

# COMMUNITY NEEDS ASSESSMENT • 2011



PENOBSCOT COUNTY

**PENQUIS**  
Helping Today • Building Tomorrow



# Penobscot County

At 3,395.73 square miles and 45.3 persons per square mile, Penobscot County residents tend to be younger and more educated than their statewide peers.

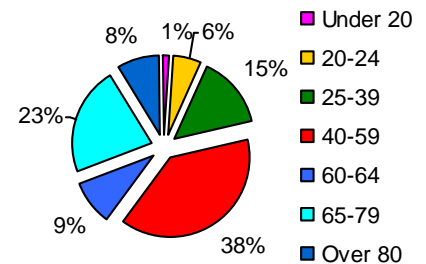
People QuickFacts	Penobscot County	Maine
Population, 2010	153,923	1,328,361
Population, percent change, 2000 to 2010	6.2%	4.2%
Population, 2000	144,917	1,274,915
Persons under 5 years old, percent, 2009	5.5%	5.4%
Persons under 18 years old, percent, 2009	19.9%	20.6%
Persons 65 years old and over, percent, 2009	14.4%	15.6%
Median Age, 2010	39.9	42.7
White persons, percent, 2010 (a)	95.4%	95.2%
Black persons, percent, 2010 (a)	0.8%	1.2%
American Indian and Alaska Native persons, percent, 2010 (a)	1.2%	0.6%
Asian persons, percent, 2010 (a)	0.9%	1.0%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	Z
Persons reporting two or more races, percent, 2010	1.5%	1.6%
Persons of Hispanic or Latino origin, percent, 2010 (b)	1.1%	1.3%
White persons not Hispanic, persons, 2010	94.7%	94.4%
Living in same house 1 year ago, pct 1 yr old & over, 2005-2009	82.4%	85.6%
Foreign born persons, percent, 2005-2009	2.6%	3.3%
Language other than English spoken at home, pct age 5+, 2005-2009	5.0%	7.4%
High school graduates, percent of persons age 25+, 2005-2009	89.2%	89.4%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	23.0%	26.1%
Veterans, 2005-2009	14,432	139,410
Mean travel time to work (minutes), workers age 16+, 2005-2009	21.8	22.7
Housing units, 2009	71,536	704,578
Homeownership rate, 2005-2009	70.5%	72.8%
Housing units in multi-unit structures, percent, 2005-2009	21.9%	19.8%
Median value of owner-occupied housing units, 2005-2009	\$126,400	\$172,100
Households, 2005-2009	61,295	542,617
Persons per household, 2005-2009	2.30	2.36
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$22,813	\$24,980
Median household income, 2009	\$40,301	\$45,708
Persons below poverty level, percent, 2009	15.3%	12.6%

The 2010 Comprehensive 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 resources external to Penquis. In September 2010, Penquis began conducting its own Needs Assessment 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 the population being served and local perspectives regarding community needs. It touched on fundamental issues such as education, employment, finances, health, housing, and social supports. Penobscot County residents were asked to identify their region of residence: Northern Penobscot County (Katahdin Region), a rural area that was once home to prosperous mill towns but now distressed as a result of the decline of the manufacturing industry, or Southern Penobscot County (Greater Bangor Area), an urban area that includes the state’s third largest city and the major service center for the region. The numbers and percentages associated with survey answers reflect only complete answers received to the questions asked. Non-responses were not included in the tabulations.

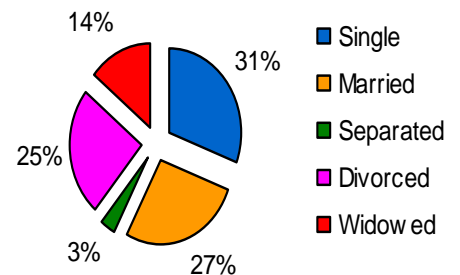
## THE RESPONDENTS

- Three hundred twenty-two (322) individuals from Penobscot County completed the survey. Of those identifying their region of residence, 75% were from Southern Penobscot County (Greater Bangor Area) and 25% were from Northern Penobscot County (Katahdin Region).
- The majority of respondents (39.2%) were 40-59 years of age, which is slightly older than the median age of Penobscot County residents (39.9 years).
- Of those reporting their gender, 71.5% were female and 28.5% were male.
- The majority (30.8%) were single, followed by married (27.2%), divorced (24.9%), widowed (14.1%) and separated (3.0%).
- Most (74.1%) did not have children under 18 living in the home; 25.9% did. Of those who did, 56.2% had one child living in the home; 27.4% had two; 11.0% had three; 1.4% had four; 2.7% had five; and 1.4% had six.
- The majority (41.6%) had a disability and/or were unable to work; 29.2% were retired; 9.8% worked part time; 9.8% were unemployed and seeking employment; 7.2% were unemployed and not seeking employment; 6.6% worked full-time with benefits; and 1.3% worked part-time with benefits.

