



Aroostook County Action Program

*We Make Life Better!*

# **COMMUNITY ASSESSMENT**

## **AROOSTOOK COUNTY, MAINE**

**January, 2017**



Prepared by:



## ABOUT ACAP

Aroostook County Action Program (ACAP) is celebrating 45 Years of Making Life Better in Aroostook County! Employing over 140 staff members, ACAP delivers services to approximately 14,000 customers per year throughout Aroostook County, with office locations in Fort Kent, Madawaska, Caribou, Presque Isle, and Houlton.

### Mission

Aroostook County Action Program, Inc. (ACAP) has provided the people of Aroostook County with services and resources that help individuals and families achieve greater economic independence.

### Services

#### *Community Health*

Provides individuals and families with comprehensive health and nutrition programs.

- Affordable Care Act Navigator Program
- Connecting Kids2Coverage
- Oral Health
- Breastfeeding Support
- SNAP ED (Supplemental Nutrition Assistance Program Education)
- WIC (Supplemental Nutrition for Women, Infants and Children)
- Drug Free Communities
- Healthy Houlton
- Wabanaki Teleophthalmology Consortium Project

#### *Energy & Housing*

Programs to assist renters and homeowners with safe and energy-efficient housing needs.

- Energy Crisis and Central Heating Improvement Programs (LIHEAP, LIAP, ECIP, and more)
- Homeownership Education and Counseling Services
- Housing Programs (Home Repair, Lead Paint Inspection, Weatherization)

#### *Early Care and Education*

Provides families with education, child development, health, and nutrition programs.

- Head Start and Early Head Start
- Child Care
- Early Intervention Services
- Child Care Food Program

#### *Workforce Development*

Provides job seekers or employers with resources and information on training and education.

- Job Services for Adults and Youth
- Juvenile Detention Alternative Initiative (JDAI)
- Crisis and Intervention Services (Case Management, Helping Hands Emergency Services)

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## ACKNOWLEDGEMENTS

Dear Friends and Neighbors,

We are pleased to share this comprehensive community assessment. While this report will certainly help drive the strategic direction of ACAP and the approach we take in delivering programs and services for our most vulnerable residents in Aroostook County, it is not an ACAP assessment. It is a community assessment. We encourage all community leaders and members to use the information, data and recommendations in your respective (and our collective) efforts to advance our region and support its people.

We would like to thank the over 1,000 community members from northern, central and southern Aroostook County who participated in this assessment. Whether you attended one of our community forums and focus groups, participated in a one-on-one interview with our consultants, or took the time to complete our survey, every participant provided valuable input. It's thanks to your efforts that we feel confident in the strategic priorities that JSI has recommended. A special thank you to ACAP's Board of Directors and Aroostook Policy Advisory Council members who offered guidance and support throughout this process.

Information contained within these pages confirms our beliefs about what makes Aroostook County a great place to live, work and play. The report also challenges us to think creatively and collaboratively about how to approach challenges as they relate to poverty, employment, outmigration, housing, transportation, education and more.

We believe there is a tremendous opportunity and no better timing than in an era of unprecedented change - such as we currently find ourselves in - to look not only at the services delivered, but how we deliver them. Aroostook County is not the same place it was 30, 20 - even ten years ago. The systems, structures and services we offer must reflect this environment, challenges and new opportunities.

Working closely with our board of directors, ACAP has launched several innovative approaches to improve the lives of those who struggle to make ends meet:

**Exploring a new way of serving children, parents, and grandparents known as “Two-Gen” or “Two-Generation.”** ACAP has studied the best practices of two sister Agencies in Maryland and New Hampshire implementing this comprehensive approach to working with entire families, whereby staff serves as engaged advocates, helping to navigate social and other services to help move them forward. A proposal to implement a pilot project with a select number of County families will be introduced and monitored as ACAP staff discusses how this approach might work in Aroostook County. Senator



Susan Collins is an early supporter of this work, having joined with a Senate colleague in 2016 to introduce the Two-Generation Economic Empowerment Act.

**Having ongoing conversations with fellow County social service agencies and stakeholders to help create greater connections to assist clients.** In addition, the partnerships formed are designed to help improve efficiency and to find areas where shared services can be explored. Aroostook Mental Health Center (AMHC), Aroostook Regional Transportation System (ARTS), Aroostook Agency on Aging, and Central Aroostook Association are among the agencies engaged with ACAP about greater collaboration. Other efforts to add programs and increase capacity are ongoing through the statewide network of Maine Community Action Association agencies.

**The addition of a new Developmental Preschool Program, efforts to create a Community Health Services Department, and growing Case Management services to include work with emergency fuel clients** are areas where ACAP expanded and transformed in 2016. Also, ACAP increased initiatives, through Workforce Development, to partner with regional private sector businesses and non-profit organizations to support their employee training needs and support economic development.

**An organizational restructure, introduced in 2016, will provide ACAP staff the opportunity for greater cross-program collaboration within the Agency.** The addition of a new Family Council will bring together team members who provide services across the organization for regular conversations on how to eliminate barriers to integrated client services. Newly developed linkages between departments include shared programs and staff, greater emphasis on case management services, and increased strategic opportunities for development and agency growth.

Thank you for taking the time to read this report and apply it to your own work in Aroostook County. While we have much work to do, we also have much for which to be grateful. Our vision, hard work, and collective efforts will only continue to “Make Life Better” for ALL Aroostook County citizens!

With gratitude,

Jason Parent, Executive Director/CEO

## **ABOUT JSI**

John Snow, Inc., and our nonprofit JSI Research & Training Institute, Inc., forms a public health consulting and research organization dedicated to improving the lives of underserved individuals and communities across the U.S and around the world. For over 35 years, Boston-based JSI and our affiliates have provided high-quality technical and managerial assistance to social service agencies, public health programs, governments, community organizations, businesses, and host-country experts to improve the quality, access, and equity of service systems nationwide. JSI brings a broad base of knowledge and has demonstrated expertise in collecting primary and secondary data, conducting community assessments, and strategic planning to address factors that affect quality of life.

JSI has implemented projects in 106 countries, and currently operates from eight U.S. and 81 international offices, with more than 500 U.S.-based professionals and 1,600 host-country staff. JSI prides itself in its ability to provide assistance that is tailored and responsive to the specific needs of its clients.

## EXECUTIVE SUMMARY

### Purpose and Background

Community Action Agencies are non-profit private and public organizations that were established under the Economic Opportunity Act of 1964 to fight America's War on Poverty. Their purpose is to carry out the Community Action Program (CAP), with the goal of working to eliminate the causes and conditions of poverty. Today, there are over 1,100 Community Action Agencies operating throughout the United States.

Since it was established in 1972, Aroostook County Action Program, Inc. (ACAP) has provided the people of Aroostook County with services and resources to help achieve greater economic independence. ACAP serves approximately 14,000 clients per year and responds to human needs in four major program areas: early care and education, community health, energy and housing, and workforce development.

This assessment is a robust, comprehensive, and objective analysis of community needs and assets, conducted collaboratively with key stakeholders and the community-at-large. This assessment will allow ACAP and its partners, as well as the full breadth of other public and private stakeholders, including the community at-large to explore ways to more effectively leverage its activities and resources, and is a process that promotes community partnerships and collaboration, fosters broad community engagement, and encourages the development of a targeted, integrated, and sustainable strategic plan.

### Approach and Methods

The assessment was conducted in three phases. Phase I involved a comprehensive review of existing quantitative data along with a review of domain-specific reports and strategic plans. Phase II involved a series of qualitative interviews and forums with key stakeholders, service providers, and community members to characterize community need. During this phase, JSI also reviewed the results of a needs survey, administered by ACAP, to better understand the key characteristics and needs of community residents. Finally, Phase III involved strategic planning and reporting activities. This approach and process provided ample opportunity to vet the quantitative and qualitative data compiled during the assessment. While ACAP already has a robust set of programs and initiatives that address many of the issues identified through the data, this assessment provides new guidance and insight on quantitative trends and community perceptions that can be used to inform and refine ACAP's efforts and activities moving forward.

- **Phase 1:** Data sources included a broad array of publicly available secondary data that allowed JSI to gain an understanding of the demographic, socio-economic, geographic, health status, and access characteristics (See Appendix A: Quantitative Data Findings). JSI characterized status and need at the county level. Tests of significance were

performed when possible, and statistically significant differences between county and state or national values are noted when applicable. Confidence intervals measure the probability that a population parameter will fall between two set values; throughout our assessment, statistical significance is defined as two values with non-overlapping confidence intervals. Assessment activities nearly always face data limitations with respect to quantitative data collection. With respect to the quantitative data compiled for this project, the most significant limitation was the availability of timely data. While the available public data was valuable and allowed JSI to identify characteristics and needs relative to Aroostook County and the state of Maine, it should be acknowledged that some data sets were older and may not reflect the most recent trends.

To obtain targeted, direct quantitative data from residents of Aroostook County, JSI reviewed the results of an ACAP-administered survey that allowed community members to share information and opinions around a number of topics, including education, employment, housing, financial stability, and health (See Appendix B: 2016 ACAP Community Assessment Survey). Participants also had the opportunity to provide input on strengths and challenges in their communities.

The survey was developed by ACAP staff members and was modeled after surveys conducted by other Agencies in and outside of Maine. The template was reviewed by Aroostook Policy Advisory Council (APAC), who provided valuable input on question revisions and overall approach. ACAP also relied on the expertise of its community assessment consultant, JSI, for feedback and recommendations.

The survey included 57 questions. For ease of measurement, many questions were multiple choice and provided opportunities for those who wished to share additional information. As with any measurement tool, there were challenges, particularly around recruitment. Although efforts were made to recruit a representative sample of respondents, 40% of respondents were between the ages of 41 and 59, 44% of respondents had a 4 year college degree or more, most were middle-income, and most were home-owners. Hard copies of the survey were distributed amongst ACAP's low-income clients, but it was difficult to collect completed surveys.

In total, 932 community members responded to the survey, either electronically or in hard-copy, and results were entered into Survey Monkey and analyzed by ACAP and JSI. Overall, 587 participants responded through a web-link distributed via email by ACAP and other social service organizations, 189 participants responded through a link on social media, and 156 participants completed a hard copy of the survey distributed to customers participating in Early Head Start, Head Start, WIC, LIHEAP, and other programs.

- **Phase II:** JSI conducted five one-on-one interviews with external stakeholders representing schools, law enforcement, workforce and economic development, community organizations, and community health centers. Interviews were conducted using a standard interview guide and information was gathered related to major household, economic, and health needs. Interviewees were also asked about community strengths and assets, with the goal of understanding how conditions were perceived by community leaders. In addition to stakeholder interviews, JSI also conducted community and provider forums in three regions of Aroostook County: northern Aroostook, known as St. John Valley (Fort Kent), central Aroostook (Presque Isle), and southern Aroostook (Houlton). JSI posted a range of questions to solicit input on community characteristics, perceptions, and attitudes on whether quantitative data reflected actual conditions. While forum participants acknowledged regional differences, responses to the series of questions posted during the forums were very similar. It is important to note that given the relatively small sample size and the casual nature of questioning, results may not be generalizable to the larger population. Efforts were made to speak to a broadly representative group of stakeholders and residents, but the selection process was not random. Though community forums were held in three different towns, feedback from each meeting does not solely reflect the needs or interests of the area in which the meeting was held.
- **Phase III:** JSI met with senior leadership at ACAP to assess the results of the assessment, to identify priorities, and to determine a range of feasible strategies that ACAP may prioritize to meet specific needs of their target population. Strategies were drawn from data analyses, interview findings, and input from the community.

## Key Data Findings

Following is a summary of key findings drawn from the assessment's interviews and community forums, as well as a review of the existing quantitative data. A detailed discussion of assessment results is contained in the body of this report.

