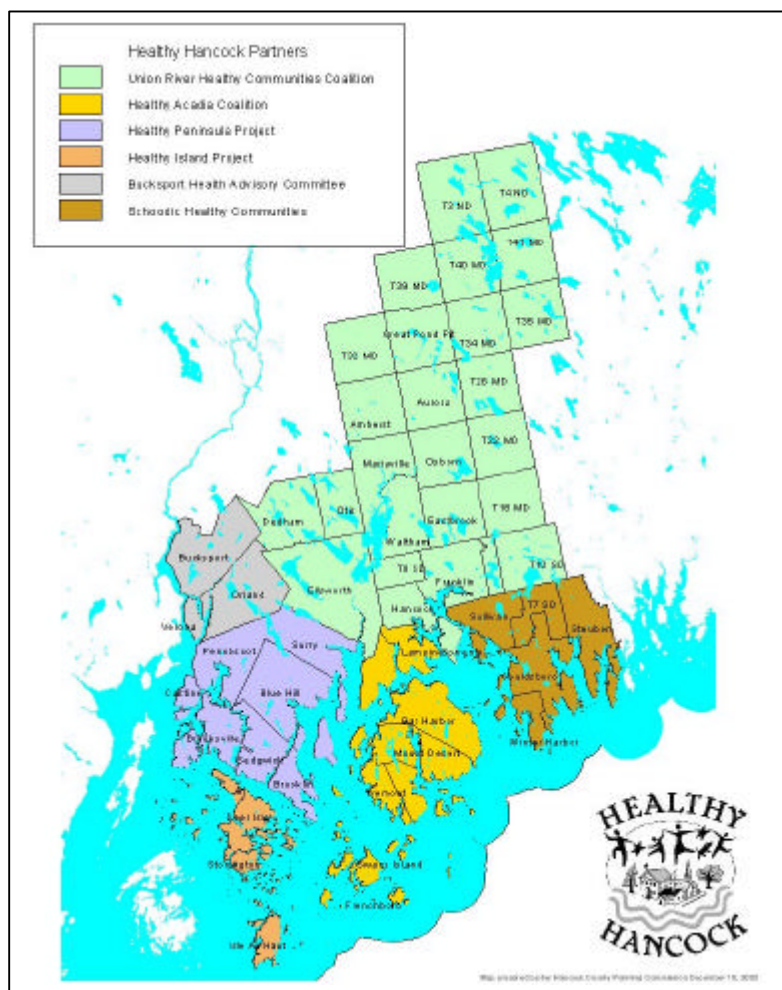


# Hancock County Indicators of Health



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- ♦ Healthy Maine Partnerships, Bureau of Health, Department of Human Services
- ♦ Healthy Acadia Coalition (Doug Michael, (207) 288-5331 [doug@healthyacadia.org](mailto:doug@healthyacadia.org))
- ♦ Health Peninsula Project (Barbara Peppy, (207) 374-2836 ext. 1010 [bpeppy@bhmh.org](mailto:bpeppy@bhmh.org))
- ♦ Coastal Hancock Healthy Communities (Helena Peterson, (207) 667-5304 Ext. 232 [healthy@downeast.net](mailto:healthy@downeast.net))

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## ***Introduction***

The health of communities, schools and residents of Hancock County is the product of our collective efforts. Our every day decisions can help or harm us, provide or deny opportunities, bring us to health or create new barriers. The effects of our choices are often subtle and long-range. Many times we don't know how our decisions will turn-out.

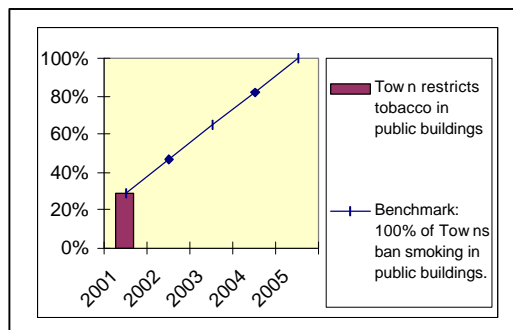
One way to gauge whether we are on the right course, or off course, is to identify where we are now and chart our progress to the future. Members of the Hancock County Coalition for Community Health have collaborated to prepare these Indicators of Health. We hope that these indicators will provide readers with an ongoing record of our progress in insuring that our communities give us every opportunity to stay healthy.

The first section provides readers with background information on our population, economy and infrastructure. Our largely rural corner of eastern Maine is home to Acadia National Park, a large scale paper products manufacture, a world leader in genetic research, uninhabited wilderness and congested commercial centers. This diversity provides an enviable quality of life, but challenges our health and social service systems in many ways.

- We are growing, with population in the county increasing 10% between 1990 and 2000, more than double the Maine growth rate of 4%.
- We are aging, as many of our schools face declining enrollment and retirement communities grow. Much of our current population growth appears to be in-migration of mature couples and early retirees.
- The net effect of historic fluctuation in birth rates and migration patterns is a population dominated by persons aged 45 to 60 with a second, smaller bulged of their children, now aged 15 to 25.
- Our primary and secondary schools continue to perform competitively, though drop out rates in Hancock County rose during the 1990s while state rates did not.
- We are seasonal, with severe labor shortages during summer months and cyclical periods of unemployment during the winter.
- We are changing, as traditional occupations connected to our natural resources decline in number and new forms of work expand. Most future employment growth is expected to occur in the service sector.

