute.org/working-waterfront/22839/

Homelessness and Housing Instability

According to the National Alliance to End Homelessness[15], there are 2,516 people experiencing homelessness on any given night in Maine. Maine's most recent Point-In-Time (PIT) Count was completed on January 26, 2021. The report found 2,063 persons were experiencing homelessness at that time. Approximately 55 percent of the individuals were sheltered in an emergency shelter and 43 percent were in transitional shelters.

Figure 55: Point-in-Time Count, January 2021

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	822	650	15	0	1,487
Total Number of Persons	1,082	966	15	0	2,063
Number of Children (under age 18)	204	257	0	0	461
Number of Persons (18 to 24)	60	78	0	0	138
Number of Persons (over age 24)	818	631	15	0	1,464
Source: Maine Continuum of Care, 2021 Point-in-Time Count.					

The PIT Count report[16] also reported:

- 53 percent were male; 46 percent were female; 0.4 percent were transgender
- 2.6 percent were Hispanic/Latino
- 80 percent were White; 13 percent were Black or African American; 4.6 percent were multiple races
- 18.8 percent were chronically homeless

[15] National Alliance to End Homelessness. Maine. https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/maine/
[16] 2021 Maine Point-in-Time Count. http://www.mainehomelessplanning.org/wp-content/uploads/2021/05/PIT-Full-Summary-2021-MCOC.pdf

Maine public school data from the 2018-2019 school year shows that an estimated 2,552 public school students experienced homelessness or housing instability over the course of the school year.

Figure 56: Students Experiencing Homelessness, 2018-2019 School Year

	Number of Students
Total Number of Homeless Students	2,552
Total Number of Unaccompanied Homeless Students	428
Nighttime Residence: Unsheltered	105
Nighttime Residence: Shelters	535
Nighttime Residence: Hotels/Motels	284
Nighttime Residence: Doubled Up	1,628
Source: United States Interagency Council on Homelessness. Maine Homelessness Statistics.	

In 2020, Maine had 5,175 available beds to shelter persons experiencing homelessness across emergency, safe haven, transitional, and permanent housing options. However, during the COVID-19 Pandemic, emergency shelters had to reduce their capacity by 50 percent meaning there was only approximately 620 emergency shelter beds available, which is significantly less than the estimated 1,082 people in emergency shelters in the 2021 PIT Count.

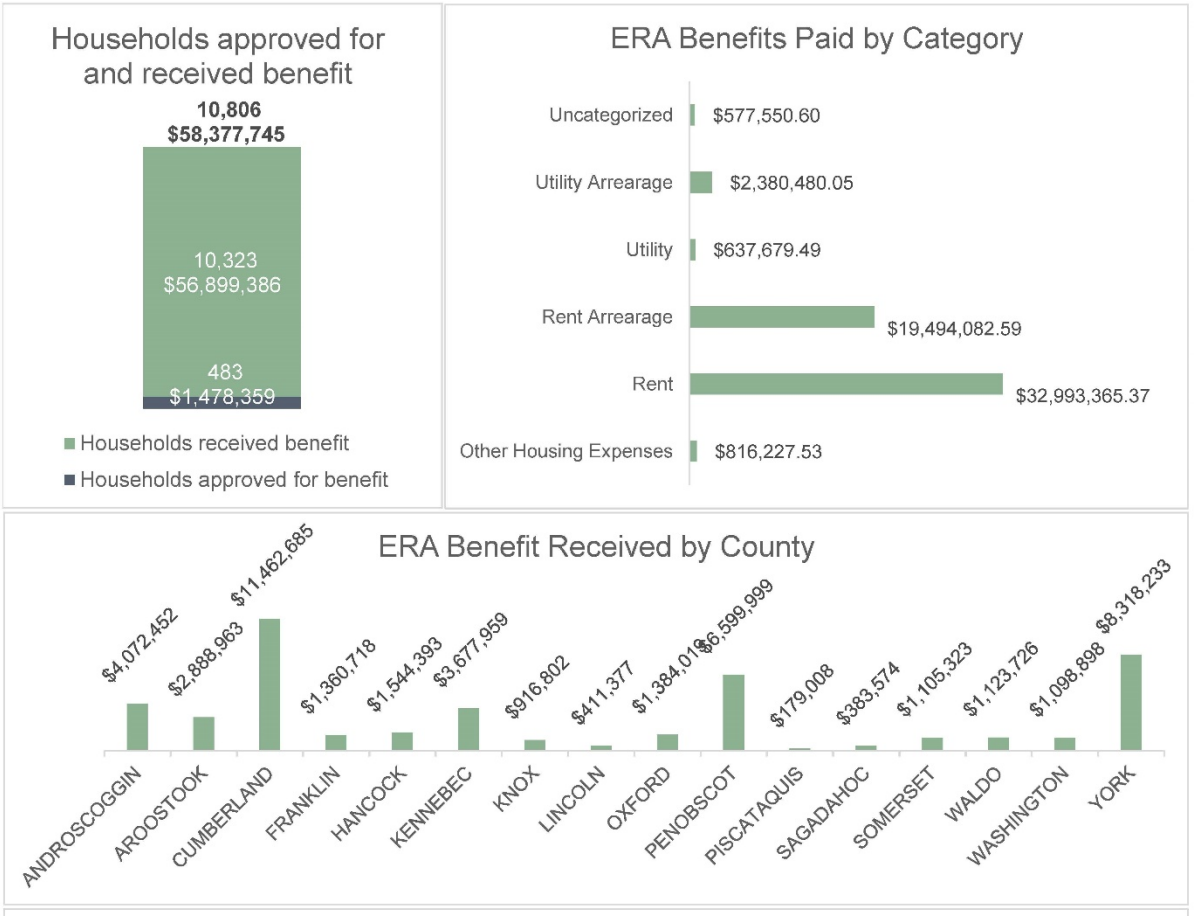
Figure 57: Summary of All Available Beds Reported, Maine 2020

							Subset of Total Bed Inventory		
	Family Units	**Family Beds**	**Adult-Only Beds**	**Child-Only Beds**	**Total Year-Round Beds**	**Overflow / Voucher**	**Chronic Beds**	**Veteran Beds**	**Youth Beds**
Emergency, Safe Haven and Transitional Housing	**342**	**1,035**	**1,293**	**20**	**2,348**	**177**	**N/A**	**68**	**99**
Emergency Shelter	163	522	703	16	1,241	177	N/A	14	57
Safe Haven	0	0	15	0	15	N/A	N/A	0	0
Transitional Housing	179	513	575	0	2,827	N/A	N/A	311	4
Permanent Housing	**402**	**1,272**	**1,555**	**0**	**2,827**	**N/A**	**N/A**	**311**	**4**
Permanent Supportive Housing	307	960	1,444	0	2,404	N/A	261	311	4
Rapid Re-Housing	67	209	100	0	309	N/A	N/A	0	0
Other Permanent Housing	28	103	11	0	114	N/A	N/A	0	0
Total	**744**	**2,307**	**2,848**	**20**	**5,175**	**177**	**261**	**379**	**103**
Source: HUD 2020 Continuum of Care Homeless Assistance Programs Housing Inventory County Report. Maine.									

Maine received over $350 million in rent relief from the federal government to help households who have been impacted by the COVID-19 pandemic. Since March 2020, the program has been modified a few times to best help families and individuals in need with their rent and utility payments. While MaineHousing was the recipient of the funding, the community action agencies were responsible for managing and distributing the funds to Mainers in need across the state.

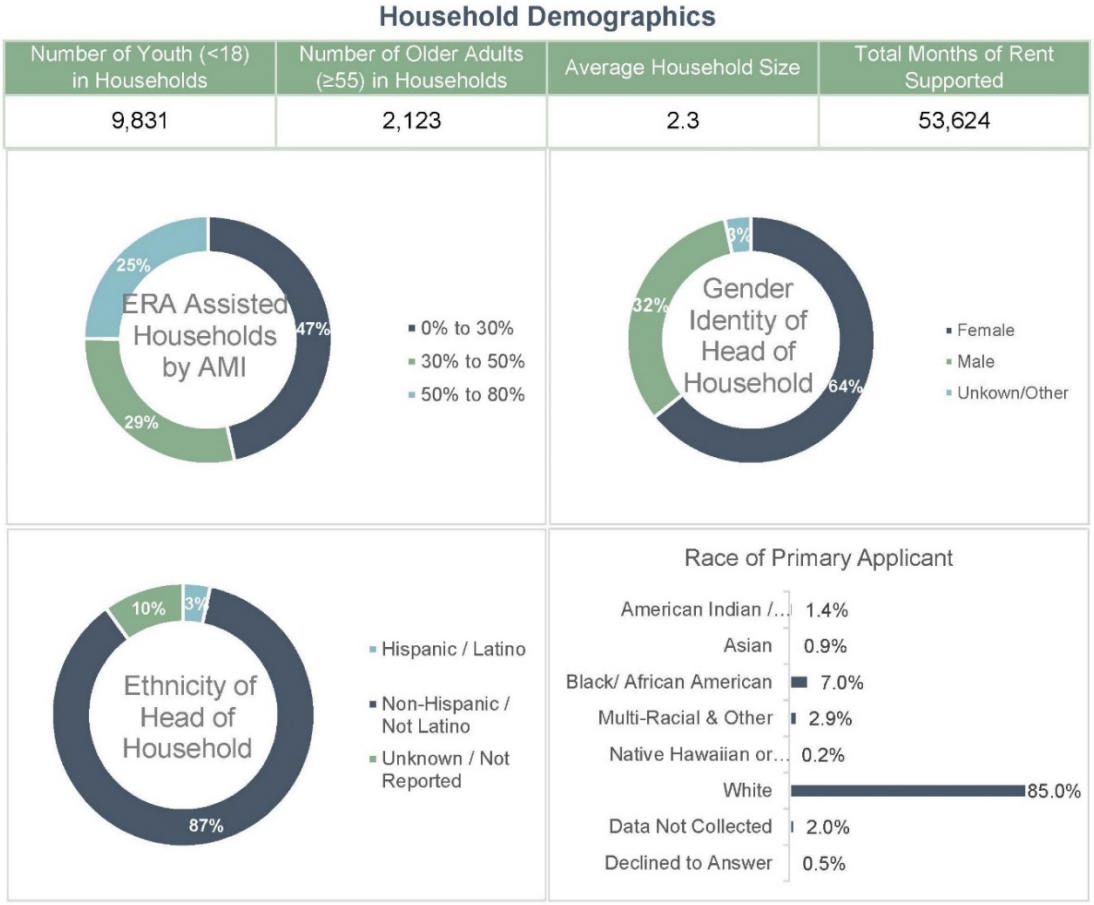
In the September 2, 2021, MaineHousing Emergency Rental Assistance Program report, 10,806 households across the state of Maine have received or is approved for a total of $58,377,745 in rental assistance since March 2020. A large portion of the funding is allocated to households in Cumberland, York, and Penobscot Counties.

Figure 58: MaineHousing Emergency Rental Assistance Program Data, September 1, 2021



Approximately 50 percent of the total funding is going to households who earn less than 30 percent of the annual median income (AMI). Over two-thirds of the head of households are female.

Figure 59: Maine Housing Emergency Rental Assistance Program Demographics, September 1, 2021



Transportation

Maine is a largely rural state with limited public transportation infrastructure concentrated in mostly urban areas of the state. Most Mainers have at least one vehicle. However, there are discrepancies between homeowners and renters when it comes to private vehicle access. While only 2.4 percent of individuals in owner-occupied housing units do not have access to a vehicle, almost 20 percent of individuals in renter-occupied housing units do not have access to a vehicle. Typically, rental units tend to be concentrated in more urban centers where public transportation or sidewalks are available; however, that is not always the case. When building new rental housing stock, it is critical that developers and planners consider proximity and availability of public transportation.

Figure 60: Vehicle Available, Table A

	United States		Maine		Androscoggin County		Aroostook County		Cumberland County		Franklin County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
No vehicle available	3.1%	18.5%	2.4%	19.3%	1.7%	22.2%	3.2%	22.4%	1.8%	18.9%	2.3%	18.8%
1 vehicle available	25.4%	45.1%	27.4%	49.3%	25.4%	50.5%	29.7%	57.4%	27.1%	45.9%	29.1%	52.7%
2 vehicles available	42.4%	27.1%	45.9%	25.2%	45.9%	21.1%	44.5%	17.3%	48.7%	28.3%	43.7%	22.1%
3 or more vehicles available	29.2%	9.3%	24.4%	6.2%	27.0%	6.1%	22.6%	2.9%	22.3%	6.8%	24.8%	6.4%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

- Over 22 percent of renters have no vehicle available in Aroostook County. Aroostook County is one of Maine's most rural counties with very limited public transportation access and low walkability. Aroostook County also has one of the highest percentage of homeowners with no vehicle (3.2%).
- Approximately one in five renters in Androscoggin County do not have a vehicle available.

Figure 61: Vehicle Available, Table B

	Hancock County		Kennebec County		Knox County		Lincoln County		Oxford County		Penobscot County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
No vehicle available	1.7%	18.2%	2.3%	22.0%	2.7%	18.5%	2.3%	15.0%	2.8%	18.5%	2.5%	19.5%
1 vehicle available	27.5%	50.2%	26.9%	50.2%	28.5%	50.9%	27.7%	51.9%	25.6%	49.4%	28.4%	50.3%
2 vehicles available	46.2%	26.6%	45.9%	23.1%	45.1%	26.2%	47.3%	23.5%	44.0%	24.5%	45.6%	23.0%
3 or more vehicles available	24.6%	5.0%	24.9%	4.7%	23.8%	4.5%	22.7%	9.6%	27.6%	7.5%	23.6%	7.2%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

Figure 62: Vehicle Available, Table C

	Piscataquis County		Sagadahoc County		Somerset County		Waldo County		Washington County		York County	
	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
No vehicle available	3.6%	19.3%	2.6%	16.3%	4.2%	24.1%	2.1%	18.5%	4.1%	24.8%	2.3%	14.7%
1 vehicle available	31.3%	55.7%	30.4%	47.5%	27.6%	46.5%	29.2%	47.0%	32.2%	46.8%	25.2%	49.4%
2 vehicles available	44.3%	21.1%	44.1%	28.9%	43.4%	23.7%	42.8%	28.1%	45.6%	24.8%	45.2%	28.7%
3 or more vehicles available	20.9%	3.8%	22.8%	7.3%	24.7%	5.7%	26.0%	6.4%	18.2%	3.6%	27.4%	7.1%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Physical Housing Characteristics for Occupied Housing Units.												

- Washington County has the highest percentage of both renters and homeowners with a vehicle. Approximately one in three residents have no vehicle available. Washington County has no public transportation available.
- York County has the lowest percentage of residents without access to a vehicle.

Figure 63: Commute to Work, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Workers 16 years and over	156,941,346	657,018	53,112	29,128	160,054	14,250	26,573	58,527	19,364
Car, truck, or van -- drove alone	75.9%	78.8%	79.3%	80.3%	76.8%	76.4%	73.3%	80.0%	76.8%
Car, truck, or van -- carpooled	8.9%	9.3%	11.4%	9.5%	7.5%	10.2%	12.5%	10.1%	10.8%
Public transportation (excluding taxicab)	5.0%	0.6%	0.2%	0.1%	1.3%	0.0%	0.7%	0.1%	0.3%
Walked	2.6%	3.9%	3.6%	4.1%	5.4%	6.1%	5.1%	3.8%	3.7%
Other means	1.9%	1.4%	1.2%	1.7%	1.8%	0.9%	1.2%	0.9%	1.6%
Worked from home	5.7%	5.9%	4.4%	4.3%	7.2%	6.4%	7.2%	5.1%	6.8%
Mean travel time to work (minutes)	27.6	24.2	24.1	18.1	23.1	25.9	23.7	23.6	18.7
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Selected Economic Characteristics.									

- Almost 80 percent of Mainers commute to work alone using a car, truck, or van. Approximately 4 percent walk and only 0.6 percent used public transportation.
- The highest percentage of individuals commuting by public transportation is in Cumberland County, which has the state's most robust public transportation system.

Figure 64: Commute to Work, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Workers 16 years and over	16,010	25,490	71,300	6,248	18,302	21,399	18,359	12,263	106,639
Car, truck, or van -- drove alone	77.9%	82.7%	79.8%	79.1%	80.6%	80.6%	76.6%	74.0%	81.2%
Car, truck, or van -- carpooled	9.7%	9.5%	9.9%	9.4%	7.2%	9.5%	10.3%	14.0%	8.7%
Public transportation (excluding taxicab)	0.2%	0.3%	0.4%	0.0%	0.1%	0.1%	0.4%	0.3%	0.9%
Walked	3.4%	1.8%	3.8%	3.6%	4.1%	2.4%	3.6%	3.9%	2.3%
Other means	1.4%	0.9%	1.6%	1.3%	1.6%	1.8%	1.4%	1.1%	1.3%
Worked from home	7.4%	4.7%	4.6%	6.6%	6.4%	5.7%	7.7%	6.8%	5.7%
Mean travel time to work (minutes)	25.8	28.2	22.4	26.2	23.3	26.5	27.4	21.1	27.9
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Selected Economic Characteristics.									

- Individuals in Oxford County have the longest commute at 28.2 minutes while individuals in Aroostook County have the shortest at 18.1 minutes.

Education

Education and poverty are intertwined. Education has been and is a way out of poverty, especially for low-income and minority students. Salary data from the U.S. Bureau of Labor Statistics (BLS)[17] shows that persons with at least some college education earn higher median incomes than those who have a high school diploma or less. But not all people want to attend college for a four-year degree. Many skilled trade jobs, like plumbers, electrician, and boatbuilders make good salaries as well.

Figure 65: Highest Level of Educational Achievement (Population 25 and Over), Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Less than 9th grade	5.1%	2.6%	3.9%	4.8%	1.7%	1.5%	2.0%	3.0%	1.6%
9th to 12th grade, no diploma	6.9%	4.8%	5.9%	6.6%	3.1%	5.9%	3.9%	4.5%	4.8%
High school graduate (includes equivalency)	27.0%	31.5%	35.5%	37.3%	22.2%	38.0%	30.8%	32.7%	32.9%
Some college, no degree	20.4%	19.3%	20.5%	20.9%	16.7%	19.2%	20.1%	20.8%	19.3%
Associate's degree	8.5%	10.1%	11.5%	11.1%	8.7%	10.6%	9.1%	10.9%	7.8%
Bachelor's degree	19.8%	20.0%	15.2%	13.1%	29.2%	15.6%	20.0%	17.2%	21.2%
Graduate or professional degree	12.4%	11.8%	7.6%	6.1%	18.4%	9.2%	14.0%	10.9%	12.4%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Educational Attainment.									

- One third of Mainers have a high school diploma or equivalent. Approximately 7 percent of the population does not have a high school diploma, which can be a barrier for individuals seeking employment. Many employers require a minimum a high school diploma.
- Cumberland County is home to the state's most educated population with almost 50 percent having at least a bachelor's degree.
- Somerset County has the highest percentage of individuals without a high school diploma or equivalency.

[17] Education Leads to Higher Wages, Lower Unemployment. https://www.bls.gov/careeroutlook/2020/data-on-display/education-pays.htm

Figure 66: Highest Level of Educational Achievement (Population 25 and Over), Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Less than 9th grade	2.1%	2.2%	2.7%	3.5%	1.5%	3.4%	2.4%	4.0%	2.4%
9th to 12th grade, no diploma	4.9%	5.9%	5.4%	6.2%	4.5%	8.2%	5.4%	6.7%	4.4%
High school graduate (includes equivalency)	34.4%	42.0%	33.6%	40.7%	30.0%	40.4%	32.2%	38.0%	30.0%
Some college, no degree	17.7%	19.4%	20.2%	18.2%	18.1%	19.4%	20.1%	20.1%	20.3%
Associate's degree	7.5%	11.3%	10.6%	12.9%	9.6%	12.2%	8.5%	9.2%	10.5%
Bachelor's degree	18.3%	12.7%	17.5%	12.9%	20.9%	11.7%	20.1%	14.1%	21.4%
Graduate or professional degree	15.2%	6.5%	10.2%	5.5%	15.4%	4.8%	11.3%	8.0%	11.1%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Educational Attainment.									

Figure 67: High School Graduation by Race and Ethnicity, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
White alone, not Hispanic or Latino	89.9%	92.9%	90.9%	88.9%	96.0%	92.6%	94.3%	92.8%	93.8%
Black alone	86.0%	82.5%	58.2%	70.2%	81.2%	95.7%	98.7%	81.2%	77.2%
American Indian or Alaska Native alone	80.3%	85.6%	80.2%	73.8%	97.6%	100.0%	95.5%	73.4%	82.9%
Asian alone	87.1%	82.3%	78.1%	89.9%	79.8%	96.6%	92.1%	86.0%	100.0%
Native Hawaiian and Other Pacific Islander alone	87.0%	89.2%	ND	66.7%	100.0%	98.4%	33.3%	80.0%	100.0%
Some other race alone	62.7%	90.7%	92.9%	100.0%	86.4%	100.0%	70.6%	89.9%	100.0%
Two or more races	88.5%	88.9%	85.0%	89.2%	88.7%	92.0%	74.1%	88.6%	88.5%
Hispanic or Latino Origin	68.7%	90.2%	82.8%	90.4%	90.1%	91.4%	93.2%	88.7%	93.6%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Educational Attainment.									

Figure 68: High School Graduation by Race and Ethnicity, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
White alone, not Hispanic or Latino	93.1%	91.9%	92.1%	90.0%	94.2%	88.7%	92.1%	89.5%	93.4%
Black alone	78.5%	96.3%	95.2%	100.0%	99.5%	83.3%	95.4%	98.3%	96.7%
American Indian or Alaska Native alone	80.7%	97.5%	94.7%	100.0%	82.6%	71.3%	100.0%	84.5%	82.0%
Asian alone	88.2%	80.7%	83.8%	92.2%	92.5%	37.6%	93.5%	85.3%	82.6%
Native Hawaiian and Other Pacific Islander alone	ND	100.0%	100.0%	ND	ND	ND	ND	100.0%	100.0%
Some other race alone	91.7%	88.2%	98.2%	88.9%	100.0%	100.0%	100.0%	79.2%	92.9%
Two or more races	96.4%	95.9%	86.0%	100.0%	85.0%	89.9%	95.6%	95.1%	93.4%
Hispanic or Latino Origin	97.9%	92.0%	92.2%	100.0%	93.7%	86.4%	90.9%	81.7%	90.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Educational Attainment.									

Employment

Historically the unemployment rate in the United States is approximately 5.77 percent from 1948 through 2021 reaching an all-time high of 14.8 percent in April 2020.[18] Maine typically has an unemployment rate similar to the national rate. The COVID-19 Pandemic had a major impact on the workforce in Maine and across the country when it first hit in March 2020. With uncertainty and local restrictions, unemployment in Maine reached an all-time high in April 2020 with 9.1% unemployment. Over time, the unemployment rate declined as businesses were able to reopen or individuals permanently left the workforce due to early retirement or choice. Early research studies have indicated that 1.8 million women[19] left the workforce during the pandemic largely because of childcare reasons. Federal Reserve Gov. Lael Brainard in an October 2020 speech said if women continue to remain out of employment, it risks "harming not only the prospects of these individuals, but also the economy's potential growth rate."[20]

Figure 69: Unemployment Rate Year-Over-Year By County, July 2021

County	Unemployment Rate, July 2021	Unemployment Rate, July 2020	One-Year Change
United States	5.4%	10.5%	-5.1
Maine	5.0%	8.4%	-3.4
Androscoggin County	5.8%	9.3%	-3.5
Aroostook County	6.1%	7.8%	-1.7
Cumberland County	4.5%	8.8%	-4.3
Franklin County	5.7%	9.8%	-4.1
Hancock County	4.5%	7.1%	-2.6
Kennebec County	4.9%	7.5%	-2.6
Knox County	4.3%	7.7%	-3.4
Lincoln County	4.3%	7.4%	-3.1
Oxford County	5.9%	10.6%	-4.7
Penobscot County	5.4%	8.2%	-2.8
Piscataquis County	4.9%	7.6%	-2.7
Sagadahoc County	4.3%	7.5%	-3.2
Somerset County	7.3%	9.1%	-1.8
Waldo County	5.1%	7.4%	-2.3
Washington County	6.7%	8.1%	-1.4
York County	4.5%	8.5%	-4.0
Source: Maine Center for Workforce Research and Information. Unemployment and Labor Force. July 2021.			

[18] United States Unemployment Rate. https://tradingeconomics.com/united-states/unemployment-rate#:~:text=Unemployment%20Rate%20in%20the%20United,percent%20in%20May%20of%201953.

[19] NPR. Stuck-At-Home Moms: The Pandemic's Devasting Toll on Women. https://www.npr.org/2020/10/28/928253674/stuck-at-home-moms-the-pandemics-devastating-toll-on-women

[20] Achieving a Broad-Based and Inclusive Recovery. https://www.federalreserve.gov/newsevents/speech/brainard20201021a.htm

Maine's largest industry is education, health care, and social assistance with approximately one-third of the state workforce employed in that industry followed by retail trade.

Figure 70: Employment by Industry Type, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Civilian employed population 16 years and over	154,842,185	670,417	54,573	29,593	163,077	14,474	27,238	59,678	19,979
Agriculture, forestry, fishing and hunting, and mining	1.8%	2.5%	1.4%	5.8%	1.1%	4.5%	6.2%	2.1%	5.9%
Construction	6.6%	7.2%	5.6%	6.1%	5.9%	9.2%	8.1%	7.4%	8.2%
Manufacturing	10.1%	8.8%	10.8%	10.3%	6.9%	10.0%	4.9%	7.6%	7.2%
Wholesale trade	2.6%	2.0%	2.3%	1.5%	2.2%	1.3%	1.8%	2.4%	1.7%
Retail trade	11.2%	13.0%	13.0%	12.4%	11.9%	11.3%	12.0%	14.3%	12.3%
Transportation and warehousing, and utilities	5.4%	4.0%	3.9%	6.2%	3.5%	4.2%	3.9%	3.6%	4.7%
Information	2.0%	1.7%	1.8%	1.5%	2.4%	1.0%	1.4%	1.3%	1.8%
Finance and insurance, and real estate and rental and leasing	6.6%	6.3%	7.6%	4.2%	9.3%	5.0%	4.5%	3.9%	6.4%
Professional, scientific, and management, and administrative and waste management services	11.6%	9.1%	10.0%	4.9%	12.7%	5.1%	12.0%	7.6%	8.7%
Educational services, and health care and social assistance	23.1%	28.1%	27.9%	28.8%	27.8%	30.8%	27.6%	29.9%	24.4%

Arts, entertainment, and recreation, and accommodation and food services	9.7%	8.7%	7.8%	6.5%	9.2%	10.7%	9.8%	7.1%	8.3%
Other services, except public administration	4.9%	4.5%	4.6%	5.0%	4.4%	2.7%	5.1%	4.2%	6.8%
Public administration	4.6%	4.2%	3.2%	6.6%	2.7%	4.4%	2.8%	8.6%	3.7%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Selected Economic Characteristics.									

Figure 71: Employment by Industry Type, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Civilian employed population 16 years and over	16,426	26,073	72,962	6,403	18,674	21,939	18,889	12,571	107,868
Agriculture, forestry, fishing and hunting, and mining	5.0%	2.8%	1.8%	3.0%	2.6%	5.1%	3.0%	12.5%	0.9%
Construction	10.0%	10.2%	6.8%	8.3%	8.5%	9.8%	8.8%	6.8%	7.5%
Manufacturing	10.0%	11.7%	4.9%	16.8%	12.2%	11.9%	7.7%	8.2%	12.3%
Wholesale trade	1.2%	1.6%	2.0%	1.7%	2.5%	2.0%	1.7%	1.9%	2.0%
Retail trade	12.2%	13.7%	15.2%	13.1%	13.1%	13.5%	12.8%	10.4%	13.2%
Transportation and warehousing, and utilities	2.5%	3.7%	4.7%	5.3%	2.5%	5.9%	3.8%	4.5%	3.7%
Information	1.8%	1.2%	1.4%	1.8%	1.8%	1.2%	1.2%	1.3%	1.8%
Finance and insurance, and real estate and rental and leasing	3.8%	4.5%	4.1%	2.6%	4.7%	3.4%	6.4%	3.3%	7.1%

Professional, scientific, and management, and administrative and waste management services	9.0%	6.0%	6.4%	5.0%	7.1%	6.6%	10.7%	4.7%	8.9%
Educational services, and health care and social assistance	24.8%	25.6%	35.1%	27.9%	25.9%	26.0%	27.7%	27.2%	25.0%
Arts, entertainment, and recreation, and accommodation and food services	9.4%	11.2%	8.9%	4.5%	9.5%	6.6%	6.6%	7.0%	9.5%
Other services, except public administration	5.4%	4.4%	4.6%	4.3%	4.2%	4.0%	5.2%	5.3%	4.1%
Public administration	4.9%	3.4%	4.1%	5.7%	5.3%	4.0%	4.3%	6.9%	3.8%
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Selected Economic Characteristics.									

Disability

Over 39 million Americans live with some form of disability in the United States. This measure is relevant because persons with a disability comprise a vulnerable population that may require target services and outreach by providers. About one in five Maine residents have a disability.

Figure 72: Percent of Population with a Disability by Sex and Race and Ethnicity, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Total Population	12.6%	16.0%	15.9%	22.3%	11.4%	15.5%	14.6%	16.6%	15.4%
Sex									
Male	12.5%	16.5%	16.9%	23.3%	11.4%	16.2%	14.9%	17.1%	16.0%
Female	12.7%	15.5%	15.0%	21.3%	11.3%	14.9%	14.2%	16.1%	14.7%
Race and Ethnicity									
White alone	13.1%	16.1%	16.0%	22.2%	11.6%	15.6%	14.6%	16.6%	15.4%
Black or African American alone	14.0%	10.2%	9.1%	23.0%	7.1%	11.4%	4.1%	17.4%	0.0%
American Indian and Alaska Native alone	16.9%	25.2%	33.5%	32.5%	7.6%	41.0%	16.7%	36.3%	18.0%
Asian alone	7.1%	8.1%	5.4%	9.4%	8.6%	12.4%	5.1%	4.5%	5.0%
Native Hawaiian and Other Pacific Islander alone	10.8%	12.9%	ND	41.7%	0.0%	1.6%	53.3%	5.9%	0.0%
Some other race alone	8.3%	13.3%	16.5%	14.6%	3.9%	18.8%	30.8%	18.6%	3.9%
Two or more races	10.9%	16.9%	19.0%	20.7%	12.6%	11.7%	23.6%	15.6%	19.1%
White alone, not Hispanic or Latino	13.9%	16.1%	16.0%	22.2%	11.6%	15.5%	14.6%	16.6%	15.5%
Hispanic or Latino (of any race)	9.0%	13.3%	12.5%	23.4%	10.4%	22.9%	12.1%	13.2%	5.8%
Source: American Community Survey, 2019 5-Year Estimates, Disability Characteristics									

Figure 73: Percent of Population with a Disability by Sex and Race and Ethnicity, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Total Population	16.9%	18.5%	19.0%	26.3%	11.8%	21.7%	16.8%	22.5%	15.0%
Sex									
Male	16.9%	19.3%	19.4%	28.8%	13.2%	22.3%	17.1%	23.4%	15.4%
Female	16.9%	17.7%	18.5%	23.8%	10.5%	21.1%	16.5%	21.6%	14.5%
Race and Ethnicity									
White alone	16.9%	18.5%	19.0%	26.8%	11.8%	21.8%	16.9%	22.4%	15.0%
Black or African American alone	7.9%	1.4%	19.6%	13.5%	0.4%	11.0%	18.1%	6.2%	15.5%
American Indian and Alaska Native alone	64.1%	56.6%	23.7%	0.7%	22.0%	27.9%	25.0%	25.3%	13.2%
Asian alone	2.7%	12.9%	5.9%	27.5%	17.3%	1.1%	0.0%	26.9%	9.3%
Native Hawaiian and Other Pacific Islander alone	ND	0.0%	0.0%	ND	ND	ND	ND	0.0%	0.0%
Some other race alone	72.7%	34.1%	11.2%	24.4%	0.0%	10.0%	1.9%	30.7%	17.2%
Two or more races	11.8%	16.8%	22.0%	13.3%	17.1%	20.7%	15.2%	21.5%	16.1%
White alone, not Hispanic or Latino	16.8%	18.4%	19.1%	26.7%	11.7%	21.8%	17.0%	22.7%	15.1%
Hispanic or Latino (of any race)	30.0%	30.8%	16.5%	22.5%	13.5%	19.4%	12.0%	13.3%	6.9%
Source: American Community Survey, 2019 5-Year Estimates, Disability Characteristics									

Maine's seniors are the age group most likely to live with at least one disability. Seniors may need additional services or accommodations made to their housing to make it more accessible for them to continue to safely live at home.

Figure 74: Percent of Population with a Disability by Age Group, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Under 5 years	0.7%	0.6%	0.7%	0.1%	0.2%	0.0%	0.0%	1.6%	0.0%
5 to 17 years	5.5%	8.0%	9.6%	10.3%	5.1%	9.8%	4.5%	9.2%	8.0%
18 to 34 years	6.3%	10.4%	9.7%	12.3%	6.3%	7.8%	6.8%	9.9%	9.9%
35 to 64 years	12.6%	15.0%	16.8%	22.3%	10.2%	14.9%	12.7%	16.3%	13.4%
65 to 74 years	24.8%	24.1%	22.6%	31.9%	18.2%	21.8%	22.8%	24.2%	17.5%
75 years and over	48.4%	47.4%	49.3%	56.8%	44.3%	47.1%	46.3%	48.7%	46.2%
Source: American Community Survey, 2019 5-Year Estimates, Disability Characteristics									

Figure 75: Percent of Population with a Disability by Age Group, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Under 5 years	0.4%	1.1%	0.8%	0.0%	0.0%	0.0%	0.4%	3.7%	1.7%
5 to 17 years	7.4%	12.1%	10.0%	12.4%	5.0%	10.3%	7.5%	9.0%	6.8%
18 to 34 years	11.0%	12.5%	13.1%	21.9%	5.9%	12.1%	9.3%	13.3%	10.7%
35 to 64 years	16.0%	16.9%	19.2%	23.9%	9.0%	22.9%	16.6%	23.1%	13.1%
65 to 74 years	20.5%	24.4%	28.8%	35.5%	21.1%	33.4%	23.8%	31.5%	22.9%
75 years and over	41.9%	50.5%	52.7%	58.5%	41.7%	53.2%	49.3%	55.2%	46.5%
Source: American Community Survey, 2019 5-Year Estimates, Disability Characteristics									

The most common disability types in Maine include cognitive, ambulatory, and independent living difficulty. Many of these disabilities affect our senior population more than our younger age groups.

Figure 76: Percent of Population with a Disability by Type, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
With a hearing difficulty	3.6%	5.1%	4.2%	7.5%	3.7%	5.2%	5.1%	5.3%	5.2%
With a vision difficulty	2.3%	2.1%	2.0%	3.8%	1.5%	1.6%	1.6%	1.9%	2.5%
With a cognitive difficulty	5.1%	6.9%	7.5%	8.7%	4.7%	6.8%	5.2%	7.9%	5.9%
With an ambulatory difficulty	6.9%	7.7%	7.3%	11.9%	5.1%	8.2%	7.4%	7.9%	7.7%
With a self-care difficulty	2.6%	2.7%	2.5%	4.6%	1.9%	2.1%	2.1%	2.9%	2.4%
With an independent living difficulty	5.8%	6.7%	6.8%	9.1%	4.9%	5.9%	5.0%	7.2%	6.2%
Source: American Community Survey, 2019 5-Year Estimates, Disability Characteristics									

Figure 77: Percent of Population with a Disability by Type, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
With a hearing difficulty	5.2%	5.8%	5.4%	9.4%	4.2%	6.7%	5.8%	7.6%	4.8%
With a vision difficulty	2.0%	2.3%	2.5%	3.9%	1.3%	3.3%	2.7%	3.1%	2.0%
With a cognitive difficulty	7.8%	8.5%	9.2%	11.5%	4.5%	9.3%	6.2%	10.1%	6.2%
With an ambulatory difficulty	8.6%	9.0%	8.9%	12.6%	5.5%	10.7%	8.8%	12.0%	6.8%
With a self-care difficulty	2.7%	3.6%	3.5%	5.0%	2.2%	3.9%	3.0%	4.4%	2.4%
With an independent living difficulty	6.9%	8.5%	8.1%	11.7%	4.3%	8.5%	6.5%	9.2%	6.2%
Source: American Community Survey, 2019 5-Year Estimates, Disability Characteristics									

Health Status Profile

Maine ranks number 29 out of 50 states in the Community Well-Being Index[21], which analyzes ten measures of well-being across a community. The leading cause of death in Maine is cancer followed by heart disease. Approximately half the adult population has high blood pressure, which is below the national percentage, and one in three adults is considered obese. Maine has a higher than national rate of smoking, including the use of e-cigarettes and vaping. Smoking can lead to lung cancer and other chronic diseases.

Figure 78: Causes of Death, Table A

	United States[22]	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Heart Disease	166.0	147.9	165.0	157.2	126.3	151.5	140.1	155.7	154.1
Cancer	155.5	169.2	179.0	164.7	154.6	180.6	156.9	173.4	174.7
Unintentional Injury	45.7	59.1	56.4	48.0	53.9	56.0	58.9	61.6	60.6
Diabetes	21.2	22.3	24.5	24.5	16.6	33.5	21.2	27.2	18.8
Alzheimer's	29.4	27.6	53.2	23.4	27.7	24.0	24.2	25.2	28.2
Source: National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018									

Figure 79: Causes of Death, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Heart Disease	145.7	138.9	163.2	180.4	148.9	194.9	167.2	180.0	130.0
Cancer	156.5	183.2	171.5	201.2	170.9	198.1	163.4	197.0	168.2
Unintentional Injury	59.3	54.6	61.3	76.5	41.2	67.0	58.4	94.3	65.9
Diabetes	20.5	34.8	24.1	25.3	12.7	24.2	20.2	19.7	21.3
Alzheimer's	18.8	26.8	20.5	29.3	13.9	22.2	22.0	19.7	32.9
Source: National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018									

- Cancer is the leading cause of death among both males and females in Maine followed by heart disease as the second leading cause of death.
- Unintentional injury is the third leading cause of death among males and the seventh leading cause of death among females.
- Unintentional injury is the leading cause of death among those ages one to 44 followed by suicide.

[21] ShareCare. Community Well-Being Index. https://wellbeingindex.sharecare.com/interactive-map/?defaultState=ME

[22] Source: U.S. Data from America's Health Rankings, 2018

- Among those ages 45 and older, Cancer is the leading cause of death followed by Heart Disease

Figure 80: Chronic Disease Prevalence, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Adults with Heart Disease	26.81%	22.48%	20.83%	28.47%	20.21%	21.15%	22.56%	22.06%	23.43%
High Blood Pressure	57.20%	48.71%	47.37%	58.82%	46.40%	44.67%	46.22%	42.72%	46.50%
Adults with Asthma	4.97%	4.68%	4.52%	5.16%	4.98%	3.75%	4.53%	4.08%	4.93%
Diagnosed Diabetes	26.95%	22.55%	23.53%	28.64%	19.78%	21.91%	19.70%	22.06%	19.06%
Source: Centers for Medicare & Medicaid Services Public Use Data; Chronic Conditions Prevalence, State/County, 2018									

Figure 81: Chronic Disease Prevalence, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Adults with Heart Disease	21.09%	22.48%	23.03%	23.34%	21.12%	23.47%	24.91%	24.38%	22.37%
High Blood Pressure	43.69%	48.86%	49.39%	47.69%	43.50%	49.79%	46.74%	53.75%	52.52%
Adults with Asthma	4.10%	4.19%	4.79%	3.21%	3.57%	4.58%	4.82%	4.32%	5.27%
Diagnosed Diabetes	18.69%	21.98%	24.55%	23.74%	18.68%	25.16%	22.20%	25.65%	22.76%
Source: Centers for Medicare & Medicaid Services Public Use Data; Chronic Conditions Prevalence, State/County, 2018									

- Maine presents lower prevalence of the chronic diseases included above.
- Almost half of Maine's population is living with high blood pressure, particularly in Aroostook, Washington, and York County.
- Nearly 25 percent of residents in each county are living with Diabetes (type 1 or type 2).

Figure 82: Obesity in Adults in Maine

	United States	Maine
Total Population with Obesity	31.4%	31.7%
18 - 24	18.9%	18.3%
25 - 34	29.5%	28.9%
35 - 44	34.6%	34.2%
45 - 54	37.6%	40.3%
55 - 64	36.0%	36.3%
65 +	29.3%	28.7%
Source: National Center for Chronic Disease Prevention & Health Promotion; Division of Nutrition, Physical Activity & Obesity, 2019		

- Mainers between the ages of 45 and 54 have the highest percentage of obesity.

Figure 83:Prevalence of Obesity in Adults[23]

United States	**Maine**	**Androscoggin**	**Aroostook**	**Cumberland**	**Franklin**
42.4	31.7	33.5	37.7	24.8	30.3
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
30.4	32.2	29.3	27.1	30.4	33.2
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
35.2	26.8	33.4	29.8	34.9	29.1
Source: National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018					

- Nearly 45% of counties statewide have a higher obesity rate than the state average with Aroostook County presenting the highest prevalence (37.7).

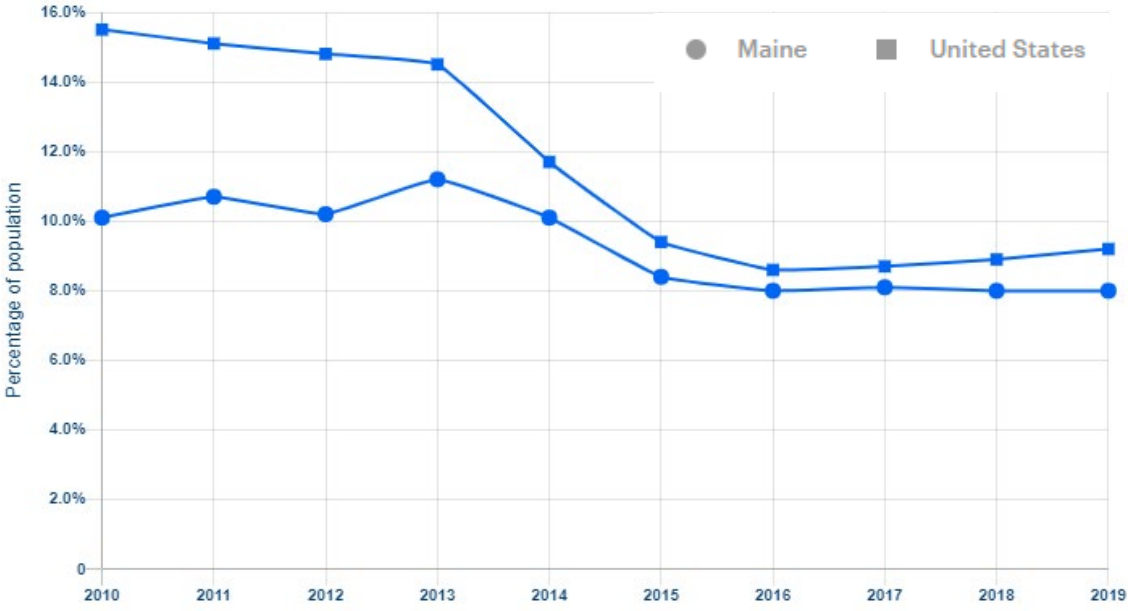
[23] Age-adjusted Rate Per 100,000

Figure 84: Adults Currently Using Tobacco Products (cigarettes, smokeless tobacco, e-cigarettes, or other tobacco products)

United States[24]	Maine	Androscoggin	Aroostook	Cumberland	Franklin
16.1%	22.6%	17.0%	27.4%	16.7%	18.1%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
19.4%	22.2%	17.8%	19.8%	30.8%	24.2%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
33.2%	19.4%	26.3%	28.3%	30.7%	21.3%
Source: The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017					

- Overall, Maine has a higher percentage of adults that use some form of tobacco products, most prevalent in Piscataquis, Oxford, and Washington County. Instate percentages range from 16.7 percent in Cumberland County to 33.2 percent in Piscataquis County.

Figure 85: National & Instate Population Not Covered By Private Or Public Health Insurance



Source: America's Health Rankings Annual Report, 2020

- Between 2019 and 2020, the national percentage of those without any form of health insurance increased from 8.8 percent to 9.2 percent while Maine's uninsured population remained the same at 8.1 percent.
- According to a recent report by Families USA, one out of every three COVID-19 deaths and more than 40% of all COVID-19 infections are associated with health insurance gaps.[25]

Figure 86: Ratio of Providers, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Ratio of Primary Care Providers	880:1	900:1	1,150:1	910:1	600:1	930:1	700:1	830:1	990:1
Ratio of Mental Health Providers	170:1	200:1	200:1	180:1	140:1	340:1	250:1	200:1	190:1
Ratio of Dentists	1,210:1	1,480:1	1,800:1	1,680:1	960:1	2,750:1	1,960:1	1,180:1	1,370:1
Source: County Health Rankings & Roadmaps, 2018									

- According to The Health Professional Shortage Area Database over ten health care facilities statewide currently hold a shortage area score over 15 out of 26 while five have a score of above 18, higher numbers representing a higher priority. These facilities are primarily located in rural communities.[26]
- In Maine, there are approximately 200 mental health providers for every one resident.
- According to a recent report by the Maine Association of Psychiatric Physicians, the number of psychiatrists in Maine dropped by 50% between 2015 and 2020. Additionally, In June of 2021, several local news media outlets published articles identifying that Maine was "in-crisis" concerning the lack of mental health providers.