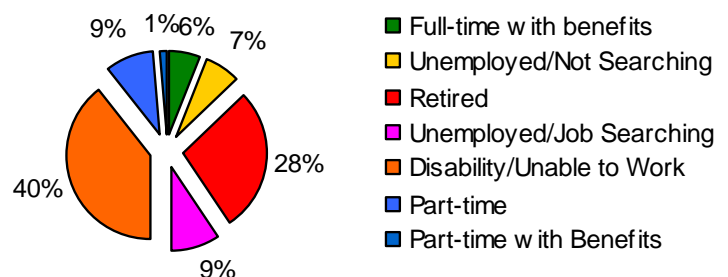
Age of Survey Respondents



Marital Status

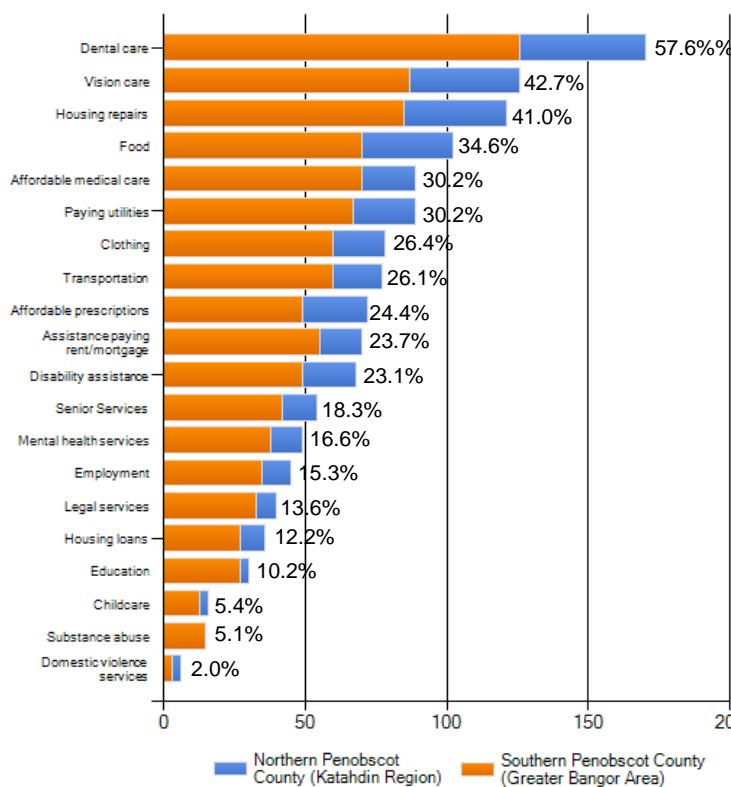


Employment Status



# Penquis Needs Assessment

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



	So. Penobscot County	No. Penobscot County
1	Dental Care	Dental Care
2	Vision Care	Vision Care
3	Housing Repairs	Housing Repairs
4	Food*	Food
5	Affordable Medical Care*	Affordable Prescriptions
6	Paying Utilities	Paying Utilities
7	Clothing*	Affordable Medical Care*
8	Transportation*	Disability Assistance*
9	Assistance w/ Rent/Mortgage	Clothing
10	Affordable Prescriptions*	Transportation
11	Disability Assistance*	Assistance w/ Rent/Mortgage
12	Senior Services	Senior Services
13	Mental Health Services	Mental Health Services
14	Employment	Employment
15	Legal Services	Housing Loans
16	Housing Loans*	Legal Services
17	Education*	Education*
18	Child Care	Child Care*
19	Substance Abuse	Domestic Violence Services*
20	Domestic Violence Services	Substance Abuse (0)

\*the percentage tied with other need(s) listed.

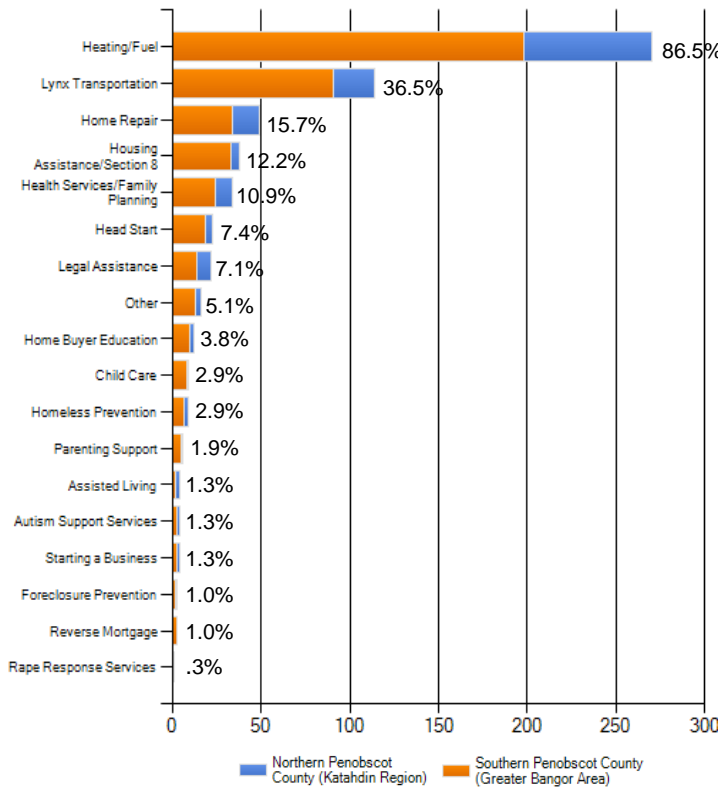
While there were some differences between Northern and Southern Penobscot County survey results, there were many similarities. Both listed Dental Care, Vision Care, Housing Repairs, and Food as their top four needs. Many other needs had similar rankings across the two regions, as well, as indicated by the yellow shading in the table above.

