Age-Friendly Coastal Communities

Age-Friendly Action Plan

Submitted by:
Healthy Peninsula
AFCC Coordinating Agency
January 2020
Age-Friendly Coastal Communities Coordinating Council

Age-Friendly Coastal Communities (AFCC) is coordinated by Healthy Peninsula, a community health organization serving the Blue Hill Peninsula (Blue Hill, Brooklin, Brooksville, Castine, Penobscot, Sedgwick, and Surry) and Deer Isle (Deer Isle and Stonington). The vision, strategies, and activities of AFCC are directed by the AFCC Coordinating Council, a collaboration of diverse community partners, as illustrated below.

<table>
<thead>
<tr>
<th>Town Select Boards</th>
<th>Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, Surry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Social Service Providers</td>
<td>Aroostook Mental Health Center, At Home (a program of Downeast Community Partners), Beth C. Wright Cancer Resource Center, Northern Light Blue Hill Hospital, Community Health &amp; Counseling Services, Eastern Area Agency on Aging, Friends in Action, Friendship Cottage (a program of Downeast Community Partners), Healthy Acadia, Healthy Island Project, Healthy Peninsula, Hospice Volunteers of Hancock County, Northern Light Homecare &amp; Hospice</td>
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<tr>
<td>Community Organizations</td>
<td>Blue Hill Heritage Trust, George Stevens Academy, Blue Hill Public Library, Friend Memorial Library, New Surry Theatre &amp; Performing Arts School, Witherle Memorial Library</td>
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<tr>
<td>Emergency Providers</td>
<td>Castine Fire Rescue Department, Memorial Ambulance Corps, Peninsula Ambulance Corps</td>
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<td>Businesses</td>
<td>Penobscot Bay Press, Blue Hill Peninsula Chamber of Commerce, Deer Isle-Stonington Chamber of Commerce</td>
</tr>
<tr>
<td>Community Volunteers</td>
<td>Betsy Armstrong, Lila Balch, Si Balch, Claire Connor, Allan Currie, Doug Cowan, Bery Kornreich</td>
</tr>
</tbody>
</table>

During AFCC’s community assessment and action planning, a core group of Coordinating Council members have participated in strategic planning and design. They are listed here:

Anne Schroth, Chair, Healthy Aging Program Coordinator & AFCC Coordinator, Healthy Peninsula
Betsy Armstrong, Select Board Member, Surry
Lila Balch, Community Volunteer, Brooklin
Si Balch, Community Volunteer, Brooklin
Carolyn Brouillard, AEMT, Castine Fire & Rescue Department, Town of Castine
René Colson Hudson, Executive Director, Healthy Island Project
Claire Connor, Community Volunteer, Brooklin
Jo Cooper, Executive Director, Friends in Action
Theresa Cousins, EMTP, Peninsula Ambulance Corps, Blue Hill, Maine
Doug Cowan, Community Volunteer, Brooksville
Allan Currie, Community Volunteer, Brooksville
Bery Kornreich, Community Volunteer, Penobscot
Janet Lewis, Executive Director, Healthy Peninsula
Cathy Marshall, Circulation and Distribution Manager, Penobscot Bay Press
Michael Murnik, MD, Senior Physician Executive, Northern Light Blue Hill Hospital
Anne Ossanna, LSW, Director of Adult Day Service Programs, Downeast Community Partners
Kat Parker, Director of Community Services, Eastern Area Agency on Aging
Walter Reed, Director, Memorial Ambulance Corps, Deer Isle, Maine
Lori Sitzabee, Executive Director, Blue Hill Peninsula Chamber of Commerce
Zoe Tenney, MSN, FNP, Director of Clinical Quality for Primary Care, Northern Light Blue Hill Hospital
Dyan Walsh, Executive Director, Eastern Area Agency on Aging
Jody Wolford-Tucker, Ph.D., Executive Director, Hospice Volunteers of Hancock County
Nina Zeldin, Community Outreach Coordinator, Healthy Acadia
To: AARP Livable Communities  
From: Healthy Peninsula, Coordinator of Age-Friendly Coastal Communities  
Date: January 6, 2020  
Re: AFCC Action Plan

Healthy Peninsula, the regional coordinator of Age-Friendly Coastal Communities (AFCC), is pleased to present this Age-Friendly Action Plan, based on the results of our Community Assessment, reported out to the community in July 2018, and a subsequent, collaborative planning process.

AFCC is a community partnership that includes the nine (9) town on the Blue Hill Peninsula (Blue Hill, Brooklin, Brooksville, Castine, Penobscot, Sedgwick, and Surry) and Deer Isle (Deer Isle and Stonington), as well as many social service, medical, and community organizations, the two area Chambers of Commerce, emergency responders, and interested community members living in and/or serving this same geographic region.

AFCC is coordinated by Healthy Peninsula, a local community health organization with many years of experience leading complex community collaborations. While each of our nine individual towns is a member of the AARP Network of Age-Friendly States and Communities, their membership operates through AFCC, as a regional collaboration addressing the 8 Domains of Livability in this rural region of Maine.

The AFCC’s Community Assessment evaluated the assets and challenges for older people in our communities, individually and as a region. This Action Plan describes the goals and activities that AFCC will undertake over the next 3 years to address the findings of the assessment.

The AFCC Action Plan recognizes the deep commitment of our older residents to their homes and communities and the diverse, creative strategies they have developed to support themselves, as well as friends, neighbors, and family, as they age. Assessing the community assets and challenges through the framework of the World Health Organization’s 8 Domains of Livability, we can see that each of our towns has many official and unofficial ways to keep residents safe, engaged, active, and healthy as they grow older. We can also recognize the challenges that remain in each of the domains, particularly the domains that received the most community interest in the community assessment: Community Support and Health Services, Housing, and Respect & Social Inclusion and Social Participation.

The members of the AFCC Coordinating Council enthusiastically endorse this Action Plan and agree to continue to work as committed community partners to enhance the livability of our region for all community members, with a special emphasis on older people, by working to improve health and well-being, reduce social isolation, increase recreational opportunities, and provide opportunities for our residents to remain engaged in community life.

Sincerely,

[Signature]

Anne Schroth, Chair, Age-Friendly Coastal Communities  
Healthy Aging Program Coordinator, Healthy Peninsula

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Executive Summary

Age-Friendly Coastal Communities

Age-Friendly Coastal Communities (AFCC) is a community partnership that includes the 9 town governments of the towns on the Blue Hill Peninsula (Blue Hill, Brooklin, Brooksville, Castine, Penobscot, Sedgwick, and Surry) and Deer Isle (Deer Isle and Stonington), as well as many social service, medical, and community organizations, the two area Chambers of Commerce, emergency responders, and interested community members. AFCC is coordinated by Healthy Peninsula, a local community health organization with many years of experience leading complex community collaborations. The goal of AFCC is to enhance the lives of all people who live in the 9-town region, with a special focus on older adults.

Each of the AFCC’s 9 towns is an individual member of the AARP Network of Age-Friendly States and Communities but the AFCC initiative is designed as a regional age-friendly initiative. Our partners recognize that we are a connected region of small, rural towns on the coast of Maine that share many economic, employment, medical, and community resources, while still maintaining the unique qualities of each individual town. As our regional project evolves, individual towns may develop their own town-specific age-friendly activities, (for example, in Surry, Neighbors Helping Neighbors is off to a great start), while AFCC will continue to focus on regional activities.

Prior to the formation of AFCC, the local governments of our 9-town region had not previously embarked on a joint commitment to work together in a fully collaborative community approach focused on the health and well-being of their older residents. However, with their participation in AFCC, each town government has committed to supporting the regional age-friendly approach, recognizing the need for this neighborhood of towns to become more livable for those who want to remain healthy, active, and engaged in the community as they age.

Community Collaboration to Improve Livability

In 2014, the Maine Health Access Foundation awarded a 3-year grant to Healthy Peninsula to convene and coordinate community partners in creating collaborative, sustainable services, education, and support for older adults, those with chronic illness, and caregivers, to live healthy, engaged lives in their own homes and communities as they age. This innovative project was named Thriving in Place Downeast (TiPD). TiPD’s 3-year funding concluded in October 2017, having expanded to a steering committee of 15 community partners, including medical, social service, and community organizations, as well as individual community members. Although each of the partnering agencies had existing services and programming, the TiPD initiative built a more intentional, informed network to listen to the community, fill resource gaps, and provide education and orientation for those in need of services and support. TiPD helped create systems level change that increased complementary programming and information-sharing among social service organizations, medical providers, and community organizations and demonstrated that collaboration among community partners can create and expand health and wellness resources in rural communities.

Starting at the end of 2016, with the enthusiastic endorsement of community partners, the TiPD collaborative transitioned to Age-Friendly Coastal Communities (AFCC), as more sustainable community initiative. AFCC expanded the TiPD network of participating partners to include the town governments of all 9 towns of the region, the two area Chambers of Commerce, emergency responders, and even more local community organizations and individuals. Because of the cooperation, trust, and partnerships that had developed among the TiPD participating partners over the prior 3 years, AFCC was able to launch its community assessment and planning with a high level of community commitment and engagement.

The Mission and Vision that Guide the Age-Friendly Work

Our Mission: Age-Friendly Coastal Communities seeks to enhance the lives of all people who live in the 9-town region that includes Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, and Surry, with a special focus on older adults, by:

• Advising the town select boards, as well as the community at large, about policy and infrastructure changes that will make our towns more livable;
• Creating partnerships between and among organizations to enhance existing services;
• Encouraging volunteers and organizations to create programs and services that are needed to inspire residents to age safely and independently in our communities and to be as active in the social, economic, and civic life of the community as they want to be.

**Our Vision:** Age-Friendly Coastal Communities: Where Aging and Thriving Go Hand in Hand

**Assessment Approach**

The AFCC Community Assessment was administered by Healthy Peninsula and Healthy Island Project (for Deer Isle/Stonington), with support from dedicated partners and volunteers in the 9-town region. 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely advertised through e-mail lists, partner agencies, and social and print media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, etc.). A total of 765 surveys were completed, although some respondents did not answer every question.

In addition to demographic information, the survey asked where respondents lived and for their interpretation of “community” (i.e. their town or the larger region). As a regional initiative with a local focus, it was important to understand the respondents’ perspectives of their community. The survey also asked people to identify the strengths and areas that could be improved in their community—however each respondent defined it—in the eight domains of livability.

The Survey results have guided the work of the AFCC regional collaboration during our planning phase to identify and prioritize projects and programs that will improve livability in the 9-town region. In addition, the results can be used by individual AFCC partners such as town officials, medical providers, social service and community organizations, advocates, and community members in their planning and development work for their own local activities.

With the data from our Community Assessment, our AFCC partners engaged in a collective priority-setting process, evaluating the priorities highlighted in the data in light of the capacity of our regional initiative to create meaningful change. Based on this collective decision-making, three priority areas easily rose to the surface:

- Community Support and Health Services
- Housing (modification/upgrades)
- Respect & Social Inclusion and Social Participation (although technically two different Domains, our findings made it more efficient to treat them as one)

Because of our diverse community partnerships, we have significant activities in each of the 8 Domains of Livability. However, our collective efforts for the next 3-5 years will be focused on developing and promoting activities in these three areas.

**Action Plan Summary**

As described above, the AFCC Action Plan was based on both the priorities that came out of our community assessment data, as well as the capacity of our regional initiative to create meaningful change. Thus, the priorities highlighted by our assessment inform the planning, fundraising, and collaborative efforts of organizational AFCC partners, Healthy Peninsula (as the coordinating agency), and the AFCC Coordinating Council. The actual projects described in the action plan have then been developed within each priority area, based on our age-friendly model, which is both regional and composed of more community organizations than individual community volunteers. We have identified the following goals for each domain:

**Community Support and Health Services Goal:** To improve access to and information about medical and social service resources to support health and wellbeing and improve access to timely, coordinated care.

**Respect & Social Inclusion and Social Participation Goal:** To increase opportunities for and information about programs that decrease social isolation and improve social engagement.
**Housing Goal**: To establish a range of home repair resources for older people aging in older homes in the towns of the Blue Hill Peninsula and Deer Isle.

**Communication and Information Goal**: To establish systems to regularly and widely share information about age-friendly activities throughout the towns of the Blue Hill Peninsula and Deer Isle.

**Outdoor Spaces and Buildings Goal**: To collaborate among AFCC organizational and municipal partners to incorporate an age-friendly focus into new projects or improvements in outdoor spaces and buildings.

**Transportation Goal**: To share information and resources about existing transportation options in the towns of the Blue Hill Peninsula and Deer Isle.

**Civic Participation and Employment Goal**: To improve information and opportunities for older people who want to work or volunteer to find meaningful opportunities.