Figure 87: Ratio of Providers, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Ratio of Primary Care Providers	880:1	1,650:1	770:1	1,680:1	1,620:1	1,810:1	1,370:1	1,750:1	1,340:1
Ratio of Mental Health Providers	470:1	390:1	180:1	450:1	450:1	570:1	380:1	170:1	240:1
Ratio of Dentists	2,890:1	2,760:1	1,170:1	3,360:1	1,710:1	5,610:1	2,840:1	2,090:1	2,060:1
Source: County Health Rankings & Roadmaps, 2018									

[25] Families USA; The Catastrophic Cost of Uninsurance: COVID-19 Cases & Deaths Closely Tied to America's Health Coverage Gaps, March 2021
[26] The Health Professional Shortage Area

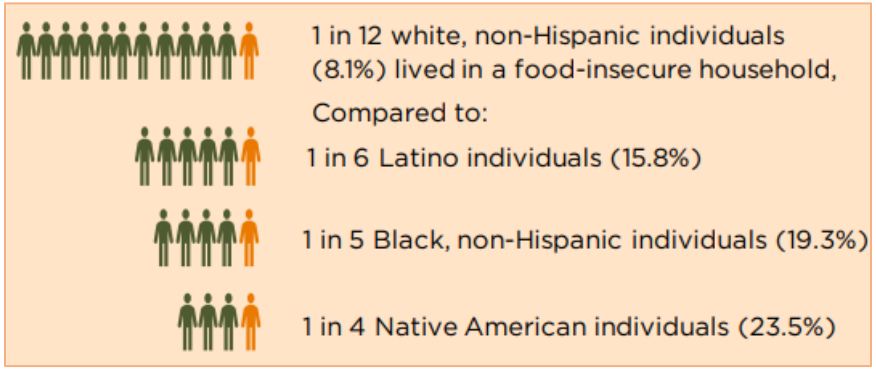
Figure 88: Overall Food Insecurity Rate in Maine[27]

United States	Maine	Androscoggin	Aroostook	Cumberland	Franklin
10.9%	12.1%	18.5%	23.3%	13.6%	18.4%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
17.9%	18.9%	18.1%	19.9%	22.9%	20.0%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
25.4%	15.8%	26.5%	19.5%	25.7%	14.8%
Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019					

- Approximately 1 in 8 (166.970) Mainers are food insecure and about 1 in 6 or 44,520 children face food insecurity.
- Nearly 20% of the population in Somerset, Piscataquis, and Washington County are food insecure, the highest in the state.
- Feeding America identifies two factors that influence food insecurity rates - unemployment and poverty, which were both at recent lows heading into the pandemic and have likely increased since.

[27] Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life. This can be a temporary situation for a household or can last a long time. Food insecurity is one way we can measure how many people cannot afford food.

Figure 89: Food Insecurity & Race/Ethnicity



Food insecurity is experienced in greater proportion by these racial and ethnic groups due to a number of factors – a key one being structural racism and discrimination. These disparities are also apparent in the underlying factors that contribute to food insecurity. While the overall poverty rate in 2019 was 10.5%, poverty among white individuals was 9.1% compared to 18.8% for Black individuals and 15.7% for Latino individuals. More research is needed to untangle the complex relationship between systemic racism and food insecurity.

Feeding America, The Impact of the Coronavirus on Food Insecurity in 2020 & 2021 (March 2021)

Mental Health and Substance Misuse Status Profile

Mental health and substance use disorders affect people of all ages, genders, race, and ethnic groups. Prior to Covid-19, out of the 330.1 million people living in America, **nearly one in five (61.2 million) were living with a mental illness[28] and/or substance use disorder [29]** which is a 5.9 percent increase from the prior year. Of these people 25.5 percent (13.1 million) are experiencing a severe mental illness, which can be defined as an individual over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.[30]

The COVID-19 pandemic will undoubtedly increase days of poor mental health days and percent of days in mental distress as recent data indicates that more than 25 percent of high school students reported worsening emotional and cognitive health and over 20 percent of parents with children ages 5-12 reported similar worsening conditions for their children during the pandemic.

Additionally, loneliness and isolation will likely contribute to the poor mental health of parents which in turn could be a contributing factor in negative mental health outcomes for children.[31]

Figure 90: Reported Poor Mental & Physical Health in the Past 30 Days, Table A[32]

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Poor Mental Health Days	3.8	5.0	4.9	5.4	4.2	4.6	4.7	5.0	4.5
Poor Physical Health Days	3.4	4.2	4.2	4.9	3.2	4.0	3.8	4.5	3.8
Frequent Mental Health Distress	11.7%	12.7%	16%	17%	12%	15%	14%	16%	14%
Source County Health Rankings & Roadmaps, 2018									

[28] Any Mental Illness (AMI) is defined by SAMSHA as "having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness."

[29] See https://www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf

[30] SAMHSA data accessed 7/27/21. https://www.samhsa.gov/find-help/disorders#:~:text=Serious%20mental%20illness%20is%20defined,or%20more%20major%20life%20activities

[31] Kaiser Family Foundation, The Pandemic's Impact on Children's Mental Health, 5/29/2021

[32] Poor mental and physical days indicate the average number of mentally/physically unhealthy days reported in past 30 days.

Figure 91: Reported Poor Mental & Physical Health in the Past 30 Days, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Poor Mental Health Days	4.8	4.8	5.1	5.2	4.7	5.1	4.8	5.2	4.5
Poor Physical Health Days	3.8	4.5	4.5	4.8	3.6	4.8	4.1	5.0	3.7
Frequent Mental Health Distress	15%	16%	16%	17%	14%	17%	15%	17%	14%
Source County Health Rankings & Roadmaps, 2018									

- Mainers experience approximately four out of 30 poor mental health days. Aroostook County residents reported experiencing approximately five poor mental health days in the past 30 days, the highest average in Maine.
- Washington County residents reported experiencing approximately five poor physical health days in the past 30 days.
- Overall, all Maine counties surpass the national average indicating that Mainers experience a greater percentage of frequent mental health distress compared to the average American.
- More than 40% of Mainers living with a severe mental illness are receiving no treatment at any given time, leaving them at increased risk for homelessness, incarceration, and suicide, according to a 2018 Mental Health America Report.

Figure 92: Prevalence Of Mental Illness

Adults with Any Mental Illness (AMI)	20.82%
Adults with Substance Use Disorder in the Past Year	9.27%
Adults with Serious Thoughts of Suicide	4.81%
Youth with At Least One Major Depressive Episode (MDE) in the Past Year	15.45%
Youth with Substance Use Disorder in the Past Year	4.59%
Source: Mental Health America, Prevalence Data, 2021	

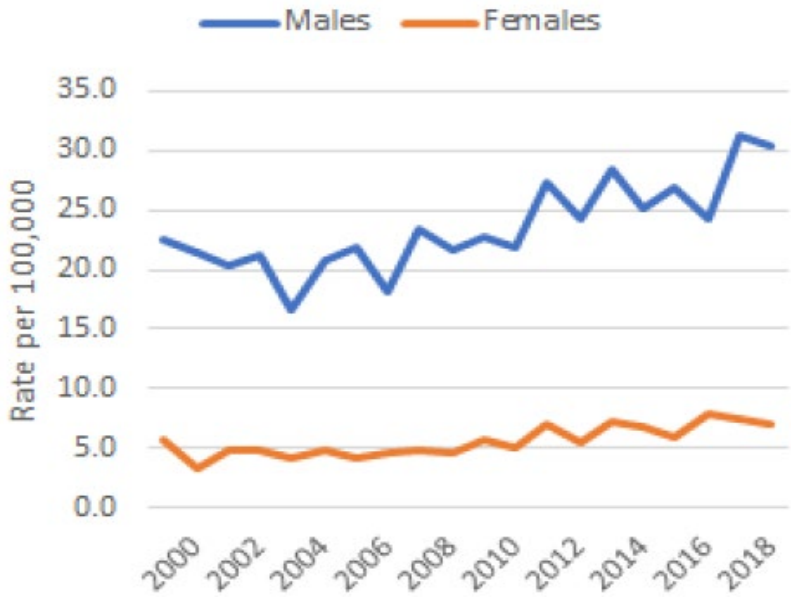
- Almost a quarter of Maine's population is living with a form of mental illness. According to SAMSHA, AMI is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness.
- Maine's population of adults living with a Substance Use Disorder in the past year (2021) ranks in the top ten highest nationwide. This figure also surpasses the national average of 7.67 percent.

- Maine also surpasses the national average of youth's who experience at least one MDE in the past year (15.45%, 13.84% respectively), ranking 43rd in the country.

Figure 93: Suicide Rates Statewide[33]

United States[34]	Maine	Androscoggin	Aroostook	Cumberland	Franklin
14.5	18	19	16	13	20
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
17	19	20	22	19	17
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
25	24	25	22	23	18
Source: County Health Rankings & Roadmaps, 2021					

Exhibit : Suicide Rates Statewide by Gender

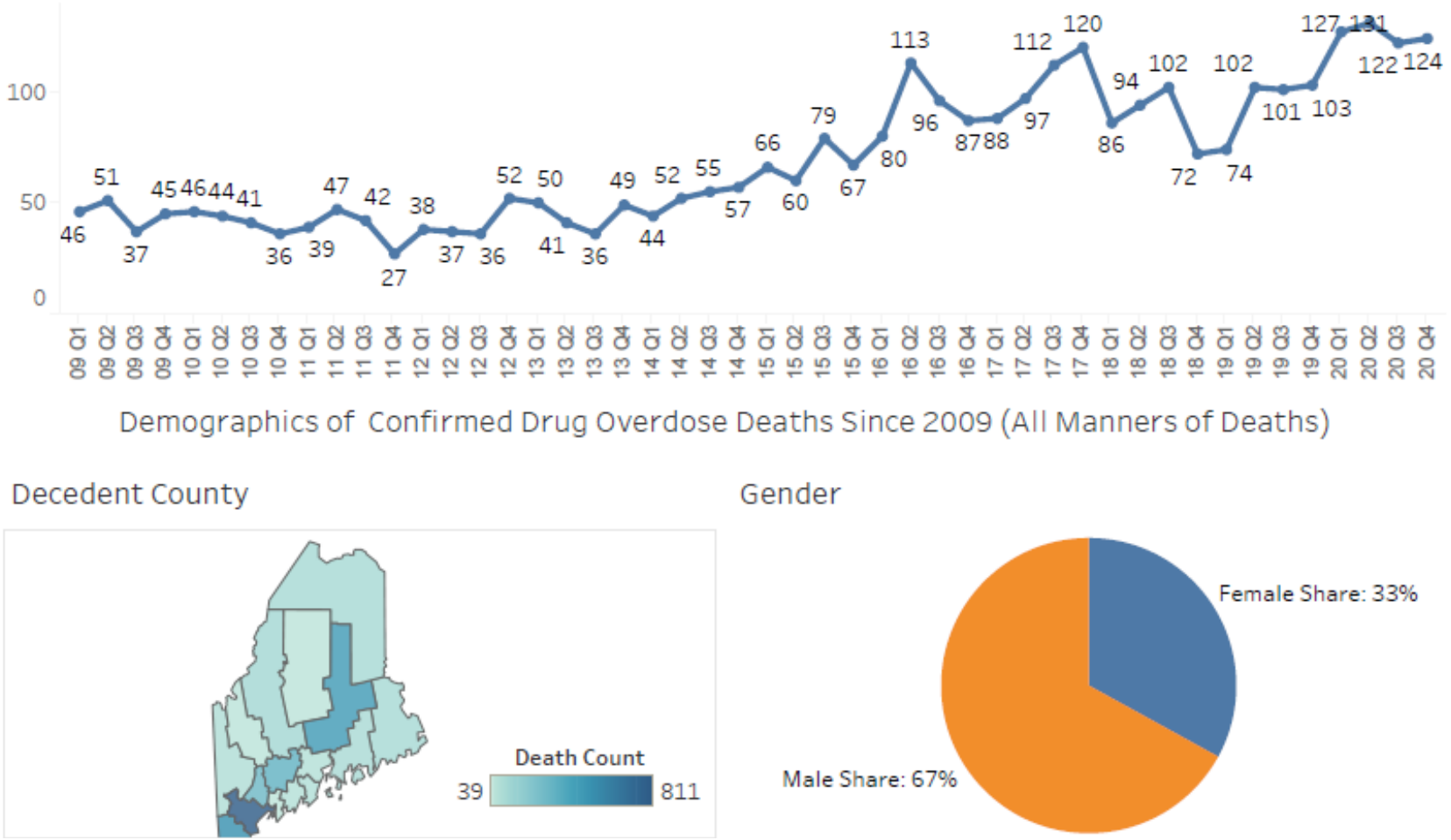


- According to the Maine CDC's most common causes of death report, the five-year average for suicides by ages 10 to 19 have increased each year for the last four years but dipped slightly to 8.5 for 2015 and 2019 compared to 8.7 for 2014 and 2018 per 100,000 Mainers.
- In 2019, 239 Mainers between the ages of 25 and 84 died by suicide. Suicides per county ranged from 8 deaths in Waldo County to 43 in York County.
- Men have considerably higher rates of suicide compared to women in Maine (30.4, 7.1 respectively).

Source: Maine Centers for Disease Control & Prevention, Office of Data, Research & Vital Statistics, Maine Leading Causes of Death: Ten Most Common Causes, 2018

[33]Five Year Averages, Age-Adjusted Rate Per 100,000, 2015-2019
[34]U.S. Data source: America's Health Rankings Annual Report, 2019

Figure 94: Drug Overdose Dashboard (All manners of deaths)



Source: Maine Centers for Disease Control & Prevention; The State Epidemiological Outcomes Workgroup, Drug Overdose Dashboard

- Fatal overdose/drug-related deaths rose by approximately 41 percent between the first and second quarter of 2016, followed by another spike in late 2017 with 120 deaths in quarter four.
- Maine saw the highest number of drug-related deaths in the second quarter of 2020 with 131 deaths. This was at the very beginning of the COVID-19 pandemic (1 April – 30 June). In total, Maine recorded 504 confirmed drug overdose deaths which was a 33 percent increase from 2019.

Figure 95: The Cumulative January - June 2021 Percentages Of Suspected & Confirmed Overdoses

Androscoggin	Aroostook	Cumberland	Franklin
12%	5%	17%	2%
Hancock	**Kennebec**	**Knox**	**Lincoln**
4%	12%	2%	4%
Oxford	**Penobscot**	**Piscataquis**	**Sagadahoc**
4%	17%	1%	1%
Somerset	**Waldo**	**Washington**	**York**
2%	3%	4%	12%
Source: Maine Office of the Attorney General and Maine Office of Behavioral Health, Maine Monthly Overdose Report for July 2021			

- As of July 31st, there have been 357 confirmed and suspected overdose deaths statewide.
- According to the monthly overdose report, between June and July there was a significant increase for Penobscot County and a decrease for Cumberland County, as well as a slight increase for Kennebec, Piscataquis, Sagadahoc, Somerset, and York.
- Cumberland County, with 22 percent of the census population, had 26 percent of the drug deaths in 2019, 19 percent in 2020, 17 percent January through July 2021, and 12 percent in July alone.
- Penobscot County, with 11 percent of the census population, had 14 percent of the drug deaths in 2019, 19 percent in 2020, 17 percent January through June 2021, and 25 percent of the July drug deaths.

Figure 96: Maine Adults (18 years & older) Past Month Binge Drinking, 2015 - 2017

United States	Maine	Androscoggin	Aroostook	Cumberland	Franklin
25.8[35]	17.9%	17.2%	12.8%	19.7%	17%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
17.5%	16.7%	17.6%	16.5	14.8%	19.9%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
14.5%	16.7%	15%	15.5%	18%	18.7%
Source: The State Epidemiological Outcomes Workgroup					

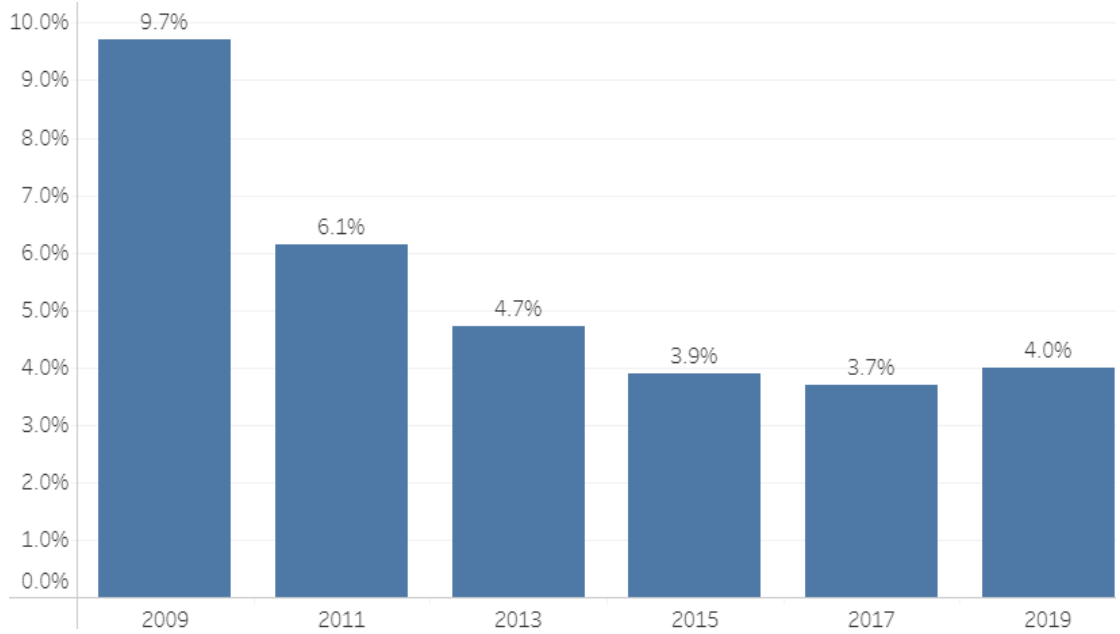
[35] SAMHSA, Center for Behavioral Health Statistics & Quality; National Survey on Drug Use & Health, 2019

Figure 97: Current Alcohol Use Self-Reported by High School Students[36]

United States[37]	Maine	Androscoggin	Aroostook	Cumberland	Franklin
29.0%	22.9%	18.2%	21.1%	26.5%	25.2%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
26.0%	19.31%	27.5%	25.8%	23.9%	19.3%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
20.8%	20.8%	22.1%	25.2%	23.9%	24%
Source: Maine Integrated Youth Health Survey, 2019					

- Approximately 38% of Maine counties saw an increase in current alcohol use between 2017 and 2019 (with very little variation). The largest increase was in both Lincoln and Waldo County (19.3%, 25.8%; 21.9%, 25.2% respectively).

Figure 98: Current Alcohol Use Self-Reported by Middle School Students



- Between 2017 and 2019 there was little to no increase in the reported percent of high school students currently using alcohol (22.5%, 22.9%).

- The percentage of middle school students reporting alcohol at least once a day has steadily declined over the past decade.

Source: The State Epidemiological Outcomes Workgroup Alcohol Use Dashboard, 2019

[36] Survey Question: During the past 30 days, on how many days did you have at least one drink of alcohol? Percentage of students who answered at least 1 day
[37] Source: Youth Risk Behavior Survey, 2019

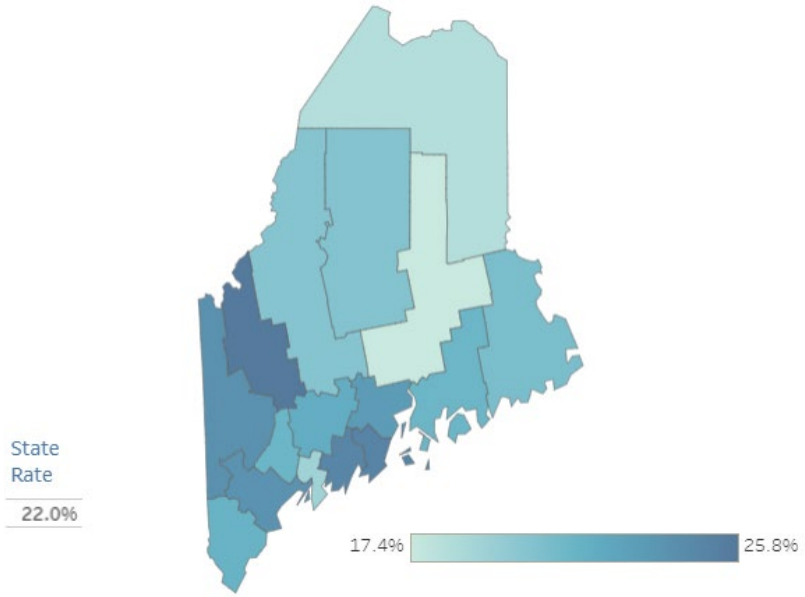
Figure 99: Current Marijuana Use Self-Reported by Students, Table A

	United States[38]	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Middle School Students	21.7%	22%	21.5%	18.3%	23.9%	25.8%	21.5%	22.1%	25%
High School Students	14.3%	11.7%	14.2%	10.8%	11.2%	12.9%	13.4%	9.1%	12.4%
Source: Maine Integrated Youth Survey, 2019									

Figure 100: Current Marijuana Use Self-Reported by Students, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Middle School Students	24.9%	24.1%	17.4%	20.5%	19.2%	20.4%	23.3%	20.9%	21.7%
High School Students	13.2%	12.5%	10.7%	15.6%	13.9%	13.0%	13.3%	11.1%	11.3%
Source: Maine Integrated Youth Survey, 2019									

Figure 101: High School Students Currently Using Marijuana

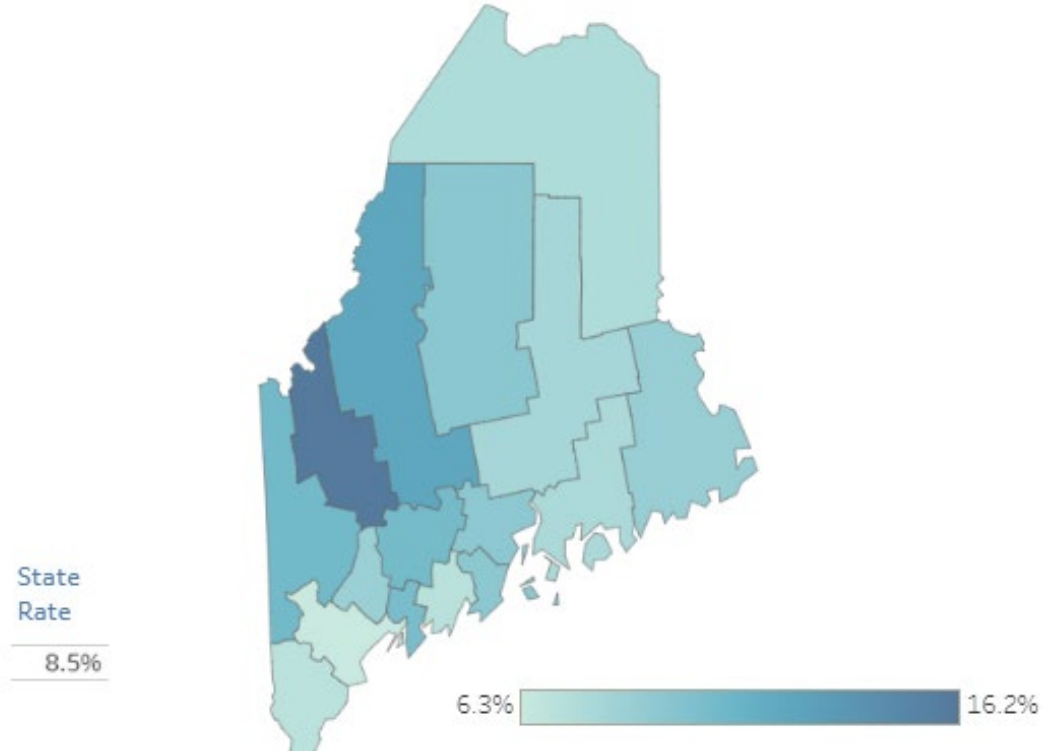


- The percent of high school students who reported currently using marijuana (in the past 30 days) increased from 2017 (19.5%, 22% respectively) along with most counties. Lifetime use is not collected in this survey.
- Perception of harm regarding marijuana is decreasing among all students as two out of three students believe there is no risk in using marijuana.
- More than half in high school students in Maine reported easy access to marijuana (53.1%).

Source: The State Epidemiological Outcomes Workgroup
Marijuana Use Dashboard, 2019

[38] Source: Youth Risk Behavior Survey, 2019

Figure 102: Middle School Students Who Have Used Marijuana



- Lifetime marijuana use reported by middle school students increased by 1.6 percent from 2017 and current use of marijuana increased statewide from 3.6 percent in 2017 to 4.1 percent in 2019.
- Franklin County presents the highest percent of middle school use (16.2% up from 12.3%) followed by Somerset (12.4%) and Oxford County (10.8%).
- In 2017, 23.1 percent of middle school students reported using marijuana before age 11. This percentage decreased to 18.1 percent in 2019.
- Perception of harm is decreasing (34.5% < 38.2%) meaning more middle school students in Maine do not think there is any risk in using marijuana. Access to marijuana also increased.

Source: The State Epidemiological Outcomes Workgroup Marijuana Use Dashboard, 2019

- Lifetime prescription misuse among high school students has increased from 9.8 percent in 2017 to 11.7 percent in 2019. This is particularly concerning consideration the extreme impact the Opioid Crisis has had on Maine and nationwide.
- Hispanic students reported misusing prescription medications twice as much as non-Hispanic students (21.5%, 11.2% respectively). Additionally, 19.4 percent of American Indian or Alaskan Native and 20.3 percent of Black or African American students reported prescription medication misuse compared to 10.9 percent of white students.

Figure 103: Current Prescription Misuse, High School Students[39]

United States	Maine	Androscoggin	Aroostook	Cumberland	Franklin
7.2%	5.0%	5.5%	2.9%	5.3%	5.2%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
6.1%	4.0%	6.1%	5.7%	5.5%	3.9%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
3.2	5.7%	4.6%	6.0%	5.8%	4.9%

Source: Maine Integrated Youth Health Survey, 2019

- Current prescription misuse decreased from 5.9% to 5.0% statewide. Maine high school students report less misuse compared to the national percentage.
- Hancock, Knox, and Waldo county have the highest percentages of high school students currently misusing prescription medications (OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) while Piscataquis presents the lowest (3.2%)

Figure 104: Lifetime Prescription Misuse, Middle School Students

United States	Maine	Androscoggin	Aroostook	Cumberland	Franklin
ND	6.6%	7.8%	5.1%	5.5%	7.3%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
6.7%	6.9%	4.6%	8.8%	6.6%	6.2%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
9.7%	8.5%	7.1%	7.0%	8.9%	6.9%

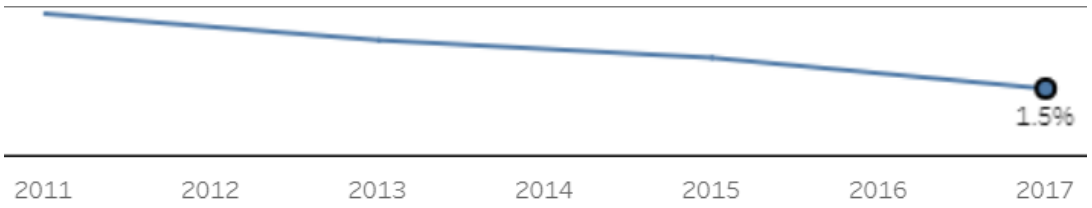
Source: Maine Integrated Youth Survey, 2019

- Lifetime use data was not collected for middle school students in 2017, however in 2019 6.6% reported ever misusing a prescription medication.

[39] During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? Percentage of students who answered at least 1 time

- Most counties have higher percentages of middle school prescription misuse compared to the state average, specifically in Piscataquis and Washington County.

Figure 105: Current Prescription Misuse, Middle School Students



Source: The State Epidemiological Outcomes Workgroup
Marijuana Use Dashboard, 2019

- In 2019, 3.0% middle school students statewide reported currently misusing prescription medications. This number has doubled since 2017 and has disrupted the steady decrease starting in 2011.
- Androscoggin, Aroostook, and Piscataquis County have the highest equal percentage of 4.1% middle school students currently misusing prescription medications.

Figure 106: Lifetime Use Among High School Students 2017 – 2019

	United States[40]		Maine	
	2017	**2019**	**2017**	**2019**
Cocaine[41]	4.8%	3.9%	4.7%	3.8%
Heroin[42]	1.7%	1.8%	3.4%	3.0%
Methamphetamines[43]	2.5%	2.1%	3.1%	3.0%
Ecstasy[44]	2.5%	3.6%	4.6%	3.6%

Source: Maine Integrated Youth Survey, 2019

- Maine has seen a decrease in harmful substance use by high school students since 2017.
- Heroin and methamphetamine use statewide is higher than the national percent while cocaine and ecstasy use is in line with national numbers.

[40] U.S. Data from the Youth Risk Behavior Survey
[41] During your life, how many times have you used any form of cocaine, including powder, crack, or freebase? Percentage of students who answered at least 1 time
[42] During your life, how many times have you used heroin (also called smack, junk, or China White)? Percentage of students who answered at least 1 time
[43] During your life, how many times have you used methamphetamines (also called meth, speed, crystal, crank, or ice)? Percentage of students who answered at least 1 time
[44] During your life, how many times have you used ecstasy (also called MDMA)? Percentage of students who answered at least 1 time

Adolescence and Children

Maine is home to approximately 285,402 youth under the age of 20 across the state with the highest percentage of youth in the southern region. Health performance indicators indicating the overall health of the child varies widely across the counties with more rural counties like Somerset, Piscataquis, and Washington Counties measuring behind more urban areas of the state.

Figure 107: Child Preventative Care/Check-Ups in the Past Year

	Maine		United States	
	One or more preventive visits	**No preventive care visits**	**One or more preventive visits**	**No preventive care visits**
0-5 years old	97.9%	2.1%	89.0%	11.0%
6-11 years old	93.4%	6.6%	81.8%	18.2%
12-17 years old	84.4%	15.6%	79.6%	20.4%
Source: Data Resource Center for Child & Adolescent Health; National Survey of Children's Health, 2019				

- Almost all Maine children five and below has had a preventative care visit in the past year, above the national preventive visits.
- Reported preventative visits decline in Maine as children get older.

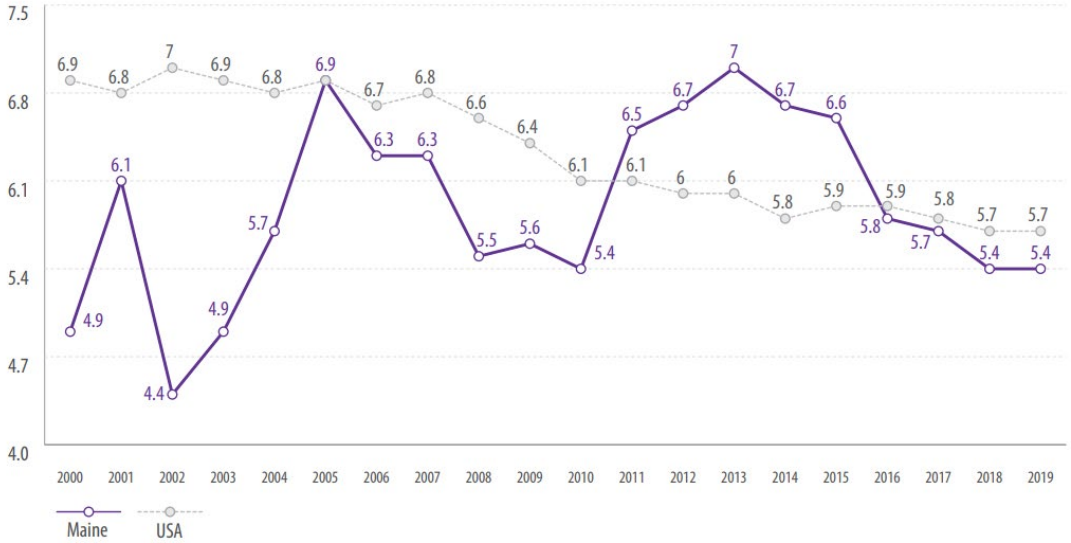
Figure 108: Infant Mortality[45]

United States	Maine	Androscoggin	Aroostook	Cumberland	Franklin
5.7	5.4	4.7	7.4	5.5	7.6
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
4.5	4.7	7.5	7.1	4.0	5.9
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
3.0	6.9	8.8	5.2	6.9	6.2
Source: The Annie E. Casey Foundation, KIDS COUNT Data Center					

- Maine's five-year mortality rate between 2015 and 2019 is below the national rate of 5.8 per 1,000 births.
- Counties with the highest infant mortality rates were Somerset, Franklin, and Knox Counties while the counties with the lowest rates per 1,000 births, based on 5-year averages for 2015-2019 were Piscataquis, Oxford, and Hancock.
- According to the 2021 Maine Kids Count Databook, between 2015 and 2019 the rate of mortality for African American infants in Maine was 64 percent higher than the rate of mortality for white infants.

[45] Five Year Averages, Age-Adjusted Rate Per 1,000 births

Figure 109: 2000 – 2019 Infant Mortality Trends



Source: The Annie E. Casey Foundation, 2021 Maine KIDS COUNT Data Book

Figure 110: Infant & Toddler Health

INFANT/TODDLER HEALTH	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent*
Low birthweight infants (as % of live births), 2019	870	7.4%	7.2%	8.3%
Pre-term births (as % of live births), 2019	1,062	9.0%	8.6%	10.0%
Prenatal care began in the first trimester, 2019	10,061	90.1%	89.1%	77.5%
Babies born exposed/affected to substances (as % of live births), 2020	901	7.9%	7.3%	unknown
Mother told she had depression during pregnancy, 2018**	2,214	18.0%	15.9%	13.5%
Post-partum depression symptoms, 2018**	1,341	10.9%	13.4%	13.2%
Child breastfed ever (mothers with children ages 0-5), 2018 **	10,861	88.3%	90.7%	87.8%
Mother smoked cigarette in last trimester, 2018**	1,476	12.0%	13.7%	7.5%
Immunizations of children ages 24 to 35 months (as % of children ages 24-35 months), Quarter 4 of calendar year 2019	9,855	69.8%	76.7%***	70.4%****
Exemptions from immunizations for students entering kindergarten, 2019-2020	790	5.9%	6.2%	2.5%
Families served in the Maine Families Home Visiting Program (as % of children ages 0-24 months), FFY 2020	1,833	7.5%	8.0%	N/A
Children screened for blood lead poisoning (as % of children ages 12-24 months), 2019	7,450	60.3%	51.8%	70%*****
Children with blood lead poisoning (as % of children ages 0-36 months who were screened), 2019	292	2.3%	288	2.6%

* The national rate is the year prior to the state rate
** Data derived from Pregnancy Risk Assessment Monitoring System, 2018
*** Quarter 4 of calendar year 2017, as quarter 4 of calendar year 2018 was not available
**** National data was changed in 2018 to report on all vaccinations by age 24 months
***** National data is 2018, children 12-24 months with Medicaid

Source: The Annie E. Casey Foundation, 2021 Maine KIDS COUNT Data Book

- Maine has a higher percent of pre-natal care beginning in the first trimester compared to national percentages (90.1%, 77.5% respectively)
- In 2018, approximately 18 percent of pregnant women experienced depression during pregnancy compared to just 13.5 percent of pregnant women nationally.

Figure 111: Maternal Health Measures, Table A

	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Low Birthweight[46]	6%	ND	8%	8%	7%	8%	7%	7%	7%
Teen Birth Rates[47]	17.4%	2.9%	3.4%	3.7%	1.5%	34.7%	2.3%	3.3%	2.3%
Infant Mortality[48]	4	6	5	9	5	ND	ND	6	ND
Child Mortality[49]	40	40	40	70	40	60	30	40	60
Source: County Health Rankings, 2021. The Annie E. Casey Foundation, KIDS COUNT Data Center									

Figure 112: Maternal Health Measures, Table B

	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Low Birthweight	9%	7%	7%	8%	7%	8%	7%	8%	7%
Teen Birth Rates	4.9%	3.2%	3.9%	Less than 5	3.4%	4.8%	3.9%	4.7%	2.0%
Infant Mortality	ND	ND	6	ND	ND	8	ND	ND	6
Child Mortality	50	40	50	ND	50	60	40	ND	40
Source: County Health Rankings, 2021. The Annie E. Casey Foundation, KIDS COUNT Data Center									

- In 2019, of the 11,770 births in Maine, 340 were to girls ages 10 to 19, or 2.9 percent of all births. This is a decrease from 2018 of 4.2 percent of all births.
- In 2019, the counties with the highest rate of births to females under age 20 were Lincoln, Somerset, Washington, and Franklin, all with rates between 4.7 percent and 4.9 percent. Lowest rates statewide were 1.5 percent in Cumberland County and 2.3 percent in both Hancock and Knox County.
- Research shows that giving birth during the teen years has been linked with increased medical risks and emotional, social, and financial costs to the mother and her children. Becoming a teen mom affects whether the mother finishes high school, goes to college, and the type of job she will get, especially for younger teens ages 15 to 17.[50]

[46] Percentage of live births with low birthweight (<2,500 grams).

[47] The number and percent of births to teenage mothers under age 20. This data is reported as a percent of all live births. Births are reported by the mother's place of residence at the time of the birth.

[48] Number of all infant deaths (within 1 year), per 1,000 live births.

[49] Number of deaths among children under age 18 per 100,000 population.

[50] Centers for Disease Control & Prevention; Preventing Pregnancies in Younger Teens, April 2014

Figure 113: Uninsured Children Under 19[51]

United States	Maine	Androscoggin	Aroostook	Cumberland	Franklin
5.7%	5.6%	5.2%	6.3%	4.5%	6.1%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
7.35%	5.7%	6.9%	9.0%	5.9%	6.1%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
7.4%	5.4%	5.7%	6.6%	8.6%	4.6%
Source: The Annie E. Casey Foundation, KIDS COUNT Data Center					

- Nationwide, the percentage of uninsured children increased in 2019 to 5.2 percent and to 5.7 percent in Maine (approximately 14,500 children).
- Approximately 5.6 percent children under the age of 19 did not have health insurance in 2019, this is equivalent to approximately 14,500 children did not have health insurance coverage. Washington, Lincoln, and Piscataquis County had the highest percentage of uninsured children while Cumberland, York and Androscoggin had the lowest rates.

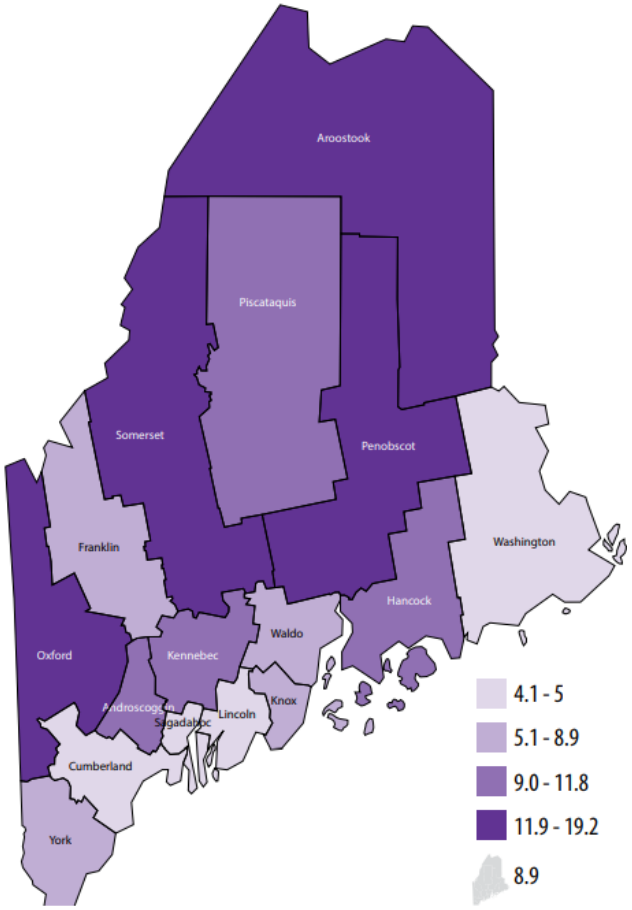
Figure 114: Foster Care in Maine

	United States	Maine
Number of Children in Foster Care	426,749	2,096
Foster Care Rate Per 1,000	5.8	8.4
Number of Children Who Entered Foster Care	252,312	1,246
Average Length of Time in Foster Care	19.8 months	16.4 months

Source: State-level Data for Understanding Child Welfare in the United States, Child Trends, 2019

[51] Children under age 19 who were not covered by health insurance at any point during the year.

Figure 115: Rate of Children In Foster Care in Maine

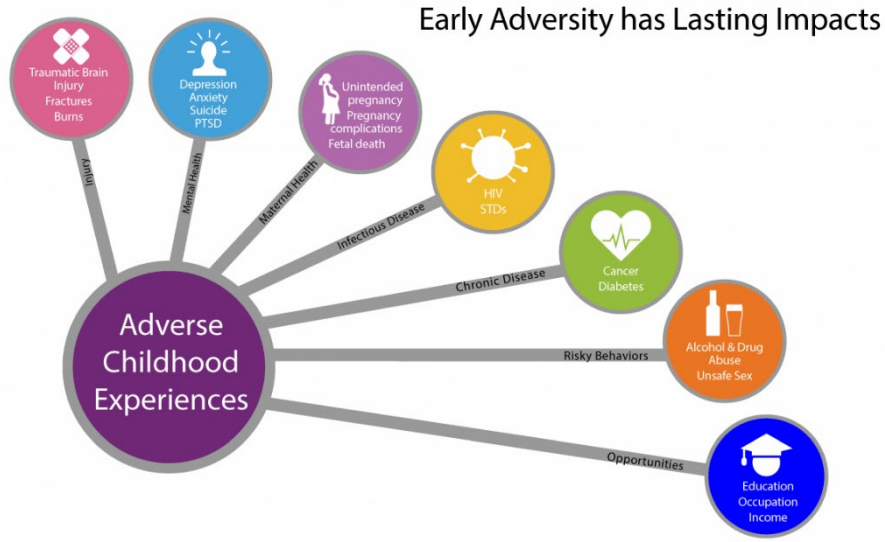


Source: The Annie E. Casey Foundation, 2021 Maine KIDS COUNT Data Book

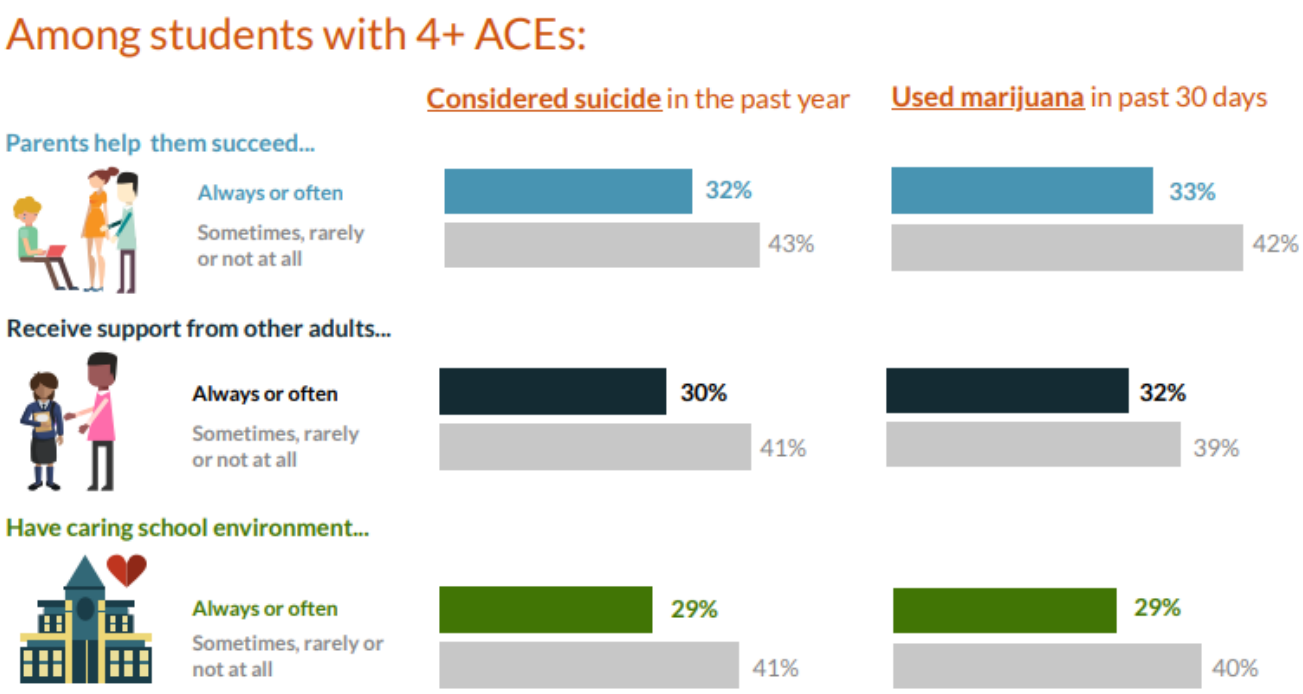
COVID-19 has likely exacerbated risk factors and other disparities. For families already involved in the child welfare system, visitation was limited and exits from foster care to adoption or family reunification were delayed due to the pandemic.

- Over 1,246 children entered Maine's foster care system in 2019 compared to 820 in 2017, an increase of 52 percent in two years.
- There were 2,204 children in foster care on the last day of December 2020, up from 1,791 children in foster care on the last day of December 2018, representing a 23 percent increase.
- The rate of children in foster care in 2020 varies by county from 4.1 to 19.2 per 1,000 children.
- Of Maine children who have experienced maltreatment, 25 percent had caretakers where drug use was a risk factor and 17 percent had caregivers where abuse of alcohol was a risk factor.

Figure 116: Adverse Childhood Experiences



- Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years).
- In 2019, 1 in 5 Maine high school students reported experiencing 4 or more ACEs (79% of students reported 0 – 3 ACEs).
- Students with 4 or more ACEs are more likely to experience depression/consider suicide compared to those with less than 4 ACEs.
- Students with 4 or more ACEs are more likely to experience depression/consider suicide compared to those with less than 4 ACEs.



