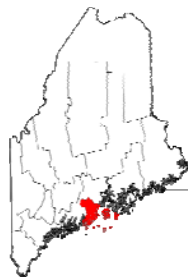
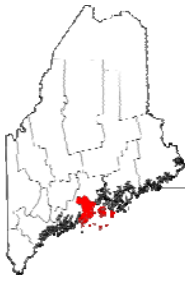


COMMUNITY NEEDS ASSESSMENT • 2011



KNOX COUNTY

PENQUIS
Helping Today • Building Tomorrow



Knox County

At 365.67 square miles and 108.7 persons per square mile, Knox County consists of 18 municipalities, including 5 island communities. Most of its population statistics are close to statewide averages.

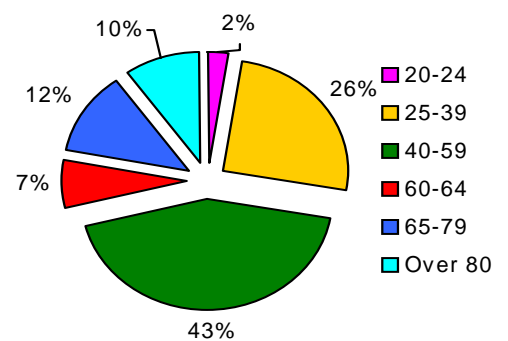
People QuickFacts	Knox County	Maine
Population, 2010	39,736	1,328,361
Population, percent change, 2000 to 2010	0.3%	4.2%
Population, 2000	39,618	1,274,915
Persons under 5 years old, percent, 2009	5.0%	5.4%
Persons under 18 years old, percent, 2009	19.0%	20.6%
Persons 65 years old and over, percent, 2009	18.9%	15.6%
Median Age, 2010	46.2	42.7
White persons, percent, 2010 (a)	97.1%	95.2%
Black persons, percent, 2010 (a)	0.5%	1.2%
American Indian and Alaska Native persons, percent, 2010 (a)	0.4%	0.6%
Asian persons, percent, 2010 (a)	0.5%	1.0%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	Z
Persons reporting two or more races, percent, 2010	1.4%	1.6%
Persons of Hispanic or Latino origin, percent, 2010 (b)	0.8%	1.3%
White persons not Hispanic, persons, 2010	96.5%	94.4%
Living in same house 1 year ago, pct 1 yr old & over, 2005-2009	86.8%	85.6%
Foreign born persons, percent, 2005-2009	1.9%	3.3%
Language other than English spoken at home, pct age 5+, 2005-2009	3.0%	7.4%
High school graduates, percent of persons age 25+, 2005-2009	89.3%	89.4%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	25.8%	26.1%
Veterans, 2005-2009	4,565	139,410
Mean travel time to work (minutes), workers age 16+, 2005-2009	18.6	22.7
Housing units, 2009	23,535	704,578
Homeownership rate, 2005-2009	75.2%	72.8%
Housing units in multi-unit structures, percent, 2005-2009	14.5%	19.8%
Median value of owner-occupied housing units, 2005-2009	\$206,400	\$172,100
Households, 2005-2009	16,948	542,617
Persons per household, 2005-2009	2.36	2.36
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$25,421	\$24,980
Median household income, 2009	\$44,398	\$45,708
Persons below poverty level, percent, 2009	13.6%	12.6%

The 2010 Penquis Community Needs Assessment reported on a number of indicators: poverty, employment, education, transportation, housing, food insecurity, health and well being, and child health and welfare. Much of the data were obtained from various sources external to Penquis. In September 2010, Penquis began conducting its own survey of current clients and visitors. Surveys were made available in Penquis’ biannual client newsletter, The Penquis Journal; online using Survey Monkey; and at Penquis offices within its three-county service area. The objective was to obtain first-hand accounts of the challenges and needs of individuals receiving and seeking assistance and local perspectives regarding community needs. It touched on fundamental issues such as education, employment, finances, health, housing, and social supports. The results are provided below. The numbers and percentages associated with survey responses reflect only complete answers received to the questions asked. Non-responses were not included in the tabulations.

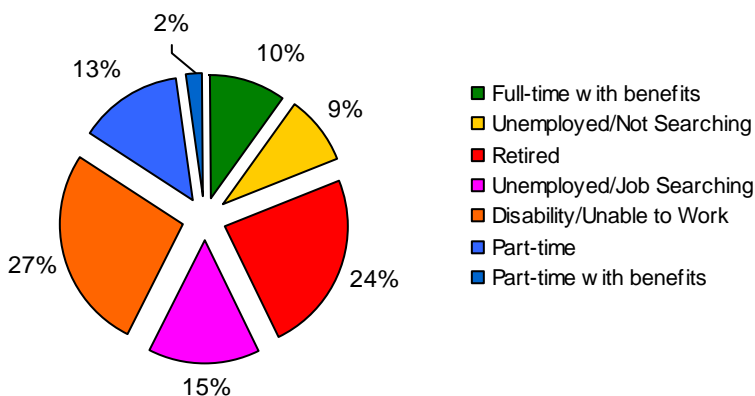
THE RESPONDENTS

- Ninety-one (91) individuals from Knox County completed the survey.
- The majority of respondents (42.7%) were 40-59 years of age, which is consistent with the median age of Knox County residents (46.2 years).
- Nearly sixty-eight percent (67.6%) of respondents were female and 32.4% were male.
- The majority (40.0%) were single, followed by divorced (24.4%), widowed (16.7%), married (15.6%) and separated (3.3%).
- Most (65.4%) did not have children under 18 living in the home; 34.6% did. Of those who did, 37.0% had one child living in the home; 37.0% had two; and 25.9% had three.
- The majority (27.6%) had a disability and/or were unable to work; 24.1% were retired; 14.9% were unemployed and seeking employment; 13.8% worked part time; 10.3% worked full time with benefits; 9.2% were unemployed and not seeking employment; and 2.3% worked part time with benefits.