Some variance occurred regarding the prevalence of need. A greater proportion of Northern Penobscot County respondents reported needing Dental Care (58.7% vs. 57.3%), Housing Repairs (48.0% vs. 38.6%); Food (42.7% vs. 31.8%), Affordable Prescriptions (30.7% vs. 22.3%), Disability Assistance (25.3% vs. 22.3%), and Domestic Violence Services (4.0% vs. 1.4%), while Southern Penobscot County respondents identified a greater need for Affordable Medical Care (31.8% vs. 25.3%), Paying Utilities (30.5% vs. 29.3%), Clothing (27.3% vs. 24.0%), Transportation (27.3% vs. 22.7%), Assistance Paying Rent/Mortgage (25.0% vs. 20.0%), Senior Services (19.1% vs. 16.0%), Mental Health Services (17.3% vs. 14.7%), Employment (15.9% vs. 13.3%), Legal Services (15.0% vs. 9.3%), Housing Loans (12.3% vs. 12.0%), Education (12.3% vs. 4.0%), Substance Abuse Services (6.8% vs. 0.0%), and Child Care (5.9% vs. 4.0%).

While only 15.7% of respondents had reported utilizing the Home Repair program, 41.0% of respondents had reported home repair as a need. 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.

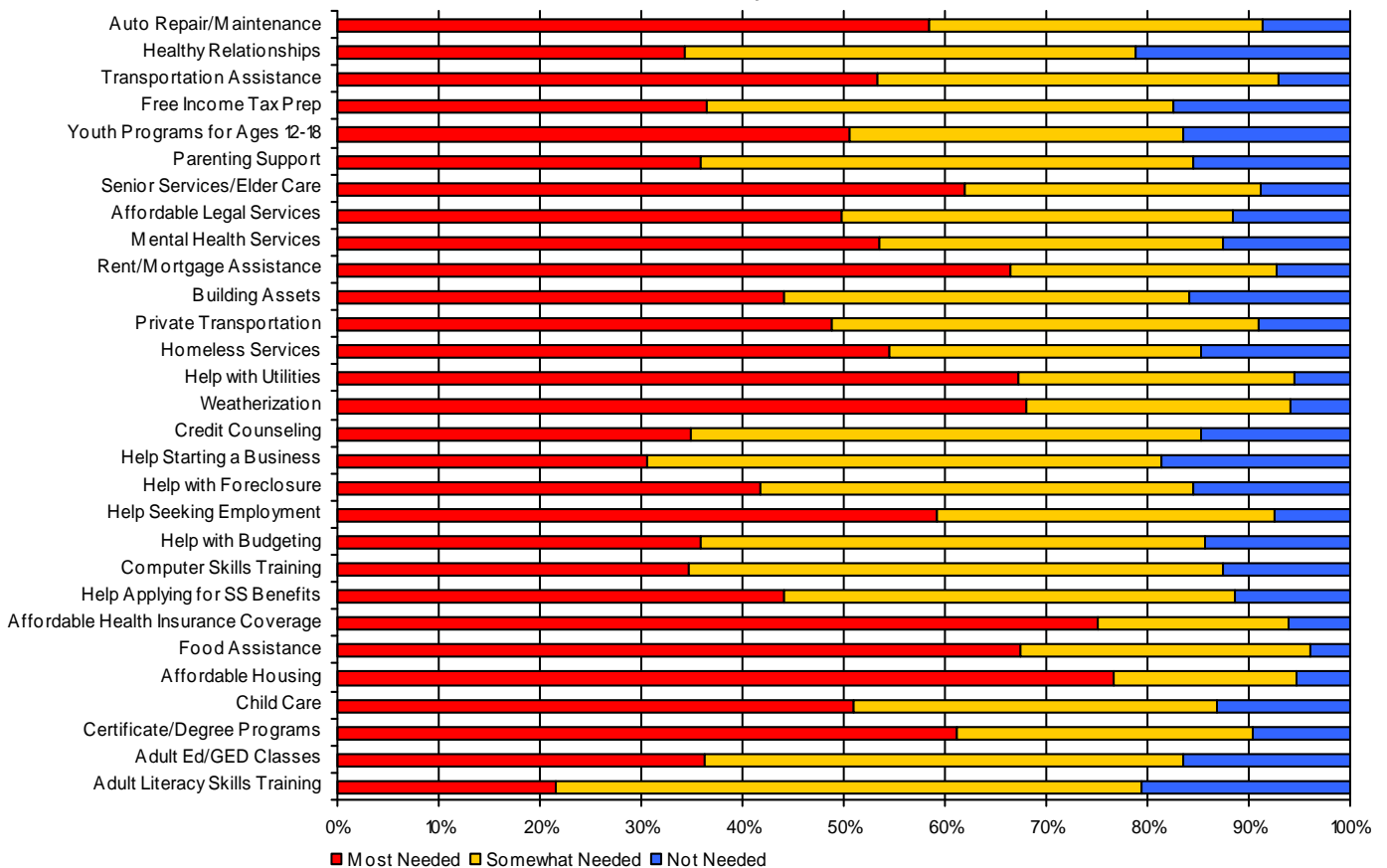
# Penquis Needs Assessment

**Which Penquis Services have you utilized? (Check all that apply.)**



The majority (86.5%) of respondents were past or current participants of the Low-income Home Energy Assistance Program. The Lynx Transportation (36.5%), Home Repair (15.7%), Section 8 (12.2%), Health Services/Family Planning (10.9%), and Head Start (7.4%) rounded out the top third most frequently utilized services. Legal Assistance (7.1%), Other services (5.1%), Home Buyer