The health indicators are organized into several distinct areas of concern, including use of tobacco, diet and availability of places to exercise. For each area of concern we present contextual or environmental indicators measuring performance on the community-level and behavioral measures indicating our performance as individuals. For example, we present community ordinances governing our exposure second-hand tobacco smoke at the community-level and smoking rates at the individual-level.

Each of the indicators follows a standard format. The bar chart indicates where we are at our baseline and will track our progress on an annual basis. The line included in most graphs charts where we hope to be in the years to come.



Each indicator includes an arrow suggesting where we are headed.

↑↑	Indication that we are improving
→	No clear direction of change
↓↓	Evidence that we are heading the wrong way

Our benchmarks are stated as objectives for the five year period ending in 2006. The objective is followed by a short assessment of where we are, assets or barriers to progress and information on the data source(s) for the indicator.

### 1. Smoking in Public Buildings

⇒ Benchmark: 100% of towns will have policies banning smoking in public buildings in five years.

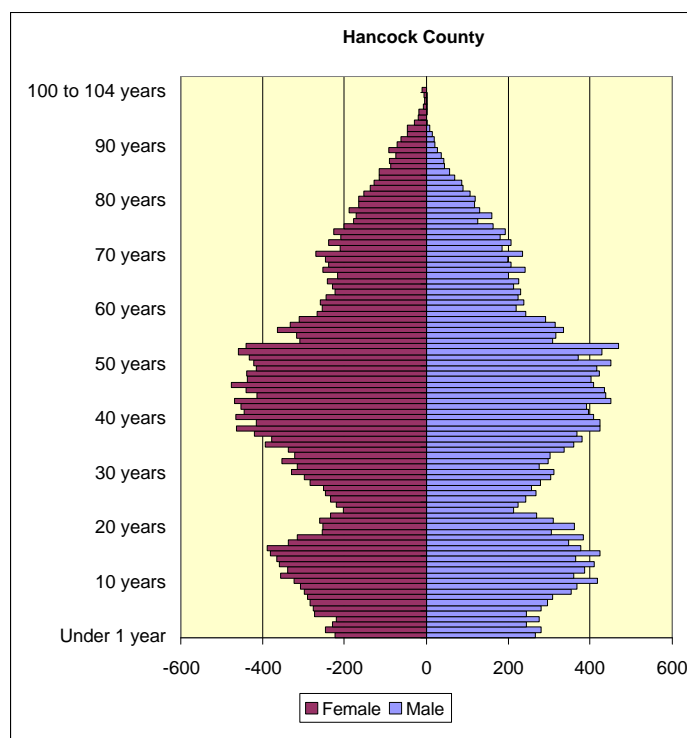
**Responses in the first year were inconsistent.** Some towns spokespersons are not aware of smoking policies that are on the books. Others confuse the existence of informal policies or no-smoking signs with having a policy.

Source: HCCCH Municipal Survey, 2001

A final note

In any diverse community, indicators cannot tell the personal stories of the individuals, families and businesses. These few graphs and basic statistics raise questions and should get us talking about where we are and where we hope to be in the future. This is a work in progress, both for measuring what we can accomplish and with luck motivating us to do better.

## Population Trends

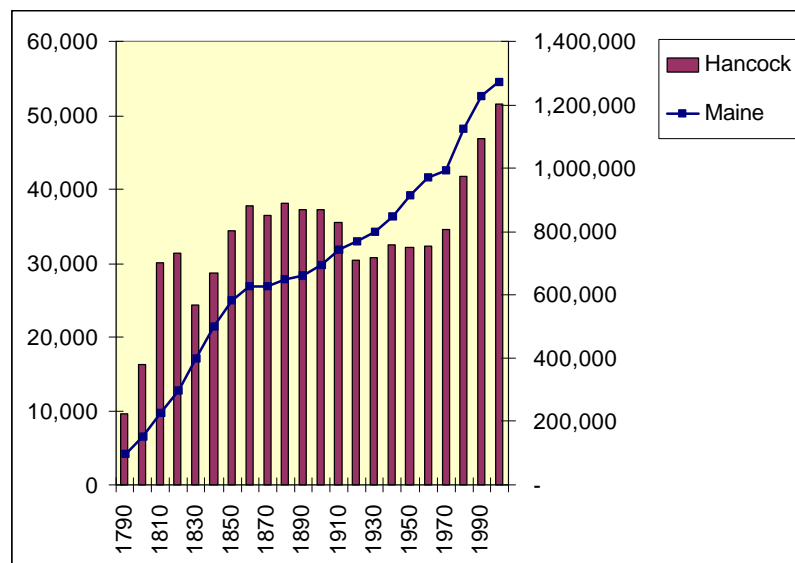


### Population change has two components

- 1) Births and deaths have been about equal.
- 2) Migration-in of mature couples now exceeds migration-out of young adults.