Source: Maine Integrated Youth Health Survey 2019 ACEs Fact Sheet

Figure 117: Substantiated Child Abuse and/or Neglect Victims[52]

	United States[53]	Maine	Androscoggin	Aroostook	Cumberland	Franklin
2017	9.1	13.0	15.2	16.6	6.4	10.4
2018	9.2	16.5	17.7	21.6	6.8	14.4
2019	8.9	18.3	17.5	29.5	6.8	24.7
	Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
2017	12.8	20.8	9.7	16.3	12.7	15.3
2018	16.3	22.3	13.8	12.2	14.3	21.8
2019	16.8	22.4	18.0	9.9	19.9	24.6
	Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
2017	12.7	6.9	24.2	9.1	17.2	12.7
2018	17.3	7.8	32.8	17.0	18.4	19.4
2019	30.3	12.0	42.2	20.5	14.5	19.3

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center

- In 2019, Maine had the highest rate of cases in the past decade with approximately 4,530 children experiencing abuse and/or neglect. This is a 38 percent increase since 3,292 children in 2017. Rates in Franklin, Knox, Piscataquis, Sagadahoc, Somerset, and Waldo County doubled or nearly doubled since 2017.
- Child abuse and neglect are a known and preventable Adverse Childhood Experience (ACE), which changes brain development and affects how the body responds to stress. These experiences are linked to chronic health problems, mental illness, and substance misuse in adulthood.[54]

Figure 118: Child & Teen Suicide Rates Statewide[55]

United States[56]	Maine	Androscoggin	Aroostook	Cumberland	Franklin
11.1	8.5	10.7	5.4	5.9	16.6
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
18.1	5.7	14.6	17.6	6.1	10.8
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
0.0	5.2	0.0	9.0	22.7	7.8

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center

[52] Per 1,000 children
[53] Source: U.S Data from The Child Welfare League Of America; Maltreatment Report, 2017 & 2018
[54] Centers for Disease Control & Prevention. Vital Signs; Adverse Childhood Experiences (ACEs) Preventing early trauma to improve adult health, 2019
[55] Five-Year Average, 2015 -2019. Age-Adjusted Rate per 100,000, ages 10 – 19
[56] U.S. Data source: America's Health Rankings Annual Report, 2019. Number of deaths by suicide per 100,000 adolescents ages 15-19.

- In Maine, the 5-year average annual child and teen suicide rate increased each year for last 4 years but dipped slightly to 8.5 per 100,000 for 2015-2019 compared to 8.7 for 2014-2018.
- It is important to note that at the county level, because of small numbers, in all but the four most populous counties, the data may be unstable, meaning that just one suicide in a 5-year interval may affect the rate in a small county. Penobscot and Cumberland Counties averaged two suicides per year between 2015-2019, making Penobscot's rate higher since it is a less populous county. Somerset and Piscataquis have had no suicides between 2015- 2019.
- A recent report from the National Center for Health Statistics found that the suicide death rate among persons aged 10 to 24 increased nationally by 57.4 percent from 2007 through 2018, and 56 percent in Maine.[57]

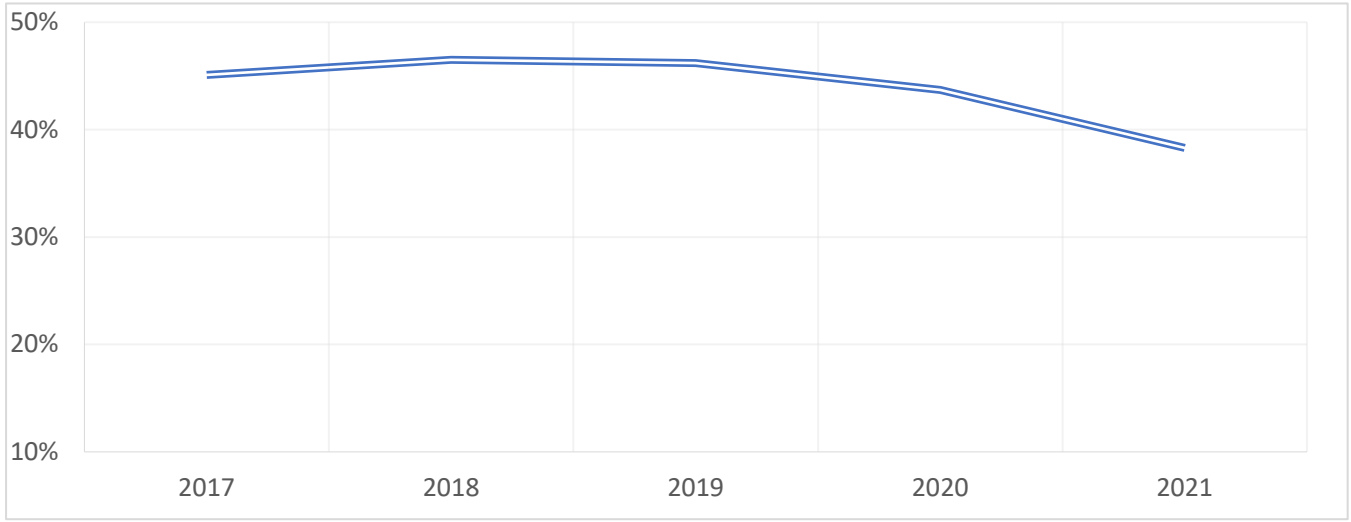
Figure 119: Babies Born Exposed or Affected by Substances in 2020

United States	Maine	Androscoggin	Aroostook	Cumberland	Franklin
ND	7.7%	14.4%	15.2%	2.6%	6.6%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
5.31%	6.7%	10.1%	12.2%	14.3%	7.9%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
6.3%	4.0%	16.5%	8.7%	13.4%	3.4%
Source: The Annie E. Casey Foundation, KIDS COUNT Data Center					

- In 2020, the number of babies born drug exposed/affected exceeded 14 percent (or one in seven births) in five of Maine's 16 counties. The counties with the highest rate of babies born drug affected were Somerset (16.5%), Aroostook (15.2%), Androscoggin, (14.4%), Oxford, (14.3%), and Washington (13.4%). By contrast, Cumberland (2.6%), York (3.9%) and Sagadahoc (4.0%) had rates below 5 percent or one in 20 births.

[57] National Vital Statistics Reports; State Suicide Rates Among Adolescents & Young Adults Aged 10–24: United States, 2000–2018, 9/11/2020

Figure 120: Maine Children Eligible For Subsidized School Lunch[58]



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center.

Figure 121: Children Eligible For Subsidized School Lunch

United States	Maine	Androscoggin	Aroostook	Cumberland	Franklin
49.5%	38.3%	59.8%	46.0%	26.2%	38.1%
Hancock	**Kennebec**	**Knox**	**Lincoln**	**Oxford**	**Penobscot**
32.8%	36.6%	36.3%	34.4%	52.8%	39.5%
Piscataquis	**Sagadahoc**	**Somerset**	**Waldo**	**Washington**	**York**
54.4%	25.2%	64.4%	49.1%	56.6%	28.8%
Source: The Annie E. Casey Foundation, 2021 Maine KIDS COUNT Data Book					

- In the 2020 – 2021 school year, approximately 38.3 percent of children in Maine were eligible for subsidized school lunch, which remains consistent with the declining trend beginning in 2016 (47.8%).
- Approximately half of the child population in least five Maine counties are eligible for this service, particularly in Somerset, Androscoggin, Piscataquis, Oxford and Washington County.
- The pandemic brought a drop in students enrolled and in student participation in school meals. Families with children who were participating in school remotely may not have enrolled in school meals.

[58] The number and percent of school children eligible to receive a free or subsidized school lunch through the National School Lunch Program

Figure 122: Fourth Graders with At or Above Proficient Reading Ability

Androscoggin	Aroostook	Cumberland	Franklin
43%	57%	65%	50%
Hancock	**Kennebec**	**Knox**	**Lincoln**
54%	54%	57%	42%
Oxford	**Penobscot**	**Piscataquis**	**Sagadahoc**
61%	56%	50%	55%
Somerset	**Waldo**	**Washington**	**York**
46%	52%	62%	60%
Source: Maine Department of Education Data Warehouse, 2019[59]			

- In 2019, approximately 56 percent of fourth graders tested at or above state expectations which is the highest percentage since 2016.
- At the county level, in 2019, Cumberland County had the highest rate of 65.7 percent at or above state expectations, followed by Washington County at 62 percent.

[59] 2019 refers to the school year of 2018-2019. Due to Covid-19, the test was not administered in the 2019-2020 school year.

Childcare and Head Start

The first five years of a child's life are critical to establishing a strong educational, mental, and emotional foundation upon which future learning is built. Childcare not only plays a critical role in a child's development, but also essential for working parents. Parents rely on childcare to help them enter and remain in the workplace. However, access to affordable, quality childcare is often a significant barrier for many, especially women.

Childcare is expensive for many families in Maine. A parent in York County with an infant will pay approximately $14,040 a year for childcare at a childcare facility or $9,100 a year at a family childcare provider. A family with one child in full-time childcare at a childcare facility in Aroostook County will pay over $41,000 during the child's first five years of their life based on the 2021 rates for weekly care.

Figure 123: Child Care Facility 75th Percentile Rates for Weekly Full-Time Care

County	Infants	Toddlers	Preschoolers	School-Aged
Androscoggin	$215.00	$200.00	$165.00	$155.00
Aroostook, Piscataquis, and Somerset	$185.00	$154.00	$148.00	$140.00
Cumberland	$250.00	$250.00	$263.00	$180.00
Franklin and Oxford	$205.00	$175.00	$169.00	$125.00
Hancock and Washington	$227.00	$219.00	$197.00	$149.00
Kennebec	$220.00	$200.00	$267.00	$145.00
Knox and Waldo	$219.00	$219.00	$209.00	$220.00
Lincoln and Sagadahoc	$210.00	$200.00	$200.00	$150.00
Penobscot	$255.00	$230.00	$205.00	$200.00
York	$270.00	$255.00	$240.00	$204.00
Source: Maine Department of Health and Human Services Office of Child and Family Services. 2021 Maine Child Care Market Rate Survey. May 2021.				

Figure 124: Family Child Care Provider 75th Percentile Rates for Weekly Full-Time Care

County	Infants	Toddlers	Preschoolers	School-Aged
Androscoggin	$184.00	$175.00	$170.00	$175.00
Aroostook	$170.00	$160.00	$150.00	$165.00
Cumberland	$140.00	$130.00	$125.00	$140.00
Franklin and Oxford	$225.00	$200.00	$225.00	$200.00
Hancock and Washington	$193.75	$172.50	$150.00	$150.00
Kennebec	$157.25	$145.00	$145.00	$158.00
Knox and Waldo	$175.00	$155.00	$150.00	$145.00
Lincoln and Sagadahoc	$175.00	$160.00	$150.00	$175.00
Penobscot	$185.00	$185.00	$180.00	$180.00
Piscataquis and Somerset	$185.00	$180.00	$175.00	$180.00
York	$175.00	$150.00	$150.00	$180.00

Source: Maine Department of Health and Human Services Office of Child and Family Services. 2021 Maine Child Care Market Rate Survey. May 2021.

The median hourly wage in Maine for all occupations in 2019 was $18.45[60]. According to the 2021 Maine Child Care Market Rate Survey, the average wage for a teacher at a childcare facility in Maine was $15.41, which would equate to an annual salary of $32,052.80.

	Teachers		Teachers' Assistants		Substitutes	
	Count of Responses	Wage	Count of Responses	Wage	Count of Responses	Wage
Statewide	219	$15.41	131	$13.39	48	$12.96
Androscoggin	22	$14.74	15	$12.27	5	$12.14
Aroostook, Piscataquis, and Somerset	12	$18.28	11	$14.55	5	$14.28
Cumberland	55	$15.05	26	$13.38	9	$13.86
Franklin and Oxford	12	$14.58	8	$13.87	7	$12.17
Hancock and Washington	14	$14.83	11	$12.89	8	$12.50
Kennebec	18	$14.70	9	$13.22	2	$13.09
Knox and Waldo	30	$15.82	9	$13.63	4	$12.48
Lincoln and Sagadahoc	4	$17.37	5	$14.44	ND	ND
Penobscot	22	$15.24	15	$14.15	5	$12.50
York	30	$14.31	22	$13.26	3	$8.67

Source: Maine Department of Health and Human Services Office of Child and Family Services. 2021 Maine Child Care Market Rate Survey. May 2021.

[60] May 2019 State Occupational Employment and Wage Estimates Maine. https://www.bls.gov/oes/2019/may/oes_me.htm

According to the 2020 Maine Head Start Snapshot Report, there are 11 Head Start grantees that operate 24 programs across the state with 242 classrooms. There are also three Tribal Head Start grantees that serve three classrooms with a total of 60 children. Of the 11 Head Start grantees, nine are community action agencies. The following agencies provide Head Start programs:

- Aroostook County Action Program (ACAP) – Aroostook County
- Downeast Community Partners (DCP) – Hancock and Washington Counties
- Community Concepts, Inc. (CCI) – Oxford and Franklin Counties
- Kennebec Valley Community Action Program (KVCAP) – North Kennebec and Somerset Counties
- Midcoast Maine Community Action (MMCA) – Sagadahoc and Lincoln Counties and Greater Brunswick
- The Opportunity Alliance (TOA) – Cumberland County
- Penquis Community Action Program (Penquis) – Penobscot, Piscataquis, and Knox Counties
- Waldo County Community Action Partners (WCAP) – Waldo County
- York County Community Action Corporation (YCCAC) – York County

Across the nine community action agency administered Early Head Start and Head Start programs, the agencies provided Early Head Start slots to 782 Maine students and 1,888 Head Start slots.

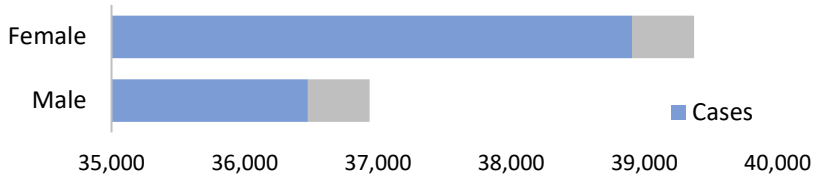
Figure 125: CAP Early Head Start and Head Start Enrollment, 2018-2019 School Year

	ACAP*	CCI*	DCP	KVCAP	MMCA	Penquis	WCAP	YCCAC	Total
Funded Early Head Start Enrollment	40	120	8	56	67	83	43	24	**441**
Total Cumulative Enrollment (including pregnant women)	111	214	13	91	85	162	63	43	**782**
Funded Head Start Enrollment	173	ND	153	257	171	309	126	186	**1,375**
Total Cumulative Enrollment (including pregnant women)	210	288	189	296	187	363	138	217	**1,888**

Source: Agency PIR Reports provided to Crescendo Consulting Group.
* indicates 2019-2020 data

Impact of COVID-19 [61]

	CASES	FATALITIES
TOTAL	57,752	897
Androscoggin	6,281	87
Aroostook	1,954	54
Cumberland	14,153	203
Franklin	1,602	17
Hancock	1,292	41
Kennebec	7,530	86
Knox	1,254	9
Lincoln	1,080	4
Oxford	2,829	65
Penobscot	5,594	108
Piscataquis	439	7
Sagadahoc	1,221	8
Somerset	2,837	37
Waldo	1,293	24
Washington	643	18
York	15,250	138



	VACCINATION RATE
Androscoggin	56.29%
Aroostook	57.91%
Cumberland	75.24%
Franklin	53.80%
Hancock	65.21%
Kennebec	58.125
Knox	62.77%
Lincoln	66.63%
Oxford	54.87%
Penobscot	58.18%
Piscataquis	53.66%
Sagadahoc	66.21%
Somerset	52.33%
Waldo	60.04%
Washington	56.41%
York	62.84%

RACE / ETHNICITY DIMENSION	CASES	DEATHS
Not Hispanic or Latino	55,838	743
Hispanic or Latino	1,200	9
Unknown	23,472	188

RACE / ETHNICITY DIMENSION	CASES	DEATHS
White	66,827	877
Black or African American	3,062	12
Asian	721	3
American Indian or Alaska Native	237	6
Native Hawaiian or Other Pacific Islander	54	1
Other Race	1,275	10
Two or more	422	1
Not disclosed	7,912	30

AGE	CASES	DEATHS
<20	15,682	1
20s	14,746	3
30s	12,291	2
40s	10,679	17
50s	11,382	57
60s	8,105	116
70s	4,282	243
80+	3,343	522

- In total, Over 950 Mainers have died due to COVID-19, 480 men and 481 women.
- Mainers above the age of 60 experienced more fatalities compared to other age groups.
- To date, there have been over 15,680 cases present in Mainers under the age of 20 and five have died due to COVID-19.
- Cumberland County experienced the most fatalities followed by York and Penobscot County.
- In all counties, over half of the population has received both doses of a vaccination.

Source:
Maine Center for Disease Control & Prevention, Division of the Maine Department of Health and Human Services. COVID-19 Case Trends, COVID-19 Vaccination Dashboard

[61] Data as of September 12, 2021.

Needs Prioritization Process

Prioritizing the community needs helps build CAA leadership consensus and facilitates consensus on program development and implementation, collaboration, and advocacy. MeCAP worked with community service leaders and providers, underserved populations and CAA clients, and others and used the following the research to inform the list of needs:

1. Secondary Research
2. Qualitative Interviews and Focus Group Discussions
3. Quantitative Community Survey

The results identified 35 community needs. A significant, common challenge faced by communities at this point is that the final prioritization is often based on positional authority, non-representative quantitative ranking, or some other process that does not fully incorporate disparate insights and build consensus among the stakeholders. An additional complexity to this Community Needs Assessment is the size of the geography and 10 individual organizations that provide similar and difference service lines across Maine.

To address this potential challenge, Crescendo worked with the MeCAP and CAA leadership to implement a needs prioritization process. The results: 1) clearly identify the core impact areas, 2) create a prioritized list of needs to be addressed, and 3) develop a sense of ownership of the ongoing initiatives developed to address the needs.

There were two steps, or “rounds” in the process. The **first round** involved a short survey disseminated electronically and completed anonymously with comments. The **second step** was a two-part Zoom prioritization session to draw conclusions that would be consistent with the organization’s strategic planning process.

Statewide Prioritized Issue Areas

After completing the needs prioritization process of the 35 needs, the Leadership Group identified the following issues to collectively focus their resources, capacity, and advocacy work to meet the needs of Maine residents across the state.

Figure 1: Top Issue Areas

	Issue Area
1	Affordable Housing
2	Affordable, Quality Childcare
3	Ending the Cycle of Generational Poverty
4	Holistic Person-Centered (Physical and Mental) Health Care
5	Transportation
6	Homelessness and Housing Instability

The following table contains the 35 needs by Issue Area. Please note that some needs may fall in multiple issue areas. The number in the parenthesis reflects the need's ranked order from the quantitative survey in round one.

Figure 2: Needs by Issue Area

Needs by Issue Area	
Affordable Housing • Increasing the number of affordable housing units (1) • Increasing programs for housing repairs (7) • Providing more senior housing options (17) • Providing help with home weatherization (29) • Providing utility assistance (33)	**Affordable, Quality Childcare** • Increasing the number of affordable childcare providers (2) • Providing more flexible and affordable childcare options for working parent(s) (3) • Increasing the number of high quality licensed childcare providers (10) • Increasing the number of childcare providers who offer age-appropriate education (14) • Providing more after-school programs for school-aged children (24)
Ending the Cycle of Generational Poverty • Developing more livable wage jobs (9) • Reducing the stigma around poverty and asking for help (21)	**Holistic Person-Centered (Physical and Mental) Health Care** • Reducing the amount of opioid and other drug (heroin, meth, cocaine, etc.) misuse (4) • Increasing the number of mental health providers in rural communities (6) • Increasing the number of dentists who serve MaineCare patients (11) • Expanding crisis services for mental health and substance use disorders (12) • Increasing the number of substance use disorder providers and services (16) • Reducing stigma associated with mental health and substance misuse (18) • Making dental care more affordable (20) • Increasing number of detox facilities (25) • Reducing the amount of childhood obesity (32)

Transportation • Making public transportation available in rural communities (5) • Increasing public transportation (8) • Providing help with the cost of vehicle repairs (19) • Reducing MaineCare transportation limitations (i.e., limited to one parent and child) (28)	**Homelessness and Housing Instability** • Creating more emergency shelter beds for people experiencing homelessness (13) • Developing post-COVID rental and mortgage assistance programs (27)
Other • Improving access to high-speed internet and technology (15) • Creating technical school, trade school, or other job training options (23) • Providing job growth opportunities (30) • Providing soft skills education (i.e., interview skills, customer service, punctuality, etc.) to job seekers and others	**Operational** • Increasing community awareness of Community Action Agencies and the services they provide (22) • Increasing the collaboration between community providers (26) • Helping people find or replace missing identification documents as part of their application for services (31) • Increasing the collaboration/partnership/funding opportunities between multiple (or all) CAP agencies in Maine (34)

It is important to note that many of the identified community needs are needs that go beyond a community action agency's mission and services. While some community action agencies in Maine provide more services that others, such as healthcare and housing, many of Maine's top community needs will require the resources, capacity, and funding from multiple community organizations, as well as from local, state, and federal governments to truly make an impact in the community.

Conclusions

American Painter, Jamie Wyeth, once said, “There’s a quality of life in Maine which is singular and unique. I think, It’s absolutely a world onto itself.” While Maine may be known as “the way life should be,” life is not always an idyllic Hallmark movie. For many of its 1.3 million residents, life can be hard, especially during the COVID-19 pandemic. The affordable housing crisis and the opioid epidemic has long been a growing challenge across the state. With the global pandemic beginning in March 2020, many needs of Maine’s residents were exacerbated and thrown into the media spotlight.

Thanks to the tremendous generosity and speedy action of Maine’s people and leadership from the state government and community organizations, CAAs and community organizations were able to pivot to help Maine’s most vulnerable populations. Today, Maine is one of the leading states in the country to distribute much needed emergency rental and utility assistances to households impacted by the COVID-19 pandemic and food pantries across the state are exploding with food.

However, there is still a lot of work to do in Maine to help the most vulnerable populations and the long-term impact of the global pandemic is still unknown. MeCAP and the 10 CAAs across the state are well suited to help empower and lift individuals and families out of poverty. But they can’t do it alone. To truly alleviate poverty in Maine, it is going to take a collaboration of community organizations, businesses, healthcare providers, local, state, and federal government, and Maine’s greatest resource – its people.

Appendix

Appendix A: Aroostook County Action Program

Appendix B: Community Concepts, Inc.

Appendix C: Downeast Community Partners

Appendix D: Kennebec Valley Community Action Program

Appendix E: Midcoast Maine Community Action

Appendix F: Penquis

Appendix G: The Opportunity Alliance

Appendix H: Waldo County Action Partners

Appendix I: Western Maine Community Action

Appendix J: York County Community Action Corporation

Appendix K: Additional Community Survey Results

Appendix L: Stakeholder Interview Guide

Appendix M: Focus Group Discussion Guide

[1] The National Survey on Drug Use and Health: 2019. See https://www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf. Accessed 7/2//21

[2] Any Mental Illness (AMI) is defined by SAMSHA as “having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness."

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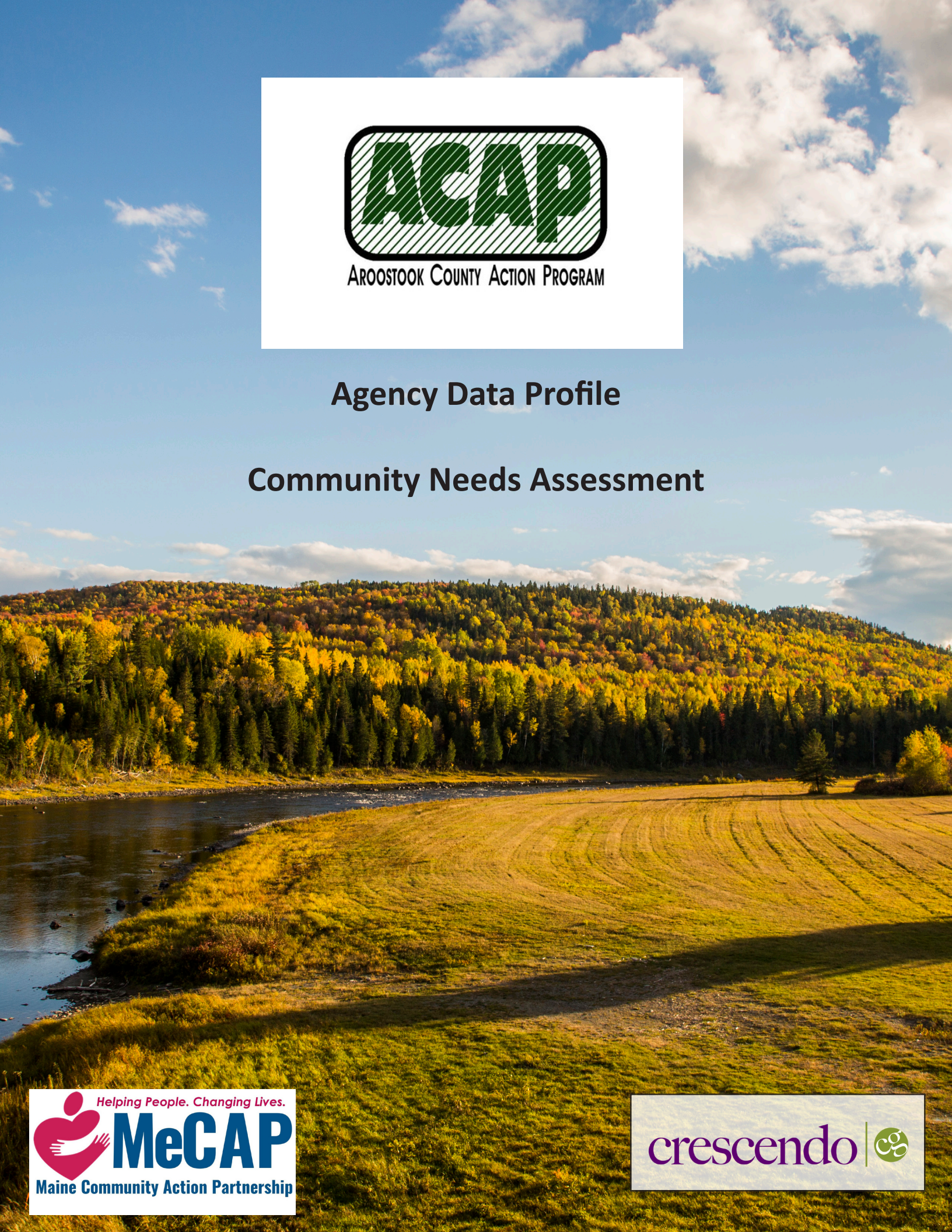
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AROOSTOOK COUNTY ACTION PROGRAM

Agency Data Profile

Community Needs Assessment

Helping People. Changing Lives.
MeCAP
Maine Community Action Partnership

crescendo

Aroostook County Action Program Profile

About Aroostook County Action Program

Aroostook County Action Program, Inc. (ACAP), is a 501c3 non-profit organization founded in 1972. ACAP provides guidance to the community in responding to emerging human needs in the areas of, Early Care and Education, Economic Development, Energy and Housing, & Prevention and Wellness.

Aroostook County Action Program leads or collaborates to provide services that support, empower and improve lives.

Services Offered by Aroostook County Action Program

ACAP provides over 40 programs and services throughout Aroostook County and into parts of Washington County. Our entire team is committed to connecting individuals and families with all of the programs and services they need to reach their goals.

Adult Job Services

Person job counselors offer guidance, connections, and support in areas such as: job search; high school completion; college preparation and transition; occupational training (like CAN and CDL certifications); small business start-up; paid on-the-job training and work experience in high-wage, high-demand careers; transportation to/from and childcare during training or work.

Affordable Care Act Navigator Program

Provides free, in-person assistance from Certified Healthcare Navigators with all aspects of Marketplace coverage including determining eligibility, comparing and explaining options, accessing tax credits, and applying and enrolling coverage.

Aroostook CA$H Coalition

ACAP is a coalition member in this initiative led by the United Way of Aroostook. Through the use of volunteers, the program prepares tax returns and connecting the clients to community resources.

Back Pack Program

This annual program provides low income students with backpacks and school supplies as they start the new school year.

Breast Pump Loaner Program

Provides the equipment necessary for WIC moms who are breastfeeding to support their return to work or school.

Breastfeeding Support

Provides education and support to WIC enrolled women who are breastfeeding.

Central Heating Improvement Program

Provides income eligible households assistance for heating system improvements such as cleaning, tuning, evaluation, burner retrofit, repair, replacement, or conversion, with priority given to those in a no-heat situation.

Child Care

Provides childcare from infancy to six years of age to children at State of Maine Level 4 Quality Rated and licensed facilities in Caribou, Presque Isle, and Houlton. Centers in Caribou and Presque Isle have achieved accreditation from National Association for the Education of Young Children (NAEYC). Child Care is a fee-based program, and we accept many forms of voucher payments.

Child Care Food Program

Sponsors licensed childcare providers, meeting USDA food and nutritional guideline, to receive reimbursement for meals served to children in their care.

Coaching

This cross-agency resource offers personal guidance, support, and advocacy for individuals and families as they face obstacles or work on goal attainment.

Community Closet

The Community Closet is a place for the community to donate gently used clothing and for others in need to select clothing for themselves or their family. The Closet is located at our 771 Main St Office in Presque Isle and is accessible 24/7 365 days a year.

Drug Free Aroostook

This collaboration with community partners provides education resources, and evidence-based programming for reducing the use of alcohol, marijuana, and drug use.

Early Intervention Services

Provides opportunities for children ages 3-5 years old with developmental delay and/or disabilities to develop skills and strategies necessary to build solid foundations for school readiness in a small, low ration setting to address goals identified on their Individual Educational Program (IEP). Foundation Classrooms are approved State of Maine Special Education preschool programs and are available in Fort Kent, Presque Isle, Caribou and Houlton.

Energy Crisis Intervention

Provides assistance to income-eligible households for emergency fuel delivery or an electrical disconnect emergency.

Energy, Moisture, & Infiltration Audit Inspection

License Energy Auditors provide several layers of home energy usage evaluations and may provide recommendations for upgrades and predictions of savings. This is a fee-for-service program.

Emergency Rental Assistance

Maine's Emergency Rental Assistance Program provides rental and utility relief payments to help eligible renters. Tenants must meet income guidelines, have financial difficulty, and trouble paying rent or utilities to qualify.

Family Development Accounts

A matched savings account program for income eligible families for post-secondary education, small business development, home purchase/repair, vehicle purchase/repair or emergency savings.

Head Start & Early Head Start

A comprehensive child development program serving families of children prenatally through age 5. In addition to educational screening and assessment and developmental educations services, Head Start and Early Head Start providing comprehensive screenings to children that include lead, vision, hearing, oral health, developmental, and behavioral screening. We also provide BMI risk assessments, nutritional counseling, healthy meals, along with physical and mental health support and referrals. Home Based EHS services are available throughout Aroostook County.

Helping Hands Emergency Services

Coaches work with families and individuals before, during, and after emergencies arise to address needs, where other resources are unavailable, and then to assist those households in preventing future crises.

Home Energy Assistance Program (HEAP)

Provides financial assistance to income and program-eligible households to help address energy costs.

Home Repair Network Program

Offers 0%, no payments, deferred or forgivable loans or grants to income-eligible homeowners for home repair, replacement or repair of septic systems, lead hazard reduction, replacement housing, accessibility, energy related repairs, and other essential improvements, with priority given to homes with the greatest repair needs and consideration given to elderly and household income.

Homeownership Education

Several time per year, we offer an 8-hour class designed to educate aspiring and existing homeowners on essentials of successful home ownership.

Homeownership Support Counseling

Foreclosure prevention counseling services to homeowners who are at risk of falling behind on their mortgage payments or are facing foreclosure.

Hope & Prosperity Center

The Hope and Prosperity Resource center is a warm and safe place to access a variety of services based on an individual's needs. Individuals' families have the ability to access the center where they are able to meet with a coach, utilize one of the tech centers to search for employment, housing and/or apply for other needed services, meeting one-on-one with one of our job counselors or access a meal all under the same roof. The center is a place where someone has the ability to stay warm and dry and away from the elements buts also have the ability to access resources and services right on hand.

Improving Outcomes for Youth

Provides youth, ages 16-24, with personal responsibility education, leadership and resiliency skills, financial literacy, and mentorship for young parents, including promoting health family relationships, self-care, and personal growth activities, designed to increase economic independence and promote positive social change.

Juvenile Detention Alternative Initiative

Provides alternative to detention for youth involved with the Department of Corrections through a process of Restorative Practice, in which youth work with community mentors, complete community service, and participate in restorative circles that promote accountability and repair.

Kids Integrated Dental Services

Provides clinical assessments, oral prophylaxis, fluoride treatments, sealants, referrals, and oral hygiene instruction to MaineCare-eligible children enrolled in WIC and Head Start programs and at local contracted public schools in Aroostook County.

Lead Paint Inspection Program

Provides inspections of building to detect the presence of lead paint on interior and exterior surfaces. Subsidy for lead testing and the abatement of lead hazards may be available to households in pre-1978 housing with a child under age 6. Landlords may qualify for 5-year deferred/forgivable loans for abatement of lead hazards.

Let's Go! 5-2-1-0

Let's Go! focuses on changing environments and policies wherever children and families live, learn, work, and play. It encourages healthy behaviors to reduce childhood obesity, such as promoting more fruits and vegetable, spending less time in front of screens, moving more, and drinking fewer sugary beverages.

Low-Income Assistance Program

Assists HEAP-qualified customers with electric bill payments.

Oral Health

Provides education to people of all ages throughout Aroostook County in cooperation with other social service and heath care providers. Coordinates a consolidated School Orla Health Program and is a resource for oral health programs in all elementary school in Aroostook County. Administers a Dental

Sealant Program for second and third grade students in every Aroostook County elementary school. Maintains an extensive dental health lending library that includes audiovisual materials, books and teaching aids.

Parenting Classes

Early Childhood STEP ((Systematic Training for Effective Parenting) parenting class is a seven week program that uses curriculum that utilized both lecture, question and answer and videos to provide opportunities for participants to see skills in action. The purpose of parenting young children is to provide: looking at long-term goals of parenting, information about how children think, feel and behave, skills to increase enjoyment and effectiveness as a parent, skills that develop a child's self-esteem and confidence, support for parents as a person and effective ways to teach cooperation and discipline.

Preschool Partnerships

Provides a comprehensive preschool development program to 3 and 4-year old children in partnerships with the public school in Dyer Brook and Presque Isle; with high school regional technical centers in Houlton and Presque Isle; and with Child Development Services across the county.

Quarantine Social Supports

Provides assistance to individuals and families who are isolating or quarantining doe to COVID-19. Personalized plans are developed that include supports include food and meal delivery, shelter assistance to stay in the home, income and rental support through existing programs, language and cultural brokerage services, supports for stress and anxiety, personal protective equipment, and transportation services for medical needs.

SNAP Education

This is an evidence-based program that helps people lead healthier lives. SNAP-Ed teaches people using or eligible for SNAP about good nutrition and how to make their food dollars stretch further. SNAP-Ed participants also learn to be physically active. SNAP-Ed works by building partnerships with all types of community organizations. Communities have social marketing campaigns, hold nutrition education classes, and improve their policies, systems, and the environment of the community.

SNAP Education and Training

Food Supplement recipients who are currently enrolled in the federally funded SNAP (Food Supplement) Program and subject to federal work requirements are eligible for services through the FSET program. Services include job search, education and training, case management and support services.

Supplemental Food for Women, Infants and Children (WIC)

Provides nutrition, education, and screening to eligible pregnant and postpartum women, nursing mothers, infants, and children under five years of age.

Tobacco Use Prevention

Focuses on prevention of the initial use of tobacco, the secondhand smoke exposure in the home and workplace, the promotion of tobacco treatment available through the Maine Tobacco Helpline, tobacco

education programming for young adults, and increasing the number of youth entities that adopt and implement policies prohibiting the use of all tobacco products.

Traveling Totes

This program provides children and their families with food and educational materials weekly.

Weatherization

Purchases and installs a variety of energy conservation materials for income-eligible households.

Youth Engagement

A program of the Maine Youth Action Network that works primarily with school and community based youth groups to build young people's leadership on issues of social justice, restorative practices, and public health.

Y**outh Job Services Program**

Job counselors work with eligible youth (ages 18-24) to identify education and career goals and then assist them with achieving those goals, including tutoring, financial education, and matching with a local mentor. In addition, this program offers support services such as childcare assistance; program follow-up; comprehensive guidance and counseling, including substance use counseling when necessary; and entrepreneurial skills training.

Environmental Scan

The following tables provide an overview of the community that Aroostook County Action Program (ACAP) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Aroostook County
Population	324,697,795	1,335,492	67,809
Median Age	38.1	44.7	48.0
Below Poverty	13.4%	11.8%	16.3%
Median Household Income	$62,843	$57,918	$41,123
Age 65+	15.6%	20.0%	23.4%
Age 17 or Younger	22.6%	18.9%	18.4%
Unemployment (July 2021)	5.4%	5.0%	6.1%
Households with Disability	12.6%	16.0%	22.3%
Single Parent Household	14.0%	21%	24.6%
Speak English less than "very well"	8.4%	1.5%	3.2%
Housing Units - Mobile Homes %	6.2%	9.5%	9.7%
No Vehicle	8.6%	7.1%	8.6%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Aroostook County
Under 5 Years	6.1%	4.8%	4.9%
5 to 9 Years	6.2%	5.2%	10.%
10 to 19	12.9%	11.3%	10.9%
20 to 34	20.7%	17.5%	20.3%
35 to 54	25.6%	25.3%	22.1%
55 to 64	12.9%	15.7%	16.6%
65+	15.6%	20.0%	23.4%
Race and Ethnicity			
White alone, Not Hispanic or Latino	60.7%	98.3%	96.5%
Hispanic or Latino	18.0%	1.7%	1.2%
Black or African American	12.7%	2.0%	1.5%
American Indian or Alaska Native	0.8%	1.7%	2.8%
Asian	5.5%	1.7%	0.7%
Other	5.5%	0.4%	0.2%
Foreign Born Population	13.3%	3.6%	4.4%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Aroostook County
Median Household (HH) Income	$62,843	$57,918	$41,123
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	16.3%
Under 5 years	20.3%	17.0%	16.1%
5 to 17 years	17.9%	14.4%	26.1%
18 to 34 years	16.3%	16.0%	17.5%
35 to 64 years	10.5%	9.9%	20.3%
65 years and over	9.3%	8.7%	14.5%
Below 50% of FPL	5.5%	4.0%	13.0%
Below 125% of FPL	16.3%	14.6%	24.9%
Below 150% of FPL	20.3%	18.6%	29.4%
Below 185% of FPL	26.3%	24.8%	39.9%
Below 200% of FPL	28.9%	27.7%	42.8%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Aroostook County
Total Households	120,756,048	559,921	29,516
Homeownership Percentage	64.0%	72.3%	72.0%
Single Parent Household[1]	14%	21%	19%
Living Alone	13.3%	15.1%	17.4%
Grandparents Responsible for Grandchildren	34.1%	34.1%	52.1%
Veteran Status	7.3%	9.6%	11.0%
Educational Attainment			
Less than 9th grade	5.1%	2.6%	4.8%
9th to 12th grade, no diploma	6.9%	4.8%	6.6%
High school graduate/ GED	27.0%	31.5%	37.3%
Some college, no degree	20.4%	19.3%	20.9%
Associate degree	8.5%	10.1%	11.1%
Bachelor's degree	19.8%	20.0%	13.1%
Graduate degree	12.4%	11.8%	6.1%
HS Graduation rate (2020)	88.0%	87.4%	86.2%
No Health Insurance	8.8%	7.9%	8.4%
Receiving SNAP Benefits	11.7%	13.5%	20.6%
Food Insecurity – All Ages	10.9%	12.1%	23.3%
Median Mortgage (2019)	$1,595	$1,398	$986
Median Rent	$1,062	$853	$574
Housing Cost Burdened[2]	32.88%	29.75%	28.05%

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	46.0%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

Figure 5: Health Overview

	United States	Maine	Aroostook County
Poor Mental Health Days	3.8	5.0	5.4
Poor Physical Health Days	3.4	4.2	4.9
Frequent Mental Health Distress	11.7%	12.7%	17%
Ratio of Primary Care Providers	880:1	900:1	910:1
Ratio of Mental Health Providers	170:1	200:1	180:1
Ratio of Dentists	1,210:1	1,480:1	1,680:1
Chronic Disease Prevalence (per 100,000)			
Adults with Heart Disease	26.81%	22.48%	28.47%
High Blood Pressure	57.20%	48.71%	58.82%
Adults with Asthma	4.97%	4.68%	5.16%
Diagnosed Diabetes	26.95%	22.55%	28.64%
Leading Causes of Death (deaths per 100,000)[3]			
Heart Disease	166.0	147.9	157.2
Cancer	155.5	169.2	164.7
Unintentional Injury	45.7	59.1	48.0
Diabetes	21.2	22.3	24.5
Alzheimer's	29.4	27.6	23.4
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	16
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	37.7
Maine Adults Past Month Binge Drinking	25.8%	17.9%	12.8%
Percent Adults Current Smokers	16.1%	22.6	27.4%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	1,954
COVID-19 Deaths (as of 9/12/21)	662K	897	54

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	10
Stakeholders Interviewed	13
Community Survey Respondents	885

Key Stakeholder Interview Quotes

A total of 13 stakeholders were interviewed from the ACAP service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "People take care of each other."
- "Quality of life in unbeatable."
- "The Aroostook work ethic is not the same anymore; they don't show up for work; how do we improve this?"
- "If you look for work you can always find work. People can move up here and have a good jobs. We have jobs available. Good candidates depend on the skills of the people. We're going to have greater needs than we can train for [in certain industries] - IT; forestry. We outsource a lot because we don't have skills."
- "Workforce development is still a big focus. Getting the soft skills for success. The lack of soft skills is a factor of multiple things – different generations skills, new communications, and the harvest used to be more important."
- "We do not have any existing infrastructure. There are a tiny number of taxis, no public buses. If they don't have MaineCare they use others."
- "There is a lack of childcare in the area. ACAP has done a great job of creating program, but they operate at a loss."
- "There is lots of valley pride; there's lots of barriers. Most are willing to give than receive [help or assistance]. There's a missing piece with the elderly."
- "We wanted to make mental health a topic to be discussed. There is such a stigma."
- "My experience says there are not enough [mental] providers. We can't meet the demand in the area."
- "[Mental health] is a huge hindrance to employment."
- "Lack of safe and affordable housing – statewide and in the country – it's at crisis level."

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Employment • Childcare
Unique Strength or Challenge Mentioned	• I come from a small town; it is slowly dying; people want work and a life; no opportunities. The community is getting older, and the older people are not getting replaced. Employers are desperate.
Housing	• Housing varies greatly across the area, but in general Aroostook County has home ownership that is very affordable. • The housing depends on if people can fix their homes; LIHEAP needs you to have a working furnace. • My landlord is great; used to be lots of rentals in the area; can't find them now • There's a waiting list for senior living places
Mental Health	• It's difficult to find a therapist; at St. Johns AMHC they don't have a waiting list, but physician prescribers have a waiting list.
Childcare	• I haven't visited a lot of day cares; but may don't look safe to put my daughter there • Lots of home day cares that are full. Teaching pre-K; state requires licensure • ACAP mentors them; provides food support; helps them be licensed. • It's too expensive; $140 a week depending on the child's age
Transportation	• You have to have a car to live up here; or friends or family willing to drive. • There are taxis in town, but most don't live in town.
Employment	• Used to be easy to find a job. Now there are not a lot of help wanted signs. In lots of places people have worked in the same job for 19 years. Lots of people are struggling making ends meet. Food prices are the same as the cities, but the rents are less.
Basic Needs	• Heating and utility assistance
Magic Wand Highlight	• Making sure families have what they need and childcare. This will help prevent substance abuse.
Noted Policy Area	• Working with moms of young kids and help them with issues; ACAP does a great job; teach moms the basics; teach them the milestones or growth; Mom's freak out when they help; Have an advocate for those moms to help them with their child.

Community Survey Results

Figure 6: Top Needs from Community Survey

	Aroostook County Action Program, Inc.	
	Need	**Percent**
1	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	60.2%
2	Providing more flexible and affordable childcare options for working parent(s)	60.1%
3	Reducing the amount of opioid misuse	59.3%
4	Making dental care more affordable	58.9%
5	Increasing the number of high quality licensed childcare providers	57.8%
6	Increasing the number of mental health providers in rural communities	57.5%
7	Increasing the number of affordable childcare providers	57.0%
8	Expanding crisis services for mental health and substance use disorders	56.9%
9	Developing more livable-wage jobs	56.2%
10	Increasing the number of substance use disorder providers and services	55.9%
11	Providing job growth opportunities	55.1%
12	Reducing stigma associated with mental health and substance misuse	55.0%
13	Providing more recreational opportunities for youth	54.5%
14	Increasing the number of dentists who serve MaineCare patients	54.2%
15	Providing more after-school programs for school-aged children	54.2%
16	Increasing the number of detox facilities	53.7%
17	Increasing the number of affordable apartments	53.3%
18	Reducing the amount of childhood obesity	52.3%
19	Increasing programs for major housing repairs (roofs, windows, etc.)	52.3%
20	Improving access to high-speed internet and technology	51.5%
21	Making public transportation available in rural communities	51.2%
22	Creating technical school, trade school, or other job training options	50.8%
23	Providing soft skills education (customer service, showing up on time, etc.)	49.7%
24	Increasing the number of childcare providers who offer age-appropriate education	49.2%
25	Developing rental and mortgage assistance programs	48.1%
26	Creating higher quality rental apartments and houses	47.7%
27	Reducing the amount of alcohol misuse	47.0%
28	Creating more emergency shelter beds for people who are homeless	46.9%
29	Creating more affordable public transportation options	46.7%
30	Providing help with weatherization	46.6%
31	Providing more senior housing options	46.2%
32	Reducing the amount of adult obesity	45.7%
33	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	45.5%
34	Reducing the amount of smoking and vaping	45.2%
35	Providing more transportation options to childcare services	44.9%
36	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	44.8%
37	Providing help with utility assistance (heating fuel, electricity, etc.)	44.4%
38	Reducing building costs of new affordable housing units	43.9%
39	Increasing the number of landlords who accept housing vouchers	43.1%
40	Reducing stigma associated with the housing voucher program	42.7%
41	Expanding open hours at food banks	42.3%
42	Increasing the number of affordable houses for sale	42.1%
43	Expanding food options for people with dietary restrictions or allergies at food banks	41.4%

44	Adding better routes and time schedules to current public transportation system	40.8%
45	Increasing programs for minor housing repairs (paint, upgrades, etc.)	39.7%
46	Providing help with the cost of vehicle repairs	37.6%
47	Providing help with the cost of vehicle insurance and regular maintenance	35.1%
48	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	34.9%
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	33.3%

Figure 7: Top 5 Needs by Household Income - ACAP

	Need						
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Reducing the amount of opioid misuse	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable apartments
2	Reducing stigma associated with mental health and substance misuse	Increasing the number of dentists who serve MaineCare patients	Expanding crisis services for mental health and substance use disorders	Increasing the number of high quality licensed childcare providers	Increasing the number of high quality licensed childcare providers	Reducing the amount of opioid misuse	Reducing stigma associated with mental health and substance misuse
3	Increasing the number of detox facilities	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of mental health providers in rural communities	Reducing the amount of opioid misuse	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of high quality licensed childcare providers	Increasing the number of affordable childcare providers
4	Increasing the number of dentists who serve MaineCare patients	Developing more livable-wage jobs	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Providing more recreational opportunities for youth	Increasing the number of affordable childcare providers	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of high quality licensed childcare providers
5	Increasing the number of mental health providers in rural communities	Reducing the amount of opioid misuse	Increasing the number of substance use disorder providers and services	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of alcohol misuse	Increasing the number of affordable childcare providers	Improving access to high-speed internet and technology

Needs Prioritization

The following table contains the final prioritized list of needs for the ACAP service area.