Education (3.8%), Child Care (2.9%), Homeless Prevention (2.9%), and Parenting Support (1.9%) were the second tier of services most frequently accessed, while Assisted Living, Autism Support Services and Starting a Business (each utilized by 1.3% of respondents), Foreclosure Prevention and Reverse Mortgages (each used by 1.0%), and Rape Response Services (used by .3%) comprised the bottom third.

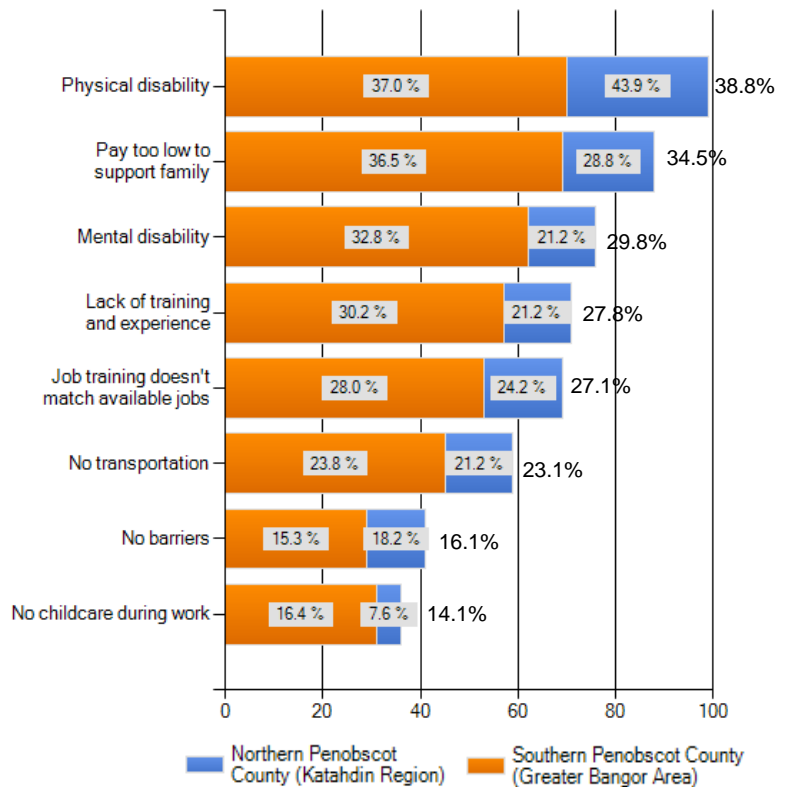
## Community Needs



When asked to identify needs within the community, Affordable Housing topped the list, with 76.7% of respondents citing it among the “most needed.” Affordable Health Insurance Coverage was second on the list at 75.0% and Weatherization third at 68.1%. Food Assistance at 67.5% and Help with Utilities at 67.3% rounded out the top five “most needed” services. Of the 29 services listed, 15 (51.7%) 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 Food Assistance (96%), Affordable Housing (94.8%), and Help with Utilities (94.4%). Those identified most often as “not needed” were Healthy Relationship Programs/Classes, Adult Literacy Skills Training, and Help Starting a Business, though these programs/services were still rated as “most needed” or “somewhat needed” by 78.8%, 79.4% and 81.3% of respondents, respectively. Northern Penobscot County residents gave slightly more weight to Help Applying for Social Security Benefits than their southern counterparts, while Southern Penobscot residents gave greater weight to Help with Foreclosure, Help with Reliable Private Transportation, and Affordable Legal Services than their northern peers.