### *Population Characteristics*

- Aroostook's population has been in decline since the 1960s, and decreased 4.5% between 2010 and 2015.<sup>1</sup>
- Community members identified out-migration as a concern. Common reasons for leaving Aroostook County include a desire to seek jobs and gain higher wages, causing a strain on the local workforce and economy.
- A common theme throughout stakeholder interviews and community/provider forums was that older adults (65+) represent a vulnerable population in the County.

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<sup>1</sup> U.S. Census Bureau Annual Estimates of Resident Population, April 2010 to July 2015

### ***Economics***

- A greater percentage of all residents, individuals under 18, and individuals over the age of 65 in Aroostook County live in poverty or are low-income compared to the rest of the state.<sup>2</sup>
- Based on discussions with residents, one of the greatest concerns in the County is generational poverty — when a family has lived in poverty for at least two generations.
- The median household income, family income, and per capita income for Aroostook County were all significantly lower than for Maine overall.<sup>3</sup> Out of 858 respondents to ACAP's Community Survey, 24% reported that they regularly borrow money or use credit cards to meet basic needs, such as rent or food.

### ***Education and Workforce***

- Residents of Aroostook County had lower educational attainment compared to Maine overall.<sup>4</sup> Although Aroostook County sends more high school graduates to college compared to Maine overall, college persistence (the percent of students returning after freshman year) is lower, though not significantly.<sup>5</sup>
- Aroostook's unemployment rate mirrors that of the state (7.4%), though consensus among stakeholders and forum participants is that this statistic disregards the seasonal nature of many of Aroostook's industries. The labor force participation rate, or the proportion of people 16 years or older who are employed, unemployed, or actively seeking employment, is lower than Maine overall and has continued to decline over time.<sup>6</sup>
- Forum participants and stakeholders identified several barriers to finding and maintaining employment: finding affordable childcare, criminal records, and lack of knowledge around employment preparedness (creating resumes, preparing for job interviews, understanding the soft and hard skills necessary for work.)

### ***Housing***

- Though there were more HUD-Assisted units per 100,000 population in Aroostook compared to Maine overall, a number of community forum participants discussed the need for safer and more affordable housing options. Individuals noted the long wait times for subsidized housing.<sup>7</sup>

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<sup>2</sup> U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Mitchell Institute, "Maine High School Graduates: Trends in College-Going, Persistence, and Completion," August 2015, <https://mitchellinstitute.org/wp-content/uploads/2014/01/MaineCollegeGoing2015.pdf>

<sup>6</sup> U.S. Census Bureau, American Community Survey, 1990, 2000, 2009-2013

<sup>7</sup> US Department of Housing and Urban Development. 2015

- Participants emphasized that many homes in the County, especially those owned by older adults, are in disrepair and in need of weatherization, safety upgrades, and basic upkeep.
- The numbers of individuals who are turned away due to the lack of an Emergency Shelter suggest that vulnerable and high-risk individuals are unable to access social services that are desperately needed.

### ***Transportation***

- Lack of a reliable public transportation system was a major area of concern, and residents reported that the current system was inefficient and underutilized.
- Out of 827 respondents to ACAP's Community Survey, 10% reported that they did not own a reliable vehicle. When asked specifically about transportation challenges, 17% of 797 respondents said that they faced challenges with respect to auto repairs; 11% reported that they faced challenges related to the cost of fuel and gasoline, and 9% reported challenges with purchasing a reliable vehicle.

### ***Health***

- Substance abuse and mental health were overwhelmingly named as the most critical issues for residents of Aroostook County. Community forum participants and interviewees cited substantial gaps in behavioral health services and family/child support services, particularly for low-income individuals and families with multi-generational substance use.
- After substance abuse and mental health, survey participants identified issues around obesity and access to healthy, nutritious foods as critical priorities.
- Residents of Aroostook County tended to have more chronic disease-related health issues compared to individuals in Maine. Adults in Aroostook were more likely to rate their health as "fair to poor," were more likely to have three or more chronic conditions, and were more likely to report that they were in poor physical health for more than 14 of the past 30 days compared to Maine residents overall.<sup>8</sup>
- Many forum participants identified residents' inability to access and/or afford healthy foods as a major issue for segments of the population in this region. Specifically, low-income individuals and families and isolated older adults were identified as at-risk with respect to food access.

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<sup>8</sup> Maine BRFSS 2011-2013



## **Strategic Priorities**

The following assessment provides context for the current conditions within Aroostook County, and will hopefully be used to guide transformative interventions. Assessment results illustrate that Aroostook County is not the same place as it was 10 years ago; the population is shrinking and aging, the political context has shifted, and workforce and business environments have changed. Such changes demand a paradigm shift of the social service system and require bold action to tackle leading issues. JSI's approach to the assessment provided ample opportunity to vet quantitative and qualitative data compiled during the assessment; from this process, four strategic priority areas emerged. A more robust discussion of priorities can be found on Page 29.

### **Strategic Priority 1: Strengthen Partnerships and Foster Cross-Sector Collaboration**

With increasing demands and shrinking budgets, County service providers must work to identify systemic changes that can be made within the infrastructure of the County's social service system. ACAP and partners must explore potential for collaboration, consolidation, and shared services agreements for administrative functions, or take other proactive measures that will allow organizations to retain individuality and strengths, but create opportunities for more efficient delivery of services.

### **Strategic Priority 2: Create Opportunities for Productive Dialogue on the Causes and Impacts of Poverty**

Community forum participants noted that misinformation, misconceptions, and a general lack of understanding around the causes and impacts of poverty are barriers to community cohesion. A community-wide understanding of the systemic causes of poverty and options for responding to these challenges is essential for change to occur. ACAP and other community organizations must create platforms that allow residents and stakeholders to come together to work through poverty's complex dynamics. Fostering productive and mutually beneficial relationships between low-income residents, key stakeholders, and service providers will be a critical first step in ensuring that community-level interventions are met with a broad range of support.

### **Strategic Priority 3: Continue to Address Social Determinants and Barriers That Have Impact on Health and Well-Being**

A dominant theme from the assessment's quantitative and qualitative data collection was the continued impact that the underlying social determinants of health and wellness have on Aroostook County's population, specifically those that are low-income. More specifically, determinants such as poverty, limited transportation, and poor housing and nutrition limit people's

ability to live productive and fulfilling lives. The service system must continue to provide comprehensive services that work towards improvement in these areas.

#### **Strategic Priority 4: Reduce the Burden of Behavioral Health on the Population and Service System**

Mental health and substance abuse were identified as the leading health issues of concern amongst community residents; furthermore, rates of chronic disease were significantly higher amongst County residents compared to the state overall. Despite increased community awareness and sensitivity around mental illness and addiction, there is still a great deal of stigma related to these conditions and a general lack of appreciation for the fact that these issues are often rooted in genetics and physiology similar to other chronic diseases. Addressing these issues and supporting community residents to develop healthier habits in these areas should be addressed collaboratively on a County-wide level.

## UNDERSTANDING THE CAUSES, CONDITIONS, AND IMPACTS OF POVERTY

Based on the U.S. Census Bureau's 2015 estimates, approximately 43.1 million Americans (13.5%) are living in poverty.<sup>9</sup> National interventions overwhelmingly tend to focus on alleviating causes and conditions of poverty in urban and metropolitan areas, likely due to population density and the high concentration of policy makers, research institutions, and media outlets in these locales. Mistaken beliefs about the causes and characteristics of poverty create a unique set of challenges for the rural poor and those that advocate on their behalf; deep-seated misconceptions and historical biases, together with the cyclical and generational nature of rural poverty, create tremendous challenges for organizations that seek to alleviate the impacts of poverty and to maintain the resources necessary to preserve a sufficient social service system. While rural employment has increased slightly in recent years, growth is slow, whereas urban employment has risen twice as rapidly.<sup>10</sup>

Certain segments of the population are disproportionately affected by poverty in rural areas, namely women, children, racial/ethnic minorities, and the least educated.<sup>11</sup> The demographics of the rural poor are changing; the number of poor rural families is decreasing and the number of single-parent households is on the rise. An ever-evolving economic structure has placed extra strain on individuals and families living in large rural areas with low population density; lack of and outsourcing of jobs, limited long-term employment opportunities, and the need to commute to work are some of the most well-known causes and conditions of hardship. As a result of economic needs, civic engagement and community participation are often sacrificed as individuals work to preserve basic essentials.<sup>12</sup> Though the rural poor tend to have fewer job opportunities, they are less likely to receive welfare than those in urban areas for a number of reasons, including ease of program access and preferences about receiving public benefits; those that do receive assistance tend to receive less.<sup>13</sup>

Interventions addressing poverty must aim to set goals that look beyond outcomes for individuals—the objective should be to achieve outcomes for whole families. The “two-generation” approach to poverty reasons that children cannot thrive in homes if low-income

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<sup>9</sup> BD Proctor, JL Semega, MA Kollar, “Income and Poverty in the United States: 2015,” United States Census Bureau, September 13, 2016, <http://www.census.gov/library/publications/2016/demo/p60-256.html>

<sup>10</sup> United States Department of Agriculture, Rural America At A Glance: 2016 Edition,” November 2016, <https://www.ers.usda.gov/webdocs/publications/eib162/eib-162.pdf>

<sup>11</sup> Housing Assistance Council, “Rural Research Brief,” June 2012, [http://www.ruralhome.org/storage/research\\_notes/rn\\_poverty.pdf](http://www.ruralhome.org/storage/research_notes/rn_poverty.pdf)

<sup>12</sup> M Dillon and J Young, “Community Strength and Economic Challenge: Civic Attitudes and Community Involvement in Rural America,” Carsey Institute, 2011 (29), <http://scholars.unh.edu/cgi/viewcontent.cgi?article=1136&context=carsey>

<sup>13</sup> G Mills, Urban Institute, “Urban-Rural Trends in SNAP Participation: What’s Going On?” Urban Institute, January 7, 2013, <http://www.urban.org/urban-wire/urban-rural-trends-snap-participation-whats-going>

parents cannot succeed in making ends meet, and therefore, models must explicitly target both parents and children to disrupt the cycle of poverty. A common framework for this approach has emerged, which includes a number of established principles: programs and interventions must take the time to build relationships and establish trust between individuals, families, communities, and service providers; approaches should be tailored to fit diverse families; and work must be done to address the structural and systemic barriers that make it difficult for families to succeed.<sup>14</sup> ACAP contributes to many programs that address the multi-dimensional and multi-generational issues that allow poverty to persist. As a community leader, the organization has an opportunity to strengthen and coordinate innovative regional efforts to mitigate disparities. This assessment aims to be a useful document for ACAP to understand the needs and opportunities in Aroostook County and to establish a foundation for the development of future programs.



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<sup>14</sup> MM Scott, SJ Popkin, and JK Simington, "A Theoretical Framework for Two-Generation Models," The Urban Institute, January 2016, <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000578-A-Theoretical-Framework-for-Two-Generation-Models.pdf>

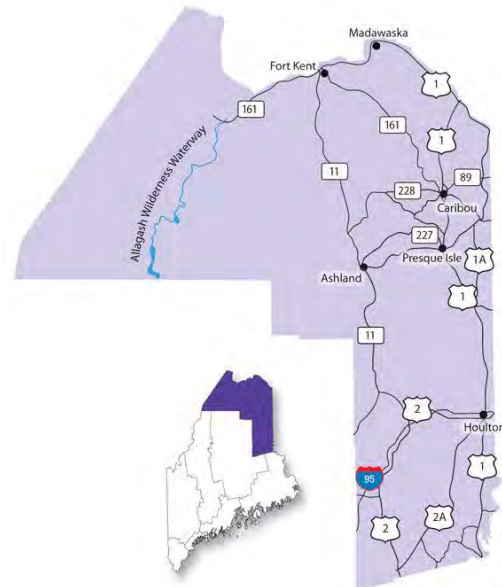
## KEY FINDINGS

### Population Characteristics

#### ***Population Density, Growth, and Trends***

Aroostook is the northernmost county in Maine, located along the U.S.-Canada border. Accounting for over one-fifth of all land in Maine, it covers an area of 6,671 square miles and has a population of 70,653 people. It is a highly rural county, with 80% of the population living in designated rural areas, and a population density of 10.6 people per square mile, compared to 43.1 in Maine overall. Key informants and forum participants confirmed that the sheer size of Aroostook, larger than the states of Rhode Island and Connecticut combined, makes it difficult for some residents to receive services or acquire goods.