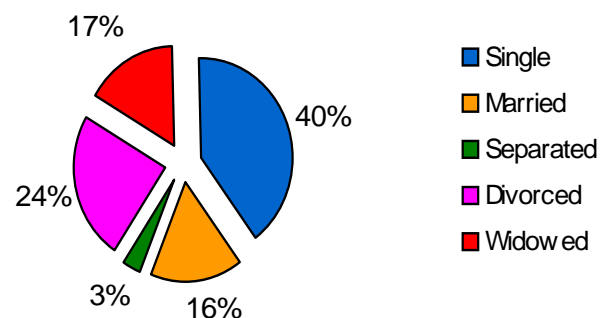
Age of Survey Respondents



Employment Status

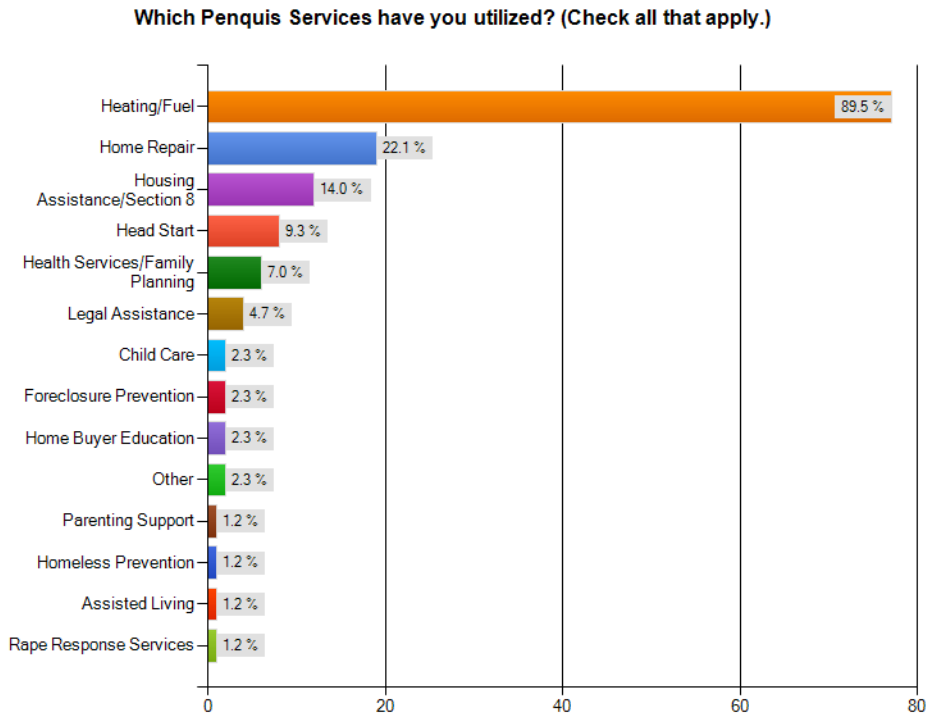


Marital Status



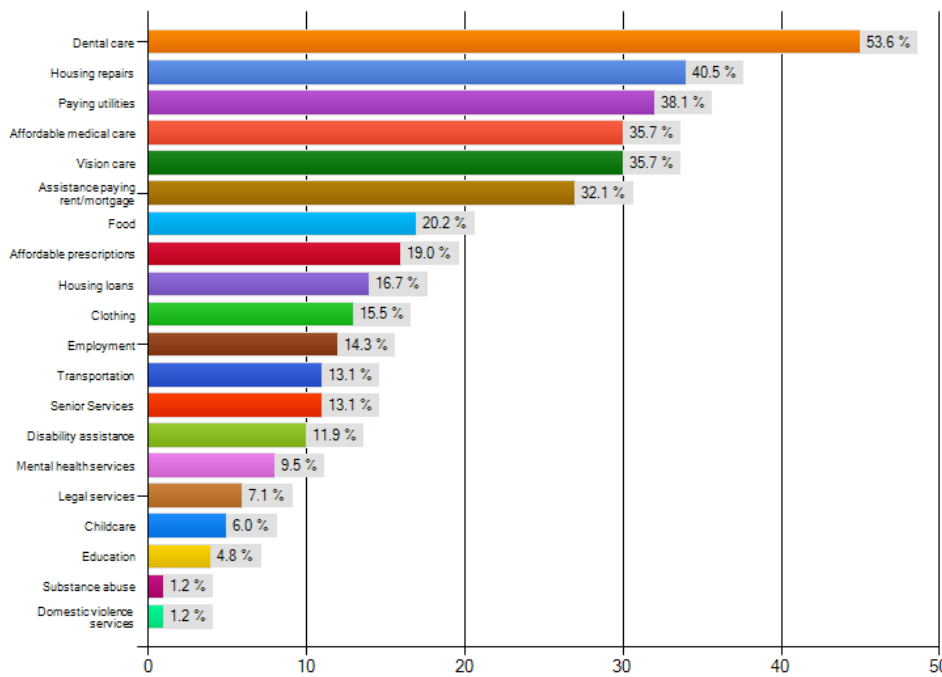
Penquis Needs Assessment

The overwhelming majority (89.5%) of respondents were past or current participants of the Low-income Home Energy Assistance Program. The next most utilized service was Home Repair (22.1%), followed by Section 8 (14.0%), Head Start (9.3%), Health Services/Family Planning (7.0%), and Legal Assistance (4.7%). Child Care, Foreclosure Prevention, Home Buyer Education, and Other services were utilized equally, at 2.3%, followed by Parenting Support, Homeless Prevention, Assisted Living, and Rape Response Services, at 1.2%.



The majority of respondents (53.6%) cited Dental Care as a need. Housing Repairs was listed second in frequency, by 40.5% of respondents, though only 22.1% of respondents had reported utilizing the Home Repair program. The