



Aroostook County Action Program

We Make Life Better!

COMMUNITY ASSESSMENT

AROOSTOOK COUNTY, MAINE

November 2020



2017



2020



ABOUT ACAP

Aroostook County Action Program (ACAP) has served Aroostook County for nearly five decades and employs over 170 staff members. ACAP delivers services to over 14,000 customers per year throughout Aroostook County, with office service locations in Fort Kent, Madawaska, Caribou, Presque Isle, Houlton, and Dyer Brook.

Mission

Aroostook County Action Program, Inc. (ACAP) provides the people of Aroostook County with services and resources that help individuals and families achieve greater economic independence. As a leader, or in partnership with others, ACAP strengthens the community by responding to human needs.

Services

Comprehensive Service Approach-Our entire team is committed to this delivery model ensuring clients are connected to all of the programs and services that they need. ACAP Coaching Services are available to individuals and families. Our coaches work with clients on overcoming challenges and identify pathways to achieving their goals. Coaches work alongside individuals and families offering guidance and support along the way.

Prevention & Wellness

ACAP builds a stronger, healthier community by partnering with local and statewide organizations to offer prevention services that focus on nutrition, oral health, substance use, tobacco, and obesity.

- Affordable Care Act Navigator Program
- Oral Health Services
- Breastfeeding Support and Breast Pump Loaner Program
- Supplemental Nutrition Assistance Program (SNAP-ED)
- Supplemental Nutrition for Women, Infants and Children (WIC)
- Drug Free Aroostook
- Let's Go! 5-2-1-0
- Wabanaki Teleophthalmology Consortium Project
- Tobacco Smoking Cessation and Tobacco Use Prevention and Education
- Juvenile Detention Alternative Initiatives

Energy & Housing

ACAP keeps people warm, safe and dry in their homes with a variety of programs that offer education or assistance in the areas of heating, energy efficiency, home purchase, repair and assistance for those facing foreclosure or eviction.

- Home Energy Assistance Program (HEAP)
- Energy Crisis Intervention Program
- Central Heating Improvement Program

- Energy, Moisture, and Infiltration Audit Inspection Services
- Low Income Assistance Program
- Homeownership Education and Foreclosure Counseling Services
- Home Repair Network Program
- Lead Paint Inspection Program
- Weatherization Services

Early Care and Education

ACAP provides families with comprehensive and affordable high quality prenatal, infant, toddler and preschool education and child development programs.

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

Economic Development

ACAP assists job seekers with continuing education or skills development and helps people overcome common barriers that may stand in their way such as transportation and childcare.

- Adult and Youth Job Services
- Hope and Prosperity Resource Center
- Helping Hands Emergency Services
- Coaching Services
- Financial Literacy Training
- Family Development Accounts

TABLE OF CONTENTS

| | |
|--|-----------|
| Foreword & Acknowledgements | 5 |
| About JSI..... | 8 |
| Executive Summary | |
| Purpose and Background | 9 |
| Approach and Methods | 9 |
| Key Data Findings | 10 |
| Strategic Priorities..... | 15 |
| Advancing the Whole Family/Comprehensive Service Directory Approach | 18 |
| Key Findings | |
| Population Characteristics | 20 |
| Economics..... | 21 |
| Housing..... | 27 |
| Transportation..... | 29 |
| Health Outcomes and Services | 30 |
| Response to COVID-19 Pandemic..... | 36 |
| | |
| Appendices | |
| Appendix A: 2020 & 2016 ACAP Community Assessment Survey Findings | |
| Appendix B: Quantitative Data Findings | |
| Appendix C: 2020 ACAP Community Survey | |

FOREWARD & ACKNOWLEDGEMENTS

Dear Friends and Neighbors,

In the midst of a Pandemic, and as the foreword to a report assessing the needs of our Aroostook County community at this unprecedented moment in history, the focus naturally turns to our collective challenges. We instead draw attention to our greatest assets and the opportunities that will move us forward.

At the top of that list are the residents of Aroostook County. The more than 1,100 community members who responded to the survey for this report demonstrate that people throughout our area are invested in our work and region's success. Their resilience, persistence, work ethic and, above all, care and compassion for one another, will define our efforts to meet the needs outlined in this updated assessment. This is especially true of ACAP team members, including our volunteers and Board members, who strive daily, giving their all, to serve families and individuals across our vast, rural region.

It is through their efforts and those of partners across The County, Maine and nationally, we have taken significant measures to respond since the release of our 2017 comprehensive community assessment. Work to tackle some of the areas identified in that report, and updated with new data and findings this year, as reflected in the pages of this document, has clearly been driven by the needs of the community we serve – as it should be.

In three short years, ACAP has not only piloted, but scaled County-wide, our Whole Family Approach and Comprehensive Service Delivery. Our work is recognized across New England and nationally, and we are mentoring other agencies in their efforts to adopt similar practices. More importantly, the families and individuals we serve are benefitting in noteworthy and impressive ways. The number of parents with children enrolled in ACAP Early Care and Education, completing a training program or obtaining a license or credential, doubled between 2017 and 2019. We have also seen gains in households across multiple domains measured – from health, wellbeing and food security, to warm, safe, affordable housing, employment and income. The continued expansion of this work is key to our vision to “Make Life Better,” and to work side-by-side with the families and individuals we serve to ensure their stability and success.

ACAP's efforts to work with other regional social service providers, non-profit organizations and businesses has yielded new collaborative opportunities in Aroostook County that directly benefit our communities and the people we serve. More recently, our partnership with The Northern Lighthouse has paved the way for thousands to access services seamlessly, and is resulting in a streamlining of key administrative functions that will ultimately create efficiencies for both organizations. The coming together of ACAP, and its more than 40 diverse programs, and TNLH, a county-wide provider of behavioral health and substance use treatment and recovery services, is a significant advancement in addressing the greatest needs identified in both the 2017 survey and this report.

Efforts like these are more critical than ever as the aftermath of the Pandemic will continue to stretch our social service infrastructure and associated fiscal resources. The results of the 2020 census will also challenge rural regions of our state that have experienced population decline over the last decade. ACAP is well positioned to explore additional partnerships, collaboration, shared resources, and mergers and consolidation opportunities that will be necessary to ensure the quality of services provided does not suffer as funding for key programs decreases.

It has been in this collaborative spirit that we have endeavored to take on the most pressing concerns identified by community members. The work of the cross-sector Going Places Network, convened by ACAP, is resulting in meaningful solutions to help families with transportation barriers access childcare and employment. The Hope and Prosperity Resource Center is providing a critical and most effective service to connect individuals and families experiencing homelessness and who are housing insecure with affordable housing, education, jobs and so much more. Efforts of the Aroostook Health Network, ACAP Health Advisory Committee and Prevention and Wellness Programs, Drug Free Aroostook, and others we are engaged with, are raising awareness, changing mindsets and behaviors to create a healthier community.

Work to mobilize our community and advance the families and individuals we serve has come out of the shadows and into the light through ACAP's efforts to better inform and educate our community on the causes and conditions of people living in poverty and the heroic efforts they are undertaking to succeed. Stories chronicling the challenges and solutions of Aroostook County households, and their efforts to overcome the odds and build better lives, have been shared in community presentations, through traditional media outlets and social media.

Additionally, ACAP has been a leader among Community Action Programs in Maine championing collaborative work with other agencies in regional alliances and collective statewide engagement in advocacy, shared programming and initiatives to seek new funding opportunities and services. These efforts, and many more, have positioned us to better meet the needs of our community as identified in this report.

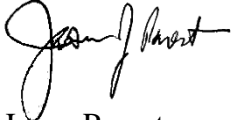
Speaking of this report – the 2020 ACAP Community Assessment – some noteworthy information for readers:

- Among the statewide collective projects initiated recently by Community Action Agencies is planned alignment of the three-year cycle for all CAPs to conduct Comprehensive Community Assessments together, to produce both region-specific and statewide data points. Consequently, 2021 will see all Maine CAPs conducting a first ever fully aligned Comprehensive Community Assessment. We will again be turning to our community in 2021 for input and produce both Aroostook County and Maine State Assessment Reports in the coming year.
- The impact of the COVID-19 Pandemic required ACAP and our consultant partners JSI, Inc. to alter the approach to our work for this year's assessment. Unlike 2017, we were unable to hold in-person interviews and community focus group sessions to interactively solicit input from community leaders and members. As a result, we opted to conduct the survey, update collected primary data source points, and have JSI review the information and present our Community Assessment in the format of a comparative analysis of what was contained in the 2017 report.
- Traditionally, the results of the every three-year Comprehensive Community Assessment launch the process of developing a new ACAP Strategic Plan. However, given the abbreviated nature of the 2020 report, and intent to proceed with a 2021 Comprehensive Community Assessment, ACAP will wait until receipt of the latter report to initiate the new

Strategic Plan development process. Instead, the Agency will proceed through the coming year under the existing plan. Information and data from both Assessments will be used in developing the new Strategic Plan.

Finally, we encourage all who read this report - 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 look forward to working with you to capitalize on the assets and opportunities that are in abundance in The County to address the needs of our communities and people.

With gratitude,



Jason Parent
ACAP 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 more than 14,000 clients per year and responds to human needs in four major program areas: early care and education, prevention and wellness, energy and housing, and economic development.

This assessment is an update to the 2017 Report which provided 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. The community assessment 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 purpose of the assessment is to provide updated data to the 2017 assessment with a focus to assess community need through review of available secondary data and outreach to the community through a community survey. 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.

- **Secondary Data:** 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). Updated data was provided for as many indicators as possible from the 2017 report. The appendix indicates the data included in the 2017 report as "Point 1" and 2020 updated data as "Point 2." The actual years of the data vary by indicator based on the data source and most recent data available. Comparison data for the State of Maine is provided for every data point available.

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.

- **Primary Data:** 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 C: 2020 ACAP Community Assessment Survey). Participants also had the opportunity to provide input on strengths and challenges in their communities. The survey was available electronically and in paper form from June 12, 2020 through August 30, 2020.

The survey included 45 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, 37% of respondents were over the age of 65. There was a distribution in education across respondents, with 34% having highest degree completed high school, 19% highest degree completed is a two-year degree, and 18% highest degree completed being a 4 year college degree. Forty-seven percent of respondents (47%) had household incomes less than \$2,000 a month, and most were home-owners (59%). Out of a total of 1,164 respondents, 811 responses were received via the survey monkey link shared on our social media and website. The remaining were paper copies distributed to customers participating in Early Head Start, Head Start, WIC, LIHEAP, and other programs as well as through several community partners.

Key Data Findings

Following is a summary of key findings drawn from the 2020 ACAP Survey and review of updated secondary data sources. The project team reviewed and compared the data presented in the 2017 report which is from the ACAP 2016 survey to the ACAP 2020 survey data. The analysis draws comparisons where possible, but in some cases the question wording or response categories were different in the 2020 and 2016 survey. This may impact the ability to compare across surveys. Additionally, there are some key differences in the demographics of the survey respondents in the 2020 ACAP survey as compared to the 2016 survey respondents. The differences in demographics are important to consider in interpreting and understanding differences in the 2020 survey findings.

Demographic changes in 2016 and 2020 ACAP Survey Respondents

- A greater percentage of the 2020 ACAP survey respondents were older. In 2020 37% of respondents were over age 65 and in 2016 22% were over the age of 60. (*Age categories were different in the two surveys*).
 - The 2018 ACS population estimate was that 22.7% of the Aroostook county population was 65 and older, indicating that the ACAP survey population is older than the general county population.
- A greater percentage of 2020 ACAP survey respondents were single, widowed or divorced. In 2020 49% of respondents were single, widowed or divorced as compared to 33% in 2016.
 - The 2018 ACS population estimate was 44.9% of men, and 47.4% of women were single, widowed or divorced.
- The majority of respondents in 2020 indicated that the highest degree completed was high school (34%) this compares to 20% in the 2016 data. However, it is difficult to compare across all educational categories because of changes to the question in 2020 compared to 2016.
 - The 2018 ACS population estimate was that 37.2% of the population over age 25 completed high school. That indicates that the ACAP survey population has less education than the county general population.
- The two surveys were comparable in the gender distribution, race/ethnicity, and primary language. The 2020 ACAP survey was 85% female respondents, which is much higher than the proportion of the general population but comparable to the 2016 survey which also had a high percentage of female respondents (79%).
 - The 2018 ACS population by gender was 50.8% female.

Population Characteristics

- The demographic trend towards an aging population continues. Between 2014 and 2018 the median age increased and the percent of the population in the following age categories increased: 55-64, 65-74, and 85+.
- Aroostook's population has been in decline since the 1960s, and decreased 4.4% between 2000 and 2010, and 5.7% between 2010 and 2018.¹
- The 2020 ACAP survey represented a higher percentage of respondents age 65+ than the prior 2016 survey.

¹ U.S. Census Bureau Annual Estimates of Resident Population, 2010-14; 2014-18 (5-year estimates);

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.²
- The current economic climate has put stress on families and in the midst of furloughs and layoffs in relation to the COVID-19 pandemic. Based on the 2020 ACAP survey, insecurity in basic needs such as fuel for heat, and food insecurity increased as compared to the 2016 survey. Compared to the 2016 ACAP Survey, a higher percentage of respondents experienced loss of heat or electricity due to an inability to pay, or had their phone service disconnected.
- While the median household income, and per capita income for Aroostook County grew between 2014 and 2018, both remained significantly lower than for Maine overall.³ In the 2020 ACAP Community Survey, 14% reported that they don't have enough money to pay bills each month. Additionally, compared to the 2016 ACAP survey a greater number of respondents in 2020 identified financial supports in the form of unemployment insurance (7% vs 4%), food pantries (15% vs 7%), and rent assistance (8% vs 3%).

Education and Workforce

- Educational attainment in Aroostook County is increasing. The 2018 5 year estimate from the US Census shows an increase in residents with a bachelor's and graduate degree as compared to 2014. That being said, residents of Aroostook County continue to have lower educational attainment compared to Maine overall.³
- The unemployment rate in September 2020 was 5.3% in Aroostook County, which is 2 percentage points higher than what it was in September 2019 (3.3%). This is a lower increase than in Maine overall, where the unemployment rate increased 3.1 percentage points from 2.3% in September 2019 to 5.4% in September 2020. (<https://www.maine.gov/labor/cwri/laus.html>).
- In the 2020 ACAP Survey, among respondents 29% were employed, 32% retired, and 13% disabled. Compared to 2016 a higher percentage report being retired and disabled, and this higher percentage may be related to the fact that a greater number of 2020 survey respondents were over the age of 65.
- A higher percentage of respondents noted that they are looking for work 11% in 2020 as compared to 2016 (8%).
- COVID-19 was the highest reported reason for unemployment/underemployment in 2020 (27%). This compares to layoffs and downsizing (21% in 2016), and other health concerns (34% in 2016 and 21% in 2020).

² U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014, 2010-14; 2014-18 (5-year estimates)

³ Ibid.

Housing

- In the 2020 ACAP Survey, the majority of respondents (62%) live in homes, with 25% in apartments, 9% in mobile homes, 2% in a duplex/triplex/fourplex, and 1% homeless
- Among the ACAP Survey respondents, there was a decrease in the percentage reporting home ownership between 2016 and 2020. In 2016 73% reported owning a home, and in 2020 59% reported owning a home. This change in home ownership could be related to a higher percentage of respondents over the age of 65 in 2020.
- Across a number of areas - housing concerns increased between 2016 and 2020 including housing costs, rental assistance, access to furniture, and safe drinking water.
- A total of 6% reported being homeless sometime in the last 3 years, and if homeless 37% stayed with family or friends, 25% in a shelter, and 10% in a vehicle. The 2016 survey asked if individuals were currently homeless so the data is not directly comparable.

Transportation

- In the 2020 ACAP Survey, while a majority of respondents indicate that they have access to a reliable vehicle, there was a slight decrease from 2016 to 2020 (90% to 85%).
- The most common transportation challenge in both the 2020 and 2016 ACAP survey was costly auto repairs (15% in 2020 and 17% in 2016). Fewer respondents identified the cost of gasoline (7% versus 11%) and a vehicle inspection (1% versus 7%) as challenges in 2020 than in 2016.

Health

- In the 2016 Assessment, 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.
- In the 2020 ACAP Survey the health needs confirmed substance use and mental health as continued priority health needs. When asked about chronic health concerns, 35% reported anxiety, 28% depression, and 5% reported prescription dependence. Further, in 2020, 10% of respondents indicated that they or someone in their household has made a suicide attempt or had thoughts of self-harm in their lifetime. In addition to these chronic health issues, 37% reported hypertension and 25% reported obesity.

- 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.⁵
- Food insecurity was reported as a primary need with 8% of 2020 ACAP Survey respondents noting their interest in food security assistance, and an increase in those reporting use of food pantries from 7% in 2016 to 15% in 2020.