Community members also identified out-migration as a concern. Common reasons for leaving Aroostook County include a desire to seek jobs and gain higher wages, causing a strain on the local workforce and economy. According to population estimates, Aroostook's population has been in decline since the 1960s, and decreased 4.5% between 2010 and 2015.<sup>15</sup>



#### ***Age and Gender***

Gender and age are fundamental factors in determining and characterizing community need. Compared to Maine, Aroostook County has an older population, with a larger percentage of people ages 65–84 living in Aroostook compared to Maine overall, and a smaller percentage of people ages 20–54. A common theme throughout the stakeholder interviews and community/provider forums was that older adults (~65+) represented a vulnerable population in the County. With respect to gender, Aroostook's distribution is approximately equal, which mirrors conditions of the state.

#### ***Race/Ethnicity, Foreign-Born Status, and Language***

There is an extensive body of research and evidence that illustrates the health disparities that exist for racial/ethnic minorities, foreign-born populations, and individuals with limited English

<sup>15</sup> U.S. Census Bureau Annual Estimates of Resident Population, April 2015 to Ji



language proficiency.<sup>16</sup> Overall, Aroostook County is a relatively homogeneous non-Hispanic white population, although pockets of diversity do exist; special populations include Amish, French Acadians, Irish and Scotch-Irish, Maine's Swedish Colony, and two federally recognized Native American Tribes – the Micmac and Maliseet bands. Aroostook County has a greater percentage of Native American/Alaska Native residents (1.5%) compared to the state overall (0.6%).<sup>17</sup>

The percentage of people in Aroostook County that speak English is significantly lower than that in Maine; a large percentage of residents in Aroostook County speak Indo-European languages, likely French, and a significantly higher percentage of residents are foreign-born.<sup>18</sup> Notably, being foreign-born does not guarantee that a person will face disparities in outcomes; due to protective factors, some foreign-born cohorts are known to have generally better health and social outcomes than the population overall.<sup>19</sup> However, research has shown that foreign-born residents are more likely to face cultural, linguistic, or literacy barriers that require a more tailored social-service response.<sup>20</sup>

## **Economics**

### **Socioeconomic Status**

Socioeconomic status, as measured by income, employment status, occupation, and the extent to which one lives in areas of economic disadvantage, has long been recognized as a critical determinant of well-being, social mobility, and health. Research shows that individuals and communities with lower socioeconomic status face inequities in accessing and receiving resources, bear a higher disease burden, and have a lower life expectancy.<sup>21</sup> Moreover, research shows that children born to low-income families are, as they move into adulthood, less likely to be formally educated, less likely to have job security, more likely to have poor health status, and less likely to move to higher socioeconomic levels.<sup>22</sup>

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<sup>16</sup> Institute of Medicine. Coverage Matters: Insurance and Health Care. Retrieved from <http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2003/Coverage-Matters-Insurance-and-Health-Care/Uninsurance8pagerFinal.pdf>. Accessed June 2, 2016.

<sup>17</sup> U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014

<sup>18</sup> Ibid

<sup>19</sup> I Elo, N Mehta, and C Huang, "Health of Native-born and Foreign-born Black Residents in the United States: Evidence from the 2000 Census of Population and the National Health Interview Survey," PARC Working Paper Series, 2008.

<sup>20</sup> K Pereira, R Crosnoe, K Fortuny, JM Pedroza, K Ulvestad, C Weiland, H Yoshikawa, and A Chaudry, "Barriers to Immigrants Access to Health and Human Services Programs," ASPE Research Brief, May 2012.

<sup>21</sup> NE Adler and JM Ostrove, "Socioeconomic Status and Health: What we Know and what we don't," Annals of the New York Academy of Sciences 896 (1999): 3-15.

<sup>22</sup> K Alexander, D Entwistle, and L Olson, "Family Background, Disadvantaged Urban Youth, and the Transition to Adulthood," Russel Sage Foundation, June 2014.

A greater percentage of all residents, individuals under 18, and individuals over the age of 65 in Aroostook County live in poverty or are low-income compared to the rest of the state.<sup>23</sup> Based on discussions with residents, one of the greatest concerns in the County is generational poverty — when a family has lived in poverty for at least two generations. Poverty, and particularly generational poverty, impacts all aspects of a person's life, including the ability to go to college and join the workforce, secure food and housing for one's family, and maintain good health. Out of 858 respondents<sup>24</sup> to ACAP's Community Survey, 24% reported that they regularly borrow money or use credit cards to meet basic needs, such as rent or food. Out of 812 respondents, 13% reported that they had a bad credit rating; 12% reported that they had trouble achieving a living wage of income apart from receiving assistance from social service or government programs, and 6% reported that they had bills in collections. These results highlight many of the concerns captured through community forums and stakeholder interviews.

Indicator	Aroostook	Maine
Persons in poverty (total family income < family's threshold) (%)	<b>20.1</b>	13.4
Population Below 150% FPL (%)	<b>29.9</b>	23.7
Population Below 200% FPL (%)	<b>42.5</b>	33.8
Individuals under 18 Below 100% of FPL (%)	<b>24.6</b>	18.8
Individuals 65+ Below 100% of FPL (%)	<b>12.6</b>	8.8

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014. Figures in **red** are statistically significant.

The median household income, family income, and per capita income for Aroostook County were all significantly lower than for Maine overall. While a greater proportion of households received public assistance income and social security in Aroostook County compared to Maine, the average amount of money received was actually lower than the state average.

<sup>23</sup> U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014

<sup>24</sup> Though there were 932 total respondents to the ACAP Community Survey, respondents were not required to answer all questions. When survey results are discussed, it is noted how many respondents answered the particular question.



Indicator	Aroostook	Maine
Median Household Income	<b>\$37,378</b>	\$48,804
Median Family Income	<b>\$50,177</b>	\$61,824
Per Capita Income	<b>\$21,933</b>	\$27,331
Households with Social Security (%)	<b>40.0</b>	34.3
Average Social Security Received	<b>\$15,585</b>	\$16,660
Households with Public Assistance Income (%)	<b>5.7</b>	4.6
Average Public Assistance Received	<b>\$2,173</b>	\$2,990

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014. Figures in **red** are statistically significant.

### **Education, Employment, and Workforce**

Residents of Aroostook County had lower educational attainment compared to Maine overall. A significantly higher percentage of individuals age 25 years and older reported high school graduate or equivalency as the *highest* level of education completed. A significantly lower percentage of residents had a Bachelor's, graduate, or professional degree compared to Maine overall.

Although Aroostook County sends more high school graduates to college compared to Maine overall, college persistence (the percent of students returning after freshman year) is lower, though not significantly. Participants felt that high schools and families did not prepare youth for the responsibilities associated with living independently. Second, many people cited financial barriers. Some students have financial obligations to their families and cannot afford to stay in school. Moreover, if students hear that their peers could not find employment after college, they may decide to search for a job instead of remaining in school. Finally, for students whose families do not value higher education, either because they did not go to college themselves or do not see the benefit, it is particularly hard to stay in college.

Highest Educational Attainment	Aroostook	Maine
High School Graduate (Includes Equivalency) (%)	<b>38.8</b>	33.5
Bachelor's Degree (%)	<b>11.9</b>	18.3
College-Going in the Fall after HS Graduation (%)*	63.8	61.6
Freshman-to-Sophomore College Persistence (%)*	78.4	83.1

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014; \*Figures in **red** are statistically significant.

According to quantitative data, Aroostook's unemployment rate mirrors that of the state (7.4%). Consensus among stakeholders and forum participants is that, in reality, this number should be much higher, considering the seasonal nature of many of Aroostook's industries. The labor force participation rate, or the proportion of people 16 years or older who are employed, unemployed, or actively seeking employment, is lower than Maine overall and has continued to decline over time.<sup>25</sup> This decline may indicate that unemployed people in the County who cannot find work are leaving the labor force indefinitely.

Forum participants and stakeholders identified several barriers to finding and maintaining employment. First, for individuals with children, it is difficult to find affordable childcare. When respondents to ACAP's Community Survey were asked to name the top three services for which people would like to receive help or support, the third most popular response was finding affordable childcare (18%). Without a reliable form of childcare, individuals have difficulty going to job interviews or work. Secondly, people cited criminal records as a major barrier to employment. Additionally, forum participants felt that people are not prepared for the workforce and need assistance creating resumes, preparing for job interviews, and understanding the soft and hard skills necessary for work. While some individuals cited a lack of jobs even for people with college or graduate degrees, a number of service providers noted they have open positions that they cannot fill because of a lack of capable candidates; specifically, noted were jobs in health care (nurses and medical lab technicians), administration (accountants, administrative assistants), engineering (boiler operators), vocations (industrial electricians), shipping and transportation (truck drivers), and manufacturing (assemblers).

The results of ACAP's Community Survey showed that employment and workforce were key areas of concern for residents of Aroostook County.

- 97 people answered a question about why they were unemployed or underemployed. Of these 97 respondents, 34% reported that their unemployment or underemployment was

<sup>25</sup> U.S. Census Bureau, American Community Survey, 1990, 2000, 2009-2013

due to health challenges other than mental health and/or challenges with drugs and alcohol; 27% reported that they lacked childcare, and; 21% cited layoffs or downsizing.

- When asked about what job-related services they would use if they were available to them, 9% of 810 respondents said they wanted help with business start-ups or self-employment, and 4% responded that they would use career and job training.

## Housing

An increasing body of research suggests that poor housing is associated with a wide range of health conditions, including asthma and other respiratory diseases, exposure to environmental toxins, injury, poor nutrition, and the spread of communicable diseases.<sup>26</sup> These health issues have proved to be more common in low-income cohorts who often must decide between paying for safe housing, healthy food, necessary health care services and other needs. At the extreme are those without housing, either living on the street or in a transient, unstable housing situation, who have been shown to have significantly higher rates of illness and shorter life expectancy. Lack of affordable housing also has an impact on poverty and the ability of individuals and families to afford food, electricity, heat, and other essential household and personal items.

The household composition in Aroostook was similar to that of the rest of Maine, except that the housing stock in Aroostook tended to be older. There was a significantly lower percentage of family households with related children under the age of 18 in Aroostook compared to Maine, and a significantly higher percentage of individuals age 65 years and older who lived alone.

Though there were more HUD-Assisted units per 100,000 population in Aroostook compared to Maine overall, a number of community forum participants discussed the need for safer and more affordable housing options. Moreover, individuals noted the long wait times for subsidized housing, sometimes more than several years.

While quantitative data showed that Aroostook County and Maine had similar housing conditions in terms of plumbing facilities, kitchen facilities, and telephone service, participants emphasized that many homes in the County, especially those owned by older adults, are in disrepair and in need of weatherization, safety upgrades, and basic upkeep. In particular, heat was cited as a major concern, as it is expensive to heat homes in the long winter months.

ACAP works diligently to address housing needs, but demand and eligibility outweigh available funding. In 2015, ACAP assisted 57 households with over \$500,000 worth of home repair services; while impressive, an additional 381 families were eligible and unable to be served due to limited funding. That same year, ACAP purchased and installed over \$200,000 worth of

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<sup>26</sup> J Krieger and DL Higgins, "Housing and Health: Time Again for Public Health Action," *American Journal of Public Health* 92(2002): 758-768.

energy conservation materials for 54 income-eligible homeowners and tenants; there are currently 2,551 income eligible households on a waiting list to receive weatherization services. This assessment includes quantitative data from three social service agencies (ACAP, Aroostook Mental Health Center, and Homeless Services of Aroostook); it may be assumed that a survey of other social services would indicate similar issues related to unmet housing needs.