**Community Profile: Age-Friendly Coastal Communities**

Age-Friendly Coastal Communities (AFCC) includes the 7 towns of the Blue Hill Peninsula (Blue Hill, Brooklin, Brooksville, Castine, Penobscot, Sedgwick, and Surry), as well as the towns of Deer Isle and Stonington on the island of Deer Isle. As described by the Blue Hill Peninsula Chamber of Commerce in their introduction to our community,

“this region was settled in the mid 1700’s, its early economy centered around ship building and quarrying. Lumbering, lobstering, fishing and farming have played an important role in our economy and culture since the earliest days. By the late 1800’s the region had become a summer destination. Today, many of these industries coexist with a thriving art, music and food scene to create this unique place called The Blue Hill Peninsula.

https://www.bluehillpeninsula.org/

The town of Blue Hill is the commercial center for the region and, though each town has its own personality and identity, the regional identity is well established. Northern Light Blue Hill Hospital covers the same region, as does our local
newspaper publisher, the Penobscot Bay Press. Each town on the Blue Hill Peninsula has its own elementary school (Pre-K through 8), with student enrollment ranging from about 50 students (Brooklin) to about 120 (Surry) and 259 in Blue Hill (by far the largest). Deer Isle and Stonington have a combined elementary school for the entire island that currently enrolls approximately 216 students. Deer Isle also has a high school that serves both Deer Isle and Stonington and has a current enrollment of 108 students. Blue Hill is home to George Stevens Academy, a town academy* that is attended by the majority of high school students on the Blue Hill Peninsula, as well as a small number (approximately 30) international boarding students, and has a total enrollment of 324 students.

The Blue Hill Peninsula and Deer Isle are located in Hancock County, on the rural Maine coast. This region is near Acadia National Park, but less crowded than our neighbors on that side of the county. As with many appealing tourist destinations, the area has a complex mix of locals, visitors, and “people from away” who have settled permanently. There are many people who have retired to the area, as well as many families who have lived and worked in the area for generations. There is a wide economic diversity from affluence to extreme poverty, affecting both young families and older residents. The extremely rural nature of the area exacerbates many challenges of those living in poverty, including food insecurity, healthcare, and employment instability.

The seven towns of the Blue Hill Peninsula have an approximate combined population of 11,303, with about 39% over the age of 60. The island communities of Deer Isle and Stonington have a combined population of approximately 3018, with about 35% over age 60. Given the interconnected nature of health care, education, and commercial activity in these towns, it makes sense to design an age-friendly initiative that encompasses them all. Nevertheless, in an effort to recognize the various community-crossing identities shared by the residents of the AFCC region, we created individual community profiles for our member communities to reflect their individuality, as well as their collective identities. See Appendix A.

History of Age-Friendly Coastal Communities

Healthy Peninsula is a grant- and donor-funded community health organization that has been serving the same 9-town, rural region on the coast of Maine for almost 20 years. Since 2001, we have used collective impact strategies to mobilize, support, and collaborate with community partners to improve the health of the people we serve in the towns of the Blue Hill and on the island of Deer Isle. Our work is based on ongoing inquiry and assessment, and carried out through the development of programs and partnerships that implement strategies tailored to each community.

Healthy Peninsula’s current priority areas are based on challenges in our service region, impacted by poverty, isolation, and health disparities. We have three priority areas: Healthy Aging, Healthy Families, and Healthy Eating. In the area of Healthy Aging, Healthy Peninsula has been deeply involved in coordinating, convening, and creating partnerships and programming for older adults for many years. In 2017, we concluded Thriving in Place Downeast (TiPD), a 4-year, grant-funded project serving our 9-town service area. As described earlier in this report, TiPD was funded by the Maine Health Access Foundation to promote innovative collaborative efforts to support older people, those with chronic health conditions, and caregivers remain independent and safe in their homes and communities. Healthy Peninsula’s involvement in TiPD included coordinating 12-15 organizations involved in the 1-year planning process and 3-year implementation, as well as conducting targeted direct programming.

Healthy Peninsula is also the coordinating agency for Choices That Matter End-of-Life Community Conversations, a community campaign offering opportunities for individuals and families to engage in and improve decision-making for

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* “In parts of northern New England, particularly in small towns or rural areas, localities elect to pay the tuition for their students to attend local independent schools, rather than investing in building and staffing traditional public schools. The independent schools contract with the towns, agreeing to educate all town children, regardless of academic readiness or background, at an agreed tuition.” National Association of Independent Schools, 10/15/14, https://www.nais.org/learn/independent-ideas/october-2014/learning-from-town-academies/
end-of-life care. Collaborating partners on the Choices That Matter campaign include, Northern Light Home Care & Hospice, Hospice Volunteers of Hancock County, Northern Light Health, Northern Light Blue Hill Hospital, Blue Hill Public Library, and a dedicated committee of community volunteers. Choices That Matter programming includes a variety of conversational tools, information sources, and educational forums/workshops to help individuals, families, healthcare providers, and communities make thoughtful and informed end-of-life care decisions.

Healthy Peninsula also has independent programming that supports older people in their homes and communities, including:

- Magic Food Bus (traveling farmers market and library that distributes free fresh vegetables and books throughout the region.)
- Community Garden Project, designed to build networks and infrastructure for more formalized community gardening opportunities on the Blue Hill Peninsula.
- “Ladies & Gents Who Lunch” Nutrition Project, providing fresh, local food preparation and cooking workshops, including dining together, for residents of low-income, senior housing development.

In 2016, as the grant funding for the TiPD initiative discussed above was coming to an end, Healthy Peninsula proposed transitioning that successful collaboration to the World Health Organization/AARP age-friendly framework. This proposal was based on the overlapping goals of the age-friendly network and the work the TiPD initiative had been focused on for several years, the ongoing commitment of the TiPD partners to maintaining collaborative planning, assessment, and programming partnerships even after the funding had ended, and the flexible – yet focused – organizing structure of the AARP’s Age-Friendly model. The TiPD partners endorsed the proposal and asked Healthy Peninsula to continue to lead the effort as the coordinating agency for this new collaborative endeavor. With a strong base of community-based organizations and dedicated community volunteers already involved, our first step was to recruit the municipal leadership of the 9-town region.

In December 2016, we recruited the Town of Blue Hill to become the first town in our region to join the AARP Network of Age-Friendly States and Communities. The goal in starting with the largest town and region’s service center was to set an example that might encourage the other towns on the Peninsula and Deer Isle to see the value in a regional approach to the age-friendly model. Over a year later, each of other the 9 town governments had agreed to join the regional age-friendly project, all without objection. The municipalities of our region have very small, part-time government leaders, with limited resources to engage in complex, long-term assessment and planning efforts. At the time of our initial recruitment, only two of the 9 towns had town managers, with the rest being directed and managed solely by part-time select boards. They were all enthusiastic to have the support of a pre-existing collaboration of service providers and community advocates to help them identify assets, challenges, and gaps in services for the growing number of older residents in their communities.

In addition to successfully educating and recruiting the municipal governments of the 9 towns of our regional initiative to join the AARP Network of Age-Friendly States and Communities, the AFCC initiative expanded the network of participating partners to include the two area Chambers of Commerce, emergency responders, even more local community organizations, and dedicated individual community members. Our Community Assessment was coordinated by Healthy Peninsula, with support from dedicated partners and volunteers in the 9-town region and was completed at the end of 2017. Our assessment report was published in July 2018.

The Survey results guided the AFCC to focus on three priority areas for the first phase of Action Planning: Community Support and Health Services, Housing, and Respect & Social Inclusion and Social Participation (these two domains were combined as the results were inextricably overlapping). Given the number of agency partners and the complexities of coordinating such a multi-faceted collaboration, several of the programs and projects envisioned for the action plan have already begun and evolved during the preparation of this Action Plan Report.
Introduction to the Age-Friendly Coastal Communities Action Plan

Mission: Age-Friendly Coastal Communities seeks to enhance the lives of all people who live in the 9-town region that includes Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, and Surry, with a special focus on older adults, by:

• Advising the town select boards, as well as the community at large, about policy and infrastructure changes that will make our towns more livable;

• Creating partnerships between and among organizations to enhance existing services;

• Encouraging volunteers and organizations to create programs and services that are needed to inspire residents to age safely and independently in our communities and to be as active in the social, economic, and civic life of the community as they want to be.

Vision: Age-Friendly Coastal Communities: Where Aging and Thriving Go Hand in Hand

Team Expertise and How the Team Included Older Adults and Representatives of the Diversity in Your Community

As described above, the AFCC Coordinating Council includes multiple medical, social service, volunteer, and community organization partners, elected town select boards and town managers (where they exist), the two area chambers of commerce, the local news outlets, and many committed community volunteers. There is deep expertise among our team in almost all areas covered by the 8 Domains of Livability, as well as organizing and convening expertise to recruit more experts to fill necessary gaps as our projects evolve. AFCC focuses on filling gaps in the social safety net and ensuring that all community members have the opportunity to be engaged, fulfilled, and active.

All of the community volunteers involved in AFCC have been older people, either retired or of retirement age, as are many of the leadership and staff of the local community organizations on the team. The organizations represented serve the myriad, identified needs of our community, which while not very racially or ethnically diverse, has substantial economic, workforce, education, and geographic diversity.

Approach Adopted by the Team to Create the Action Plan and Engage Community in the Process

In the fall of 2018, after the AFCC Community Assessment was published, the AFCC Coordinating Council engaged in a detailed priority-setting process based on the assessment findings. We held a dedicated AFCC gathering to collectively examine the findings in depth. As the coordinator of the process, Healthy Peninsula created large worksheets for each of the 8 Domains of Livability. The Respect and Social Inclusion Domain and the Social Participation Domain were ultimately combined because the findings were so interwoven. The final 7 worksheets were posted around our meeting room and included a summary of the findings from the Community Assessment, as well as a list of possible projects to jump-start thinking and demonstrate the range or intensity of possible activities. Team partners were tasked with (1) reviewing the assessment findings for each domain; (2) adding a Post-It note on the worksheet if they thought the domain should be priority area for our Action Plan (given assessment findings and AFCC capacity); (3) adding additional proposed activities for each domain; and (4) signing their name/organization for domains and/or activities they could work on.

Following the individual review of the domain worksheets, we divided the groups into groups of 4-5 people for small-group discussions of their choices, suggestions, and strategy ideas for moving forward. Following the small-group discussions, we reconvened as a large group for each small group to report out their ideas and then have a full group discussion. While the process was intense and time-consuming, it generated a solid list of priorities and project ideas for the AFCC Action Plan. More detailed decision-making on priority activities within each domain was done at subsequent AFCC Coordinating Council bi-monthly meetings. All meeting materials were sent by e-mail to the entire AFCC coalition,
including team members who are not generally able to attend the bi-monthly meetings, to ensure that everyone was kept informed and engaged.

**Background: Brief Summary of Assessment Process**

Our Community Assessment distribution process was designed with multiple tools to reach as widely and deeply as possible. We specifically tried to target isolated and underserved community members, who may not own property, attend public functions, or spend time online. By soliciting input from town leaders, who know their local communities better than anyone, we tried to reach people who may not be connected with existing social service safety nets or other resources. By using our strong partnerships with social service, medical, and volunteer agencies, we reached those who do have connections to a particular service and could provide feedback on the strengths and weaknesses of the systems they have experienced. By using this mixture of survey methods, we attempted to increase the likelihood of reaching many sectors of the community, from low income to higher income members. By including the voices, experiences, needs, and insights of underserved community members, our planning process has been responsive to their needs and desires, as well as those of the more connected, well-resourced individuals.

1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely advertised through e-mail lists, partner agencies, and social and print media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, etc.). A total of 765 surveys were received, with a substantial number from each participating town (see below).

<table>
<thead>
<tr>
<th>Method</th>
<th>Surveys Received</th>
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<td>Paper</td>
<td>524</td>
</tr>
<tr>
<td>Internet</td>
<td>241</td>
</tr>
<tr>
<td>Total</td>
<td>765</td>
</tr>
</tbody>
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In addition to demographic information, the survey asked where respondents lived and for their interpretation of “community” (i.e. their town or the larger region). As a regional initiative with a local focus, it is important to understand the respondents’ perspectives of their community. Do people think of the region as their community? Part of the region? Their town?

The survey also asked people to identify the strengths and areas that could be improved in their community—however each respondent defined it—in the eight domains of livability.

**Synopsis of key learnings from the assessment that impact plan development**

With the large number of stakeholders involved in this complex regional collaboration, we presented the community assessment data in a number of separate ways for review by age-friendly partners and interested community members:

- Raw data and comments by town; as well as comments grouped by topic
- 2-page data summary for entire 9-town region
- 2-page data summary for Deer Isle and Stonington
- 2-page data summaries for each individual town in the 9-town region
- Community Assessment Final Report

See Appendix B for the 2-page data summaries. The rest of the community assessment materials are available on the Healthy Peninsula website, at [https://healthypeninsula.org/](https://healthypeninsula.org/) or by emailing aschroth@healthypeninsula.org.
The following highlights from the data analyses, organized according to the 8 Domains of Livability, were important to our action planning process.