⁵ Maine BRFSS 2011-2013, 2014-2016

Strategic Priorities

The following assessment provides context for the current conditions within Aroostook County, and will hopefully be used to guide transformative interventions. The 2017 Report provided a list of Strategic Priorities that were developed collaboratively through the comprehensive assessment and engagement with many stakeholders. The data from the 2020 Assessment re-affirms the need for continued focus on these five strategic priority areas. In each area, there is an update as to why current data and context affirms continued focus.

Strategic Priority 1: Adopt and Implement a Centralized Service Model for all ACAP Customers with a Whole Family Approach for Customers with Young Children

Although the specific recommendation for Strategic Priority 1 was not included in the 2017 ACAP Community Assessment, the ACAP 2017-2021 Strategic Planning Committee recommended it be the Agency's top priority. The ACAP Leadership and the Board of Directors approved moving forward accordingly. At the time, ACAP was piloting what was then known as the Two-Generation (now Whole Family) Approach in central Aroostook with an eye toward bringing it to scale County-wide. ACAP was also implementing the complimentary Comprehensive Service Delivery Approach to better support all customers. More information on this initiative can be found on page 18 of this report. Using the 2017 Community Assessment as a guiding document for developing the 2017-2021 ACAP Strategic Plan, the committee comprised of ACAP Board and Staff Members found that ACAP's efforts to adopt the new comprehensive approach would be most effective in helping to address many of the key areas of need identified in the Comprehensive Assessment.

2020 Update: ACAP's Whole Family Approach has grown exponentially and is demonstrating success for households County-wide. Families working with coaches have seen impressive gains across multiple domains toward self-sufficiency. Additionally, ACAP has become a national leader and mentor for others adopting the Whole Family Approach. The Agency was one of only ten Community Action Programs nationwide selected to participate in a Whole Family Community of Practice by the National Community Action Partnership.

Strategic Priority 2: 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.

2020 Update: COVID -19 has been an opportunity for new community cohesion and collaboration as organizations work to address the concerns of job losses, isolation, and reduced state and local budgets. The reduction in state and local budgets will have an impact in terms of access to government and social service programs, many of which individuals depend on for heating, food, and transportation. Of further concern is that the 2020 Decennial Census will show a loss in population for Aroostook County since 2010 which will reduce funding allocations based on population. In the midst of a pandemic crisis the development of communication and linkages is important for efficient delivery of services and building trust in the community.

Strategic Priority 3: 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.

2020 Update: The community dialog is equally important in 2020 as political intensity of the United States as a whole creates schisms in understanding between individuals of different backgrounds and experiences. The COVID-19 pandemic creates new space for dialog and understanding of poverty, as families that have not required assistance in the past face sudden and unpredicted job losses. The traditional stigma in asking for support, and identifying with someone who needs support, changes as the community recognizes the wide and deep impacts of the sudden change in economic situation that creates poverty that is episodic rather than multi-generational.

Strategic Priority 4: 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.

2020 Update: The 2020 ACAP survey reinforced the need for basic supports such as addressing food insecurity and heating for homes. These resources had greater need in 2020 than 2016, likely related to the COVID-19 Pandemic.

Strategic Priority 5: 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.

2020 Update: The 2020 ACAP survey identified anxiety and depression as leading causes of chronic disease, secondary only to hypertension as leading health concerns for survey respondents. Similarly, there was an increase between 2013 and 2016 in the number of residents who noted a 14+ days lost due to poor mental health.⁵ Further reinforcing the need is the mandated and self-imposed isolation during the COVID-19 pandemic which furthers social isolation associated with depression.

⁵ Maine BRFSS 2011-2013, 2014-2016

ADVANCING THE WHOLE FAMILY/COMPREHENSIVE SERVICE DELIVERY APPROACH TO BETTER ADDRESS THE CAUSES, CONDITIONS AND IMPACTS OF POVERTY AND HELP FAMILIES ACHIEVE STABILITY

Based on the U.S. Census Bureau’s 2015 estimates, approximately 43.1 million Americans (13.5%) are living in poverty.⁶ 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. There are deep-seated misconceptions and historical biases that 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 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.⁷

Certain segments of the population are disproportionately affected by poverty in rural areas, namely women, children, racial/ethnic minorities, and the least educated.⁸ 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.⁹ 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.¹⁰

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

⁶ 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>

⁷ 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>

⁸ Housing Assistance Council, “Rural Research Brief,” June 2012, http://www.ruralhome.org/storage/research_notes/rrn_poverty.pdf

⁹ 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>

¹⁰ 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.¹¹ ACAP contributes to many programs that address the multi-dimensional and multi-generational issues that allow poverty to persist. ACAP Coaching and Navigator programs provided over 2,933 services to Aroostook residents from September 1, 2019 – August 31, 2020. Those services supported 1,048 individuals in 576 unique households.

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.



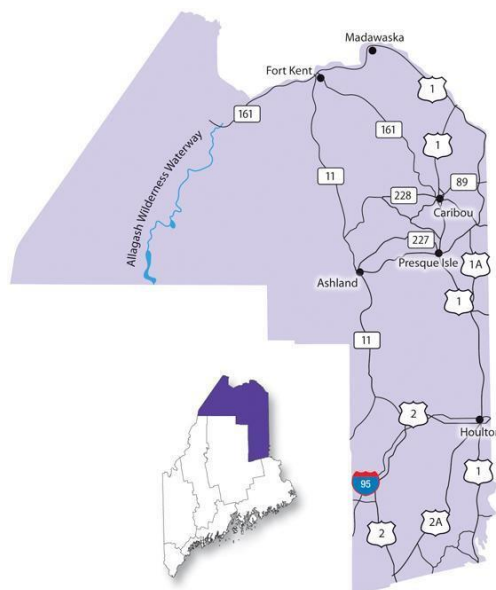
¹¹ MM Scott, SJ Popkin, and JK Simington, “A Theoretical Framework for Two-Generation Models,” The Urban Institute, January 2016, <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000578-A-Theoretical-Framework-for-Two-Generation-Models.pdf>

KEY FINDINGS

Population Characteristics

Population Density, Growth, and Trends

Of note in our 2016 assessment was the population decline in Aroostook County. Community members identified out-migration as a concern in addition to population decline. Common reasons for leaving Aroostook County include a desire to seek jobs and gain higher wages. The trend of population decline began in the 1960s, and the updated data continues this trend. There was a 4.4% decline in population between 2000-2010 and 5.7% decline in population between 2010-2018. Anecdotally, the COVID-19 pandemic causing new migration of individuals moving to The County as people seek to move out of urban areas. However, any population shift as a result of this will likely not be reflected in the 2020 Census and subsequent funding allocations based on census data.



Age and Gender

Gender and age are fundamental factors in determining and characterizing community need. The state as a whole has a growing older population, and the rate of growth of older adults is faster in Aroostook than the state. The five year estimates of census in 2014 and 2018 show increasing proportion of adults in the age 55 and older in Aroostook and increasing numbers in the oldest age categories. Of the population 85 and older, it grew from 2.3% in the 2014 census estimate to 3.3% in the 2018 census estimate. 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 language proficiency.¹² 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 (1.8%) compared to the state overall (0.6%).¹³

¹² 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.

¹³ U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014

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.¹⁴ 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.¹⁵ 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.¹⁶

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.¹⁷ 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.¹⁸

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.¹⁹ Those under 18 living under 100% of the Federal Poverty line decreased between the 2014 and 2018 from 24.6% to 22.2%. In contrast the percent of adults over age 65 living below the federal poverty line slightly increased between 2014 and 2018.

¹⁴ Ibid

¹⁵ 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.

¹⁶ 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.

¹⁷ 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.

¹⁸ K Alexander, D Entwistle, and L Olson, "Family Background, Disadvantaged Urban Youth, and the Transition to Adulthood," Russel Sage Foundation, June 2014.

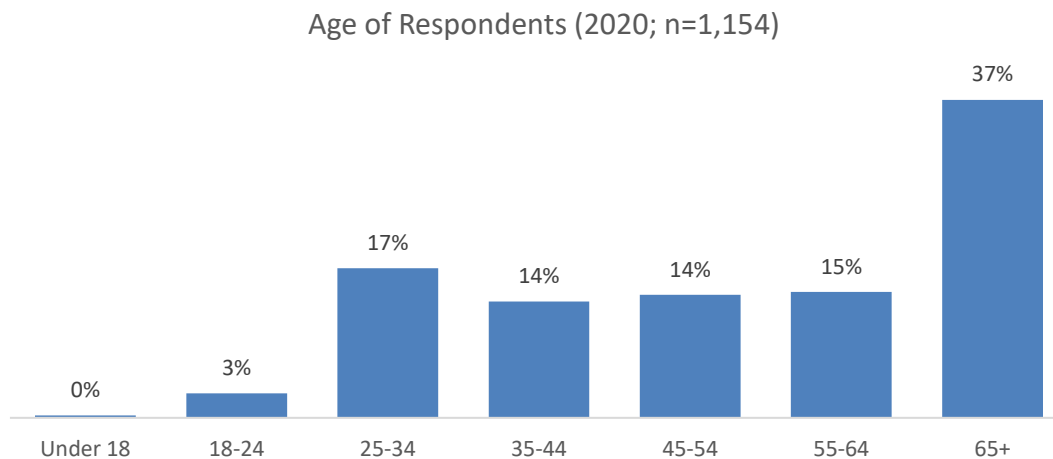
¹⁹ U.S. Census Bureau American Community Survey 5-Year Estimates, 2010-2014

²⁰ Though there were 1,164 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.

Out of 1,164 respondents²⁰ to the 2020 ACAP's Community Survey, 14% reported that they did not have enough money to pay their bills in the last month. While the most common monthly household income is between \$2,001-\$5,000 in both 2016 and 2020 (33% and 29%, respectively), a greater percentage of respondents indicated that their monthly household income was lower in 2020 compared to 2016.

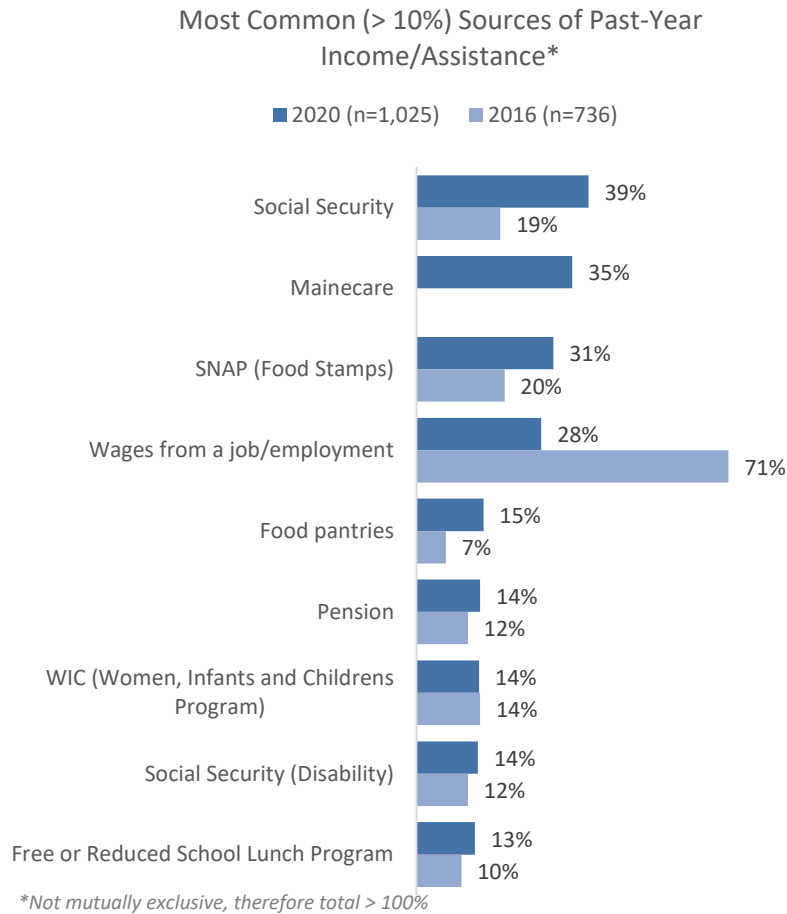
The 2016 assessment reported median household income, family income, and per capita income for Aroostook County were all significantly lower than for Maine overall. Updated data in these areas indicate this had not changed. While a greater proportion of households received public assistance income and social security in Aroostook County compared to Maine, the average amount of money received was actually lower than the state average.

The results of ACAP's 2020 Community Survey showed that financial stability remains a concern and community members rely on a range of financial assistance. Of note in the review of financial assistance data is that a higher proportion the respondents to the 2020 ACAP survey were over the age of 65. In 2020 37% respondents were age 65 or older, and in 2016 22% of respondents were age 60 and older. Age certainly has an impact on income, wages, and employment.



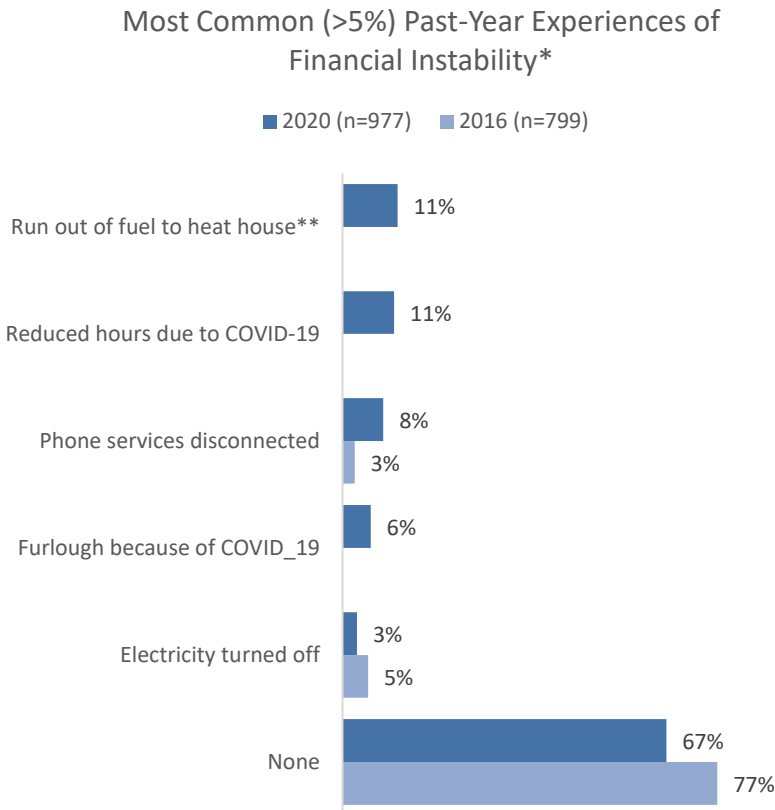
- The most common sources of past-year household income or assistance in 2020 were social security (39%), Mainecare (35%), SNAP (31%), and wages (28%). While SNAP (20%) and social security (19%) were common sources in 2016, many more respondents identified wages as a source of income in 2016 (71%). As noted above, the age demographics of survey respondents were older in the 2020 survey likely influencing the response to this question.

- The forms of assistance reported did shift between 2016 and 2020. Compared to 2016 a greater number of respondents in 2020 identified unemployment insurance (7% vs 4%), food pantries (15% vs 7%), and rent assistance (8% vs 3%). Less received assistance from student loans/grants (3% vs 9%).



- The 2016 ACAP survey did not include MaineCare as a response option in the survey which is why there is no data on MaineCare category for that year.
- A majority of respondents in 2020 had a checking account (89%) and over half had a savings account (64%). Five percent of respondents did not have any type of bank account. Data from 2016 are not comparable.
- In 2020, 77% of respondents reported that in the last year they did not experience any of the indicators of financial instability related to housing and work. In comparison, in 2016 67% reported no indicators of financial instability. Compared to 2016, a higher percentage of respondents experienced loss of heat or electricity due to an inability to pay, or had their phone service disconnected.

- In 2020, the most common indicators of instability is that 11% of respondents had reduced hours due to COVID-19, 11% reported running out of fuel for home heating, and 6% were furloughed due to COVID-19.



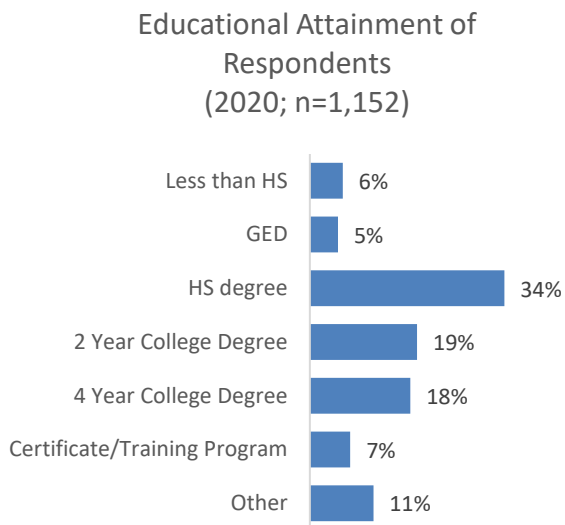
*Not mutually exclusive, therefore total > 100%

**Heat included in electricity category in 2016

The response categories to the question of financial instability changed between 2016 and 2020. In 2016 heat was included in the electricity category, thus no data on “Run out of fuel to heat house” in 2016. In addition, the categories “reduced hours due to COVID-19” and “Furlough because of COVID-19” have no data for 2016 as they were not response options.