Additional findings related to housing are as follows:

- Out of 799 respondents to ACAP's Community Survey, 5% reported that they had their heat or electricity turned off within the past year. Within the same set of respondents, 5% reported that they were unable to pay property taxes on their home.
- When asked about their top household related needs, 11% of respondents to ACAP's Community Survey cited help with heating and/or electric bills as the most pressing need, followed by handyman services and home assistance (10%).
- Since July of 2015, 151 individuals requested support for security deposits or rent from ACAP and from AMHC, which serves individuals and families with mental health needs. In the same time, AMHC provided two-week emergency hotel lodging for 15 individuals and/or families. Due to lack of funding, ACAP was unable to support 18 individuals seeking assistance. While the scope of this assessment did not include a survey of all agencies that received requests for security deposit or rent, the need for this type of housing support is estimated to be much greater.
- There are currently 31 income-eligible households on a waiting list to receive assistance with central-heating services.
- In 2015, 83 foreclosure cases were filed in Aroostook County courts. In 2014, 140 foreclosure cases were filed.<sup>27</sup>



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<sup>27</sup> WN Lund (Maine Bureau of Consumer Credit Protection), Memorandum to Joint Standing Committee on Insurance and Financial Services and Joint Standing Committee on Appropriations. 2014 and 2015. "Foreclosure Assistance and Referral Program." Memorandum.



Composition	Condition	Cost
<ul style="list-style-type: none"> <li>• Similar percentage of single parent (male and female) households in Aroostook compared to ME</li> <li>• Higher percentage of individuals ages 65 and older living alone (14.6% vs. 11.7%)</li> </ul>	<ul style="list-style-type: none"> <li>• Similar percentage of homes built in 1939 or earlier compared to Maine overall, (25.7 % vs. 25.2%) and fewer units built from 2000-2009 (9.1% vs. 12.3%)</li> <li>• Data shows that Conditions of plumbing, kitchen, and telephone services for houses in Aroostook similar to that of Maine overall</li> </ul>	<ul style="list-style-type: none"> <li>• Smaller percentage of households in Aroostook spend over 35% of income on rent (37.9) compared to Maine overall (42.1)</li> <li>• More HUD-Assisted units per 100,000 population (426.3 vs. 367.3)</li> <li>• Lower median value of housing in Aroostook (\$93K vs. \$174K)</li> </ul>

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014

While homelessness was not a major theme of this assessment, a number of individuals expressed concern about the limited services being provided for those without a safe and stable place to live. Since 2012, approximately 700 individuals and families stayed at Homeless Services of Aroostook, a 43-bed family emergency shelter providing hot meals, laundry, showers, and case management services. The only emergency homeless shelter in Aroostook County, data from Homeless Services of Aroostook indicates that for every individual they were able to help between 2012 and 2016, they had to turn away 3 to 4 people; since the shelter is family-designated, it does not allow individuals under the influence of drugs or alcohol to stay.<sup>28</sup> Policies must and should be enforced to protect the safety of clients in a Family Shelter. The numbers of individuals who are turned away due to the lack of an Emergency Shelter, suggest that vulnerable and high-risk individuals are unable to access social services that are desperately needed. While this policy is enforced in an effort to protect the safety of other clients, vulnerable and high-risk individuals are unable to access social services that may be desperately needed.

## Transportation

The reliability of transportation is often dependent on distance traveled; while a vehicle may be safe for a 5- or 10-mile ride, a 25-mile ride, compounded by the cost of gas, may be formidable. In rural areas, access to reliable transportation is critical in responding to economic, employment, health, and social issues; transport enables people to safely travel to and from school,

<sup>28</sup> Homeless Services of Aroostook, "Statistics," n.d., <http://www.arostookhomeless.org/about-us/statistics/>

workplaces, clinics and medical facilities, grocery stores, and social service agencies that may be spread across large swaths of land. Transport allows people to engage in mainstream society.<sup>29</sup>

Quantitative data suggests that the number of households with no motor vehicle is similar to that of Maine overall, though forum participants felt this was vastly underreported. Lack of a reliable



public transportation system was a major area of concern, and residents reported that the current system was inefficient and underutilized. Though many are able to rely on family, friends, and neighbors for emergency transportation, many participants expressed frustration at being beholden to the schedule of others, especially when goods and services are needed immediately. The lack of transportation is especially of concern for older adults trying to get to medical appointments or obtain medications, for working adults attempting to get to and from places of employment, and for students commuting to school. Out of 827 respondents to ACAP's Community Survey, 10% reported that they did not own a reliable vehicle, defined as a car or truck that would not break down. When asked specifically about transportation challenges, 17% of 797 respondents said that they faced challenges

with respect to auto repairs; 11% reported that they faced challenges related to the cost of fuel and gasoline, and 9% reported challenges with purchasing a reliable vehicle.

## Health Outcomes and Services

An article published in the Journal of the American Medical Association (JAMA) studied life expectancy across the United States and identified demographic and socio-economic factors that were correlated more or less strongly with low life expectancy. One of the strongest determinants of life expectancy was whether individuals lived in low-income communities. Those living in

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<sup>29</sup> A Wear, "Improving Local Transport and Accessibility in Rural Areas Through Partnerships," in OECD LEED Forum on Partnerships and Local Governance, January 2009. Retrieved from <http://www.oecd.org/cfe/leed/45204577.pdf>

communities with a larger proportion of low-income residents were much more likely to have a lower life expectancy and to face disparities with respect to other leading health indicators.<sup>30</sup>

### ***Access to Care and Health Status***

The extent to which a person has insurance that helps to pay for needed acute services, as well as access to a full continuum of high-quality, timely and accessible preventive and disease management or follow-up services, has shown to be critical to overall health and well-being.

Access to a usual source of primary care is particularly important as it greatly impacts one's ability to receive regular preventive, routine and urgent care, and chronic disease management services for those in need. Based on information gathered from interviews and community forums, Aroostook County has a strong health care system, yet segments of the population may face barriers in accessing care. In general, forum participants and interviewees said that people tend to be able



to access providers relatively easily. However, residents may struggle to pay for services, particularly those who have to pay out of pocket for copays or pay for the full cost of care. The percentage of uninsured adults in Aroostook is similar to Maine overall, though the percentage of adults who had visited a dentist in the past 12 months was significantly lower. Residents cited a lack of affordable oral health services as a reason for this statistic.

Adults in Aroostook were more likely to rate their health as “fair to poor,” have lost more than 14 days due to poor physical health, and have three or more chronic conditions compared to Maine overall. A greater percentage of residents were disabled, which forum participants attributed to a high percentage of veterans and older adult males with a history of physical labor.

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<sup>30</sup> J McGinnis, “Income, Life Expectancy, and Community Health: Underscoring the Opportunity.” *Journal of the American Medical Association*, 315(2016): 1709-1710.



Indicator	Aroostook	Maine
Adults who rate their health fair to poor (%)	21.0	15.6
Adults with 14+ days lost due to poor physical health (%)	17.2	13.1
Adults with three or more chronic conditions (%)	35.1	27.6
Civilian noninstitutionalized population with a disability (%)	22.0	15.7

Source: BRFSS, 2011-13; U.S. Census Bureau American Community Survey 2010-14 5-year estimates

Figures in **red** are statistically significant.

## Risk Factors

There is a growing appreciation for the effects that certain health risk factors — such as obesity, lack of physical exercise, and poor nutrition — have on health status, the burden of physical chronic conditions and cancer, as well as on mental health and broader substance use problems. A discussion and review of available data and information drawn from quantitative and qualitative sources from this assessment is provided below.

- Overweight/Obesity:* Over the past two decades, obesity rates in the United States have doubled for adults and tripled for children. Overall, these trends have spanned all segments of the population, regardless of age, sex, race, ethnicity, education, income or geographic region. While some segments have struggled more than others, no segment has been completely unaffected. In Aroostook County, 38.8% of adults are obese compared to 28.9% of adults in Maine overall.<sup>31</sup> When asked to identify the top health issues affecting Aroostook County, respondents to ACAP's Community Survey repeatedly referred to issues around obesity and access to healthy, nutritious foods as a critical priority.
- Physical Fitness and Nutrition:* Lack of physical fitness and poor nutrition are among the leading risk factors associated with obesity and chronic health issues, such as heart disease, hypertension, diabetes, cancer and depression. Overall fitness and the extent to which people are physically active reduce the risk for many chronic conditions and are linked to good emotional health. Aroostook County and Maine had similar rates of nutrition- and physical activity-related issues. A significantly higher percentage of adults in Aroostook County reported a sedentary lifestyle with no leisure-time physical activity in the past month (27.7%) compared to Maine overall (22.4%).<sup>32</sup>

Although the geography of Aroostook County lends itself to the opportunity for many

<sup>31</sup> Maine BRFSS 2011-2013

<sup>32</sup> Ibid

outdoor activities, the cost of participating in these activities can be prohibitive for many people. Furthermore, the winter weather makes it difficult for people to spend time outside. Forum participants did note that employers are starting to become more aware of the benefits of wellness.

- *Food Insecurity:* Issues related to food insecurity, food scarcity, and hunger are at the heart of the public health discourse in communities across the United States. Many forum participants identified residents' inability to access and/or afford healthy foods as a major issue for segments of the population in this region. Specifically, low-income individuals and families and isolated older adults were identified as at-risk with respect to food access.

A number of forum residents spoke about community programs and services offering food for free or at a reduced cost, offered through food pantries supplied by Catholic Charities and Adopt-A-Block of Aroostook, and seasonal farmer's markets. Though these opportunities are available, transportation to and from pantries and markets was identified as a barrier to access. Out of 827 respondents to ACAP's Community Survey, 6% responded that they or someone in their household had gone hungry in the past year because they were not able to get enough food. Out of 761 respondents, 23% responded that they had used Supplemental Nutrition Assistance Program (SNAP) within the past year, and 10% reported relying on friends or family for food assistance.



Additionally, because of the rurality of the County, community forum participants reported that they travel to grocery stores less frequently. Residents tend to stock up on canned, non-perishable food that will last many months; this limits the amount of fresh, healthy foods that people will buy. Even when people can access fresh food, they may not

know how to prepare these items, and thus food and cooking education is needed.

## **Chronic Disease**

Throughout the United States, chronic diseases such as heart disease, stroke, cancer, respiratory diseases and diabetes are responsible for approximately 7 of 10 deaths each year, and treating people with chronic diseases accounts for 86% of our nation's health care costs. Half of all American adults (18+) have at least one chronic condition, and almost 1 in 3 have multiple chronic conditions. Perhaps most significantly, despite their high prevalence and dramatic impact, chronic diseases are largely preventable, which underscores the need to focus on the health risk factors, primary care engagement and evidence-based chronic disease management. Residents of Aroostook County tended to have more chronic disease-related health issues compared to individuals in Maine.

- Residents of Aroostook County tended to have higher rates of cardiovascular disease and related health issues compared to Maine overall.<sup>33</sup>
- There was a greater prevalence of diabetes among residents of Aroostook County compared to Maine overall, and a significantly higher rate of diabetes emergency department visits and hospitalizations.<sup>34,35</sup>

A significantly lower percentage of children had confirmed elevated blood lead levels, and a significantly higher percentage of children ages 12–23 months were screened for lead exposure.<sup>36</sup> Aroostook County had a significantly lower percentage of homes with private wells that were tested for arsenic.<sup>37</sup>



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<sup>33</sup> Maine Health Data Organization 2010-2012; Maine CDC Vital Records 2009-2013; Maine BRFSS 2011-2013

<sup>34</sup> Maine BRFSS 2011-2013

<sup>35</sup> Maine Health Data Organization 2010-2012

<sup>36</sup> Maine CDC Lead Program 2009-2013

<sup>37</sup> Maine BRFSS 2011-2013

Cancer is the second leading cause of death in the United States and one of the leading causes of death in Maine. The major known risk factors for cancer are age, family history of cancer, smoking, overweight/obesity, and excessive alcohol consumption, excessive exposure to the sun, unsafe sex, and exposure to fumes, secondhand cigarette smoke, and other airborne environmental and occupational pollutants. As with other health conditions, there are major disparities in outcomes and death rates across all forms of cancer, which are directly associated with income, health behaviors, race/ethnicity, and whether one has comprehensive medical health insurance coverage.