Penquis Home Repair program has historically been oversubscribed, with long waiting lists and limited funding, so the discrepancy between need and program participation is likely due to the lack of program resources rather than lack of program awareness. Paying Utilities (38.1%), Affordable Medical Care and Vision Care (both at 35.7%), and Assistance Paying Rent/ Mortgage (32.1) rounded out the top six. The second tier of needs cited includes Food (20.2%), Affordable Prescriptions (19.0%), Housing Loans (16.7%), Clothing (15.5%), Employment (14.3%), Transportation (13.1%), Senior Services (13.1%), and Disability Assistance (11.9%). Services listed less frequently included Mental Health Services (9.5%), Legal Services (7.1%), Child Care (6.0%), Education (4.8%), Substance Abuse Services (1.2%), and Domestic Violence Services (1.2%).

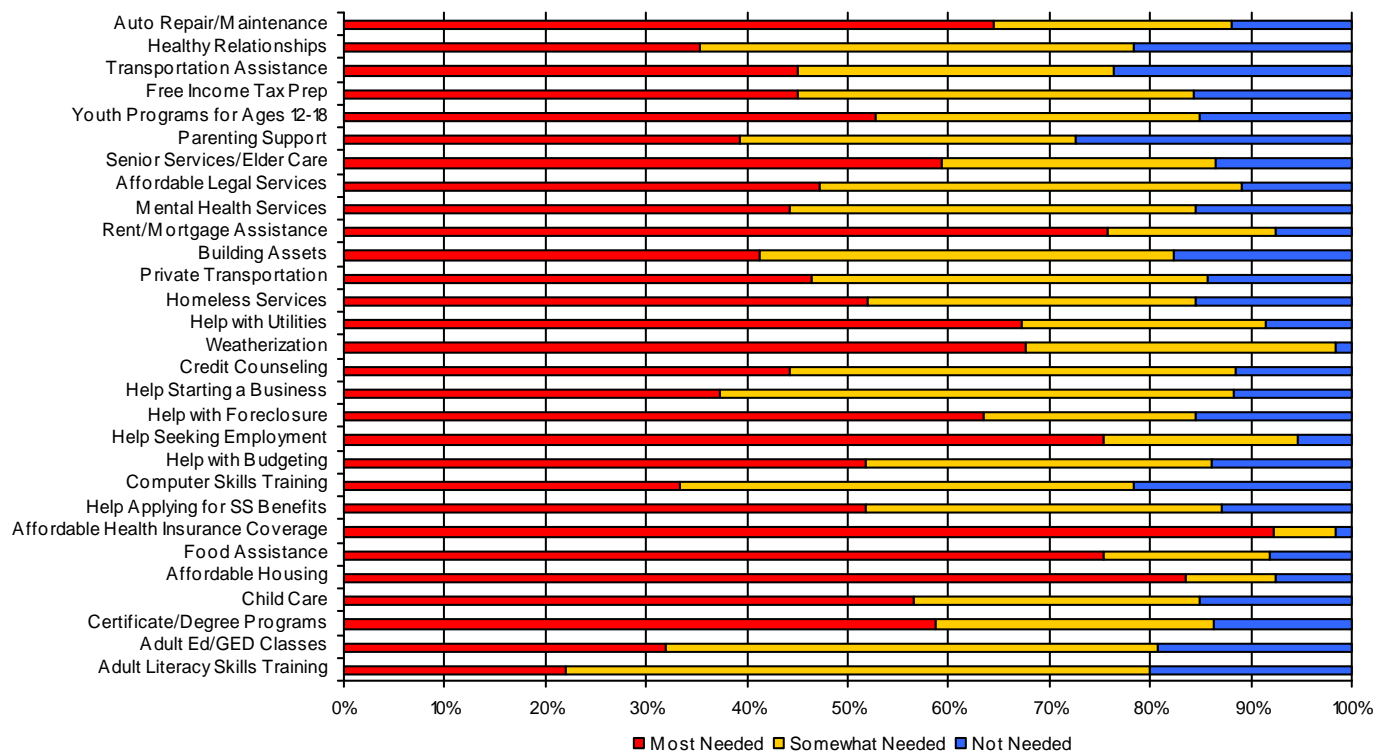
Check any of the following that are needs for you or your family.