Education, Employment, and Workforce

Residents of Aroostook County had lower educational attainment compared to Maine overall. However, there is an increasing number of individuals completing higher level degrees. The 2018 5 year estimate of those completing a bachelors degree was 13.1% compared to 11.9% in 2014. Similarly, the 2018 5 year estimate of those completing a graduate or professional degree was 5.9% compared to 5.0% in 2014.



| Highest Educational Attainment | Aroostook | Maine |
|--|-------------|-------|
| High School Graduate (Includes Equivalency) (%) | 38.8 | 33.5 |
| Bachelor's Degree (%) | 11.9 | 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.

The unemployment data in Aroostook County and the state of Maine improved in the period between 2013 and 2017. Aroostook County's unemployment rate declined from 9.3% to 5.5% in that time frame.

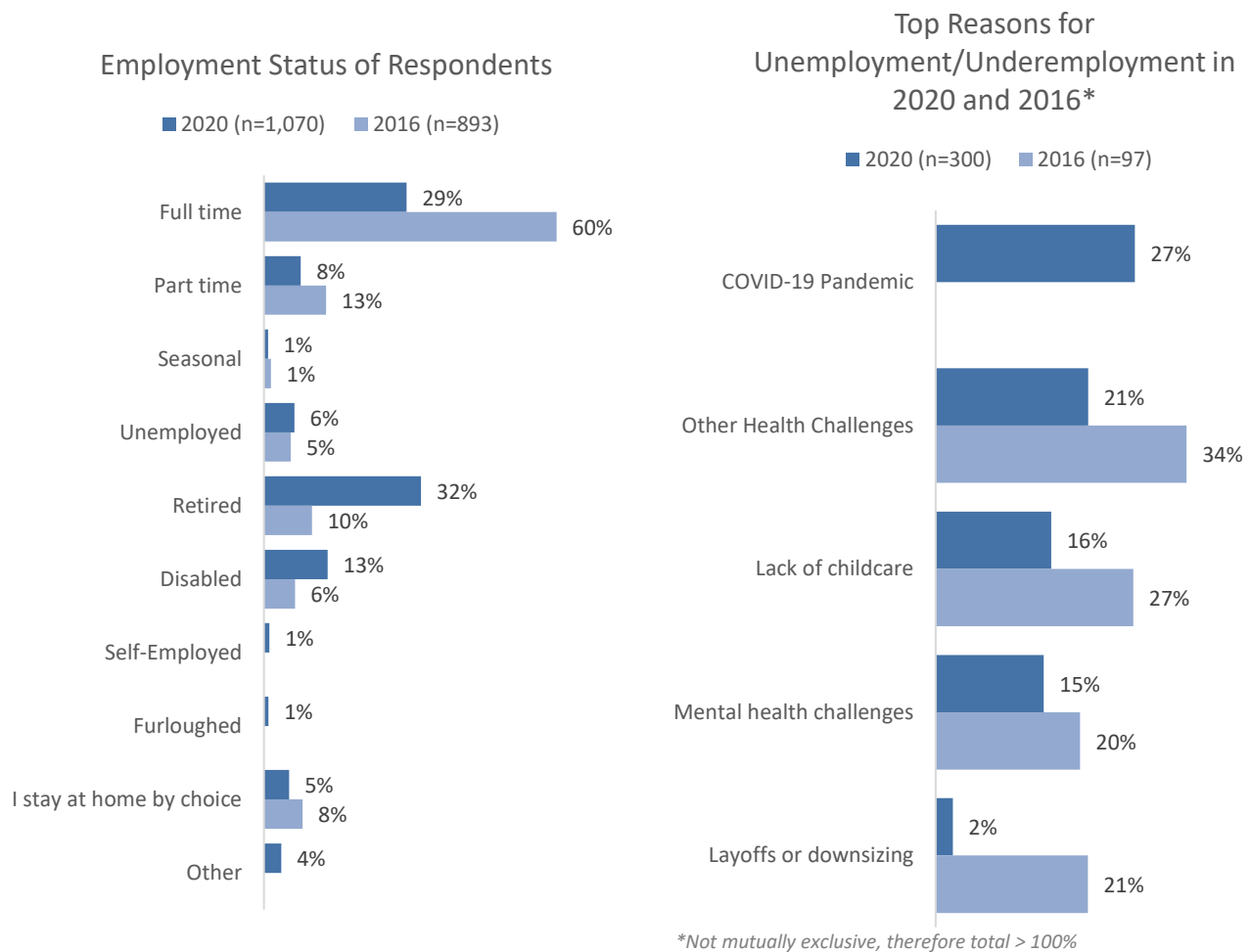
However, the COVID-19 Pandemic has drastically changed the unemployment picture. August 2020 estimates from the US Bureau of Labor Statistics indicate an unemployment rate of 6.9% for the state of Maine. Unemployment rate in September 2020 was 5.3% in Aroostook County, this is 2 percentage points higher than what it was in September 2019 (3.3%). This is a lower increase than in Maine overall, where the unemployment rate increased 3.1 percentage points from 2.3% in September 2019 to 5.4% in September 2020. Maine had lower unemployment than the country as whole which was 8.4% in August 2020.

As noted in the 2016 report, in the qualitative assessment stakeholders and forum participant's perception 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. This decline may indicate that

unemployed people in the County who cannot find work are leaving the labor force indefinitely. In FY19 ACAP assisted 55 individuals to obtain a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills.

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

- A higher percentage of respondents noted that they are looking for work 11% in 2020 as compared to 2016 (8%).
- COVID-19 was the highest reported reason for unemployment/underemployment in 2020 (27%). This compares to layoffs and downsizing (21% in 2016), and other health concerns (34% in 2016 and 21% in 2020).
- Among respondents 29% were employed full time, 8% employed part time, 32% retired, and 13% disabled. The remaining categories are listed in the chart “Employment status of Respondents” below. Compared to 2016 a higher percentage report being retired and disabled, and this higher percentage is consistent with a greater number of 2020 respondents over the age of 65.



Housing

The 2020 ACAP survey indicates a growing need around housing supports, including finding affordable housing, weatherization, maintenance of homes, and heating assistance. 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.²¹ 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. As in 2016, it remains true that there is 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. Quantitative data from the US Census describing housing conditions indicates that Aroostook County and Maine have similar housing conditions in the majority of areas. The one exception is phone services, where 2.7% of households in Aroostook do not have phone service compared to 1.9% of households in Maine. The 5 year estimate of households with phone services decreased in Aroostook County while it increased in the state between 2014 and 2018. The other areas where housing stock is similar based on quantitative data is plumbing and kitchen facilities.

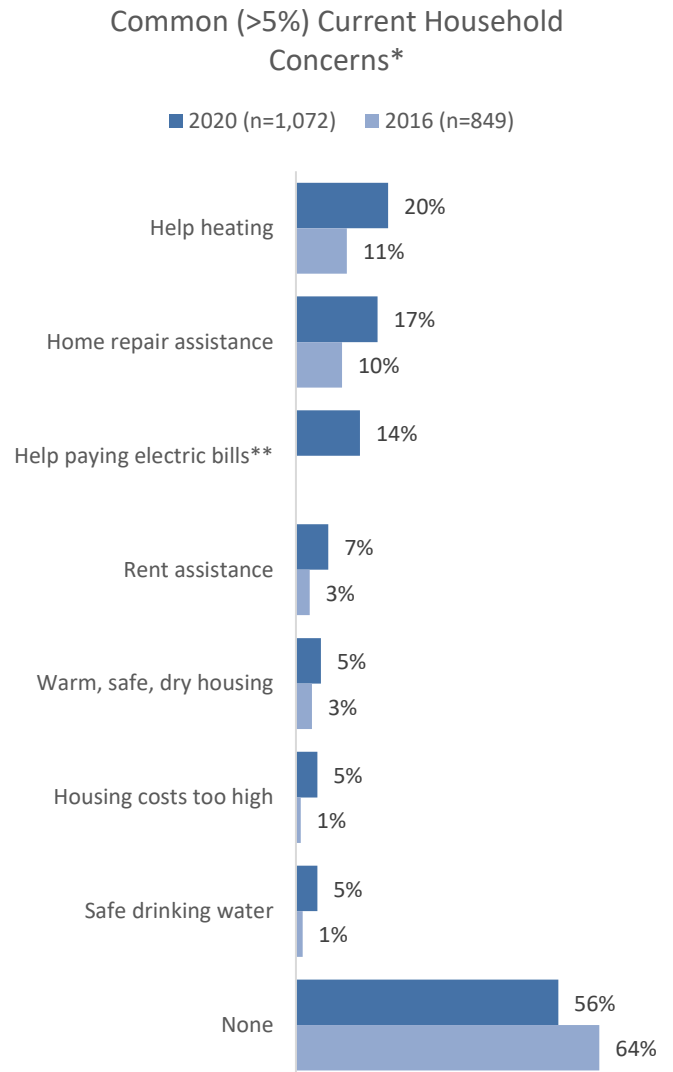


ACAP works diligently to address housing needs, but demand and eligibility outweigh available funding. In 2019, ACAP assisted 120 individuals in finding safe and affordable housing. There are currently 531 income eligible households on a waiting list for home repair, and 2,741

households on a waiting list to receive weatherization services. Additionally, this includes 474 households on the heat pump wait list. The focus is on providing services to those that have no-heat at all (lack of heating system) situations or heating systems or fuel tanks that have been condemned or determined unsafe by a licensed technician.

Findings from the 2020 ACAP survey related to housing are as follows:

- The majority of respondents (62%) live in homes, with 25% in apartments, 9% in mobile homes, 2% in a duplex/triplex/fourplex, and 1% homeless.
- Compared to 2016 there is an increase in the percentage of those living in apartments (13% in 2016), and homeless (14 respondents in 2020, and 0 respondents in 2016).
- Compared to 2016, fewer 2020 survey respondents own their own home (59% in 2020 compared to 73% in 2016).
- An increasing number of respondents note that they have household concerns. In 2016 64% reported no concerns about housing and in 2020 56% reported no housing concerns.
- The highest rated concerns are home repair assistance (17%) and heating assistance 20%. Both of these have increased since 2016 when 10% noted home repair assistance and 11% noted heating assistance. Of note is that in 2016 heating assistance and electric bills were reported together and 11% reported this need, in 2020 these were reported separately with 20% reporting needs for heating and 14% needs to support paying electric bills.
- A higher percentage of respondents identified HEAP as a need in 2020 compared to 2016 (31% versus 12%).
- Across a number of areas - housing concerns increased between 2016 and 2020 including housing costs, rental assistance, access to furniture, and safe drinking water.
- A total of 6% reported being homeless sometime in the last 3 years, and if homeless 37% stayed with family or friends, 25% in a shelter, and 10% in a vehicle.

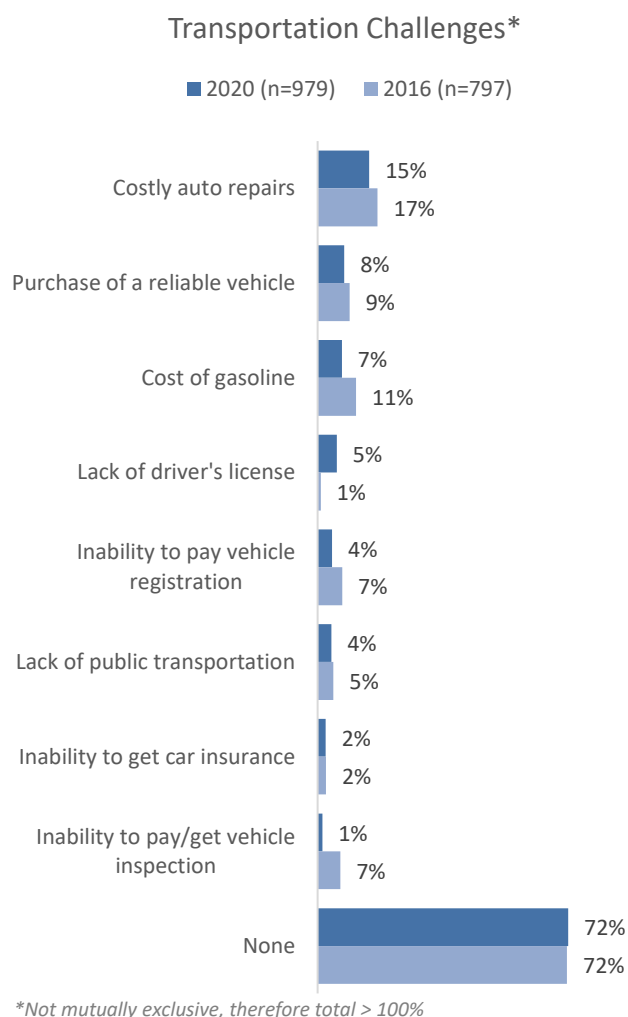


*Not mutually exclusive, therefore total > 100%
 **2016 survey included electric bill in heating concerns.

Transportation

While the percentage of Aroostook County residents with a vehicle is similar to the state, the rural area necessitates consideration of the reliability of transportation, as much as vehicle ownership. Reliability 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, 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.²² Among the 2020 ACAP survey respondents, 85% report that they have a vehicle. This is lower than the census data from 2018 reporting 92% with a vehicle. This is also a decrease from the respondents in the 2016 ACAP survey where 90% reported having a vehicle.

- In both 2016 and 2020, 28% of respondents reported some sort of transportation challenge.
 - The most common transportation challenge in both years was costly auto repairs (15% in 2020 and 17% in 2016).
 - Fewer respondents identified the cost of gasoline (7% versus 11%) and a vehicle inspection (1% versus 7%) as challenges in 2020 than in 2016.
 - More people identified lack of a driver's license as a challenge in 2020 compared to 2016 (5% versus 1%)
- Few respondents reported the loss of a job or inability to get a job in the past year because of transportation issues (6% in both years).



²² 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>

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 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.²³

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



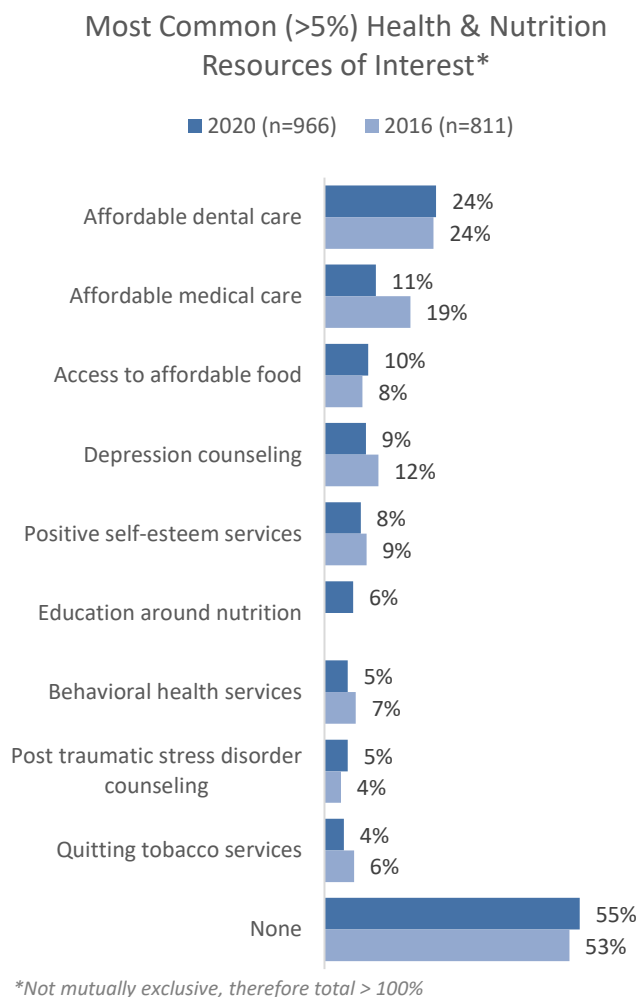
management or follow-up services, has shown to be critical to overall health and well-being.

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. Access to health insurance in Aroostook County is one barrier for residents. Among the 2020 ACAP survey participants while 92% indicated they had insurance, only 60% reported that *everyone* in their household had insurance.