### Age composition

- 1) There are fewer children under age 10 than there have been in many decades, but more adults ages 40 to 55.
- 2) Record setting future cohorts of elderly will result from aging of our baby boom and in-migration of active retirees.
- 3) A surge in births will be driven by grandchildren of the baby boom if these young adults have not moved away.



### The population of Hancock County in the 2000 was 51,560, up from 46,948 in 1990.

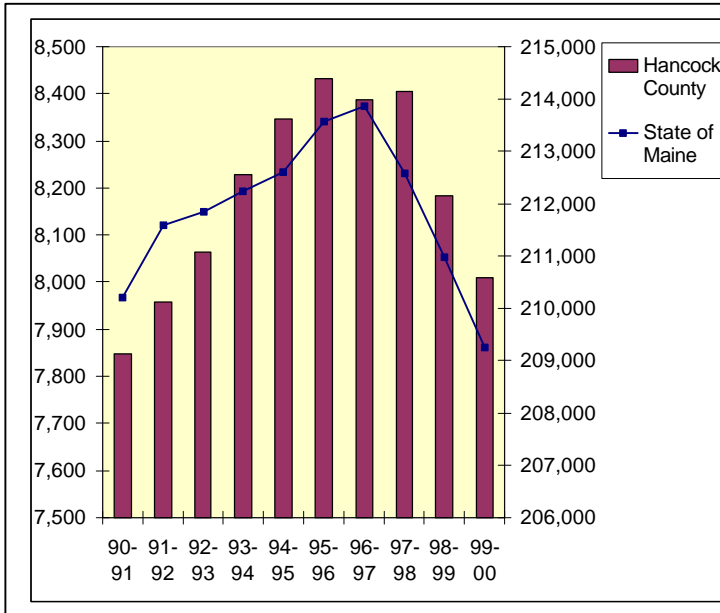
- 1) Population grew much faster in Hancock County (10% in ten years) than the state as a whole (4% in ten years).
- 2) Though Maine's population has never stopped growing, the county has experienced periods of significant population decline in the past.

Source: 2000 US Census

### Health Implications

Health care needs are rising quickly with our aging population. Chronic illness, such as cancer, diabetes and cardiovascular disease will rise for decades to come. Demand for geriatric care, nursing homes and hospice care will reach unprecedented levels. On the other end of the age spectrum, health demands such as pediatric care, emergency response to automobile accidents and injuries due to violence will probably decline.

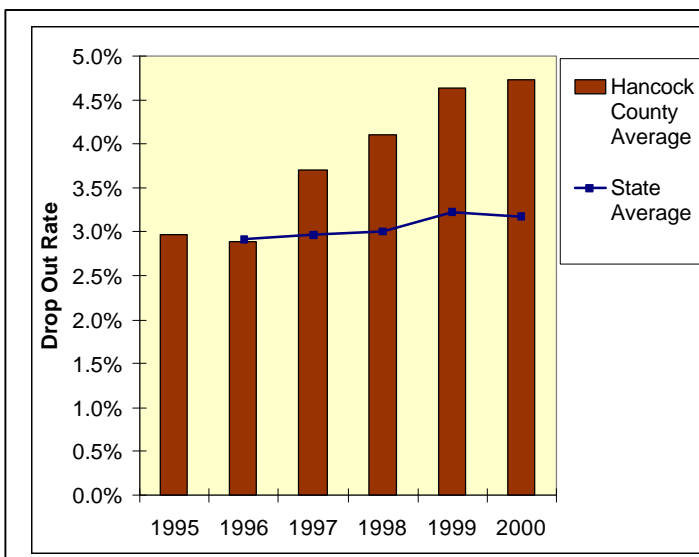
## Education



### School enrollment is declining

- Hancock County and the State of Maine are experienced a peak in enrollment in the mid-1990's. Hancock County is declining faster.
- Declining enrollment in primary school will soon spread to high schools.
- Enrollments may bottom-out in 10 to 15 years and rise again.

Source: Maine Department of Education (2001)



### Drop-out rates are low, but may be rising.

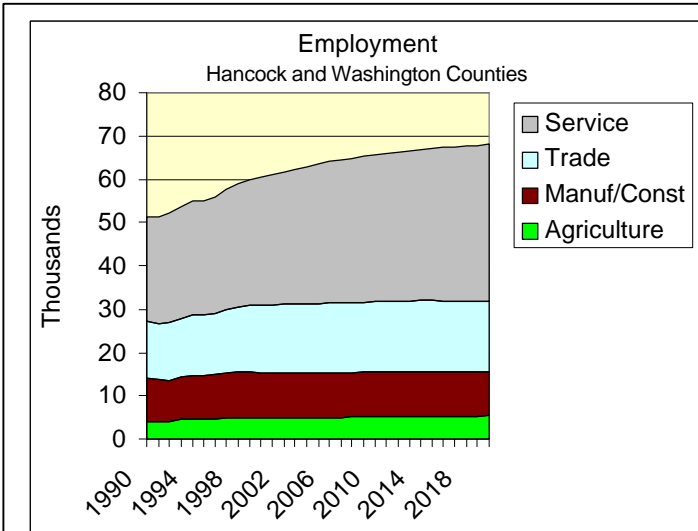
- County drop-out rates are less than half the national average.
- County rates rose during the late 1990's and are highest in the state.
- National drop out rates are more than double local averages, at 11.8% in 2000.