- There were no significant disparities between cancer incidence and mortality in Aroostook County compared to the rest of the state.<sup>38</sup>
- For specific types of cancer, including breast cancer, melanoma, and prostate cancer, Aroostook County had a significantly lower incidence rate. However, Aroostook had a significantly higher incidence rate of colorectal and lung cancer.<sup>39</sup>

Indicator	Aroostook	Maine
Asthma ED visits (per 100,000 pop.)	113.5	67.3
Diabetes prevalence (ever been told) (%)	14.2	9.6
Hypertension prevalence (%)	40.7	32.8
Coronary heart disease mortality (per 100,000)	111.8	89.8
High cholesterol (%)	47.7	40.3
Mortality (all cancers, per 100,000)	197.5	185.5

Source: Maine Health Data Organization, Maine CDC Vital Records, BRFSS 2011-2013

Figures in **red** are statistically significant.

### **Mental Health and Substance Use**

Mental illness and substance use have a profound impact on the health of people living throughout the United States. Data from the Centers for Disease Control and Prevention suggests that approximately 1 in 4 (25%) adults in the United States has a mental health disorder, and an estimated 22 million Americans struggle with drug or alcohol problems. Depression, anxiety and alcohol abuse are directly associated with chronic disease, and a high proportion of those living with these issues also have a chronic medical condition. When respondents to ACAP's Community Survey were asked to identify the top health issues in Aroostook County, substance abuse and mental health were overwhelmingly named as the most critical issues.

<sup>38</sup> Maine Cancer Registry 2007-2011

<sup>39</sup> Ibid

These issues have a major impact on a small but very high-need group of individuals and families. Community forum participants and interviewees cited substantial gaps in behavioral health services and family/child support services, particularly for low-income individuals and families with multi-generational substance use. Stakeholders advocated for expansion of supportive services that this population needs to manage their conditions and improve their health status and overall well-being.

- Aroostook County and Maine had similar rates of adults and youth reporting depression, sadness and hopelessness, and thoughts of suicide.<sup>40,41</sup>
- With the exception of chronic heavy drinking and marijuana use among high school students, for which Aroostook County fared better, rates of substance abuse issues in Aroostook County and Maine were similar to Maine overall.
- Although quantitative data showed that binge drinking was not a significant issue, community forum participants felt this was a major issue amongst adults in the County.

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<sup>40</sup> Maine BRFSS 2011-2013

<sup>41</sup> Maine Integrated Youth Health Survey 2013



## **STRATEGIC PRIORITIES**

As mentioned in this assessment, the County is comprised of three regions – northern Aroostook (St. John Valley), central Aroostook, and southern Aroostook. Though the regions share many similarities, it is important to consider how cultural differences amongst these areas may require service providers to develop tailored responses to address unique community needs. The following are strategic priorities identified from the assessment’s interviews and community forums, as well as a review of existing quantitative data.

### **Strengthen Partnerships and Foster Cross-Sector Collaboration.**

Aroostook County is faced with an aging population that is decreasing in size. This demographic shift, coupled with increasing demands for social service support and shrinking budgets, means that service providers must work to identify systemic changes that can be made within the infrastructure of the County’s social service system. While the majority of the social service agencies in Aroostook County are doing good work, it may be necessary to reconfigure the social service infrastructure in order to provide the most for the County’s most vulnerable residents. ACAP and partners must explore potential for collaboration, consolidation, and shared services agreements for administrative functions and potentially other services, or take other proactive measures that will allow organizations to retain individuality and strengths, but create opportunities for more efficient delivery of services. While in the short term this may be difficult for some organizations, in the long run it will likely be highly beneficial for the County.

There is growing appreciation and emerging evidence that shows the importance of cross-sector collaboration and community coalitions as a way of addressing deeply-entrenched and complex social problems. Certainly, there are numerous examples nationwide of organizations making singular, bold actions that have had major impacts on complex community problems. Nonetheless, there is increasing acceptance of the idea that no single organization, government department, or program can tackle and solve these problems alone. The most reliable and replicable way to solve multi-faceted social problems and sustain impact overtime is to embrace intentional and long-term cross- and multi-sector initiatives.

The body of experience details that there must be structured processes and systems to foster trust, information sharing, and partnership. Once these building blocks are in place, collaboratives can form to develop common agendas, a shared evaluation or measurement plan, and mutually reinforcing, evidence-based activities that facilitate collaboration, address leading issues, and ultimately lead to real impact.

Community Action Programs around the country, like ACAP, have understood this idea for decades. ACAP has been working in collaboration with other social service, human service, and

community based organizations to address issues of poverty and improve the health and well-being of County residents since it was founded in 1972. More and more, funding sources are requiring potential grantees to present innovative, evidence-based strategies that value tangible impact over the number of individuals served. As rural communities typically have fewer resources to address social and human service needs, they are often forced to focus solely on direct service delivery. While ACAP is already part of numerous formal and informal community coalitions and service networks, more robust County-wide efforts, such as consolidation of services, should be taken to support, promote, and strengthen existing systems and structures to fully leverage the County's expertise and skills. By thinking and acting as a collective unit, the service system within Aroostook County has the ability to mobilize and improve efficiency of service delivery based on common agenda.

### **Create Opportunities for Productive Dialogue on the Causes and Impacts of Poverty**

While segments of the County's population are disproportionately affected by poverty, most individuals are not. Community forum participants noted that misinformation, misconceptions, and a general lack of understanding around the causes and impacts of poverty are barriers to community cohesion. There must be a greater focus on helping all residents understand its causes and impacts. A community-wide understanding of the systemic causes of poverty and options for responding to these challenges is essential for change to occur. Though there is already a solid effort to address poverty across domains of the County's social service system, ACAP and other community organizations must create platforms that allow residents and stakeholders to come together to work through its complex dynamics. Fostering productive and mutually beneficial relationships between low-income residents, key stakeholders, and service providers will be a critical first step in ensuring that community-level interventions are met with a broad range of support.

It will be essential that community members experiencing poverty take a leadership role in this process. By empowering low-income residents to share their experiential knowledge, service providers and stakeholders will better understand how challenges manifest amongst diverse segments of the population; this in turn will encourage greater unity among the County's population and thus increased resources and better outcomes for the most vulnerable.

### **Continue to Address Social Determinants and Barriers That Have Impact on Health and Well-Being.**

A dominant theme from the assessment's quantitative and qualitative data collection was the continued impact that the underlying social determinants of health and wellness have on Aroostook County's population, specifically those that are low-income. More specifically,



determinants such as poverty, limited transportation, and poor housing and nutrition limit people's ability to live productive and fulfilling lives.

**Socioeconomic Status.** Throughout the County, there are significantly more people living in poverty (earning less than 200% of the federal poverty level) compared to Maine overall. Often, these individuals struggle to pay for essential household items or are forced to make hard choices about what they live with and without. A body of research focuses on the importance of financial literacy in empowering low-income individuals to make appropriate choices based on needs and budget.<sup>42</sup> During community forums, participants expressed a need for courses in basic financial education to support self-sufficiency. ACAP and other social service organizations have an opportunity to sponsor education programs that focus on the importance of savings, credit and debt management, retirement planning, and financial capacity building.

**Housing.** A review of qualitative and quantitative findings showed that there was a major need for resources related to housing, such as basic home repair and maintenance, and financial assistance to secure housing that is safe and structurally sound. According to staff at ACAP, there are nearly 3,000 income-eligible households on a waiting list to receive energy and housing services such as weatherization and home repair. Out of 100 calls to ACAP for housing assistance, approximately 30% are requests for assistance to pay security deposits to secure living space. Safe and stable housing offers a protective factor that helps to promote resiliency and independence for individuals and families and helps to promote better community cohesion.

As a family designated shelter, Homeless Services of Aroostook has restrictions on admission; in five years, there were 712 admissions to the shelter, though 1,960 individuals have been turned away. This discrepancy highlights the need for a greater conversation about establishing a shelter system that better meets the needs of the community, which was discussed in some capacity in community forums and stakeholder interviews.

**Transportation:** Access to affordable and reliable forms of transportation was identified as a major barrier for individuals attempting to access basic goods and groceries, find employment, attend school, and engage in health and other social services. Due in part to the County's large percentage of older adults, low-income individuals with limited access

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<sup>42</sup> TL Harnisch, "Boosting Financial Literacy in America: A Role for State Colleges and Universities," in *Perspectives: American Association of State Colleges and Universities*, Fall 2010, <http://www.aascu.org/policy/publications/perspectives/financialliteracy.pdf>

to a personal vehicle, and the geographic isolation of the region, Aroostook County is in great need of a reliable transportation system. The Aroostook Regional Transportation System currently offers transportation services to those in the County, though forum participants cited a number of reasons why this service is underutilized: buses run on unpredictable schedules, service runs to remote areas less frequently, and there are misconceptions about cost and rider eligibility. Regional collaboratives should focus on devising new transportation options to meet the needs of all residents, regardless of income or location, while working to promote the services that currently exist.

**Employment Opportunities.** Access to fulfilling and safe employment opportunities that are close to where people live, and allow people to earn a livable wage, are critical to overall health and well-being. The County's employment issue is extremely complex. As discussed in the assessment, there are residents who struggle to access and maintain well-paying jobs that match their skills and experience. It is also true that there are employers in the county who struggle to fill certain technical positions, pointing to workforce capacity and training needs. ACAP and the community overall has been working diligently on these issues but the assessment confirms the need for additional efforts to both expand employment opportunities and to address the range of barriers and social determinants that prevent people from gaining and retaining full-time employment (e.g., transportation, lack of or inadequate child care, and training).

**Overweight/Obesity, Food Insecurity, and Nutrition.** Issues related to food insecurity, food scarcity, hunger, and the prevalence and impact of obesity are at the heart of the public health discourse in urban and rural communities across the United States. While there is limited quantitative data on food access, lack of access to healthy foods was one of the leading findings from interviews and community forums. These issues were of particular concern for older adults and low income individuals and families, many of whom said that they struggled to access healthy foods, especially fresh fruits and vegetables. As discussed above, these comments were made despite the fact that most participants said that there were a fair number of grocery stores, food banks, and other sources of food. Additional efforts need to be made to ensure that everyone has access to healthy affordable food when and where they need it.

## **Reduce the Burden of Behavioral Health on the Population and Service System.**

According to research, the effects of living in poverty impose a psychological burden that has dramatic and cumulative effects on mental and emotional health; the stress caused by having to make sacrifices as a result of food insecurity, unsafe or insecure housing, lack of childcare, or

unstable employment is often at the root of this burden.<sup>43</sup> In rural communities, this issue is further complicated by limited anonymity and stigma which reduces the likelihood that residents will seek behavioral health services.<sup>44</sup> In the ACAP Community Survey and community forums, mental health and substance abuse were identified as the leading health issues of concern amongst community residents. Though quantitative data did not support substance use as a leading health issue, the majority of forum participants felt strongly that alcohol and drug use was pervasive and placed strain not only on individuals, but on families, law enforcement, and communities in general.