**Respect and Social Inclusion and Social Participation**

Overall, the assessment results point to the importance of local, as well as regional work in the planning process. Residents need to feel that the age-friendly work is making a difference in their local community as well as in the region as a whole. In addition, the community assessment showed a low percentage of people who planned to stay engaged in their community (compared with the percentage who planned to spend time with family and friends). Barriers to social participation were similar in each of the communities, although there were some town-by-town differences that may inform AFCC planning. Overall, data showed there is work to do to address self-perceptions of aging throughout the region.

**Housing**

Overall, 90% of the people who completed the survey said that they owned their own homes. Brooklin, Castine, and Stonington respondents were most likely to live in homes 50+ years old. Brooksville residents are most likely to live in homes that are 100+ years old (33%). Although a clear majority of respondents wanted to continue living in their current home as they age, 53% of respondents said that they need help with home chores now or will in the next 5 years and 34% said that modifications to make their home safer (such as ramps, grab bars or additional lighting) were either needed now or in the next five years. In addition, the data highlights the seasonal challenges to living in the area (winter sidewalks, shoveling, heating, insulation). AFCC has already had an early success with a regional grant application that secured funding for three of the communities’ heating assistance funds. This kind of innovative approach could be useful in the future for grants focused on other seasonal and/or home maintenance programs.

**Transportation**

The assessment responses on transportation show a clear need to raise awareness of transportation options and to advocate for services that do not meet current needs (i.e., transportation to “non-working hours” social opportunities). Responses on the issue of transportation also emphasize how important it is to many respondents to remain independent as they age and how crucial being able to get around is to that independence. The transportation challenge in rural, underserved communities, especially for older adults, has been the focus of many programs over many years. AFCC is uniquely situated to engage its agency and individual partners to collaboratively address the challenges raised by the survey rather than trying to create a new transportation initiative in a vacuum. For example, the data shows that AFCC partner Friends in Action (FIA) clearly has earned trust in many communities. Continuing to build on the trust FIA has developed may be a good part of the solution to the overall transportation problem. Thus, a collaborative process of increasing awareness of existing transportation programs may prove to be a useful project in the transportation domain.

**Civic Participation and Employment**

Many of the survey respondents work either full-time or part-time, even in retirement. Among other things, this indicates the importance of creative scheduling for social, recreation, and wellness programs designed for older adults. The rate of volunteerism—overall and in each of the nine communities—was much higher than the national average of 25%, showing a tremendous opportunity for AFCC to start publicizing volunteer opportunities.

**Outdoor Spaces and Buildings**

Given the differences in outdoor spaces and buildings among the AFCC towns, the barriers to using public places varied significantly. In towns that have sidewalks, uneven or missing sidewalks were often mentioned as barriers, especially in the winter. In addition, the lack of benches or other places to sit down was noted, as was the need for public restrooms and accessible parking. Local strategies will be important for this domain, though
there is likely some room for creative regional approaches to information sharing (e.g. a regional map of accessible, public restrooms or walking paths with benches.)

**Community Support and Health Services**

While most respondents in the nine communities said they had access to needed health services, the comments revealed a number of service gaps. Accessible after-hours medical coverage was noted as a need, as well as affordable healthcare and prescription medication, in general. Also of note was the need for safe, accessible health and wellness classes and activities, both outdoor and indoor. Another opportunity for the AFCC collaboration is in ensuring that medical providers have region-wide information and referrals on community-based programs and services.

**Communication and Information**

Overall, 72% of respondents said it was easy to find information about community events, services, and resources. In some towns, the percentage was lower and, despite the 72%, other areas of the survey reveal that many respondents do not, in fact, know about many community resources, such as transportation options, social opportunities, and/or volunteer opportunities. This reveals another opportunity for collaborative community education.

**What Person and What Organization Will Manage Implementation of the Plan**

As the coordinating agency for Age-Friendly Coastal Communities, Healthy Peninsula will be responsible for overseeing the overall Action Plan, as well as coordinating targeted partnerships among team members on particular action plan activities. Healthy Peninsula’s coordination will include seeking appropriate funding for identified priorities, particularly activities that fill gaps in the network of services provided by AFCC partners. Healthy Peninsula’s role as a coordinator and convener for Action Plan implementation will ensure consistent oversight of a complex community collaboration with many moving parts.

**Domain-Specific Action Plans**

See Appendix C.
Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (69%) of the people living alone are women. More than one third (35%) of older residents moved to their home in Blue Hill less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than their peers who have lived in the same home for a longer time.

Home ownership is common, with 64% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Blue Hill, 21% of householders age 65 and older have mortgages on their homes. Three of four (79%) older families live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for those aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a lower median income than the overall population in Blue Hill. Food security may be a challenge for some older residents. In the past year, 15% of older households received Food Stamps, compared with 18% of younger households.

Among older households, there is significant income disparity; 22% of households have less than $15,000 in annual income while 10% of older households have an annual income of $75,000 or more. Based on the Elder Economic Index, an older family living in Blue Hill needs $39,453.84 annually to meet basic needs for food and shelter.

Veterans: Overall, about 10% of Blue Hill residents are veterans but the number jumps to 80% of men over the age of 65. Veteran status was a protection against poverty; 9% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 22% of non-veterans. The rate of disability is lower among older veterans and non-veterans; 38% of veterans have a disability, compared with 43% of non-veterans.

Disability: Blue Hill’s older residents have a disability rate slightly higher than their peers in Maine; 41% of residents age 65+ have at least one disability, compared with 36% of older Mainers. The disability rate increases to 64% for people age 75 and older who live in the area. Almost half (45%) of older residents with a disabling condition live with more than one disability. People who live with multiple physical limitations face an increased risk of social isolation.

The Demographics of Aging in Blue Hill
Blue Hill, home to approximately 2,680 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 53. One third (31%) have attained the milestone of their 60th birthday. More than half (52%) of the 1,351 households include at least one person age 60+

### Median Income of Households in Blue Hill, by Age

<table>
<thead>
<tr>
<th>Age of Householder</th>
<th>Median Income of Households in Blue Hill</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>$25,083</td>
</tr>
<tr>
<td>45-64</td>
<td>$46,797</td>
</tr>
<tr>
<td>25-44</td>
<td>$36,711</td>
</tr>
<tr>
<td>Overall population</td>
<td>$33,384</td>
</tr>
</tbody>
</table>

### Percentage of Blue Hill residents age 65+ with a disability

- **Hearing:** 21%
- **Vision:** 1%
- **Cognitive:** 7%
- **Ambulatory:** 30%
- **Self-care:** 10%
- **Independent Living:** 13%

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184 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25007
185 Census, American Community Survey 5-year Estimates for 2010-2014, Table B09010
186 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25108
187 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25110
188 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25128
189 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25126
190 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25129
191 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25127
192 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25124
193 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25125
194 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25123
195 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25121
196 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25120
197 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25119
198 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25118
199 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25117
200 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25116
201 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25115
202 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25114
203 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25028
204 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25027
205 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25026
206 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25025
207 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25024
208 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25023
209 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25022
210 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25021
211 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25020
212 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25019
213 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25018
214 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25017
215 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25016
216 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25015
217 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25014
218 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25013
219 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25012
220 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25011
221 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25010
222 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25009
223 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25008
224 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25007
225 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25006
226 Census, American Community Survey 5-year Estimates for 2010-2014, Table B25005
Brooklin, home to approximately 858 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 57. About 46% have attained the milestone of their 60th birthday. More than half (61%) of the 389 households include at least one person age 60+.

Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (80%) of the people living alone are women. Almost one in four (23%) older residents moved to their home in Brooklin less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than their peers who have lived in the same home for a longer time.

Home ownership is common, with 90% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Brooklin, 46% of householders age 65 and older have mortgages on their homes. Three of four (78%) older homeowners live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for those aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a similar median income as other age groups in Brooklin, slightly higher than young families at the start of their career. Food security may be a challenge for some older residents. In the past year, 7% of older families received public or private aid.

Veterans: Overall, about 12% of Brooklin residents are veterans but the number jumps to 39% of men over the age of 65. Veteran status was a protection against poverty; 1% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 9% of non-veterans. The rate of disability is higher among older veterans than non-veterans; 56% of veterans have a disability, compared with 36% of non-veterans.

Disability: Brooklin’s older residents have a disability rate slightly higher than their peers in Maine; 40% of residents age 65+ have at least one disability, compared with 36% of older Mainers. The disability rate increases to 43% for people age 75 and older who live in the area. One in five (20%) older residents face a disabling condition live with more than one disability. People who live with multiple physical limitations face an increased risk of social isolation.

### The Demographics of Aging in Brooklin

#### Living Arrangements of Brooklin residents age 65+

- Lives with spouse: 18%
- Lives alone: 58%
- Intergenerational Family: 17%
- Relative or friend: 7%

#### Age of owner-occupied housing by age of homeowner

- House built 0-24 years ago: 19%
- House built 25-54 years ago: 34%
- House built 55+ years ago: 45%

#### Median Income of Households in Brooklin, by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Median Income (in $)</th>
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<tbody>
<tr>
<td>Householder 65+</td>
<td>$53,750</td>
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<tr>
<td>Householder 45-64</td>
<td>$54,000</td>
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<td>Householder 25-44</td>
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<td>Overall population</td>
<td>$52,875</td>
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</table>

#### Percentage of Brooklin residents age 65+ with a disability

- Hearing: 30%
- Vision: 1%
- Cognitive: 5%
- Ambulatory: 13%
- Self-care: 4%
- Independent Living: 5%
The Demographics of Aging in Brookville

Brookville, home to approximately 885 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 55. About 42% have attained the milestone of their 60th birthday. More than half (59%) of the 396 households include at least one person age 60+.

Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (70%) of the people living alone are women. More than one quarter (29%) of older residents moved to their home in Brookville less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than their peers who have lived in the same home for a longer time.

Home ownership is common, with 91% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Brookville, 24% of householders age 65 and older have mortgages on their homes. More than half (66%) of older homeowners live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for those aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a median income similar to the overall population but slightly higher than young families starting their careers. Food security may be a challenge for some older residents. In the last year, 5% of older families received Food Stamps, compared with 10% of younger households.

Among older families, there is significant income disparity; 9% of households have less than $15,000 in annual income while 44% of older households have a yearly income of $75,000+.* Based on the Elder Economic Index, older families living in Brookville need $38,034.96 annually to meet basic needs for food and shelter.†

Veterans: Overall, about 11% of Brookville residents are veterans but the number jumps to 45% of men over the age of 65. Veteran status was a protection against poverty; 1% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 5% of non-veterans. The rate of disability is higher among older veterans and non-veterans; 52% of veterans have a disability, compared with 22% of non-veterans.‡

Disability: Brookville’s older residents have a disability rate slightly lower than their peers in Maine; 29% of residents age 65+ have at least one disability, compared with 36% of older Mainers. The disability rate increases to 56% for people age 75 and older who live in the area. Less than half (41%) of older residents with a disabling condition live with more than one disability. People who live with multiple physical limitations face an increased risk of social isolation.

1. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B21003.
2. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23002.
3. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23014.
4. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23025.
5. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23029.
6. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23031.
7. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23035.
8. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23046.
9. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23053.
10. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23066.
11. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23071.
12. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23074.
13. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23077.
14. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23080.
15. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23083.
16. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23086.
17. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23093.
18. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23097.
19. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23100.
20. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23103.
21. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23104.
22. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23105.
23. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23106.
24. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23110.
25. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23119.
26. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23120.
27. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23123.
28. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23125.
29. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23126.
30. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23127.
31. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23128.
32. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23129.
33. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B23130.
Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (84%) of the people living alone are women. About one in five (16%) older residents moved to their home in Castine less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than their peers who have lived in the same home for a longer time.

Home ownership is common, with 95% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Castine, 16% of households age 65 and older have mortgages on their homes. More than three-quarters (86%) of older homeowners live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for those aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a higher median income than young families at the start of their careers. Food security may be a challenge for some older residents. In the last year, 1% of older families received Food Stamps even though 17% are income-qualified.

Among older households, there is significant income disparity; 28% of households have less than $30,000 in annual income while 37% of older households have an annual income of $75,000+. Based on the Elder Economic Index, an older adult living in Castine needs $42,093 annually to meet basic needs for food and shelter.

Veterans: Overall, about 7% of Castine residents are veterans but the number jumps to 64% of men over the age of 65. Veteran status was a protection against poverty; 1% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 8% of non-veterans. The rate of disability is lower among older veterans than non-veterans; 13% of veterans have a disability, compared with 26% of non-veterans.

Disability: Castine’s older residents have a disability rate slightly lower than their peers in Maine. 23% of residents age 65+ have at least one disability, compared with 36% of older Mainers. The disability rate increases to 43% for people age 75 and older who live in the area. More than half (61%) of older residents with a disabling condition live with more than one disability. People who live with multiple physical limitations face an increased risk of social isolation.