Source: Maine Department of Education (2001)

### Health Implications

Education systems are challenged by smaller enrollments. Loss of students may eliminate team sports, after-school activities and in-house school lunch programs. Education is critical for earning good wages and benefits and maintaining good health. Rising drop-out rates can lead to long-term challenges for the health care system.

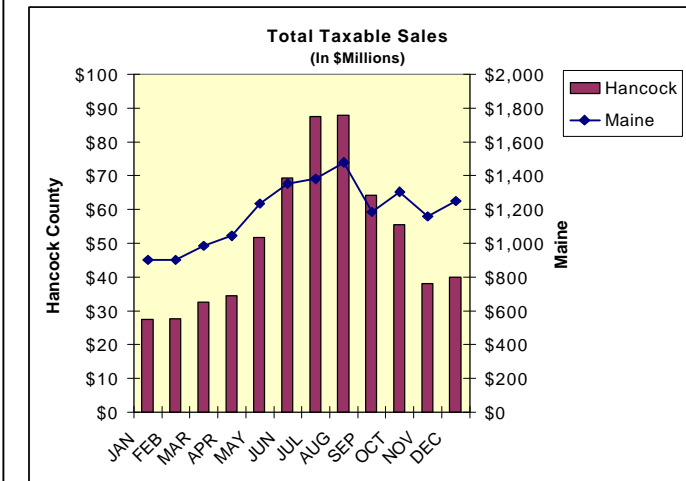
**Economic Patterns**



**Service sector employment is growing.**

- Employment is projected to grow in downeast Maine, with most gains in the services such as restaurants and lodging.
- Retail sales, manufacturing and agriculture will change little.
- Estimated Median Household Income ranges from less than \$30,000 to more than \$50,000 by town.

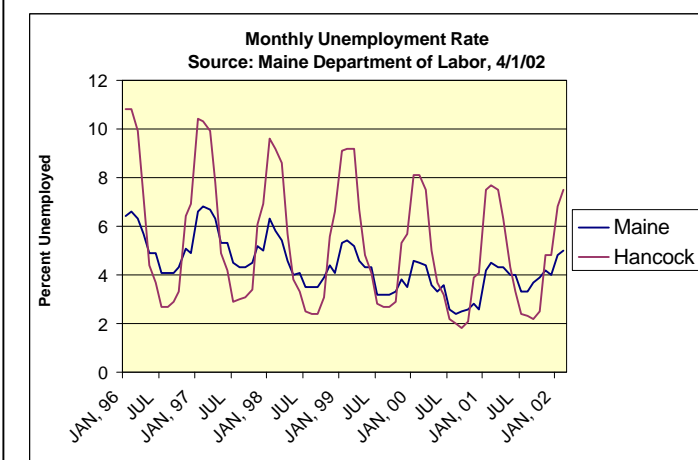
Source: Charles Colgan, Employment in Hancock



**Economic Activity is highly seasonal, particularly on Mount Desert Island**

- Sales tax revenues measure economic activity in Hancock County.
- Restaurants and Lodging activity, particularly on MDI, peaks in the summer.
- Ellsworth and Blue Hill show more stable, year-round activity.
- Blue Hill is strong in Building Supplies and Ellsworth in Auto sales.

Source: Maine State Planning Office



**Unemployment rates fluctuate dramatically**

- Hancock County experiences labor shortages every summer and significant unemployment and under employment during the winter.
- Peak winter unemployment rates have been declining for more than five years.