²³ J McGinnis, "Income, Life Expectancy, and Community Health: Underscoring the Opportunity." Journal of the American Medical Association, 315(2016): 1709-1710.

Among the survey respondents the most common provider of health insurance was the government (55%), followed by an employer (30%), and about one-fifth (21%) were self-insured. Only 3% of respondents reported that no one in their household has health insurance. Data from 2016 are not comparable. In 2020 and 2016 about a quarter of the respondents were interested in resources related to affordable dental care; this was the most common health and nutrition resource of interest. More were interested in affordable medical care in 2016 than in 2020 (19% versus 11%). In both years, about half of the respondents were not interested in any of the health and nutrition resources.



Adults in Aroostook were more likely to rate their health as “fair to poor,” and this number increased between 2013 and 2016 from 21.0% to 23.4%. Similarly there was an increase between 2013 and 2016 in the number of respondents who noted a 14+ days lost due to poor mental health. Between 2013 and 2016 the number of residents that have lost more than 14 days due to poor physical health, and have three or more chronic health conditions did not change but remained higher compared to Maine overall.

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 drawn from the 2020 ACAP survey and other quantitative 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, the percent of adults who are obese decreased between 2013 and 2016, from 38.8% of adults to 35.6%.²⁴ However, the percent of high school students that are reporting as obese increased from 2013 to 2017 from 11.5% to 20.9%.

- *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 (30.1%) compared to Maine overall (20.6%). Further, while the percent in Aroostook county reporting sedentary lifestyle increased between 2013 and 2016, this number declined in the state overall.²⁵
- *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. The data from the 2020 ACAP survey indicates this remains a central and growing concern in Aroostook County while the percentage of respondents who reported going hungry remained the same, an increasing percentage reported using food supports. A similar percentage of ACAP survey respondents in 2020 and 2016 reported that they had gone hungry in the past year because they did not have access or could not afford food (5% in 2020 and 6% in 2016).
- In 2020 and 2016 the most common form of nutritional benefit was SNAP, although a higher percentage used this benefit in 2020 (35% versus 23%). Additionally, a higher percentage of respondents accessed a food pantry in the past year (2020) compared to 2016 (20% versus 11%). Fifteen percent used WIC benefits in both years.

²⁴ Maine BRFSS 2011-2013, 2015 & 2016

²⁵ Ibid

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.²⁶ While rates in Aroostook County remain higher than the state of Maine, there was a decrease in rates of acute myocardial infarction hospitalizations and deaths between 2012 and 2016.
- 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.^{27,28} In fact diabetes hospitalizations increased between 2012 and 2016 in Aroostook County while they stayed the same for the state of Maine.

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.²⁹ This data has not changed significantly from 2009-2016. Aroostook County had a significantly lower percentage of homes with private wells that were tested for arsenic than the state, but that percentage increased from 30.2% to 38.4% between 2009-12 and 2015-2016.³⁰

²⁶ Maine Health Data Organization Hospital Discharge Data; Maine CDC Vital Records, 2009-13 & 2012-16; BRFSS, 2011, 2013 & 2013, 2015.

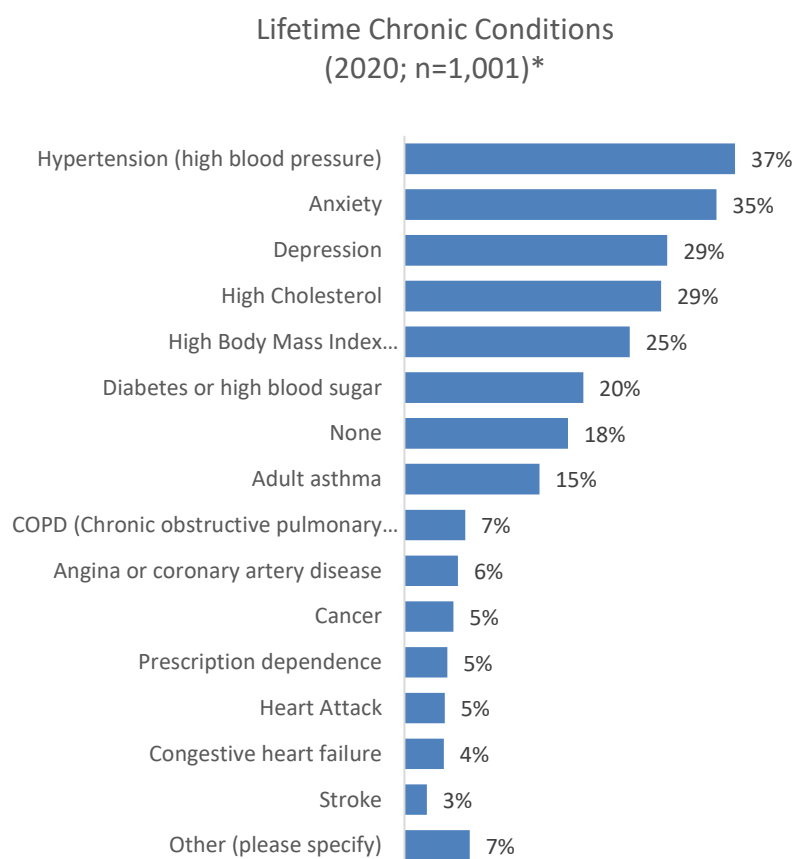
²⁷ Maine BRFSS 2011-2013, 2014-2016

²⁸ Maine Health Data Organization -2012, 2016

²⁹ Maine CDC Lead Program 2009-2013, 2015, 2016

³⁰ Maine BRFSS 2011-2013, 2015 and 2016

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.



*Not mutually exclusive, therefore total > 100%

- The overall cancer mortality decreased from 2007-2011 to 2012-2016.
- The only significant disparities between cancer incidence and mortality in Aroostook County compared to the rest of the state was for prostate cancer. Aroostook County had 121.8 cases per 100,000 compared to the state rate of 87.1 in 2012-2014³¹

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 report chronic health conditions, Anxiety and depression were the most commonly reported conditions with only hypertension reported more highly.

³¹Maine Cancer Registry 2007-2014

These issues have a major impact on a small but very high-need group of individuals and families. Community forum participants and interviewees in 2016, 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. These rates did not change significantly between 2011-2016.^{32,33}
- 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. The rates of youth substance use did not change significantly between 2011 and 2017.
- While population level data does not show significant changes in mental health in the period 2011-2016 for adults, the ACAP 2020 survey showed that mental health is a primary concern with 35% reporting anxiety and 29% reporting depression.
- In 2020, 14% of respondents report using tobacco and 10% have a household member that uses tobacco. The rate of tobacco use is lower in 2020 than in 2016 county level data which indicates 26.6% of adults are current smokers.
- Eleven percent indicate that they or someone in their household used marijuana in the past-year, 2% used opioids, and 1% used another illicit drug. The county level rate of marijuana use in adults was 9% in 2016.

³²Maine BRFSS 2011-2013, 2014-2016

³³Maine Integrated Youth Health Survey 2011, 2013,201

RESPONSE TO THE COVID-19 PANDEMIC

ACAP has been a leader and key partner in the community response to the COVID-19 pandemic in 2020. The agency has greatly increased the number of people supported since the economic impact hit in mid-March. The agency connected over 1,000 new individuals to services. This builds on a long history supporting the community, and expanding the access to resources to new individuals in a moment of need. The service utilization between March and September 2020 includes supporting families and individuals with the following:

Housing

- Over 100 households with job loss supported through the home energy assistance program 26 participants in Homebuyer Education Class.
- 794 payments totaling over \$710,000 made to landlords to ensure renters in Aroostook County remain safely in their home. There were 430 applications to the COVID-19 Rental Assistance Program. These households all rented a home or apartment in Aroostook County and attested to the inability to pay rent due to a reduction in income due to Covid-19.
- Provision of temporary overflow shelter created with partners at Maine Housing, University of Maine at Presque Isle, Aroostook Emergency Management Association, City of Presque Isle and the Homeless Services of Aroostook. Between April 9 and June 30, 2020 individuals were cared for with 557 shelter bed nights and 1630 meals. Fifteen individuals were housed in Hope and Prosperity Wellness Shelter during this window. A total of 2,906 services in total were provided at the shelter, including meals, bed nights, advocacy and educational opportunities.
- Utilities assistance provided to 196 households through Emergency Food and Shelter CARES ACT Funding locally administered by United Way of Aroostook.

Wellness

- Information on the Healthcare Marketplace shared with 25 individuals.
- Distribution of dental kits to 4,000 children county wide.

Economic Development

- Guidance on workforce or employment assistance to individuals through almost 400 calls.
- Financial literacy support to 22 young adults through attendance in virtual financial literacy classes.

Food

- Access to over 100,500 meals prepared and delivered to families with young children throughout Aroostook County.
- WIC benefits provided to 80 new families.
- Garden kits delivered to 250 kids through SNAP-ED and 5210 Let's Go! Programs.

General support

- Coaching support made available for existing clients and 172 new clients, many of whom were requesting assistance for the first time.
- Diapers and wipes distributed to 134 households.

APPENDICES

Appendix A: 2020 & 2016 ACAP Community Assessment Survey Findings

Findings from the 2020 and 2016 ACAP surveys are presented below. When data are comparable between the two years they appear side-by-side in one table. When a question was asked in both years but not comparable, the results are presented in two separate tables. When only 2020 results are presented it is because that particular question was not asked in 2016.

DEMOGRAPHICS

County (2020; n=1,135)

| | % | n |
|----------------|-----|-----|
| Allagash | 0% | 0 |
| Amity | 0% | 2 |
| Ashland | 1% | 9 |
| Blaine | 1% | 9 |
| Bridgewater | 1% | 7 |
| Caribou | 12% | 134 |
| Castle Hill | 1% | 11 |
| Caswell | 1% | 7 |
| Chapman | 1% | 8 |
| Crystal | 0% | 4 |
| Dyer Brook | 0% | 2 |
| Eagle Lake | 0% | 5 |
| Easton | 3% | 37 |
| Fort Fairfield | 6% | 69 |
| Fort Kent | 2% | 19 |
| Frenchville | 1% | 6 |
| Grand Isle | 0% | 3 |
| Hamlin | 0% | 3 |
| Hammond | 0% | 0 |
| Haynesville | 0% | 0 |
| Hersey | 0% | 0 |
| Hodgon | 0% | 5 |
| Houlton | 5% | 53 |
| Island Falls | 1% | 6 |
| Limestone | 2% | 23 |
| Linneus | 0% | 3 |
| Littleton | 1% | 9 |
| Ludlow | 0% | 1 |

| | % | n |
|------------------------|-----|-----|
| Madawaska | 2% | 21 |
| Mapleton | 5% | 55 |
| Mars Hill | 2% | 26 |
| Masardis | 0% | 4 |
| Merrill | 0% | 2 |
| Monticello | 0% | 2 |
| New Canada | 0% | 0 |
| New Limerick | 0% | 4 |
| New Sweden | 1% | 11 |
| Oakfield | 1% | 8 |
| Orient | 0% | 3 |
| Perham | 0% | 4 |
| Portage Lake | 0% | 4 |
| Presque Isle | 39% | 441 |
| St. Agatha | 0% | 4 |
| St. Francis | 0% | 4 |
| Sherman | 0% | 1 |
| Smyrna | 0% | 2 |
| Stockholm | 0% | 3 |
| Van Buren | 1% | 14 |
| Wade | 0% | 3 |
| Wallagrass | 0% | 3 |
| Washburn | 3% | 38 |
| Westfield | 1% | 11 |
| Westmanland | 0% | 0 |
| Weston | 0% | 0 |
| Woodland | 1% | 17 |
| Other (please specify) | 1% | 15 |

Age (2020; n=1,154)

| | % | n |
|----------|-----|-----|
| Under 18 | 0% | 3 |
| 18-24 | 3% | 33 |
| 25-34 | 17% | 201 |
| 35-44 | 14% | 156 |
| 45-54 | 14% | 165 |
| 55-64 | 15% | 169 |
| 65+ | 37% | 427 |

Age (2016; n=928)

| | % | n |
|----------|-----|-----|
| Under 18 | 1% | 5 |
| 18-24 | 8% | 75 |
| 25-40 | 30% | 274 |
| 41-59 | 40% | 369 |
| 60+ | 22% | 205 |

Gender

| | 2020 (n=1,155) | | 2016 (n=931) | |
|-------------|----------------|-----|--------------|-----|
| | % | n | % | N |
| Female | 85% | 979 | 79% | 739 |
| Male | 15% | 173 | 21% | 191 |
| Non-Binary | 0.0% | 0 | -- | -- |
| Transgender | -- | -- | 0.11% | 1 |
| Other | 0.26% | 3 | -- | -- |

Race/Ethnicity

| | 2020 (n=1,146) | | 2016 (n=924)* | |
|---|----------------|-------|---------------|-----|
| | % | n | % | n |
| White | 96% | 1,096 | 97% | 893 |
| Hispanic, Latino, or Spanish Origin | 1% | 8 | 1% | 6 |
| Black or African American | 1% | 8 | 1% | 9 |
| Asian | 0% | 3 | 0% | 3 |
| American Indian or Alaska Native | 2% | 24 | 3% | 29 |
| Middle Eastern or North African | 0% | 0 | 0% | 3 |
| Native Hawaiian or Other Pacific Islander | 0% | 0 | 0% | 1 |
| Other | 1% | 7 | 2% | 15 |

*categories are not mutually exclusive, therefore total is > 100%

Primary Language

| | 2020 (n=1,154) | | 2016 (n=924) | |
|---------|----------------|------|--------------|-----|
| | % | n | % | n |
| English | 99% | 1138 | 98% | 902 |
| French | 1% | 13 | 1% | 13 |
| Spanish | 0% | 1 | 0% | 0 |
| Other | 0% | 2 | 1% | 9 |

Marital Status

| | 2020 (n=1,152) | | 2016 (n=922) | |
|---------------------|----------------|-----|--------------|-----|
| | % | n | % | n |
| Single | 21% | 238 | 19% | 179 |
| Married | 43% | 499 | 59% | 548 |
| Widowed | 13% | 155 | 4% | 41 |
| Divorced | 13% | 155 | 8% | 75 |
| Separated | 1% | 14 | 1% | 13 |
| Living with partner | 8% | 89 | 7% | 66 |
| Other | 0% | 2 | -- | -- |

Education (2020; n=1,152)*

| | % | N |
|------------------------------|-----|-----|
| Less than HS | 6% | 67 |
| GED | 5% | 57 |
| HS degree | 34% | 395 |
| 2 Year College Degree | 19% | 218 |
| 4 Year College Degree | 18% | 204 |
| Certificate/Training Program | 7% | 82 |
| Other | 11% | 129 |

**Question: "For schooling, I completed..." Other mostly included those with more advanced degrees (e.g., masters or doctorate).*

Education (2016; n=924)*

| | % | N |
|-------------------------------|-----|-----|
| Less than HS | 3% | 27 |
| GED | 2% | 22 |
| HS degree | 20% | 188 |
| 2 year degree or some college | 31% | 285 |
| 4 year college degree or more | 44% | 402 |

**Question: "How far did you go in school?"*

HOUSEHOLD INFORMATION

Number of People in Household

| | 2020 (n=1,099) | | 2016 (n=924) | |
|-----------|----------------|-----|--------------|-----|
| | % | n | % | n |
| 1 person | 29% | 319 | 13% | 124 |
| 2 people | 33% | 361 | 34% | 318 |
| 3 people | 15% | 160 | 20% | 187 |
| 4 people | 12% | 136 | 20% | 188 |
| 5 or more | 11% | 123 | 12% | 107 |

Number of Children Ages 0-5 in Household (2020; n=989)

| | % | n |
|---|-----|-----|
| 0 | 75% | 744 |
| 1 | 16% | 154 |
| 2 | 8% | 78 |
| 3 | 1% | 9 |
| 4 | 0% | 4 |

Number of Children Ages 6-17 in Household (2020; n=979)

| | % | n |
|---|-----|-----|
| 0 | 69% | 681 |
| 1 | 17% | 163 |
| 2 | 10% | 96 |
| 3 | 3% | 32 |
| 4 | 0% | 3 |
| 5 | 0% | 4 |

Have Minor Children (2016; n=920)

| | % | n |
|-----|-----|-----|
| Yes | 43% | 399 |
| No | 57% | 521 |

Ages of Minor Children (2016; n=402)*

| | % | n |
|------|-----|-----|
| 0-5 | 57% | 230 |
| 6-18 | 65% | 863 |

*Not mutually exclusive so total > 100%

Have Reliable Childcare (2020, n=1,019)*

| | % | n |
|-------------|-----|-----|
| Yes | 16% | 165 |
| No | 9% | 88 |
| No children | 56% | 569 |
| Don't need | 19% | 197 |