### The Demographics of Aging in Castine

Castine, home to approximately 1,425 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 22. One in five (22%) have attained the milestone of their 60th birthday. More than half (51%) of the 381 households include at least one person age 60+.

#### Living Arrangements of Castine residents age 65+

- Lives with spouse: 2%
- Lives alone: 10%
- Intergenerational Family: 30%
- Relative or friend: 30%
- Institution: 51%

#### Age of owner-occupied housing by age of homeowner

- House built 0-24 years ago: 13%
- House built 25-54 years ago: 39%
- House built 55+ years ago: 58%

#### Median Income of Households in Castine, by Age

<table>
<thead>
<tr>
<th>Group</th>
<th>Median Income ($)</th>
</tr>
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<tbody>
<tr>
<td>Householder 65+</td>
<td>$58,333</td>
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<tr>
<td>Householder 45-64</td>
<td>$94,500</td>
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<tr>
<td>Householder 25-44</td>
<td>$23,750</td>
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<tr>
<td>Overall population</td>
<td>$48,523</td>
</tr>
</tbody>
</table>

#### Percentage of Castine residents age 65+ with a disability

- Hearing: 15%
- Vision: 3%
- Cognitive: 9%
- Ambulatory: 13%
- Self-care: 5%
- Independent Living: 9%

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1. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B09001.
2. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B03002.
3. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B02001.
4. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B19035.
5. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B19025.
6. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B19055.
7. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B19057.
8. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B19021.
9. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B19024.
10. US Census, American Community Survey 5-year Estimates for 2010-2014, Table S25003.
11. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B19005.
12. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B19001.
13. US Census, American Community Survey 5-year Estimates for 2010-2014, Table S1101.
14. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B25007.
15. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B25009.
16. US Census, American Community Survey 5-year Estimates for 2010-2014, Table B25011.
The Demographics of Aging in Deer Isle

Deer Isle, home to approximately 1,853 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 53. About 41% have attained the milestone of their 60th birthday. More than half (53%) of the 846 households include at least one person age 60+.

Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (65%) of the people living alone are women. More than one quarter (26%) of older residents moved to their home in Deer Isle less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than their peers who have lived in the same home for a longer time. Home ownership is common, with 71% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Deer Isle, 25% of households age 65 and older have mortgages on their homes. Three of four (78%) older homeowners live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for those aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a lower median income than the overall population of Deer Isle. Food security may be a challenge for some older residents. In the past year, 17% of older families received Food Stamps, compared with 21% of younger households.

Veterans: Overall, about 9% of Deer Isle residents are veterans but the number jumps to 31% of men over the age of 65. Veteran status was a protection against poverty; 5% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 9% of non-veterans. The rate of disability is higher among older veterans and non-veterans; 50% of veterans have a disability, compared with 42% of non-veterans.

Disability: Deer Isle’s older residents have a disability rate slightly higher than their peers in Maine; 43% of residents age 65+ have at least one disability, compared with 36% of older Mainers. The disability rate increases to 64% for people age 75 and older who live in the area. Almost half (44%) of older residents with a disabling condition live with more than one disability. People who live with multiple physical limitations face an increased risk of social isolation.
Penobscot, home to approximately 1,153 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 54. One-third (36%) have attained the milestone of their 60th birthday. Almost half (48%) of the 533 households include at least one person age 60+.

Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (77%) of the people living alone are women. More than one third (38%) of older residents moved to their home in Penobscot less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than their peers who have lived in the same home for a longer time.

Home ownership is common, with 91% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Penobscot, 34% of households age 65 and older have mortgages on their homes. More than three-fourths (75%) of older homeowners live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for those aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a lower median income than the overall population in Penobscot but a slightly higher income than young families starting their careers. Food security may be a challenge for some older residents. In the past year, 7% of older families received Food Stamps, compared with 15% of younger households.

Among older households, there is significant income disparity; 29% of households have less than $15,000 in annual income while 21% of older households have an annual income of $75,000+. Based on the Elder Economic Index, an older family living in Penobscot needs $41,850.60 annually to meet basic needs for food and shelter.

Veterans: Overall, about 9% of Penobscot residents are veterans but the number jumps to 51% of men over the age of 65. Veteran status was a protection against poverty; 5% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 15% of non-veterans. The rate of disability is identical among older veterans and non-veterans; both groups have a 35% disability rate.

Disability: Penobscot’s older residents have a disability rate similar with their peers in Maine; 35% of residents age 65+ have at least one disability, compared with 36% of older Mainers. The disability rate increases to 51% for people age 75 and older who live in the area. One of three (33%) older residents with a disabling condition live with more than one disability. People who live with multiple physical limitations face an increased risk of social isolation.

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1. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
2. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B13001
3. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B09002 and Table B13004 and Table B14003
4. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B25007
5. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B25027
6. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B25007 and Table B25027
7. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B25007 and Table B25027
8. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
9. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
10. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
11. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
12. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
13. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
14. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
15. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
16. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
17. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
18. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
19. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
20. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
21. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
22. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
23. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
24. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
25. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
26. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
27. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
28. US Census, American Community Survey 5-year Estimates for 2010-2016, Table B03001
The Demographics of Aging in Sedgwick

Sedgwick, home to approximately 1,137 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 47. One-third (30%) have attained the milestone of their 60th birthday. More than half (49%) of the 491 households include at least one person age 60+.

Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (51%) of the people living alone are women. One in five (21%) of older residents moved to their home in Sedgwick less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than those who have lived in the same home for a longer time.

Home ownership is common, with 91% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Sedgwick, 30% of households age 65 and older have mortgages on their homes. Three of four (76%) older families live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for those aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a lower median income than the overall population in Sedgwick. Food security may be a challenge in Sedgwick.

Among older households, there is significant income disparity; 20% of families have less than $15,000 in annual income while 22% of older households have an annual income of $75,000+. Based on the Elder Economic Index, an older family living in Sedgwick needs $41,553.83 annual household income to meet basic needs for food and shelter.

Veterans: Overall, about 11% of Sedgwick residents are veterans but the number jumps to 46% of men over the age of 65. Veteran status was a protection against poverty; 5% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 9% of non-veterans. The rate of disability is higher among older veterans than non-veterans; 42% of veterans have a disability, compared with 29% of non-veterans.

Disability: Sedgwick’s older residents have a disability rate slightly lower than their peers in Maine; 33% of residents age 65+ have at least one disability, compared with 36% of older Mainers. The disability rate increases to 56% for people age 75 and older who live in the area. Almost half (49%) of older residents with a disabling condition live with more than one disability. People who live with multiple physical limitations face an increased risk of social isolation.

For more information about the Elder Economic Index, go to: [http://www.basiceconomicsecurity.org/EI](http://www.basiceconomicsecurity.org/EI).
The Demographics of Aging in Stonington

Stonington, home to approximately 1,312 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 48. One third (30%) have attained the milestone of their 60th birthday. Almost half (45%) of the 587 households include at least one person age 60+.

Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (66%) of the people living alone are women. More than one of four (26%) older residents moved to their home in Stonington less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than their peers who have lived in the same home for a longer time. Home ownership is common, with 86% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Stonington, 26% of householders age 65 and older have mortgages on their homes. More than four of five (87%) older homeownes live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for those aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a lower median income than the overall population on the Stonington. Food security may be a challenge for some older residents. In the past year, 11% of older households received Food Stamps, compared with 17% of younger households.

Among older households, there is significant income disparity; 22% of households have less than $15,000 in annual income while 20% of older households have an annual income of $75,000+. Based on the Elder Economic Index, an older family living in Stonington needs $36,185.99 annually to meet basic needs for food and shelter.

Veterans: Overall, about 9% of Stonington residents are veterans but the number jumps to 40% of men over the age of 65. Veteran status was a protection against poverty; 8% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 10% of non-veterans. The rate of disability is higher among older veterans and non-veterans; 41% of veterans have a disability, compared with 34% of non-veterans.

Disability: Stonington’s older residents have a disability rate identical to their peers in Maine; 36% of residents age 65+ have at least one disability. The disability rate increases to 44% for people age 75 and older who live in the area. Almost half (46%) of older residents with a disabling condition live with more than one disability. People who live with multiple physical limitations face an increased risk of social isolation.

![Living Arrangements of Stonington residents age 65+](image)

![Age of owner-occupied housing by age of homeowner](image)

![Median Income of Households in Stonington, by Age](image)

![Percentage of Stonington residents aged 65+ with a disability](image)

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1. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1501
2. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1503
3. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1508
4. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1509
5. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1510
6. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1511
7. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1512
8. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1513
9. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1514
10. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1515
11. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1516
12. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1517
13. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1518
14. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1519
15. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1520
16. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1521
17. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1522
18. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1523
19. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1524
20. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1525
21. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1526
22. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1527
23. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1528
24. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1529
25. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1530
26. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1531
27. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1532
28. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1533
29. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1534
30. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1535
31. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1536
32. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1537
33. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1538
34. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1539
35. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1540
36. US Census, American Community Survey 5-year Estimates for 2010-2016, Table S1541
Veteran status was a protection against poverty; but the number jumps to needs for food and shelter of $17,000 among Surry residents. In the last year, 4% of older residents received Food Stamps, compared with 18% of younger households.

Among older households, there is significant income disparity; 32% of families have less than $30,000 in annual income while 39% of older households have a yearly income of $75,000+10. Based on the Elder Economic Index, an older family living in Surry needs $35,748.17 annually to meet basic needs for food and shelter11.

Veterans: Overall, about 13% of Surry residents are veterans but the number jumps to 54% of men over the age of 6512. Veteran status was a protection against poverty; 3% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 7% of non-veterans. The rate of disability is higher among older veterans and non-veterans; 27% of veterans have a disability, compared with 19% of non-veterans13.

Disability: Surry’s older residents have a disability rate lower than their peers in Maine; 22% of residents age 65+ have at least one disability, compared with 36% of older Mainers.14 The disability rate increases to 38% for people age 75 and older who live in the area15. Almost half (47%) of older residents with a disabling condition live with more than one disability16. People who live with multiple physical limitations face an increased risk of social isolation.

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The Demographics of Aging in Surry

Surry, home to approximately 1,666 people, has many age-friendly features that make it a great place to live, including a high level of civic engagement and strong sense of community. The median age is 46. One of four (28%) have attained the milestone of their 60th birthday. More than one-third (42%) of the 752 households include at least one person age 60+.

Living Arrangements: While the majority of people live with a spouse, relative, or friend, many live alone. Most (52%) of the people living alone are women. More than one third (34%) of older residents moved to their home in Surry less than 15 years ago. Recent movers have fewer social ties and are at greater risk for social isolation than their peers who have lived in the same home for a longer time.

Home ownership is common, with 89% of older families living in a home they own or are purchasing. Older residents may need help with repairs and modifications to remain comfortable and safe in their homes and to protect their investment.

Housing: In Surry, 22% of householders age 65 and older have mortgages on their homes. More than half (67%) of older homeowners live in homes that are 25 or more years old. Older homes need more maintenance and home modifications for older residents to age in place. The need to find help with home chores is greatest for some aging with a disability that prevents them from doing simple, routine chores safely.

Income Security: Households headed by an older person have a lower median income than the overall population of Surry, but higher than young families starting their careers. Food security may be a challenge for some older residents. In the last year, 4% of older households received Food Stamps, compared with 18% of younger households.

Among older households, there is significant income disparity; 32% of families have less than $30,000 in annual income while 39% of older households have a yearly income of $75,000+10. Based on the Elder Economic Index, an older family living in Surry needs $35,748.17 annually to meet basic needs for food and shelter11.

Veterans: Overall, about 13% of Surry residents are veterans but the number jumps to 54% of men over the age of 6512. Veteran status was a protection against poverty; 3% of veterans age 65+ had income less than 100% of federal poverty rate, compared with 7% of non-veterans. The rate of disability is higher among older veterans and non-veterans; 27% of veterans have a disability, compared with 19% of non-veterans13.

Disability: Surry’s older residents have a disability rate lower than their peers in Maine; 22% of residents age 65+ have at least one disability, compared with 36% of older Mainers.14 The disability rate increases to 38% for people age 75 and older who live in the area15. Almost half (47%) of older residents with a disabling condition live with more than one disability16. People who live with multiple physical limitations face an increased risk of social isolation.

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2 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20015.
3 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
4 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
5 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
6 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
7 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
8 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
9 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
10 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
11 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
12 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
13 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
14 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
15 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
16 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
17 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
18 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
19 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
20 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
21 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
22 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
23 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
24 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
25 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
26 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
27 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
28 US Census, American Community Survey 5-year Estimates for 2010-2014, Table B20010.
Age-Friendly Coastal Communities (AFCC) is a regional initiative coordinated by Healthy Peninsula that includes Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, and Surry.

- Between October 28 and December 31, 2017, AFCC conducted a survey of the nine communities to learn what is working in our area to support healthy, active, engaged aging and to identify areas for improvement.

- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).

- A total of 765 residents responded to the survey. Most respondents (62%) think of the region (either the Blue Hill Peninsula or Deer Isle/Stonington) as their community, rather than just their town. However, a significant minority (28%) think of their town as their community and 10% say that “it depends.” Clearly, people in the area are deeply attached to both the region and to their individual communities.

- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

Key Findings about the Age-Friendly Coastal Communities 9-Town Region:

1) The median age of respondents is 67. Many (51%) are retired but some continue to work in retirement. Almost half (47%) of respondents work full-time, part-time, or seasonally.

2) Less than half (42%) have lived in the area 20+ years but even newcomers want to age in the area. Ninety percent said it was important to remain in the community; 82% want to age in their current home. People look forward to spending time with friends (77%) and staying active in the community (56%). Despite the desire to stay, 83% said changes are needed to make our region an ideal place to age and 10% worry about being socially isolated in old age.

3) The factor most likely to influence a decision to relocate is the availability medical care, services, or facilities, followed by the desire to live closer to family or friends and the need for transportation.

4) Most people use the post office (94%), town office (85%), library (69%), and parks/walking trails (67%). The lack of, or poor condition of, sidewalks and lack of parking were the most frequently cited barriers to using town amenities.
5) 72% said it is easy to find information about community events, services, and resources. The most popular places to look for information are TV, family and friends, church, online, and the Weekly Packet/Castine Patriot/Island Ad-Vantages.

6) Most people (71%) are as social as they want to be. They visit with family and friends (78%), go to restaurants (77%), enjoy exercise or sport (53%), and volunteer (43%).

7) Significantly, 29% of respondents are socially isolated. The top barriers to social contact are: event times (47%), no one to go with (42%), and distance (31%). The risk for social isolation is greatest for men and for the 28% who live alone.

8) Home ownership is common; 90% of respondents own their homes. 38% of respondents live in homes 50 or more years old, houses whose age makes them more likely to need modification and repair. Poor insulation was the most commonly cited barrier to keeping a home warm enough in winter, followed by the cost of heating fuel.

9) Access to trustworthy, affordable home repair contractors and help with seasonal chores are top needs cited by respondents across the region.

10) 56% of respondents spend time volunteering and an additional 12% would like to find meaningful volunteer opportunities.

11) Most people (95%) drive themselves to the places they need and want to go. A minority get rides from family and friends (14%) or walk (24%). People who live on the Blue Hill Peninsula or Deer Isle/Stonington know they must travel distances to access medical services, do errands, and enjoy social opportunities. People were willing to travel farthest for medical appointments and less likely to be willing to travel 10+ miles for errands and socialization. Driving at night, the cost of operating a car, the need for public transportation, and discomfort asking for rides are common barriers to getting around.

12) 79% of people said they have all the health care services they need. More than one-quarter (26%) of respondents had fallen in the past year and 35% have concerns about falling. To address their concerns, people are most likely to exercise, rearrange furniture, and improve lighting; they are least likely to have looked for information about fall prevention or taken a fall prevention class.

13) Most (57%) have Advance Care Directives, however 30% of those who do not are interested in getting help to complete one.

14) Almost all the respondents (98%) are able to get enough food. People most commonly get food from the supermarket (96%), farmer’s market (47%), and their own gardens (45%)

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of each town and the entire region to meet the needs identified in this assessment.
- Older residents of the Blue Hill Peninsula and Deer Isle/Stonington are a tremendous resource; they volunteer and are eager to help craft solutions that will make the area more livable for people of all ages.
- Although many respondents said they feel respected and included, almost half (46%) do not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in their regional and individual town communities.

A program of Health Peninsula and its community partners

For more information:
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**Community Assessment**
— Deer Isle & Stonington Data —

Age-Friendly Coastal Communities (AFCC) is a regional initiative coordinated by Healthy Peninsula that includes Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, and Surry.

- Between October 28 and December 31, 2017, AFCC conducted a survey of the nine communities to learn what is working in our area to support healthy, active, engaged aging and to identify areas for improvement.

- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).

- Regionally, 765 residents responded to the survey. Of those, 105 were residents of Deer Isle and 71 were residents of Stonington, for a total of 176 respondents from the entire Island. Most of the respondents who live in Deer Isle or Stonington (78%) think of the Island as their community, rather than just the town where they live; another 18% think of the whole region (the Blue Hill Peninsula and Deer Isle/Stonington) as their community.

- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

**Key Findings about Deer Isle & Stonington:**

1) The median age of respondents who lived in Deer Isle/Stonington was 68. Many (46%) are retired but a significant percentage continue to work in retirement. More than half (56%) of respondents who live in Deer Isle/Stonington work full-time, part-time, or seasonally.

2) More than half (63%) of the respondents have lived in their town 20+ years but even relative newcomers want to age in the community. 96% said it was important to remain in their town; 84% want to age in their current home. People look forward to spending time with friends (75%) and staying active in the community (58%). Despite the desire to stay, 81% said changes were needed to make the Island an ideal place to age and 6% worry about being socially isolated in old age.

3) The factor most likely to influence a decision to relocate is the availability of medical care, services, or facilities, and desire to be closer to family & friends.

4) Most people use the post office (98%), town office (91%), library (52%), and parks/walking trails (61%). Parking, limited places to sit down, and poor or missing sidewalks were the most frequently cited barriers to using these amenities.
5) 73% said it is easy to find information about community events, services, and resources. The most popular places to look for information are the Island Ad-Vantages, friends and family, TV, their church, online, and Friends in Action.

6) Most people (72%) are as social as they want to be. They visit with family and friends (73%), go to restaurants (77%), enjoy exercise or sport (50%), and attend spiritual activities (31%). For the 28% who are socially isolated, the top 2 barriers to social contact are event times (51%) and driving distance (43%). The risk for social isolation is greatest for men and for the 31% of respondents who live alone.

7) Home ownership is common, with 90% owning their homes. 49% live in older homes (50+ years old), which are more likely to need modification and repair. Poor insulation is the most commonly cited barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors and help with seasonal chores are also top needs.

8) 59% of respondents spend time volunteering and an additional 10% would like to find meaningful volunteer opportunities.

9) Almost all the respondents who live in Deer Isle/Stonington (98%) drive themselves to the places they need and want to go. The second most common mode of transportation is walking (29%). People are willing to travel farthest for medical appointments and least likely to want to travel 10+ miles for socialization or errands. Driving at night, being uncomfortable asking for rides, and the need for public transportation are the most common barriers to getting to the places respondents need or want to go.

10) 75% of people said they have all the health care services they need. More than a quarter (29%) of respondents had fallen in the past year and 35% have concerns about falling. To address their concerns, people are most likely to exercise, move furniture or rugs, or add lighting and least likely to have taken a fall prevention class.

11) Most (56%) have Advance Care Directives; 26% of those who do not are interested in getting help to complete one.

12) Although most Island respondents said they are able to get the food they need; about 1% do not have enough food. People most commonly get food from the supermarket (98%), farmer's market (52%), their own gardens (41%), and local farms (34%).

Conclusions:

• AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Deer Isle/Stonington and the Blue Hill Peninsula to meet the needs identified in this assessment.

• The island’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Deer Isle/Stonington a more livable community.

• Although many respondents said they feel respected and included, a significant number (50%) do not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Deer Isle/Stonington and the entire region.

A program of Health Peninsula and its community partners

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Community Assessment

Blue Hill Data

Age-Friendly Coastal Communities (AFCC) is a regional initiative coordinated by Healthy Peninsula that includes the towns of Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, and Surry. AFCC is working with older residents to make the region and each individual community a better place to live, work, and play.

- Between October 28 and December 31, 2017, AFCC conducted a survey of the nine communities to learn what is working in our area to support healthy, active, engaged aging and to identify areas for improvement.
- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).
- Regionally, 765 residents responded to the survey. Of those, 176 were Blue Hill residents. Most Blue Hill respondents (62%) think of the entire Blue Hill Peninsula as their community, rather than just their town.
- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

Key Findings about Blue Hill:

1) The median age of Blue Hill respondents was 68. The majority (55%) are retired but many continue to work in retirement. About half (51%) of Blue Hill respondents work full-time, part-time or seasonally.

2) More than half (53%) have lived in Blue Hill 20+ years but even relative newcomers want to age in the community. 93% said it was important to remain in Blue Hill; 85% want to age in their current home. People look forward to spending time with friends (88%) and staying active in the community (55%). Despite the desire to stay, 79% said changes were needed to make Blue Hill an ideal place to age and 10% worry about being socially isolated in old age.

3) The factor most likely to influence a decision to relocate is the availability of medical care, services, or facilities.

4) Most people use the post office (93%), town office (82%), library (76%), and parks/walking trails (71%). Parking and lighting were the most frequently cited barriers to using town amenities.
5) 74% said it is easy to find information about community events, services, and resources. The most popular places to look for information are TV, the Weekly Packet/Castine Patriot, friends and family, their church, and online.

6) Most people (78%) are as social as they want to be. They visit with family and friends (54%), go to restaurants (57%), enjoy exercise or sport (37%), and attend spiritual activities (28%). For the 19% who are socially isolated, the top 2 barriers to social contact are event times (64%) and no one to go with (50%). The risk for social isolation is greatest for men and for the 19% who live alone.

7) Home ownership is common, with 87% owning their homes. Older houses are more likely to need modification and repair and 29% live in homes 50+ years old. Paying for fuel is the most common barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors and help with seasonal chores are top needs.

8) 58% of respondents spend time volunteering and an additional 10% want to find meaningful volunteer opportunities.

9) Almost all the respondents in Blue Hill (93%) drive themselves to the places they need and want to go. The second most common mode of transportation is walking (17%). People are willing to travel farthest for medical appointments and socialization and least likely to want to travel 10+ miles for errands. Driving at night and being uncomfortable asking for rides are the most common barriers to getting around.

10) 78% of people said they have all the health care services they need. More than a quarter (28%) of respondents had fallen in the past year and 40% have concerns about falling. To address their concerns, people are most likely to exercise and least likely to have taken a fall prevention class.

11) Most (61%) have Advance Care Directives; 27% of those who do not are interested in getting help to fill one out.

12) Although most people are able to get needed food, 3% do not have enough food. People most commonly get food from the supermarket (99%), farmer’s market (52%), their own gardens (46%), and local farms (40).

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place partnerships and on the community strengths of Blue Hill and the region to meet the needs identified in this assessment.

- Blue Hill’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Blue Hill and the Blue Hill Peninsula, Deer Isle and Stonington a more livable community.

- Although many people said they were respected and included, a significant minority (43%) did not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Blue Hill.

Survey Respondents

“What is working: The library; the community agencies; the hospital; the volunteerism and community spirit.”

“No one in town is making sure roads and sidewalks are accessible to those with walking issues, especially in the winter.”

Survey Respondents

A program of Health Peninsula and its community partners

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Age-Friendly Coastal Communities (AFCC) is a regional initiative coordinated by Healthy Peninsula that includes Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, and Surry. AFCC is working with older residents to make the region and each individual community a better place to live, work, and play.

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- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).
- Regionally, 765 residents responded to the survey. Of those, 62 were Brooklin residents. Most Brooklin respondents (53%) think of the entire Blue Hill Peninsula as their community, rather than just their town.
- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

### Key Findings about Brooklin:

1) The median age of Brooklin respondents was 67. The majority (63%) work full-time, part-time, or seasonally.

2) Almost half (45%) have lived in Brooklin 20+ years but even relative newcomers want to age in the community. 93% said it was important to remain in Brooklin; 81% want to age in their current home. People look forward to spending time with friends (82%) and staying active in the community (79%). Despite the desire to stay, 72% said changes were needed to make Brooklin an ideal place to age and 16% worry about being socially isolated in old age.

3) The factor most likely to influence a decision to relocate is the availability of medical care, services, or facilities.

4) Most people use the post office (92%), town office (89%), library (83%), and parks/walking trails (83%). Poor sidewalks, lack of parking, and no places to sit are the most frequently cited barriers to using town amenities.

### Age-Friendly Coastal Communities seeks to enhance the lives of all people who live in the nine-town region that includes Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, and Surry, with a special focus on older adults, by:

- Advising the town select boards, as well as the community at large, about policy and infrastructure changes that will make our towns more livable;
- Creating partnerships between and among organizations to enhance existing services;
- Encouraging volunteers and organizations to create programs and services that are needed to inspire residents to age safely and independently in our communities and to be as active in the social, economic, and civic life of the community as they want to be.
5) 57% said it is easy to find information about community events, services, and resources. The most popular places to look for information are the Weekly Packet/Castine Patriot, friends and family, the library, and online.

6) Most people (63%) are as social as they wanted to be. They visit with family and friends (80%), go to restaurants (66%), enjoy exercise or sport (58%), and attend classes (22%). For the 37% who are socially isolated, the top-two barriers to socialization are affordability (45%) and event times (41%). The risk for social isolation is greatest for men and for the 21% who live alone.