The link between substance use and chronic disease is well-researched; limiting alcohol consumption and avoiding tobacco and drug use can dramatically reduce rates of cardiovascular disease, diabetes, respiratory disease, and mental health issues. As the opioid epidemic persists in New England, it will be increasingly important that organizations take proactive steps in addressing these issues holistically across the social service system to improve prevention, treatment, transition, and rehabilitation. Despite increased community awareness and sensitivity about mental illness and addiction, there is still a great deal of stigma related to these conditions and there is a general lack of appreciation for the fact that these issues are often rooted in genetics and are physiologically similar to other chronic diseases.

Literature on best practices indicates that successful community-based efforts should address behavioral health through all stages of the life course, beginning with positive parenting programs for new families, and extending to initiatives that enhance social connections and reduce isolation for older adults.<sup>45</sup> Addressing these issues and supporting community residents to develop healthier mental and behavioral health habits should be addressed collaboratively on a County-wide level.

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<sup>43</sup> R Jordan, "Poverty's Toll on Mental Health," Urban Institute, November 25, 2013, <http://www.urban.org/urban-wire/povertys-toll-mental-health>

<sup>44</sup> American Psychological Association, "The Mental and Behavioral Health Needs of Rural Communities," n.d., <https://www.apa.org/about/gr/issues/gpe/rural-communities.pdf>

<sup>45</sup> I Elliott, "Poverty and Mental Health: A Review to Inform the Joseph Rowntree Foundation's Anti-Poverty Strategy," Joseph Rowntree Foundation, August 2016, <https://www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf>

# APPENDICES

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## Appendix A: Quantitative Data Findings

### Geography

Indicator	Aroostook County	Maine
Total population <sup>1</sup>	70,653	1,328,535
Total land area (sq. miles) <sup>1</sup>	6,671.09	30,843.87
Population density (per sq. mile) <sup>1</sup>	10.6	43.1
Population change 2000-2010 (%) <sup>1±</sup>	-4.4	4.2
Rural population (%) <sup>2</sup>	80.3	61.3

Sources: <sup>1</sup>U.S. Census Bureau American Community Survey 2010-14 5-year estimates, <sup>2</sup>U.S. Census Bureau Decennial Census. 2010

<sup>±</sup>Confidence intervals are not available for this indicator, so statistical significance is not calculated.

### Demographics

Indicator	Aroostook County	Maine
Gender (%)		
Female	50.8	51.1
Male	49.2	48.9
Age (years)		
Median age	46.1*	43.5
Under 5 (%)	4.8	5.0
5-9 (%)	5.4	5.6
10-14 (%)	5.3	5.7
15-19 (%)	6.4	6.4
20-24 (%)	5.5*	6.0
25-34 (%)	9.7*	11.2
35-44 (%)	11.4*	12.2
45-54 (%)	15.5*	15.8
55-59 (%)	8.4	7.9
60-64 (%)	7.5	7.2
65-74 (%)	10.9*	9.5
75-84 (%)	6.9*	5.3
85 and over (%)	2.3	2.2



Indicator	Aroostook County	Maine
Race (%)		
White	95.3	95.1
Black	0.7*	1.1
Asian	0.5*	1.1
Native American/Alaska Native	1.5*	0.6
Native Hawaiian/Pacific Islander	0.0	0.0
Other	0.3	0.2
Multiple	1.8	1.9
Ethnicity (%) <sup>±</sup>		
Hispanic/Latino	1.0	1.4
Non-Hispanic/Latino	99.0	98.6

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

**Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.**

<sup>±</sup>Confidence intervals are not available for this indicator, so statistical significance is not calculated.

### Sexual Orientation

Indicator	Aroostook County	Maine
High school students identifying as 'Gay or Lesbian' or 'Bisexual' (%) <sup>±</sup>	5.9%	7.9%

Source: Maine Integrated Youth Health Survey 2015

<sup>±</sup>Confidence intervals are not available for this indicator, so statistical significance is not calculated.

### Linguistics and Place of Birth

Indicator	Aroostook County	Maine
Population 5+ that speaks only English (%)	82.5*	93.3
Population 5+ that speaks Spanish or Spanish Creole (%)	0.7	0.9
Population 5+ that speaks other Indo-European languages (%)	16.4*	4.4
Population 5+ that speaks Asian and Pacific languages (%)	0.2*	0.8
Foreign born (%)	4.5*	3.5

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

**Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.**

## Literacy and Digital Access

Indicator	Aroostook County	Maine
Population with access to 25mbps wired broadband internet service or faster (%) <sup>±</sup>	67.5	85.9
Population with access to 100mbps broadband internet service or faster (%) <sup>±</sup>	0.1	7.6

Source: Broadband Now, Data collected via the FCC, NTIA, and other sources (2014-2017)  
(broadbandnow.com/Maine)

<sup>±</sup>Confidence intervals are not available for this indicator, so statistical significance is not calculated.

## Veterans

Indicator	Aroostook County		Maine	
	Veterans	Nonveterans	Veterans	Nonveterans
Percent of Total Population	12.2	87.8	11.6	88.4
Gender (%)				
Male	94.1	42.4	93.5	42.3
Female	5.9	57.6	6.5	57.7
Age (%)				
18-34 years	4.0	24.5	6.1	27.2
35-54 years	23.5	34.7	24.7	36.3
55-64 years	26.7*	18.8	22.3	18.5
65-74 years	24.1	12.0	23.8	10.3
75+ years	21.7*	10.0	23.1	7.7
Race (%)				
White	97.1	95.9	96.9	95.9
Black or African American	0.5	0.6	0.7	0.9
Asian	0.1	0.5	0.4	1.1
American Indian and Alaska Native	0.6	1.4	0.5	0.5
Native Hawaiian/Pacific Islander	0.0	0.1	0.0	0.0
Other	0.0	0.3	0.1	0.2
Multiple	1.6	1.2	1.3	1.3
Ethnicity (%)				



Indicator	Aroostook County		Maine	
	Veterans	Nonveterans	Veterans	Nonveterans
Hispanic/Latino	0.3*	0.9	0.9	1.2
Non-Hispanic/Latino	97.0	95.5	96.3	95.0
Median Income in Past Year (\$)	28,806*	19,882	33,784	25,583
Below poverty level in past year (%)	7.9	16.3	7.0	13.5

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

Asterisk (\*) Indicates a statistically significant difference between Aroostook County veterans and Maine veterans.

### Economics

Indicator	Aroostook County	Maine
Individuals below 50% of poverty level (%)	5.7	5.2
Individuals below 125% of poverty level (%)	23.7*	18.8
Individuals below 150% of poverty level (%)	29.9*	23.7
Individuals below 185% of poverty level (%)	39.2*	30.8
Individuals below 200% of poverty level (%)	42.5*	33.8
Individuals under 18 years below 100% of poverty level (%)	24.6*	18.8
Individuals 65 years and older below 100% of poverty level (%)	12.6*	8.8

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

### Income and Cost of Living

Indicator	Aroostook County	Maine
Median household income	\$37,378*	\$48,804
Median family income	\$50,177*	\$61,824
Per capita income	\$21,933*	\$27,332
Households with cash public assistance income (%)	5.7*	4.7
Average cash public assistance received	\$2,174*	\$2,991

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

## Employment and Labor Force

Indicator	Aroostook County	Maine
Civilian labor force unemployed (%)	7.4	7.4
Industry (%)		
Agriculture, forestry, fishing, hunting, and mining	5.6*	2.5
Retail trade	14.7	13.5
Transportation, warehousing, and utilities	5.3*	3.8
Educational services, health care, and social assistance	30.7*	27.5
Public administration	5.7*	4.4
Construction	5.5*	6.9
Finance and insurance, and real estate and rental and leasing	3.6*	6.2
Professional, scientific, and management, and administrative and waste management services	5.8*	8.7
Arts, entertainment, and recreation, accommodation and food services	6.2*	8.8
Public administration	5.7*	4.4

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

## Education

## Educational Attainment (25 Years and Older)

Indicator (%)	Aroostook County	Maine
Less than 9 <sup>th</sup> grade	6.4*	3.2
9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma	7.4*	5.5
High school graduate (includes equivalency)	38.8*	33.5
Some college, no degree	20.9	20.1
Associate's degree	9.6	9.3
Bachelor's degree	11.9*	18.3
Graduate or professional degree	5.0*	10.1

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates



## Head Start

Indicator <sup>‡</sup>	Aroostook County	Maine
Number of Head Start programs	1	11
Number of Early Head Start programs	1	11
Number of children/pregnant women enrolled	280	3,305
Number of enrolled children for whom the program received a child care subsidy	17 (0.6%)	619 (18.7%)
Number of enrolled children who were in foster care at any point during the program year	15 (0.5%)	179 (5.4%)

Source: Office of Head Start Program Summary Report 2015

<sup>‡</sup>Confidence intervals are not available for this indicator, so statistical significance is not calculated.

## Legal Assistance

Indicator <sup>‡</sup>	Aroostook County	Maine
New legal assistance cases for families	433	N/A
Amount saved in excessive/unlawful debt	\$145,520	N/A
Protection from Abuse orders granted	13	N/A
Dismissed evictions	24	N/A
Amount preserved in monthly housing subsidies	\$8,450	N/A
Retained tenancy by agreements	22	N/A
Foreclosures prevented	3	N/A
Families for which income benefits were secured	6	N/A

Source: Pine Tree Legal (2016)

<sup>‡</sup>Confidence intervals are not available for this indicator, so statistical significance is not calculated.

## Housing

### Composition

Indicator	Aroostook County	Maine
Occupied housing units (%)	77.4	76.3
Owner-occupied housing units (%)	71.1	71.4



Indicator	Aroostook County	Maine
Renter-occupied housing units (%)	28.9	28.6
Family households (%)	62.4	62.9
Family households with related children under age 18 (%)	24.3*	26.4
Family with single male householder (%)	3.9	4.4
Family with single female householder (%)	8.7	9.6
Individual age 65+ living alone (%)	14.6*	11.7

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

#### Conditions

Indicator	Aroostook County	Maine
Housing units built 1939 or earlier (%)	25.7	25.2
Housing units built 2000-2009 (%)	9.1*	12.3
Occupied housing units lacking complete plumbing facilities (%)	1.0	0.9
Occupied housing units lacking complete kitchen facilities (%)	0.9	1.1
Occupied housing units with no telephone service (%)	2.5	2.0

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

#### Costs

Indicator	Aroostook County	Maine
Median value of housing	\$92,500*	\$173,600
Cost burdened households (Over 35% of income for rent) (%)	37.9	42.1
HUD-assisted units (per 100,000 pop.) <sup>1±</sup>	426.3	367.3

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates, <sup>1</sup>US Department of Housing and Urban Development. 2015

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

#### Foreclosures

Indicator <sup>±</sup>	Aroostook County	Maine
Foreclosure Cases Filed in Court (2015)	83	1,906
Foreclosure Cases Filed in Court (2014)	140	3,118

Indicator <sup>±</sup>	Aroostook County	Maine
Foreclosure Cases Filed in Court (2013)	180	4,707

Source: State of Maine Department of Professional and Financial Regulation – Bureau of Consumer Credit Protection (2013-2015)

### Foster Care

Indicator <sup>±</sup>	Aroostook County	Maine
Number of children in foster care	119	1,914
Number of referrals for child protective services <sup>1</sup>	1,198	18,489

Source: Maine Department of Health and Human Services 2015; <sup>1</sup>Maine Department of Health and Human Services Office of Child and Family Services 2015 (Excludes unknown and out-of-state reports)

<sup>±</sup>Confidence intervals are not available for this indicator, so statistical significance is not calculated.