**65% of those that need childcare have a reliable source of care.*

Caring for Children with Special Needs

| | 2020 (n=998) | | 2016 (n=402) | |
|--------------------------|--------------|-----|--------------|-----|
| | % | n | % | n |
| Yes | 9% | 93 | 15% | 59 |
| No | 35% | 350 | 85% | 343 |
| No children in household | 56% | 555 | -- | -- |

**21% of those with kids in the household are caring for a child with special needs.*

U.S. Veteran or Active Service Member in Household (2020; n=1,094)

| | % | n |
|-----|-----|-----|
| Yes | 15% | 167 |
| No | 85% | 927 |

House Best Described As... (2020; n=1,092)

| | % | n |
|---|-----|-----|
| Living alone | 32% | 345 |
| Living with others | 19% | 208 |
| Single parent | 9% | 98 |
| Two parents | 29% | 314 |
| Raising children of a family member | 2% | 23 |
| Foster parent | 1% | 13 |
| Raising someone else's child(ren), not family | 0% | 3 |
| Homeless | 1% | 12 |
| Other | 7% | 76 |

Please Select Up To Three Responses to Describe Your Home (2016; n=854)

| | % | n |
|-------------------------------------|-----|-----|
| Living alone | 20% | 167 |
| Living with others | 32% | 270 |
| Single parent | 9% | 74 |
| Two parents | 50% | 427 |
| Raising children of a family member | 4% | 31 |

| | | |
|---|----|----|
| Foster parent | 1% | 10 |
| Raising someone else's child(ren), not family | 0% | 4 |
| Other dependents | 7% | 56 |

Household Services of Interest

| | 2020 (n=1,039)* | | 2016 (n=838) | |
|--|-----------------|-----|--------------|-----|
| | % | n | % | n |
| Affordable childcare | 8% | 80 | 18% | 150 |
| Legal help | 5% | 57 | 8% | 70 |
| Family or couples counseling | 3% | 34 | 6% | 53 |
| Education around bullying (at work, school, or online) | 3% | 27 | 10% | 80 |
| Counseling services | 6% | 59 | -- | -- |
| Caregiver support | 5% | 52 | 10% | 86 |
| Parenting support or classes | 3% | 33 | 14% | 114 |
| Food insecurity assistance | 8% | 88 | -- | -- |
| Victimization support (domestic violence, abuse, sexual assault, etc.)** | 1% | 13 | 3% | 24 |
| Budgeting/Financial literacy | 10% | 107 | -- | -- |
| Future Planning and goal setting education | 6% | 60 | 21% | 180 |
| Emotional well-being supports | 8% | 86 | -- | -- |
| Home-buyer Education | 10% | 106 | -- | -- |
| None | 61% | 630 | 50% | 423 |
| Other (please specify) | 7% | 73 | -- | -- |

*Not mutually exclusive categories so total is greater than 100%

**2016 includes child/spouse abuse

HOUSING

Type of Home

| | 2020 (n=1,099) | | 2016 (n=897) | |
|-------------------------|----------------|-----|--------------|-----|
| | % | n | % | n |
| House | 62% | 679 | 70% | 690 |
| Apartment | 25% | 276 | 13% | 128 |
| Duplex/Triplex/Fourplex | 2% | 19 | 1% | 8 |
| Mobile home | 9% | 99 | 7% | 68 |
| Condo | N/A | N/A | 0% | 3 |
| Homeless | 1% | 14 | 0% | 0 |
| Other | 1% | 12 | -- | -- |

Type of Occupancy

| | 2020 (n=1,095) | | 2016 (n=884) | |
|------|----------------|-----|--------------|-----|
| | % | n | % | n |
| Rent | 37% | 400 | 18% | 161 |
| Own | 59% | 646 | 73% | 642 |

| | | | | |
|-------|----|----|----|----|
| Other | 4% | 49 | -- | -- |
| N/A | -- | -- | 9% | 81 |

Current Household Concerns

| | 2020 (n=1,072) | | 2016 (n=849) | |
|--------------------------------------|----------------|-----|--------------|-----|
| | % | n | % | n |
| Help with heating | 20% | 210 | 11% | 92 |
| Home repair assistance | 17% | 186 | 10% | 83 |
| Help paying electric bills* | 14% | 146 | -- | -- |
| Rent assistance | 7% | 74 | 3% | 25 |
| Warm, safe, dry housing | 5% | 57 | 3% | 29 |
| Housing costs too high | 5% | 49 | 1% | 9 |
| Safe drinking water | 5% | 49 | 1% | 12 |
| Lack of household goods or furniture | 4% | 38 | 1% | 8 |
| Handicap access or modification | 3% | 36 | 2% | 13 |
| Other medical accommodations | 3% | 30 | 1% | 6 |
| Pet Friendly Environment | 2% | 26 | 1% | 9 |
| Unsafe neighborhood | 2% | 20 | 1% | 6 |
| Avoiding foreclosure | 1% | 13 | 1% | 10 |
| None | 56% | 597 | 64% | 547 |
| Other (please specify)** | 3% | 31 | -- | -- |

*Electric bills included in heating concerns in 2016.

**Other mostly includes: housing repairs/problems, food access, transportation, and house cleaning.

NOTE: Categories are not mutually exclusive in 2020, but are mutually exclusive in 2016 (in 2016, respondents were asked to mark additional concerns in an open-ended option).

Homeless in Past Three Years (2020; n=1,087)

| | % | n |
|-----|-----|-------|
| Yes | 6% | 63 |
| No | 94% | 1,024 |

Shelter When Homeless in Past Three Years

| | 2020 (n=83) | | 2016 (n=39) | |
|----------------|-------------|----|-------------|----|
| | % | n | % | n |
| Family/Friends | 37% | 31 | 67% | 26 |
| Shelter | 25% | 21 | 31% | 12 |
| Vehicle | 10% | 8 | 18% | 7 |
| Tent/Camper | 4% | 3 | 5% | 2 |
| Outside | 6% | 5 | 8% | 3 |
| Other | 18% | 15 | -- | -- |

NOTE: Categories are mutually exclusive in 2020, but are not mutually exclusive in 2016 (in 2016, respondents were asked to mark all that apply).

EMPLOYMENT

Employment Status

| | 2020 (n=1,070) | | 2016 (n=893) | |
|--------------------------|----------------|-----|--------------|-----|
| | % | n | % | n |
| Full time | 29% | 313 | 60% | 536 |
| Part time | 8% | 81 | 13% | 114 |
| Seasonal | 1% | 9 | 1% | 13 |
| Unemployed | 6% | 67 | 5% | 49 |
| Retired | 32% | 345 | 10% | 88 |
| Disabled | 13% | 140 | 6% | 57 |
| Self-Employed | 1% | 12 | -- | -- |
| Furloughed | 1% | 10 | -- | -- |
| I stay at home by choice | 5% | 55 | 8% | 71 |
| Other | 4% | 38 | -- | -- |

Currently Looking for Work (2020; n=1,042)*

| | % | n |
|--|-----|-----|
| Yes, because I am unhappy in my current position. | 3% | 33 |
| Yes, because I was laid off or my hours were reduced because of COVID-19 | 3% | 28 |
| Yes, because I am currently unemployed or underemployed. | 5% | 47 |
| No | 88% | 920 |
| Other (please specify) | 3% | 34 |

*Not mutually exclusive categories so total is greater than 100%

Currently Looking for Work (2016; n=745)

| | % | n |
|---|-----|-----|
| Yes | 6% | 44 |
| No | 21% | 157 |
| I work part time, but need full time | 2% | 15 |
| Disabled | 5% | 37 |
| N/A - I am satisfied with my current employment | 59% | 440 |
| Other | 7% | 52 |

Reasons for Unemployment/Underemployment

| | 2020 (n=300)* | | 2016 (n=97)* | |
|--------------------------|---------------|----|--------------|----|
| | % | n | % | n |
| COVID-19 Pandemic | 27% | 81 | -- | -- |
| Other Health Challenges | 21% | 62 | 34% | 33 |
| Lack of childcare | 16% | 47 | 27% | 26 |
| Mental health challenges | 15% | 44 | 20% | 19 |
| Lack of transportation | 8% | 23 | 14% | 14 |
| Lack of education/skills | 7% | 21 | 16% | 16 |

2020 ACAP Community Assessment

| | | | | |
|---|-----|-----|-----|----|
| Criminal background | 3% | 9 | 3% | 3 |
| Substance abuse challenges | 3% | 9 | 2% | 2 |
| Layoffs or downsizing | 2% | 7 | 21% | 20 |
| Lack of dependent care | 2% | 7 | 4% | 4 |
| lack of proper clothing | 2% | 7 | 5% | 5 |
| Learning/developmental disability | 2% | 6 | 4% | 4 |
| lack of permanent address | 1% | 4 | 1% | 1 |
| Lack of US documents | 0% | 1 | 1% | 1 |
| Sexual orientation or gender identity | 0% | 1 | 0% | 0 |
| Language barrier | 0% | 0 | 1% | 1 |
| Domestic violence/sexual assault victim | -- | -- | 4% | 4 |
| Other (please specify)** | 33% | 100 | -- | -- |

*Not mutually exclusive categories so total is greater than 100%

**Other includes mostly: health issues/disability, some health issues related to COVID/safety, caring for child/childcare costs too high, and retired.

Reliable Access To...

| | 2020 (n=1,073)* | | 2016 (n=876)** | |
|--------------------|-----------------|------|----------------|-----|
| | % | n | % | n |
| Telephone | 98% | 1053 | 98% | 859 |
| Internet | 84% | 899 | -- | -- |
| No phone access | 1% | 8 | 2% | 17 |
| No internet access | 6% | 68 | -- | -- |

*Not mutually exclusive, therefore total > 100%

**Only asked about phone access in 2016.

Usual Places to Access Internet

| | 2020 (n=1,051)* | | 2016 (n=885)* | |
|--------------------------------------|-----------------|-----|---------------|-----|
| | % | n | % | n |
| Home | 81% | 852 | 84% | 742 |
| Work | 22% | 229 | 46% | 407 |
| Through my phone plan | 36% | 382 | 34% | 301 |
| At the library or other public place | 3% | 34 | 5% | 40 |
| Family/Friends house | 4% | 46 | 5% | 42 |
| I do not have access to the internet | 8% | 82 | 1% | 11 |
| I do not need access to the internet | -- | -- | 1% | 11 |
| Other (please specify) | 2% | 23 | -- | -- |

*Not mutually exclusive, therefore total > 100%

NOTE: 2016 asked respondents to choose top two answers.

Job-Related Services of Interest

| | 2020 (n=1,014)* | | 2016 (n=810)* | |
|---|-----------------|-----|---------------|-----|
| | % | n | % | n |
| Career/job training | 7% | 70 | 4% | 31 |
| Business start-up or self-employment training | 5% | 53 | 9% | 72 |
| Work clothes or equipment | 5% | 53 | 3% | 23 |
| Resume writing | 4% | 44 | 2% | 17 |
| Job interviewing skills | 4% | 41 | 1% | 12 |
| Job search strategies | 3% | 33 | 1% | 5 |
| Career assessment information | 3% | 30 | 2% | 17 |
| GED or high school completion | 2% | 18 | 1% | 9 |
| English as a second language | 0% | 2 | 0% | 0 |
| Help finding a living wage job | -- | -- | 3% | 24 |
| None | 81% | 817 | 74% | 600 |
| Other (please specify) | 2% | 20 | -- | -- |

*Not mutually exclusive, therefore total > 100%

NOTE: Categories are not mutually exclusive in 2020, but are mutually exclusive in 2016 (in 2016, respondents were asked to mark additional concerns in an open-ended option).

FINANCIAL STABILITY**Enough Money to Pay Bills**

| | 2020 (n=1,029) | |
|-------|----------------|-----|
| | % | N |
| Yes | 81% | 832 |
| No | 14% | 148 |
| Other | 5% | 49 |

Past-Year Sources of Income or Assistance

| | 2020 (n=1,025)* | | 2016 (n=736)* | |
|---|-----------------|-----|---------------|-----|
| | % | n | % | n |
| Social Security | 39% | 400 | 19% | 140 |
| Maine Care | 35% | 362 | -- | -- |
| SNAP (Food Stamps) | 31% | 318 | 20% | 147 |
| Wages from a job/employment | 28% | 290 | 71% | 520 |
| Food pantries | 15% | 156 | 7% | 49 |
| Pension | 14% | 148 | 12% | 86 |
| WIC (Women, Infants and Children's Program) | 14% | 146 | 14% | 106 |
| Social Security (Disability) | 14% | 143 | 12% | 86 |
| Free or Reduced School Lunch Program | 13% | 136 | 10% | 75 |
| Rent Assistance | 8% | 77 | 3% | 2 |
| Mental health treatment | 8% | 77 | 5% | 35 |
| Unemployment insurance | 7% | 72 | 4% | 32 |
| Child Support | 7% | 70 | 8% | 58 |

2020 ACAP Community Assessment

| | | | | |
|--|-----|-----|-----|----|
| Money from Family or Friends | 6% | 66 | 10% | 75 |
| Social Security (Supplemental) | 6% | 61 | 4% | 26 |
| VA benefits | 6% | 59 | 6% | 44 |
| TANF (Temporary Assistance for Needy Families) | 4% | 43 | 2% | 18 |
| Investment income | 4% | 42 | 5% | 37 |
| Head Start Services | 3% | 35 | 4% | 26 |
| Student loans/grants | 3% | 33 | 9% | 69 |
| General Assistance | 3% | 29 | 2% | 18 |
| Senior Center meals or Meals on Wheels | 3% | 26 | 0% | 2 |
| Long-term care/home care services | 2% | 18 | 1% | 4 |
| Substance abuse treatment | 2% | 18 | 0% | 2 |
| Childcare vouchers | 2% | 17 | 1% | 10 |
| Emergency Shelter | 1% | 9 | 0% | 1 |
| Worker's Compensation | 1% | 7 | 1% | 8 |
| Transitional housing | 0% | 5 | 0% | 24 |
| Katie Beckett Benefit | 0% | 2 | -- | -- |
| None | 12% | 123 | -- | -- |
| Other (please specify) | 3% | 26 | -- | -- |

**Not mutually exclusive so > total 100%*

Monthly Household Income (Before Taxes)

| | 2020 (n=973) | | 2016 (n=835) | |
|------------------|--------------|-----|--------------|-----|
| | % | n | % | n |
| \$0 | 2% | 22 | 1% | 6 |
| \$1-\$500 | 2% | 22 | 3% | 21 |
| \$501-\$1,500 | 27% | 261 | 13% | 106 |
| \$1,501-\$2,000 | 16% | 154 | 12% | 104 |
| \$2,001-\$5,000 | 29% | 284 | 33% | 278 |
| \$5,001-\$8,000 | 9% | 86 | 14% | 120 |
| \$8,001-\$10,000 | 3% | 28 | 6% | 49 |
| \$10,001+ | 12% | 116 | 18% | 151 |

Type of Bank Account (2020; n=1,017)*

| | % | n |
|-----------------|-----|-----|
| Savings | 64% | 654 |
| Checking | 89% | 903 |
| No bank account | 5% | 53 |

**Not mutually exclusive, therefore > 100%*

Type of Bank Account (2016; n=860)

| | % | n |
|----------|-----|-----|
| Savings | 5% | 44 |
| Checking | 17% | 142 |

| | | |
|---------------------------|-----|-----|
| Both Savings and Checking | 74% | 634 |
| No bank account | 5% | 40 |

Past-Year Experiences of Financial Instability

| | 2020 (n=977)* | | 2016 (n=799)* | |
|--|---------------|-----|---------------|-----|
| | % | n | % | n |
| Run out of fuel to heat house | 11% | 111 | -- | -- |
| Reduced hours due to COVID-19 | 11% | 104 | -- | -- |
| Phone services disconnected | 8% | 82 | 3% | 20 |
| Furlough because of COVID-19 | 6% | 57 | | |
| Had difficulty getting to work or obtaining work because of lack of transportation | 4% | 35 | 4% | 30 |
| Electricity turned off** | 3% | 29 | 5% | 42 |
| Share house to help with housing costs | 3% | 28 | -- | -- |
| Assumed responsibility for care of a child or other dependent | 3% | 27 | 3% | 27 |
| Unable to pay property taxes | 3% | 26 | 2% | 37 |
| Illness left me unable to work or care for children or dependents | 3% | 26 | 4% | 29 |
| Left a living situation due to emotional or physical violence | 2% | 22 | 2% | 17 |
| Had to move due to cost of housing | 2% | 18 | 3% | 20 |
| Evicted from house | 1% | 8 | 1% | 8 |
| Foreclosure | 0% | 1 | 0% | 2 |
| None | 67% | 652 | 77% | 617 |
| Other (please specify) | 2% | 21 | -- | -- |

*Not mutually exclusive, therefore > 100%

**Includes heat or electricity in 2016.

HEALTH & NUTRITION

Chronic Condition (Lifetime) (2020; n=1,001)*

| | % | n |
|--|-----|-----|
| Hypertension (high blood pressure) | 37% | 370 |
| Anxiety | 35% | 349 |
| Depression | 29% | 294 |
| High Cholesterol | 29% | 287 |
| High Body Mass Index (Overweight or Obese) | 25% | 252 |
| Diabetes or high blood sugar | 20% | 200 |
| None | 18% | 183 |
| Adult asthma | 15% | 151 |
| Chronic obstructive pulmonary disease | 7% | 68 |

| | | |
|-----------------------------------|----|----|
| Angina or coronary artery disease | 6% | 60 |
| Cancer | 5% | 55 |
| Prescription dependence | 5% | 48 |
| Heart Attack | 5% | 45 |
| Congestive heart failure | 4% | 44 |
| Stroke | 3% | 25 |
| Other (please specify) | 7% | 73 |

*Not mutually exclusive, therefore total > 100%

Suicide Attempt/Thoughts of Self Harm (Lifetime) (2002; n=992)

| | % | N |
|-----|-----|-----|
| Yes | 10% | 95 |
| No | 91% | 898 |

Health Insurance for Self & Household Members (2020; n=1,002)*

| | % | n |
|---|-----|-----|
| Everyone has health insurance. | 60% | 606 |
| I have health insurance. | 32% | 323 |
| Minors in household have health insurance. | 3% | 29 |
| No one in the household has health insurance. | 3% | 26 |
| Other (please specify) | 5% | 49 |

*Not mutually exclusive, therefore > 100%

Have Health Insurance for Self (2016; n=831)

| | % | N |
|-----|-----|-----|
| Yes | 94% | 785 |
| No | 6% | 46 |

Health Insurance Provider

| | 2020 (n=988) | | 2016 (n=797) | |
|---|--------------|-----|--------------|-----|
| | % | n | % | n |
| Self | 21% | 211 | 13% | 100 |
| Employer | 30% | 295 | 56% | 443 |
| Government | 55% | 546 | 27% | 213 |
| No one in the household has health insurance. | 3% | 25 | 5% | 41 |
| Other (please specify) | 10% | 94 | -- | -- |

NOTE: Categories are not mutually exclusive in 2020, but are mutually exclusive in 2016.