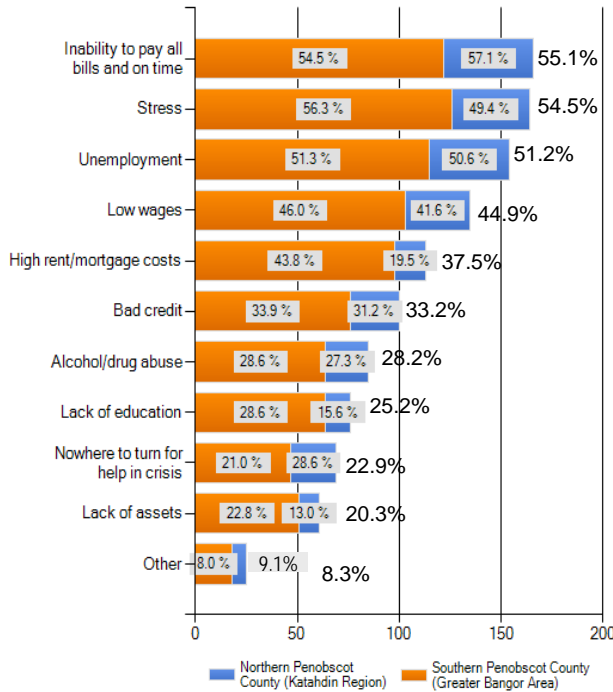
Help Seeking Employment was the ninth “most needed” service in the community, cited by 59.3% of respondents (only 15.3% reported it as a personal or family need). It was reported as a “needed” service by 92.6% of respondents. The top barriers to employment were Physical Disability (38.8%), Pay Too Low to Support Family (34.5%), Mental Disability (29.8%), Lack of Training and Experience (27.8%), Job Training Doesn’t Match Available Jobs (27.1%), No Transportation (23.1%), and No Childcare During Work (14.1%). 16.1% of respondents reported No Barriers. Northern Penobscot County residents gave greater weight to Job Training Doesn’t Match Available Jobs than their southern counterparts, citing it as the third greatest barrier to employment; Southern Penobscot County residents rated it fifth.

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



Community needs identified by respondents under “Other” include affordable housing in decent neighborhoods, substance abuse prevention/counseling programs, assistance with basic household items/needs (soap, toilet paper, diapers, gas, clothing), home repair, help for people facing foreclosure, returning to college, transportation, utilities, prescription costs, social isolation, nutrition, dental care, heating assistance, affordable home health/elderly services, help spaying/feeding pets, reproductive services, high speed internet, and weatherization.