Figure 8: ACAP Prioritized Needs

Focus Area	Need	Agency Rank	Level	Locus Of Control	Timeline	Notes
Childcare	Increasing the number of affordable childcare providers	1	Agency/Community	2/3	2/3	Agency partners and policy work
	Providing more flexible and affordable childcare options for working parent(s)	2	Agency/Community	2/3	3	
	Increasing the number of high quality licensed childcare providers	4	Agency/Community	3	3	
	Providing more after-school programs for school-aged children	7	Community	2/3	3	
	Increasing the number of childcare providers who offer age-appropriate education	8	Agency/Community	3	3	
Focus Area	**Need**	**Agency Rank**	**Level**	**Locus Of Control**	**Timeline**	
Housing	Increasing the number of affordable housing units	3	Agency/Community	2/3	3	

	Creating more emergency shelter beds for people experiencing homelessness	10	Community	3	3	
	Increasing programs for housing repairs	12	Agency/Community	2/3	1/2	Housing repairs done in house and with support can impact all three
	Providing help with home weatherization	13	Agency/Community	1/2/3	1/2	
	Providing more senior housing options	25	Agency/Community	2/3	1/2	
	Developing rental and mortgage assistance programs	29	Agency/Community	2/3	1	Currently work and develop in this area
	Providing additional utility assistance (heating fuel, electricity, etc.)	30	Agency/Community	1/2	1	

Focus Area	Need	Agency Rank	Level	Locus Of Control	Timeline
HealthCare	Reducing the amount of opioid and other drug (heroin, meth, cocaine, etc.) misuse	5	Agency/Community	1/2/3	3
	Increasing the number of dentists who serve MaineCare patients	6	Community	3	3
	Expanding crisis services for mental health and substance use disorders	9	Community	3	3
	Increasing the number of detox facilities	11	Community	3	3
	Reducing stigma associated with mental health and substance misuse	14	Agency/Community	1/2	3
	Reducing the amount of childhood obesity	15	Agency/Community	1/2/3	3
	Increasing the number of substance use disorder providers and services	20	Community	3	3

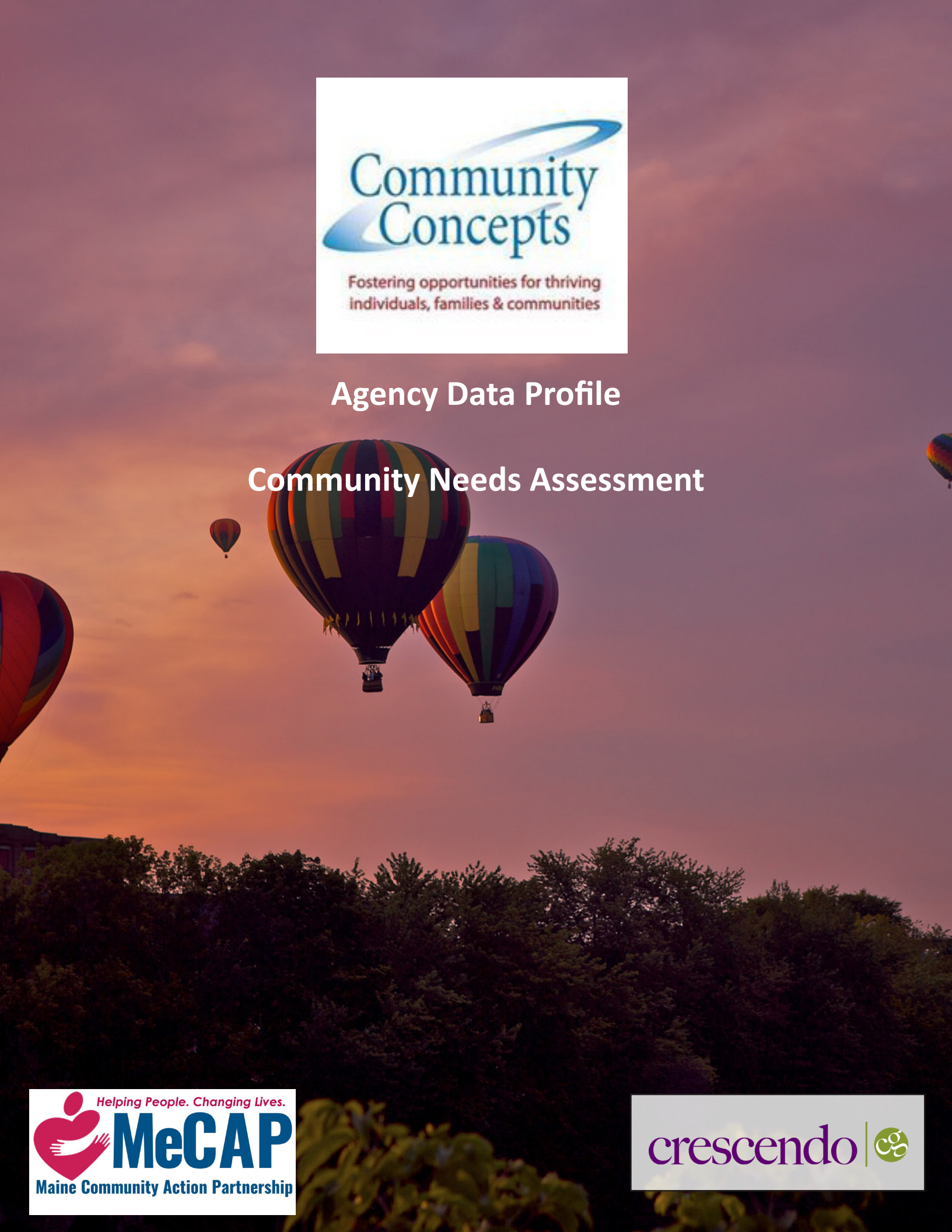
	Making dental care more affordable	22	Agency/Community	2/3	3
	Increasing the number of mental health providers in rural communities	28	Community	2/3	3
Focus Area	**Need**	**Agency Rank**	**Level**	**Locus Of Control**	**Timeline**
Employment	Providing job growth opportunities	16	Agency/Community	1/2/3	1
	Providing soft skills education (e.g., interview skills, customer service, punctuality, etc.) to job seekers and others	17	Family/Agency	1	1
	Creating technical school, trade school, or other job training options	31	Community	1/2/3	1
	Developing more livable-wage jobs	33	Agency/Community	2/3	3

Focus Area	Need	Agency Rank	Level	Locus Of Control	Timeline
Transportation	Making public transportation available in rural communities	18	Community	3	3
	Providing help with the cost of vehicle repairs	26	Family/Agency	1/2	1
	Increasing public transportation	27	Community	3	3
	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	35	Community	3	3
Focus Area	**Need**	**Agency Rank**	**Level**	**Locus Of Control**	**Timeline**
Operational	Increasing the collaboration between community providers	21	Agency/Community	1/2/3	1
	Reducing the stigma around poverty and asking for help	23	Agency/Community	1	2/3
	Increasing community awareness of Community Action Agencies and the services they provide	32	Agency	1	1
	Increasing the collaboration/partnerships/funding	34	Agency/Community	2	1

	opportunities between multiple (or all) CAP agencies in the state				
Focus Area	Need	Agency Rank	Level	Locus Of Control	Timeline
Other	Improving access to high-speed internet and technology	19	Community	1/2/3	1/3
	Helping people find or replace missing identification documents (e.g., driver's license, social security number, etc.) as part of their application for services	24	Family/Agency	1	1

Stakeholder Interview Participants

Name	Organization
Sarah Ennis	United Way of Aroostook County
Dave Cote	Van Buren Resiliency Project
Judy Anderson	Aroostook Agency on Aging
Nan Heald	Pine Tree Legal
Rachel Rice	University of Maine
Denise Plourde	Norstate Federal Credit Union
Tammie Fletcher & Peter Lento	Huber
Kelly Landeen	WAGM TV
Robin Levesque	ACC / Maine Parent Federation /ACAP Board Member
Deb Jacques	Aroostook Mental Health Center
Laurie Kelly	Presque Isle Police Department
Kim Dorsey	Jobs for Maine Grads – Forth Fairfield
Dave Dionne	Aroostook Regional Transportation



Agency Data Profile

Community Needs Assessment

Helping People. Changing Lives.
MeCAP
Maine Community Action Partnership

crescendo

Community Concepts, Inc. Profile

About Community Concepts Inc.

Since 1965, Community Concepts, Inc. has offered a variety of housing, economic development and social services for the communities of Androscoggin, Franklin and Oxford counties of Maine. These services support both the basic needs of families and promotes self-sufficiency.

Community Concepts fosters economic development in Maine through its wholly-owned subsidiary, Community Concepts Finance Corporation. CCFC provides home and business loans and financial coaching and education to help people and businesses realize their financial goals.

Community Concepts' mission is to strengthen individuals, families and communities in Western Maine by providing diverse programs, by engaging in strategic partnerships, and through advocacy that addresses the barriers to promote economic opportunities for all.

Our vision is that all residents in Western Maine have an opportunity to achieve personal and financial fulfillment.

Services Offered by Community Concepts Inc.

CCI programs and services work to alleviate the causes and conditions of poverty in Androscoggin, Oxford and Franklin Counties with a dynamic range of over 45 programs designed to help families increase self-sufficiency. Services are free and or are offered at affordable fees for those living with low to moderate incomes. Programs and services include childcare and family programs, home ownership programs, home energy and improvement programs, transportation services, workforce development programs and financial literacy, business advisory and lending services through CCIs subsidiary, Community Concepts Finance Corporation.

CCI operates 14 licensed Head Start and childcare centers in Oxford and Franklin Counties for children ages 0-5. Parenting support and prenatal support is offered in Oxford County as well as school-based counseling for teens and child abuse and neglect prevention programs. We operate nutritious food programs, and we provide assessment and case management services to families who have been reported to Child Protective Services.

Through our nationally recognized self-help program, income-eligible families can build their own home with the help of five other families in a program that runs across Androscoggin, Oxford, Franklin, Cumberland and Kennebec Counties, the only program of its kind north of Pennsylvania.

CCI offers education and support services including home buyer education, home loans, credit and foreclosure counseling, home energy evaluation, lead testing, abatement and home maintenance. CCI provides assistance in the areas of home heating and electricity assistance for those in danger of having no heat or electricity, vital services in cold Maine winters. Services can help to replace unsafe heating systems and address energy efficiency through home weatherization support.

CCI provides free access to transportation to vital medical appointments for income-eligible residents for MaineCare appointments, to Veterans for medical appointments, for cancer and dialysis treatments. Rides are free to anyone 60+ for medical appointments or for important needed services.

Environmental Scan

The following tables provide an overview of the community that Community Concepts, Inc. (CCI) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Androscoggin County	Franklin County	Oxford County
Population	324,697,795	1,335,492	107,602	29,982	57,550
Median Age	38.1	44.7	40.1	46.3	47.0
Below Poverty	13.4%	11.8%	11.8%	11.5%	15.1%
Median Household Income	$62,843	$57,918	$53,509	$51,422	$49,204
Age 65+	15.6%	20.0%	17.3%	21.5%	21.3%
Age 17 or Younger	22.6%	18.9%	21.8%	18.1%	18.7%
Unemployment (July 2021)	5.4%	5.0%	5.8%	5.7%	5.9%
Households with Disability	12.6%	16.0%	15.9%	15.5%	18.5%
Single Parent Household	14.0%	21%	21%	18%	19%
Speak English less than "very well"	8.4%	1.5%	2.3%	0.3%	0.5%
Housing Units - Mobile Homes %	6.2%	9.5%	16.1%	18.6%	23.9%
No Vehicle	8.6%	7.1%	9.0%	5.7%	5.8%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Androscoggin County	Franklin County	Oxford County
Under 5 Years	6.1%	4.8%	5.9%	4.7%	4.4%
5 to 9 Years	6.2%	5.2%	6.2%	4.8%	5.1%
10 to 19	12.9%	11.3%	12.4%	12.0%	11.3%
20 to 34	20.7%	17.5%	18.2%	17.6%	15.0%
35 to 54	25.6%	25.3%	25.8%	22.9%	25.4%
55 to 64	12.9%	15.7%	14.2%	16.8%	17.6%
65+	15.6%	20.0%	17.3%	21.5%	21.3%
Race and Ethnicity					
White alone, Not Hispanic or Latino	60.7%	98.3%	96.2%	98.7%	98.7%
Hispanic or Latino	18.0%	1.7%	1.9%	1.3%	1.4%
Black or African American	12.7%	2.0%	3.4%	0.8%	1.5%
American Indian or Alaska Native	0.8%	1.7%	3.9%	1.4%	2.2%
Asian	5.5%	1.7%	1.4%	0.8%	1.5%
Other	5.5%	0.4%	0.5%	0.4%	0.2%
Foreign Born Population	13.3%	3.6%	3.5%	1.5%	1.5%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Androscoggin County	Franklin County	Oxford County
Median Household (HH) Income	$62,843	$57,918	$53,509	$51,422	$49,204
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	11.8%	11.5%	15.1%
Under 5 years	20.3%	17.0%	18.5%	21.2%	30.3%
5 to 17 years	17.9%	14.4%	13.8%	11.9%	24.1%
18 to 34 years	16.3%	16.0%	15.9%	14.2%	20.8%
35 to 64 years	10.5%	9.9%	9.8%	9.9%	12.1%
65 years and over	9.3%	8.7%	7.4%	10.0%	7.8%
Below 50% of FPL	5.5%	4.0%	3.7%	ND	ND
Below 125% of FPL	16.3%	14.6%	13.0%	ND	ND
Below 150% of FPL	20.3%	18.6%	17.5%	ND	ND
Below 185% of FPL	26.3%	24.8%	25.5%	ND	ND
Below 200% of FPL	28.9%	27.7%	28.5%	ND	ND

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Androscoggin County	Franklin County	Oxford County
Total Households	120,756,048	559,921	45,630	11,848	21,338
Homeownership Percentage	64.0%	72.3%	64.3%	79.4%	80.8%
Single Parent Household[1]	14%	21%	23.9%	24.4%	22.9%
Living Alone	13.3%	15.1%	16.2%	14.3%	12.4%
Grandparents Responsible for Grandchildren	34.1%	34.1%	29.0%	22.1%	31.2%
Veteran Status	7.3%	9.6%	10.1%	11.2%	10.2%
Educational Attainment					
Less than 9th grade	5.1%	2.6%	3.9%	1.5%	2.2%
9th to 12th grade, no diploma	6.9%	4.8%	5.9%	5.9%	5.9%
High school graduate/ GED	27.0%	31.5%	35.5%	38.0%	42.0%
Some college, no degree	20.4%	19.3%	20.5%	19.2%	19.4%
Associate degree	8.5%	10.1%	11.5%	10.6%	11.3%
Bachelor's degree	19.8%	20.0%	15.2%	15.6%	12.7%
Graduate degree	12.4%	11.8%	7.6%	9.2%	6.5%
HS Graduation rate (202)	88.0%	87.4%			
No Health Insurance	8.8%	7.9%	8.0%	10.0%	8.8%
Receiving SNAP Benefits	11.7%	13.5%	16.8%	13.2%	16.3%
Food Insecurity – All Ages	10.9%	12.1%	18.5%	18.4%	22.9%
Median Mortgage (2019)	$1,595	$1,398	$1,350	$1,071	$1,146
Median Rent	$1,062	$853	$771	$635	$713
Housing Cost Burdened[2]	32.88%	29.75%	30.44%	23.42%	30.10%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	59.8%	38.1%	52.8%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Androscoggin County	Franklin County	Oxford County
Poor Mental Health Days	3.8	5.0	4.9	4.6	4.8
Poor Physical Health Days	3.4	4.2	4.2	4.0	4.5
Frequent Mental Health Distress	11.7%	12.7%	16%	15%	16%
Ratio of Primary Care Providers	880:1	900:1	1,150:1	930:1	1,650:1
Ratio of Mental Health Providers	170:1	200:1	200:1	340:1	390:1
Ratio of Dentists	1,210:1	1,480:1	1,800:1	2,750:1	2,760:1
Chronic Disease Prevalence (per 100,000)					
Adults with Heart Disease	26.81%	22.48%	21.15%	20.83%	22.48%
High Blood Pressure	57.20%	48.71%	44.67%	47.37%	48.86%
Adults with Asthma	4.97%	4.68%	3.75%	4.52%	4.19%
Diagnosed Diabetes	26.95%	22.55%	21.91%	23.53%	21.98%
Leading Causes of Death (deaths per 100,000)[3]					
Heart Disease	166.0	147.9	165.0	151.5	138.9
Cancer	155.5	169.2	179.0	180.6	183.2
Unintentional Injury	45.7	59.1	56.4	56.0	54.6
Diabetes	21.2	22.3	24.5	33.5	34.8
Alzheimer's	29.4	27.6	53.2	24.0	26.8
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	17	20	19
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	33.5	30.3	30.4
Maine Adults Past Month Binge Drinking	25.8%	17.9%	17%	17.2%	14.8%
Percent Adults Current Smokers	16.1%	22.6	17.0%	18.1%	30.8%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	6,281	1,220	2,829
COVID-19 Deaths (as of 9/12/21)	662K	897	89	17	71

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	26
Stakeholders Interviewed	13
Community Survey Respondents	664

Key Stakeholder Interview Quotes

A total of 13 stakeholders were interviewed from the CCI service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "There's abundant natural resources. There's diversity, especially in the LA area."
- "Neighborhood leaders are looking at mixed housing, so gentrification doesn't force people out."
- "Generational poverty is huge."
- "It can be really challenging to find any kind of job. It's harder if you are a New Mainer."
- "If you can help with housing, the other needs are easily met."
- "The housing stock is old lead. In 2018, Lewiston abated 500 units from lead to lead safe."
- "There's a gap for kids who qualify for Head Start and those who don't. There's a long wait list for many [childcare] providers."
- "We have a lack of high quality slots in childcare for middle income folks on the edge [of eligibility]. It's also a job force issues. One childcare [facility] is closing because they can't get employees."
- "Awareness is definitely an issue. People don't know there's help out there and they are hard to navigate."
- "No, people don't know about the services. We have so many services, but they all work solo. None are working together. There seems to be a competition for funding."
- "Nutritious food is a big problem."
- "Food became more accessible due to the pandemic. Many came together around food, especially dried grains and foods with short-shelf live."
- "I think people can get to see doctors, even in rural areas."
- "The worst access is mental health services. The infrastructure [for mental health] is worse in Franklin County. Many people go to the ED for mental health issues."
- "Most people would consider Lewiston a service center. Most would come to Lewiston. The challenge is people choose not to get treated [for substance misuse]. The overdose rate continues to increase with social isolation and lack of job opportunities."
- "The larger overarching issues is to deliver service to empower people."
- "COVID-19 exacerbated food issues. People who were hurting are hurting more now."
- "[If I had a magic wand, I wish] we had upstream early intervention built with children to give them tools they don't experience within their families."

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Childcare • Housing
Unique Strength or Challenge Mentioned	• Food for feeding families and children is a positive for Lewiston. The Lewiston Public Schools provide meals throughout the summer to kids. There are lots of food pantries and Trinity Jubilee feeds families and homeless 6 days a week.
Housing	• Private housing market does not provide solutions that working class families can afford; The pandemic is a rare case that we have the money, but we don't have the infrastructure to distribute the funds. On the positive side – we received a HUD Choice award. • We need to both expand our supply to meeting growing demand (occupancy rates currently 97-99%), as well as replace much of our old, distressed housing with new quality supply. The old supply has lead, not handicap accessible, other design challenges.
Mental Health	• Telehealth has improved access and reduced no-shows, but long wait lists. • I don't know, but from the perspective of port-a-john service provider, there was dramatic increase in needles in the last month.
Childcare	• Having childcare for employment. CCI is instrumental in ensuring access to childcare however, still hearing from the folks we serve and our employees that finding affordable childcare is a barrier.
Transportation	• There is very limited transportation in rural Maine. • Recovery clients use ride shares that can be reimbursed by MaineCare, but it's a huge barrier for people to seek treatment. Just look at bus routes and where the stops are.
Employment	• Funding often comes with lots of red tape, which makes it difficult for agencies to pay enough to keep staff AND support the programming OR supplies. There are training opportunities, but again at times criteria that needs to be met to join the training is not inclusive to ESL community members.
Basic Needs	•
Magic Wand Highlight	• I would make sure all parents with young children were supported in becoming the best parents they could be and offered the highest quality childcare available.
Noted Policy Area	• Rental assistance is a very clunky system, the requirements for documentation are difficult. It needs to be improved.

Community Survey Results

Figure 6: Top Needs from Community Survey

Community Concepts		
	Need	**Percent**
1	Developing more livable-wage jobs	52.8%
2	Increasing the number of mental health providers in rural communities	51.6%
3	Creating technical school, trade school, or other job training options	51.5%
4	Making dental care more affordable	50.7%
5	Creating higher quality rental apartments and houses	50.4%
6	Increasing the number of affordable apartments	50.3%
7	Reducing the amount of opioid misuse	50.1%
8	Expanding crisis services for mental health and substance use disorders	49.9%
9	Providing more flexible and affordable childcare options for working parent(s)	49.9%
10	Increasing the number of dentists who serve MaineCare patients	49.3%
11	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	49.1%
12	Increasing the number of affordable childcare providers	48.4%
13	Increasing the number of substance use disorder providers and services	47.6%
14	Providing job growth opportunities	47.6%
15	Improving access to high-speed internet and technology	47.0%
16	Increasing the number of affordable houses for sale	47.0%
17	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	46.9%
18	Providing more recreational opportunities for youth	46.6%
19	Reducing stigma associated with mental health and substance misuse	46.5%
20	Increasing the number of childcare providers who offer age-appropriate education	46.1%
21	Increasing the number of high quality licensed childcare providers	46.0%
22	Making public transportation available in rural communities	45.8%
23	Increasing the number of detox facilities	45.7%
24	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	44.9%
25	Providing help with utility assistance (heating fuel, electricity, etc.)	44.8%
26	Providing more after-school programs for school-aged children	44.5%
27	Reducing the amount of childhood obesity	44.2%
28	Providing soft skills education (customer service, showing up on time, etc.)	43.5%
29	Developing rental and mortgage assistance programs	43.3%
30	Creating more emergency shelter beds for people who are homeless	42.9%
31	Increasing programs for major housing repairs (roofs, windows, etc.)	42.6%
32	Creating more affordable public transportation options	42.5%
33	Reducing building costs of new affordable housing units	42.3%
34	Reducing the amount of alcohol misuse	42.1%
35	Providing more transportation options to childcare services	42.1%
36	Reducing the amount of smoking and vaping	41.3%
37	Reducing stigma associated with the housing voucher program	41.0%
38	Providing help with the cost of vehicle repairs	40.6%
39	Expanding food options for people with dietary restrictions or allergies at food banks	40.5%
40	Expanding open hours at food banks	39.9%
41	Reducing the amount of adult obesity	39.8%
42	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	39.7%
43	Increasing the number of landlords who accept housing vouchers	39.2%

44	Adding better routes and time schedules to current public transportation system	38.4%
45	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	38.3%
46	Providing more senior housing options	38.3%
47	Providing help with weatherization	37.4%
48	Providing help with the cost of vehicle insurance and regular maintenance	36.7%
49	Increasing programs for minor housing repairs (paint, upgrades, etc.)	35.8%

Figure 7: Top 5 Needs by Household Income - CCI

	Need						
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Developing more livable-wage jobs	Increasing the number of substance use disorder providers and services	Increasing the number of high quality licensed childcare providers
2	Developing rental and mortgage assistance programs	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Creating more emergency shelter beds for people who are homeless	Developing more livable-wage jobs
3	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Expanding crisis services for mental health and substance use disorders	Developing more livable-wage jobs	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments	Providing more flexible and affordable childcare options for working parent(s)
4	Providing help with the cost of vehicle repairs	Increasing the number of dentists who serve MaineCare patients	Increasing the number of dentists who serve MaineCare patients	Expanding crisis services for mental health and substance use disorders	Improving access to high-speed internet and technology	Increasing the number of mental health providers in rural communities	Increasing the number of childcare providers who offer age-appropriate education
5	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments	Reducing the amount of opioid misuse	Increasing the number of affordable childcare providers	Reducing the amount of opioid misuse	Increasing the number of affordable childcare providers	Providing job growth opportunities

Needs Prioritization

	Need	Timeline
1	**Childcare** • Child Care in all three counties based on need with a focus on flexible childcare options and not Head Start programming • Increasing the number of high quality licensed childcare providers • Providing more flexible and affordable childcare options for working parent(s) • Increasing the number of affordable childcare providers	2-3 years
2	**Housing** • Fits very well with our Self Help programming and Built by Me program in Lewiston – we have great opportunity to expand this model and lead the way • Increasing the number of affordable housing units	1 years
3	**Technology** • Technology is another one in terms of partnering in the community to ensure residents have access to and the ability to use technology. • Improving access to high-speed internet and technology	3+ years
4	**Reduce Stigma** • Reducing the stigma around poverty and asking for help • Help to reduce the stigma around poverty – we are community action, and this is part of our work and advocating for people in poverty	1 years
5	**Livable Wage Jobs** • Development of livable wage jobs aligns with our work on repointing jobs and updating job descriptions	2-3 years

Stakeholder Interview Participants

Name	Organization
Eric Samson	Androscoggin County Sheriff
Jessie Perkins	Bethel Area Chamber of Commerce
Donita St. John	Community Concepts, Inc.
Kobi Perry	Head Start
Catherine Johnson Lavorgna	Hope Association
Shanna Cox	LA Metro Chamber
Fowsia Musse	Maine Community Integration
Stephanie Leblanc	Oxford County Mental Health Services
Dennis Lajoie	Town of Norway
Sheila Seekins	Trinity Jubilee (Episcopal Church)
Kevin Lewis	Community Health Options
Jolene Bedard	United Way
Andrea (Andy) Patstone	Western Maine Health



Downeast Community Partners

Agency Data Profile

Community Needs Assessment

Helping People. Changing Lives.
MeCAP
Maine Community Action Partnership

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Downeast Community Partners Profile

About Downeast Community Partners

Downeast Community Partners (DCP) was formed in 2017 with the merging of two of the most venerable organizations in the region, Child and Family Opportunities and the Washington Hancock Community Agency. With a mission to improve the quality of life and reduce the impact of poverty in Downeast communities, DCP is committed to creating and delivering services and programs that treat community members with dignity and compassion and offer them the possibility of achieving their goals and dreams.

Mission

Downeast Community Partners' mission is to improve the quality of life and reduce the impact of poverty in Downeast communities.

Vision

Downeast Community Partners is a catalyst for improving life in Downeast Maine.

Values

Dignity. Compassion. Possibility.

Services Offered by Downeast Community Partners

Children's Education

Early Care and education programs such as Head Start, Early Head Start, and Family Futures Downeast help provide childcare, meals, education, and more to children and families in Hancock and Washington County.

Elder Services

Our day program, called Friendship Cottage, provides a place for elders to spend time during the day and where they can still feel integrated into our community. At Home provides support for seniors wanting to maintain independent living in their current home by installing safety railings, delivering meals and medications, and more.

House and Home Services

We have multiple programs that help people pay their rent and utility bills, access and pay for heating services during the winter, as well as provide home repairs and weatherization services. We also provide heating system repair and replacement, tank and pipe replacement, and mortgage and loan intervention and counseling.

Transportation

Transportation assistance is offered for doctors' appointments, grocery shopping, and more. Downeast Community Partners has a fleet of vans and cars dedicated to transporting people in our community to and from vital destinations.

Financial Services

Downeast Community Partners provides tax preparation services as well as general Financial Coaching. We also help with mortgages, obtaining loans, and family development accounts.

Supportive Services

We also have programs that are based more on coaching and providing knowledge to people or families in need. Our Whole Family Coaching program aims to help families succeed and reach their goals. We also have nursing services as well as maternal and child health services. We also provide pantry food boxes to people and families in need.

Environmental Scan

The following tables provide an overview of the community that Downeast Community Partners (DCP) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Hancock County	Washington County
Population	324,697,795	1,335,492	54,601	31,491
Median Age	38.1	44.7	48.8	48.1
Below Poverty	13.4%	11.8%	10.8%	18.9%
Median Household Income	$62,843	$57,918	$57,178	$41,347
Age 65+	15.6%	20.0%	24.1%	23.7%
Age 17 or Younger	22.6%	18.9%	17.3	19%
Unemployment (July 2021)	5.4%	5.0%	4.5%	6.7%
Households with Disability	12.6%	16.0%	14.6%	22.5%
Single Parent Household	14.0%	21%	21%	23%
Speak English less than "very well"	8.4%	1.5%	0.8%	1.1%
Housing Units - Mobile Homes %	6.2%	9.5%	19.3%	29.3%
No Vehicle	8.6%	7.1%	5.6%	8.9%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Hancock County	Washington County
Under 5 Years	6.1%	4.8%	4.4%	4.7%
5 to 9 Years	6.2%	5.2%	5.0%	4.9%
10 to 19	12.9%	11.3%	9.7%	11.7%
20 to 34	20.7%	17.5%	15.7%	14.5%
35 to 54	25.6%	25.3%	24.0%	23.3%
55 to 64	12.9%	15.7%	17.1%	17.0%
65+	15.6%	20.0%	24.1%	23.7%
Race and Ethnicity				
White alone, Not Hispanic or Latino	60.7%	98.3%	97.1%	92.9%
Hispanic or Latino	18.0%	1.7%	1.5%	2.4%
Black or African American	12.7%	2.0%	1.2%	1.4%
American Indian or Alaska Native	0.8%	1.7%	1.1%	6.6%
Asian	5.5%	1.7%	1.5%	0.8%
Other	5.5%	0.4%	0.2%	0.5%
Foreign Born Population	13.3%	3.6%	3.1%	4.0%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Hancock County	Washington County
Median Household (HH) Income	$62,843	$57,918	$57,178	$41,347
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	10.8%	18.9%
Under 5 years	20.3%	17.0%	12.6%	28.9%
5 to 17 years	17.9%	14.4%	13.5%	25.3%
18 to 34 years	16.3%	16.0%	14.4%	22.4%
35 to 64 years	10.5%	9.9%	8.8%	17.9%
65 years and over	9.3%	8.7%	10.1%	12.4%
Below 50% of FPL	5.5%	4.0%	ND	ND
Below 125% of FPL	16.3%	14.6%	ND	ND
Below 150% of FPL	20.3%	18.6%	ND	ND
Below 185% of FPL	26.3%	24.8%	ND	ND
Below 200% of FPL	28.9%	27.7%	ND	ND

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Hancock County	Washington County
Total Households	120,756,048	559,921	23,661	13,791
Homeownership Percentage	64.0%	72.3%	76.3%	76.5%
Single Parent Household[1]	14%	21%	24.8%	26.9%
Living Alone	13.3%	15.1%	15.9%	16.8%
Grandparents Responsible for Grandchildren	34.1%	34.1%	34.5%	51.5%
Veteran Status	7.3%	9.6%	10.1%	11.8%
Educational Attainment				
Less than 9th grade	5.1%	2.6%	2.0%	4.0%
9th to 12th grade, no diploma	6.9%	4.8%	3.9%	6.7%
High school graduate/ GED	27.0%	31.5%	30.8%	38.0%
Some college, no degree	20.4%	19.3%	20.1%	20.1%
Associate degree	8.5%	10.1%	9.1%	9.2%
Bachelor's degree	19.8%	20.0%	20.0%	14.1%
Graduate degree	12.4%	11.8%	14.0%	8.0%
HS Graduation rate (202)	88.0%	87.4%	88.6%	87.8%
No Health Insurance	8.8%	7.9%	10.2%	12.1%
Receiving SNAP Benefits	11.7%	13.5%	10.0%	22.6%
Food Insecurity – All Ages	10.9%	12.1%	17.9%	25.7%
Median Mortgage (2019)	$1,595	$1,398	$1,353	$1,068
Median Rent	$1,062	$853	$818	$603
Housing Cost Burdened[2]	32.88%	29.75%	28.69%	27.69%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	32.8%	56.6%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Hancock County	Washington County
Poor Mental Health Days	3.8	5.0	4.7	5.2
Poor Physical Health Days	3.4	4.2	3.8	5.0
Frequent Mental Health Distress	11.7%	12.7%	14%	17%
Ratio of Primary Care Providers	880:1	900:1	700:1	1,750:1
Ratio of Mental Health Providers	170:1	200:1	250:1	170:1
Ratio of Dentists	1,210:1	1,480:1	1,960:1	2,090:1
Chronic Disease Prevalence (per 100,000)				
Adults with Heart Disease	26.81%	22.48%	22.56%	24.38%
High Blood Pressure	57.20%	48.71%	46.22%	53.75%
Adults with Asthma	4.97%	4.68%	4.53%	4.32%
Diagnosed Diabetes	26.95%	22.55%	19.70%	25.65%
Leading Causes of Death (deaths per 100,000)[3]				
Heart Disease	166.0	147.9	140.1	180.0
Cancer	155.5	169.2	156.9	197.0
Unintentional Injury	45.7	59.1	58.9	94.3
Diabetes	21.2	22.3	21.2	19.7
Alzheimer's	29.4	27.6	24.2	19.7
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	17	13
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	30.4	34.9
Maine Adults Past Month Binge Drinking	25.8%	17.9%	17.5%	18%
Percent Adults Current Smokers	16.1%	22.6	19.4%	30.7%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	1,292	643
COVID-19 Deaths (as of 9/12/21)	662K	897	41	18

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	11
Stakeholders Interviewed	8
Community Survey Respondents	397

Key Stakeholder Interview Quotes

A total of eight stakeholders were interviewed from the DCP service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "It's a beautiful place to live. People are nice and there is good working collaboration between organizations."
- "One perception of Washington County is that it is the 'Wild, Wild West."
- "There's a lack of livable wage. There's tons of generation poverty."
- "The faith-based community is growing and getting involved in the addiction work. That's different for people here. There's a 'new timer tattoo recover" and they are taking it on with more fierceness. Now you can hit a meeting almost every night. People are on the sidewalks screaming about it."
- "Hancock and Washington County are very different. Areas in Hancock are doing really well. There are good jobs here [Hancock County]."
- "There's a population decline in Washington County. Who is going to take care of those folks?"
- "Right now, we are having a hard time filling all jobs, even the $15-$18 an hour jobs. The biggest challenge is bus drivers and childcare providers. It has always been a problem before COVID-19. We could pay more if the state paid more for the contracts."
- "We have limited public transportation. Rural Maine doesn't have a public transportation mindset. What is available to people does not accommodate their needs. There's an attitude – want it on their terms."
- "Housing development [low-income] doesn't work up here due to communities being so far apart. Housing units are old and tired and very few rentals. The rules need to change to allow smaller developments."
- "We do have two [homeless] shelters in Hancock and none in Washington. Most [people] are couch surfing or living in camps, trailers, or cabins. It does seem to be increasing in numbers. People can't get heating assistance sometimes because [their living situation] is not considered permanent."
- "Healthcare beyond basic care requires you to go to Bangor or Portland. They can do some at Ellsworth or MDI. Calais has a hospital and a FQHC. It gets more challenging the further east you go."
- "Food insecurity is not an issue. There are multiple accesses to food, but it's 'what they like or want to eat.' People don't know how to cook or can't cook."

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	Employment Housing and homelessness
Unique Strength or Challenge Mentioned	There is a strong sense of community and a deep, rich, diverse culture with the First Peoples, Latinx and others.
Housing	We have 30 families in our program each year, at least one family living in a tent in August. Homelessness isn't in your face. You don't see it but it's here. In the summertime, people live in tents at campgrounds. During winter, people live in uninsulated campers. There's a lot of squatting.
Mental Health	We have a growing recovery community in Washington County.
Childcare Insight	Very little licensed or center care. There are a lot of people who do babysitting on the side. A lot of people don't want to report their income in fear of losing benefits.
Transportation insight	You need to know someone to get to work. For women it is dangerous to get a ride from someone because they expected something in return (i.e., money, sexual favors, etc.)
Employment	A lot of people work multiple jobs and have side hustles. young people have the hunger to work but don't have the opportunities. But also, people need to keep their benefits. A lot of the jobs are seasonal – blueberries, lobstering, tipping for wreaths, trees. Unless you have a job at bank, grocery store or teacher, food services, mostly seasonal
Basic Needs Insight	For heating assistance for DCP then you need to call the day it's open (October). First appointment is in December. People typically have to requalify for SNAP.
Magic Wand Highlight	All the systems here are overwhelmed. Some are so nice. I've never had a negative experience with DHHS, but TANF made me feel bad about me. They all need a program on how to talk to people.
Noted Policy Area	Simplifying means testing for all programs on the phone.

Community Survey Results

Downeast Community Partners		
	Need	**Percent**
1	Developing more livable-wage jobs	55.6%
2	Providing more flexible and affordable childcare options for working parent(s)	55.3%
3	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	53.7%
4	Making dental care more affordable	53.5%
5	Increasing the number of affordable childcare providers	53.0%
6	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	52.5%
7	Improving access to high-speed internet and technology	52.5%
8	Increasing the number of substance use disorder providers and services	52.3%
9	Increasing the number of affordable apartments	52.3%
10	Increasing the number of mental health providers in rural communities	52.1%
11	Expanding crisis services for mental health and substance use disorders	51.9%
12	Providing more after-school programs for school-aged children	51.6%
13	Creating technical school, trade school, or other job training options	51.4%
14	Making public transportation available in rural communities	51.4%
15	Providing more senior housing options	51.2%
16	Increasing the number of affordable houses for sale	50.9%
17	Providing job growth opportunities	50.7%
18	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	50.2%
19	Increasing the number of childcare providers who offer age-appropriate education	50.2%
20	Increasing the number of high quality licensed childcare providers	50.2%
21	Reducing building costs of new affordable housing units	50.0%
22	Reducing the amount of opioid misuse	49.8%
23	Reducing the amount of alcohol misuse	49.5%
24	Increasing the number of landlords who accept housing vouchers	49.5%
25	Creating more emergency shelter beds for people who are homeless	49.3%
26	Creating higher quality rental apartments and houses	49.3%
27	Increasing programs for major housing repairs (roofs, windows, etc.)	49.1%
28	Providing soft skills education (customer service, showing up on time, etc.)	48.8%
29	Creating more affordable public transportation options	48.8%
30	Increasing the number of dentists who serve MaineCare patients	48.4%
31	Providing more recreational opportunities for youth	48.1%
32	Reducing the amount of childhood obesity	47.9%
33	Adding better routes and time schedules to current public transportation system	47.9%
34	Providing help with weatherization	47.9%
35	Expanding open hours at food banks	47.0%
36	Reducing stigma associated with mental health and substance misuse	47.0%
37	Increasing the number of detox facilities	47.0%
38	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	47.0%
39	Providing more transportation options to childcare services	46.5%
40	Reducing the amount of smoking and vaping	46.1%
41	Providing help with utility assistance (heating fuel, electricity, etc.)	45.6%
42	Reducing the amount of adult obesity	45.1%

43	Developing rental and mortgage assistance programs	44.7%
44	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	42.8%
45	Reducing stigma associated with the housing voucher program	42.8%
46	Providing help with the cost of vehicle insurance and regular maintenance	41.9%
47	Providing help with the cost of vehicle repairs	41.9%
48	Increasing programs for minor housing repairs (paint, upgrades, etc.)	40.0%
49	Expanding food options for people with dietary restrictions or allergies at food banks	39.6%

Need							
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Expanding open hours at food banks	Expanding crisis services for mental health and substance use disorders	Increasing the number of mental health providers in rural communities	Increasing the number of substance use disorder providers and services	Increasing the number of affordable apartments	Improving access to high-speed internet and technology	Reducing the amount of other drug misuse (heroin, cocaine, etc.)
2	Making dental care more affordable	Reducing the amount of opioid misuse	Reducing the amount of opioid misuse	Developing more livable-wage jobs	Making public transportation available in rural communities	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of mental health providers in rural communities
3	Increasing the number of dentists who serve MaineCare patients	Providing more recreational opportunities for youth	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of alcohol misuse	Increasing the number of high quality licensed childcare providers	Increasing the number of mental health providers in rural communities	Providing more flexible and affordable childcare options for working parent(s)
4	Providing help with the cost of vehicle repairs	Increasing programs for major housing repairs (roofs, windows, etc.)	Increasing the number of substance use disorder providers and services	Making dental care more affordable	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Providing job growth opportunities	Increasing the number of childcare providers who offer age-appropriate education
5	Creating more affordable public transportation options	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Reducing the amount of childhood obesity	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of dentists who serve MaineCare patients	Making public transportation available in rural communities	Increasing the number of affordable apartments

Needs Prioritization

Survey Rank	Need
5	Providing more flexible and affordable childcare options for working parents
13	Increasing programs for housing repairs (maybe not necessarily in the NUMBER of programs but perhaps in funding and accessibility for it)
16	Reducing the stigma around poverty and asking for help

Stakeholder Interview Participants

Name	Organization
Betsy Fitzgerald	Washington County Commissioners Office / DCP Board President
Wendy Harrington	Maine Sea Coast Mission – Downeast Campus
Marilyn Hughes	Regional Medical Center at Lubec
Heather Mawhinney	DCP – Family Futures Downeast
Dr. Marjorie Olivari	Northern Light
Mark Green	DCP
Peter Remick	Pastor
Skip Greenlaw	Local Businessman and Former State Legislator

KVCAP
Kennebec Valley Community Action Program

Agency Data Profile

Community Needs Assessment



Helping People. Changing Lives.
MeCAP
Maine Community Action Partnership

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Kennebec Valley Community Action Program Profile

About KVCAP

KVCAP is a private, non-profit community action program which has been providing services to the people of Kennebec and Somerset counties for over 56 years. We offer a variety of services geared toward helping individuals and families achieve economic and social self-sufficiency. Each year, thousands of residents access KVCAP services to assist them in their struggle to overcome the barriers of poverty. Many of our services
are available to people of all income levels.

Our Mission: We strengthen individuals, families and communities by providing direct services and by partnering with others to create sustainable solutions to poverty in an ever-changing environment.

Our Vision: Our vision for the Kennebec Valley Region is thriving communities made up of individuals and families who are healthy, financially secure, and able to reach their fullest potential.

Services Offered by KVCAP

Energy and Housing Services:

Home Energy Assistance Program (HEAP): Provides assistance to low-income homeowners and renters to help pay heating costs. Program is intended as a supplement to assist with heating costs for one season. Income eligibility applies.

Emergency Crisis Intervention Program (ECIP): For those who are HEAP eligible, provides emergency heating assistance one time per heating season.

Low-income Assistance Program: For those who are HEAP eligible, provides assistance to low-income homeowners and renters with electricity bills.

Telephone Assistance Program (TAP): Provides a monthly credit and/or assistance with connections of a telephone. Some restrictions apply.

Weatherization: For those who are HEAP eligible, provides energy Saving measures such as insulation, weather stripping and air sealant measures.
Central Heating Improvement Program (CHIP): For those who are HEAP eligible, provides heating system repair and replacement of non-working or condemned heating systems to homeowners.

Emergency Rental Assistance Program (ERA): Provides rental and utility relief payments to help eligible renters maintain housing stability. Income eligibility applies.

Above Ground Heating Oil Supply Tank Program: Provides heating oil tank repair or replacement for tanks that meet criteria. Income eligibility applies.

Home Repair Services: Provides assistance to make essential home repairs or improvements, such as roofing, siding or windows or for health, safety and/or accessibility repairs/improvements. Income eligibility applies.

CMP Pole Assistance Program: Provides a credit up to $2,800 on the installation of electrical pole lines to a new residence. Income eligibility applies.

Community Initiatives

South End Teen Center (SETC): Provides a safe, after-school environment for teens in grades 6-12, including meals, a computer lab, field trips and more, including special summer programming. The SETC is a collaborative project with the Alfond Youth and Community Center and functions as a Boys and Girls Club unit.

Resources Navigators: Provides information and referral services, linking people to community resources. Also provides ongoing case management services, helping people navigate the health and social services system and develop goal plans to help enhance self-sufficiency.

Financial Capability and Counseling Services: Provides personal financial coaching, homebuyer education classes, pre and post purchase counseling and foreclosure intervention for individuals and families. No income restrictions.

Real Estate Development

Works with a variety of partners to develop affordable housing options within communities. Current properties include:

- Cony Village – providing affordable homes for purchase in a purposefully designed neighborhood in Augusta.
- Gerald Senior Residences – a 55+ affordable housing residence in Fairfield.