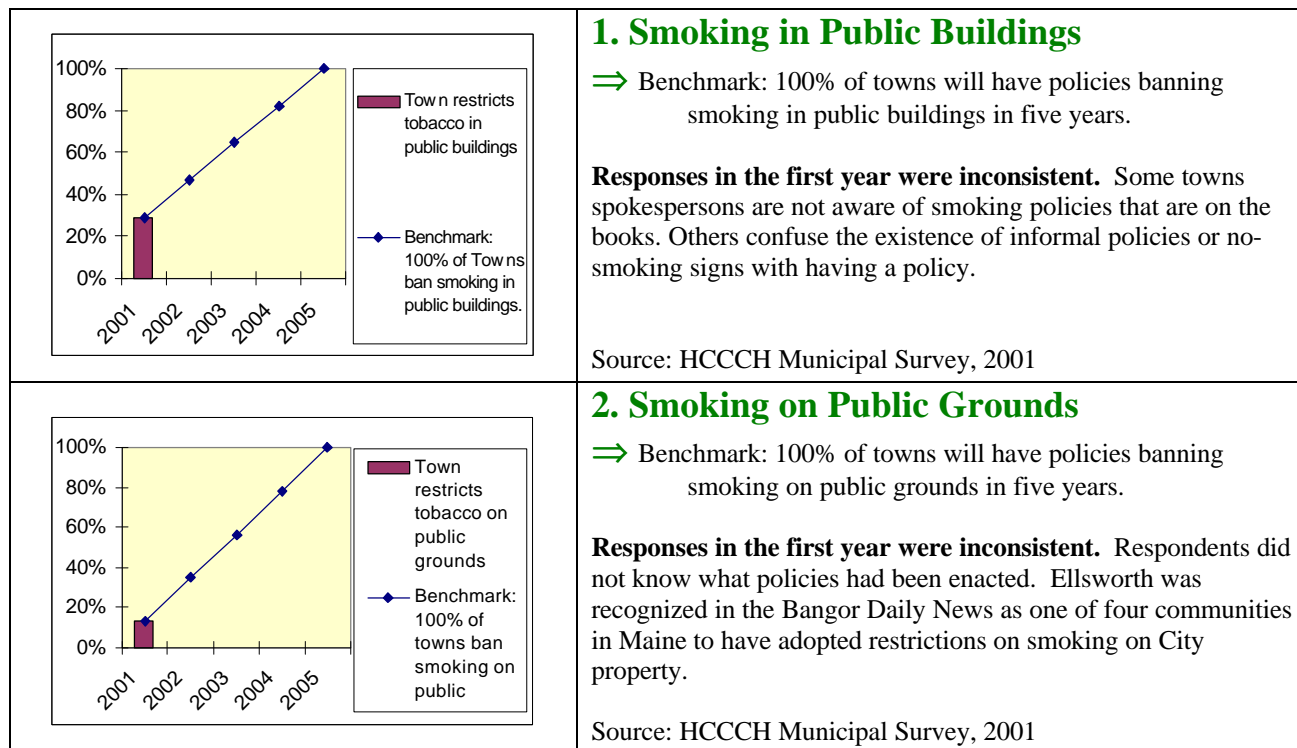
Source: Maine Department of Labor

**Health Implications:**

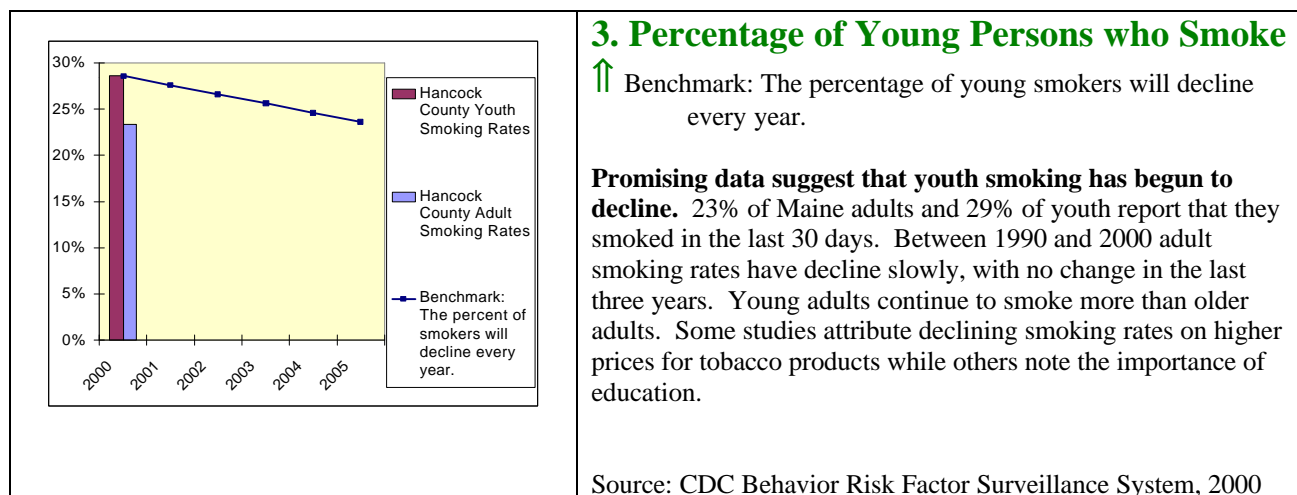
Service sector employment, particularly in small businesses, is less likely to carry insurance benefits, particularly for seasonal jobs. Unemployment adds to stress and takes away needed resources.