7) Home ownership is common; 90% own their homes. Older houses are more likely to need modification and repair and 47% live in homes 50+ years old. Poor insulation is the most common barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors and help with routine maintenance and seasonal chores are top needs.

8) 51% of respondents spend time volunteering and an additional 12% want to find meaningful volunteer opportunities.

9) Almost all the respondents in Brooklin (90%) drive themselves to the places where they need and want to go. The second most common mode of transportation is walking (36%). People who live in Brooklin know that they must travel distances to access medical services, do errands, and enjoy social opportunities. People are willing to travel farthest for medical appointments and errands and least likely to want to travel 10+ miles for socialization. The cost associated with driving places and reluctance asking for rides are the most common barriers to getting around.

10) 87% of people said they had all the health care services they need. While only 14% of respondents had fallen in the past year, 39% have concerns about falling. To address their concerns, people are most likely to exercise and least likely speak with a health care provider or look for information about fall prevention.

11) Most respondents (62%) have Advance Care Directives; 18% of those who do not are interested in getting help to fill one out.

12) Although most people are able to get needed food; 7% do not have enough food. Respondents most commonly get food from the supermarket (95%) and farmer’s market (64%), their own gardens (48%) and local farms (41%).

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Brooklin and the region to meet the needs identified in this assessment.
- Brooklin’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Brooklin and the Blue Hill Peninsula, Deer Isle and Stonington a more livable community.
- Although many people said they felt respected and included, a significant minority (40%) did not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Brooklin and the entire region.

“What’s working: The library. Friendly people.”

“I’m too alone.”

“Would eventually want to know about help staying at home if the need arises.”

Survey Respondents

A program of Health Peninsula and its community partners

For more information:
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- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).
- Regionally, 765 residents responded to the survey. Of those, 65 were Brooksville residents. Most Brooksville respondents (53%) think of the entire Blue Hill Peninsula as their community, rather than just their town.
- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

Key Findings about Brooksville:

1) The median age of Brooklin respondents was 67. The majority (63%) work full-time, part-time or seasonally.

2) The median age of Brooksville respondents was 69. 46% are retired and 48% work full or part-time or seasonally.

3) Half (53%) have lived in Brooksville 20+ years but even relative newcomers want to age in the community. 98% said it is important to them to remain in Brooksville; 81% want to age in their current home. People look forward to spending time with friends (71%) and staying active in the community (60%). Despite the desire to stay, 88% said changes could make Brooksville a better place to age and 16% worry about being socially isolated in old age.

4) The factors most likely to influence a decision to relocate are the availability of medical care, services, or facilities, and the desire to live closer to family and friends.

5) Most people use the post office (97%), town office (85%), library (88%), and parks/walking trails (75%). Inadequate sidewalks, lack of parking, and poor lighting were the most frequently cited barriers to using town amenities.

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- Advising the town select boards, as well as the community at large, about policy and infrastructure changes that will make our towns more livable;
- Creating partnerships between and among organizations to enhance existing services;
- Encouraging volunteers and organizations to create programs and services that are needed to inspire residents to age safely and independently in our communities and to be as active in the social, economic, and civic life of the community as they want to be.
6) 82% said it is easy to find information about community events, services, and resources. The most popular places to look for information are the Weekly Packet/Castine Patriot, friends and family, online, and at the town office.

7) Most respondents (63%) are as social as they want to be. They visit with family and friends (92%), go to restaurants (78%), enjoy exercise or sport (70%), and attend classes (25%) and religious services (22%). For the 30% who are socially isolated, the top barriers are no one to go with (50%), not knowing about social opportunities (31%), and event times (31%). The risk for social isolation is greatest for the 18% who live alone.

8) Home ownership is common; 98% own their homes. Older houses are more likely to need modification and repair and 25% live in homes 50+ years old. Poor insulation is the most common barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors and help with routine maintenance and seasonal chores are top needs.

9) 66% of respondents spend time volunteering and an additional 10% want to find meaningful volunteer opportunities.

10) Almost all the respondents in Brooksville (98%) drive themselves to the places where they need and want to go. The other most common modes of transportation are walking (19%) and rides with family/friends (16%). People who live in Brooksville must travel for medical services, errands, and social opportunities. People are willing to travel farthest for medical appointments and least likely to want to travel 10+ miles for errands or socialization. Driving after dark and the need for public transportations are the most common barriers to getting around.

11) 73% of respondents said they have all the health care services they need. 25% of respondents had fallen in the past year and 29% have concerns about falling. To address their concerns, people are most likely to exercise and least likely to speak with a health care provider or look for information about fall prevention.

12) Most (62%) have Advance Care Directives; 26% of those who do not are interested in getting help to complete one.

13) All Brooksville respondents are able to get needed food. People most commonly get food from the supermarket (100%), their own gardens (72%), the farmer’s market (57%), local farms (46%), and convenience stores (33%).

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Brooksville and the region to meet the needs identified in this assessment.
- Brooksville’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Brooksville and the entire region a more livable community.
- Although many people said they felt respected and included, a significant minority (40%) did not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Brooksville and the 9-town region.

For more information:
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Community Assessment

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Castine Data

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- Between October 28 and December 31, 2017, AFCC conducted a survey of the nine communities to learn what is working in our area to support healthy, active, engaged aging and identify areas for improvement.
- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).
- Regionally, 765 residents responded to the survey. Of those, 45 were Castine residents. Most Castine respondents (79%) think of their town as their community, rather than the entire Blue Hill Peninsula.
- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

Key Findings about Castine:

1) The median age of Castine respondents was 66. Almost half (48%) are retired but many continue to work in retirement. Two-thirds (66%) of Castine respondents work full-time, part-time or seasonally.

2) A minority (40%) have lived in Castine 20+ years but even relative newcomers want to age in the community. 93% said it was important to remain in their current home in Castine. People look forward to spending time with friends (84%) and staying active in the community (60%). Despite the desire to stay, 86% said changes are needed to make Castine an ideal place to age and 14% worry about being socially isolated in old age.

3) The factors most likely to influence a decision to relocate are transportation and the availability of medical services.

4) Most people use the post office (100%), town office (95%), library (81%), and parks/walking trails (85%). Inadequate sidewalks and poor lighting were the most commonly mentioned barriers.

5) 78% said it is easy to find information about community events, services, and resources. The most popular places to look for information are the Weekly Packet/Castine Patriot, friends and family, at the town office, and online.
6) Most people (78%) are as social as they wanted to be. They visited with family and friends (83%), go to restaurants (93%), enjoy exercise or sport (67%), and attend spiritual activities (41%). For the 33% who are socially isolated, the top barriers are no one to go with (60%), event times (53%), and distance (53%). The risk for isolation is greatest for the 10% who live alone.

7) Home ownership is common; 97% own their homes. Older houses are more likely to need modification and repair and 55% live in homes 50+ years old. Poor insulation is the most common barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors and help with seasonal chores are top needs.

8) 62% of respondents spend time volunteering and an additional 19% want to find meaningful volunteer opportunities.

9) All the respondents in Castine drive themselves to the places they need and want to go. The second most common mode of transportation is walking (62%). People who live in Castine know that they must travel distances to access medical services, do errands, and enjoy social opportunities. People are willing to travel farthest for medical appointments and errands and least likely to want to travel 10+ miles to participate in social opportunities. Driving at night, cost, and the need for transportation options are common barriers to getting around.

10) 79% of people said they have all the health care services they need. About one of five (19%) respondents had fallen in the past year and 35% have concerns about falling. To address their concerns, people are most likely to exercise and least likely to take a fall prevention class.

11) Most (66%) have Advance Care Directives; 36% of those who do not are interested in getting help to complete one.

12) All the Castine respondents are able to get needed food. People most commonly get food from the supermarket (98%), farmer’s market (50%), and their own gardens (40%).

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Castine and the region to meet the needs identified in this assessment.

- Castine’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Castine and the entire region a more livable community.

- Although many people said they feel respected and included, a significant minority (28%) do not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Castine and the 9-town region.

Survey Respondents

- “Good to have Health Center in town. Town could use a place for seniors to live rather than maintain larger homes.”

- “All sidewalks need repair anf upgrading. Very important!”

- “Public transportation is needed off the Peninsula.”

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- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).
- Regionally, 765 residents responded to the survey. Of those, 105 were Deer Isle residents. Most Deer Isle respondents (82%) think of the entire island as home; only a few (16%) think of the Blue Hill Peninsula as their community.
- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/).

Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

**Key Findings about Deer Isle:**

1) The median age of Deer Isle respondents was 69. Half (51%) are retired; 45% work full, part-time, or seasonally.

2) Most (61%) have lived in Deer Isle 20+ years but even relative newcomers want to age in the community. 95% said it was important to remain in Deer Isle; 86% want to age in their current home. People look forward to spending time with friends (73%) and staying active in the community (56%). Despite the desire to stay, 74% said changes could make Deer Isle a better place to age and 7% worry about being socially isolated in old age.

3) The factors most likely to influence a decision to relocate are the availability of medical care, services, or facilities and the desire to live closer to family and friends.

4) Most people use the post office (97%), town office (87%), library (53%), and parks/walking trails (57%). Inadequate sidewalks, lack of parking, and limited places to sit were the most frequently cited barriers to using town amenities.
5) 70% said it is easy to find information about community events, services, and resources. The most popular places to look for information are the Island Ad-Vantages, friends and family, online, and Friends in Action.

6) Most people (72%) are as social as they wanted to be. They visit with family and friends (68%), go to restaurants (68%), enjoy exercise or sport (45%), and attend religious services (39%). For the 28% who are socially isolated, the top barriers are affordability (44%), nothing to do (44%), no one to go with (36%), and distance (36%). The risk for social isolation was greatest among male respondents and the 25% who live alone.

7) Home ownership is common; 86% own their homes. Older houses are more likely to need modification and repair and 40% live in homes 50+ years old. Poor insulation is the most common barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors and help with routine maintenance and seasonal chores are top needs.

8) 55% of respondents spend time volunteering and an additional 10% want to find meaningful volunteer opportunities.

9) Almost all the respondents in Deer Isle (98%) drive themselves to the places where they need and want to go. The other most common modes of transportation are walking (24%) and rides with family/friends (15%). People who live in Deer Isle must travel for medical services, errands, and social opportunities. People are willing to travel farthest for medical appointments and least likely to want to travel 10+ miles for errands or socialization. Driving after dark and the need for public transportation are the most common barriers to getting around.

10) 73% of people said they had all the health care services they need. 33% of respondents had fallen in the past year and 36% have concerns about falling. To address their concerns, people are most likely to exercise, move furniture and rugs, and improve lighting and least likely to take a fall prevention class.

11) Most (51%) have Advance Care Directives; 27% of those who do not are interested in getting help to complete one.

12) Most of the Deer Isle respondents are able to get needed food. People most commonly get food from the supermarket (98%), the farmer’s market (47%), and their own gardens (39%).

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Deer Isle and the region to meet the needs identified in this assessment.

- Deer Isle’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Deer Isle, Stonington, and the entire region a more livable community.

- Although many people said they feel respected and included, a slight majority (51%) do not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life on Deer Isle and in the 9-town region.

For more information:

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Community Assessment —— Penobscot Data ——

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- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).

- Regionally, 765 residents responded to the survey. Of those, 75 were Penobscot residents. Most Penobscot respondents (53%) think of the entire Blue Hill Peninsula as their community, rather than just the town where they live.

- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

Key Findings about Penobscot:

1) The median age of Penobscot respondents was 68. The majority (64%) are retired but many continue to work in retirement; 40% work full-time, part-time, or seasonally.

2) More than half (53%) have lived in Penobscot 20+ years but even relative newcomers want to age in the community. 91% said it was important to remain in Penobscot; 72% want to age in their current home. People looked forward to spending time with friends (70%) and staying active in the community (43%). Despite the desire to stay, 94% said changes are needed to make Penobscot an ideal place to age and 8% worry about being socially isolated in old age.

3) The factor most likely to influence a decision to relocate is the availability of medical care, services, or facilities.

4) Most people use the post office (96%), town office (87%), library (53%), and parks/walking trails (57%). Parking, limited places to sit, and the lack of public bathrooms are barriers to the use of town amenities.

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- Advising the town select boards, as well as the community at large, about policy and infrastructure changes that will make our towns more livable;

- Creating partnerships between and among organizations to enhance existing services;

- Encouraging volunteers and organizations to create programs and services that are needed to inspire residents to age safely and independently in our communities and to be as active in the social, economic, and civic life of the community as they want to be.
5) 69% said it is easy to find information about community events, services, and resources. The most popular places to look for information were the Weekly Packet/Castine Patriot, friends and family, and online.