Projects currently under development include a senior residence in Hartland and workforce housing in Skowhegan.

Social Services

Maine Families: Offers home visiting services for all expectant parents or new parents in Kennebec and Somerset Counties, including information on child development, health and safety, parent education, and links to other community resources. Participation is voluntary and free of charge, with no income restrictions.

The Family Enrichment Councils – Kennebec and Somerset Counties: These child abuse and neglect councils offer training opportunities on the following: Protective Factors; Mandated Reporting; Infant Safe Sleep; and Front Porch Project training, free of charge to professionals who work with children and families. Also provides education and support to families through parenting workshops and support groups to help parents strengthen strategies for positive parenting. Caregivers can also join interactive playgroups, attend community events, and obtain assistance with accessing local resources.

Transportation Services

Kennebec and Somerset Explorer: Provides regularly scheduled public bus service throughout the Augusta-Waterville area and within the greater Skowhegan community. Open to the public/fares are charged.

KV Van: Provides door –to-door transportation for medical and social service appointments. Income eligibility applies.

Child and Family Services:

Early Head Start, Head Start, Child Care and Preschool

Child Care: Through Early Head Start and Head Start partnerships, our child care options provide full-day, full-year care and early childhood education. Options at both child care centers and family child care locations are available to families who qualify for child care subsidies, based on a sliding fee scale. (Birth to age 5)

Preschool: Children participate in learning experiences that promote school readiness an support holistic development.

Free preschool classrooms are offered in partnership with public schools in MSAD 49, MSAD 54, RSU 19, RSU 74 and Waterville. Part-day and/or school-day options available depending on location. (Ages 3-5)

Home Visiting: Provides families the opportunity to receive free Head Start/Early Head Start benefits in their homes with weekly home visits, playgroups, educational activities, parenting support and more. (Birth to age 5)

Environmental Scan

The following tables provide an overview of the community that Kennebec Valley Community Action Program (KVCAP) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Kennebec County	Somerset County	Lincoln County	Sagadahoc County
Population	324,697,795	1,335,492	121,753	50,520	34,201	35,452
Median Age	38.1	44.7	44.4	46.4	51.0	46.9
Below Poverty	13.4%	11.8%	12.8%	20.4%	12.3%	9.6%
Median Household Income	$62,843	$57,918	$55,365	$44,256	$57,720	$63,694
Age 65+	15.6%	20.0%	19.4%	20.7%	27.1%	21.8%
Age 17 or Younger	22.6%	18.9%	19.4%	19.3%	16.7%	19.0%
Unemployment (July 2021)	5.4%	5.0%	4.9%	7.3%	4.3%	4.3%
Households with Disability	12.6%	16.0%	16.6%	21.7%	16.9%	11.8%
Single Parent Household	14.0%	21%	21%	24%	21%	24%
Speak English less than "very well"	8.4%	1.5%	1.0%	0.7%	0.4%	0.8%
Housing Units - Mobile Homes %	6.2%	9.5%	21.8%	35.4%	26.4%	22.3%
No Vehicle	8.6%	7.1%	8.1%	9.0%	4.9%	6.1%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Kennebec County	Somerset County	Lincoln County	Sagadahoc County
Under 5 Years	6.1%	4.8%	4.9%	4.7%	4.0%	5.1%
5 to 9 Years	6.2%	5.2%	4.9%	6.1%	5.4%	5.6%
10 to 19	12.9%	11.3%	12.2%	10.5%	9.0%	10.1%
20 to 34	20.7%	17.5%	17.4%	15.5%	14.4%	15.7%
35 to 54	25.6%	25.3%	25.5%	26.3%	23.0%	25.3%
55 to 64	12.9%	15.7%	15.8%	16.3%	17.1%	16.4%
65+	15.6%	20.0%	19.4%	20.7%	27.1%	21.8%
Race and Ethnicity						
White alone, Not Hispanic or Latino	60.7%	98.3%	97.3%	98.4%	97.9%	97.9%
Hispanic or Latino	18.0%	1.7%	1.6%	1.1%	1.2%	1.7%
Black or African American	12.7%	2.0%	1.3%	1.0%	0.5%	1.3%
American Indian or Alaska Native	0.8%	1.7%	1.4%	1.3%	1.0%	1.1%
Asian	5.5%	1.7%	1.3%	1.0%	1.3%	1.2%
Other	5.5%	0.4%	0.3%	0.3%	0.3%	0.5%
Foreign Born Population	13.3%	3.6%	2.4%	1.7%	2.7%	4.0%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Kennebec County	Somerset County	Lincoln County	Sagadahoc County
Median Household (HH) Income	$62,843	$57,918	$55,365	$44,256	$57,720	$63,694
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	12.8%	20.4%	12.3%	9.6%
Under 5 years	20.3%	17.0%	19.1%	36.1%	25.0%	15.9%
5 to 17 years	17.9%	14.4%	16.6%	28.1%	18.1%	14.6%
18 to 34 years	16.3%	16.0%	16.5%	25.5%	17.4%	15.2%
35 to 64 years	10.5%	9.9%	10.7%	16.3%	10.0%	6.4%
65 years and over	9.3%	8.7%	9.4%	15.4%	8.2%	7.0%
Below 50% of FPL	5.5%	4.0%	5.2%	ND	ND	ND
Below 125% of FPL	16.3%	14.6%	16.1%	ND	ND	ND
Below 150% of FPL	20.3%	18.6%	19.4%	ND	ND	ND
Below 185% of FPL	26.3%	24.8%	26.2%	ND	ND	ND
Below 200% of FPL	28.9%	27.7%	30.2%	ND	ND	ND

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Kennebec County	Somerset County	Lincoln County	Sagadahoc County
Total Households	120,756,048	559,921	52,105	21,321	15,336	15,980
Homeownership Percentage	64.0%	72.3%	70.5%	76.1%	79.2%	74.5%
Single Parent Household[1]	14%	21%	26.2%	25.0%	26.7%	24.1%
Living Alone	13.3%	15.1%	15.7%	14.8%	15.6%	16.2%
Grandparents Responsible for Grandchildren	34.1%	34.1%	44.3%	28.6%	30.6%	41.7%
Veteran Status	7.3%	9.6%	9.9%	10.6%	11.5%	12.9%
Educational Attainment						
Less than 9th grade	5.1%	2.6%	3.0%	3.4%	2.1%	1.5%
9th to 12th grade, no diploma	6.9%	4.8%	4.5%	8.2%	4.9%	4.5%
High school graduate/ GED	27.0%	31.5%	32.7%	40.4%	34.4%	30.0%
Some college, no degree	20.4%	19.3%	20.8%	19.4%	17.7%	18.1%
Associate degree	8.5%	10.1%	10.9%	12.2%	7.5%	9.6%
Bachelor's degree	19.8%	20.0%	17.2%	11.7%	18.3%	20.9%
Graduate degree	12.4%	11.8%	10.9%	4.8%	15.2%	15.4%
HS Graduation rate (2020)	88.0%	87.4%	87.2%	84.0%	86.8%	86.8%
No Health Insurance	8.8%	7.9%	7.4%	9.4%	10.0%	6.5%
Receiving SNAP Benefits	11.7%	13.5%	15.4%	22.8%	13.3%	8.8%
Food Insecurity – All Ages	10.9%	12.1%	18.9%	26.5%	19.9%	15.8%
Median Mortgage (2019)	$1,595	$1,398	$1,235	$1,055	$1,299	$1,440
Median Rent	$1,062	$853	$761	$728	$819	$894
Housing Cost Burdened[2]	32.88%	29.75%	27.47%	29.75%	29.73%	29.53%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	36.6%	64.4%	34.4%	25.2%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Kennebec County	Somerset County	Lincoln County	Sagadahoc County
Poor Mental Health Days	3.8	5.0	5.0	5.1	4.8	4.7
Poor Physical Health Days	3.4	4.2	4.5	4.8	3.8	3.6
Frequent Mental Health Distress	11.7%	12.7%	16%	17%	15%	14%
Ratio of Primary Care Providers	880:1	900:1	830:1	1,810:1	880:1	1,620:1
Ratio of Mental Health Providers	170:1	200:1	200:1	570:1	470:1	450:1
Ratio of Dentists	1,210:1	1,480:1	1,180:1	5,610:1	2,890:1	1,710:1
Chronic Disease Prevalence (per 100,000)						
Adults with Heart Disease	26.81%	22.48%	22.06%	23.47%	21.09%	21.12%
High Blood Pressure	57.20%	48.71%	42.72%	49.79%	43.69%	43.50%
Adults with Asthma	4.97%	4.68%	4.08%	4.58%	4.10%	3.57%
Diagnosed Diabetes	26.95%	22.55%	22.06%	25.16%	18.69%	18.68%
Leading Causes of Death (deaths per 100,000)						
Heart Disease	166.0	147.9	155.7	194.9	145.7	148.9
Cancer	155.5	169.2	173.4	198.1	156.5	170.9
Unintentional Injury	45.7	59.1	61.6	67.0	59.3	41.2
Diabetes	21.2	22.3	27.2	24.2	20.5	12.7
Alzheimer's	29.4	27.6	25.2	22.2	18.8	13.9
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	19	25	22	24
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	32.2	33.4	19.8%	26.8
Maine Adults Past Month Binge Drinking	25.8%	17.9%	16.7%	15.0%	16.5%	16.7%
Percent Adults Current Smokers	16.1%	22.6	22.2%	26.3%	19.8%	19.4%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	4,595	1,922	1,080	1,221
COVID-19 Deaths (as of 9/12/21)	662K	897	78	35	4	8

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

Qualitative Research Findings

	Number of Participants
Focus Group Participants	16
Stakeholders Interviewed	20
Community Survey Respondents	737

Key Stakeholder Interview Quotes

A total of 20 stakeholders were interviewed from the KVCAP service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "People want to volunteer, and we've seen a surge, not just in Waterville/Winslow, but beyond. We've also seen a real collaboration between food cupboards and then there's the rebirth in downtown Waterville due to Colby [College]."
- "There's something special about the Kennebec Valley community. It's a close, tight-knit community. Organizations are really good, and we are super connected with our donors."
- "I think [people] have a hard time finding a living wage job. Not just in their area, but throughout Maine. People feel stagnant and it's hard to get young people to stay here. You can be a big fish in a small pond."
- "Lots of job openings, but a lot of applicants have backgrounds that don't allow them to get the jobs."
- "We have the transit transportation from KVCAP. It's good to the extent that people have the funds for it. It's the only 'public' transportation [in the area]."
- "In Augusta, there's a lack of affordable housing. The City is looking at the housing stock. Some owners are deciding to tear down."
- "On the rental side there is not a lot of rental buildings for low-income."
- "Waiting lists are very long everywhere, not just for our properties or the public housing or section 8 program. We have an older housing stock, which could impact the seniors who want to age in place."
- "There's lots of slumlords or absent landlords. The City has tried and is taking a new approach to crack down on codes."
- "Over the 30 years I have worked with the homeless population, but it has never got to the extent that it is now. The shelter has limited capacity. We see that homelessness is a real problem."
- "There are a lot of childcare providers, but it's hard for anyone who is low income due to cost, especially with multiple children."
- "Lots of stress related to childcare."
- "Childcare spaces are next to nothing and quality childcare that includes educational component and development strategies doesn't exist, especially in more rural areas. KVCAP is the best in the area."
- "KVCAP is probably the biggest service providers. Utilization of services comes down to shame elements. Shame, stigma, and pride. The French culture – do it on your own."
- "Partners try to promote the services of others. Younger clientele is more tuned into social media. It's an area to look at how we can do better."

- “We need more funding for oral care, especially low income. Even if you have MaineCare, very few places accept MaineCare patients. It’s very limited reimbursement.”
- “We need more coordinated systems. Healthcare [systems] need to work with insurance companies and social services in a person-centric way.”
- “Opioids are being talked about more publicly. Opioids are a problem. We have the most deaths in the area in a long time. We’re also concerned about prescribed stimulants and cocaine in some areas. On top of all that, during COVID-19, alcohol consumption is the most common substance and there was increased sales due to COVID-19.”
- “We’re seeing an increase in anxiety and depression. Social isolation has increased.”
- “There’s definitely a stigma around mental health. There’s a stigma in America, too. It’s hard for people to admit they need help and / or follow through with appointments.”

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Childcare • Employment • Transportation
Unique Strength or Challenge Mentioned	• Having reliable trades folks that will follow through with a job or even just call back is challenging. • Even if good internet is available, it is expensive.
Housing	• We are renting right now. We have been here for 7 years, but our rent has constantly gone up and it's getting to be hard to afford it. They just raised it by $100 but we don't qualify for state help because my husband makes "too much".
Mental Health	• I certainly see behavioral outcomes impacted by home situations – I think we can even focus less on reading and writing (in schools) and make sure these kids are safe, are cared for, are set up for success.
Childcare	• Affordable childcare even while working full time was very difficult to find locally
Transportation	• There are a lot of entry level jobs that pay poorly, and the better paying jobs are hard to get to and require transportation.
Employment	• Very hard finding full time positions for decent pay and including insurance that work with a school schedule
Basic Needs	• The school food pantry provides quality food for kids, there are other programs to get them fruits and vegetables.
Magic Wand Highlight	• Universal health care (three mentions.)
Noted Policy Area	• Improving awareness about what is and isn't current can be difficult. People might know about a program that expired 2 years ago.

Community Survey Results

Figure 6: Top Needs Identified in the Community Survey

Kennebec Valley Community Action Program		
	Need	**Percent**
1	Making dental care more affordable	72.1%
2	Increasing the number of affordable apartments	68.3%
3	Reducing the amount of opioid misuse	65.3%
4	Increasing the number of mental health providers in rural communities	64.7%
5	Increasing the number of dentists who serve MaineCare patients	64.5%
6	Developing more livable-wage jobs	64.4%
7	Providing more flexible and affordable childcare options for working parent(s)	63.4%
8	Increasing programs for major housing repairs (roofs, windows, etc.)	63.1%
9	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	63.0%
10	Improving access to high-speed internet and technology	60.8%
11	Reducing stigma associated with mental health and substance misuse	60.5%
12	Reducing the amount of childhood obesity	60.4%
13	Increasing the number of affordable childcare providers	60.0%
14	Expanding crisis services for mental health and substance use disorders	59.3%
15	Making public transportation available in rural communities	58.6%
16	Developing rental and mortgage assistance programs	58.4%
17	Providing job growth opportunities	58.1%
18	Increasing the number of substance use disorder providers and services	58.0%
19	Creating technical school, trade school, or other job training options	58.0%
20	Providing more senior housing options	57.9%
21	Providing more recreational opportunities for youth	57.6%
22	Creating more emergency shelter beds for people who are homeless	56.8%
23	Creating higher quality rental apartments and houses	56.5%
24	Increasing the number of affordable houses for sale	56.0%
25	Providing more after-school programs for school-aged children	55.4%
26	Reducing the amount of adult obesity	55.1%
27	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	54.2%
28	Increasing the number of high quality licensed childcare providers	53.9%
29	Providing help with weatherization	52.9%
30	Reducing the amount of alcohol misuse	52.5%
31	Reducing the amount of smoking and vaping	51.9%
32	Increasing the number of childcare providers who offer age-appropriate education	51.4%
33	Providing help with utility assistance (heating fuel, electricity, etc.)	51.0%
34	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	50.6%
35	Creating more affordable public transportation options	50.6%
36	Providing soft skills education (customer service, showing up on time, etc.)	50.1%
37	Reducing building costs of new affordable housing units	48.5%
38	Reducing stigma associated with the housing voucher program	48.5%
39	Increasing the number of landlords who accept housing vouchers	48.0%
40	Increasing programs for minor housing repairs (paint, upgrades, etc.)	47.9%
41	Increasing the number of detox facilities	47.2%
42	Expanding food options for people with dietary restrictions or allergies at food banks	46.5%
43	Expanding open hours at food banks	45.7%

44	Adding better routes and time schedules to current public transportation system	45.4%
45	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	44.7%
46	Providing more transportation options to childcare services	44.0%
47	Providing help with the cost of vehicle repairs	41.3%
48	Providing help with the cost of vehicle insurance and regular maintenance	37.6%
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	37.2%

Figure 7: Top 5 Needs by Household Income - KVCAP

Need	Under $15,000	Between $15,000 and $29,999	Between $30,000 and $49,999	Between $50,000 and $74,999	Between $75,000 and $99,999	Between $100,000 and $150,000	Over $150,000
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of opioid misuse
2	Increasing the number of dentists who serve MaineCare patients	Increasing the number of dentists who serve MaineCare patients	Providing more flexible and affordable childcare options for working parent(s)	Providing more flexible and affordable childcare options for working parent(s)	Making dental care more affordable	Increasing the number of affordable childcare providers	Reducing the amount of other drug misuse (heroin, cocaine, etc.)
3	Increasing programs for major housing repairs (roofs, windows, etc.)	Reducing the amount of opioid misuse	Increasing the number of affordable apartments	Reducing the amount of opioid misuse	Increasing the number of affordable childcare providers	Increasing the number of affordable apartments	Increasing the number of substance use disorder providers and services
4	Improving access to high-speed internet and technology	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of dentists who serve MaineCare patients	Developing more livable-wage jobs	Reducing the amount of opioid misuse	Increasing the number of high quality licensed childcare providers	Increasing the number of mental health providers in rural communities
5	Increasing the number of affordable apartments	Increasing the number of mental health providers in rural communities	Developing more livable-wage jobs	Making dental care more affordable	Providing more flexible and affordable childcare options for working parent(s)	Expanding crisis services for mental health and substance use disorders	Reducing the amount of childhood obesity

Needs Prioritization

The following table contains the prioritized community needs in the KVCAP service area.

Figure 8: KVCAP Prioritized Community Needs

Rank	Need	Score	Level of Need	Agency response to need	Timeline
1	Increasing the number of affordable housing units	6.52381	2	3	3
2	Providing more flexible and affordable childcare options for working parent(s)	6.52381	2/3**	2/3	2
3	Reducing the amount of opioid and other drug (heroin, meth, cocaine, etc.) misuse	6.47619	2	4	3
4	Increasing the number of affordable childcare providers	6.333333	2	3	3
5	Expanding crisis services for mental health and substance use disorders	6.285714	2	5	na
6	Increasing the number of high quality licensed childcare providers	6.285714	2	2	2
7	Increasing the number of substance use disorder providers and services	6.238095	2	5	na
8	Making public transportation available in rural communities	6.238095	2	2	1
9	Creating more emergency shelter beds for people experiencing homelessness	6.190476	2	4	2
10	Increasing the number of mental health providers in rural communities	6.142857	2	4	3
11	Increasing public transportation	6.142857	2	2	1
12	Increasing the number of dentists who serve MaineCare patients	6.047619	2	4	3
13	Increasing community awareness of Community Action Agencies and the services they provide	6	3	2	2
14	Increasing the number of childcare providers who offer age-appropriate education	5.952381	2	3	3
15	Developing more livable-wage jobs	5.904762	2	4	3
16	Making dental care more affordable	5.857143	2	4	3
17	Providing more senior housing options	5.857143	2	3	1
18	Increasing the number of detox facilities	5.7	2	5	na
19	Reducing the stigma around poverty and asking for help	5.619048	1 & 2***	2	3
20	Increasing programs for housing repairs	5.55	3	2	3
21	Reducing the amount of childhood obesity	5.47619	2	4	3
22	Providing additional utility assistance (heating fuel, electricity, etc.)	5.47619	3	2	1
23	Improving access to high-speed internet and technology	5.428571	1&2***	3 & 4	1 & 3
24	Increasing the collaboration between community providers	5.333333	2 & 3**	3 & 2	1 and ongoing

25	Providing job growth opportunities	5.285714	3	2	1 and ongoing
26	Reducing stigma associated with mental health and substance misuse	5.285714	2/3**	4/2	3
27	Providing help with home weatherization	5.285714	3	3	3
28	Developing rental and mortgage assistance programs	5.238095	2/3***	3/3	2
29	Providing more after-school programs for school-aged children	5.238095	2/3***	4/	3
30	Increasing the collaboration/partnerships/funding opportunities between multiple (or all) CAP agencies in the state	5.238095			
31	Providing soft skills education (e.g., interview skills, customer service, punctuality, etc.) to job seekers and others	5.210526	2***	4	3
32	Creating technical school, trade school, or other job training options	5.142857	2	5	na
33	Providing help with the cost of vehicle repairs	4.904762	1/3***	5	na
34	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	4.8	2	5	na
35	Helping people find or replace missing identification documents (e.g., driver's license, social security number, etc.) as part of their application for services	4.238095	1/3***	1	1

KEY:

Level of Need: 1 – Individual
2 – Community
3 – Agency
** - see comment

Response: 1 – KVCAP can do alone
2 - KVCAP take lead role, with partners
3 – KVCAP be a major participant, not lead role
4 – KVCAP supports/advocates – others lead
5 – KVCAP plays minimal role

Timeline: 1. Impact in Year 1
2. Impact in Year 2 or 3within 2-3
3. Impact in Year 3+

Comments from Group Prioritization (See needs marked *)**

#2, Flexible/affordable childcare: Level need - Chose 2 based on overall, there are not enough providers in the community providing this; Chose 3 because this is an area we could explore with our child care.

#19, Reduce stigma around poverty: Level need - Chose 2 because it is needed throughout the community; Chose 1 because if individuals are choosing not to apply for services to avoid stigma, it is a family need (ie, not accessing services)

#23, High speed internet: Level Need – Chose 1 because individuals/families sometimes can't access due to affordability, Agency Response is 3 because we can and will put resources toward this; Chose 2 because it is not available in many rural communities, Agency Response, KVCAP can support/advocate for increased access

#24, Collaboration: Level Need – Chose 2 because this is a need throughout the provider/governmental community, Agency Response – we would be a participant in this case; Chose 3 because this can happen internally and with community partners, Agency Response – in some topic areas, KVCAP should be/is the lead in this

#26 Stigma/mental health: Level Need – Chose 2 because it is needed throughout the community, Agency Response we play supportive role; Chose 3 due to work internally at KVCAP, Agency Response, KVCAP would lead on this with staff, working with partners in mental health field

#28, Rental and Mortgage: Level Need – Chose 2 because there is not enough assistance in community, such as lack of housing vouchers; Chose 3 because we do provide some of this assistance and look to continue. Agency response, in both cases we do in partnership with MaineHousing (they lead)

#29, After School: Level Need – Chose 2, across our counties, it is a need, Agency Response, KVCAP supports and can work with partners to explore option; Chose 3 because we do have a teen center, but not looking to expand to other communities at this time

#31, Soft Skills: Level Need – Chose 2, Agency Response – we do this a small amount with youth. Discussion ensured around whether or not this should also be considered an individual need, ie, some people lack these skills, KVCAP would support/advocate for programs that address this

#32, Help with vehicle repair: Chose 1, individuals often have this need; Agency Response, minimal role, other than to refer to either internal discretionary funds or other community agencies that may have discretionary funds; Chose 3 because we don't have enough resources available when people present with this issue.

#35, Help with documents: Chose 1 because individuals present with this need; Chose 3 because we can increase tools/knowledge internally around how to assist people with this need

Other high priority needs for KVCAP, based on data and experience:

1. Families living in Generational and Situational Poverty
2. Families affected by Child Abuse and Neglect

Stakeholder Interview Participants

Name	Organization
Kim Lindlof	Mid-Maine Chamber of Commerce
Katie Spencer White and David Sovetsky	Mid-Maine Homeless Shelter
Rob Rogers	Kennebec Behavioral Health
Anna Quattrucci	Winslow Community Cupboard
Brookes Smith	WIC
Nate Miller	Spectrum Generations
Cristina Salois	Southern Kennebec Child Development Program
Barbara Covey	Waterville Community Dental
Denise Murray	City of Waterville – General Assistance
Chelsea Gardiner	City of Skowhegan – General Assistance
Courtney Yeager	United Way Kennebec Valley
Tammy Diaz	Winslow Junior High
Jen Reed	Centenary United Methodist Church
Chris Myers Asch	Central Area New Mainers Project
Amy Babb	C&C Reality Management
Anna Holdener	South End Neighborhood Association
Bill Dow	KVCAP – Transportation
Matt L'Italien and Danielle Denis	Public Health – Substance Use Prevention Somerset

MIDCOAST MAINE
Community Action
Building better lives for stronger communities

Agency Data Profile

Community Needs Assessment



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Midcoast Maine Community Action Profile

MIDCOAST MAINE
Community Action
Building better lives for stronger communities

About Midcoast Maine Community Action

Midcoast Maine Community Action (MMCA) empowers people to build better lives for stronger communities. The agency connects the community with resources that promote health and quality of life, education and economic independence. MMCA supports regional activities which encourage economic sustainability and social equity within the midcoast area.

Services Offered by MMCA

- Assistance with Utility disconnects
- Assistance with heating if tank is under ¼ of a tank and a maximum of 100 Gallons per year
- Emergency Rental Assistance through the Maine State Housing ERA program
- Assistance with Security deposits for rent
- Covid Social Supports
- Health Insurance Marketplace Navigation
- Family Development Account Programs
- Women, Infant, and Children Program (WIC)
- Child Abuse and Neglect Prevention Program (Families CAN!)
- Head start and Early Head Start
- Family Development Case Management

Environmental Scan

The following tables provide an overview of the community that Midcoast Maine Community Action (MMCA) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Sagadahoc County	Lincoln County	Knox County	Waldo County
Population	324,697,795	1,335,492	35,452	34,201	39,759	39,539
Median Age	38.1	44.7	46.9	51.0	48.4	46.2
Below Poverty	13.4%	11.8%	9.6%	12.3%	9.9%	13.5%
Median Household Income	$62,843	$57,918	$63,694	$57,720	$57,751	$51,931
Age 65+	15.6%	20.0%	21.8%	27.1%	24.3%	21.7%
Age 17 or Younger	22.6%	18.9%	19.0%	16.7%	18.1%	18.8%
Unemployment (July 2021)	5.4%	5.0%	4.3%	4.3%	4.3%	5.1%
Households with Disability	12.6%	16.0%	11.8%	16.9%	15.4%	16.8%
Single Parent Household	14.0%	21%	24%	21%	25%	23.0%
Speak English less than "very well"	8.4%	1.5%	0.8%	0.4%	0.7%	0.5%
Housing Units - Mobile Homes %	6.2%	9.5%	22.3%	26.4%	15.5%	30.0%
No Vehicle	8.6%	7.1%	6.1%	4.9%	6.3%	5.5%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Sagadahoc County	Lincoln County	Knox County	Waldo County
Under 5 Years	6.1%	4.8%	5.1%	4.0%	4.4%	4.5%
5 to 9 Years	6.2%	5.2%	5.6%	5.4%	4.9%	5.1%
10 to 19	12.9%	11.3%	10.1%	9.0%	10.3%	11.5%
20 to 34	20.7%	17.5%	15.7%	14.4%	15.0%	15.7%
35 to 54	25.6%	25.3%	25.3%	23.0%	24.4%	24.8%
55 to 64	12.9%	15.7%	16.4%	17.1%	16.6%	16.6%
65+	15.6%	20.0%	21.8%	27.1%	24.3%	21.7%
Race and Ethnicity						
White alone, Not Hispanic or Latino	60.7%	98.3%	97.9%	97.9%	98.1%	97.9%
Hispanic or Latino	18.0%	1.7%	1.7%	1.2%	1.5%	1.5%
Black or African American	12.7%	2.0%	1.3%	0.5%	1.3%	1.2%
American Indian or Alaska Native	0.8%	1.7%	1.1%	1.0%	1.4%	1.3%
Asian	5.5%	1.7%	1.2%	1.3%	0.9%	0.9%
Other	5.5%	0.4%	0.5%	0.3%	0.5%	0.6%
Foreign Born Population	13.3%	3.6%	4.0%	2.7%	2.3%	2.2%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Sagadahoc County	Lincoln County	Knox County	Waldo County
Median Household (HH) Income	$62,843	$57,918	$63,694	$57,720	$57,751	$51,931
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	9.6%	12.3%	9.9%	13.5%
Under 5 years	20.3%	17.0%	15.9%	25.0%	24.4%	24.8%
5 to 17 years	17.9%	14.4%	14.6%	18.1%	12.9%	15.7%
18 to 34 years	16.3%	16.0%	15.2%	17.4%	12.0%	19.4%
35 to 64 years	10.5%	9.9%	6.4%	10.0%	7.4%	12.4%
65 years and over	9.3%	8.7%	7.0%	8.2%	8.3%	7.2%
Below 50% of FPL	5.5%	4.0%	ND	ND	ND	ND
Below 125% of FPL	16.3%	14.6%	ND	ND	ND	ND
Below 150% of FPL	20.3%	18.6%	ND	ND	ND	ND
Below 185% of FPL	26.3%	24.8%	ND	ND	ND	ND
Below 200% of FPL	28.9%	27.7%	ND	ND	ND	ND

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Sagadahoc County	Lincoln County	Knox County	Waldo County
Total Households	120,756,048	559,921	15,980	15,336	17,020	17,236
Homeownership Percentage	64.0%	72.3%	74.5%	79.2%	77.2%	79.2%
Single Parent Household[1]	14%	21%	24.1%	26.7%	27.6%	23.0%
Living Alone	13.3%	15.1%	16.2%	15.6%	16.7%	14.2%
Grandparents Responsible for Grandchildren	34.1%	34.1%	41.7%	30.6%	35.0%	21.4%
Veteran Status	7.3%	9.6%	12.9%	11.5%	9.0%	10.3%
Educational Attainment						
Less than 9th grade	5.1%	2.6%	1.5%	2.1%	1.6%	2.4%
9th to 12th grade, no diploma	6.9%	4.8%	4.5%	4.9%	4.8%	5.4%
High school graduate/ GED	27.0%	31.5%	30.0%	34.4%	32.9%	32.2%
Some college, no degree	20.4%	19.3%	18.1%	17.7%	19.3%	20.1%
Associate degree	8.5%	10.1%	9.6%	7.5%	7.8%	8.5%
Bachelor's degree	19.8%	20.0%	20.9%	18.3%	21.2%	20.1%
Graduate degree	12.4%	11.8%	15.4%	15.2%	12.4%	11.3%
HS Graduation rate (2020)	88.0%	87.4%	86.8%	86.8%	91.3%	85.1%
No Health Insurance	8.8%	7.9%	6.5%	10.0%	9.4%	11.1%
Receiving SNAP Benefits	11.7%	13.5%	8.8%	13.3%	9.9%	14.1%
Food Insecurity – All Ages	10.9%	12.1%	15.8%	19.9%	18.1%	19.5%
Median Mortgage (2019)	$1,595	$1,398	$1,440	$1,299	$1,368	$1,207
Median Rent	$1,062	$853	$894	$819	$856	$814
Housing Cost Burdened[2]	32.88%	29.75%	29.53%	29.73%	30.26%	26.77%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	25.2%	34.4%	36.3%	49.1%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Sagadahoc County	Lincoln County	Knox County	Waldo County
Poor Mental Health Days	3.8	5.0	4.7	4.8	4.5	4.8
Poor Physical Health Days	3.4	4.2	3.6	3.8	3.8	4.1
Frequent Mental Health Distress	11.7%	12.7%	14%	15%	14%	15%
Ratio of Primary Care Providers	880:1	900:1	1,620:1	880:1	990:1	1,370:1
Ratio of Mental Health Providers	170:1	200:1	450:1	470:1	190:1	380:1
Ratio of Dentists	1,210:1	1,480:1	1,710:1	2,890:1	1,370:1	2,840:1
Chronic Disease Prevalence (per 100,000)						
Adults with Heart Disease	26.81%	22.48%	21.12%	21.09%	23.43%	24.91%
High Blood Pressure	57.20%	48.71%	43.50%	43.69%	46.50%	46.74%
Adults with Asthma	4.97%	4.68%	3.57%	4.10%	4.93%	4.82%
Diagnosed Diabetes	26.95%	22.55%	18.68%	18.69%	19.06%	22.20%
Leading Causes of Death (deaths per 100,000)[3]						
Heart Disease	166.0	147.9	148.9	145.7	154.1	167.2
Cancer	155.5	169.2	170.9	156.5	174.7	163.4
Unintentional Injury	45.7	59.1	41.2	59.3	60.6	58.4
Diabetes	21.2	22.3	12.7	20.5	18.8	20.2
Alzheimer's	29.4	27.6	13.9	18.8	28.2	22.0
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	24	22	20	22
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	26.8	19.8%	29.3	29.8
Maine Adults Past Month Binge Drinking	25.8%	17.9%	16.7%	16.5%	17.6%	15.5%
Percent Adults Current Smokers	16.1%	22.6	19.4%	19.8%	17.8%	28.3%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	1,221	1,080	1,254	1,293
COVID-19 Deaths (as of 9/12/21)	662K	897	8	4	9	24

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	4
Stakeholders Interviewed	18
Community Survey Respondents	1,058

Key Stakeholder Interview Quotes

A total of 18 stakeholders were interviewed from the MMCA service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "People are great. There's a wonderful work etic and sense of pride in the Midcoast region."
- "People are supportive in the Midcoast area. If something happens to a family, the community jumps in to help."
- "Maine is undergoing a homeless system redesign. More resources need to be focused on diversion – identify natural supports, shorter-term remedies, rental assistance – to help on the front end and to keep people out of homelessness."
- "Affordable housing is very difficult to find."
- "Poverty is a real issue and intergenerational poverty."
- "Unless you live right in town, [transportation] is difficult. MaineCare rides are there, but people can't afford to take a taxi every day. Rockland and surrounding areas had a connector, but it took away a bus and changed things because they couldn't afford it – not sustainable."
- "Awful public transportation."
- "Housing is a major problem. Midcoast has more mobile home parks than any other area of the state, which is good because people have places to live, but places are isolated and may not have running water."
- "Rockland and other areas were talking about regulating [short-term] rentals."
- "So many people have experienced homelessness or instability due to domestic violence."
- "Childcare is much needed. There's quality childcare for 0 to 4, but not a lot. A frew programs, but a lot of slots."
- "Universal Pre-K would help lift families out of systemic poverty. Women can't gain financial independence if they have to stay home and take care of the kids."
- "Affordable and accessible childcare is a major barrier. People can't get to work or go to classes."
- "Children are affected by trauma, and adults need more training on trauma and what the child and family has been through. There is ACEs training but people also need to know hot to apply it to their work."
- "There are not enough primary care providers because they're used for mental health help because so few psychiatrists."
- "MaineCare expansion was a huge step but doesn't include dental care so this is a huge gap. Many dentists don't take MaineCare because costs of care aren't covered."

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Access to multiple resources - foster care; childcare; utility assistance; housing • Accessibility; no programs for disabled single parents or kids.
Unique Strength or Challenge Mentioned	•
Housing	• Lack of affordable housing.
Mental Health	• There is a great need for children's mental health needs. I think there was a deficiency before the pandemic, now it's awful.
Childcare	• It would be nice if Early HS was expanded especially for people on the brink. When looking at income deficiency, they should look at all the bills and not select bills/expenses.
Transportation	•
Employment	• There is employment, but the question is around livable wages. The wages being paid here are way too low to support a family, our economy here is built around 2 earners supporting a Household. • The sense of community here can help people strive and be successful, even when money is tight
Basic Needs	• Dental is a major issue, and also a real barrier for people, if you don't have a good dental situation.
Magic Wand Highlight	• Clinics and childcare for lower and middle income families. The class divide in the area is huge and there is lots of classism.
Noted Policy Area	• The state is inputting new building standards, which is good, but it's going to continue to drive up cost.

Community Survey Results

Figure 6: Top Needs Identified in the Community Survey

Midcoast Maine Community Action		
	Need	**Percent**
1	Developing more livable-wage jobs	44.8%
2	Increasing the number of mental health providers in rural communities	42.7%
3	Creating more affordable public transportation options	42.5%
4	Expanding crisis services for mental health and substance use disorders	42.2%
5	Providing more flexible and affordable childcare options for working parent(s)	42.0%
6	Reducing the amount of opioid misuse	41.6%
7	Creating more emergency shelter beds for people who are homeless	41.6%
8	Reducing building costs of new affordable housing units	41.6%
9	Increasing the number of affordable houses for sale	41.3%
10	Providing job growth opportunities	41.2%
11	Providing help with utility assistance (heating fuel, electricity, etc.)	41.2%
12	Increasing the number of affordable apartments	41.2%
13	Developing rental and mortgage assistance programs	41.1%
14	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	41.0%
15	Increasing the number of dentists who serve MaineCare patients	40.9%
16	Providing more recreational opportunities for youth	40.9%
17	Increasing programs for major housing repairs (roofs, windows, etc.)	40.5%
18	Making public transportation available in rural communities	40.1%
19	Increasing the number of landlords who accept housing vouchers	40.0%
20	Providing more after-school programs for school-aged children	39.9%
21	Creating technical school, trade school, or other job training options	39.9%
22	Making dental care more affordable	39.8%
23	Increasing the number of affordable childcare providers	39.8%
24	Reducing the amount of childhood obesity	39.4%
25	Providing more senior housing options	39.3%
26	Increasing the number of high quality licensed childcare providers	39.1%
27	Improving access to high-speed internet and technology	38.9%
28	Creating higher quality rental apartments and houses	38.7%
29	Increasing the number of substance use disorder providers and services	38.3%
30	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	38.1%
31	Reducing the amount of adult obesity	37.9%
32	Providing help with weatherization	37.9%
33	Providing help with the cost of vehicle repairs	37.8%
34	Reducing stigma associated with the housing voucher program	37.8%
35	Increasing the number of detox facilities	37.7%
36	Reducing stigma associated with mental health and substance misuse	37.5%
37	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	37.4%
38	Reducing the amount of alcohol misuse	37.4%
39	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	37.2%

40	Increasing the number of childcare providers who offer age-appropriate education	37.1%
41	Providing more transportation options to childcare services	36.9%
42	Expanding open hours at food banks	36.8%
43	Providing soft skills education (customer service, showing up on time, etc.)	36.7%
44	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	36.5%
45	Adding better routes and time schedules to current public transportation system	36.4%
46	Increasing programs for minor housing repairs (paint, upgrades, etc.)	35.9%
47	Reducing the amount of smoking and vaping	35.8%
48	Expanding food options for people with dietary restrictions or allergies at food banks	34.9%
49	Providing help with the cost of vehicle insurance and regular maintenance	34.7%

Figure 7: Top 5 Needs by Household Income - MMCA

Need							
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Developing more livable-wage jobs	Expanding crisis services for mental health and substance use disorders	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Increasing the number of mental health providers in rural communities	Reducing the amount of opioid misuse	Increasing the number of mental health providers in rural communities	Reducing the amount of adult obesity
2	Creating more affordable public transportation options	Developing more livable-wage jobs	Reducing the amount of opioid misuse	Reducing building costs of new affordable housing units	Increasing the number of mental health providers in rural communities	Providing more senior housing options	Making dental care more affordable
3	Increasing the number of dentists who serve MaineCare patients	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Making public transportation available in rural communities	Reducing the amount of adult obesity	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Increasing the number of affordable childcare providers	Creating more affordable public transportation options
4	Increasing the number of mental health providers in rural communities	Making dental care more affordable	Improving access to high-speed internet and technology	Providing more recreational opportunities for youth	Providing help with utility assistance (heating fuel, electricity, etc.)	Developing rental and mortgage assistance programs	Reducing the amount of opioid misuse
5	Reducing the amount of alcohol misuse	Increasing the number of landlords who accept housing vouchers	Increasing the number of dentists who serve MaineCare patients	Increasing the number of affordable childcare providers	Expanding crisis services for mental health and substance use disorders	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)

Needs Prioritization

Survey Rank	Need
1	Providing more after-school programs for school-aged children
2	Developing rental and mortgage assistance programs
3	Increasing programs for housing repairs
4	Increasing community awareness of Community Action Agencies and the services they provide

Stakeholder Interview Participants

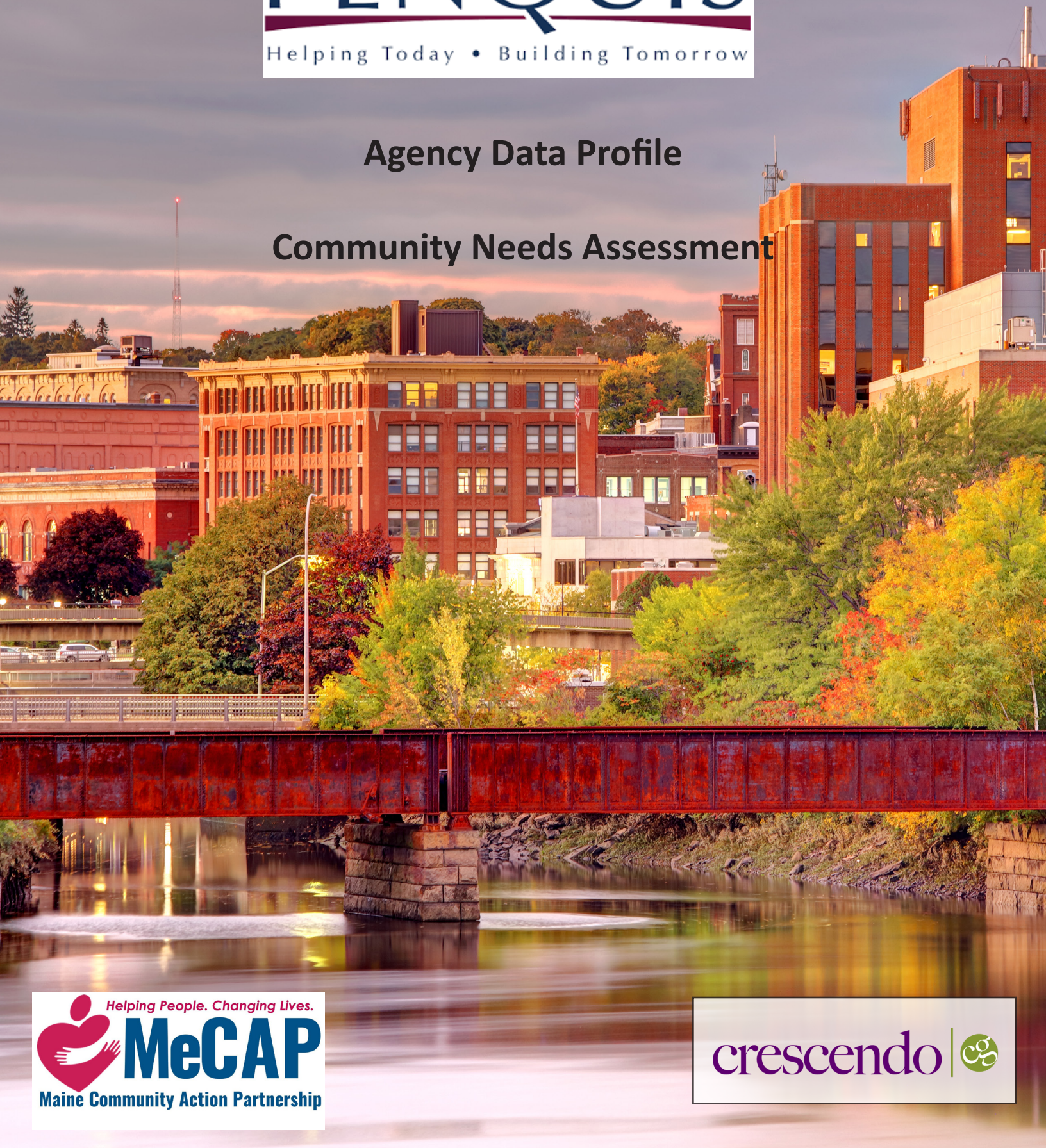
Name	Organization
Meredith Pesce	Amistad
Phillip Potenziano	Brunswick School District
Jess Maurer	Maine Council on Aging
Gifford Jamison	Tedford Housing
Hannah Chatalbash	Midcoast Hunger Prevention
John Hodge	Brunswick Housing
Mary Ellen Barnes	Lincoln County Regional Planning Commission
Rebekah Shaw and Jesse Lucas	New Hope for Women
Gregory Armandi	Child Development Services
Ray Nagel	Independence Association
Jamie Dorr	Midcoast Youth Center
Katie Clark	Midcoast Literacy
Melissa Farrington Fochesato	MIdcoast Hospital
Anita Ruff	Oasis Free Clinics
Holly Stover	Lincoln County Dental
Leslie Livingston	Healthy Kids
Debora Keller	Bath Housing

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PENQUIS

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About Penquis

Penquis is a nonprofit organization dedicated to helping Maine people be safe, healthy, connected, and financially secure. It is a community action agency, a licensed mental health agency, a community development corporation, and a community housing development organization. Its subsidiaries include a community development financial institution, a sexual assault services agency, and housing development organizations. Programs and services work together to enable individuals and families to achieve economic security, safe and affordable housing, reliable transportation, school readiness, and healthy lives.

Penquis primarily serves individuals and families in Penobscot, Piscataquis and Knox counties. It has an even broader impact across all of Maine's sixteen counties through its programs, subsidiaries and community partnerships. Penquis touches the lives of 6,000 people each day and more than 30,000 each year.

Penquis is a chartered member of NeighborWorks® America and a member of the Housing Partnership Network. Penquis has consistently earned an "exemplary" rating from NeighborWorks America for attaining the highest level of performance and impact. Other recognition includes a 2018 Nonprofit of the Year Award from the Bangor Region Chamber of Commerce, a 2018 Rural Community Transportation System of the Year award from the Community Transportation Association of America, and a 2020 Stephen B. Mooers Award from MaineHousing.

Services Offered by Penquis

Penquis focuses its efforts in five strategic areas: Economic Security, Safe and Affordable Housing, Reliable Transportation, School Readiness, and Healthy Lives. Services offered within each area are as follows.

Economic Security: Programs supporting economic security create financial stability and increase assets through education and access to capital. They include financial coaching and matched savings programs; homebuyer education and housing counseling; small business advising and entrepreneurship classes; and home and business lending.

Safe and Affordable Housing: Programs within this area of focus increase health, safety, and stability through affordable housing access and availability. They consist of heating and utilities assistance; home improvement programs, including repair, replacement, and testing; affordable housing options,

including rental housing, rental assistance, and rent-to-own properties; and weatherization, including above ground tank replacement, heating system repair, heat pumps, and weatherization services.