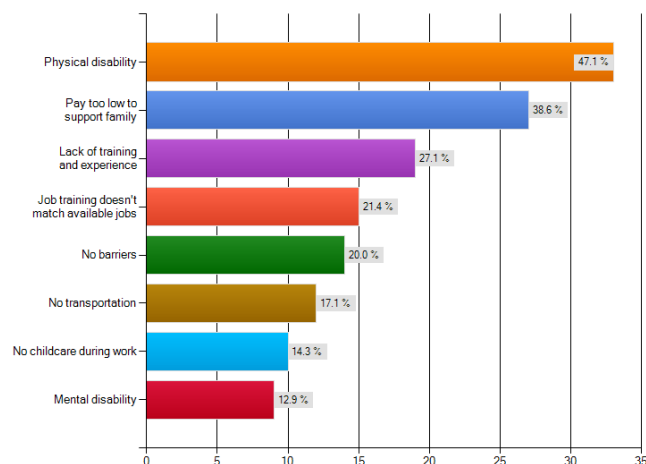
Mortgage (32.1) rounded out the top six. The second tier of needs cited includes Food (20.2%), Affordable Prescriptions (19.0%), Housing Loans (16.7%), Clothing (15.5%), Employment (14.3%), Transportation (13.1%), Senior Services (13.1%), and Disability Assistance (11.9%). Services listed less frequently included Mental Health Services (9.5%), Legal Services (7.1%), Child Care (6.0%), Education (4.8%), Substance Abuse Services (1.2%), and Domestic Violence Services (1.2%).

COMMUNITY NEEDS

When asked to identify needs within the community, Affordable Health Insurance Coverage topped the list, with 92.2% of respondents citing it among the “most needed.” Affordable Housing was second on the list at 83.6% and Help Paying Rent/Mortgage third at 75.8%. Food Assistance and Help Seeking Employment, both at 75.4%, rounded out the top five “most needed” services. Of the 29 services listed, 16 (55.2%) were deemed “most needed” by more than 50% of respondents. The top three “needed” services (those most often identified as “most” or “somewhat” needed) were Affordable Health Insurance Coverage (98.5%), Weatherization (98.5%), and Help Seeking Employment (94.7%). Those identified most often as “not needed” were Parenting Support, Transportation Assistance, Healthy Relationship Programs/Classes, and Computer Skills Training, though these programs/services were still rated as “most needed” or “somewhat needed” by 72.5%, 76.5%, 78.4% and 78.4% of respondents, respectively.



What do you feel are barriers to employment? (Check all that apply)

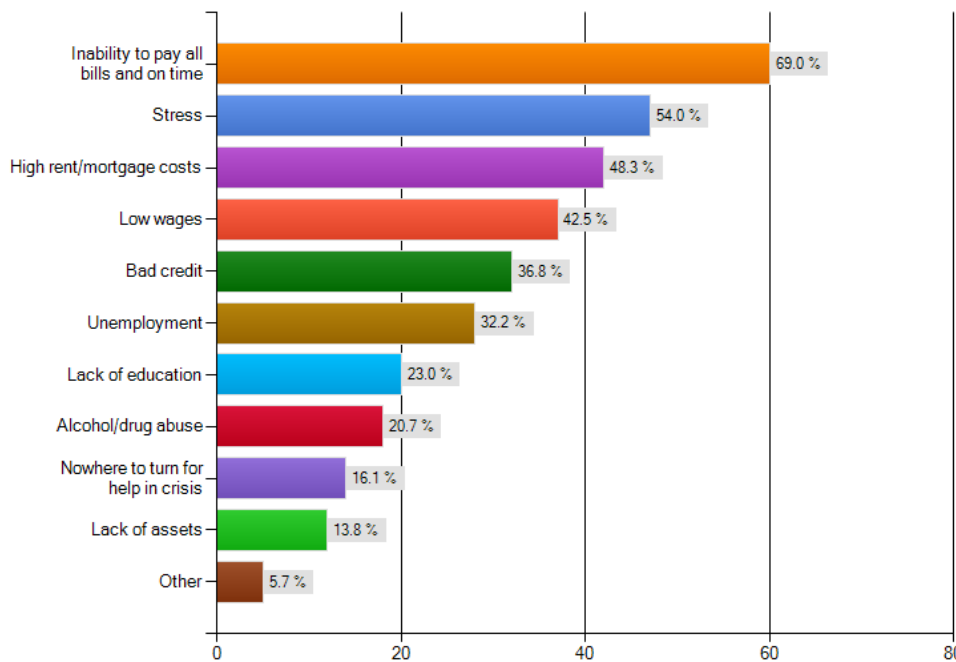


Help Seeking Employment was tied for fourth place as the “most needed” service in the community, cited by 75.4% of respondents (only 14.3% reported it as a personal or family need). The top barriers to employment identified were Physical Disability (47.1%), Pay Too Low to Support Family (38.6%), Lack of Training and Experience (27.1%), Job Training Doesn’t Match Available Jobs (21.4%), No Transportation (17.1%), No Childcare During Work (14.3%), and Mental Disability (12.9%). Twenty percent (20.0%) of respondents reported No Barriers to employment.