6) Most respondents (63%) are as social as they want to be. They visit with family and friends (54%), go to restaurants (57%), enjoy exercise or sport (37%), and attend spiritual activities (28%). For the 37% who are socially isolated, the top barriers are no one to go with (46%), driving distance (37%), and not knowing what is happening (37%). The risk for social isolation is greatest for the 26% who live alone.

7) Home ownership is common; 92% own their homes. Older houses are more likely to need modification and repair, and 41% of respondents live in homes 50+ years old. Inadequate insulation is the most common barrier to keeping a home warm enough. Access to trustworthy, affordable home repair contractors and help with seasonal chores are also needs.

8) 53% of respondents spend time volunteering and an additional 16% want to find meaningful volunteer opportunities.

9) Almost all the respondents in Penobscot (95%) drive themselves to the places they need and want to go. Other common modes of transportation are getting rides from family and friends (15%) and walking (13%). People who live in Penobscot travel for medical services, errands, and socialization. People are willing to travel farthest for medical appointments and socialization and least likely to want to travel 10+ miles for errands. Driving at night and being uncomfortable asking for rides are the most common barriers to getting around.

10) 85% of people have all the health care services they need. Almost a third (31%) of respondents had fallen in the past year and 32% have concerns about falling. To address their concerns, people are most likely to exercise, improve lighting, and move furniture around and least likely to take a fall prevention class or look for information.

11) Most (70%) have Advance Care Directives; 27% of those who do not are interested in getting help to complete one.

12) Although most people are able to get needed food, 3% don’t have enough food. People most commonly get food from the supermarket (99%), their own garden (48%) and the farmer’s market (33%).

Conclusions:

• AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Penobscot and the region to meet the needs identified in this assessment.

• Penobscot’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Penobscot and the entire region a more livable community.

• Although many people said they feel respected and included, a significant minority (43%) do not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Penobscot and the 9-town region.

A program of Health Peninsula and its community partners

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- Regionally, 765 residents responded to the survey. Of those, 52 were Sedgwick residents. Most Sedgwick respondents (76%) think of the entire Blue Hill Peninsula as their community, rather than just their town.
- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

Key Findings about Sedgwick:

1) The median age of Sedgwick respondents was 66. Many (43%) are retired but some continue to work in retirement. More than half (55%) of Sedgwick respondents work full-time, part-time, or seasonally.

2) More than half (53%) have lived in Sedgwick 20+ years but even relative newcomers want to age in the community. All said it was important to remain in Sedgwick; 77% want to age in their current home. People look forward to spending time with friends (53%) and staying active in the community (45%). Despite the desire to stay, 88% said changes are needed to make Sedgwick an ideal place to age and 22% worry about being socially isolated in old age.

3) The factor most likely to influence a decision to relocate is the availability of medical care, services, or facilities.

4) Most people use the post office (82%), town office (64%), library (71%), and parks/walking trails (55%). No place to sit was the most frequently cited barrier to using town amenities.
5) 68% said it is easy to find information about community events, services, and resources. The most popular places to look for information were Healthy Peninsula, the Weekly Packet/Castine Patriot, friends and family, and online.

6) Most people (76%) are as social as they want to be. They visit with family and friends (89%), go to restaurants (83%), enjoy exercise or sport (45%), and attend spiritual activities (36%). For the 24% who are socially isolated, the top barriers to social contact are affordability (53%), event times (33%), and no one to go with (33%). The risk for social isolation is greatest for men and for the 28% who live alone.

7) Home ownership is common; 89% own their homes. Older houses are more likely to need modification and repair and 23% live in homes 50+ years old. Paying for fuel is the most common barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors and help with seasonal chores are also top needs.

8) 58% of respondents spend time volunteering and an additional 10% want to find meaningful volunteer opportunities.

9) Almost all the respondents in Sedgwick (96%) drive themselves to the places they need and want to go. A minority get rides from family and friends (8%) or walk (4%). People who live in Sedgwick know that they must travel distances to access medical services, do errands, and enjoy social opportunities. People are willing to travel farthest for medical appointments and socialization and least likely to want to travel 10+ miles for errands. Driving at night and being uncomfortable asking for rides are the most common barriers to getting around.

10) 87% of people said they have all the health care services they need. Almost one-quarter (24%) of respondents had fallen in the past year and 35% have concerns about falling. To address their concerns, people are most likely to exercise and move furniture around; they are least likely to look for information about fall prevention.

11) Most (60%) have Advance Care Directives; 20% of those who do not are interested in getting help to complete one.

12) All the Sedgwick respondents are able to get enough food. People most commonly get food from the supermarket (99%), farmer’s market (52%), and their own gardens (30%).

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Sedgwick and the region to meet the needs identified in this assessment.

- Sedgwick’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Sedgwick and the entire region a more livable community.

- Although many people said they feel respected and included, a slight majority (57%) do not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Sedgwick and the 9-town region.
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- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).
- Regionally, 765 residents responded to the survey. Of those, 71 were Stonington residents. Most Stonington respondents (76%) think of the entire island as their home, rather than just Stonington.
- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/).

Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

Key Findings about Stonington:

1) The median age of Stonington respondents was 66. Many (42%) are retired but many continue to work in retirement; 60% of Stonington respondents work full-time, part-time, or seasonally.

2) More than half (67%) have lived in Stonington 20+ years but even relative newcomers want to age in the community. 97% said it was important to remain in Stonington; 81% want to age in their current home. People look forward to spending time with friends (78%) and staying active in the community (61%). Despite the desire to stay, 87% said changes are needed to make Stonington an ideal place to age and 5% worry about social isolation in old age.

3) The factors most likely to influence a decision to relocate are the availability of medical care, services, or facilities and the desire to live closer to family and friends.

4) Most people use the post office (100%), town office (97%), library (51%), and parks/walking trails (65%). Parking, limited places to rest, and poor sidewalks were most often cited as barriers.
5) 77% said it is easy to find information about community events, services, and resources. The most popular places to look for information were TV, The Island Ad-Vantages, friends and family, their church, and online.

6) Most people (71%) are as social as they want to be. They visit with family and friends (79%), go to restaurants (87%), enjoy exercise or sport (56%), and attend spiritual activities (22%). For the 29% who are socially isolated, top barriers to social contact are event times (64%) and driving distance (50%). Social isolation is highest for the 15% who live alone.

7) Home ownership is common; 93% own their homes. Older houses often need modification and repair and 56% live in homes 50+ years old. Insulation is the most common barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors is a top need.

8) 61% of respondents spend time volunteering and an additional 10% want to find meaningful volunteer opportunities.

9) Almost all the respondents in Stonington (97%) drive themselves to the places they need and want to go. The second most common mode of transportation is walking (36%). People who live in Stonington know that they must travel distances to access medical services, do errands, and enjoy social opportunities. People are willing to travel farthest for medical appointments and least likely to want to travel 10+ miles for socialization or errands. Driving at night, the cost of running a car, and reluctance to ask for rides are the most common barriers to getting around.

10) 76% of people said they have all the health care services they need. More than a quarter (27%) of respondents had fallen in the past year and 33% have concerns about falling. To address their concerns, people are most likely to exercise and are least likely to have taken a fall prevention class.

11) Most (63%) have Advance Care Directives; 24% of those who do not are interested in getting help to complete one.

12) All the Stonington respondents are able to get enough food. People most commonly get food from the supermarket (97%), farmer’s market (56%), their own gardens (44%) and local farms (38%).

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Stonington and the region to meet the needs identified in this assessment.
- Stonington’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Stonington and the region a more livable community.
- Although many people said they feel respected and included, a significant minority (47%) do not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Stonington and the 9-town region.

For more information:
Contact Anne Schroth, Healthy Peninsula Program Coordinator
374-3257 • aschroth@healthypeninsula.org • www.healthypeninsula.org
Age-Friendly Coastal Communities (AFCC) is a regional initiative coordinated by Healthy Peninsula that includes Blue Hill, Brooklin, Brooksville, Castine, Deer Isle, Penobscot, Sedgwick, Stonington, and Surry. AFCC is working with older residents to make the region and each community a better place to live, work, and play.

- Between October 28 and December 31, 2017, AFCC conducted a survey of the nine communities to learn what is working in our area to support healthy, active, engaged aging and identify areas for improvement.

- 1000 surveys were mailed to a randomized selection of homes across the 9 towns and an electronic survey was widely distributed through e-mail lists, partner agencies, and social media. In addition, hard copies were distributed in various locations (libraries, town offices) and events (Senior Coffeehouse, happy hours, movie screenings, and more).

- Regionally, 765 residents responded to the survey. Of those, 59 were Surry residents. Almost half of Surry (46%) think of the entire Blue Hill Peninsula as their community, rather than just their town.

- A complete report of the survey results is available from Healthy Peninsula (https://healthypeninsula.org/). Results from this assessment will guide the creation of a community-driven action plan, ready to launch in late 2018.

Key Findings about Surry:

1) The median age of Surry respondents was 67. The majority (64%) are retired but some continue to work in retirement; 39% of Surry respondents work full-time, part-time, or seasonally.

2) Most (64%) have lived in Surry 20+ years but even relative newcomers want to age in the community. Almost all (96%) said it was important to remain in Surry; 77% want to age in their current home. People look forward to spending time with friends (69%) and staying active in the community (54%). Despite the desire to stay, 80% said changes are needed to make Surry an ideal place to age and 11% worry about being socially isolated in old age.

3) People considered relocating for two primary reasons: the need for medical services and lack of public transportation.

4) Most people use the post office (93%), town office (89%), library (60%), and parks/walking trails (58%). Barriers are few places to sit, no public restrooms, poor lighting, and inadequate sidewalks.
5) 74% said it is easy to find information about community events, services, and resources. The most popular places to look for information are TV, friends and family, Friends in Action, the town office, and online.

6) Most people (63%) are as social as they wanted to be. They visit with family and friends (67%), go to restaurants (80%), enjoy exercise or sport (48%), and attend spiritual activities (41%). For the 37% who are socially isolated, the top barriers to social contact are event times (65%), distance (41%), and no one to go with (41%). The risk for social isolation is greatest for men and for the 17% who live alone.

7) Home ownership is common; 88% owned their homes. Older houses are more likely to need modification and repair and 33% live in homes 50+ years old. Insulation is the most common barrier to keeping a home warm enough in winter. Access to trustworthy, affordable home repair contractors and help with seasonal chores are top needs.

8) 48% of respondents spend time volunteering and an additional 11% want to find meaningful volunteer opportunities.

9) Almost all the Surry respondents (94%) drive themselves to the places they need and want to go. A minority get rides from family and friends (15%) or walk (11%). People who live in Surry know that they must travel distances to access medical services, do errands, and enjoy social opportunities. People are willing to travel farthest for medical appointments and socialization and least likely to want to travel 10+ miles for errands. Driving at night and the need for public transportation are the most commonly cited barriers to getting around.

10) 74% of people said they have all the health care services they need. Almost one-quarter (22%) of respondents had fallen in the past year and 38% have concerns about falling. To address their concerns, people are most likely to exercise, improve lighting, and move furniture around; they are least likely to have taken a fall prevention class.

11) Most (57%) have Advance Care Directives; 37% of those who do not are interested in getting help to complete one.

12) Most Surry respondents are able to get enough food; 2% said they do not always have enough food. People most commonly get food from the supermarket (100%), farmer’s market (40%), and their own gardens (36%).

Conclusions:

- AFCC will build on the accomplishments of the Thriving in Place Downeast partnerships and on the community strengths of Surry and the region to meet the needs identified in this assessment.
- Surry’s older residents are a tremendous resource; they volunteer and are eager to help craft solutions that will make Surry and the rest of the region a more livable community.
- Although many respondents said they feel respected and included, a significant minority (47%) do not. AFCC will promote opportunities for people to be as involved as they want to be in all aspects of life in Surry and the 9-town region.

Survey Respondents

“I like Surry (and BH and Ellsworth) but other than church, other organizations are limited to summer months because facilities in Surry are not usable; plus no sidewalks.”

“ ‘My husband is 91 and I am 89. We both can still drive, shop, cook, wash ourselves, dress, and so on...but for how long?’

A program of Health Peninsula and its community partners

For more information:
Contact Anne Schroth, Healthy Peninsula Program Coordinator
374-3257 • aschroth@healthypeninsula.org • www.healthypeninsula.org
**COMMUNITY SUPPORT AND HEALTH SERVICES**

**Goal:** To improve access to and information about medical and social service resources to support health and wellbeing and improve access to timely, coordinated care.

**Collaborating Organizations:** Healthy Peninsula, Northern Light Blue Hill Hospital, Castine Fire & Rescue, Memorial Ambulance Corps, Peninsula Ambulance Corps, Age-Friendly Coastal Communities Coordinating Council Partners

**Beneficiaries:** Individuals and families living on the Blue Hill Peninsula, Deer Isle, and Stonington, with some projects focused more narrowly on older people or isolated, underserved older and/or disabled patients of Northern Light Blue Hill Hospital Primary Care Clinics.