Reliable Transportation: Penquis transportation programs support health, independence, and access to resources through safe, reliable transportation options. These include the arrangement of non-emergency transportation for MaineCare-covered appointments, general public transportation to meet every day needs, and transportation reimbursement options.

School Readiness: Services and supports help children enter kindergarten ready to be successful in school and later in life. Children receive high quality early childhood education and childcare services, healthy nutrition, and benefit from home visiting, which supports families in providing nurturing care that promotes healthy development.

Healthy Lives: Programs in this area help individuals achieve optimal health and development in safe, nurturing environments. They include individual and family support services such as assisted living, case management, parenting education, supervised visitation, whole family services, and behavioral health and disability supports, including residential, day, in-home, and community support services, clinical counseling, and behavioral health navigation; victim services, including services for sexual assault survivors and child victims of sexual abuse, education for male perpetrators of domestic violence, transitional housing and civil legal assistance for survivors of domestic violence, sexual assault, and stalking; volunteer programs for older adults; and youth programs, including youth engagement, restorative justice, homeless youth services, programming for youth victims of the opioid crisis, and services to support employment success and financial security.

Environmental Scan

The following tables provide an overview of the community that Penquis serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Penobscot County	Piscataquis County	Knox County
Population	324,697,795	1,335,492	151,774	16,836	39,759
Median Age	38.1	44.7	42.0	51.5	48.4
Below Poverty	13.4%	11.8%	14.8%	18.5%	9.9%
Median Household Income	$62,843	$57,918	$50,808	$40,890	$57,751
Age 65+	15.6%	20.0%	18.0%	25.9%	24.3%
Age 17 or Younger	22.6%	18.9%	18.3%	17.3%	18.1%
Unemployment (July 2021)	5.4%	5.0%	5.4%	4.9%	4.3%
Households with Disability	12.6%	16.0%	19.0%	26.3%	15.4%
Single Parent Household	14.0%	21%	26.5%	22.7%	27.6%
Speak English less than "very well"	8.4%	1.5%	0.8%	0.9%	0.7%
Housing Units - Mobile Homes %	6.2%	9.5%	22.9%	24.8%	15.5%
No Vehicle	8.6%	7.1%	7.7%	7.4%	6.3%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Penobscot County	Piscataquis County	Knox County
Under 5 Years	6.1%	4.8%	4.7%	4.3%	4.4%
5 to 9 Years	6.2%	5.2%	4.9%	4.6%	4.9%
10 to 19	12.9%	11.3%	12.2%	10.4%	10.3%
20 to 34	20.7%	17.5%	20.3%	12.6%	15.0%
35 to 54	25.6%	25.3%	24.7%	23.9%	24.4%
55 to 64	12.9%	15.7%	15.0%	18.4%	16.6%
65+	15.6%	20.0%	18.0%	25.9%	24.3%
Race and Ethnicity					
White alone, Not Hispanic or Latino	60.7%	98.3%	96.4%	97.1%	98.1%
Hispanic or Latino	18.0%	1.7%	1.4%	1.5%	1.5%
Black or African American	12.7%	2.0%	1.5%	1.0%	1.3%
American Indian or Alaska Native	0.8%	1.7%	2.2%	1.4%	1.4%
Asian	5.5%	1.7%	1.5%	1.2%	0.9%
Other	5.5%	0.4%	0.4%	0.7%	0.5%
Foreign Born Population	13.3%	3.6%	2.9%	2.0%	2.3%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Penobscot County	Piscataquis County	Knox County
Median Household (HH) Income	$62,843	$57,918	$50,808	$40,890	$57,751
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	14.8%	18.5%	9.9%
Under 5 years	20.3%	17.0%	17.5%	28.3%	24.4%
5 to 17 years	17.9%	14.4%	17.8%	24.2%	12.9%
18 to 34 years	16.3%	16.0%	23.0%	24.9%	12.0%
35 to 64 years	10.5%	9.9%	12.0%	19.0%	7.4%
65 years and over	9.3%	8.7%	8.4%	9.8%	8.3%
Below 50% of FPL	5.5%	4.0%	4.7%	ND	ND
Below 125% of FPL	16.3%	14.6%	16.2%	ND	ND
Below 150% of FPL	20.3%	18.6%	21.1%	ND	ND
Below 185% of FPL	26.3%	24.8%	28.8%	ND	ND
Below 200% of FPL	28.9%	27.7%	31.6%	ND	ND

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Penobscot County	Piscataquis County	Knox County
Total Households	120,756,048	559,921	62,156	7,025	17,020
Homeownership Percentage	64.0%	72.3%	69.4%	75.9%	77.2%
Single Parent Household[1]	14%	21%	26.5%	22.7%	27.6%
Living Alone	13.3%	15.1%	14.7%	16.1%	16.7%
Grandparents Responsible for Grandchildren	34.1%	34.1%	45.6%	36.8%	35.0%
Veteran Status	7.3%	9.6%	9.1%	12.6%	9.0%
Educational Attainment					
Less than 9th grade	5.1%	2.6%	2.7%	3.5%	1.6%
9th to 12th grade, no diploma	6.9%	4.8%	5.4%	6.2%	4.8%
High school graduate/ GED	27.0%	31.5%	33.6%	40.7%	32.9%
Some college, no degree	20.4%	19.3%	20.2%	18.2%	19.3%
Associate degree	8.5%	10.1%	10.6%	12.9%	7.8%
Bachelor's degree	19.8%	20.0%	17.5%	12.9%	21.2%
Graduate degree	12.4%	11.8%	10.2%	5.5%	12.4%
HS Graduation rate (202)	88.0%	87.4%	86.7%	87.2%	91.3%
No Health Insurance	8.8%	7.9%	8.8%	10.2%	9.4%
Receiving SNAP Benefits	11.7%	13.5%	16.8%	20.7%	9.9%
Food Insecurity – All Ages	10.9%	12.1%	20.0%	25.4%	18.1%
Median Mortgage (2019)	$1,595	$1,398	$1,231	$1,087	$1,368
Median Rent	$1,062	$853	$1,094	$618	$856
Housing Cost Burdened[2]	32.88%	29.75%	29.44%	31.24%	30.26%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	39.5%	54.4%	36.3%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Penobscot County	Piscataquis County	Knox County
Poor Mental Health Days	3.8	5.0	5.1	5.2	4.5
Poor Physical Health Days	3.4	4.2	4.5	4.8	3.8
Frequent Mental Health Distress	11.7%	12.7%	16%	17%	14%
Ratio of Primary Care Providers	880:1	900:1	770:1	1,680:1	990:1
Ratio of Mental Health Providers	170:1	200:1	180:1	450:1	190:1
Ratio of Dentists	1,210:1	1,480:1	1,170:1	3,360:1	1,370:1
Chronic Disease Prevalence (per 100,000)					
Adults with Heart Disease	26.81%	22.48%	23.03%	23.34%	23.43%
High Blood Pressure	57.20%	48.71%	49.39%	47.69%	46.50%
Adults with Asthma	4.97%	4.68%	4.79%	3.21%	4.93%
Diagnosed Diabetes	26.95%	22.55%	24.55%	23.74%	19.06%
Leading Causes of Death (deaths per 100,000)[3]					
Heart Disease	166.0	147.9	163.2	180.4	154.1
Cancer	155.5	169.2	171.5	201.2	174.7
Unintentional Injury	45.7	59.1	61.3	76.5	60.6
Diabetes	21.2	22.3	24.1	25.3	18.8
Alzheimer's	29.4	27.6	20.5	29.3	28.2
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	17	25	20
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	33.2	35.2	29.3
Maine Adults Past Month Binge Drinking	25.8%	17.9%	19.9%	14.5%	17.6%
Percent Adults Current Smokers	16.1%	22.6	24.2%	33.2%	17.8%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	5,594	439	1,254
COVID-19 Deaths (as of 9/12/21)	662K	897	108	7	9

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	17
Stakeholders Interviewed	18
Community Survey Respondents	537

Key Stakeholder Interview Quotes

A total of 18 stakeholders were interviewed from the Penquis service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "Overall, there is a lot of opportunity here. We have great art opportunities, recreation for kids and adults, and lots of nature walks."
- "It's a pretty supportive community, especially the schools. People don't hesitate to pinch in to help with volunteers and funding."
- "We're largely a service and recreation region. Seasonal employment, small mom and pop businesses by large. A few large companies in the area that are owner-operated with limited employment and keeping hours under 35 so they don't have to pay for health insurance."
- "The trades are pretty hot right now. If I was a parent right now, then I won't recommend a liberal arts college. There is still some stigma around trade schools, but mostly gone now."
- "Childcare is a barrier to gaining and maintaining employment."
- "For rural areas, [transportation] is the most challenging. If you live in the Greater Bangor area then you have a lot more options. If you're in rural Piscataquis [County] then it's very limited."
- "The bus system [in Bangor] is pretty inadequate at the moment. Many people told us it doesn't meet their system. Buses stop at 6 pm and don't run on Sundays. Many wage workers can get to work [at the mall] but can't get home."
- "Housing requires an application that asks about their past. Criminal record is a barrier to housing."
- "[Older] individuals living alone and on a fixed income – upkeep of the homes, steps that need to repaired, roof leaks, bathrooms not on the first floor. Maine's housing stock is old. Some of these people have lived in these houses for years."
- "For the tribes, there is limited [housing] stock. People are often waiting at one to two years. Surrounding towns don't have affordable housing stock either."
- "Housing affordability is creeping up north. Penquis has done a good job historically with affordable housing."
- "Multigenerational families or people taking in youth is very, very common. We don't know how many there are as we can't count them. It's becoming more of an issue."
- "If they could apply for a 9 to 5 job then childcare could be easier to find. Frontline workers then working outside of the 9 to 5 schedule then no childcare is available. There are a few places that are popping up that do outside hours."
- "Social determinants of health is the three-legged stool with physical health and mental health."
- "We lost a lot of care facilities. Some are underground and providing care without a license. The DHHS website isn't accurate. We only know by word of mouth so we're trying to do a survey. We have had a great number of women leave the workforce due to childcare and jobs. They want to go back to work."

- “Nursing homes – cost is a huge barrier, availability is limited, and if you’re low income individual then it’s very limited.”
- “Dental is a way bigger need than health.”
- “Therapists are hard to find in the area. A lot of pediatricians lack knowledge of [childhood] development.”
- “Mental health is a huge problem – depression, isolation, loneliness. I don’t know how we can get our arms around it.”
- “Mental health is no different than chronic disease and managing. It’s so, s important to identify the condition and early intervention. We don’t have enough money for early detection.”
- “Very few residential substance misuse services in the state.”
- “Alcohol is a huge issue in the area.”
- “There’s the mentality ‘I don’t need it, and someone needs more than me.’ It’s something we hear often in the senior population, and we heard it more during COVID-19.”
- “Technology – lack broadband services available everywhere.”

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Transportation • Shelters • Childcare
Unique Strength or Challenge Mentioned	• Hard to teach older people how technology works, and many don't want to learn. Internet access spotty in rural area and could be more affordable and better.
Housing	• Housing has gone insane. Not enough low income housing. • I got HUD voucher but hard to find somewhere to live because you can only have $500 or less and it's in the worst part of town. • Homelessness and housing instability is a problem. • I'm surprised so many homeless. Shelter doesn't have enough beds.
Mental Health	• In the 1990's we had preventative care for mental health, but now we don't. Funding cancelled by governments who don't understand needs. • We need more education about mental health, especially depression during pandemic. • Social media and Zoom created connections but not always for the better.
Childcare	• Childcare isn't affordable for anybody, ever. Can't make enough money to pay for childcare. There are programs out there, but people don't know about them.
Transportation	• Hard to get a job without traveling or transportation. Link's transportation's hours aren't convenient if you don't have a job.
Employment	• No livable wage - hard to pay rent and save. A few people got jobs during COVID-19. Not much changed due to COVID-19.
Basic Needs	• Overcoming stigma. I think some people don't know where to start their search for help. Then Pride gets in the way. There are Resources, it's just a struggle for some to reach out.
Magic Wand Highlight	• Make the government see the people's perspectives. • Subsidized or private co-housing opportunities
Noted Policy Area	• Childcare. I need another full time job just to pay for daycare. Hard to get vouchers.

Community Survey Results

Figure 6: Top Needs Identified in the Community Survey

Penquis		
	Need	**Percent**
1	Increasing the number of affordable apartments	75.0%
2	Making dental care more affordable	70.7%
3	Increasing the number of mental health providers in rural communities	65.7%
4	Reducing the amount of opioid misuse	64.7%
5	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	64.2%
6	Developing more livable-wage jobs	64.0%
7	Expanding crisis services for mental health and substance use disorders	63.3%
8	Creating higher quality rental apartments and houses	61.6%
9	Increasing programs for major housing repairs (roofs, windows, etc.)	60.8%
10	Developing rental and mortgage assistance programs	60.8%
11	Increasing the number of affordable houses for sale	60.6%
12	Reducing the amount of childhood obesity	60.2%
13	Providing more flexible and affordable childcare options for working parent(s)	59.7%
14	Creating more emergency shelter beds for people who are homeless	59.7%
15	Increasing the number of dentists who serve MaineCare patients	59.5%
16	Providing job growth opportunities	59.5%
17	Improving access to high-speed internet and technology	59.2%
18	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	59.2%
19	Increasing the number of substance use disorder providers and services	59.1%
20	Reducing stigma associated with mental health and substance misuse	58.8%
21	Creating technical school, trade school, or other job training options	57.2%
22	Making public transportation available in rural communities	56.9%
23	Providing more senior housing options	56.7%
24	Providing more after-school programs for school-aged children	56.3%
25	Increasing the number of affordable childcare providers	56.1%
26	Providing more recreational opportunities for youth	54.9%
27	Reducing building costs of new affordable housing units	54.3%
28	Providing help with weatherization	53.3%
29	Increasing the number of landlords who accept housing vouchers	53.3%
30	Providing help with utility assistance (heating fuel, electricity, etc.)	52.9%
31	Increasing the number of high quality licensed childcare providers	51.9%
32	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	50.4%
33	Reducing stigma associated with the housing voucher program	49.9%
34	Reducing the amount of adult obesity	49.8%
35	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	49.6%
36	Providing soft skills education (customer service, showing up on time, etc.)	49.5%
37	Increasing the number of detox facilities	49.3%
38	Reducing the amount of alcohol misuse	48.7%
39	Increasing the number of childcare providers who offer age-appropriate education	48.4%
40	Reducing the amount of smoking and vaping	47.0%
41	Increasing programs for minor housing repairs (paint, upgrades, etc.)	46.8%
42	Creating more affordable public transportation options	45.1%

43	Expanding food options for people with dietary restrictions or allergies at food banks	44.2%
44	Providing help with the cost of vehicle repairs	43.4%
45	Providing more transportation options to childcare services	42.9%
46	Adding better routes and time schedules to current public transportation system	42.5%
47	Expanding open hours at food banks	41.2%
48	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	35.5%
49	Providing help with the cost of vehicle insurance and regular maintenance	35.0%

Figure 7: Top 5 Needs by Household Incomes - Penquis

Need							
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Reducing the amount of opioid misuse	Increasing the number of affordable apartments	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders
2	Increasing the number of affordable apartments	Reducing the amount of opioid misuse	Increasing the number of affordable apartments	Increasing the number of mental health providers in rural communities	Making dental care more affordable	Increasing the number of affordable apartments	Reducing the amount of other drug misuse (heroin, cocaine, etc.)
3	Developing more livable-wage jobs	Developing more livable-wage jobs	Increasing the number of mental health providers in rural communities	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Making public transportation available in rural communities	Expanding crisis services for mental health and substance use disorders	Reducing the amount of opioid misuse
4	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of substance use disorder providers and services	Expanding crisis services for mental health and substance use disorders	Increasing the number of affordable apartments	Reducing the amount of opioid misuse	Increasing the number of substance use disorder providers and services	Reducing the amount of childhood obesity
5	Reducing the amount of opioid misuse	Increasing the number of affordable apartments	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Making dental care more affordable	Creating higher quality rental apartments and houses	Reducing the amount of childhood obesity	Reducing stigma associated with mental health and substance misuse

Needs Prioritization

The following table contains the list of prioritized needs for the Penquis service area.

Figure 8: Penquis Prioritized Community Needs

Rank	Need	Score	Level of Need	Locus of Control
1	Increasing the number of affordable housing units	6.857143	C,F	2
2	Making dental care more affordable	6.142857	C,F	3
3	Developing more livable-wage jobs	5.142857	C,F	1,2,3
4	Increasing the number of mental health providers in rural communities	6.142857	C,F,A	2,3
5	Providing more flexible and affordable childcare options for working parent(s)	6.285714	F,A,C	1,2
6	Reducing the amount of opioid and other drug (heroin, meth, cocaine, etc.) misuse	6.142857	C,F	2,3
7	Expanding crisis services for mental health and substance use disorders	6.333333	C,F	3
8	Increasing the number of dentists who serve MaineCare patients	6.428571	C	3
9	Increasing the number of affordable childcare providers	5.833333	C,F	2,3
10	Providing job growth opportunities	5	F,C,A	1,2
11	Improving access to high-speed internet and technology	6.142857	F,C	3
12	Creating technical school, trade school, or other job training options	4.428571	F,A,C	2,3
13	Increasing programs for housing repairs	5.571429	F,A	1,2
14	Increasing the number of substance use disorder providers and services	6.333333	C,F,A	2,3
15	Reducing stigma associated with mental health and substance misuse	6.285714	C,F,A	1,2,3
16	Reducing the stigma around poverty and asking for help	6	C,F,A	1,2,3
17	Reducing the amount of childhood obesity	4.714286	C,F	1,2,3
18	Creating more emergency shelter beds for people experiencing homelessness	5.857143	C	2,3
19	Increasing public transportation	6.142857	F,A,C	1,2
20	Developing rental and mortgage assistance programs	5.857143	A,F	2
21	Providing more after-school programs for school-aged children	5.571429	F,C,A	1,2 W/FUNDING
22	Increasing the number of high quality licensed childcare providers	5.857143	F,C,A	1,2,3
23	Making public transportation available in rural communities	5.857143	F,C,A	1,2,3
24	Providing more senior housing options	6.428571	A,F,C	2
25	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	5	F	1
26	Providing additional utility assistance (heating fuel, electricity, etc.)	5.428571	F,A	2
27	Increasing the number of childcare providers who offer age-appropriate education	5.285714	F,C,A	1,2,3

28	Providing soft skills education (e.g., interview skills, customer service, punctuality, etc.) to job seekers and others	4.714286	A,F	1,2
29	Providing help with home weatherization	4.857143	F,A	1,2
30	Helping people find or replace missing identification documents (e.g., driver's license, social security number, etc.) as part of their application for services	4.714286	F	1
31	Providing help with the cost of vehicle repairs	5.571429	F	1,2
32	Increasing community awareness of Community Action Agencies and the services they provide	5.571429	A,C	1,2
33	Increasing the number of detox facilities	5.833333	C	3
34	Increasing the collaboration between community providers	5.285714	A,F	2
35	Increasing the collaboration/partnerships/funding opportunities between multiple (or all) CAP agencies in the state	4	A	2

Key

Level of Need
Family [F] -Does the need concern individuals and families who have identified things in their own life that is a challenge/barrier/lacking?
Agency [A] -Are there areas where Penquis does not have resources or capacity to respond to an identified need?
Community [C] -Does the issue impact the community as a whole?

Locus of Control:
1 = “We could do it ourselves”
2 = “We could do it with collaboration”
3 = “We could support, but others would need to lead.”

Timeline:
1 = “Impact within Year 1”
2 = “Impact in Year 2 or Year 3”
3 = “Impact would be long-term, 3+ years”

Stakeholder Interview Participants

Name	Organization
Jayne Martin	Legal Services for the Elderly
Joanna Russell	North Eastern Workforce Development
Dyan Walsh	Eastern Area on Aging
Susan Hammond	Four Directions
Scott Oxley	Northern Light Acadia Hospital
Sharisse Roberts	Division for the Blind
Darcy Cooke	Food & Medicine and Transportation for All
Meredith Batley	Knox Clinic
Lee Umphrey	EMDC
Sarah Marx	Welcoming Our Immigrant Neighbor
Sue Mackey Andrews	Helping Hands with Heart
Tom Peaco	PenBay Chamber
Rebecca Kirk	Bangor Rotary / Habitat for Humanity
Amanda Cost	Partners for Peace
Wade Betters	Bangor Police Department
Amy Bragg	Maine Child Development Services
John McDonald	RSU #13 (Rockland)
Danielle Malcolm	Maine Ombudsman


The Opportunity Alliance
Agency Data Profile
Community Needs Assessment
Helping People. Changing Lives.
MeCAP
Maine Community Action Partnership
crescendo

The Opportunity Alliance Profile

About The Opportunity Alliance

The Opportunity Alliance (TOA) is a dynamic, results-focused Community Action Agency providing 50+ integrated community-based and clinical programs serving more than 20,000 people annually throughout the state of Maine. With over 50 years of experience, TOA draws from a comprehensive set of programs which address issues such as mental health, substance use, homelessness, lack of basic needs, and access to community supports. Through an extensive array of services, TOA provides opportunities for individuals to stabilize fragile situations and then works with them to achieve self-sufficiency. TOA is client-focused with extensive experience working with diverse client populations. TOA programming includes four key sectors of service:

- Mental Health & Wellness
- Community Building
- Family & Early Childhood Education
- Economic Resources

TOA works in partnership with organizations and community members to identify and address barriers for individuals and families to thrive and create a strong community fabric. As an integral part of this work, TOA is committed to helping individuals and their families advocate for the resources and support they need to achieve positive outcomes. TOA has at its foundation three organizations with long histories of serving communities throughout Maine: Ingraham, Peoples Regional Opportunity Program (PROP), and Youth Alternatives. The three organizations merged in 2011 to form The Opportunity Alliance.

TOA is a clinically effective organization, and we make a difference in the lives of tens of thousands of individuals each year addressing the root causes of poverty, working with people to overcome mental illness, and strengthening families and communities. During the past five years, TOA has embarked upon a tremendous undertaking – introducing and training all board, management, and staff in the application and implementation of Results Based Accountability™ (RBA). We employ the RBA framework to assess our impact on our service populations. RBA begins by defining the end result we seek and working backward, step-by-step, to the means of achieving it. TOA is committed to being a data-informed and data-driven organization. Per the Results Based Leadership Group, “RBA can be used by agencies to improve the performance of their programs. RBA can be adapted to fit the unique needs

and circumstances of different programs." RBA is a framework for turning data into action while establishing and using a common language.

TOA tackles some of our community's most pressing problems: poverty, homelessness, mental illness, substance use, and domestic violence. One of the most challenging health problems facing our community is the rampant misuse of opioids, which has reached epidemic levels. Many of the individuals we serve have serious mental illness that is often complicated by chronic health conditions and substance use disorders.

We work diligently to keep families intact, in stable homes, and integrated into a neighborhood community where all members can thrive and pursue their aspirations. We believe that the pathway to healthier individuals and families is created through an integrated continuum of formal and informal supports that addresses the fundamental factors that place communities at risk, such as poverty, mental illness, high rates of substance abuse, and child neglect and abuse. That's why, as much as possible, we work in partnership with residents to identify and address barriers to community success and place a particularly high value on services that empower families and individuals to connect with natural supports and local resources. To that end, we have developed working partnerships with a broad range of individuals, organizations, and community institutions including schools, faith communities, law enforcement, businesses, social services agencies, and other non-profits.

We are the state's designated crisis services provider for Cumberland County. We provide mental health services through our crisis response programs, our residential mental health treatment facilities, and case management programs for children, youth, and adults. The Maine Crisis Line and 2-1-1 information line provide 24/7 statewide support for callers seeking critical resources in their communities. We are a co-occurring competent agency offering programs for individuals attempting to recover from substance use and mental health co-occurring disorders, and we are a leader in peer-to-peer and parent-to-parent partnering supports and services. We also collaborate closely with Maine's Department of Health and Human Services (DHHS), the Department of Corrections (DOC), community organizations, and cities and towns throughout the state.

TOA is a trauma informed organization and we utilize protocols from SAMHSA's TIP 57: Trauma Informed Care in Behavioral Health Services in training staff and designing all service provisions. We know that trauma informed care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma informed care also emphasizes physical, psychological, and emotional safety for both clients and providers, and helps survivors rebuild a sense of control and empowerment.

TOA is accredited by the Council on Accreditation (COA) and by the American Association of Suicidology. TOA has recently been re-accredited by the COA through a process involving a detailed review and analysis of our organization's administration, management, and service delivery functions against international standards of best practice. The standards driving accreditation ensure that services are well-coordinated, culturally competent, evidence-based, outcomes-oriented, and provided by a skilled and supported workforce. Additionally, TOA holds both Mental Health Agency and Substance Abuse Agency licenses from DHHS.

Services Offered by TOA

Community Building: Programs and services working with youth, families, neighbors, and partner organizations to build strong networks and healthier communities.

- Lakes Region Collective Action Network (LRCAN)
- Maine Youth Action Network (MYAN)
- Public Health Program (PHP)
- Resident Led Community Building (RLCB)

Economic Resources: Programs and services designed to increase income and basic needs by ensuring access to food, safe and stable shelter, utilities, and volunteer opportunities.

- Cumberland County Homeless Prevention Program (CCHP)
- Central Heat Improvement Program (CHIP)
- Emergency Rental Assistance Program
- Energy Crisis Intervention Program (ECIP)
- Foster Grandparent Program
- Home Energy Assistance Program (HEAP)
- Senior Companion Program
- Weatherization
- Wrap Funds
- Work Life Advisor

Family & Early Childhood Education: Programs and services working in partnership with families and the community to ensure children are ready for school.

- CDA Development Center
- Early Childhood Education
- Parent Education
- Maine Families
- Women, Infants, Children Program (WIC)

Mental Health & Wellness: Community and residential mental health services for children and adults.

Community Services:

- Behavioral Health Home (BHH)
- Broadway Crossings Adult Crisis Stabilization Unit
- Children's Behavioral Health Home (CBHH)
- Mobile Crisis Response Services
- High-Fidelity Wraparound
- Homeless Youth Services (HYS)
- The Maine Crisis Line
- Opioid Health Home (OHH)
- PATH Program

Residential Services:

- Gordon Green
- Helen Winslow Ray House
- MaineStay
- Morrison Place
- Ocean Street
- The Bridge

Environmental Scan

The following tables provide an overview of the community that The Opportunity Alliance (TOA) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Cumberland County
Population	324,697,795	1,335,492	292,307
Median Age	38.1	44.7	42.2
Below Poverty	13.4%	11.8%	7.6%
Median Household Income	$62,843	$57,918	$73,072
Age 65+	15.6%	20.0%	17.8%
Age 17 or Younger	22.6%	18.9%	18.8%
Unemployment (July 2021)	5.4%	5.0%	8.8%
Households with Disability	12.6%	16.0%	11.4%
Single Parent Household	14.0%	21.0%	20.0%
Speak English less than "very well"	8.4%	1.5%	2.5%
Housing Units - Mobile Homes %	6.2%	9.5%	6.4%
No Vehicle	8.6%	7.1%	7.1%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Cumberland County
Under 5 Years	6.1%	4.8%	4.8%
5 to 9 Years	6.2%	5.2%	5.4%
10 to 19	12.9%	11.3%	11.2%
20 to 34	20.7%	17.5%	19.7%
35 to 54	25.6%	25.3%	26.4%
55 to 64	12.9%	15.7%	14.7%
65+	15.6%	20.0%	17.8%
Race and Ethnicity			
White alone, Not Hispanic or Latino	60.7%	98.3%	94.1%
Hispanic or Latino	18.0%	1.7%	2.1%
Black or African American	12.7%	2.0%	3.8%
American Indian or Alaska Native	0.8%	1.7%	1.0%
Asian	5.5%	1.7%	3.1%
Other	5.5%	0.4%	0.6%
Foreign Born Population	13.3%	3.6%	6.1%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Cumberland County
Median Household (HH) Income	$62,843	$57,918	$73,072
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	9.0%
Under 5 years	20.3%	17.0%	9.0%
5 to 17 years	17.9%	14.4%	10.1%
18 to 34 years	16.3%	16.0%	12.1%
35 to 64 years	10.5%	9.9%	7.7%
65 years and over	9.3%	8.7%	7.8%
Below 50% of FPL	5.5%	4.0%	2.8%
Below 125% of FPL	16.3%	14.6%	9.9%
Below 150% of FPL	20.3%	18.6%	13.2%
Below 185% of FPL	26.3%	24.8%	16.4%
Below 200% of FPL	28.9%	27.7%	19.6%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Cumberland County
Total Households	120,756,048	559,921	120,644
Homeownership Percentage	64.0%	72.3%	69.3%
Single Parent Household[1]	14.0%	21.0%	26.3%
Living Alone	13.3%	15.1%	15.2%
Grandparents Responsible for Grandchildren	34.1%	34.1%	28.6%
Veteran Status	7.3%	9.6%	7.2%
Educational Attainment			
Less than 9th grade	5.1%	2.6%	1.7%
9th to 12th grade, no diploma	6.9%	4.8%	3.1%
High school graduate/ GED	27.0%	31.5%	95.1%
Some college, no degree	20.4%	19.3%	16.7%
Associate degree	8.5%	10.1%	8.7%
Bachelor's degree	19.8%	20.0%	47.6%
Graduate degree	12.4%	11.8%	18.4%
HS Graduation rate (202)	88.0%	87.4%	89.5%
No Health Insurance	8.8%	7.9%	5.8%
Receiving SNAP Benefits	11.7%	13.5%	8.2%
Food Insecurity – All Ages	10.9%	12.1%	13.6%
Median Mortgage (2019)	$1,595	$1,398	$1,740
Median Rent	$1,062	$853	$1,131
Housing Cost Burdened[2]	32.88%	29.75%	31.32%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	26.2%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Cumberland County
Poor Mental Health Days	3.8	5.0	4.9
Poor Physical Health Days	3.4	4.2	4.2
Frequent Mental Health Distress	11.7%	12.7%	16%
Ratio of Primary Care Providers	880:1	900:1	600:1
Ratio of Mental Health Providers	170:1	200:1	140:1
Ratio of Dentists	1,210:1	1,480:1	960:1
Chronic Disease Prevalence (per 100,000)			
Adults with Heart Disease	26.81%	22.48%	20.21%
High Blood Pressure	57.20%	48.71%	46.40%
Adults with Asthma	4.97%	4.68%	4.98%
Diagnosed Diabetes	26.95%	22.55%	19.78%
Leading Causes of Death (deaths per 100,000)[3]			
Heart Disease	166.0	147.9	126.3
Cancer	155.5	169.2	154.6
Unintentional Injury	45.7	59.1	53.9
Diabetes	21.2	22.3	16.6
Alzheimer's	29.4	27.6	27.7
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	13
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	24.8
Maine Adults Past Month Binge Drinking	25.8%	17.9%	19.7%
Percent Adults Current Smokers	16.1%	22.6	16.7%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	14,153
COVID-19 Deaths (as of 9/12/21)	662K	897	203

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	14
Stakeholders Interviewed	22
Community Survey Respondents	371

Key Stakeholder Interview Quotes

A total of 22 stakeholders were interviewed from the TOA service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "Greater Portland is a great size with a lot to do. Very inclusive."
- "Collaborative relationships among providers that allow good work. Less competition."
- "Willingness to come together, collaborate, work with others in less challenging situations especially compared to other communities around the nation."
- "Digital divide – people who have access technology, or people who don't or don't know how to use it."
- "Integration of immigrants must be a two-way street. They have a lot to offer the community – start small businesses."
- "Portland has been advertised as a great place to live, more people are moving into the state, but now both residential and commercial real estate is expensive."
- "Homelessness challenge – Portland is one of a handful of service centers in the state, so a lot more [people experiencing] homelessness."
- "Affordable housing is expensive to create but rely on federal tax credits. People need to overcome stigma and NIMBY [not in my backyard]."
- "Childcare needs to be available for people on all shifts. Need childcare options especially in rural Maine."
- "Refugees can get their kids in English Language Learner or ESL and into early childhood education, but it depends on the level of the patent. Many kids don't read, and this impacts their future."
- "TOA is a good early care provider with Head Start. Good partner in addressing needs of family as a whole."
- "Pre K is available to every four year old and this is transformational for kids' life prospects."
- "2-11-1 is great when people know about it."
- "Mental health is increasing in need. The pandemic has been isolating and they're afraid to come into the health center."
- "Not enough mental health providers. Youth mental health supports are lacking."
- "Mental health is a big problem. Reimbursement structure is a huge issue – hard to recruit and retain qualified staff. High turnover rate which makes it hard to serve people and provide quality service."

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Affordable housing crisis • Childcare
Unique Strength or Challenge Mentioned	• Support for rural communities in not so rural counties. • In the Head Start classroom in Bridgton we had 15 children; 8 experienced chronic homelessness; 11 if you count housing instability last year.
Housing	• MaineHealth and COC are working on the coordination of entry system including listing name for people who are homeless. Need more Person-Centered approach. • Avesta and PHA – don't have a one point of applying – different application for each unit (hard esp. for dual language learners).
Mental Health	• Lack of mental health and SUD treatment hinders the ability of many people (experiencing homelessness) to maintain housing, employment, etc. Many choose living in a tent as that's their way of life.
Childcare	• Income cliff – the federal poverty level is so maladjusted to the income that you need to live. The "working poor" are ineligible for public housing subsidies or Head Start. The income is too high for programs could be $20 over.
Transportation	
Employment	• There is job opportunity training for (people with) minimal wage jobs, but not any scholarships or ways to pay for it if you're working a minimal wage job.
Basic Needs	• Stigma is still front and center. People think that the services offered by are "not for them." We saw more people during COVID-19. People don't know what they need until they need it. It's hard to ask for help.
Magic Wand Highlight	• Change the systems to move away from intervention to prevention care. • Become prevention than reactive (schools are the back of prevention network now.)
Noted Policy Area	• Fix the Income cliff – the federal poverty level is so maladjusted to the income that you need to live; the "working poor," are ineligible for public housing subsidies or Head Start; income is too high for programs. It could be $20 over. • In the City of Portland recent zoning changes have made it significantly more expensive to have new units online; pace of development is slowing dramatically and price per unit is going up.

Community Survey Results

Figure 6: Top Needs Identified in Community Survey

The Opportunity Alliance		
	Need	**Percent**
1	Increasing the number of mental health providers in rural communities	58.7%
2	Increasing the number of affordable apartments	58.7%
3	Developing more livable-wage jobs	56.9%
4	Making dental care more affordable	55.2%
5	Providing more flexible and affordable childcare options for working parent(s)	55.2%
6	Improving access to high-speed internet and technology	54.8%
7	Creating technical school, trade school, or other job training options	54.5%
8	Providing job growth opportunities	54.3%
9	Reducing stigma associated with mental health and substance misuse	53.6%
10	Reducing the amount of opioid misuse	53.4%
11	Creating more emergency shelter beds for people who are homeless	53.1%
12	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	52.9%
13	Expanding crisis services for mental health and substance use disorders	52.4%
14	Increasing the number of affordable childcare providers	52.4%
15	Developing rental and mortgage assistance programs	52.4%
16	Increasing the number of affordable houses for sale	52.0%
17	Increasing the number of landlords who accept housing vouchers	51.7%
18	Increasing the number of high quality licensed childcare providers	51.5%
19	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	51.3%
20	Creating more affordable public transportation options	50.8%
21	Increasing programs for major housing repairs (roofs, windows, etc.)	49.9%
22	Providing help with utility assistance (heating fuel, electricity, etc.)	49.7%
23	Increasing the number of substance use disorder providers and services	49.2%
24	Creating higher quality rental apartments and houses	49.0%
25	Providing more after-school programs for school-aged children	48.5%
26	Increasing the number of dentists who serve MaineCare patients	48.3%
27	Making public transportation available in rural communities	48.0%
28	Reducing building costs of new affordable housing units	48.0%
29	Reducing the amount of alcohol misuse	46.2%
30	Providing more senior housing options	46.2%
31	Increasing the number of childcare providers who offer age-appropriate education	45.9%
32	Reducing the amount of childhood obesity	45.5%
33	Increasing the number of detox facilities	45.2%
34	Adding better routes and time schedules to current public transportation system	44.8%
35	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	44.5%
36	Providing soft skills education (customer service, showing up on time, etc.)	44.5%
37	Providing more recreational opportunities for youth	44.3%
38	Reducing stigma associated with the housing voucher program	44.3%
39	Expanding food options for people with dietary restrictions or allergies at food banks	44.1%
40	Providing more transportation options to childcare services	44.1%
41	Reducing the amount of smoking and vaping	43.8%
42	Expanding open hours at food banks	43.6%
43	Providing help with weatherization	43.4%

44	Reducing the amount of adult obesity	42.9%
45	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	41.7%
46	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	40.8%
47	Providing help with the cost of vehicle repairs	40.1%
48	Increasing programs for minor housing repairs (paint, upgrades, etc.)	38.7%
49	Providing help with the cost of vehicle insurance and regular maintenance	35.7%

Figure 7: Top 5 Needs by Household Income - TOA

Need							
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Reducing the amount of opioid misuse	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Improving access to high-speed internet and technology	Increasing the number of mental health providers in rural communities	Creating more affordable public transportation options	Expanding crisis services for mental health and substance use disorders	Expanding crisis services for mental health and substance use disorders
2	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Making dental care more affordable	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Developing more livable-wage jobs	Increasing the number of high quality licensed childcare providers	Reducing stigma associated with mental health and substance misuse	Increasing the number of mental health providers in rural communities
3	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Reducing stigma associated with mental health and substance misuse	Reducing stigma associated with mental health and substance misuse	Providing job growth opportunities	Creating technical school, trade school, or other job training options	Providing more flexible and affordable childcare options for working parent(s)
4	Making dental care more affordable	Reducing the amount of alcohol misuse	Creating more affordable public transportation options	Providing job growth opportunities	Developing more livable-wage jobs	Increasing the number of affordable apartments	Increasing the number of high quality licensed childcare providers
5	Reducing stigma associated with mental health and substance misuse	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of mental health providers in rural communities	Increasing the number of high quality licensed childcare providers	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Reducing the amount of other drug misuse (heroin, cocaine, etc.)

Needs Prioritization

1	Housing	Locus of Control	Timeline
3	Creating more emergency shelter beds for people experiencing homelessness	**3**	**3**
7	Increasing the number of affordable housing units	**3**	**3**
10	Providing more senior housing options	**2**	**2**
15 **23** **30** **35**	Developing rental and mortgage assistance programs Providing additional utility assistance (heating fuel, electricity, etc.) Increasing programs for housing repairs Providing help with home weatherization	***1**	***1**

****While the agency could respond to the needs listed in this category, new contractual dollars or existing contracts would need to expand.*

2	Childcare	Locus of Control	Timeline
1 **2** **6**	Providing more flexible and affordable childcare options for working parent(s) Increasing the number of affordable childcare providers Increasing the number of high quality licensed childcare providers	**2**	**2**
22	Providing more after-school programs for school-aged children	**3**	**3**
13	Increasing the number of childcare providers who offer age-appropriate education	NA to nebulous	NA to nebulous

3	Substance Use Disorders and Mental Health	Locus of Control	Timeline
4	Increasing the number of mental health providers in rural communities	**3**	**3**
5	Reducing the amount of opioid and other drug (heroin, meth, cocaine, etc.) misuse	**1,2,3**	**3**
8 **16** **17**	Expanding crisis services for mental health and substance use disorders Increasing the number of detox facilities Increasing the number of substance use disorder providers and services	**1,2,3**	**3**
18	Reducing stigma associated with mental health and substance misuse	**3**	**3**

The categories with 1,2 and 3 is simply to indicate that meeting those deliverables could be done and might be done using all three. TOA will take every available opportunity to expand services and reduce the issues of SUDs and Mental Health concerns.

4	Dental Services	Locus of Control	Timeline
9	Increasing the number of dentists who serve MaineCare patients	**3**	**3**
19	Making dental care more affordable	**3**	**3**

It is important to note that TOA has expanded its dental services to our clients, using MainelyTeeth.

5	Transportation	Locus of Control	Timeline
11	Increasing public transportation	**3**	**3**
14	Making public transportation available in rural communities	**3**	**3**
24	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	**3**	**3**
25	Providing help with the cost of vehicle repairs	***1**	***1**

****While the agency could respond to the needs listed in this category, new contractual dollars or existing contracts would need to expand.***

The Senior Management team had a rich productive conversation about this prioritization of needs. What was alive in all our conversations that somehow is not represented in this data is the stark reality that many of our clients simply do not have the economic supports to care for themselves or their families. The issues presented are symptoms and not the "root cause" (poverty, lack of sustainable economic supports)

Locus of Control:
1= "We could do this ourselves"
2= "We could do it with collaborations:
3= "We could support, but others would need to be in the lead.

Timeline:
1= "Impact within Year 1"
2= "Impact within Year 2 or Year 3"
3= "Impact would be long-term, 3 + years"

Stakeholder Interview Participants

Name	Organization
Ann Tucker	Greater Portland Health
Kelly Butler	Catholic Charities
Liz Cotter Schlax	United Way of Greater Portland
Kurt Holmgren	East Point Church (South Portland)
Cheryl Session	Portland Housing Authority
Kelly Barton, Mary Jane Krebs, Dr. Linda Durst, Maria H., Lindsay Fitzgerald, John Porter	Maine Behavioral Healthcare
Megan Walton	Southern Maine on Aging
John Shoos	Sam L Cohen Foundation
Claudette Ndayininahaze	In Her Presence
Claude Rwaganje	Prosperity Maine
Eric Meyer, Benjamin Strick, and Amy Cohan	Spurwink
Kathryn Soucy	Portland Connection Ed
Tony Cipollone	John T Gorman Foundation
Matt Dubel	Portland Connection Ed
Jim Martin	Sweester

WALDO COMMUNITY ACTION PARTNERS

Agency Data Profile

Community Needs Assessment



Helping People. Changing Lives.
MeCAP
Maine Community Action Partnership

crescendo

Waldo Community Action Partners Profile

WALDO COMMUNITY ACTION PARTNERS

About Waldo Community Action Partners

Waldo Community Action Partners is a charitable, educational, 501(c)(3) private non-profit organization located in Belfast, Maine. It is designed to utilize and mobilize public and private resources to assist low-income Waldo County residents in the alleviation of poverty and address its underlying causes.

Our Vision

Waldo Community Action Partners was founded in 1965. Waldo Community Action Partners provides leadership and advocacy in the community to collaborate and develop programs and workgroups that address community problems and obstacles that prevent families from thriving. Elimination and alleviation of poverty in the areas of body, mind and spirit is our ultimate goal and service and advocacy are the primary tools.

Waldo Community Action Partners provides programs and services to support members of our community as they strive to lead meaningful and productive lives. We have strong commitments to Transportation Services, Housing Repair Services, Family Services such as Head Start/Child Nutrition, Energy Services, and Community Services carried out in partnership with other community groups.

We hold the following declarations as guidance for the work we do:

- Every member of our community desires self-sufficiency and has an innate capacity with appropriate supports
- Every member of the community has the right to be treated with dignity and respect
- Every member of the community, regardless of economic status, should have a voice in the way of the state and federal policies and programs are developed and operated.

Waldo Community Action Partners has committed to:

- Respectful and dignified treatment of clients
- Responsible governance
- Exemplary fiscal management
- Thoughtful and deliberate use of technology
- Excellence in customer service
- Community leadership and partnership
- Effective advocacy for the vulnerable and needy populations
- Integrity in all actions

Overall, WCAP is dedicated to and strives to provide win-win solutions for clients, staff, volunteers and the entire community with a “no wrong door” policy in order to find viable options so that no person goes unserved.

Purpose and Mission

In order to reduce poverty in its community, a Community Action Agency works to better focus available local, state, private, and federal resources to assist low-income individuals and families to acquire useful skills and knowledge, gain access to new opportunities, and achieve economic self-sufficiency.

The mission of WCAP is “Building strong families and communities by empowering people to achieve economic independence and self-reliance”.

Services Offered by WCAP

WCAP offers a full array of services including but not limited to:

- Public Transportation and non-emergency Transportation
- Energy Assistance including emergency heating assistance
- Early Childhood Programing including Head Start, Early Head Start and Pre-K
- Housing Services including Rental Assistance, weatherization, CHIP, AST, and Home Repair
- Community Services including, Food Assistance Programs, Case Management, Emergency Assistance, and Healthcare Navigation.
- Community Partnerships programs, Holiday food boxes, Holiday gifts for children, the Cinderella Project of Maine.