### Transportation

Indicator	Aroostook County	Maine
Households with no motor vehicle (%)	7.8	7.5
Workers who drove alone for commute (%)	79.6	78.1
Workers who used public transportation for commute (%)	0.1*	0.6
Mean travel time to work (minutes)	17.4*	23.5

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

### Food Access

Indicator	Aroostook County	Maine
Grocery stores (per 100,000 pop.) <sup>1</sup>	44.5	26.0
Population with low food access (%) <sup>2</sup>	11.3	14.9
Low income population with low food access (%) <sup>2</sup>	4.7	4.0
SNAP-authorized retailers (per 100,000 pop.) <sup>3</sup>	14.2	11.7
WIC-authorized food stores (per 100,000 pop.) <sup>2</sup>	44.8	22.9
Free/reduced price lunch eligible (%) <sup>4</sup>	55.6	45.8
Food insecurity rate (%) <sup>5¶</sup>	17.0	15.5
Child food insecurity rate (%) <sup>5</sup>	26.5	23.5



Indicator	Aroostook County	Maine
Food insecure children ineligible for assistance (%) <sup>5</sup>	22	31
Households receiving SNAP benefits in past year (ACS) (%) <sup>6</sup>	23.2*	17.2

<sup>1</sup> US Census Bureau, County Business Patterns. Additional data analysis by CARES.2014; <sup>2</sup> US Department of Agriculture, Economic Research Service, UDA - Food Access Research Atlas.2010; <sup>3</sup> US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES.2016; <sup>4</sup> National Center for Education Statistics, NCES - Common Core of Data.2013-14; <sup>5</sup> Feeding America. 2013.; <sup>6</sup> U.S. Census Bureau American Community Survey 2010-14 5-year estimates

<sup>±</sup>Confidence intervals are not available for these indicators, so statistical significance is not calculated.

\*Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

## Health

### Health Status

Indicator	Aroostook County	Maine
Adults who rate their health fair to poor (2011-13) (%)	21.0*	15.6
Adults with 14+ days lost due to poor mental health (2011-13) (%)	11.5	12.4
Adults with 14+ days lost due to poor physical health (2011-13) (%)	17.2*	13.1
Adults with three or more chronic conditions (2011, 2013) (%)	35.1*	27.6

Source: BRFSS, 2011-13;

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

### Access to Care and Health Care Quality

Indicator	Aroostook County	Maine
Adults with a usual primary care provider (2011-13) (%) <sup>1</sup>	87.0	87.7
Individuals who are unable to obtain or delay obtaining necessary medical care due to cost (2011-13) (%) <sup>1</sup>	11.1	11.0
Percent uninsured (%) <sup>2</sup>	10.8	10.4

Adults with visits to a dentist in the past 12 months (2012) (%) <sup>1</sup>	51.9*	65.3
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Source: <sup>1</sup>BRFSS, 2011-13; <sup>2</sup>U.S. Census Bureau American Community Survey 2010-14 5-year estimates  
 Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

### Disability Status

Indicator	Aroostook County	Maine
Civilian noninstitutionalized population with a disability (%)	22.0*	15.7
Under 18 years with a disability (%)	8.7*	6.3
18-64 years with a disability (%)	19.3*	13.3
65+ years with a disability (%)	43.6*	35.9

Source: U.S. Census Bureau American Community Survey 2010-14 5-year estimates  
 Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

### Chronic Disease

Indicator	Aroostook County	Maine
Asthma emergency department visits (per 10,000 pop.) (2009-11) <sup>1</sup>	113.5*	67.3
COPD diagnosed (2011-13) (%) <sup>2</sup>	10.6*	7.6
COPD hospitalizations (per 100,000 pop.) (2011) <sup>1</sup>	380.7*	216.3
Current asthma (adults) (2011-13) (%) <sup>2</sup>	13.2	11.7
Current asthma (youth 0-17) (2011-13) (%) <sup>2</sup>	13.6	9.1
Pneumonia hospitalizations (per 100,000 pop.) (2011) <sup>1</sup>	445.0*	329.4

Sources: <sup>1</sup>Maine Health Data Organization; <sup>2</sup>BRFSS, 2011-13  
 Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

### Cancer

Indicator	Aroostook County	Maine
Mortality – all cancers (per 100,000 pop.) (2007-11) <sup>1</sup>	197.5	185.5



Indicator	Aroostook County	Maine
Incidence – all cancers (per 100,000 pop.) (2007-11) <sup>1</sup>	487.6	500.1
Female breast cancer incidence (per 100,000 pop.) (2007-11) <sup>1</sup>	100.2*	126.3
Mammograms females age 50+ in past two years (2012) (%) <sup>2</sup>	85.3	82.1
Colorectal cancer incidence (per 100,000 pop.) (2007-11) <sup>1</sup>	56.2*	43.5
Colorectal screening (2012) (%) <sup>2</sup>	72.2	72.2
Lung cancer incidence (per 100,000 pop.) (2007-11) <sup>1</sup>	87.8*	75.5
Melanoma incidence (per 100,000 pop.) (2007-11) <sup>1</sup>	13.1*	22.2
Prostate cancer incidence (per 100,000 pop.) (2007-11) <sup>1</sup>	104.3*	133.8

Sources: <sup>1</sup>Maine Cancer Registry; <sup>2</sup>BRFSS, 2011-13

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

#### Cardiovascular Disease

Indicator	Aroostook County	Maine
Acute myocardial infarction hospitalizations (per 10,000 pop.) (2010-12) <sup>1</sup>	39.5*	23.5
Acute myocardial infarction mortality (per 100,000 pop.) (2009-13) <sup>2</sup>	40.0*	32.2
Cholesterol checked every five years (2011, 2013) (%) <sup>3</sup>	82.3	81.0
Coronary heart disease mortality (per 100,000 pop.) (2009-13) <sup>2</sup>	111.8*	89.8
Hypertension prevalence (2011, 2013) (%) <sup>3</sup>	40.7*	32.8
High cholesterol (2011, 2013) (%) <sup>3</sup>	47.7*	40.3
Hypertension hospitalizations (per 100,000 pop.) (2011) <sup>1</sup>	70.1*	28.0



Indicator	Aroostook County	Maine
Stroke mortality (per 100,000 pop.) (2009-13) <sup>2</sup>	39.9	35.0

Sources: <sup>1</sup>Maine Health Data Organization; <sup>2</sup>Maine CDC Vital Records; <sup>3</sup>BRFSS, 2011-13

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

#### Diabetes

Indicator	Aroostook County	Maine
Diabetes prevalence (ever been told) (2011-13) (%) <sup>1</sup>	14.2*	9.6
Pre-diabetes prevalence (2011-13) (%) <sup>1</sup>	9.5	6.9
Diabetes emergency department visits (principal diagnosis) (per 100,000 pop.) (2011) <sup>2</sup>	352.0*	235.9
Diabetes hospitalizations (principal diagnosis) (per 10,000 pop.) (2010-12) <sup>2</sup>	13.8*	11.7
Diabetes long-term complication hospitalizations (2011) <sup>2</sup>	66.8	59.1

Sources: <sup>1</sup>BRFSS, 2011-13; <sup>2</sup>Maine Health Data Organization

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

#### Environmental Health

Indicator	Aroostook County	Maine
Children with confirmed elevated blood lead levels (% among those screened) (2009-13) (%) <sup>1</sup>	0.7*	2.5
Children with unconfirmed elevated blood lead levels (among those screened) (2009-13) (%) <sup>1</sup>	3.8	4.2
Homes with private wells tested for arsenic (2009, 2012) (%) <sup>2</sup>	30.2*	43.3
Lead screening among children age 12-23 months (2009-12) (%) <sup>1</sup>	71.1*	49.2
Lead screening among children age 24-35 months (2009-13) (%) <sup>1</sup>	27.5	27.6

Sources: <sup>1</sup>Maine CDC Lead Program; <sup>2</sup>BRFSS, 2011-13

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

## Immunizations

Indicator	Aroostook County	Maine
Adults immunized annually for influenza (2011-13) (%) <sup>1</sup>	36.5*	41.5
Adults immunized for pneumococcal pneumonia (ages 65 and older) (2011-13) (%) <sup>1</sup>	69.5	72.4
Immunization exemptions among kindergarteners for philosophical reasons (2015) (%) <sup>2</sup>	0.6	3.7
Two-year-olds up to date with “Series of Seven Immunizations” 4-3-1-3-3-1-4 (2015) (%) <sup>2</sup>	86.0	75.0

Sources: <sup>1</sup>BRFSS, 2011-13; <sup>2</sup>Maine Immunization Program

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

## Infectious Disease

Indicator	Aroostook County	Maine
Incidence of past or present hepatitis C virus (HCV) (per 100,000 pop.) <sup>1</sup>	64.8	107.1
Incidence of newly reported chronic hepatitis B virus (HBV) (per 100,000 pop.) <sup>1</sup>	7.2	8.1
Lyme disease incidence (per 100,000 pop.) <sup>1</sup>	7.2	105.3
Chlamydia incidence (per 100,000 population) <sup>2</sup>	161.3	265.5
Gonorrhea incidence (per 100,000 population) <sup>2</sup>	1.4	17.8
HIV incidence (per 100,000 population) <sup>2</sup>	0.0	4.4

Sources: <sup>1</sup>Maine Infectious Disease Surveillance System, 2014; <sup>2</sup>Maine CDC STD Program, 2014

## Intentional Injuries

Indicator <sup>±</sup>	Aroostook County	Maine
Domestic assault reports to police (per 100,000 pop.) <sup>1</sup>	284.1	413.0
Firearm deaths (per 100,000 pop.) <sup>2</sup>	8.6	9.2



Indicator <sup>±</sup>	Aroostook County	Maine
Suicide deaths (per 100,000 pop.) <sup>2</sup>	14.5	15.2
Violent crime rate (per 100,000 pop.) <sup>1</sup>	70.0	125.0

Sources: <sup>1</sup>Maine Department of Public Safety, 2013; <sup>2</sup>Maine CDC Vital Records, 2009-13

<sup>±</sup>Confidence intervals are not available for this indicator, so statistical significance is not calculated.

### Unintentional Injuries

Indicator	Aroostook County	Maine
Always wear seatbelt (adults) (%) <sup>1</sup>	76.2*	85.2
Always wear seatbelt (high school students) (%) <sup>2</sup>	47.1*	61.6
Traumatic brain injury related emergency department visits (all intents) (per 10,000 pop.) <sup>3</sup>	86.6	81.4
Unintentional and undetermined intent poisoning deaths (per 100,000 pop.) <sup>4</sup>	9.9	11.1
Unintentional fall related injury emergency department visits (per 10,000 pop.) (%) <sup>3</sup>	427.9*	361.3

Sources: <sup>1</sup>BRFSS, 2013; <sup>2</sup>Maine Integrated Youth Health Survey, 2013; <sup>3</sup>Maine Health Data Organization, 2011;

<sup>4</sup>Maine CDC Vital Records, 2011

### Behavioral Health

Indicator	Aroostook County	Maine
Adults who have ever had depression (%) <sup>1</sup>	23.2	23.5
Adults with current symptoms of depression (%) <sup>1</sup>	11.2	10.0
Adults currently receiving outpatient mental health treatment (%) <sup>1</sup>	15.5	17.7
Sad/hopeless for two weeks in a row (high school students) (%) <sup>2</sup>	23.6	24.3
Seriously considered suicide (high school students) (%) <sup>2</sup>	14.0	14.6

Sources: <sup>1</sup>BRFSS, 2011-13; <sup>2</sup>Maine Integrated Youth Health Survey, 2013

### Substance Abuse

Indicator	Aroostook County	Maine
Alcohol-induced mortality (per 100,000 pop.) (2009-13) (%) <sup>1</sup>	10.7	8.0