Food Access (Gone Hungry in Past Year)

| | 2020 (n=994) | | 2016 (n=827) | |
|-----|--------------|-----|--------------|-----|
| | % | N | % | n |
| Yes | 5% | 54 | 6% | 50 |
| No | 95% | 943 | 94% | 777 |

Past-Year Food Assistance Services Used

| | 2020 (n=987)* | | 2016 (n=761)* | |
|------------------------|---------------|-----|---------------|-----|
| | % | n | % | n |
| SNAP (Food stamps) | 35% | 343 | 23% | 177 |
| Food pantry | 20% | 199 | 11% | 81 |
| WIC | 15% | 150 | 15% | 114 |
| Family or Friends | 10% | 101 | 10% | 76 |
| Churches | 3% | 33 | 3% | 23 |
| Meals on Wheels | 2% | 23 | 0% | 3 |
| Senior center meals | 2% | 22 | 0% | 1 |
| Public Gardens | -- | -- | 1% | 11 |
| None | 50% | 491 | 67% | 511 |
| Other (please specify) | 3% | 26 | -- | -- |

*Not mutually exclusive, therefore total > 100%

Daily Tobacco Use (Self or Household Members) (2020; n=993)

| | % | n |
|--|-----|-----|
| I currently use tobacco daily. | 14% | 138 |
| A household member uses tobacco daily. | 10% | 100 |
| No one in the household uses tobacco. | 75% | 749 |
| Other (please specify) | 1% | 6 |

Smoker (Self) (2016; n=834)

| | % | n |
|-----|-----|-----|
| Yes | 13% | 111 |
| No | 87% | 723 |

Recreational Drug Use (Self or Household) (2020; n=994)*

| | % | n |
|--------------------------|-----|-----|
| Marijuana | 11% | 114 |
| Opioids | 2% | 21 |
| Other illicit substances | 1% | 14 |
| None | 87% | 868 |

*Not mutually exclusive, therefore total > 100%

Health & Nutrition Resources of Interest

| | 2020 (n=966)* | | 2016 (n=811)* | |
|-------------------------------|---------------|-----|---------------|-----|
| | % | n | % | n |
| Affordable dental care | 24% | 234 | 24% | 192 |
| Affordable medical care | 11% | 108 | 19% | 151 |
| Access to affordable food** | 10% | 92 | 8% | 67 |
| Depression counseling | 9% | 87 | 12% | 95 |
| Positive self-esteem services | 8% | 76 | 9% | 74 |

| | | | | |
|---|-----|-----|-----|-----|
| Education around nutrition | 6% | 60 | -- | -- |
| Behavioral health services | 5% | 49 | 7% | 55 |
| Post-traumatic stress disorder counseling | 5% | 49 | 4% | 44 |
| Children's skill building | 4% | 43 | -- | -- |
| Quitting tobacco services | 4% | 41 | 6% | 52 |
| Grief and loss counseling | 4% | 39 | -- | -- |
| Children and family therapy | 3% | 31 | -- | -- |
| Pediatric mental health services | 3% | 27 | -- | -- |
| Substance abuse counseling | 2% | 19 | 3% | 26 |
| Pregnancy services | 1% | 12 | -- | -- |
| Suicide prevention counseling | 1% | 10 | 2% | 19 |
| Disability counseling | -- | -- | 4% | 29 |
| Trauma | -- | -- | 3% | 27 |
| Community wellness activities | -- | -- | 16% | 131 |
| None | 55% | 535 | 53% | 431 |
| Other (please specify) | 2% | 20 | -- | -- |

*Not mutually exclusive, therefore total > 100%

**2016 question: "get enough food"

TRANSPORTATION

Currently Own a Reliable Vehicle

| | 2020 (n=998) | | 2016 (n=827) | |
|-----|--------------|-----|--------------|-----|
| | % | N | % | n |
| Yes | 85% | 846 | 90% | 746 |
| No | 15% | 152 | 10% | 81 |

Lost a Job/Didn't Receive a Job Because of Transportation Issues

| | 2020 (n=981) | | 2016 (n=829) | |
|-----|--------------|-----|--------------|-----|
| | % | N | % | n |
| Yes | 6% | 81 | 6% | 52 |
| No | 94% | 920 | 94% | 777 |

Transportation Challenges

| | 2020 (n=979)* | | 2016 (n=797)* | |
|---|---------------|-----|---------------|-----|
| | % | n | % | n |
| Costly auto repairs | 15% | 143 | 17% | 137 |
| Purchase of a reliable vehicle | 8% | 74 | 9% | 73 |
| Cost of gasoline | 7% | 67 | 11% | 88 |
| Lack of driver's license | 5% | 53 | 1% | 7 |
| Inability to pay vehicle registration | 4% | 40 | 7% | 56 |
| Lack of public transportation | 4% | 38 | 5% | 36 |
| Inability to get car insurance | 2% | 22 | 2% | 19 |
| Inability to pay/get vehicle inspection | 1% | 42 | 7% | 52 |

2020 ACAP Community Assessment

| | | | | |
|------------------------------------|-----|-----|-----|-----|
| No child safety seats | 0% | 1 | 0% | 0 |
| Bus fare | -- | -- | 0% | 2 |
| Travel with person with disability | -- | -- | 1% | 8 |
| None | 72% | 694 | 72% | 570 |
| Other (please specify) | 2% | 21 | -- | -- |

**Not mutually exclusive, therefore total > 100%*

COMMUNITY NEEDS

Past-Year Participation in ACAP Services/Programs

| | 2020 (N=982)* | | 2016 (n=726)* | |
|---|---------------|-----|---------------|-----|
| | % | n | % | n |
| HEAP (Home Energy Assistance Program) | 31% | 306 | 12% | 90 |
| WIC | 15% | 151 | 17% | 125 |
| Head Start or Early Head Start | 6% | 54 | 6% | 46 |
| Childcare | 2% | 24 | -- | -- |
| Weatherization | 2% | 23 | 1% | 5 |
| Coaching | 2% | 22 | 1% | 7 |
| Community Cupboard | 2% | 19 | -- | -- |
| Let's Go! 5210 | 2% | 17 | -- | -- |
| Oral Health | 2% | 16 | 1% | 10 |
| Central Heating Improvement Program (CHIP) | 2% | 16 | 1% | 5 |
| Home Repair Program | 1% | 13 | 1% | 4 |
| Hope & Prosperity Resource Center | 1% | 11 | -- | -- |
| Homebuyer Education | 1% | 10 | 1% | 5 |
| Health Insurance Enrollment (Affordable Care Act Navigator Program) | 1% | 9 | 1% | 10 |
| Breastfeeding Supports | 1% | 9 | -- | -- |
| Adult Job Services | 1% | 8 | 2% | 13 |
| Financial Literacy | 1% | 6 | -- | -- |
| Lead Paint Inspection | 0% | 4 | 0% | 1 |
| Family Development Account | 0% | 4 | -- | -- |
| Tobacco Cessation | 0% | 2 | -- | -- |
| Youth Engagement | 0% | 2 | -- | -- |
| Youth Job Services Program | 0% | 2 | -- | -- |
| Foreclosure Counseling | 0% | 1 | -- | -- |
| None | 53% | 523 | 67% | 483 |
| Other (please specify) | 3% | 27 | 3% | 25 |

**Not mutually exclusive, therefore total > 100%*

Appendix B: Quantitative Data Findings

Geography

| Indicator | Aroostook County | | Maine | |
|--|---------------------|---------------------|-----------|-----------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Total population ¹ | 70,653 | 68,269 | 1,328,535 | 1,332,813 |
| Total land area (sq. miles) ¹ | 6,671.33 | 6,671.33 | 30,842.92 | 30,842.92 |
| Population density (per sq. mile) ¹ | 10.8 | 10.8 | 43.1 | 43.1 |
| Population change (%) ¹ | (2000-2010) -4.4 | (2010-2018) -5.7 | 4.2 | 0.4 |
| Rural population (%) ² | 80.3 | 80.3 | 61.3 | 61.3 |

Sources: ¹U.S. Census Bureau American Community Survey, 2010-14; 2014-18 (5-year estimates); ²U.S. Census Bureau Decennial Census, 2010

Demographics

| Indicator | Aroostook County | | Maine | |
|-----------------|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Gender (%) | | | | |
| Female | 50.8 | 50.6 | 51.1 | 51.1 |
| Male | 49.2 | 49.4 | 48.9 | 48.9 |
| Age (years) | | | | |
| Median age | 46.1 | 47.6 | 43.5 | 44.6 |
| Under 5 (%) | 4.8 | 4.8 | 5.0 | 4.8 |
| 5-14 (%) | 10.7 | 10.2 | 11.3 | 10.8 |
| 15-24 (%) | 11.9 | 11.2 | 12.4 | 11.8 |
| 25-34 (%) | 9.7 | 9.8 | 11.2 | 11.7 |
| 35-44 (%) | 11.4 | 10.4 | 12.2 | 11.5 |
| 45-54 (%) | 15.5 | 14.3 | 15.8 | 14.3 |
| 55-64 (%) | 15.9 | 16.6 | 15.1 | 15.7 |
| 65-74 (%) | 10.9 | 12.8 | 9.5 | 11.4 |
| 75-84 (%) | 6.9 | 6.6 | 5.3 | 5.5 |
| 85 and over (%) | 2.3 | 3.3 | 2.2 | 2.5 |
| Race (%) | | | | |
| White | 95.3 | 95.0 | 95.1 | 94.5 |

2020 ACAP Community Assessment

| | | | | |
|----------------------------------|------|------|------|------|
| Black | 0.7 | 1.0 | 1.1 | 1.3 |
| Asian | 0.5 | 0.4 | 1.1 | 1.1 |
| Native American/Alaska Native | 1.5 | 1.8 | 0.6 | 0.6 |
| Native Hawaiian/Pacific Islander | 0.0 | 0.0 | 0.0 | 0.0 |
| Other | 0.3 | 0.2 | 0.2 | 0.2 |
| Multiple | 1.8 | 1.6 | 1.9 | 2.2 |
| Ethnicity (%) | | | | |
| Hispanic/Latino | 1.0 | 1.2 | 1.4 | 1.6 |
| Non-Hispanic/Latino | 99.0 | 98.8 | 98.6 | 98.4 |

Source: U.S. Census Bureau American Community Survey 2010-14; 2014-18 (5-year estimates)

Sexual Orientation

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| High school students identifying as 'Gay or Lesbian' or 'Bisexual' (%) | 5.9% | 7.5% | 7.9% | 10.8% |

Source: Maine Integrated Youth Health Survey 2015 and 2017

Linguistics and Place of Birth

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Population 5+ that speaks only English (%) | 82.5 | 84.5 | 93.3 | 93.7 |
| Population 5+ that speaks Spanish or Spanish Creole (%) | 0.7 | 0.6 | 0.9 | 0.9 |
| Population 5+ that speaks other Indo-European languages (%) | 16.4 | 14.2 | 4.4 | 3.9 |
| Population 5+ that speaks Asian and Pacific languages (%) | 0.2 | 0.3 | 0.8 | 0.8 |
| Foreign born (%) | 4.5 | 3.8 | 3.5 | 3.9 |

Source: U.S. Census Bureau American Community Survey 2010-14; 2014-18 (5-year estimates)

Literacy and Digital Access

| Indicator | Aroostook County | | Maine | |
|--|----------------------|----------------------|----------------------|----------------------|
| | Point 1 ¹ | Point 2 ² | Point 1 ¹ | Point 2 ² |
| Population with access to 25mbps wired broadband internet service or faster (%) [±] | 67.5 | 94.3 | 85.9 | -- |
| Population with access to 100mbps broadband internet service or faster (%) [±] | 0.1 | 81.2 | 7.6 | 91.9 |

¹Source: Broadband Now, Data collected via the FCC, NTIA, and other sources (2014-2017) (broadbandnow.com/Maine)

²Cooper, Tyler. "Internet Access in Maine: Stats & Figures." *Broadband Now*. Broadband Now, 01 Sep. 2020. Web. Accessed 23 Sep. 2020. <<https://broadbandnow.com/Maine>>.

Veterans

| Indicator | Aroostook County | | | | Maine | | | |
|-----------------------------------|------------------|------|-------------|------|----------|------|-------------|------|
| | Veterans | | Nonveterans | | Veterans | | Nonveterans | |
| | P1 | P2 | P1 | P2 | P1 | P2 | P1 | P2 |
| Percent of Total Population | 12.2 | 11.3 | 87.8 | 88.7 | 11.6 | 8.9 | 88.4 | 91.1 |
| Gender (%) | | | | | | | | |
| Male | 94.1 | 90.9 | 42.4 | 43.8 | 93.5 | 91.5 | 42.3 | 44.0 |
| Female | 5.9 | 9.1 | 57.6 | 56.2 | 6.5 | 8.5 | 57.7 | 56.0 |
| Age (%) | | | | | | | | |
| 18-34 years | 4.0 | 5.2 | 24.5 | 22.5 | 6.1 | 5.9 | 27.2 | 26.4 |
| 35-54 years | 23.5 | 15.2 | 34.7 | 30.7 | 24.7 | 19.0 | 36.3 | 31.1 |
| 55-64 years | 26.7* | 24.0 | 18.8 | 19.3 | 22.3 | 19.5 | 18.5 | 19.2 |
| 65-74 years | 24.1 | 32 | 12.0 | 15.7 | 23.8 | 30.2 | 10.3 | 14.0 |
| 75+ years | 21.7* | 23.5 | 10.0 | 11.8 | 23.1 | 25.4 | 7.7 | 9.2 |
| Race (%) | | | | | | | | |
| White | 97.1 | 95.8 | 95.9 | 95.4 | 96.9 | 96.3 | 95.9 | 94.6 |
| Black or African American | 0.5 | -- | 0.6 | -- | 0.7 | 0.7 | 0.9 | 1.4 |
| Asian | 0.1 | -- | 0.5 | -- | 0.4 | 0.4 | 1.1 | 1.3 |
| American Indian and Alaska Native | 0.6 | -- | 1.4 | -- | 0.5 | 1.0 | 0.5 | 0.7 |
| 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 | 1.4 | 1.3 | 1.7 |
| Ethnicity (%) | | | | | | | | |
| Hispanic/Latino | 0.3* | -- | 0.9 | -- | 0.9 | 1.0 | 1.2 | 1.5 |
| Non-Hispanic/Latino | 97.0 | 94.3 | 95.5 | 95.1 | 96.3 | 95.7 | 95.0 | 93.6 |
| Median Income in Past Year (\$) | 28,806 | 31,244 | 19,882 | 22,584 | 33,784 | 38,647 | 25,583 | 31,253 |
| Below poverty level in past year (%) | 7.9 | 13.5 | 16.3 | 14.6 | 7.0 | 6.4 | 13.5 | 10.6 |