## Tobacco Policies And Consumption

### Community Indicators

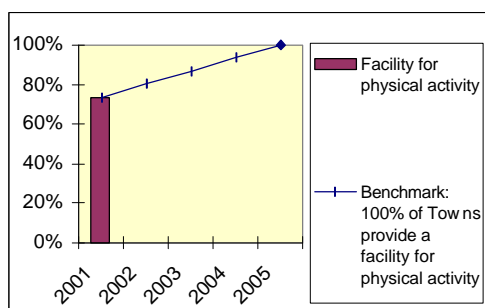


### Individual Indicators



## Programs For Physical Activity

### Community Indicators



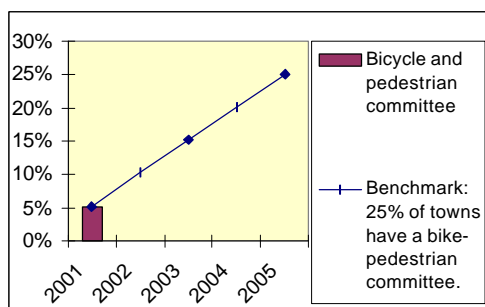
#### 4. Public Facilities for Physical Activity

⇒ Benchmark: All towns that have facilities will provide public access for physical activity in five years.

**Public facilities are underutilized while residents report unmet needs for places to go, particularly in the winter.**

While 3/4 of towns report having facilities, such as a school gymnasium, available for public use, users are often restricted to well-organized group activities and may carry users fees or severe restrictions over time of use.

Source: Source: HCCCH Municipal Survey

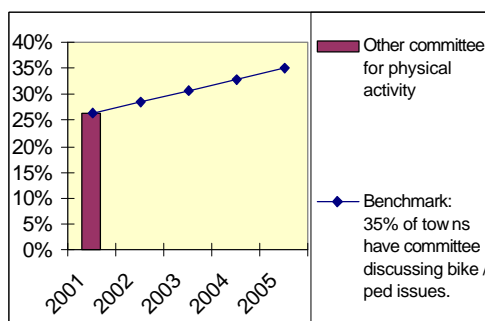


#### 5. Bicycle/Pedestrian Committees

⇒ Benchmark: 25% of towns will have bicycle/pedestrian committees within five years.

**In 2001 only two towns recognized having bicycle/pedestrian committees.** Many smaller towns have difficulty recruiting citizens to serve on committees. Creating new committees is most likely if there is strong, locally identified needs. Safety concerns in 2001 helped to create a multi-town task force to study bicycle and pedestrian needs on Mount Desert Island.

Source: Source: HCCCH Municipal Survey



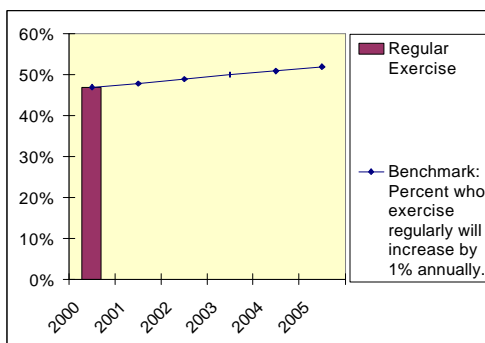
#### 6. Other Physical Activity Committees

⇒ Benchmark: 35% of towns will have committees that discuss bicycle/pedestrian issues within five years.

**In 2001 one-fourth of town respondents identified committees that discuss bicycle and pedestrian issues.** These committees took several forms, including recreation committees interested in promoting physical activity, trails committees wanting to create off-road facilities and traffic committees concerned about traffic flow and safety.

Source: Source: HCCCH Municipal Survey

### Individual Indicators



#### 7. Persons exercising regularly

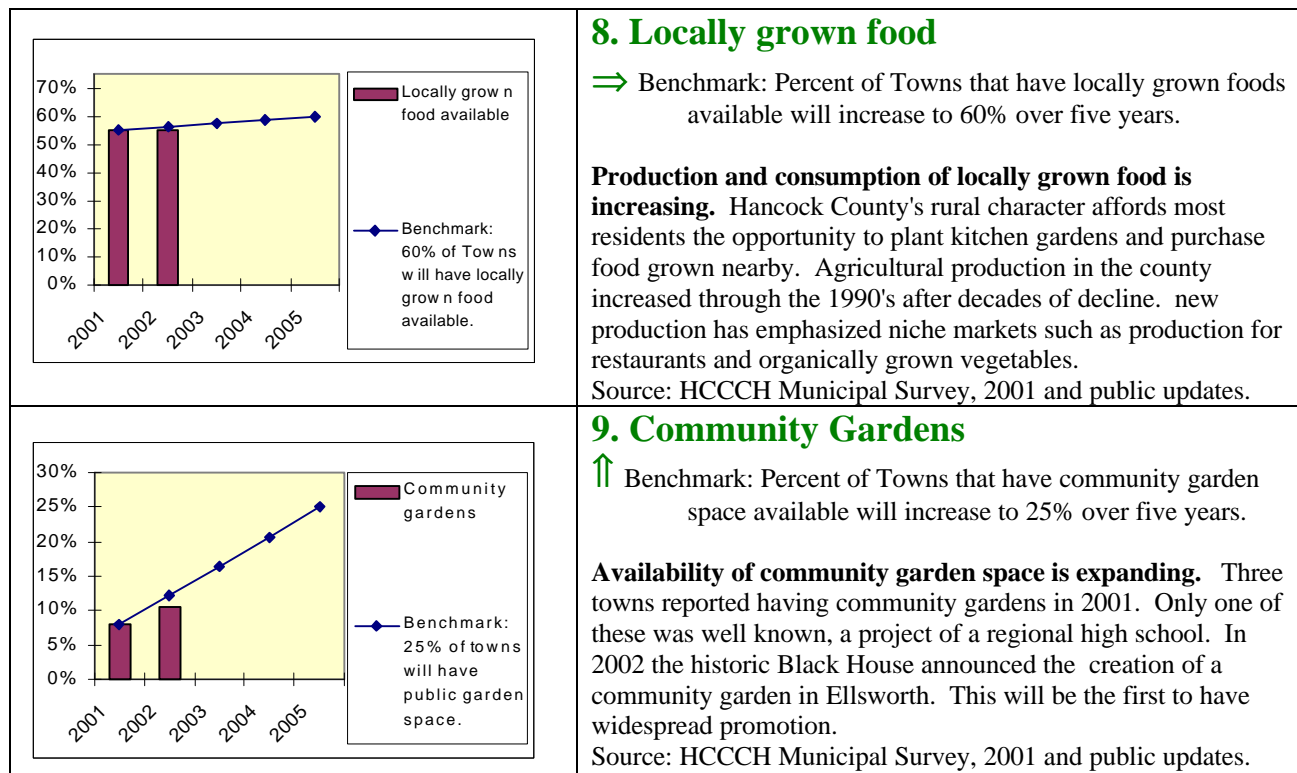
↑ Benchmark: Percent of persons exercising at least three times per week or 20 minutes per day increases 1% annually.