Indicator	Aroostook County	Maine
Chronic heavy drinking (adults) (2011-13) (%) <sup>2</sup>	4.9*	7.3
Drug-affected baby referrals received as a percentage of all live births (2014) (%) <sup>3</sup>	8.9	7.8
Drug-induced mortality (per 100,000 pop.) (2009-13) <sup>4</sup>	11.7	12.4
Emergency medical service overdose response (per 100,000 pop.) (2014) <sup>5</sup>	305.3	391.5
Opiate poisoning (ED visits) (per 100,000 pop.) (2009-11) <sup>6</sup>	21.2	25.1
Past-30-day alcohol use (high school students) (2013) (%) <sup>7</sup>	26.5	26.0
Past-30-day marijuana use (high school students) (2013) (%) <sup>7</sup>	16.5*	21.6
Prescription Monitoring Program opioid prescriptions (days supply/pop) (2014-15) <sup>8</sup>	7.0	6.8
Substance-abuse hospital admissions (per 100,000 pop.) (2011) <sup>6</sup>	125.7*	328.1

Sources: <sup>1</sup>Maine CDC Vital Records; <sup>2</sup>BFRSS; <sup>3</sup>OCFS Maine Automated Child Welfare Information System; <sup>4</sup>CDC Wonder; <sup>5</sup>Maine Emergency Medical Services; <sup>6</sup>Maine Health Data Organization; <sup>7</sup>Maine Integrated Youth Health Survey; <sup>8</sup>Prescription Monitoring Program

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

#### Tobacco Use

Indicator	Aroostook County	Maine
Current smoking (adults) (2011-13) (%) <sup>1</sup>	22.8	20.2
Current smoking (high school students) (%) <sup>2</sup>	16.4	12.9
Current tobacco use (high school students) (2013) (%) <sup>2</sup>	18.4	18.2
Secondhand smoke exposure (youth) (2013) (%) <sup>2</sup>	46.0*	38.3

Sources: <sup>1</sup>BRFSS, 2011-13; <sup>2</sup>Maine Integrated Youth Health Survey

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

#### Nutrition and Physical Activity

Indicator	Aroostook County	Maine
Fruit and vegetable consumption (high school students) (%) <sup>1</sup>	16.5	16.8
Fruit consumption among adults 18+ (less than on serving per day) (2013) (%) <sup>2</sup>	35.1	34.0
Met physical activity recommendations (adults) (2013) (%) <sup>2</sup>	50.0	53.4

Indicator	Aroostook County	Maine
Physical activity for at least 60 minutes per day on five of the past seven days (high school students) <sup>1</sup>	45.6	43.7
Sedentary lifestyle – no leisure-time physical activity in past month (adults) (2011-13) (%) <sup>2</sup>	27.7*	22.4
Soda/sports drink consumption (high school students) (%) <sup>1</sup>	30.1	26.2
Vegetable consumption among adults 18+ (less than one serving per day) (2103) (%) <sup>2</sup>	20.4	17.9
Obesity (adults) (2013) (%) <sup>2</sup>	38.3*	28.9
Obesity (high school students) (%) <sup>1</sup>	11.5	12.7

Sources: <sup>1</sup>Maine Integrated Youth Health Survey, 2013; <sup>2</sup>BRFSS, 2011-13

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.

#### Pregnancy and Birth Outcomes

Indicator	Aroostook County	Maine
Infant deaths (per 1,000 pop.) (2003-12)	6.4	6.0
Live births for which the mother received early and adequate prenatal care (2010-12) (%)	85.1	86.4
Live births to 15-19 year olds (per 1,000 pop.) (2010-12)	25.5*	20.5
Low birth weight (<2500 grams) (2010-12) (%)	7.6	6.6

Source: Maine CDC Vital Records

Asterisk (\*) Indicates a statistically significant difference between Aroostook County and Maine.



## Appendix B: 2016 ACAP Community Assessment Survey

Question	Answered	Skipped	Top 3 Responses:
What is your gender?	931	5	Female (79.38%), Male (20.52%) Transgender (0.11%)
What is your age?	928	8	41-59 (39.76%) 25-40 (29.53%) 60+ (22.09%)
What is your zip code?	916	20	Open-ended
What categories best describe you? (Select all that apply)	924	12	White (96.65%) American Indian or Alaska Native (3.14%) Other (1.08%)
What is your primary language that you speak at home?	924	12	English (97.62%) French (1.41%) Other (0.97%)
What is your marital status?	922	14	Married (59.44%) Single (19.41%) Divorced (8.13%)
How far did you go in school?	924	12	4 year college degree or more (43.51%) 2 year degree or some college (30.84%) High school degree (20.35%)
Compared to a year ago, would you say your life and the lives of others in your household are...?	924	12	About the same (58.12%) Better (33.87%) Worse (8.01%)

Question	Answered	Skipped	Top 3 Responses:
How many people live in your home, including yourself?	924	12	Two (34.42%) Four (20.35%) Three (20.24%)
Do you have minor children?	920	16	No (56.63%) Yes (43.37%)
What are the ages of your minor children? (Check all that apply)	402	534	6-18 (65.42%) 0-5 (57.21%)
Are you your child(ren)'s primary caretaker?	400	536	Yes (93.50%) No (5.00%) N/A (1.50%)
Who provides your childcare?	386	550	Self/Spouse/Partner (54.92%) Childcare provider (21.24%) Family (15.03%)
Are you caring for children with special needs?	402	534	No (85.32%) Yes (14.68%)
Are you caring for adult children or adult dependents including seniors due to their mental illness or physical disability?	905	31	No (89.28%) Yes (10.72%)
Who provides care for the adult children or adult dependents? Check all that apply.	90	846	Self (77.78%) Family (40.00%) Able to stay home alone (32.22%)
If you or a member of your household is a U.S. Veteran, are you receiving veteran's benefits?	898	38	No one in my household is a veteran (60.80%) No (31.85%) Yes (7.35%)



Question	Answered	Skipped	Top 3 Responses:
Please select up to three responses that best describe your home.	854	82	Two parents (50.00%) Living with others (31.62%) Living alone (19.56%)
If available in your community, which items listed below would you or a member of your home like to receive for help/support? Please check all that apply.	838	98	None (50.48%) Planning for the future/goal setting (21.48%) Affordable childcare (17.90%)
What type of home do you live in?	897	39	House (76.92%) Apartment (14.27%) Mobile home (7.58%)
If you live in a home, do you own or rent it?	884	52	Own (72.62%) Rent (18.21%) N/A (9.16%)
Are you more than one month behind in your rent or house payment?	898	38	No (81.85%) N/A (12.81%) Yes (5.35%)
Do you have one of the following household related needs? Please use "Other" to share additional answers.	849	87	None (64.43%) Help with heating/electric bills (10.84%) Handyman services/home repair assistance (9.78%)
Are you currently homeless, living in a shelter, or staying somewhere temporarily?	874	62	I have never been homeless (92.33%) I am not currently homeless, but was at one time for less than a year (5.72%) I am not currently homeless, but was at one time for more than a year (1.14%)

Question	Answered	Skipped	Top 3 Responses:
If you have been homeless in the past 3 years, where did you stay? Please check all that apply.	39	897	Family/Friends (66.67%) Shelter (30.77%) Vehicle (5.13%)
Please check your employment status.	893	43	Full time (60.02%) Part time (12.77%) Retired (9.85%)
If unemployed or underemployed, are you currently looking for work?	745	191	N/A – I am satisfied with my current employment (59.06%) No (21.07%) Other (6.98%)
Please select the reasons why you are unemployed or underemployed. Please check all that apply.	97	839	Other health challenges (34.02%) Lack of childcare (26.80%) Layoff or downsizing (20.62%)
Do you have reliable telephone access?	876	60	Yes (98.06%) No (1.94%)
Where do you usually access the internet? Please select top two answers.	885	51	Home (83.84%) Work (45.99%) Phone/Tablet (34.01%)
What job-related service would you use if it were available? Please use "Other" to share additional answers.	810	126	I do not need this assistance (74.07%) Business start-up or self-employment (8.89%) Career/job training (3.83%)
Compared to a year ago, would you say your household's financial situation is...	868	68	About the same (56.11%) Better (27.53%) Worse (16.36%)



Question	Answered	Skipped	Top 3 Responses:
During the past year, have any of the following been a source of income or assistance for anyone in your household? Please check all that apply.	736	200	Wages or income from job/employment (70.65%)  SNAP food stamps (19.97%)  Social security (19.02%)
In the past year, what was your average estimated gross MONTHLY household income from ALL sources?	835	101	\$2001-\$5000 (33.29%)  \$10000+ (18.08%)  \$501-\$1500 (12.69%)
How do you pay for basic living expenses?	28	908	Open-ended
Do you have a bank account?	860	76	Both savings and checking accounts (73.72%)  Checking account (16.51%)  Savings account (5.12%)
Do you regularly borrow money or use credit cards to meet basic needs (rent, food, etc.)	858	78	No (75.99%)  Yes (24.01%)
In the past year were any of your household's benefits stopped or reduced (for example, TANF, SSI, GA, Food Stamps, etc.)?	858	78	N/A (55.71%)  No (31.47%)  Yes (12.82%)
If you answered yes to the question above, please indicate why your benefits were stopped or reduced. Please check all that apply.	107	829	My earnings increased so I am not eligible (34.58%)  Other (28.04%)  I started working and now have an income (13.08%)
In the past year, did any of these things happen to you or any member of your household? Please check all that apply.	799	137	N/A (77.22%)  Phone service was turned off (8.51%)  Heat or electricity turned off (5.26%)



Question	Answered	Skipped	Top 3 Responses:
Do you have a financial need or financial challenge? Please use "Other" to share additional answers.	812	124	None (67.36%) Have bad credit rating (12.93%) Achieving a living wage of income (11.58%)
Compared to a year ago, would you say your physical health is generally...	840	96	About the same (72.23%) Better (14.78%) Worse (12.99%)
Compared to a year ago, would you say the physical health of others in your household is generally...?	840	96	About the same (75.72%) Better (12.66%) Worse (11.62%)
Compared to a year ago, would you say your mental health is generally...?	840	96	About the same (80.34%) Better (12.99%) Worse (6.67%)
Compared to a year ago, would you say the mental health of others in your household is generally...?	840	96	About the same (80.60%) Better (11.93%) Worse (7.47%)
Do you have health insurance or other health care coverage?	831	105	Yes (94.46%) No (5.54%)
Are there others in your household who are uninsured?	823	113	No (79.47%) Yes (10.69%) There are no others in my household (9.84%)
If you have health insurance, who provides it?	797	139	Employer (55.58%) Government (26.73%) Self (12.55%)
In the past year, have you or anyone in your household gone hungry because you were not able to get enough food?	827	109	No (93.95%) Yes (6.05%)

Question	Answered	Skipped	Top 3 Responses:
Which types of food assistance services has your household used in the past year? Please check all that apply.	761	175	No assistance required (67.15%) SNAP (23.26%) WIC (14.98%)
How would you rate the access to fresh and healthy foods for individuals and families in your community?	823	104	Good (48.80%) Fair (30.77%) Greater (13.94%)
Are you a smoker?	834	102	No (86.69%) Yes (13.31%)
Which services would be helpful to you or a member of your household if they were available? Please check all that apply to the following, "I wish that our household had access to resources that help us...."	811	125	None (53.14%) Find affordable dental care (23.67%) Find affordable medical care (18.62%)
What do you think are the top health issues affecting your community? Please list up to three issues.	600	336	Open-ended
Do you currently own a reliable vehicle? (a car or truck that you don't worry about breaking down)	827	109	Yes (90.21%) No (9.79%)
Have you ever lost a job (or not been able to accept a job offer) because of transportation issues?	829	107	No (93.73%) Yes (6.27%)
What, if any, transportation challenges are you facing? Please check all that apply.	797	139	None (71.52%) Auto repairs (17.19%) Cost of gasoline (11.04%)

Question	Answered	Skipped	Top 3 Responses:
What do you believe are the top three strengths of your community?	502	434	Open-ended
What do you believe are the top three areas of concern in your community right now?	524	412	Open-ended
What ACAP programs or services, if any, have you participated in the last 12 months? Please check all that apply.	726	210	I have not used ACAP programs or services (66.53%)  WIC (17.22%)  LIHEAP (12.40%)