Source: U.S. Census Bureau American Community Survey 2010-14 (5-year estimates); 2019 (1-year estimate)

Economics

Poverty

| Indicator | Aroostook County | | Maine | |
|--|-------------------|-------------------|-------------------|-------------------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Individuals below 50% of poverty level (%) | 5.7 ¹ | 6.0 ² | 5.2 ¹ | 4.0 ² |
| Individuals below 125% of poverty level (%) | 23.7 ¹ | 24.9 ² | 18.8 ¹ | 14.6 ² |
| Individuals below 150% of poverty level (%) | 29.9 ¹ | 29.4 ² | 23.7 ¹ | 18.6 ² |
| Individuals below 185% of poverty level (%) | 39.2 ¹ | 39.8 ² | 30.8 ¹ | 24.8 ² |
| Individuals below 200% of poverty level (%) | 42.5 ¹ | 42.8 ² | 33.8 ¹ | 27.7 ² |
| Individuals under 18 years below 100% of poverty level (%) | 24.6 ¹ | 22.0 ¹ | 18.8 ¹ | 16.3 ¹ |
| Individuals 65 years and older below 100% of poverty level (%) | 12.6 ¹ | 12.9 ¹ | 8.8 ¹ | 8.8 ¹ |

¹Source: U.S. Census Bureau American Community Survey 2010-14; 2014-18 (5-year estimates);

²Source: U.S. Census Bureau American Community Survey 2019 (1-year estimate)

Income and Cost of Living

| Indicator | Aroostook County | | Maine | |
|--|------------------|----------|----------|----------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Median household income ¹ | \$37,378 | \$39,824 | \$48,804 | \$55,425 |
| Median family income ² | \$50,177 | \$57,503 | \$61,824 | \$80,944 |
| Per capita income ¹ | \$21,933 | \$24,571 | \$27,332 | \$31,253 |
| Households with cash public assistance income (%) ¹ | 5.7 | 3.8 | 4.7 | 3.2 |
| Average cash public assistance received ¹ | \$2,174 | \$2,155 | \$2,991 | \$2,332 |

¹Source: U.S. Census Bureau American Community Survey 2010-14; 2014-18 (5-year estimates)

²Source: U.S. Census Bureau American Community Survey 2010-1014 (5-year estimate); 2019 (1-year estimate)

Employment

| Indicator | Aroostook County | | Maine | |
|-----------------------|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Unemployment Rate (%) | 9.3 | 5.5 | -- | 3.8 |

Source: U.S. Bureau of Labor Statistics, 2011-2013; 2015-2017

Labor Force

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Industry (%) | | | | |
| Agriculture, forestry, fishing, hunting, and mining | 5.6 | 6.0 | 2.5 | 2.6 |
| Retail trade | 14.7 | 13.0 | 13.5 | 13.2 |
| Transportation, warehousing, and utilities | 5.3 | 5.9 | 3.8 | 3.8 |
| Educational services, health care, and social assistance | 30.7 | 28.3 | 27.5 | 27.7 |
| Public administration | 5.7 | 6.4 | 4.4 | 4.1 |
| Construction | 5.5 | 6.4 | 6.9 | 6.9 |
| Finance and insurance, and real estate and rental and leasing | 3.6 | 3.9 | 6.2 | 6.2 |
| Professional, scientific, and management, and administrative and waste management services | 5.8 | 5.1 | 8.7 | 9.1 |
| Arts, entertainment, and recreation, accommodation and food services | 6.2 | 6.5 | 8.8 | 8.9 |

Source: U.S. Census Bureau American Community Survey 2010-14; 2014-16 (5-year estimates)

Education

Educational Attainment (25 Years and Older)

| Indicator (%) | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Less than 9 th grade | 6.4 | 5.4 | 3.2 | 2.7 |
| 9 th -12 th grade, no diploma | 7.4 | 7.1 | 5.5 | 5.0 |
| High school graduate (includes equivalency) | 38.8 | 37.2 | 33.5 | 31.8 |
| Some college, no degree | 20.9 | 20.7 | 20.1 | 19.6 |
| Associate's degree | 10.7 | 10.7 | 9.3 | 10.0 |
| Bachelor's degree | 11.9 | 13.1 | 18.3 | 19.6 |

2020 ACAP Community Assessment

| | | | | |
|---------------------------------|-----|-----|------|------|
| Graduate or professional degree | 5.0 | 5.9 | 10.1 | 11.3 |
|---------------------------------|-----|-----|------|------|

Source: U.S. Census Bureau American Community Survey 2010-14; 2014-18 (5-year estimates)

Head Start

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|-------------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Number of Head Start programs | 1 | 1 | 11 | 11 |
| Number of Early Head Start programs | 1 | 1 | 11 | 13 |
| Number of children/pregnant women enrolled | 280 | 317 | 3,305 | 3,045 |
| Number of enrolled children for whom the program received a child care subsidy | 17 (0.6%) | 11 | 619 (18.7%) | 766 |
| Number of enrolled children who were in foster care at any point during the program year | 15 (0.5%) | 34 | 179 (5.4%) | 269 |

Source: Office of Head Start Program Summary Report 2015; 2019

Legal Assistance

| Indicator [†] | 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)

Housing

Composition

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Occupied housing units (%) | 77.4 | 74.3 | 76.3 | 75.4 |
| Owner-occupied housing units (%) | 71.1 | 71.7 | 71.4 | 72.2 |
| Renter-occupied housing units (%) | 28.9 | 28.3 | 28.6 | 27.8 |
| Family households (%) | 62.4 | 62.5 | 62.9 | 62.5 |
| Family households with related children under age 18 (%) | 24.3 | 23.0 | 26.4 | 24.9 |
| Individual age 65+ living alone (%) | 14.6 | 15.5 | 11.7 | 13.0 |

Source: U.S. Census Bureau American Community Survey 2010-14; 2014-16 (5-year estimates)

Conditions

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Housing units built 1939 or earlier (%) | 22.7 | 25.7 | 24.2 | 25.2 |
| Housing units built 2000-2009 (%) | 9.4 | -- | 13.3 | -- |
| Housing units built 2010 or later | -- | 2.3 | -- | 3.0 |
| Occupied housing units lacking complete plumbing facilities (%) | 1.0 | 0.6 | 0.9 | 0.7 |
| Occupied housing units lacking complete kitchen facilities (%) | 0.9 | 0.7 | 1.1 | 0.9 |
| Occupied housing units with no telephone service (%) | 2.5 | 2.7 | 2.0 | 1.9 |

Source: U.S. Census Bureau American Community Survey 2010-14; 2014-18 (5-year estimates)

Costs

| Indicator | Aroostook County | | Maine | |
|--|------------------|-----------------|-----------|-----------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Median value of housing ¹ | \$92,500 | \$93,900 | \$173,600 | \$200,500 |
| Cost burdened households (Over 35% of income for rent) (%) | 37.9 | 34.4 | 42.1 | 37.9 |
| HUD-assisted units (per 100,000 pop.) ² | 426.3 | -- | 367.3 | -- |

Source: U.S. Census Bureau American Community Survey 2010-14; 2014-2018 (5-year estimates); ¹U.S. Census Bureau American Community Survey 2010-1014 (5-year estimate); 2019 (1-year estimate); ²US Department of Housing and Urban Development. 2015.

Foreclosures

| Indicator | Aroostook County | Maine |
|---|------------------|-------|
| Foreclosure Cases Filed in Court (2019) | 116 | 1664 |
| Foreclosure Cases Filed in Court (2018) | 109 | 2146 |
| Foreclosure Cases Filed in Court (2017) | 128 | 2446 |
| Foreclosure Cases Filed in Court (2016) | 156 | 2819 |
| Foreclosure Cases Filed in Court (2015) | 83 | 1,906 |
| Foreclosure Cases Filed in Court (2014) | 140 | 3,118 |
| Foreclosure Cases Filed in Court (2013) | 180 | 4,707 |

Source: State of Maine Department of Professional and Financial Regulation – Bureau of Consumer Credit Protection (2013-2019)

Foster Care

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Number of children in foster care | 119 | 255 | 1,914 | 2,236 |
| Number of referrals for child protective services ¹ | 1,198 | -- | 18,489 | -- |

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

Transportation

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Households with no motor vehicle (%) | 7.8 | 7.5 | 7.5 | 6.4 |
| Workers who drove alone for commute (%) | 79.6 | 81.9 | 78.1 | 78.5 |
| Workers who used public transportation for commute (%) | 0.1 | 0.0 | 0.6 | 0.6 |
| Mean travel time to work (minutes) ¹ | 17.4 | 17.1 | 23.5 | 22.6 |

Source: U.S. Census Bureau American Community Survey 2010-14 (5-year estimates); 2019 (1-year estimates); ¹U.S. Census Bureau American Community Survey 2010-14; 2014-18 (5-year estimates)

Health

Health Status

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Adults who rate their health fair to poor (%) | 21.0 | 23.4 | 15.6 | 15.9 |
| Adults with 14+ days lost due to poor mental health (%) | 22.1 | 24.3 | 12.4 | 16.7 |
| Adults with 14+ days lost due to poor physical health (%) | 27.3 | 26.5 | 13.1 | 19.6 |
| Adults with three or more chronic conditions (%) | 20.0 | 20.8 | 27.6 | 15.8 |

Source: BRFSS, 2011-13; 2014-16

Access to Care and Health Care Quality

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Adults with a usual primary care provider (%) ¹ | 86.6 | 85.4 | 87.7 | 87.6 |
| Individuals who are unable to obtain or delay obtaining necessary medical care due to cost (%) ¹ | 11.1 | 13.5 | 11.0 | 10.3 |
| Percent uninsured ² | 10.8 | 9.5 | 10.4 | 8.1 |
| Adults with visits to a dentist in the past 12 months (2012 and 2016) (%) ¹ | 51.9 | 57.7 | 65.3 | 65.3 |

Source: ¹BRFSS, 2011-2013; 2014-16; ²U.S. Census Bureau American Community Survey 2010-14; 2014-18 (5-year estimates)

Disability Status

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Civilian noninstitutionalized population with a disability (%) | 22.0 | 21.6 | 15.7 | 16.2 |
| Under 18 years with a disability (%) | 8.7 | 6.9 | 6.3 | 6.1 |
| 18-64 years with a disability (%) | 19.3 | 19.1 | 13.3 | 13.5 |
| 65+ years with a disability (%) | 43.6 | 38.9 | 35.9 | 33.3 |

Source: U.S. Census Bureau American Community Survey 2010-14 (5-year estimates); 2019 (1-year estimate).

Chronic Disease

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Asthma emergency department visits (per 10,000 pop.) (2009-11 and 2012-2014) ¹ | 113.5 | 93.5 | 67.3 | 57.8 |
| COPD diagnosed (%) ² | 10.6 | 11.1 | 7.6 | 7.8 |
| COPD hospitalizations (per 10,000 pop.) (2011 and 2016) ¹ | 38.1 | 26.7 | 21.6 | 16.5 |
| Current asthma (adults) (%) ² | 13.2 | 12.6 | 11.7 | 11.7 |
| Current asthma (youth 0-17) (%) ² | 13.6 | 15.3 | 9.1 | 9.0 |
| Pneumonia hospitalizations (per 10,000 pop.) (2011 and 2016) ¹ | 44.5 | 26.7 | 32.9 | 22.4 |

Sources: ¹Maine Health Data Organization Hospital Discharge Data; ²BRFSS, 2011-2013; 2014-2016

Cancer

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Mortality – all cancers (per 100,000 pop.) (2007-11 & 2012-16) ¹ | 197.5 | 174.7 | 185.5 | 173.8 |
| Incidence – all cancers (per 100,000 pop.) ¹ | 487.6 | 485.9 | 500.1 | 455.3 |

2020 ACAP Community Assessment

| | | | | |
|--|-------|-------|-------|-------|
| Female breast cancer incidence (per 100,000 pop.) ¹ | 100.2 | 112.8 | 126.3 | 124.5 |
| Mammograms females age 50+ in past two years (%) ² | 85.3 | 83.7 | 82.1 | 81.0 |
| Colorectal cancer incidence (per 100,000 pop.) ¹ | 56.2 | 44.1 | 43.5 | 35.7 |
| Colorectal screening (%) ² | 72.2 | 69.5 | 72.2 | 74.9 |
| Lung cancer incidence (per 100,000 pop.) ¹ | 87.8 | 72.7 | 75.5 | 69.7 |
| Melanoma incidence (per 100,000 pop.) ¹ | 13.1 | 13.8 | 22.2 | 28.0 |
| Prostate cancer incidence (per 100,000 pop.) ¹ | 104.3 | 113.8 | 133.8 | 88.3 |

Sources: ¹Maine Cancer Registry 2007-2011 & 2013-2015, unless otherwise noted; ²BRFSS, 2012; 2014-2016

Cardiovascular Disease

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Acute myocardial infarction hospitalizations (per 10,000 pop.) (2010-12 & 2012-2016) ¹ | 39.5 | 34.2 | 23.5 | 23.4 |
| Acute myocardial infarction mortality (per 100,000 pop.) (2009-13 & 2012-2016) ² | 40.0 | 35.9 | 32.2 | 26.0 |
| Cholesterol checked every five years (%) ³ | 82.3 | 81.3 | 81.0 | 81.0 |
| Coronary heart disease mortality (per 100,000 pop.) ² | 111.8 | 106.3 | 89.8 | 84.1 |
| Hypertension prevalence (%) ³ | 40.7 | 40.0 | 32.8 | 33.7 |
| High cholesterol (%) ³ | 47.7 | 46.0 | 40.3 | 39.1 |
| Hypertension hospitalizations (per 10,000 pop.) (2011 & 2016) ¹ | 7.0 | 3.5 | 2.8 | 5.2 |
| Stroke mortality (per 100,000 pop.) ² | 39.9 | 35.4 | 35.0 | 33.4 |

Sources: ¹Maine Health Data Organization Hospital Discharge Data; ²Maine CDC Vital Records, 2009-13 & 2012-16; ³BRFSS, 2011, 2013 & 2015.

Diabetes

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Diabetes prevalence (ever been told) (%) ¹ | 14.2 | 13.0 | 9.6 | 10.0 |
| Pre-diabetes prevalence (%) ¹ | 9.5 | 9.2 | 6.9 | 8.0 |
| Diabetes emergency department visits (principal diagnosis) (per 10,000 pop.) (2010-2011; 2013-14) ² | 51.4 | 48.3 | -- | 16.3 |
| Diabetes hospitalizations (principal diagnosis) (per 10,000 pop.) (2010-12; 2016) ² | 13.8 | 16.2 | 11.7 | 11.9 |

Sources: ¹BRFSS, 2011-2013; 2014-2016; ²Maine Health Data Organization Hospital Discharge Data

Environmental Health

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Children with confirmed elevated blood lead levels (% among those screened) (2009-13; 2012-2016) (%) ¹ | 0.7 | 0.7 | 2.5 | 2.2 |
| Children with unconfirmed elevated blood lead levels (among those screened) (2009-13; 2012-2016) (%) ¹ | 3.8 | 1.9 | 4.2 | 3.3 |
| Homes with private wells tested for arsenic (2009 & 2012; 2015 & 2016) (%) ² | 30.2 | 38.4 | 43.3 | 51.1 |
| Lead screening among children age 12-23 months (2009-12; 2016) (%) ¹ | 71.1 | 66.6 | 49.2 | 53.0 |
| Lead screening among children age 24-35 months (2009-13; 2016) (%) ¹ | 27.5 | 30.3 | 27.6 | 31.1 |

Sources: ¹Maine CDC Lead Program 2015 & 2016; ²BRFSS, 2009-2016

Immunizations

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Adults immunized annually for influenza (%) ¹ | 36.5 | 42.1 | 41.5 | 42.3 |
| Adults immunized for pneumococcal pneumonia (ages 65 and older) (%) ¹ | 69.5 | 69.7 | 72.4 | 72.4 |
| Immunization exemptions among kindergarteners for philosophical reasons (%) ² | 0.6 | 3.1 | 3.7 | 4.6 |
| Two-year-olds up to date with “Series of Seven Immunizations” 4-3-1-3-3-1-4 (%) ² | 86.0 | 86.0 | 75.0 | 73.7 |

Sources: ¹BRFSS, 2011-2013; 2014-2016; ²Maine Immunization Program, 2015; 2017

Infectious Disease

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Hepatitis C chronic new cases per 100,000 pop. | 24.8 | 73.0 | - | 92.8 |
| Hepatitis B virus acute new cases per 100,000 pop. | 3.6 | 4.4 | - | 8.7 |
| Lyme disease incidence (per 100,000 pop.) | 12.5 | 8.4 | - | 96.5 |
| Chlamydia incidence (per 100,000 population) | 141.5 | 182.7 | - | 293.4 |
| Gonorrhea incidence (per 100,000 population) | 8.4 | 4.9 | - | 28.9 |
| HIV incidence (per 100,000 population) | 1.4 | 1.2 | - | 3.4 |