**Hancock County data indicate that less than half of adults exercise regularly.** This problem has environmental and behavioral causes. Hancock county has relatively few indoor facilities for exercise during the winter and few roads have shoulders for safe walking and bicycling. State trends show improvements in self-reports of regular physical activity.

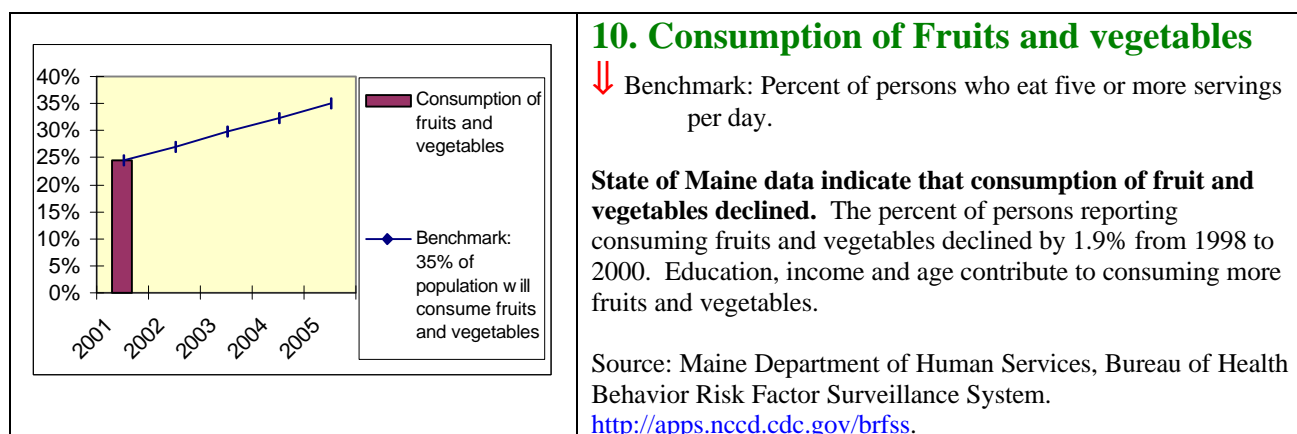
Source: Behavioral Risk Factor Surveillance System, 2000

## Nutrition Programs And Diet

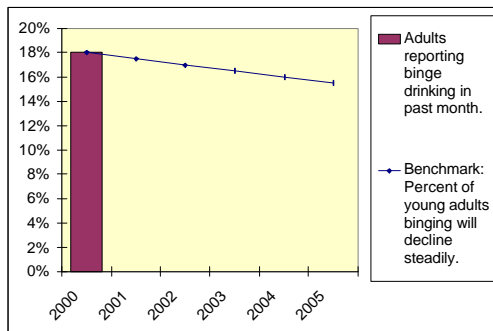
### Community Indicators



### Individual Indicators



## Substance Abuse And Crime

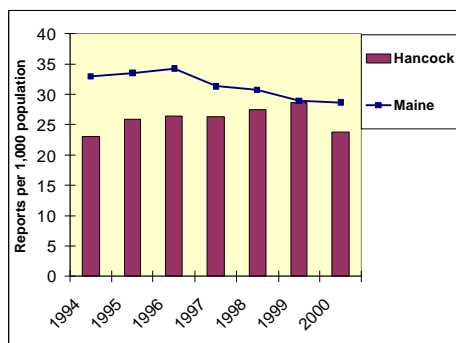


### 11. Binge Drinking

↓ Benchmark: Percent of adults reporting binge drinking will decline by 1/2% per year.