Environmental Scan

The following tables provide an overview of the community that Waldo Community Action Partners (WCAP) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

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35 to 54	25.6%	25.3%	24.8%
55 to 64	12.9%	15.7%	16.6%
65+	15.6%	20.0%	21.7%
Race and Ethnicity			
White alone, Not Hispanic or Latino	60.7%	98.3%	97.9%
Hispanic or Latino	18.0%	1.7%	1.5%
Black or African American	12.7%	2.0%	1.2%
American Indian or Alaska Native	0.8%	1.7%	1.3%
Asian	5.5%	1.7%	0.9%
Other	5.5%	0.4%	0.6%
Foreign Born Population	13.3%	3.6%	2.2%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Waldo County
Median Household (HH) Income	$62,843	$57,918	$51,931
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	13.5%
Under 5 years	20.3%	17.0%	24.8%
5 to 17 years	17.9%	14.4%	15.7%
18 to 34 years	16.3%	16.0%	19.4%
35 to 64 years	10.5%	9.9%	12.4%
65 years and over	9.3%	8.7%	7.2%
Below 50% of FPL	5.5%	4.0%	ND
Below 125% of FPL	16.3%	14.6%	ND
Below 150% of FPL	20.3%	18.6%	ND
Below 185% of FPL	26.3%	24.8%	ND
Below 200% of FPL	28.9%	27.7%	ND

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Waldo County
Total Households	120,756,048	559,921	17,236
Homeownership Percentage	64.0%	72.3%	79.2%
Single Parent Household[1]	14.0%	21.0%	23.0%
Living Alone	13.3%	15.1%	14.2%
Grandparents Responsible for Grandchildren	34.1%	34.1%	21.4%
Veteran Status	7.3%	9.6%	10.3%
Educational Attainment			
Less than 9th grade	5.1%	2.6%	2.4%
9th to 12th grade, no diploma	6.9%	4.8%	5.4%
High school graduate/ GED	27.0%	31.5%	32.2%
Some college, no degree	20.4%	19.3%	20.1%
Associate degree	8.5%	10.1%	8.5%
Bachelor's degree	19.8%	20.0%	20.1%
Graduate degree	12.4%	11.8%	11.3%
HS Graduation rate (202)	88.0%	87.4%	85.1%
No Health Insurance	8.8%	7.9%	11.1%
Receiving SNAP Benefits	11.7%	13.5%	14.1%
Food Insecurity – All Ages	10.9%	12.1%	19.5%
Median Mortgage (2019)	$1,595	$1,398	$1,207
Median Rent	$1,062	$853	$814
Housing Cost Burdened[2]	32.88%	29.75%	26.77%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	49.1%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Waldo County
Poor Mental Health Days	3.8	5.0	4.8
Poor Physical Health Days	3.4	4.2	4.1
Frequent Mental Health Distress	11.7%	12.7%	15%
Ratio of Primary Care Providers	880:1	900:1	1,370:1
Ratio of Mental Health Providers	170:1	200:1	380:1
Ratio of Dentists	1,210:1	1,480:1	2,840:1
Chronic Disease Prevalence (per 100,000)			
Adults with Heart Disease	26.81%	22.48%	24.91%
High Blood Pressure	57.20%	48.71%	46.74%
Adults with Asthma	4.97%	4.68%	4.82%
Diagnosed Diabetes	26.95%	22.55%	22.20%
Leading Causes of Death (deaths per 100,000)[3]			
Heart Disease	166.0	147.9	167.2
Cancer	155.5	169.2	163.4
Unintentional Injury	45.7	59.1	58.4
Diabetes	21.2	22.3	20.2
Alzheimer's	29.4	27.6	22.0
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	22
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	29.8
Maine Adults Past Month Binge Drinking	25.8%	17.9%	15.5%
Percent Adults Current Smokers	16.1%	22.6%	28.3%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	1,293
COVID-19 Deaths (as of 7/5/21)	662K	897	24

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	18
Stakeholders Interviewed	8
Community Survey Respondents	227

Key Stakeholder Interview Quotes

A total of eight stakeholders were interviewed from the WCAP service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "It's a beautiful location providing access to nature."
- "Willingness to get together with different groups and share perspective. There's a willingness to develop relationships with other entities to make sure clients have access to all services."
- "It's hard to find a job [that pays] $15-$18 an hour with benefits that provides a meaningful life occupation. I wish there were more upper level jobs with people with master degrees and more."
- "Hard to get employees to show up. Some young kids lack soft skills."
- "There is public transportation with WCAP and MMCA, but there's not equity with covering the whole county. There's not much coverage in the rural areas."
- "Primarily need to have your own or know someone with a vehicle."
- "Right now, people coming to Maine from our-of-state buying houses very quickly. Mainers can't compete with out-of-state interest and money. Locals are having a hard time finding affordable houses."
- "It's impossible to find rentals and it's extremely high."
- "It's so vastly different depending on the area. Unity is very different than Belfast and very rural areas. Belfast is a little bit more maintainable, but in small town then need to leave it. We have a lot of people leave the county due to not finding housing."
- "There's no homeless shelter in Waldo County."
- "Couchsurfing is huge. We don't have a homeless shelter in Waldo. Lots of families have to leave the community and their family supports may be here."
- "Not a lot of affordable childcare for one income families or 'on the cusp' families who aren't eligible for services."
- "The people that are seeking and actively receiving services will help spread the word."
- "We have one dental provider that accepts MaineCare for kids."
- "There's a real need for medication management. Very few prescribing providers and long wait lists."
- "Mental health will always be an issue. There's a stigma around menta health. There's not a lot of knowledge on how the mental health referral process works."
- "Social isolation in the more rural areas have intensified. There's a lack of broadband in certain areas."

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Internet access • Affordable housing
Unique Strength or Challenge Mentioned	• The back to the land movement, the self-reliance of people here. • There's a great sense of community in Waldo county, it's a great place to raise a family. • There's Belfast and then the rest of Waldo County, which is very rural.
Housing	• As a landlord it's easy to rent. And I would love to buy/build more, but that industry is out of control. I own one property, I posted it for rent, and I had 200 applications, people offering to pay the entire rent up front. • I feel I've experienced housing discrimination when people find out I am a single parent family. I know others who have as well.
Mental Health	• SUD treatment providers are not readily available. Someone I know has tried 3 times to get a rehab bed and been turned away; people who are ready can't get the help they want and need; there are some AA/NA/support groups, but no or very limited services; have to leave the county for MAT services.
Childcare	• Childcare is not affordable, and unfortunately for the childcare provider it's not an affordable lifestyle. Semi-skilled employees don't make enough to afford the services themselves. • And when we're able to provide 0-3 help, then what happens before they are school aged? There's nothing for that gap after the age of 3.
Transportation	• When it comes to low income people, the wages do not support the cost of owning, maintaining, and insuring a vehicle. They are a breakdown away from financial disaster. • In areas where public transit is common or good, there is great investment via taxation, etc. We simply do not have the support for that, so it falls to us, a CAP agency to figure out how to finance the cost.
Employment	• All businesses (manufacturing, retail, clerical, services) are desperate for workers. There are Waldo Counties – the rural interior with farming, and unskilled jobs and the coastal with sea building, hospital, nursing home, skilled work jobs. It's made it hard for people in interior Waldo County to stay in the area and we're losing the young working population.
Basic Needs	• Food insecurity • Utility and heating assistance
Magic Wand Highlight	• I think we are absolutely in a housing emergency – we have to change some zoning issues

	which people are not going to like.
Noted Policy Area	• Infrastructure: connect rural Waldo to the major cities (highways) and reliable internet

Community Survey Results

Figure 6: Top Needs Identified in the Community Survey

Waldo Community Action Partners		
	Need	**Percent**
1	Providing more flexible and affordable childcare options for working parent(s)	68.7%
2	Increasing the number of affordable apartments	66.8%
3	Improving access to high-speed internet and technology	65.3%
4	Developing more livable-wage jobs	65.3%
5	Increasing the number of mental health providers in rural communities	64.5%
6	Making dental care more affordable	61.8%
7	Expanding crisis services for mental health and substance use disorders	60.7%
8	Increasing the number of affordable childcare providers	60.7%
9	Reducing the amount of opioid misuse	60.3%
10	Increasing the number of affordable houses for sale	58.8%
11	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	58.4%
12	Making public transportation available in rural communities	56.9%
13	Increasing programs for major housing repairs (roofs, windows, etc.)	56.9%
14	Increasing the number of dentists who serve MaineCare patients	56.5%
15	Creating technical school, trade school, or other job training options	56.1%
16	Developing rental and mortgage assistance programs	56.1%
17	Increasing the number of substance use disorder providers and services	55.3%
18	Increasing the number of childcare providers who offer age-appropriate education	55.3%
19	Increasing the number of high quality licensed childcare providers	54.2%
20	Creating more emergency shelter beds for people who are homeless	54.2%
21	Reducing the amount of childhood obesity	53.4%
22	Providing job growth opportunities	53.1%
23	Creating higher quality rental apartments and houses	52.3%
24	Providing more senior housing options	51.9%
25	Reducing stigma associated with mental health and substance misuse	51.5%
26	Providing more after-school programs for school-aged children	51.5%
27	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	51.1%
28	Reducing stigma associated with the housing voucher program	51.1%
29	Creating more affordable public transportation options	49.2%
30	Reducing building costs of new affordable housing units	48.9%
31	Reducing the amount of smoking and vaping	48.5%
32	Providing more recreational opportunities for youth	48.5%
33	Providing help with weatherization	48.5%
34	Increasing the number of detox facilities	46.9%
35	Reducing the amount of alcohol misuse	46.6%
36	Providing more transportation options to childcare services	45.8%
37	Providing soft skills education (customer service, showing up on time, etc.)	45.4%
38	Increasing the number of landlords who accept housing vouchers	45.4%
39	Reducing the amount of adult obesity	45.0%
40	Providing help with utility assistance (heating fuel, electricity, etc.)	43.5%
41	Adding better routes and time schedules to current public transportation system	42.4%
42	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	41.2%

43	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	39.7%
44	Increasing programs for minor housing repairs (paint, upgrades, etc.)	39.7%
45	Providing help with the cost of vehicle repairs	37.8%
46	Expanding food options for people with dietary restrictions or allergies at food banks	37.0%
47	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	36.6%
48	Providing help with the cost of vehicle insurance and regular maintenance	33.2%
49	Expanding open hours at food banks	32.4%

Figure 7: Top 5 Needs by Household Income - WCAP

	Need						
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Increasing the number of mental health providers in rural communities	Making dental care more affordable	Expanding crisis services for mental health and substance use disorders	Providing more flexible and affordable childcare options for working parent(s)	Developing more livable-wage jobs	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of mental health providers in rural communities
2	Increasing the number of dentists who serve MaineCare patients	Providing more recreational opportunities for youth	Providing more flexible and affordable childcare options for working parent(s)	Improving access to high-speed internet and technology	Making public transportation available in rural communities	Creating technical school, trade school, or other job training options	Developing more livable-wage jobs
3	Making dental care more affordable	Providing more after-school programs for school-aged children	Reducing the amount of opioid misuse	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of dentists who serve MaineCare patients	Expanding crisis services for mental health and substance use disorders	Reducing stigma associated with mental health and substance misuse
4	Developing more livable-wage jobs	Providing more flexible and affordable childcare options for working parent(s)	Making dental care more affordable	Reducing the amount of opioid misuse	Providing more flexible and affordable childcare options for working parent(s)	Expanding food options for people with dietary restrictions or allergies at food banks	Increasing the number of substance use disorder providers and services
5	Improving access to high-speed internet and technology	Developing rental and mortgage assistance programs	Improving access to high-speed internet and technology	Increasing the number of mental health providers in rural communities	Reducing the amount of opioid misuse	Providing more senior housing options	Providing soft skills education (customer service, showing up on time, etc.)

Needs Prioritization

Survey Rank	Need	Survey Score	Locus of Control	Timeline
3	**Childcare** Providing more flexible and affordable childcare options for working parent(s) Model: Partnership/Agency Time frame: 1-3 years	6.8	Partnership / Agency	1-3 years
2	**Housing** Increasing the number of affordable housing units Model: Partnership/Community Time frame: 3-5 years	6.8	Partnership / Community	3-5 years
4	**Labor / Workforce** Developing more livable-wage jobs Model: Agency separately /partnerships/Community Time frame: 1-3 years	6.6	Agency / Partnership / Community	1-3 years (A) 3-5 years
14	**Culture / Capacity building** Increasing community awareness of Community Action Agencies and the services they provide Model: Agency / Partnerships Time frame: 1-3 years	6.2	Agency / Partnership	1-3 years

Stakeholder Interview Participants

Name	Organization
Denise Pendleton	Belfast Adult Education
Ralee Heath	Calvary Church
Melanie Bryan	Maine Families
Ralph Harvey	Searsport Food Pantry
Carrie Horne	Sweester
Kevin Michaud	Waldo County Technical Center
Sumner Bayer	Mid-Coast Maine Community Action
Sheila Muldoon	Workforce Solutions



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Agency Data Profile

Community Needs Assessment

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Maine Community Action Partnership

crescendo

Western Maine Community Action Profile

About Western Maine Community Action

Established in 1965, Western Maine Community Action (WMCA) is a social service agency that has been providing assistance to low- and mid-income families living in the western mountain region of Maine for over 50 years. WMCA is funded with private, local, state and federal money.

Our Mission

It is Western Maine Community Action's mission to advocate for, strengthen, and coordinate all resources – private, local, state, and federal – that will assist us in promoting the self-sufficiency of people.

A belief in basic human dignity and the exercise of free choice motivates the agency to approach this goal in two ways: by providing services to alleviate the conditions of economic uncertainty and by advocating for changes to eliminate the causes of poverty.

Services Offered by WMCA

- **Nutrition Services** – Women Infants & Children (WIC), Adult and Childcare Food Program
- **Community Services** – LIHEAP (Fuel Assistance), Emergency Fuel, Senior Food Program
- **Family & Health Services** – Whole Families Coaching, Homelessness, Rapid Rehousing, Health Navigator
- **Housing Services** – Weatherization, Central Heating, Home Repair, Emergency Rental Assistance

Environmental Scan

The following tables provide an overview of the community that Western Maine Community Action (WMCA) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	Franklin County	Androscoggin County	Oxford County
Population	324,697,795	1,335,492	29,982	107,602	57,550
Median Age	38.1	44.7	46.3	40.1	47.0
Below Poverty	13.4%	11.8%	11.5%	11.8%	15.1%
Median Household Income	$62,843	$57,918	$51,422	$53,509	$49,204
Age 65+	15.6%	20.0%	21.5%	17.3%	21.3%
Age 17 or Younger	22.6%	18.9%	18.1%	21.8%	18.7%
Unemployment (July 2021)	5.4%	5.0%	5.7%	5.8%	5.9%
Households with Disability	12.6%	16.0%	15.5%	15.9%	18.5%
Single Parent Household	14.0%	21%	18%	21%	19%
Speak English less than "very well"	8.4%	1.5%	0.3%	2.3%	0.5%
Housing Units - Mobile Homes %	6.2%	9.5%	18.6%	16.1%	23.9%
No Vehicle	8.6%	7.1%	5.7%	9.0%	5.8%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings

Figure 2: Age and Demographics

Measure	United States	Maine	Franklin County	Androscoggin County	Oxford County
Under 5 Years	6.1%	4.8%	4.7%	5.9%	4.4%
5 to 9 Years	6.2%	5.2%	4.8%	6.2%	5.1%
10 to 19	12.9%	11.3%	12.0%	12.4%	11.3%
20 to 34	20.7%	17.5%	17.6%	18.2%	15.0%
35 to 54	25.6%	25.3%	22.9%	25.8%	25.4%
55 to 64	12.9%	15.7%	16.8%	14.2%	17.6%
65+	15.6%	20.0%	21.5%	17.3%	21.3%
Race and Ethnicity					
White alone, Not Hispanic or Latino	60.7%	98.3%	98.7%	96.2%	98.7%
Hispanic or Latino	18.0%	1.7%	1.3%	1.9%	1.4%
Black or African American	12.7%	2.0%	0.8%	3.4%	1.5%
American Indian or Alaska Native	0.8%	1.7%	1.4%	3.9%	2.2%
Asian	5.5%	1.7%	0.8%	1.4%	1.5%
Other	5.5%	0.4%	0.4%	0.5%	0.2%
Foreign Born Population	13.3%	3.6%	1.5%	3.5%	1.5%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	Franklin County	Androscoggin County	Oxford County
Median Household (HH) Income	$62,843	$57,918	$51,422	$53,509	$49,204
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	11.5%	11.8%	15.1%
Under 5 years	20.3%	17.0%	21.2%	18.5%	30.3%
5 to 17 years	17.9%	14.4%	11.9%	13.8%	24.1%
18 to 34 years	16.3%	16.0%	14.2%	15.9%	20.8%
35 to 64 years	10.5%	9.9%	9.9%	9.8%	12.1%
65 years and over	9.3%	8.7%	10.0%	7.4%	7.8%
Below 50% of FPL	5.5%	4.0%	ND	3.7%	ND
Below 125% of FPL	16.3%	14.6%	ND	13.0%	ND
Below 150% of FPL	20.3%	18.6%	ND	17.5%	ND
Below 185% of FPL	26.3%	24.8%	ND	25.5%	ND
Below 200% of FPL	28.9%	27.7%	ND	28.5%	ND

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	Franklin County	Androscoggin County	Oxford County
Total Households	120,756,048	559,921	11,848	45,630	21,338
Homeownership Percentage	64.0%	72.3%	79.4%	64.3%	80.8%
Single Parent Household[1]	14.0%	21.0%	24.4%	23.9%	22.9%
Living Alone	13.3%	15.1%	14.3%	16.2%	12.4%
Grandparents Responsible for Grandchildren	34.1%	34.1%	22.1%	29.0%	31.2%
Veteran Status	7.3%	9.6%	11.2%	10.1%	10.2%
Educational Attainment					
Less than 9th grade	5.1%	2.6%	1.5%	3.9%	2.2%
9th to 12th grade, no diploma	6.9%	4.8%	5.9%	5.9%	5.9%
High school graduate/ GED	27.0%	31.5%	38.0%	35.5%	42.0%
Some college, no degree	20.4%	19.3%	19.2%	20.5%	19.4%
Associate degree	8.5%	10.1%	10.6%	11.5%	11.3%
Bachelor's degree	19.8%	20.0%	15.6%	15.2%	12.7%
Graduate degree	12.4%	11.8%	9.2%	7.6%	6.5%
HS Graduation rate (2020)	88.0%	87.4%	86.3%	80.1%	85.0%
No Health Insurance	8.8%	7.9%	10.0%	8.0%	8.8%
Receiving SNAP Benefits	11.7%	13.5%	13.2%	16.8%	16.3%
Food Insecurity – All Ages	10.9%	12.1%	18.4%	18.5%	22.9%
Median Mortgage (2019)	$1,595	$1,398	$1,071	$1,350	$1,146
Median Rent	$1,062	$853	$635	$771	$713
Housing Cost Burdened[2]	32.88%	29.75%	23.42%	30.44%	30.10%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	38.1%	59.8%	52.8%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings.

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	Franklin County	Androscoggin County	Oxford County
Poor Mental Health Days	3.8	5.0	4.6	4.9	4.8
Poor Physical Health Days	3.4	4.2	4.0	4.2	4.5
Frequent Mental Health Distress	11.7%	12.7%	15%	16%	16%
Ratio of Primary Care Providers	880:1	900:1	930:1	1,150:1	1,650:1
Ratio of Mental Health Providers	170:1	200:1	340:1	200:1	390:1
Ratio of Dentists	1,210:1	1,480:1	2,750:1	1,800:1	2,760:1
Chronic Disease Prevalence (per 100,000)					
Adults with Heart Disease	26.81%	22.48%	20.83%	21.15%	22.48%
High Blood Pressure	57.20%	48.71%	47.37%	44.67%	48.86%
Adults with Asthma	4.97%	4.68%	4.52%	3.75%	4.19%
Diagnosed Diabetes	26.95%	22.55%	23.53%	21.91%	21.98%
Leading Causes of Death (deaths per 100,000)[3]					
Heart Disease	166.0	147.9	151.5	165.0	138.9
Cancer	155.5	169.2	180.6	179.0	183.2
Unintentional Injury	45.7	59.1	56.0	56.4	54.6
Diabetes	21.2	22.3	33.5	24.5	34.8
Alzheimer's	29.4	27.6	24.0	53.2	26.8
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	20	17	19
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	30.3	33.5	30.4
Maine Adults Past Month Binge Drinking	25.8%	17.9%	17.2%	17%	14.8%
Percent Adults Current Smokers	16.1%	22.6	18.1%	17.0%	30.8%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	1,220	6,281	2,829
COVID-19 Deaths (as of 9/12/21)	662K	897	17	89	71

Source: County Health Rankings & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	10
Stakeholders Interviewed	14
Community Survey Respondents	253

Key Stakeholder Interview Quotes

A total of 14 stakeholders were interviewed from the WMCA service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "I think the first thing that comes to mind for me is the outpouring of assistance from the food banks."
- "Transportation is a big issue in the area."
- "The population is ageing so there is more demand for services."
- "One [paper] mill is struggling. There was a time when high school graduates could make $70,000 a year. Without those jobs, there are not many options. There are not enough jobs to earn a living wage."
- "Kids leave. Few comes back. The wage base has never been strong. We don't have the excitement of Portland."
- "We have Western Maine Transportation. It's a good service but the county commissioners cut the budget. They had to raise money privately."
- "Maine has one of the oldest housing stock in the country."
- "It's especially hard to find childcare for shift workers."
- "When I talk to our childcare provider, it's hard to attract people to the profession."
- "There are no psych beds in Franklin County."
- "There's not recognition that mental health can help. People are taught to suck it up and not bother people."
- "There's a lot of generational poverty in the area."

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Access to Mental Health Care; shortage of mental health professionals • Safe, lead-free, affordable housing • Workforce development, especially for new Mainers
Unique Strength or Challenge Mentioned	• Having a low barrier shelter is huge. Many people have mental health issues and can't go other places. When you come back drunk or high then they didn't kick them out.
Housing	• People are getting the vouchers but no housing for them to go.
Mental Health	• L/A, North Jay, and Farmington all have SUD challenges. • Addiction is hard to treat. Its time sensitive treatment and it's hard to find anyone who make a diagnosis and treat patients immediately. ED docs can diagnose general symptoms, but then let patient go. If the patient would have showed up drunk, she would have gotten help, but the docs/providers hands are tied.
Childcare	• In the Wilton area 3 childcares opened in last year so it's been a tremendous help to get people back to work. Plenty in the area. • Androscoggin: shortage of childcare, plus transportation is tough. • Lewiston: there are enough childcare centers but not affordable. YMCA had childcare on site and good for nurses who worked 12 hours, but it recently closed, and it's been a huge blow to area hospital's workforce. Good quality childcare exists. People who can't afford school setting, they put their kids in group home care which is more babysitting.
Transportation	• Outside L/A there is the Western Maine Transportation, but it is hard to find a bus that meets everyone's needs. No taxi service or its very expensive. • The bus is not convenient, can take all day to get to an appointment and back.
Employment	• Before COVID, most businesses were grocery stores or pizza places, and it's the same now. Big changes haven't happened and not sure they will since it's so expensive to bring businesses into Western Maine. It's hard to get supplies from the highway. • Anyone who has ambition or desire for education, a healthier and wealthier life, they all leave. Direct care workers can't afford to work in their jobs, and this will be bad as population ages – we need to create a different system.
Basic Needs	• In some parts of Franklin County, the elderly need to choose between car registration or medications. Insurance and problems w/insurance are tough.
Magic Wand Highlight	• Open access to healthcare - people in crisis should get the care they need.
Noted Policy Area	• Allow every employee in social services to have 10 hours a month to learn about other services available – a true No Wrong Door approach for the community.

Community Survey Results

Western Maine Community Action		
	Need	Percent
1	Making dental care more affordable	58.8%
2	Creating more emergency shelter beds for people who are homeless	57.0%
3	Expanding crisis services for mental health and substance use disorders	56.3%
4	Providing more flexible and affordable childcare options for working parent(s)	55.3%
5	Increasing programs for major housing repairs (roofs, windows, etc.)	55.3%
6	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	54.6%
7	Reducing the amount of opioid misuse	54.6%
8	Increasing the number of mental health providers in rural communities	54.6%
9	Increasing the number of affordable houses for sale	54.6%
10	Increasing the number of affordable apartments	53.5%
11	Reducing the amount of childhood obesity	53.2%
12	Reducing stigma associated with mental health and substance misuse	52.8%
13	Improving access to high-speed internet and technology	52.1%
14	Developing more livable-wage jobs	51.8%
15	Providing help with the cost of vehicle repairs	51.1%
16	Increasing the number of affordable childcare providers	50.7%
17	Increasing the number of dentists who serve MaineCare patients	50.4%
18	Increasing the number of landlords who accept housing vouchers	50.4%
19	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	50.0%
20	Expanding open hours at food banks	49.6%
21	Providing more senior housing options	49.6%
22	Providing job growth opportunities	49.3%
23	Making public transportation available in rural communities	49.3%
24	Providing help with utility assistance (heating fuel, electricity, etc.)	49.3%
25	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	48.9%
26	Creating higher quality rental apartments and houses	48.6%
27	Creating technical school, trade school, or other job training options	48.2%
28	Increasing programs for minor housing repairs (paint, upgrades, etc.)	48.2%
29	Developing rental and mortgage assistance programs	48.2%
30	Providing more recreational opportunities for youth	47.9%
31	Creating more affordable public transportation options	47.9%
32	Increasing the number of substance use disorder providers and services	47.2%
33	Providing more after-school programs for school-aged children	47.2%
34	Providing help with weatherization	47.2%
35	Reducing building costs of new affordable housing units	46.8%
36	Increasing the number of detox facilities	45.4%
37	Increasing the number of childcare providers who offer age-appropriate education	45.4%
38	Adding better routes and time schedules to current public transportation system	45.4%
39	Reducing the amount of smoking and vaping	45.1%
40	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	44.7%
41	Providing soft skills education (customer service, showing up on time, etc.)	44.0%
42	Providing help with the cost of vehicle insurance and regular maintenance	44.0%

43	Reducing the amount of alcohol misuse	43.7%
44	Reducing the amount of adult obesity	43.0%
45	Reducing stigma associated with the housing voucher program	42.3%
46	Increasing the number of high quality licensed childcare providers	41.5%
47	Expanding food options for people with dietary restrictions or allergies at food banks	40.8%
48	Providing more transportation options to childcare services	39.4%
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	36.3%

Figure 6: Top 5 Needs by Household Income - WMCA

	Need						
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Making dental care more affordable	Reducing the amount of opioid misuse	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Providing more flexible and affordable childcare options for working parent(s)	Expanding crisis services for mental health and substance use disorders	Expanding crisis services for mental health and substance use disorders	Expanding crisis services for mental health and substance use disorders
2	Increasing the number of dentists who serve MaineCare patients	Making dental care more affordable	Creating more emergency shelter beds for people who are homeless	Creating more emergency shelter beds for people who are homeless	Making public transportation available in rural communities	Improving access to high-speed internet and technology	Increasing the number of detox facilities
3	Providing help with utility assistance (heating fuel, electricity, etc.)	Providing more flexible and affordable childcare options for working parent(s)	Expanding crisis services for mental health and substance use disorders	Expanding open hours at food banks	Reducing stigma associated with mental health and substance misuse	Increasing the number of substance use disorder providers and services	Reducing the amount of childhood obesity
4	Increasing the number of landlords who accept housing vouchers	Increasing programs for major housing repairs (roofs, windows, etc.)	Reducing stigma associated with mental health and substance misuse	Improving access to high-speed internet and technology	Reducing the amount of opioid misuse	Increasing the number of childcare providers who offer age-appropriate education	Reducing the amount of smoking and vaping
5	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders	Increasing programs for major housing repairs (roofs, windows, etc.)	Increasing the number of dentists who serve MaineCare patients	Reducing the amount of childhood obesity	Providing help with the cost of vehicle repairs	Making dental care more affordable

Needs Prioritization

Survey Rank	Need
1	Increasing the number of affordable childcare providers
2	Increasing the number of affordable housing units
8	Creating more emergency shelter beds for people experiencing homelessness
12	Making public transportation available in rural communities

Stakeholder Interview Participants

Name	Organization
April Kerr	Consumer Council System of Maine
Jan Collins	Consumer Council System of Maine
Betsy Sawyer-Manter	Seniors Plus
Jeff Kerr	Consumers Council System of Maine
Susan Crane	Farmington Area Ecumenical Ministry
Renee Whitley	Franklin County Children's Task Force
Sabrina LoPizzo	Healthy Community Coalition
Rhonda Palmer	Jay General Assistance
Janet Smith	New Ventures Maine
Betsy Norcross Plourde	Promise Early Education Center
Nancy Allen	RSU 9 Adult Ed
Scott Landry	Representative District 113
Catherine Ryder	Tri-County Mental Health
Lisa Laflin	United Way TVA

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Agency Data Profile

Community Needs Assessment



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York County Community Action Corporation Profile

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About York County Community Action Corporation

York County Community Action Corporation (YCCAC) was incorporated in 1965 in response to the Economic Opportunity Act of 1964. Since then, York County communities have counted on YCCAC to provide opportunity and hope to people from all circumstances, particularly in times of transition or adversity.

Over time, we have added to our services to meet the changing demands in our communities, but our approach remains the same: We are driven by the belief that when our communities are strong, all of its members have opportunities to thrive— and, in turn, that when an individual achieves personal success and independence, our communities grow healthier, stronger, and more vibrant.

Services Offered by YCCAC

York County Community Action Corporation offers a variety of programs and services designed to address poverty through a two-pronged approach that, first, stabilizes a household in crises and then supports households' progress toward long-term health and economic well-being. Our work is built around providing economic opportunities through the provision of comprehensive health care, education, nutrition, and community engagement. We believe each and every individual who walks through our doors holds within him or herself the potential to achieve self-defined goals, and that we are here to provide the tools and resources to break down barriers along the way.

In response to COVID-19, YCCAC has expanded its offerings across all departments in partnership with multiple State and federal agencies; new programs and services include, but are not limited to, Contact Tracing social service support, COVID testing and vaccinations (in partnership with the Maine CDC), and the multi-million-dollar Rental Relief program in partnership with MaineHousing.

Every year, YCCAC engages with partner organizations to broaden our reach, integrate our services to better address community needs. We continue to pursue new ways of working—especially in the midst of the pandemic—to enhance our capacity to be a nimble, mission-oriented and data-driven agent of change working to improve the well-being of all York County residents.

Children's Services Department

York County Community Action's Children's Services department consists of the Head Start and Early Head Start programs. Together, the programs provide a comprehensive birth-to-five continuum of care that supports children's health, nutrition, social-emotional development, and school-readiness.

Head Start

Head Start's unique approach is based on the understanding that parents are their children's first and most important teachers, and that children's capacity to thrive is largely dependent on the safety and security of their environments. In addition to their work in the classroom, Head Start teachers, family advocates, and other supportive staff work with the whole family to ensure the household's basic needs are being met, and to offer tools to parents to engage with their children and promote school-readiness at home.

The program is designed to target children and families in greatest need, including families who are homeless, children in foster care and children who have one or more diagnosed disability. Approximately 90 percent of families enrolled last year subsisted on income of less than 100 percent of the Federal Poverty Level (FPL).

Early Head Start

Early Head Start serves children from birth to age three, as well as pregnant mothers. Like Head Start, EHS prioritizes children and families by level of need. In addition to center-based programs in Biddeford, Saco and Sanford, Early Head Start offers a Home-based option.

Economic Opportunity Department

The Department of Economic Opportunity encompasses a wide range of programs and services providing education, advocacy, information and referral, and emergency financial assistance to households in need. The following programs and services fall within the purview of Economic Opportunity:

Community Outreach

Community Outreach is the broadest-reaching program at YCCAC. For many new clients, Outreach is the first stop, where an Outreach Worker will conduct an initial assessment of an individuals' needs and assets (e.g. a working vehicle, employment, receipt of income supports/benefits, health insurance, etc.), and then help the client access additional supports to alleviate a crisis, or work toward a long-term goal. Outreach Workers are the "resource gurus" of the agency, who tap into their vast knowledge of available services and employ motivational interviewing and coaching techniques to stabilize households in crises and support them to become financially self-sufficient.

York County CA$H

York County CA$H (Creating Assets Savings & Hope) provides tools and education opportunities to help individuals and families achieve greater financial stability. YC CA$H offers financial literacy education, matched and incentivized savings accounts, and financial coaching (including administration of the

Volunteer Financial Coaching program), as well as free preparation of State and federal taxes, many of which are eligible for Earned Income Tax Credits (EITC).

A Place for Us

A Place for Us is a small transitional housing program that combines affordable, limited-duration housing with financial coaching and case management. YCCAC has been operating *A Place for Us* (APFU) since 1998. Today, APFU's transitional housing properties include two 3-unit buildings (on Merrill and Mill Streets), and an 8-unit building in Sanford.

A Place for Us focuses on building relationships with families, setting goals and, ultimately, working to move families out of poverty over their 2-year tenure in the program (case management and supportive services may continue beyond the duration of transitional housing). Our "whole family approach," which engages parents *and* children in the goal-setting process, has produced life-changing outcomes for families—greater than those demonstrated by any other YCCAC program. All APFU participants have incomes below 30% of AMI, and the units are supported by Project-based Section 8 vouchers.

Foreclosure Prevention

YCCAC's Foreclosure Prevention program provides confidential support and guidance to households who have received default notices or who are currently going through the foreclosure process. Counseling services are guided by the principle to promote the greatest possible outcome for every client, and our Housing Counselor stays with the client(s) throughout each stage of the process, providing options to help the household preserve assets, mitigate the impact on credit and develop a plan for moving forward.

Homebuyer Education

YCCAC's 10-hour Homebuyer Education classes and follow-up counseling are designed to equip first-time homebuyers with information and guidance to weigh the pros and cons of homeownership, assess their readiness, develop a manageable budget, choose and qualify for the right mortgage program, build and maintain equity and credit, and understand the buying process, including insurance, inspections and closing. The course curriculum was developed by hoMEworks, a Maine-based consortium of lenders and real estate professionals. Classes are traditionally offered online and in-person (via Zoom) by our Homebuyer Education Specialist and have a record of proven success.

Emergency Rental Assistance

In partnership with MaineHousing, YCCAC has administered the Emergency Rental Assistance (ERA)—or "Rent Relief"—program since 2020. It is among those programs adopted by the agency in response to the COVID-19 pandemic, to assist rental households facing eviction with financial assistance to pay back-rent and maintain stable housing. Still in its first year of operation, YCCAC has connected thousands of York County households with ERA to alleviate financial hardship and prevent them from eviction, unsafe or unstable housing, and even homelessness.

Housing Stability

The Economic Opportunity Department also encompasses YCCAC's Housing Stability work, developed in response to the pandemic and the area's ongoing crisis of unaffordable and unavailable housing, and homelessness. The federally-funded program enables YCCAC to employ a team of Housing Stability Coordinators, who provide supportive services to people who are homeless, or threatened with eviction or losing housing, in order to stabilize current housing or help them move to safer, more affordable housing.

Energy Services Department

The Energy Services Department includes several resources to help eligible individuals and families cover the cost of home heating fuel and energy-efficiency related repairs.

Home Energy Assistance Program

The (Low-Income) Home Energy Assistance Program—or LIHEAP—provides a monetary benefit one time per year to help low-income households purchase home heating fuel (including natural gas, propane, kerosene, and/or wood pellets).

Energy Crisis Intervention Program

The Energy Crisis Intervention Program (ECIP) provides emergency financial assistance for home heating or for utility disconnects (for households whose heating system requires electricity to operate. Eligible applicants are individuals or households that already have a current, pre-approved LIHEAP application and have less than an eighth of a tank of fuel remaining, and who have already exhausted all payment options with their electricity providers. Eligible applicants may receive this benefit one time per heating season.

Electricity Lifeline Program

Similar to ECIP, the Electricity Lifeline program provides a credit to an electric bill for eligible applicants one time per heating season.

Weatherization & Central Heating Improvement Program

The Weatherization program offers a variety of services to households in need of home repairs or modifications, with the goal to install energy-saving measures that will cut down on heating and energy costs, such as insulation improvement, weather stripping and window inserts, among other provisions. The Central Heating Improvement Program (CHIP) is administered through funds provided by Maine Housing to repair or replace a malfunctioning heating system, install energy-efficient measures to cut down on energy costs, replace a leaking or non-code conforming fuel tank, or help with health or home safety repairs.

Nasson Health Care

Originally opened as the Spruce Street Health Center in 2004, Nasson Health Care currently serves more than 5,000 active patients throughout York County. Nasson's provision of care is central to YCCAC's work

to promote the health, social and psychological wellness, economic stability and safety of York County residents. Nasson is York County's only Federally Qualified Health Center (FQHC), located centrally within downtown Springvale, Maine (part of the City of Sanford).

Nasson Health Care is the only *Public Housing Primary Care* grantee in the State, and one of only two *Health Care for the Homeless* grantees in Maine, positioned to serve York County's most socially-, economically-, and medically-vulnerable populations—by providing accessible, accessible primary health care.

YCCAC (with Nasson Health Care) is uniquely qualified to serve communities with high needs, as one of a handful of Community Action Agencies in the nation to also operate an FQHC. YCCAC's ongoing delivery of anti-poverty programs has imbedded it as an indispensable part of the county's social safety net, whose reach extends from the area's populous cities to the farthest and most rural corners of its western border. YCCAC/Nasson is a trusted partner and cross-sector convener, with strong ties to York County's only general-population shelter in Alfred as well as highly-utilized day shelter in Biddeford.

Integrated Medical, Dental & Behavioral Health Care

YCCAC is one of just a handful of Community Action Agencies in the nation to also operate a Federally-Qualified Health Center. Nasson is a Patient-Centered Medical Home, recognized by the National Center for Quality Assurance. As such, Nasson's comprehensive primary care, dental care and behavioral health care are fully integrated; our patients are cared for by a team of qualified providers who coordinate services and manage patients' conditions to support their overall health.

Care Management & Enabling Services

For patients challenged by social determinants of health, such as inadequate housing, poverty, lack of access to nutritional food or unreliable transportation, Nasson offers a robust Nurse Care Management program to connect these patients to resources to address the conditions and circumstances that surround their physical health. Care Management includes services like nutrition counseling and GATHER (Growing Access to Healthy Eating Resources), our in-house program through which we provide fruit and vegetable vouchers to patients struggling with food insecurity along with a nutrition-related chronic condition.

Transportation Department

Reliable transportation is a cornerstone of people's abilities to work, access resources and engage with their communities. YCCAC maximizes resources to help our neighbors and community members get where they need to go, when they need to go there.

Public Transportation

YCCAC's Transportation program a variety of public transportation options for residents of York County. These include local rides for grocery shopping and appointments, and the Sanford Transit bus that runs daily from Springvale to South Sanford. The WAVE (which originated as "Wheels to Access Vocation and

Education") does exactly what its name indicates, running from Sanford to Wells and Sanford to Biddeford with scheduled transportation to work, or education/training as well as shopping and medical appointments.

Shuttles & Trolley Services

Every summer, Transportation runs the Shoreline Explorer, a system of trolleys that provides shuttle services along York County's coastline. The "Orange Line" shuttle from Sanford to Wells operates throughout the year.

York County Transport & Connecting to Cancer Care

Through its York County Transport (YCT) and Connecting to Cancer Care (CCC) programs, YCCAC Transportation also offers transit for individuals receiving cancer treatment and/or who need to get to medical or other important appointment but do not qualify for MaineCare or other program that covers this service. York County Transport/Connecting to Cancer Care services are funded through donations and grant awards from organizations that include United Way of York County, John T. Gorman Foundation, and Maine Cancer Foundation.

Women, Infants and Children (WIC) Department

Women, Infants and Children (WIC) supports pre-natal mothers and children from birth to age five through a number of services targeting their health and nutrition.

Nutritious Foods & Education

WIC provides families with foods that are nutritious and selected to supplement the specific dietary needs of infants and new mothers. Foods, which include cereal, fruits and vegetables rich in Vitamin-C, eggs, milk, cheese, fish, peanut butter, yogurt and beans, tofu or other soy-based products, are purchased directly from the grocery store using a voucher system. WIC also provides special infant formulas and medical foods as needed and prescribed by a physician. To support and educate families about how to prepare and identify nutritious foods, WIC offers nutrition counseling and education provided by Certified Nutrition Counselors.

Breastfeeding Support

To further support infant health, WIC promotes breastfeeding as a means to improve the nutritional status of infants. WIC encourages and supports new mothers to breastfeed by offering one-on-one support from a Breastfeeding Peer Counselor, as well as information and educational materials, breast pumps, and enhanced food packages to mothers who are breastfeeding.

Screenings & Referrals

WIC also ensures children receive all appropriate immunizations and screenings, and makes referrals for children and families who are not already enrolled in a Medical Home.

Environmental Scan

The following tables provide an overview of the community that York County Community Action Corporation (YCCAC) serves in their service area. For more detailed statewide data by county, please see the full 2021 MeCAP Statewide Community Needs Assessment.

Figure 1: Social Vulnerability Index

Measure	United States	Maine	York County
Population	324,697,795	1,335,492	204,316
Median Age	38.1	44.7	45.2
Below Poverty	13.4%	11.8%	7.4%
Median Household Income	$62,843	$57,918	$67,830
Age 65+	15.6%	20.0%	6.7%
Age 17 or Younger	22.6%	18.9%	19.0%
Unemployment (July 2021)	5.4%	5.0%	4.5%
Households with Disability	12.6%	16.0%	15.0%
Single Parent Household	14.0%	21%	20%
Speak English less than "very well"	8.4%	1.5%	1.7%
Housing Units - Mobile Homes %	6.2%	9.5%	10.9%
No Vehicle	8.6%	7.1%	5.6%

SOURCE: American Community Survey, 2019 5-Year Estimates; 2021 County Health Rankings and Road Maps & Roadmaps

Figure 2: Age and Demographics

Measure	United States	Maine	York County
Under 5 Years	6.1%	4.8%	4.7%
5 to 9 Years	6.2%	5.2%	4.9%
10 to 19	12.9%	11.3%	11.6%
20 to 34	20.7%	17.5%	17.2%
35 to 54	25.6%	25.3%	25.7%
55 to 64	12.9%	15.7%	16.1%
65+	15.6%	20.0%	19.9%
Race and Ethnicity			
White alone, Not Hispanic or Latino	60.7%	98.3%	97.1%
Hispanic or Latino	18.0%	1.7%	1.7%
Black or African American	12.7%	2.0%	1.5%
American Indian or Alaska Native	0.8%	1.7%	1.1%
Asian	5.5%	1.7%	1.7%
Other	5.5%	0.4%	0.3%
Foreign Born Population	13.3%	3.6%	3.2%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 3: Household Income and Poverty

	United States	Maine	York County
Median Household (HH) Income	$62,843	$57,918	$67,830
Total Below 100% Federal Poverty Level (FPL)	13.4%	11.8%	7.4%
Under 5 years	20.3%	17.0%	9.0%
5 to 17 years	17.9%	14.4%	8.0%
18 to 34 years	16.3%	16.0%	10.6%
35 to 64 years	10.5%	9.9%	6.0%
65 years and over	9.3%	8.7%	6.7%
Below 50% of FPL	5.5%	4.0%	2.8%
Below 125% of FPL	16.3%	14.6%	10.6%
Below 150% of FPL	20.3%	18.6%	14.5%
Below 185% of FPL	26.3%	24.8%	19.8%
Below 200% of FPL	28.9%	27.7%	21.5%

SOURCE: American Community Survey, 2019 5-Year Estimates

Figure 4: Social Characteristics Measures

	United States	Maine	York County
Total Households	120,756,048	559,921	85,314
Homeownership Percentage	64.0%	72.3%	73.9%
Single Parent Household[1]	14.0%	21.0%	24.4%
Living Alone	13.3%	15.1%	13.7%
Grandparents Responsible for Grandchildren	34.1%	34.1%	25.5%
Veteran Status	7.3%	9.6%	10.2%
Educational Attainment			
Less than 9th grade	5.1%	2.6%	2.4%
9th to 12th grade, no diploma	6.9%	4.8%	4.4%
High school graduate/ GED	27.0%	31.5%	30.0%
Some college, no degree	20.4%	19.3%	20.3%
Associate degree	8.5%	10.1%	10.5%
Bachelor's degree	19.8%	20.0%	21.4%
Graduate degree	12.4%	11.8%	11.1%
HS Graduation rate (2020)	88.0%	87.4%	90.8%
No Health Insurance	8.8%	7.9%	6.7%
Receiving SNAP Benefits	11.7%	13.5%	10.4%
Food Insecurity – All Ages	10.9%	12.1%	14.8%
Median Mortgage (2019)	$1,595	$1,398	$1,642
Median Rent	$1,062	$853	$1,078
Housing Cost Burdened[2]	32.88%	29.75%	31.17%
Children Eligible for Free/Reduced Price Lunch	49.5%	38.3%	28.8%

SOURCE: American Community Survey, 2019 5-Year Estimates; Source: Feeding America, State-By-State Resource: The Impact of Coronavirus on Food Insecurity, 2019; Annie E. Casey Foundation, Kids Count Data Center, County Graduation Rates 2014-2020 Maine.

[1] 2021 County Health Rankings and Road Maps .

[2] The percentage of households that spend 30% or more of their income on housing.

Figure 5: Health Overview

	United States	Maine	York County
Poor Mental Health Days	3.8	5.0	4.5
Poor Physical Health Days	3.4	4.2	3.7
Frequent Mental Health Distress	11.7%	12.7%	14.0%
Ratio of Primary Care Providers	880:1	900:1	1,340:1
Ratio of Mental Health Providers	170:1	200:1	240:1
Ratio of Dentists	1,210:1	1,480:1	2,060:1
Chronic Disease Prevalence (per 100,000)			
Adults with Heart Disease	26.81%	22.48%	22.37%
High Blood Pressure	57.20%	48.71%	52.52%
Adults with Asthma	4.97%	4.68%	5.27%
Diagnosed Diabetes	26.95%	22.55%	22.76%
Leading Causes of Death (deaths per 100,000)[3]			
Heart Disease	166.0	147.9	130.0
Cancer	155.5	169.2	168.2
Unintentional Injury	45.7	59.1	65.9
Diabetes	21.2	22.3	21.3
Alzheimer's	29.4	27.6	32.9
Suicide Rates (Age-Adjusted Rate per 100,000)	14.5	18	18
Adult Obesity Prevalence (Age-Adjusted Rate per 100,000)	42.2	31.7	29.1
Maine Adults Past Month Binge Drinking	25.8%	17.9%	18.7%
Percent Adults Current Smokers	16.1%	22.6	21.3%
COVID-19 Confirmed Cumulative Cases (as of 9/12/21)	41.3M	57,752	11,982
COVID-19 Deaths (as of 9/12/21)	662K	897	138

Source: County Health Rankings and Road Maps & Roadmaps, 2018; National Institute on Minority Healthy & Health Disparities HDPulse; Death Rate Report for Maine by County 2014 – 2018; National Center for Chronic Disease Prevention & Health Promotion; Division of Population Health Places Database, 2018; The State Epidemiological Outcomes Workgroup, Tobacco Prevention & Control Dashboard, 2015 – 2017

[3] NIH, HDPulse. Death Rates Table.