Penquis Needs Assessment

Community needs identified by respondents under “Other” include help for single women who don’t qualify for state/federal aid but are struggling, snow removal, substance abuse services, lead testing and abatement, autism support services, home insulation, job search, assistance paying for education, orthodontia, home repair, heating systems improvements, vision care, dental care, cost of housing, lack of pay/benefits, and loneliness/isolation.

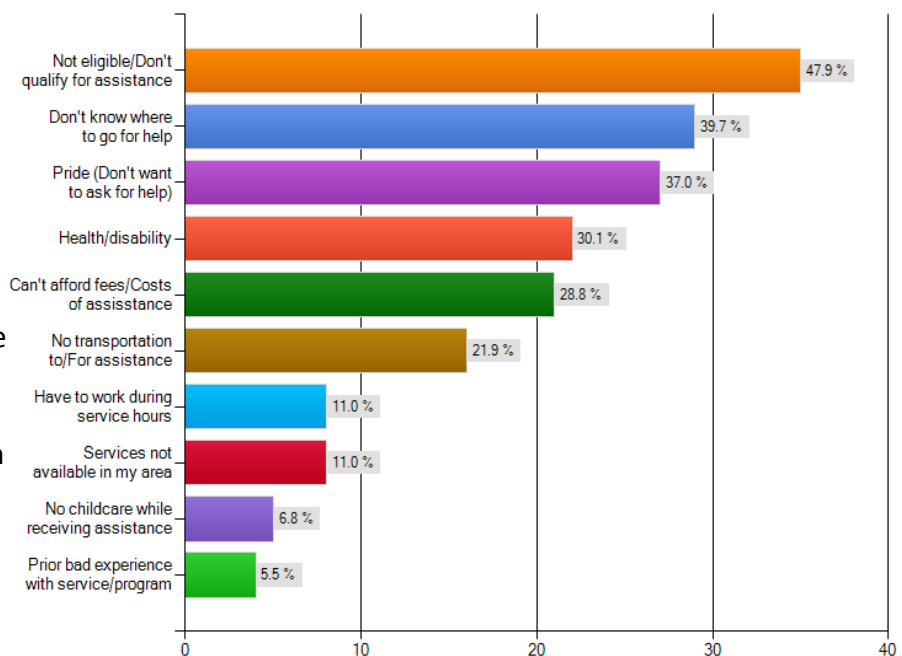
What do you feel are the biggest problems facing adults in your community? (Check up to three)



The top three problems facing adults in the community were believed to be Inability to Pay All Bills and On Time (69.0%), Stress (54.4%), and High Rent/Mortgage Costs (48.3%). Low Wages followed at 42.5%. Bad Credit (36.8%) and Unemployment (32.2%) rounded out the top six. Lack of Education (23.0%), Alcohol/Drug Abuse (20.7%), Nowhere to Turn for Help in Crisis (16.1%), and Lack of assets (13.8%) completed the top 10, with 5.7% of respondents checking “Other.”

Not Eligible/Don’t Qualify for Assistance was believed to be the greatest barrier to individuals accessing services, cited by 47.9% of respondents. Don’t Know Where to Go for Help at 39.7% and Pride at 37.0% completed the top three. Health/Disability was fourth, at 30.1%; Can’t Afford Fees/Costs of Assistance was fifth, at 28.8%; and No Transportation to/for Assistance was sixth, at 21.9%. Have to Work During Service Hours and Services Not Available in My Area were each cited by 11% of respondents. No Childcare While Receiving Assistance (6.8%) and Prior Bad Experience with Service/Program (5.5%) rounded out the top ten.

What do you feel are barriers to individuals accessing services?



SUPPORTING DATA

While there were differences between the individual/family needs and community needs identified, issues of health care, safe, affordable housing and financial security were common to both. Recent data from external sources are provided below for further assessment of current conditions.

Health Care

For overall health outcomes, Knox County ranks 7th out of Maine's 16 counties, reports County Health Rankings, a project of the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation. According to the results of a 2010 OneMaine Health Collaborative Community Health Needs Assessment conducted on behalf of Eastern Maine Healthcare Systems, MaineGeneral Health, and MaineHealth, Knox County has a low percentage of individuals reporting health as fair to poor (11% vs. 15%) and the lowest percentage of any county with 3+ chronic conditions (11% vs. 16%).

While Knox County has incidence and prevalence rates (per 100,000 population) lower than the state rate for a number of diseases and mental health problems, it does have the highest incidence of melanoma of any county (39 vs. 26), a high incidence of female breast cancer (196 vs. 162), and a high percentage reporting ever been diagnosed with cancer (9.6% vs. 7.5%). It also has incidence rates higher than the state rate for lung and bronchus cancer (100 vs. 95), male prostate cancer (190 vs. 187), and all cancers (690 vs. 629).

Compared to state rates, Knox County has a high percentage of individuals diagnosed with arthritis (36% vs. 32%) and the second highest incidence of hepatitis C of any county. It has the lowest chronic obstructive pulmonary disease (COPD) prevalence of any county (2.0% vs. 4.2%). Residents report a slightly higher prevalence of hypertension (32% vs. 30%), but lower incidence of cholesterol (28% vs. 29%) and heart disease (5.5% vs. 6.3%). The percentage of overweight adults is slightly higher than the state rate (38% vs. 37%) but adult obesity is less than the state rate (25% vs. 28%) and fewer report a sedentary lifestyle (19% vs. 21%).