**Hancock County adults are somewhat more likely to report binge drinking than Maine as a whole.** Binge drinking, or consuming 5 or more drinks at one time in the last month is most prevalent among adults age 18 to 34. Population aging should lead to lower overall levels, though age specific rates show signs of increasing drinking behavior.

Source: Public Health Resource Group Eastern Maine Healthcare Community Needs Assessment, 2002



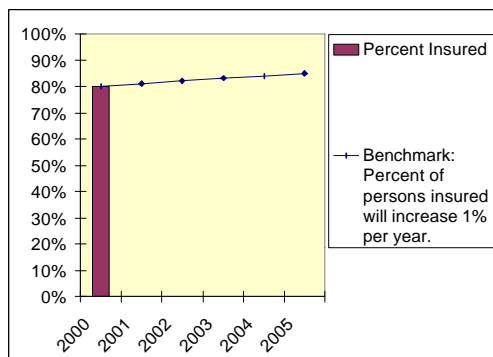
### 12. Crime

⇒ Benchmark: Annual Crime Rate will decline continually.

**Crime rates in Hancock County rose throughout the 1990's, the reverse of state trends.** Some evidence suggests that county rates have recently declined, but the rising tide of oxycontin and other opiate abuse and addiction are expected to push crime rates higher in the future. Overall crime rates in Maine increased 3.4% in 2001 and rural crime increased by 8.1%.

Source: Maine Department of Public Safety, 2002

## Access To Health Care



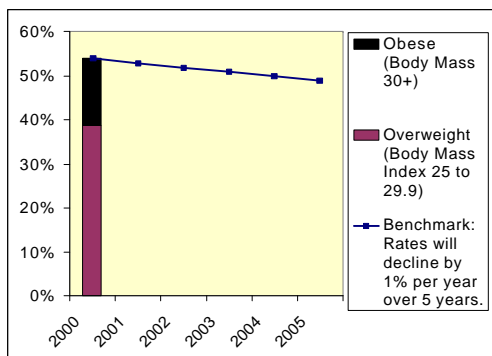
### 13. Access to Health Care

⇒ Benchmark: Percent of persons insured will approach State average.

**Hancock county (80%) significantly lags behind Maine (87%) and the US (89%) in the percent of population covered by health care insurance.** Factors contributing to low coverage include seasonality of jobs, a large share of small employers and high rates of self-employment.

Source: Public Health Resource Group Eastern Maine Healthcare Community Needs Assessment, 2002

## Health Measures

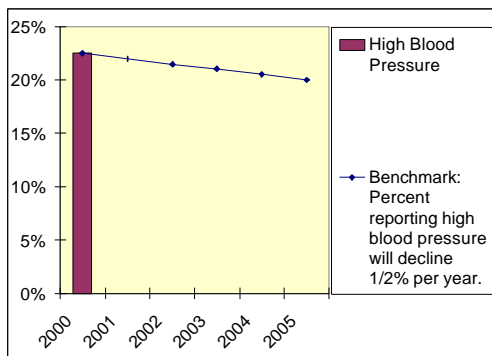


### 14. Overweight and Obesity Rates

Benchmark: Percent of population that is overweight will decline.

↓ **Combined percent overweight and obese will decline by 1% per year for five years.** Current data suggest that overweight and obesity rates have increased substantially among young people. Maine's obesity rates for adults have risen from 12.2% in 1990 to 20% in 2000. Tremendous effort will be required to help this generation loose weight as it moves to adulthood.

Source: Behavioral Risk Factor Surveillance System, 2000

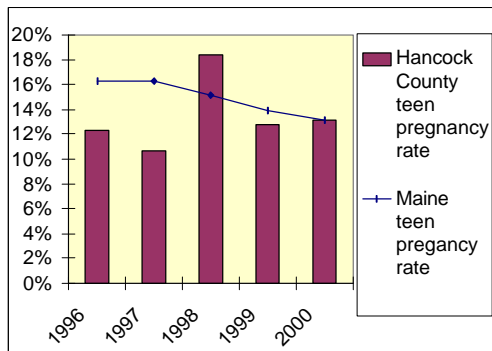


### 15. Blood Pressure

↑ Benchmark: Percent of adults "ever informed" of high blood pressure will decline.

**Hancock County percent of population with high blood pressure is lower than the state and nation.** However, as the population ages and gains weight, these rates will probably rise. High blood pressure is associated with a variety of problems, including stroke, heart attack, heart failure or kidney failure.

Source: Behavioral Risk Factor Surveillance System, 2000



### 16. Teen Pregnancy

⇒ Benchmark: Teen pregnancy rates will decline steadily.

**Teen pregnancy rates are declining statewide, but Hancock County rates are showing no clear trend.** Pregnancy rates for females age 13-17 are relatively flat in Hancock County. The small population in this age range can result in instability of rates.

Source: Maine Office of Data, Research and Vital Statistics, Bureau of Health, July 15, 2002