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

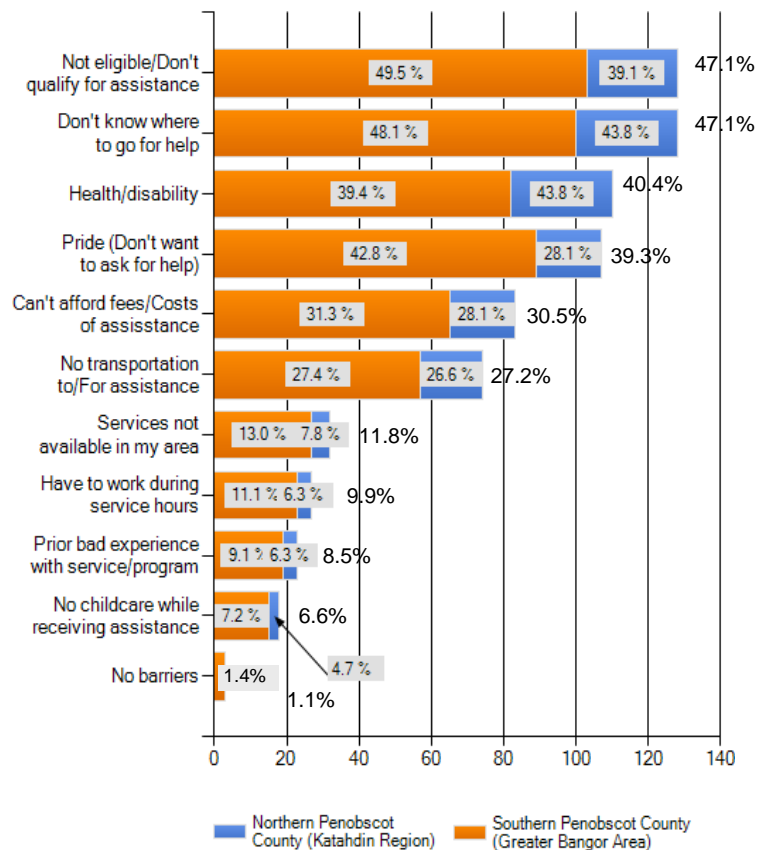


The top three problems facing adults in Penobscot County were believed to be Inability to Pay All Bills and On Time (55.1%), Stress (54.5%), and Unemployment (51.2%). Low Wages (44.9%), High Rent/Mortgage Costs (37.5%), Bad Credit (33.2%), and Alcohol/Drug Abuse (28.2%) rounded out the top seven. Lack of Education (25.2%), Nowhere to Turn for Help in Crisis (22.9%), and Lack of Assets (20.3%) completed the top 10, with “Other” listed at 8.3%.

Southern Penobscot County respondents cited Stress as the biggest problem in their community, followed by Inability to Pay Bills and Unemployment, while Northern Penobscot County respondents believed Inability to Pay Bills was the greatest problem, followed by Unemployment and Stress. Southern Penobscot County also identified High Rent/Mortgage Costs as a greater problem than their Northern counterparts (43.8% (5th) vs. 19.5% (8th)).

Overall, Penobscot County respondents identified Not Eligible/Don’t Qualify for Assistance (47.1%), Don’t Know Where to Go for Help (47.1%), and Health/Disability (40.4%) as the three greatest barriers to accessing services. The results differed somewhat between Northern Penobscot County and Southern Penobscot County respondents. Northern Penobscot County residents cited Don’t Know Where to Go for Help and Health/Disability most often (43.8% each), followed by Not Eligible/Don’t Qualify for Assistance (39.1%). Southern Penobscot County residents ranked Not Eligible/Don’t Qualify for Assistance as the greatest barrier (49.5%) followed by Don’t Know Where to Go for Help (48.1%) and Pride (Don’t Want to Ask for Help) (42.8%). Health/Disability was ranked fourth at 39.4%. No one from Northern Penobscot County and 1.4% from Southern Penobscot County said there were “No Barriers” to accessing services.

**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, Penobscot County ranks 11th 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, Penobscot County residents face numerous health challenges and risks. Seventeen percent (17.0%) of Penobscot County residents report their health as Fair to Poor, compared to 15.0% of all Mainers. It also has disease incidence and prevalence rates (per 100,000 population) unfavorable to state rates. Penobscot County has a slightly higher incidence rate of all cancers, 638 vs. 629; colorectal cancer, 69 vs. 62; and lung and bronchus cancer, 104 vs. 95.

Also, compared to state rates, Penobscot County has a higher prevalence of heart disease (7.0% vs. 6.3%), asthma among adults (11% vs. 10%), asthma among youth 0-17 years (8.0% vs. 6.1%), chronic obstructive pulmonary disease (COPD) (4.9% vs. 4.2%), diagnosed diabetes among 18-44 year olds (3.3% vs. 2.9%) and ages 45-64 (14% vs. 13%), chlamydia (219 vs. 197), and 3+ chronic conditions (14% vs. 13%). Residents report a high prevalence of high cholesterol (31.0% vs. 29.0%), hypertension (31.0% vs. 30.0%) and heart disease (7.0% vs. 6.3%), and a high prevalence of risk factors, including current smokers, (23% vs. 22%), sedentary lifestyle (23% vs. 21%), adult obesity (35.0% vs. 28.0%) - the highest percentage of any county, and youth (grades 9-12) consuming fruits and vegetables five times per day (12% vs. 15%) - the lowest of any county.

Compared to Maine, Penobscot County has a higher hospital admission rate overall (13,357 vs. 12,076 per 100,000 population), as well as for congestive heart failure (308 vs. 283), AMI (heart attack) (223 vs. 211), coronary artery bypass graft (CABG) (72 vs. 62), bronchitis and asthma (117 vs. 87), chronic obstructive pulmonary disease (COPD) (381 vs. 284), pneumonia (426 vs. 326), emphysema (31 vs. 23), and diabetes (102 vs. 79). It also has a higher ambulatory care sensitive conditions (ACSC) hospital admission rate (1,241 vs. 967). Emergency Department visit rates were higher than state rates for COPD (1,175 vs. 998) and emphysema (31 vs. 23), and the rate of ACSC Emergency Department visits for diabetes short-term complications was higher, 11 vs. 9.

Penobscot County has high mortality rates for AMI (52 vs. 45), stroke (50 vs. 49), heart disease (223 vs. 202), lung cancer-males (84 vs. 78), lung cancer-females (69 vs. 61), pneumonia (110 vs. 103), smoking-related neoplasms-females (156 vs. 150), female cervix uteri, 3.5 vs. 2.5, and lung cancer (77 vs. 69).