Compared to Maine, Knox County has a higher hospital admission rate overall (12,718 vs. 12,076) and a higher ambulatory care sensitive condition (ACSC) hospital admission rate (1,163 vs. 967). It also has higher admission rates for congestive heart failure (301 vs. 283), AMI (heart attack) (227 vs. 211), Cerebrovascular Disease (stroke) (180 vs. 149), Coronary Artery Bypass Graft (CABG) (66 vs. 62), Pneumonia (348 vs. 326), and Emphysema (33 vs. 23). Knox County has the lowest diabetes hospitalization rates of any county for 18-44 year old adults and the highest hospital admission rates of any county for head/brain injuries. Knox County has a higher Emergency Department visit rate overall (50,240 vs. 47,665) and for COPD (1,151 vs. 998). It has a higher ACSC Emergency Department visit rate for diabetes long-term complications (134 vs. 111).

Mortality rates are unfavorable to state rates for all cancers (244 vs. 234), bladder cancer (9.8 vs. 7.5), female breast cancer (35 vs. 28), melanoma (4.1 vs. 3.6), male prostate cancer (33 vs. 23), lung cancer-males (82 vs. 78), and smoking-related neoplasms-males (234 vs. 205). Mortality rates are also higher than state rates for AMI (heart attack) (58 vs. 45), cerebrovascular disease (stroke) (50 vs. 49), and heart disease (213 vs. 202).

Reproductive Health: The teen birth rate (10-17 years) per 1,000 female population is 5.1 vs. 4.1 for Maine. Prenatal care is favorable, 94% vs. 91% of live births, as is the rate of low birthweight newborns (<2500 grams) (4.9% vs. 6.4%) and premature newborns (<37 weeks) (7.0% vs. 8.7%). But, there is a slightly higher infant mortality rate (5.9 vs. 5.5) and neonatal mortality rate (4.2 vs. 3.9).

Dental Care: Knox County has the lowest percentage reporting no dental visit in past 2 years of any county (17% vs. 24%), according to OneMaine survey results. In 2006 there were 28 dentists in Knox County, 1:1,465 residents, better than Maine's rate of 1:2,300 residents and the national average of 1:1,600. Nonetheless, access to dental care is considered a significant problem in Knox County, as indicated by the results of the Penquis needs survey in which respondents cited dental care as their greatest need. According to the Maine Office of Rural Health and Primary Care, there is a shortage of dentists in every Maine county. Many dentists do not accept Medicaid, further hindering access to needed care. Many Mainers are using emergency rooms, rather than dentists, to treat problems with their teeth, according to a 2010 study by the Muskie School of Public Service at the University of Southern Maine. "The top diagnostic reason for an emergency department visit among both Maine Care and uninsured young adults aged 15 through 24 and adults aged 25 through 44 was dental disease." This is supported by a review of Penobscot Bay Medical Center discharge data, which shows dental issues in the top diagnosis codes. While emergency rooms can prescribe medication for pain, they cannot treat underlying dental problems.

Mental Health: The percentage of Knox County residents reporting 11+ days Mental Health Not Good is slightly lower than the state rate, 10% vs. 11%. The percentage of adults at risk for clinical depression is slightly higher, 7.7% vs. 7.2% statewide. The hospital admission rate is higher for psychoses (689 vs. 578), major depressive disorder (302 vs. 157), schizophrenia (142 vs. 114), and anxiety (356 vs. 269). The suicide mortality rate is the second highest of any county, 30 vs. 23 for males and 8.1 vs. 5.4 for females. Eighteen percent (18%) of adults are without social/emotional support, slightly higher than the state rate of 17% (County Health Rankings).

A low response rate from Knox County schools in the 2009 Maine Integrated Youth Health Survey (MIYHS) has left a gap in local youth data. However, data from the Mid-Coast Public Health District, which includes Knox, Waldo, Lincoln and Sagadahoc counties, shows that 15.4% of high school students from this region have seriously considered attempting suicide, higher than the state rate of 13.8%, and tied with York for the highest percentage of all Public Health Districts.

Substance Abuse: Knox County has the highest percentage of chronic heavy drinking (7.3% vs. 6.4%), particularly among elderly 65+ years of age (6.4% vs. 4.5%). A greater percentage of individuals report being ever diagnosed with a substance abuse problem (7.3% vs. 4.7%) and misuse of prescription drugs in past 30 days (2.8% vs. 1.8%), the third highest rate in the state. This is significant, considering Maine tops the nation in prescription drug abuse (SAMSHA, Treatment Episode Data Set (TEDS) 1998-2008, State Admissions to Substance Abuse Treatment Services, 12/2010). Hospitalization rates for acute alcohol- and acute drug-related mental disorders among non-elderly adults (18-64) are high, 98 vs. 50 and 62 vs. 39, respectively. MIYHS data indicate that high school students in the Mid-Coast Public Health District rank highest in use of alcohol, past month (39.2% vs. 34.7%); marijuana, past month (26.2% vs. 23.7%); ecstasy, lifetime (11.8% (tied) vs. 10.2%); steroid pills/shots, lifetime (8.0% (tied) vs. 7.2%); and offered, sold, or given an illegal drug on school property (24.0% vs. 22.3%). They

rank second for binge drinking, past month (23.7% vs. 21.3%); LSD or other psychedelics, lifetime (11.7% vs. 10.4%); sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high, lifetime (17.7% vs. 16.1%) and past month (10.3% vs. 9.3%) and been drunk or high at school, past year (21.8% vs. 19.1%).