Sources: ¹Maine Infectious Disease Surveillance System, 2008-2012; 2013-2017

Intentional Injuries

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Domestic assault reports to police (per 100,000 pop.) (2013; 2017) ¹ | 284.1 | 290.5 | 413.0 | 275.2 |
| Firearm deaths (per 100,000 pop.) ² | 8.6 | 12.2 | 9.2 | 9.5 |
| Suicide deaths (per 100,000 pop.) ² | 14.5 | 21.4 | 15.2 | 15.9 |
| Violent crime rate (per 100,000 pop.) (2011-2013; 2017) ¹ | 232.9 | 129.3 | 125.1 | 119.6 |

Sources: ¹Maine Department of Public Safety; ²Maine CDC Vital Records, 2009-13; 2012-2016

Unintentional Injuries

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Always wear seatbelt (adults) (%) ¹ | 76.2 | -- | 85.2 | 93.3 |
| Always wear seatbelt (high school students) (%) ² | 47.1 | 46.6 | 61.6 | 68.2 |
| Traumatic brain injury related emergency department visits (all intents) (per 10,000 pop.) ³ | 86.6 | 102.8 | 81.4 | 85.1 |
| Unintentional and undetermined intent poisoning deaths (per 100,000 pop.) ⁴ | 9.9 | 12.1 | 11.1 | 17.6 |
| Unintentional fall related injury emergency department visits (per 10,000 pop.) (%) ³ | 427.9 | 472.6 | 361.3 | 340.9 |

Sources: ¹BRFSS, 2013; 2018; ²Maine Integrated Youth Health Survey, 2015; 2017; ³Maine Health Data Organization, 2011; 2012-2014; ⁴Maine CDC Vital Records, 2011; 2012-2016

Behavioral Health

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Adults who have ever had depression (%) ¹ | 23.2 | 23.6 | 23.5 | 22.8 |
| Adults with current symptoms of depression (%) ¹ | 11.2 | 11.0 | 10.0 | 8.4 |
| Adults currently receiving outpatient mental health treatment (%) ¹ | 15.5 | 17.0 | 17.7 | 17.6 |
| Sad/hopeless for two weeks in a row (high school students) (%) ² | 23.6 | 28.3 | 24.3 | 26.9 |
| Seriously considered suicide (high school students) (%) ² | 14.0 | 13.0 | 14.6 | 14.7 |

Sources: ¹BRFSS, 2011-13; 2014-16; ²Maine Integrated Youth Health Survey, 2013; 2017

Substance Abuse

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Alcohol-induced mortality (per 100,000 pop.) (2009-13; 2012-2016) ¹ | 10.7 | 9.9 | 8.0 | 9.7 |
| Chronic heavy drinking (adults) (2011-13; 2014-16) (%) ² | 4.9 | 5.8 | 7.3 | 8.3 |
| Drug-affected infant reports per 1,000 live births (2010; 2017) ³ | 55.0 | 113.5 | -- | 77.9 |
| Drug-induced mortality (per 100,000 pop.) (2009-13; 2012-16) ⁴ | 11.7 | 15.5 | 12.4 | 18.9 |
| Emergency medical service overdose response (per 10,000 pop.) (2014; 2016-17) ⁵ | 30.5 | 59.5 | 39.2 | 93.0 |
| Opiate poisoning (ED visits) (per 10,000 pop.) (2009-11; 2013-14) ⁶ | 2.1 | 2.6 | 2.5 | 3.6 |
| Past-30-day alcohol use (high school students) (2013; 2017) (%) ⁷ | 26.5 | 23.1 | 26.0 | 22.5 |
| Past-30-day marijuana use (high school students) (2013; 2017) (%) ⁷ | 16.5 | 14.5 | 21.6 | 19.3 |
| Prescription Monitoring Program opioid prescriptions (days supply/pop) (2014-15) ⁸ | 7.0 | -- | 6.8 | -- |
| Substance-abuse hospital admissions (per 10,000 pop.) (2011; 2016) ⁶ | 12.6 | 15.1 | 32.8 | 18.1 |

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

Tobacco Use

| Indicator | Aroostook County | | Maine | |
|---|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Current smoking (adults) (%) ¹ | 22.8 | 26.6 | 20.2 | 19.8 |
| Current smoking (high school students) (%) ² | 16.4 | 13.4 | 12.9 | 8.8 |
| Current tobacco use (high school students) (%) ² | 18.4 | 14.3 | 18.2 | 13.9 |
| Secondhand smoke exposure (youth) (%) ² | 46.0 | 42.6 | 38.3 | 31.1 |

Sources: ¹BRFSS, 2011-13; 2016; ²Maine Integrated Youth Health Survey, 2013; 2017

Nutrition and Physical Activity

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Fruit and vegetable consumption (high school students) (%) ¹ | 16.5 | 11.8 | 16.8 | 15.6 |
| Fruit consumption among adults 18+ (less than one serving per day) (2015) (%) ² | 35.1 | 38.6 | 34.0 | 35.2 |
| Met physical activity recommendations (adults) (2015) (%) ² | 50.0 | 45.1 | 53.4 | 53.9 |
| Physical activity for at least 60 minutes per day on five of the past seven days (high school students) ¹ | 45.6 | 46.3 | 43.7 | 42.8 |
| Sedentary lifestyle – no leisure-time physical activity in past month (adults) (2016) (%) ² | 27.7 | 30.1 | 22.4 | 20.6 |
| Soda/sports drink consumption (high school students) (%) ¹ | 30.1 | 24.8 | 26.2 | 20.5 |
| Vegetable consumption among adults 18+ (less than one serving per day) (2015) (%) ² | 20.4 | 19.2 | 17.9 | 18.3 |
| Obesity (adults) (2016) (%) ² | 38.3 | 35.6 | 28.9 | 29.9 |
| Obesity (high school students) (%) ¹ | 11.5 | 20.9 | 12.7 | 15.0 |

Sources: ¹Maine Integrated Youth Health Survey, 2013; 2017; ²BRFSS, 2011-13; 2015 & 2016

Pregnancy and Birth Outcomes

| Indicator | Aroostook County | | Maine | |
|--|------------------|---------|---------|---------|
| | Point 1 | Point 2 | Point 1 | Point 2 |
| Infant deaths (per 1,000 live births) (2003-12; 2012-16) | 6.4 | 9.0 | 6.0 | 6.5 |
| Live births for which the mother received early and adequate prenatal care (2010-12; 2016) (%) | 85.1 | 83.4 | 86.4 | 80.6 |
| Live births to 15-19 year olds (per 1,000 pop.) (2010-12; 2016) | 25.5 | 24.3 | 20.5 | 14.5 |
| Low birth weight (<2500 grams) (2010-12; 2012-16) (%) | 7.6 | 8.0 | 6.6 | 7.1 |

Source: Maine CDC Vital Records

Appendix C: 2020 ACAP Community Assessment Survey



Aroostook County Action Program (ACAP) has been serving individuals and families throughout Aroostook County for nearly five decades. To continue to meet the changing needs in our community, we are reaching out to partners, clients, and others in Aroostook County to provide critical feedback. Your feedback will help ACAP and partner organizations better understand the needs in our community and shape our work.

Basic Demographic Information

1. The current town I live in is...

2. My age is...

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

3. I identify my gender as...

- Female
- Male
- Non-binary
- Other (please specify)

4. I would describe myself as...

- White (For Example: German, Irish, French, English, Polish, Italian, etc.)
- Hispanic, Latino, or Spanish Origin (For Example: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.)
- Black or African American (For Example: Ethiopian, Jamaican, Haitian, Somali, Nigerian, etc.)
- Asian (For Example: Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)
- American Indian or Alaska Native (For Example: Micmac, Maliseet, Penobscot Nation, Passamaquoddy, Mayan, Aztec, Esq Community, etc.)
- Middle Eastern or North African (For Example: Lebanese, Iranian, Egyptian, Syrian, Algerian, etc.)
- Native Hawaiian or Other Pacific Islander (For Example: Samoan, Chamorro, Tongan, Fijian, etc.)
- Other race, ethnicity or origin

5. At home, I primarily speak...

- English
- French
- Spanish
- Other (please specify)

6. My marital status is...

- Single
- Married
- Widowed
- Divorced
- Separated
- Living with partner
- Other (please specify)

7. For schooling, I completed...

- Less than high school
- GED
- High School
- 2 Year College Degree
- 4 Year College Degree
- Certificate/Training Program
- Other (please specify)

Household Information

8. The number of people, including myself that live in my household is...

9. The number of children in my household that are 5 or younger is...

10. The number of children in my household that are ages 6-17 is...

11. I have reliable childcare for my children.

- Yes
- No
- There are no children in my household.
- My children don't need childcare.

12. My child(ren) have special needs.

- Yes
- No
- There are no children in my household.

2020 ACAP Community Assessment

13. I am or a member of my household is a U.S. Veteran or an active service member.

- Yes
 No

14. My home is best described as...

- Living alone
 Living with others
 Single parent
 Two parents
 Raising children of a family member
 Foster parent
 Raising someone else's child(ren), not family
 Homeless
 Other (please specify)

15. Myself or a member of my household would be interested in receiving services that would help with...

- Affordable childcare
 Legal help
 Family or couples counseling
 Education around bullying (at work, school, or online)
 Counseling services
 Caregiver support
 Parenting support or classes
 Food insecurity assistance
 Victimization support (domestic violence, abuse, sexual assault, etc.)
 Budgeting/Financial literacy
 Future Planning and goal setting education
 Emotional well-being supports
 Home-buyer Education
 None
 Other (please specify)

Housing

16. My home is a(n)...

- House
- Apartment
- Duplex/Triplex/Fourplex
- Mobile home
- I am currently homeless
- Other (please specify)

17. The home that I live in, I...

- Rent
- Own
- Other (please specify)

18. Myself or someone in my household has concerns related to...

- Warm, safe, dry housing
- Rent assistance
- Avoiding foreclosure
- Home repair assistance
- Help heating
- Help paying electric bills
- Housing costs too high
- Lack of household goods or furniture
- Handicap access or modification
- Other medical accommodations
- Pet Friendly Environment
- Unsafe neighborhood
- Safe drinking water
- None
- Other (please specify)

19. Currently or in the past 3 years I have been homeless.

- Yes
- No

20. While I was homeless I stayed...

- at Family/Friends House
- In a Shelter
- In my vehicle
- In a Tent/Carper
- Outside
- I am not and have not been homeless in the past 3 years.
- Other (please specify)

Employment

21. My current employment status is...

- Full time
- Part time
- Seasonal
- Unemployed
- Retired
- Disabled
- Self-Employed
- Furloughed
- I stay at home by choice (stay at home parent)
- Other (please specify)

22. I am currently looking for work.

- Yes, because I am unhappy in my current position.
- Yes, because I was laid off or my hours were reduced because of COVID-19
- Yes, because I am currently unemployed or underemployed.
- No
- Other (please specify)

23. The main reasons why I am unemployed or underemployed are...

- Lack of education/skills
- Lack of transportation
- Lack of US documents
- Language barrier
- Layoffs or downsizing
- Learning/developmental disability
- COVID-19 Pandemic
- Criminal background
- Mental health challenges
- Substance abuse challenges
- Other Health Challenges
- Lack of childcare
- Lack of dependent care
- lack of permanent address
- lack of proper clothing
- Sexual orientation or gender identity
- None
- Other (please specify)

24. I have reliable access to...

- Telephone
- Internet
- I don't have access to a telephone
- I don't have access to the internet

25. I usually access the internet at...

- Home
- Work
- Through my phone plan
- At the library or other public place
- Family/Friends house
- I do not have access to the internet
- Other (please specify)

26. The job related services that I would be interested in are...

- GED or high school completion
- English as a second language
- Career assessment information
- Career/job training
- Job search strategies
- Job interviewing skills
- Resume writing
- Business start-up or self-employment training
- Work clothes or equipment
- None
- Other (please specify)

Financial Stability

27. During a typical month, I have enough money to pay my monthly bills...

- Yes
- No
- Other (please specify)

28. In the past year, I or someone in my household has received the following income or assistance:

- | | |
|---|---|
| <input type="checkbox"/> Wages from a job/employment | <input type="checkbox"/> Senior Center meals or Meals on Wheels |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Long-term care/home care services |
| <input type="checkbox"/> VA benefits | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Social Security (Supplemental) | <input type="checkbox"/> Rent Assistance |
| <input type="checkbox"/> Social Security (Disability) | <input type="checkbox"/> Mental health treatment |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Maincare |
| <input type="checkbox"/> Money from Family or Friends | <input type="checkbox"/> Katie Beckett Benefit |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Substance abuse treatment |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> SNAP (Food Stamps) |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> None |
| <input type="checkbox"/> Childcare vouchers | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Investment income | <input type="text"/> |
| <input type="checkbox"/> Student loans/grants | |
| <input type="checkbox"/> Head Start Services | |
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | |
| <input type="checkbox"/> WIC (Women, Infants and Children Program) | |
| <input type="checkbox"/> Free or Reduced School Lunch Program | |
| <input type="checkbox"/> Food pantries | |

29. My household monthly income before taxes is... (include any and all income including example: wages, TANF, SNAP, housing assistance, unemployment etc.)

- \$0
- \$1-\$500
- \$501-\$1,500
- \$1,501-\$2,000
- \$2,001-\$5,000
- \$5,001-\$8,000
- \$8,001-\$10,000
- \$10,001+

30. The type of bank account I have is...

- Savings account
- Checking account
- I don't have any kind of bank account.

31. In the past year, I or someone in my household experienced...

- Electricity turned off
- Run out of fuel to heat house
- Phone services disconnected
- Had to move due to cost of housing
- Share house to help with housing costs
- Evicted from house
- Foreclosure
- Left a living situation due to emotional or physical violence
- Unable to pay property taxes
- Illness left me unable to work or care for children or dependents
- Assumed responsibility for care of a child or other dependent
- Had difficulty getting to work or obtaining work because of lack of transportation
- Reduced hours due to COVID-19
- Furlough because of COVID_19
- None
- Other (please specify)

Health and Nutrition

32. I have been told by a doctor that I have one or more of the following conditions or risk factors...

- Adult asthma
- Angina or coronary artery disease
- Cancer
- Congestive heart failure
- Chronic obstructive pulmonary disease
- Diabetes or high blood sugar
- Heart Attack
- High Cholesterol
- Hypertension (high blood pressure)
- Stroke
- High Body Mass Index (Overweight or Obese)
- Depression
- Prescription dependence
- Anxiety
- None
- Other (please specify)

33. I or someone in household has attempted suicide or had thoughts of doing self harm.

- Yes
- No

34. Members of my household have health insurance.

- Everyone has health insurance.
- I have health insurance.
- Minors in household have health insurance.
- No one in the household has health insurance.
- Other (please specify)

35. Health insurance is provided by:

- Self
- Employer
- Government
- No one in the household has health insurance.
- Other (please specify)

36. In the past year, I have or a household member has gone hungry because we could not afford or did not have access to food?

- Yes
- No

37. The types of nutritional services the household has received in the past year are...

- SNAP (Food stamps)
- Food pantry
- Senior center meals
- Meals on Wheels
- Churches
- WIC
- Family or Friends
- None
- Other (please specify)

38. Myself or a household member is a daily tobacco user.

- I currently use tobacco daily.
- A household member uses tobacco daily.
- No one in the household uses tobacco.
- Other (please specify)

Transportation

41. I currently own a vehicle that I can rely on.

- Yes
- No

42. In the past I have lost a job or didn't receive a job because of transportation issues.

- Yes
- No

43. The transportation issues that I am facing are:

- Purchase of a reliable vehicle
- Costly auto repairs
- Lack of public transportation
- No child safety seats
- Lack of driver's license
- Cost of gasoline
- Inability to get car insurance
- Inability to pay vehicle registration
- Inability to pay/get vehicle inspection
- None
- Other (please specify)

Accessing Your Communities Needs

44. In the past 12 months, I have participated in these ACAP programs or services...

- HEAP (Home Energy Assistance Program)
- Coaching
- Head Start or Early Head Start
- WIC
- Oral Health
- Adult Job Services
- Homebuyer Education
- Weatherization
- Central Heating Improvement Program (CHIP)
- Home Repair Program
- Lead Paint Inspection
- Health Insurance Enrollment (Affordable Care Act Navigator Program)
- Foreclosure Counseling
- Childcare
- Financial Literacy
- Hope & Prosperity Resource Center
- Community Cupboard
- Tobacco Cessation
- Let's Got 5210
- Youth Engagement
- Youth Job Services Program
- Breastfeeding Supports
- Family Development Account
- None
- Other (please specify)