Reproductive Health: The teen birth rate (10-17 years) per 1,000 female population is 3.3, lower than Maine's rate of 4.1. There is a greater percentage of women receiving inadequate prenatal care (of live births) (4.0% vs. 2.5%), low birthweight newborns (6.8% vs. 6.4%), premature newborns (10% vs. 8.7%), and a higher incidence of neonatal mortality (4.4 vs. 3.9).

Dental Care: 27% of Penobscot County residents has had no dental visit in the past two years, compared to 24% of all Mainers. According to the Maine Office of Rural Health and Primary Care, there is a shortage of dentists in every Maine county. In 2006 there were 72 dentists in Penobscot County, 1:2,058 residents. While slightly better than the State of Maine, which has one dentist per 2,300 residents, it is below the national average of one per 1,600. Many Mainers are using emergency rooms, rather than dentists, to treat problems with their teeth, according to a study conducted in 2010 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.” While emergency rooms can prescribe medication for pain, they cannot treat underlying dental problems.

Mental Health: Fewer Penobscot County residents reported 11+ days Mental Health Not Good (10.0% vs. 11.0%), but a greater percentage of adults (8.1% vs. 7.2%) are at risk for clinical depression. The hospital admission rate is higher than the state rate for psychoses (785 vs. 578) and psychoses ages 0-17 (692 vs. 484), Senility and Organic Mental Disorders (14.0 vs. 8.6), bipolar disorder (366 vs. 280) and bipolar disorder ages 0-17 (525 vs. 353), schizophrenia (216 vs. 114), and anxiety (365 vs. 269); Emergency Department rates exceed the state rates for bipolar disorder (265 vs. 166), schizophrenia (112 vs. 70), and anxiety disorder (1,956 vs. 1,618). A greater percentage of Penobscot County residents reported that they needed, but did not get, mental health treatment in the past 12 months (5.2% vs. 4.8%). The suicide mortality rate is higher than the state rate for males (25 vs. 23). A slightly lower percentage of youth (grades 9-12) in Penobscot County have seriously considered suicide in the past year (12.2% vs. 13.8% for all Maine youth) (2009, Maine Integrated Youth Health Survey).

Substance Abuse: Penobscot County has a slightly greater prevalence of street drug use in past 30 days (5.5% vs. 5.2%) and prescription drug use for non-prescribed purpose in past 30 days (2.2% vs. 1.8%). It has elevated hospital admission rates for acute alcohol-related mental disorders (86 vs. 50) and acute drug-related mental disorders (67 vs. 39), and elevated Emergency Department visit rates for acute alcohol-related mental disorders (218 vs. 131), alcohol-related psychoses (39 vs. 28), acute drug-related mental disorders (411 vs. 297), and drug-related psychoses (76 vs. 57). Penobscot County has higher rates of alcohol-related mortality-males (21 vs. 19) and alcohol liver disease (12 vs. 11). Substance use among Penobscot County high school students is generally lower than their statewide peers. The use of cigarettes in the past month exceeds the state rate (20.1% vs. 19.7%) and lifetime use of heroin is equal to the state rate, at 7.9% (2009, Maine Integrated Youth Health Survey).

Interpersonal Violence: Fourteen percent (14.0%) of survey respondents reported ever being physically hurt by an intimate partner, compared to 12.0% statewide. 1.4% report past year physical violence or unwanted sex from an intimate partner (vs. 1.2% statewide). According to the 2009 Maine Integrated Youth Health Survey, compared to their statewide peers, slightly fewer Penobscot County high school students felt safe at school (84.6% vs. 85.5%).

Access: Access to health care in Penobscot County is somewhat limited. The area contains Health Professional Shortage Area designations for dental, mental health and primary medical care, and is also recognized as having Medically Underserved Areas and Populations (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): 16% in Penobscot County, equal to the state rate (OneMaine). Though 27% 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 residents without usual source of care: males, 21% vs. 18%, and females, 10% vs. 8.3%. The percentage of females reporting no checkup in past 2 years is higher than the state rate, 8.4% vs. 6.4%, and the percentage of all respondents who reported needing medical care in the past year but could not afford it was 8.0%, higher than the state rate of 6.5%. And, 27% have had no dental visit in the past two years, compared to 24% of Maine residents. The rate of hospitalizations (13,357) exceeds the state rate of 12,076.

### Safe, Affordable Housing

Penobscot County has 62,966 occupied housing units - 42,981 (68%) owner occupied and 19,985 (32%) renter occupied (US Census 2010). Housing affordability is determined by the ratio of median home price to median income: anything under 1.0 is unaffordable. The affordability index for 2009 is 1.03 in Penobscot County, with the cities of Bangor and Brewer less affordable, at .74 and .92, respectively. The median home price is \$121,000. The average two-bedroom rent is \$842.