Interpersonal Violence: Sixteen percent (16.0%) of OneMaine survey respondents reported ever being physically hurt by an intimate partner vs. 12.0% statewide. MIYHS data indicate that 25.2% of high school students in the Mid-Coast Public Health District report being bullied on school property in the past year, greater than Maine's 23.4% rate and the second highest of the eight districts.

Access: Access to care in Knox County shows mixed results. The area contains Health Professional Shortage Area designations for dental, mental health, and primary medical care, and is also recognized as having Medically Underserved Populations and Medically Underserved Areas (US Department of Health and Human Services, Health Resources and Services Administration).

In addition to the limited availability of healthcare professionals, the cost of care prohibits access. *Costly Coverage: Premiums Outpace Paychecks in Maine*, a report published in August 2009 by Families USA, documents that from 2000 through 2009, family health insurance premiums for Maine's workers rose 4.6 times more quickly than median earnings. On average, health care premiums for families rose by more than 101%, while median earnings rose by only a little more than 22%. The lack of affordable health insurance contributes to the high rate of uninsured nonelderly adults (18-64 years): 20% in Knox County vs. 16% statewide (OneMaine). Though 21% of county residents are enrolled in Medicaid, many have difficulty locating providers who accept Medicaid patients.

Accessibility issues result in inadequate care. There is a high percentage of adults with no checkup in the past 2 years (13% vs. 10%). The percentage for females is 7.2% vs. 6.4% and for males 20% vs. 15%. The percentage of individuals who reported needing medical care in the past year but could not afford it is 6.5%, equal to the state rate. The rates of Emergency Department visits (50,204) and hospitalizations (12,718) exceeded the state rates of 47,665 and 12,076. Yet, there is a lower percentage of individuals reporting no usual source of medical care (11% vs. 13%) and only 1.4% of respondents named the hospital or ER as usual source of care, compared to 1.9% statewide (OneMaine). Locally, access to care is bolstered by the existence of the Knox County Health Clinic, a volunteer-run, no- or low-cost health clinic for medical, dental, behavioral health, and prescription assistance services, though there is consensus among local providers that services provided by the clinic is insufficient to meet the demand for affordable care.

Safe, Affordable Housing

Knox County has 17,258 occupied housing units - 12,789 (74%) owner occupied and 4,469 (26%) renter occupied (US Census 2010). Housing affordability is determined by the ratio of median home price to median income: anything under 1.0 is considered unaffordable. The affordability index for 2009 is .84 in Knox County. The median home price is \$175,000. The average two-bedroom rent is \$855.

	% of households unable to afford a median priced home, 2009	% of households unable to afford a median 2-BR rent	# housing units (owned and rented) built before 1940	# housing units with lead paint hazards
Knox	59.9%	56.4%	6,390 (35%)	9,088 (50%)
MAINE	56.4%	55.3%	151,492 (27%)	276,574 (49%)

The costs of heating fuel and gasoline have a significant impact on household budgets. In Knox County, 1,969 households received LIHEAP assistance during the 2010-11 heating season, representing approximately 11% of households. The cost of gasoline disproportionately impacts families with low incomes and those living in rural areas. In Knox County, the mean travel time to work is 18.6 minutes (US Census, American Community Survey, 2005-09).

255 individuals in Knox County receive Section 8 rental assistance; 503 are on the waiting list. The approximate wait time is five years (as of June 2011). Homelessness has been identified as a growing problem in the midcoast region. In a January 26, 2011 point in time survey of individuals who are homeless in Maine, 11 individuals listed Knox County as their last county of residence (MaineHousing). However, one of the problems with homelessness in rural areas, according to Maine State Housing research on homeless families, is that it is hard to tell how many people are without stable shelter. Jessica Sproul, Homeless Student Liaison for MSAD 40, reported having 42 schoolchildren who were homeless last year. "It's usually a loss of a job and they can't pay the rent or the parents are separating and one parent is staying and the other has no place to go. That's what I see. Substance abuse is not a main cause, I would say." (Parrish, Christine, Homeless Families on the Rise in Midcoast: Down and Out in Vacationland Part 2, The Free Press, 3/10/11).

While affordability is an issue for many families, respondents to the Penquis Needs Assessment were particularly concerned with the safety of their homes. Home repair was the second greatest need cited. Maine has the 5th oldest housing stock in the county, according to MaineHousing. In Knox County 35% of housing units were built before 1940, higher than Maine's 27%. MaineHousing estimates there are 54,784 households with substandard housing in Maine. These households lack attic or wall insulation, have no functioning heating system, or live in a pre-1976 mobile home. Many poor homeowners have rehabilitation needs. Home repair and energy assistance are two of the greatest needs of senior homeowners, in particular. MaineHousing notes that many elders live in rural communities and that rural areas are often difficult to serve due to the fact that local housing programs are small and often under funded.

Financial Security

With regard to employment and income, Knox County residents generally fare slightly better than state averages. The unemployment rate for Knox County is 7.1%, compared to 7.8% for the State of Maine (May 2011, not seasonally adjusted). Knox County's self-employment rate is 35.4%, higher than the state rate (23.3%) and US rate (21.3%) (2009, Carsey Institute).