Qualitative Research Findings

	Number of Participants
Focus Group Participants	13
Stakeholders Interviewed	20
Community Survey Respondents	472

Key Stakeholder Interview Quotes

A total of 20 stakeholders were interviewed from the YCCAC service area. A selection of quotes that provide some insight into the strengths, needs, and challenges and barriers include the following:

- "If people or organizations have a need, the community eagerly responds."
- "Great network of agencies that collaborate to get people access to services."
- "There are very food paying jobs and employers can't find people to fill them. Plenty of people can't find a job with a living wage. Some can't hold down a full-time job – cognitive, emotional challenges – but some can work part time."
- "Job training is vital. People need to make a livable wage to help with childcare and transportation."
- "People can't pay their bills with housing costs. One bedroom [apartments] in Kittery cost $1,800 a month. Impossible to pay this with all the other costs."
- "Transportation is very hard for seniors. It's hard for them to come to town if they live further rout – medical, social services are in the city, which is hard for people in Acton."
- "No public transportation for people in western part of the county."
- "Housing is a major challenge. It's gentrifying towns. The issues were made worse by COVID-19."
- "It's nearly impossible to find safe and affordable housing. It's a landlord market. People have to pay application fee, background check – the system is set up to keep people who have limited resources from accessing services."
- "Old housing stock. Landlords are putting their houses on the market because it's a seller's market."
- "Resources for people experiencing homelessness are minimal. The warming center is a mere Band-Aid."
- "A big need is childcare. You need reliable childcare if you want to be in the workforce. The programs have qualifiers and people may not be eligible – the 'working poor.'"
- "YCCAC has been very helpful in getting people healthcare. It used to be that people only got really sick and went to the emergency room then they got Nasson Healthcare to come in for primary care."
- "Food is a big need, but there's an abundance of food resources."
- "Biddeford Police Department has a new partnership with Spurwink. They share a staff member who is a social worker and someone who is a substance use liaison."
- "There's an opportunity to aggregate services with non-profits as there's no nexus point so there is a duplication in some areas and no services in others."

Key Focus Group Quotes

	Comments and Ideas
Top Challenges Mentioned	• Housing costs • Transportation • Living wages
Unique Strength or Challenge Mentioned	• It's getting better but the services are very siloed in the towns. • There is a new Intensive Outpatient Treatment facility in Sanford and this creates a lack of services.
Housing	•
Mental Health	• There is no detox facility in York County; closest is in Portland. The new behavioral health unit at Goodall has increased the number of beds (about 44 beds); but it has strict criteria; a 72-hour hold generally happens at a hospital emergency department and the crisis team from BH will evaluate and possibly send them to Goodall if beds are available
Childcare	• Lack of affordable childcare
Transportation	• Poor transportation is the biggest issue some residents face. First thing people lose is the car. Need regular bus service that doesn't require appointments. From Old Orchard Beach not much transportation. If you don't make an appointment (with the MaineCare service) you're not getting there unless your neighbor takes you.
Employment	• I think it's generalization but with work ethic there is a generational divide – kids seem to hop from hop job. It's even hard to find good police officer. You need to pass the background check and agility test. • I have two kids. One works in the shipyard and is a little resentful that others got to stay home. The other received benefits because he worked in hospitality and the restaurant closed. • Employers and employees don't have the loyalty. You used to take a job for 20+ years and now people don't have that loyalty.
Basic Needs	•
Magic Wand Highlight	• There is a complex of dorms from Nassau College that could be turned into apartments. • Reliable bus service across the county.
Noted Policy Area	• Substance use disorder is a disease, and it needs to be treated as such. A methadone clinic in York County needs to be mobile because people in rural areas don't have transportation.

Community Survey Results

Figure 6: Top Needs Identified in Community Survey

York County Community Action Corp		
	Need	Percent
1	Increasing the number of affordable apartments	62.7%
2	Developing more livable-wage jobs	58.2%
3	Making dental care more affordable	56.8%
4	Increasing the number of mental health providers in rural communities	56.4%
5	Providing more flexible and affordable childcare options for working parent(s)	54.6%
6	Creating more emergency shelter beds for people who are homeless	54.6%
7	Reducing the amount of opioid misuse	54.3%
8	Providing more senior housing options	54.3%
9	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	53.2%
10	Increasing the number of dentists who serve MaineCare patients	52.9%
11	Reducing stigma associated with mental health and substance misuse	52.5%
12	Developing rental and mortgage assistance programs	52.5%
13	Creating technical school, trade school, or other job training options	52.3%
14	Providing job growth opportunities	52.1%
15	Increasing the number of substance use disorder providers and services	52.0%
16	Increasing the number of affordable childcare providers	52.0%
17	Reducing the amount of childhood obesity	51.6%
18	Creating higher quality rental apartments and houses	51.6%
19	Expanding crisis services for mental health and substance use disorders	51.4%
20	Improving access to high-speed internet and technology	50.7%
21	Increasing the number of landlords who accept housing vouchers	50.7%
22	Making public transportation available in rural communities	50.5%
23	Increasing the number of affordable houses for sale	50.0%
24	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	49.6%
25	Increasing programs for major housing repairs (roofs, windows, etc.)	48.4%
26	Increasing the number of detox facilities	48.2%
27	Reducing the amount of smoking and vaping	48.0%
28	Providing more after-school programs for school-aged children	47.3%
29	Reducing the amount of adult obesity	47.1%
30	Reducing building costs of new affordable housing units	47.1%
31	Creating more affordable public transportation options	46.8%
32	Reducing stigma associated with the housing voucher program	46.8%
33	Providing help with utility assistance (heating fuel, electricity, etc.)	46.4%
34	Providing more recreational opportunities for youth	46.3%
35	Reducing the amount of alcohol misuse	45.0%
36	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	43.9%
37	Increasing the number of high quality licensed childcare providers	43.8%
38	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	43.8%
39	Providing more transportation options to childcare services	43.6%
40	Providing help with weatherization	43.4%
41	Providing soft skills education (customer service, showing up on time, etc.)	43.0%
42	Adding better routes and time schedules to current public transportation system	42.5%

43	Expanding open hours at food banks	41.6%
44	Increasing the number of childcare providers who offer age-appropriate education	41.6%
45	Expanding food options for people with dietary restrictions or allergies at food banks	40.0%
46	Providing help with the cost of vehicle repairs	38.8%
47	Increasing programs for minor housing repairs (paint, upgrades, etc.)	38.8%
48	Providing help with the cost of vehicle insurance and regular maintenance	35.5%
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	35.5%

Figure 7: Top 5 Needs by Household Income - YCCAC

	Need						
	Under $15,000	**Between $15,000 and $29,999**	**Between $30,000 and $49,999**	**Between $50,000 and $74,999**	**Between $75,000 and $99,999**	**Between $100,000 and $150,000**	**Over $150,000**
1	Making dental care more affordable	Making dental care more affordable	Increasing the number of mental health providers in rural communities	Reducing the amount of opioid misuse	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Reducing the amount of childhood obesity
2	Increasing the number of affordable apartments	Increasing the number of affordable apartments	Making dental care more affordable	Increasing the number of mental health providers in rural communities	Reducing stigma associated with mental health and substance misuse	Reducing the amount of opioid misuse	Reducing the amount of adult obesity
3	Increasing the number of dentists who serve MaineCare patients	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders	Reducing stigma associated with mental health and substance misuse	Increasing the number of substance use disorder providers and services	Creating higher quality rental apartments and houses	Increasing the number of substance use disorder providers and services
4	Developing more livable-wage jobs	Developing more livable-wage jobs	Reducing the amount of opioid misuse	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of mental health providers in rural communities	Increasing the number of affordable apartments	Increasing the number of mental health providers in rural communities
5	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of childhood obesity	Creating technical school, trade school, or other job training options	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Reducing the amount of smoking and vaping	Expanding crisis services for mental health and substance use disorders	Reducing the amount of smoking and vaping

Needs Prioritization

Rank	Need
1	Transportation
2	Childcare
3	Housing
4	Social Determinants of Health (Well-Being)

Stakeholder Interview Participants

Name	Organization
Delilah Poupore	Heart of Biddeford
Matthew Eddy	Biddeford, Department of Planning and Economic Development
Greg Zinzer	York County Manager
Rev. Shirley Bowen	Seeds of Hope Neighborhood Center
Rachelle Parise	Pine Tree Legal
Robin Bibber	Trafton Senior Center / YMCA
Chris Indorf	Biddeford School Department
Heather Roberge	YCCAC – Economic Opportunity Department
Kathy Bubar	Project REACH, Maine Behavioral Healthcare
Stephanie Carver	Southern Maine Regional Planning
Bonita Pothier	Office of Angus King
Susan Giambalvo	Caring Unlimited
Emily Flinkstrom	Fair Tide
Diane Gerry	Sanford Housing Authority
Guy Gagnon	Biddeford Housing Authority
Jim LaBelle	Saco-Biddeford Chamber of Commerce
Amy Marcotte	Sanford Vet Center
Nichole Ivey	Sanford Community Adult Education
Susan Austin	SAD 60
Adam Hartwig	Maine CDC, York District Public Health

Appendix K: Additional Community Survey Results

MECAP Community Needs Assessment Survey Tables – Prioritized Needs by County

Androscoggin

Rank	Needs	Need Category
1	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
2	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
3	Creating higher quality rental apartments and houses	Housing needs
4	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
5	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
6	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
7	Making dental care more affordable	Food, Healthcare, and Mental Health needs
8	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
9	Increasing the number of affordable apartments	Housing needs
10	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
11	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
12	Increasing the number of affordable childcare providers	Childcare and Education needs
13	Providing job growth opportunities	Transportation, Workforce, and Employment needs
14	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
15	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
16	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
17	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
18	Providing more recreational opportunities for youth	Childcare and Education needs
19	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
20	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
21	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
22	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
23	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
24	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
25	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
26	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
27	Providing more transportation options to childcare services	Childcare and Education needs
28	Providing more after-school programs for school-aged children	Childcare and Education needs
29	Developing rental and mortgage assistance programs	Housing needs
30	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
31	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs

32	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
33	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
34	Increasing the number of affordable houses for sale	Housing needs
35	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
36	Creating more emergency shelter beds for people who are homeless	Housing needs
37	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
38	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
39	Reducing stigma associated with the housing voucher program	Housing needs
40	Reducing building costs of new affordable housing units	Housing needs
41	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
42	Increasing the number of landlords who accept housing vouchers	Housing needs
43	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
44	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
45	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
46	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
47	Providing more senior housing options	Housing needs
48	Providing help with weatherization	Housing needs
49	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs

Aroostook

Rank	Needs	Need Category
1	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
2	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
3	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
4	Making dental care more affordable	Food, Healthcare, and Mental Health needs
5	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
6	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
7	Increasing the number of affordable childcare providers	Childcare and Education needs
8	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
9	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
10	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
11	Providing job growth opportunities	Transportation, Workforce, and Employment needs
12	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
13	Providing more recreational opportunities for youth	Childcare and Education needs
14	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
15	Providing more after-school programs for school-aged children	Childcare and Education needs
16	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
17	Increasing the number of affordable apartments	Housing needs
18	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
19	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
20	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
21	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
22	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
23	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
24	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
25	Developing rental and mortgage assistance programs	Housing needs
26	Creating higher quality rental apartments and houses	Housing needs
27	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
28	Creating more emergency shelter beds for people who are homeless	Housing needs
29	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
30	Providing help with weatherization	Housing needs
31	Providing more senior housing options	Housing needs
32	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs

33	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
34	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
35	Providing more transportation options to childcare services	Childcare and Education needs
36	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
37	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
38	Reducing building costs of new affordable housing units	Housing needs
39	Increasing the number of landlords who accept housing vouchers	Housing needs
40	Reducing stigma associated with the housing voucher program	Housing needs
41	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
42	Increasing the number of affordable houses for sale	Housing needs
43	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
44	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
45	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
46	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
47	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
48	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs

Cumberland

Rank	Needs	Need Category
1	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
2	Increasing the number of affordable apartments	Housing needs
3	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
4	Making dental care more affordable	Food, Healthcare, and Mental Health needs
5	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
6	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
7	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
8	Providing job growth opportunities	Transportation, Workforce, and Employment needs
9	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
10	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
11	Creating more emergency shelter beds for people who are homeless	Housing needs
12	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
13	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
14	Increasing the number of affordable childcare providers	Childcare and Education needs
15	Developing rental and mortgage assistance programs	Housing needs
16	Increasing the number of affordable houses for sale	Housing needs
17	Increasing the number of landlords who accept housing vouchers	Housing needs
18	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
19	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
20	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
21	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
22	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
23	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
24	Creating higher quality rental apartments and houses	Housing needs
25	Providing more after-school programs for school-aged children	Childcare and Education needs
26	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
27	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
28	Reducing building costs of new affordable housing units	Housing needs
29	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
30	Providing more senior housing options	Housing needs
31	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
32	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
33	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
34	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
35	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs

36	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
37	Providing more recreational opportunities for youth	Childcare and Education needs
38	Reducing stigma associated with the housing voucher program	Housing needs
39	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
40	Providing more transportation options to childcare services	Childcare and Education needs
41	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
42	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
43	Providing help with weatherization	Housing needs
44	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
45	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
46	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
47	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
48	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
49	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs

Franklin

Rank	Needs	Need Category
1	Making dental care more affordable	Food, Healthcare, and Mental Health needs
2	Creating more emergency shelter beds for people who are homeless	Housing needs
3	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
4	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
5	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
6	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
7	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
8	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
9	Increasing the number of affordable houses for sale	Housing needs
10	Increasing the number of affordable apartments	Housing needs
11	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
12	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
13	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
14	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
15	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
16	Increasing the number of affordable childcare providers	Childcare and Education needs
17	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
18	Increasing the number of landlords who accept housing vouchers	Housing needs
19	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
20	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
21	Providing more senior housing options	Housing needs
22	Providing job growth opportunities	Transportation, Workforce, and Employment needs
23	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
24	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
25	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
26	Creating higher quality rental apartments and houses	Housing needs
27	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
28	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
29	Developing rental and mortgage assistance programs	Housing needs
30	Providing more recreational opportunities for youth	Childcare and Education needs
31	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
32	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
33	Providing more after-school programs for school-aged children	Childcare and Education needs
34	Providing help with weatherization	Housing needs
35	Reducing building costs of new affordable housing units	Housing needs
36	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs

37	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
38	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
39	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
40	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
41	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
42	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
43	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
44	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
45	Reducing stigma associated with the housing voucher program	Housing needs
46	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
47	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
48	Providing more transportation options to childcare services	Childcare and Education needs
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs

Hancock

Rank	Needs	Need Category
1	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
2	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
3	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
4	Making dental care more affordable	Food, Healthcare, and Mental Health needs
5	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
6	Providing job growth opportunities	Transportation, Workforce, and Employment needs
7	Providing more after-school programs for school-aged children	Childcare and Education needs
8	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
9	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
10	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
11	Providing more senior housing options	Housing needs
12	Increasing the number of affordable apartments	Housing needs
13	Increasing the number of affordable childcare providers	Childcare and Education needs
14	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
15	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
16	Creating higher quality rental apartments and houses	Housing needs
17	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
18	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
19	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
20	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
21	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
22	Increasing the number of landlords who accept housing vouchers	Housing needs
23	Increasing the number of affordable houses for sale	Housing needs
24	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
25	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
26	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
27	Reducing building costs of new affordable housing units	Housing needs
28	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
29	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
30	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
31	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
32	Creating more emergency shelter beds for people who are homeless	Housing needs
33	Providing more recreational opportunities for youth	Childcare and Education needs
34	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs

35	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
36	Providing more transportation options to childcare services	Childcare and Education needs
37	Providing help with weatherization	Housing needs
38	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
39	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
40	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
41	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
42	Developing rental and mortgage assistance programs	Housing needs
43	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
44	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
45	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
46	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
47	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
48	Reducing stigma associated with the housing voucher program	Housing needs
49	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs

Kennebec

Rank	Needs	Need Category
1	Increasing the number of affordable apartments	Housing needs
2	Making dental care more affordable	Food, Healthcare, and Mental Health needs
3	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
4	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
5	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
6	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
7	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
8	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
9	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
10	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
11	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
12	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
13	Developing rental and mortgage assistance programs	Housing needs
14	Creating more emergency shelter beds for people who are homeless	Housing needs
15	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
16	Increasing the number of affordable houses for sale	Housing needs
17	Increasing the number of affordable childcare providers	Childcare and Education needs
18	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
19	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
20	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
21	Providing job growth opportunities	Transportation, Workforce, and Employment needs
22	Creating higher quality rental apartments and houses	Housing needs
23	Providing more senior housing options	Housing needs
24	Providing more recreational opportunities for youth	Childcare and Education needs
25	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
26	Providing more after-school programs for school-aged children	Childcare and Education needs
27	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
28	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
29	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
30	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
31	Providing help with weatherization	Housing needs
32	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
33	Reducing building costs of new affordable housing units	Housing needs
34	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
35	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs

36	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
37	Reducing stigma associated with the housing voucher program	Housing needs
38	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
39	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
40	Increasing the number of landlords who accept housing vouchers	Housing needs
41	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
42	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
43	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
44	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
45	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
46	Providing more transportation options to childcare services	Childcare and Education needs
47	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
48	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs

Knox

Rank	Needs	Need Category
1	Increasing the number of affordable apartments	Housing needs
2	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
3	Increasing the number of affordable houses for sale	Housing needs
4	Making dental care more affordable	Food, Healthcare, and Mental Health needs
5	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
6	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
7	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
8	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
9	Reducing building costs of new affordable housing units	Housing needs
10	Developing rental and mortgage assistance programs	Housing needs
11	Providing job growth opportunities	Transportation, Workforce, and Employment needs
12	Creating more emergency shelter beds for people who are homeless	Housing needs
13	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
14	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
15	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
16	Reducing stigma associated with the housing voucher program	Housing needs
17	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
18	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
19	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
20	Increasing the number of affordable childcare providers	Childcare and Education needs
21	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
22	Increasing the number of landlords who accept housing vouchers	Housing needs
23	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
24	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
25	Creating higher quality rental apartments and houses	Housing needs
26	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
27	Providing more senior housing options	Housing needs
28	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
29	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
30	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
31	Providing more recreational opportunities for youth	Childcare and Education needs
32	Providing more after-school programs for school-aged children	Childcare and Education needs
33	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
34	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
35	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
36	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs

37	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
38	Providing more transportation options to childcare services	Childcare and Education needs
39	Providing help with weatherization	Housing needs
40	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
41	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
42	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
43	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
44	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
45	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
46	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
47	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
48	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs

Lincoln

Rank	Needs	Need Category
1	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
2	Providing more recreational opportunities for youth	Childcare and Education needs
3	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
4	Increasing the number of affordable houses for sale	Housing needs
5	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
6	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
7	Increasing the number of affordable childcare providers	Childcare and Education needs
8	Providing job growth opportunities	Transportation, Workforce, and Employment needs
9	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
10	Providing more senior housing options	Housing needs
11	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
12	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
13	Providing more after-school programs for school-aged children	Childcare and Education needs
14	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
15	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
16	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
17	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
18	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
19	Creating more emergency shelter beds for people who are homeless	Housing needs
20	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
21	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
22	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
23	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
24	Developing rental and mortgage assistance programs	Housing needs
25	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
26	Reducing building costs of new affordable housing units	Housing needs
27	Making dental care more affordable	Food, Healthcare, and Mental Health needs
28	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
29	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
30	Increasing the number of landlords who accept housing vouchers	Housing needs
31	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
32	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
33	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
34	Providing more transportation options to childcare services	Childcare and Education needs
35	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs

36	Providing help with weatherization	Housing needs
37	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
38	Reducing stigma associated with the housing voucher program	Housing needs
39	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
40	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
41	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
42	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
43	Creating higher quality rental apartments and houses	Housing needs
44	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
45	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
46	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
47	Increasing the number of affordable apartments	Housing needs
48	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
49	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs

Oxford

Rank	Needs	Need Category
1	Increasing the number of affordable houses for sale	Housing needs
2	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
3	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
4	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
5	Increasing the number of affordable apartments	Housing needs
6	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
7	Making dental care more affordable	Food, Healthcare, and Mental Health needs
8	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
9	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
10	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
11	Creating higher quality rental apartments and houses	Housing needs
12	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
13	Increasing the number of affordable childcare providers	Childcare and Education needs
14	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
15	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
16	Providing more recreational opportunities for youth	Childcare and Education needs
17	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
18	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
19	Providing job growth opportunities	Transportation, Workforce, and Employment needs
20	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
21	Providing more after-school programs for school-aged children	Childcare and Education needs
22	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
23	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
24	Creating more emergency shelter beds for people who are homeless	Housing needs
25	Reducing building costs of new affordable housing units	Housing needs
26	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
27	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
28	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
29	Developing rental and mortgage assistance programs	Housing needs
30	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
31	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
32	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
33	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
34	Reducing stigma associated with the housing voucher program	Housing needs
35	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs

36	Providing more transportation options to childcare services	Childcare and Education needs
37	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
38	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
39	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
40	Providing more senior housing options	Housing needs
41	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
42	Providing help with weatherization	Housing needs
43	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
44	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
45	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
46	Increasing the number of landlords who accept housing vouchers	Housing needs
47	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
48	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
49	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs

Penobscot

Rank	Needs	Need Category
1	Increasing the number of affordable apartments	Housing needs
2	Making dental care more affordable	Food, Healthcare, and Mental Health needs
3	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
4	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
5	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
6	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
7	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
8	Creating higher quality rental apartments and houses	Housing needs
9	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
10	Creating more emergency shelter beds for people who are homeless	Housing needs
11	Increasing the number of affordable houses for sale	Housing needs
12	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
13	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
14	Developing rental and mortgage assistance programs	Housing needs
15	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
16	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
17	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
18	Providing job growth opportunities	Transportation, Workforce, and Employment needs
19	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
20	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
21	Increasing the number of affordable childcare providers	Childcare and Education needs
22	Providing more senior housing options	Housing needs
23	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
24	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
25	Providing more after-school programs for school-aged children	Childcare and Education needs
26	Reducing building costs of new affordable housing units	Housing needs
27	Increasing the number of landlords who accept housing vouchers	Housing needs
28	Providing more recreational opportunities for youth	Childcare and Education needs
29	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
30	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
31	Providing help with weatherization	Housing needs
32	Reducing stigma associated with the housing voucher program	Housing needs
33	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
34	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
35	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
36	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs

37	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
38	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
39	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
40	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
41	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
42	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
43	Providing more transportation options to childcare services	Childcare and Education needs
44	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
45	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
46	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
47	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
48	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
49	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs

Piscataquis

Rank	Needs	Need Category
1	Making dental care more affordable	Food, Healthcare, and Mental Health needs
2	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
3	Providing help with weatherization	Housing needs
4	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
5	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
6	Increasing the number of affordable apartments	Housing needs
7	Providing more after-school programs for school-aged children	Childcare and Education needs
8	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
9	Providing job growth opportunities	Transportation, Workforce, and Employment needs
10	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
11	Providing more recreational opportunities for youth	Childcare and Education needs
12	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
13	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
14	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
15	Developing rental and mortgage assistance programs	Housing needs
16	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
17	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
18	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
19	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
20	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
21	Increasing the number of affordable houses for sale	Housing needs
22	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
23	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
24	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
25	Providing more senior housing options	Housing needs
26	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
27	Creating higher quality rental apartments and houses	Housing needs
28	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
29	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
30	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
31	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
32	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
33	Increasing the number of affordable childcare providers	Childcare and Education needs
34	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
35	Increasing the number of high quality licensed childcare providers	Childcare and Education needs

36	Reducing building costs of new affordable housing units	Housing needs
37	Increasing the number of landlords who accept housing vouchers	Housing needs
38	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
39	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
40	Creating more emergency shelter beds for people who are homeless	Housing needs
41	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
42	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
43	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
44	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
45	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
46	Reducing stigma associated with the housing voucher program	Housing needs
47	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
48	Providing more transportation options to childcare services	Childcare and Education needs
49	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs

Sagadahoc

Rank	Needs	Need Category
1	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
2	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
3	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
4	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
5	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
6	Creating more emergency shelter beds for people who are homeless	Housing needs
7	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
8	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
9	Reducing building costs of new affordable housing units	Housing needs
10	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
11	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
12	Providing more recreational opportunities for youth	Childcare and Education needs
13	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
14	Increasing the number of landlords who accept housing vouchers	Housing needs
15	Developing rental and mortgage assistance programs	Housing needs
16	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
17	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
18	Providing more after-school programs for school-aged children	Childcare and Education needs
19	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
20	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
21	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
22	Providing help with weatherization	Housing needs
23	Providing job growth opportunities	Transportation, Workforce, and Employment needs
24	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
25	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
26	Creating higher quality rental apartments and houses	Housing needs
27	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
28	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
29	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
30	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
31	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
32	Providing more senior housing options	Housing needs
33	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
34	Increasing the number of affordable childcare providers	Childcare and Education needs
35	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs

36	Providing more transportation options to childcare services	Childcare and Education needs
37	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
38	Increasing the number of affordable apartments	Housing needs
39	Increasing the number of affordable houses for sale	Housing needs
40	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
41	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
42	Making dental care more affordable	Food, Healthcare, and Mental Health needs
43	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
44	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
45	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
46	Reducing stigma associated with the housing voucher program	Housing needs
47	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
48	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
49	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs

Somerset

Rank	Needs	Need Category
1	Making dental care more affordable	Food, Healthcare, and Mental Health needs
2	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
3	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
4	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
5	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
6	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
7	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
8	Increasing the number of affordable apartments	Housing needs
9	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
10	Providing more recreational opportunities for youth	Childcare and Education needs
11	Increasing the number of affordable childcare providers	Childcare and Education needs
12	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
13	Providing more senior housing options	Housing needs
14	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
15	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
16	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
17	Providing more after-school programs for school-aged children	Childcare and Education needs
18	Providing job growth opportunities	Transportation, Workforce, and Employment needs
19	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
20	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
21	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
22	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
23	Developing rental and mortgage assistance programs	Housing needs
24	Providing help with weatherization	Housing needs
25	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
26	Creating higher quality rental apartments and houses	Housing needs
27	Creating more emergency shelter beds for people who are homeless	Housing needs
28	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
29	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
30	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
31	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
32	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
33	Increasing the number of affordable houses for sale	Housing needs
34	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
35	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs

36	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
37	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
38	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
39	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
40	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
41	Providing more transportation options to childcare services	Childcare and Education needs
42	Reducing stigma associated with the housing voucher program	Housing needs
43	Increasing the number of landlords who accept housing vouchers	Housing needs
44	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
45	Reducing building costs of new affordable housing units	Housing needs
46	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
47	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
48	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs

Waldo

Rank	Needs	Need Category
1	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
2	Increasing the number of affordable apartments	Housing needs
3	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
4	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
5	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
6	Making dental care more affordable	Food, Healthcare, and Mental Health needs
7	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
8	Increasing the number of affordable childcare providers	Childcare and Education needs
9	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
10	Increasing the number of affordable houses for sale	Housing needs
11	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
12	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
13	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
14	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
15	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
16	Developing rental and mortgage assistance programs	Housing needs
17	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
18	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
19	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
20	Creating more emergency shelter beds for people who are homeless	Housing needs
21	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
22	Providing job growth opportunities	Transportation, Workforce, and Employment needs
23	Creating higher quality rental apartments and houses	Housing needs
24	Providing more senior housing options	Housing needs
25	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
26	Providing more after-school programs for school-aged children	Childcare and Education needs
27	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
28	Reducing stigma associated with the housing voucher program	Housing needs
29	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
30	Reducing building costs of new affordable housing units	Housing needs
31	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
32	Providing more recreational opportunities for youth	Childcare and Education needs
33	Providing help with weatherization	Housing needs
34	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
35	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
36	Providing more transportation options to childcare services	Childcare and Education needs

37	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
38	Increasing the number of landlords who accept housing vouchers	Housing needs
39	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
40	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
41	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
42	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
43	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
44	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
45	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
46	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
47	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
48	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
49	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs

Washington

Rank	Needs	Need Category
1	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
2	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
3	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs
4	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
5	Increasing the number of affordable childcare providers	Childcare and Education needs
6	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
7	Increasing the number of affordable houses for sale	Housing needs
8	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
9	Creating more emergency shelter beds for people who are homeless	Housing needs
10	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
11	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
12	Reducing building costs of new affordable housing units	Housing needs
13	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
14	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
15	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
16	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
17	Providing help with weatherization	Housing needs
18	Increasing the number of affordable apartments	Housing needs
19	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
20	Providing more recreational opportunities for youth	Childcare and Education needs
21	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
22	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
23	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
24	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
25	Increasing the number of landlords who accept housing vouchers	Housing needs
26	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
27	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
28	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
29	Making dental care more affordable	Food, Healthcare, and Mental Health needs
30	Providing more after-school programs for school-aged children	Childcare and Education needs
31	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
32	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
33	Providing more senior housing options	Housing needs
34	Reducing stigma associated with the housing voucher program	Housing needs
35	Developing rental and mortgage assistance programs	Housing needs
36	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs

37	Providing more transportation options to childcare services	Childcare and Education needs
38	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
39	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
40	Providing job growth opportunities	Transportation, Workforce, and Employment needs
41	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
42	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
43	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
44	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs
45	Creating higher quality rental apartments and houses	Housing needs
46	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
47	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
48	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
49	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs

York

Rank	Needs	Need Category
1	Increasing the number of affordable apartments	Housing needs
2	Developing more livable-wage jobs	Transportation, Workforce, and Employment needs
3	Making dental care more affordable	Food, Healthcare, and Mental Health needs
4	Increasing the number of mental health providers in rural communities	Food, Healthcare, and Mental Health needs
5	Providing more flexible and affordable childcare options for working parent(s)	Childcare and Education needs
6	Creating more emergency shelter beds for people who are homeless	Housing needs
7	Reducing the amount of opioid misuse	Food, Healthcare, and Mental Health needs
8	Providing more senior housing options	Housing needs
9	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Food, Healthcare, and Mental Health needs
10	Increasing the number of dentists who serve MaineCare patients	Food, Healthcare, and Mental Health needs
11	Reducing stigma associated with mental health and substance misuse	Food, Healthcare, and Mental Health needs
12	Developing rental and mortgage assistance programs	Housing needs
13	Creating technical school, trade school, or other job training options	Transportation, Workforce, and Employment needs
14	Providing job growth opportunities	Transportation, Workforce, and Employment needs
15	Increasing the number of substance use disorder providers and services	Food, Healthcare, and Mental Health needs
16	Increasing the number of affordable childcare providers	Childcare and Education needs
17	Reducing the amount of childhood obesity	Food, Healthcare, and Mental Health needs
18	Creating higher quality rental apartments and houses	Housing needs
19	Expanding crisis services for mental health and substance use disorders	Food, Healthcare, and Mental Health needs
20	Improving access to high-speed internet and technology	Transportation, Workforce, and Employment needs
21	Increasing the number of landlords who accept housing vouchers	Housing needs
22	Making public transportation available in rural communities	Transportation, Workforce, and Employment needs
23	Increasing the number of affordable houses for sale	Housing needs
24	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	Housing needs
25	Increasing programs for major housing repairs (roofs, windows, etc.)	Housing needs
26	Increasing the number of detox facilities	Food, Healthcare, and Mental Health needs
27	Reducing the amount of smoking and vaping	Food, Healthcare, and Mental Health needs
28	Providing more after-school programs for school-aged children	Childcare and Education needs
29	Reducing the amount of adult obesity	Food, Healthcare, and Mental Health needs
30	Reducing building costs of new affordable housing units	Housing needs
31	Creating more affordable public transportation options	Transportation, Workforce, and Employment needs
32	Reducing stigma associated with the housing voucher program	Housing needs
33	Providing help with utility assistance (heating fuel, electricity, etc.)	Housing needs
34	Providing more recreational opportunities for youth	Childcare and Education needs
35	Reducing the amount of alcohol misuse	Food, Healthcare, and Mental Health needs

36	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	Food, Healthcare, and Mental Health needs
37	Increasing the number of high quality licensed childcare providers	Childcare and Education needs
38	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	Housing needs
39	Providing more transportation options to childcare services	Childcare and Education needs
40	Providing help with weatherization	Housing needs
41	Providing soft skills education (customer service, showing up on time, etc.)	Transportation, Workforce, and Employment needs
42	Adding better routes and time schedules to current public transportation system	Transportation, Workforce, and Employment needs
43	Expanding open hours at food banks	Food, Healthcare, and Mental Health needs
44	Increasing the number of childcare providers who offer age-appropriate education	Childcare and Education needs
45	Expanding food options for people with dietary restrictions or allergies at food banks	Food, Healthcare, and Mental Health needs
46	Providing help with the cost of vehicle repairs	Transportation, Workforce, and Employment needs
47	Increasing programs for minor housing repairs (paint, upgrades, etc.)	Housing needs
48	Providing help with the cost of vehicle insurance and regular maintenance	Transportation, Workforce, and Employment needs
49	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	Transportation, Workforce, and Employment needs

MeCAP Community Survey Questions

MeCAP and all 10 community action agencies in Maine are conducting a statewide Community Needs Assessment to help identify ways to better serve the residents of Maine. The survey will help identify the top needs of residents and the barriers/gaps that may prevent residents from accessing community services.

By completing this survey, you'll be entered to win a $100 gift card.*

The survey will take less than 10 minutes, and your comments will be kept confidential.

The survey will close at 5:00 PM on Friday, July 16, 2021.

Thank you for your participation in this important project.

* Employees and Board members of the community action organizations are not eligible to win a gift card.

1. **What county do you live in?**

- ☐ Androscoggin
- ☐ Aroostook
- ☐ Cumberland
- ☐ Franklin
- ☐ Hancock
- ☐ Kennebec
- ☐ Knox
- ☐ Lincoln
- ☐ Oxford
- ☐ Penobscot
- ☐ Piscataquis
- ☐ Sagadahoc
- ☐ Somerset
- ☐ Waldo
- ☐ Washington
- ☐ York

The following sections each list a number of Community Needs and ask you to decide how much focus each issue should be given. Please use a scale of 1 to 3 -- where 1 means that "No More Focus is Needed" and 3 means "Much More Focus is Needed." You can also choose "I don't know."

2. How much focus should be given to each of the following HOUSING needs:

	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	I don't know
Increasing the number of affordable apartments				
Increasing the number of affordable houses for sale				
Creating higher quality rental apartments and houses				
Developing rental and mortgage assistance programs				
Increasing the number of landlords who accept housing vouchers				
Reducing stigma associated with the housing voucher program				
Increasing programs for major housing repairs (roofs, windows, etc.)				
Increasing programs for minor housing repairs (paint, upgrades, etc.)				
Providing help with weatherization				
Providing help with utility assistance (heating fuel, electricity, etc.)				
Reducing building costs of new affordable housing units				
Providing more senior housing options				
Creating more emergency shelter beds for people who are homeless				
Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)				
Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)				

Please use a scale of 1 to 3 – where 1 means that "No More Focus is Needed" and 3 means "Much More Focus is Needed." You can also choose "I don't know."

3. **How much focus** should be given to each of the following **TRANSPORTATION, WORKFORCE DEVELOPMENT AND EMPLOYMENT needs:**

	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	I don't know
Making public transportation available in rural communities				
Adding better routes and time schedules to current public transportation system				
Creating more affordable public transportation options				
Reducing MaineCare transportation limitations (i.e., limited to one parent and child)				
Providing help with the cost of vehicle repairs				
Providing help with the cost of vehicle insurance and regular maintenance				
Developing more livable-wage jobs				
Providing job growth opportunities				
Creating technical school, trade school, or other job training options				
Providing soft skills education (customer service, showing up on time, etc.)				
Improving access to high-speed internet and technology				

4. How much focus should be given to each of the following **CHILDCARE AND EARLY EDUCATION needs:**

	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)3	I don't know
Increasing the number of high quality licensed childcare providers				
Increasing the number of affordable childcare providers				
Increasing the number of childcare providers who offer age appropriate education				
Providing more flexible and affordable childcare options for working parent(s)				
Providing more transportation options to childcare services				
Providing more after-school programs for school-aged children				
Providing more recreational opportunities for youth				

5. How much focus should be given to each of the following **FOOD, HEALTH CARE AND MENTAL HEALTH** needs:

	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	I don't know
Increasing the number of dentists who serve MaineCare patients				
Making dental care more affordable				
Reducing the amount of smoking and vaping				
Reducing the amount of adult obesity				
Reducing the amount of childhood obesity				
Increasing the number of mental health providers in rural communities				
Increasing the number of substance use disorder providers and services				
Reducing the amount of alcohol misuse				
Reducing the amount of opioid misuse				
Reducing the amount of other drug misuse (heroin, cocaine, etc.)				
Increasing the number of detox facilities				
Reducing stigma associated with mental health and substance misuse				
Expanding crisis services for mental health and substance use disorders				
Expanding open hours at food banks				
Expanding food options for people with dietary restrictions or allergies at food banks				
Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)				

COVID Impacts

6. The following is a list of COMMUNITY needs that have been previously identified. Since the start of the COVID-19 pandemic in March 2020, **do you think that the following issues are MORE important, LESS important, or about the same compared to the start of the pandemic?**

	LESS Important now than the start	About the SAME importance as the start	MORE Important now than the start	Not sure
Unemployment payments				
Job training / help finding a job				
Relief and assistance for small businesses				
Affordable rental housing				
Affordable homes for sale				
Access to healthy food				
Public transportation				
Childcare				
Utility assistance				
Rental or mortgage assistance				
Homeless services				
Access to health care				
Access to mental health and substance misuse services				
Access to high-speed internet and technology				
Other (please specify)				

7. **How do you typically hear about resources and services in your community?**

- ☐ Friends and family
- ☐ Social media
- ☐ Internet search
- ☐ Newspaper
- ☐ Radio
- ☐ Television
- ☐ My religious leader or faith-based community
- ☐ Social service organizations
- ☐ Other (please specify)

8. **Are there any other needs of Mainers that you think are important for us to know?**

[open-ended text box]

Demographics

So that we can better group the answers, please answer a few demographic questions. As a reminder, the answers you provide are confidential and anonymous.

9. What zip code do you live in?

10. What is your annual household income?

- ☐ Under $15,000
- ☐ Between $15,000 and $29,999
- ☐ Between $30,000 and $49,999
- ☐ Between $50,000 and $74,999
- ☐ Between $75,000 and $99,999
- ☐ Between $100,000 and $150,000
- ☐ Over $150,000
- ☐ I prefer not to say

11. What is your age?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 or older
- ☐ I prefer not to say

12. What is your race/ethnicity (Check all that apply)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Asian or Asian American
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Hispanic or Latino
- ☐ Another race
- ☐ I prefer not to say

13. How many people live in your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more
- ☐ I prefer not to say

14. What is your gender?
- Male
- Female
- Non-binary
- I prefer not to say

15. What is your highest level of education?
- Less than high school or equivalent
- High school diploma or equivalent
- Some college
- Technical or trade school
- Associate's degree
- Bachelor's degree
- Graduate or professional degree (Masters, PhD, MD, etc.)
- I prefer not to say

Enter to Win

If you would like to enter for a chance to win a $100 gift card, please provide your contact information below. You survey answers and your contact information will be kept separate.

Name:

Phone number:

Email address:

County:

Thank you for your participation in this important project!

Appendix L: Stakeholder Interview Guide

Introduction

As you saw in the invitation, Crescendo Consulting Group is assisting [name of CAP agency] in the process of conducting its 2021 Community Needs Assessment (CNA). We are inviting a wide range of individuals and organizations to share their ideas and recommendations about the community strengths, challenges, and needs.

We appreciate your insights and opinions on the subject. Some of the goals of the process are to:

- Identify and understand area needs in the context of the multiple populations [name of CAP agency] serves.
- Determine the services and service levels required to meet those needs
- Identify barriers and gaps that prevent area residents from accessing services.
- Build upon stakeholder engagement to maximize the effectiveness of federal, state, and local resources.

The discussion will include questions from a few broad categories. The discussion will take less than 30 minutes. Shall we get started?

Access, Availability, and Delivery of Services

- What are some of the positive things that the community has to offer? *[PROBE: outdoor activities, lifestyle, other]*

1. What are some of the challenges that face the community?

2. To what degree do people struggle with employment, food security, getting education or job training, healthcare, or other issues that impact poverty, emergency services & food?

3. To what degree are you concerned about any of these? Why?

4. What are some of the community-level things that can be done to make an impact on the poverty, emergency services, food, employment, and housing needs in the area? Are there any "low hanging fruit" that would be addressed quickly?

5. What organizations in the area provide services for individuals and families struggling with poverty, emergency services, food, employment, and housing issues? What programs seem to be the most helpful?

6. What are the three greatest challenges the community will face in the next three years?

Housing, Unemployment, and Transportation

1. How is the job market in the area (pre-COVID)? Is it easy to find a full time job with good pay job with benefits and retirement? Can families live on the wage that are available in the area? Are wages adequate to keep the young people in the area? Why or why not?

2. What types of jobs are available in our community? Generally, are "good" jobs here, can people get them? Do people have the skills necessary to get good paying jobs?

3. Do you (or your constituents) have reliable transportation to work, the grocery store, doctors, school, etc.? *[PROBE: Do you (or your constituents) commute outside your hometown/county for work? How long is your commute? Do you know people who struggle to get places?]*

4. Is it difficult to access and maintain affordable adequate, and safe housing in your community? To what degree do community members struggle with utility bills or home maintenance needs?

5. To what degree is homelessness and or housing instability a concern within the community?

Head Start, Early Childhood Education, and Childcare

1. What is your general perception of the ability of the area to meet Early Childhood (i.e., services for those prenatal to age 5) services and education needs in the area?
2. What is your general perception of the ability of the area to meet school-age childcare needs?

3. Are there parts of the county where needs are greater? [PROBE: This could mean geographic area / towns, lower income neighborhoods, ethnic or racially defined communities, or others]

4. What are some of the greatest resources in place to meet current needs?

5. What are the greatest challenges for families with complex needs with regard to early childhood services and education? What about school-aged children?

6. Is it easy for families to find affordable childcare in the area? What are some of the challenges?

Enhancing Communications and Information

1. To what degree do you think that the community at large is aware of the breadth of available services in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

2. How do consumers generally learn about access to and availability of services in the County (e.g., On-line directory; Hotline; Word of Mouth)?

Affordability of Health Care and Basic Needs

1. What is health care like in this area (i.e., access, PCP, specialty)? What are the challenges?

2. To what degree are community members / families struggling with access to nutritious food, prescription medication, health care, or other services? [PROBE: What are some resources or services that work really well?]

3. What are some of the health challenges does the community faces (i.e., obesity, diabetes, depression, etc.)?

4. What are mental health and substance misuse services like in your area? What are the challenges?

COVID-19 Pandemic Impacts

1. How has the COVID-19 pandemic impacted your area? What are people struggling with the most?

2. What do you think the short-term and long-term impacts of the pandemic are?

3. Do you think the pandemic impacted any specific subpopulations (such as age groups, racial/ethnic groups, income brackets, etc.) more than others?

Magic Wand Question: If money and resources weren't an issue, what is one thing you would do for your community?

Thank you for your time.

Appendix M: Focus Group Discussion Guide

Introduction

- *Welcome participants and introduce yourself.* Thank you for taking the time to join us for this important discussion. My name is [NAME] and I work for Crescendo Consulting Group.
- *Explain the general purpose of the discussion.* As mentioned in your invitation, we are working with [insert name of CAP] to evaluate the needs of the local community.
    - The purpose of this meeting is to learn more about your insights regarding the community, gaps you've identified, and ways to better meet community needs.
- *Explain the necessity for notetaking and recording.* We're taking notes and recording the session to assist us in recalling what you say. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.
- *Describe logistics.* Logistics are a bit different than normal since we're virtual, but we'd appreciate if you gave us your full attention for the next hour or so. If you need to take a break to use the restroom, please do. **[In-person sessions]** The restroom is located [insert location].
- *Describe protocol for those who have not been to a group before.* For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable. If you have a private question, feel free to type it in the Chat area of the software. Please be respectful of the opinions of others.
- *Seek participants' honest thoughts and opinions.* Honest opinions are the key to this process, and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.
- *Questions?* Do you have any questions for me before we start?

Access, Availability, and Delivery of Services

- What are some of the positive things that the community has to offer? *[PROBE: outdoor activities, lifestyle, other]*

- What are the three greatest challenges the community will face in the next three years?

Housing, Unemployment, and Transportation

6. How is the job market in the area (pre-COVID)? Is it easy to find a full time job with good pay job with benefits and retirement? Can families live on the wage that are available in the area? Are wages adequate to keep the young people in the area? Why or why not?

7. What are job training opportunities like in the area? *[PROBE: Higher education, trade/technical school, apprenticeship, etc.]*

8. Do you (or your constituents) have reliable transportation to work, the grocery store, doctors, school, etc.? *[PROBE: Do you (or your constituents) commute outside your hometown/county for work? How long is your commute? Do you know people who struggle to get places?]*

9. Is it difficult to access and maintain affordable adequate, and safe housing in your community? To what degree do community members struggle with utility bills or home maintenance needs?

10. To what degree is homelessness and or housing instability a concern within the community?

Head Start, Early Childhood Education, and Childcare

11. Is it easy for families to find affordable childcare in the area? What are some of the challenges?

12. What is your general perception of the ability of the area to meet Early Childhood (i.e., services for those prenatal to age 5) services and education needs in the area?

13. Are there parts of the county where needs are greater? *[PROBE: This could mean geographic area / towns, lower income neighborhoods, ethnic or racially defined communities, or others]*

14. What are the greatest challenges for families with complex needs with regard to early childhood services and education? What about school-aged children?

Affordability of Health Care and Basic Needs

15. What is health care like in this area (i.e., access, PCP, specialty)? What are the challenges?

16. What are mental health and substance misuse services like in your area? What are the challenges or barriers people may experience?

17. To what degree are community members / families struggling with access to nutritious food, prescription medication, health care, or other services? *[PROBE: What are some resources or services that work really well?]*

Enhancing Communications and Information

18. To what degree do you think that the community at large is aware of the breadth of available services in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

19. How do consumers generally learn about access to and availability of services in the County (e.g., On-line directory; Hotline; Word of Mouth)?

COVID-19 Pandemic Impacts

20. How has the COVID-19 pandemic impacted your area? What do you think the short-term and long-term impacts of the pandemic are?

21. Do you think the pandemic impacted any specific subpopulations (such as age groups, racial/ethnic groups, income brackets, etc.) more than others?

Magic Wand Question: If money and resources weren't an issue, what is one thing you would do for your community?

Thank you for your time.