	% of households unable to afford a median priced home, 2009 <sup>1</sup>	% of households unable to afford a median 2-BR rent <sup>1</sup>	# housing units (owned and rented) built before 1940 <sup>1</sup>	# housing units with lead paint hazards <sup>1</sup>
Penobscot	49.1%	61.5%	16,631 (27%)	31,635 (51.4%)
MAINE	56.4%	55.3%	151,492 (27%)	276,574 (49%)

Two hundred and three (203) individuals in Penobscot County receive Section 8 rental assistance; 1,180 are on the waiting list, which is currently closed. Approximate wait time is ten years (as of June 2011). In a January 26, 2011 survey of individuals who are homeless in Maine, 137 individuals listed Penobscot County as their last county of residence, 15% of all individuals surveyed (MaineHousing).

The costs of heating fuel and gasoline have a significant impact on household budgets. In Penobscot County, 8,906 households received LIHEAP assistance during the 2010-11 heating season, representing approximately 14% of households. The cost of gasoline disproportionately impacts families with low incomes and those living in rural areas. In Penobscot County, the mean travel time to work is 21.8 minutes (US Census, American Community Survey, 2005-09).

While affordability is an issue for many families, respondents to the Penquis Needs Assessment were particularly concerned with the safety of their homes. Maine has the 5th oldest housing stock in the county, according to MaineHousing. In Penobscot County 27% of housing units were built before 1940, equivalent to the state rate. 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 that are often difficult to serve due to the fact that local housing programs are small and often under funded.

## Financial Security

Penobscot County residents are generally poorer than their statewide peers. The unemployment rate is 8.5% vs. 7.8% for Maine (May 2011, not seasonally adjusted). Penobscot County's self-employment rate is 18.5%, lower than the state rate (23.3%) and US rate (21.3%) (2009, Carsey Institute).

From 2005-2009, Penobscot County's average annual employment decreased by 1.5% (2011 Report on Poverty, Maine State Planning Office). The total number of employees located in Penobscot County in 2010 was 69,298. The largest major industry sector was Health Care and Social Assistance, with 20 percent of the employment, followed by Retail Trade (44 & 45) with 17% percent, and Education Services with 14%. The average weekly wage for Penobscot County in 2010 was \$709. This would be equivalent to \$17.73 per hour or \$36,868 per year, assuming a 40-hour week worked the year around (Maine Department of Labor).

At \$40,301, Penobscot County's median household income is ranked tenth (from highest to lowest) of Maine's 16 counties. Education level influences earning potential. In Penobscot County, the public high school drop out rate for 2008-09 was 4.3%, higher than the state rate of 3.4%. Penobscot County's poverty rate is the sixth highest of all Maine counties with 15.3% of all ages in poverty (compared to 12.6% statewide). It has the tenth highest child poverty rate, with 19.5% of children under 18 years of age in poverty (compared to 17.5% statewide) (2009, US Census, SAIPE).

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. Nearly half (47.33%) of Penobscot County schoolchildren are eligible for free or reduced lunch, higher than the state rate of 44.2%. 19.9% of the population receives food supplements (November 2010, 2011 Report on Poverty, Maine State Planning Office). An estimated 23,380 people — 15.7% of Penobscot County's population — are food insecure. According to the Good Shepherd Food Bank, Penobscot County is among the counties with the highest need for food.

## OTHER CONSIDERATIONS

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 community infrastructure needs. Though other 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. A large number of respondents identified themselves as having a disability (41.6%), affordable health insurance coverage was named the second greatest community need, physical disability was cited as the

greatest barrier to employment, and health/disability was identified as third greatest barrier to accessing services. 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:

- A weekly senior meal program is offered in Northern Penobscot County, providing opportunities for the elderly to get a nutritious meal, socialize, and learn about community resources.
- A Penquis representative serves as Chair of Bangor Region Health and Wellness, a Healthy Maine Partnership and public health coalition.
- Penquis is partnering with local municipalities to use CDBG funding address home health and safety hazards within low-income households, effectively addressing both home and health concerns.

Regarding issues of housing:

- 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.
- Penquis established a Housing Development department to provide greater focus on affordable housing development. In Penobscot County, recent work has focused predominantly on senior housing, with 24 units developed, 27 units preserved, and 32 in development.

Regarding issues of financial security:

- Penquis' subsidiary, MaineStream Finance, secured funding to support microenterprise training and technical assistance and increase lending capital available to microenterprises.
- Penquis continues to spearhead an annual effort to provide school supplies to children in need to help student have a good start to the school year and alleviate the financial burden on parents.
- Penquis coordinates the Penobscot County Transition Team, which works to assemble all aid available for laid-off workers.
- Penquis was recently contracted by Maine DHHS to provide ASPIRE placement services, helping low income individuals to increase job skills and secure employment.

Penquis assures that all staff are familiar with community resources in order to assist all clients to access services to meet their needs. For clients with particularly complex situations and extensive needs, a case manager is available to help navigate and facilitate access to support services.