From 2005-2009, Knox County's average annual employment decreased by 6.0% (2011 Report on Poverty, Maine State Planning Office). The total number of employees located in Knox County in 2010 was 16,603. The largest major industry sector was Health Care and Social Assistance, with 16% of the employment, followed by Retail Trade (44 & 45) with 16%, and Accommodation and Food Services

with 10%. The average weekly wage for Knox County in 2010 was \$698. This would be equivalent to \$17.45 per hour or \$36,296 per year, assuming a 40-hour week worked the year around (Maine Department of Labor).

Knox County's poverty rates are higher than state rates for all ages. For Knox County, 13.6% of all persons of all ages are in poverty, compared to 12.6% statewide, and 19.9% of all children (under 18 years of age) are in poverty, compared to 17.5% statewide (2009, US Census, SAIPE). Its median household income, at \$44,398, is lower than the state average of \$45,708. More than 45 percent (45.4%) of Knox County schoolchildren are eligible for free or reduced lunch, slightly higher than the state rate of 44.2%(Maine Department of Education) and 16.6% of the population receives food supplements (November 2010, 2011 Report on Poverty, Maine State Planning Office).

Financial instability makes it difficult for families to meet basic needs, pay bills, and maintain or build assets. According to the Good Shepherd Food Bank, Maine ranks first in New England in terms of children who are food insecure; 21.1% of Maine children under age 18 lack access to sufficient food. An estimated 6,040 people — 14.8% of Knox County's population — are food insecure.

OTHER CONSIDERATIONS

One important fact to note is that Maine is the oldest state in the nation with a median age of 42.7 years (2010 US Census). This is a trend that has no signs of reversing, due to a low birthrate, outmigration of young adults, and influx of retirees, and has significant implications for health care, the economy, and future infrastructure needs of communities. Though some of the needs cited, such as affordable housing/home repair, are not exclusive to elderly residents, they do largely impact the region's senior population who may have difficulty affording repairs due to fixed incomes and often need home modifications to safely age in place.

It is also significant the degree to which health and disability were cited as concerns. Though the percentage of individuals identifying themselves as having a disability (27.6%) was significantly lower than the other counties surveyed, it still represented the majority of respondents. Affordable health insurance coverage was named the greatest community need, physical disability was cited as the greatest barrier to employment, and health/disability was identified as a barrier to accessing services by 30% of respondents. Further investigation would be beneficial to understand the specific barriers experienced by individuals who have disabilities and to quantify the needs across the county.

CHANGES IN CONDITIONS

There were no significant changes in conditions from the previous needs assessment.

RESPONSE

To address the region's complex needs and utilize limited resources most effectively, Penquis utilizes "best practices" and works collaboratively with the region's nonprofit organizations, governmental agencies, and businesses to identify and implement solutions.

Regarding issues of health and safety:

- Penquis is coordinating efforts to inventory and increase access to mental health services in Knox County. Work is focused on three key areas: Education, Community Awareness, and Stigma Reduction; Direct Peer Support Services; and Peer Support to Crisis Events.
- A Penquis representative serves as Board Chair of the Knox County Community Health Coalition, a Healthy Maine Partnership and public health coalition.
- Penquis is on the Board of the Midcoast Public Health District Coordinating Council (DCC). As part of Maine's public health infrastructure, the DCC promotes public health by mobilizing community partnerships to identify and solve health problems.
- Penquis convened a group of concerned stakeholders to discuss strategies for increasing access to healthcare. The group worked collaboratively on a funding request to HRSA to establish a 330 health center in Knox County. Penquis was the applicant. The request is pending.

Regarding issues of housing:

- Penquis coordinates the Knox and Waldo County Homeless Consortium. The Consortium recently received a grant to create access to resources and study a potential site for homeless in Knox County. It is currently looking to make community services more accessible to populations located at the local food pantry.
- Penquis' subsidiary, MaineStream Finance, secured a renewal of its mortgage line of credit with local banks to help make homeownership affordable to low- and moderate-income families. It also received a one-year funding renewal to continue to provide foreclosure counseling.
- Penquis received funding from MaineHousing and US DHHS in 2011 to support the statewide Family Development Accounts program. Program participants receive a 4:1 savings match to help them achieve their homeownership goals.

Regarding issues of financial security:

- Penquis has established a Career Center portal at its offices to increase access to employment resources.
- Penquis coordinates the Mid-Coast Entrepreneurship Effort, a collaborative effort that offers and centralizes trainings and resources available to local entrepreneurs, promotes coordination among providers, and expands educational and support services available to start-up businesses.
- Penquis' subsidiary, MaineStream Finance, secured USDA RMAP funding and received renewed SBA PRIME funding in 2010, which is supporting the addition of a microenterprise consultant in Knox County and increasing lending capital available to microenterprises.
- Penquis continues to spearhead an annual school supply drive to help alleviate the financial burden on low-income families and meet children's needs.
- Penquis coordinates the Knox County Transition Team, which works to assemble all aid available for laid-off workers.

Penquis assures that all staff are familiar with community resources in order to assist all clients to access services to meet their needs. In addition, a Regional Manager engages in extensive networking in the community to ensure knowledge of and access to local services for low-income individuals and to participate in community solutions to problems faced by low-income families.