<table>
<thead>
<tr>
<th>Activities</th>
<th>By whom</th>
<th>By when</th>
<th>Resources and Support available/needed</th>
<th>Potential barriers or resistance</th>
<th>Partnerships</th>
<th>Metrics</th>
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</thead>
<tbody>
<tr>
<td><strong>Objective 1: Implement AFCC Community Paramedicine Project</strong></td>
<td></td>
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</tr>
<tr>
<td>Implement Community Paramedicine Work Plan established in MeHAF Grant</td>
<td>All collaborating partners, coordinated by Healthy Peninsula</td>
<td>Grant closes 2/28/20</td>
<td>See CP Logic Model</td>
<td>See CP Logic Model</td>
<td>Barriers created by organizational silos, HIPAA, etc.</td>
<td>Community-wide; health/wellness organizations and networks; caregiver networks</td>
</tr>
<tr>
<td>Explore sustainability options at end of MeHAF-funded period (Feb. 2020)</td>
<td>All collaborating partners, coordinated by Healthy Peninsula</td>
<td>Grant closes 2/28/20</td>
<td>Partner organizations</td>
<td>Funding, coordination</td>
<td>Collaborating partners</td>
<td>Continuation of project</td>
</tr>
</tbody>
</table>

<p>| Objective 2: Implement Healthy Peninsula Traveling Tool Table Project with Local Libraries (and others) | | | | | | |
| Maintain tools &amp; devices for display | Healthy Peninsula | Started July 2019 and ongoing, with new exhibits monthly or | Funding, staff time | Funding | Community organizations; libraries; local news outlets | # tools in exhibit |</p>
<table>
<thead>
<tr>
<th>Activities</th>
<th>By whom</th>
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</thead>
<tbody>
<tr>
<td>Schedule exhibits at local libraries</td>
<td>Healthy Peninsula</td>
<td>Started July 2019 and ongoing, with new exhibits monthly or bimonthly for first six months (for six local libraries).</td>
<td>Funding, staff time, tools, collaborative relationships</td>
<td>Funding, staff time, collaborative relationships</td>
<td>Community organizations; libraries; local news outlets</td>
<td># exhibit locations; visitors; engagement</td>
</tr>
<tr>
<td>Schedule presentations during exhibits with host organization</td>
<td>Healthy Peninsula and host organization</td>
<td>Started July 2019 and ongoing, with new exhibits monthly or bimonthly for first six months (for six local libraries).</td>
<td>Staff time, tools, collaborative relationships</td>
<td>Volunteer Speakers, collaborative relationships</td>
<td>Volunteer fatigue for speakers and presenters.</td>
<td>Community organizations; libraries; local news outlets</td>
</tr>
<tr>
<td>Explore long-term options for creating ongoing publicity and lending library of tools</td>
<td>Healthy Peninsula</td>
<td>Establish plan by December 2020.</td>
<td>Staff time, organizational capacity.</td>
<td>Funding, organizational capacity</td>
<td>Community organizations; libraries; local news outlets</td>
<td>Plan for ongoing publicity and lending library</td>
</tr>
</tbody>
</table>

**Objective 3: Continue Choices That Matter End-of-Life Community Conversations Campaign**

<table>
<thead>
<tr>
<th>Continue community outreach and education</th>
<th>Healthy Peninsula and community volunteers</th>
<th>Varying dates depending on community</th>
<th>Robust community</th>
<th>Funding, staff</th>
<th>Healthy Peninsula,</th>
<th>Timeline of CTM activities,</th>
</tr>
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<thead>
<tr>
<th>Activities</th>
<th>By whom</th>
<th>By when</th>
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<tr>
<td>Continue collaboration with healthcare organizations to incorporate end-of-life decisions into healthcare plans, EHRs, etc.</td>
<td>All partners involved in CTM community campaign</td>
<td>Ongoing, with updated goals as progress is made.</td>
<td>Robust community collaboration among volunteers and agencies.</td>
<td>Funding, staffing</td>
<td>Healthy Peninsula, Hospice Volunteers of Hancock County, Blue Hill Public Library, Northern Light Home, Health, Hospice, community volunteers.</td>
<td>Ongoing, with updated goals as progress is made.</td>
</tr>
</tbody>
</table>

**Objective 4: Exercise/Balance/Nutrition/Wellness Classes Offered in Local Communities Throughout the Region**

<p>| Continue to provide exercise, balance, strength-building classes in local communities | Healthy Peninsula and AFCC will support with information-sharing and resource connection. Classes provided by partner agencies (Healthy Acadia, Healthy Island) | Ongoing through 2020-21 | Strong collaborative relationships, funding, | Funding, staffing | AFCC Community Partners | # classes offered; location of classes; # participants; reviews of classes |</p>
<table>
<thead>
<tr>
<th>Activities</th>
<th>By whom</th>
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<th>Resources and Support available/needed</th>
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<th>Partnerships</th>
<th>Metrics</th>
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</thead>
<tbody>
<tr>
<td>Continue to provide nutrition classes as possible in local communities</td>
<td>Healthy Peninsula and AFCC will support with information-sharing and resource connection. Classes provided by partner agencies (Healthy Peninsula, Healthy Acadia, Healthy Island Project, Beth C. Wright Cancer Resource Center)</td>
<td>Ongoing through 2020-21</td>
<td>Strong collaborative relationships, funding,</td>
<td>Funding, staffing</td>
<td>AFCC Community Partners</td>
<td># classes offered; location of classes; # participants; reviews of classes</td>
</tr>
</tbody>
</table>

**Objective 4:** Continue information-sharing, local collaboration, and resource expansion for health & wellness activities from community partner organizations and volunteers

See Communication and Information Domain

**Who is responsible for maintaining and updating information:** Anne Schroth, Healthy Aging Coordinator, Healthy Peninsula

**Frequency of meetings:** AFCC bi-monthly meetings
**RESPECT & SOCIAL INCLUSION AND SOCIAL PARTICIPATION**

**Goal:** To increase opportunities for and information about programs that decrease social isolation and improve social engagement

**Collaborating Organizations:** AFCC community partners

**Beneficiaries:** Older people, particularly those who are socially isolated, who live in the towns on the Blue Hill Peninsula and Deer Isle

<table>
<thead>
<tr>
<th>Activities</th>
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<th>Partnerships</th>
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</thead>
<tbody>
<tr>
<td>Hold Regional Volunteer/Resource Fair</td>
<td>Healthy Peninsula &amp; Blue Hill Peninsula Chamber of Commerce, with AFCC Community Partners</td>
<td>Spring 2020</td>
<td>Collaborative relationships among AFCC partners</td>
<td>AFCC Community Partners, local businesses, community members</td>
<td>AFCC Community Partners, local businesses, community members</td>
<td># exhibitors, # attendees</td>
</tr>
<tr>
<td>Weekly Community Coffeehouse</td>
<td>Friends in Action, with Healthy Peninsula as co-sponsor</td>
<td>Ongoing since 2019</td>
<td>Funding, staff, volunteers</td>
<td>AFCC Community Partners, community members</td>
<td>AFCC Community Partners, community members</td>
<td># participants; reviews of coffeehouse</td>
</tr>
<tr>
<td>Successful Aging Creativity Circles</td>
<td>Healthy Peninsula</td>
<td>September 2019 Spring 2020</td>
<td>Funding, collaborative relationships, reputation</td>
<td>AFCC Community Partners, community members</td>
<td>AFCC Community Partners, community members</td>
<td>Curriculum; data collected for funder</td>
</tr>
<tr>
<td>Multi-generational Theater Workshop</td>
<td>New Surry Theater, with help identifying funding from Healthy Peninsula</td>
<td>2020</td>
<td>Funding, experience, staff</td>
<td>AFCC Community Partners; local schools; community members</td>
<td>AFCC Community Partners; local schools; community members</td>
<td>#participants; workshop curriculum; workshop reviews</td>
</tr>
</tbody>
</table>

**Exercise, Nutrition, Wellness Classes**

See Community Support and Health Services Domain

**Community Paramedicine Project**

See Community Support and Health Services Domain
<table>
<thead>
<tr>
<th>Activities</th>
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<tbody>
<tr>
<td>End-of-Life Planning Initiative</td>
<td>See Community Support and Health Services Domain</td>
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</tbody>
</table>

**Who is responsible for maintaining and updating information:** Anne Schroth, Healthy Aging Program Coordinator, Healthy Peninsula

**Frequency of meetings:** AFCC bi-monthly meetings, other meetings as needed.
**Goal:** To establish a range of home repair resources for older people aging in older homes in the towns of the Blue Hill Peninsula and Deer Isle

**Collaborating Organizations:** Healthy Peninsula, Eastern Area Agency on Aging, Friends in Action, local libraries, AFCC Partners

**Beneficiaries:** Older people and their families living in the towns on the Blue Hill Peninsula and Deer Isle

<table>
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<th>Potential barriers or resistance</th>
<th>Partnerships</th>
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</thead>
<tbody>
<tr>
<td>Build capacity for a Chore Helper Program (collaboration b/w HP and EAAA) with civic organizations or other groups that will serve older people on the Blue Hill Peninsula, Deer Isle, and Stonington</td>
<td>Healthy Peninsula, EAAA, AFCC participating partners</td>
<td>2020</td>
<td>Staff time, funding, collaborative relationships</td>
<td>Funding, volunteers, staffing</td>
<td>AFCC partners, community organizations serving the region</td>
<td>Written proposal of project for volunteer recruitment; outline of goals</td>
</tr>
<tr>
<td>Research and develop mechanism for establishing list of trusted contractors</td>
<td>Healthy Peninsula</td>
<td>2020</td>
<td>Staff time, funding, collaborative relationships</td>
<td>Funding, volunteers, staffing</td>
<td>AFCC partners, community organizations serving the region</td>
<td></td>
</tr>
<tr>
<td>Research and develop list of available loans and grants for home modifications, repair, and improvements</td>
<td>Healthy Peninsula</td>
<td>2020</td>
<td>Staff time, funding, collaborative relationships</td>
<td>Funding, volunteers, staffing</td>
<td>AFCC partners, community organizations serving the region</td>
<td></td>
</tr>
</tbody>
</table>

**Healthy Peninsula Traveling Tool Table Project**

See Community Support and Health Services Domain

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**Who is responsible for maintaining and updating information:** Anne Schroth, Healthy Aging Program Coordinator, Healthy Peninsula

**Frequency of meetings:** AFCC bi-monthly meetings; other meetings as needed
**COMMUNICATION AND INFORMATION**

**Goal:** To establish systems to regularly and widely share information about age-friendly activities throughout the towns of the Blue Hill Peninsula and Deer Isle

**Collaborating Organizations:** Healthy Peninsula, Penobscot Bay Press, and AFCC Collaborating Partners

**Beneficiaries:** Older people who live and work in the towns on the Blue Hill Peninsula and Deer Isle

<table>
<thead>
<tr>
<th>Activities</th>
<th>By whom Who will be responsible for getting it done?</th>
<th>By when By what date will the action be done?</th>
<th>Resources and Support available/needed</th>
<th>Potential barriers or resistance What individuals and organizations might resist? How?</th>
<th>Partnerships What individuals and organizations should be informed about/involved with these tasks?</th>
<th>Metrics What indicators have been identified to measure progress?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain robust information-sharing opportunities</td>
<td>All AFCC partners, coordinated by Healthy Peninsula</td>
<td>Ongoing, with updated goals as progress is made.</td>
<td>Existing connections and relationships among AFCC partners</td>
<td>Continuing funding and staff for Healthy Peninsula and AFCC partner agencies</td>
<td>All AFCC partners</td>
<td># meetings; publicity opportunities, with updated goals as progress is made.</td>
</tr>
<tr>
<td>Share information locally about health &amp; wellness activities from community partners and volunteers</td>
<td>All AFCC partners, coordinated by Healthy Peninsula</td>
<td>Ongoing, with updated goals as progress is made.</td>
<td>Existing connections and relationships among AFCC partners</td>
<td>Continuing funding and staff for Healthy Peninsula and AFCC partner agencies</td>
<td>Ongoing, with updated goals as progress is made.</td>
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</tr>
<tr>
<td>Community Resource Guide (communityresourceguide.org)</td>
<td>Healthy Peninsula, Northern Light Blue Hill Hospital</td>
<td>Regular updates, as needed.</td>
<td>Existing platform; existing resource familiarity</td>
<td>Staff time, funding</td>
<td>AFCC partners and community at large</td>
<td>Schedule of updates; metrics of website use</td>
</tr>
<tr>
<td>Community Columns in PBP papers</td>
<td>AFCC Partners, coordinated by Healthy Peninsula, Penobscot Bay Press</td>
<td>Ongoing, with columns submitted at least quarterly or more often as issues arise.</td>
<td>Strong collaborative relationships, especially with PBP</td>
<td>Staff time, funding</td>
<td>AFCC partners</td>
<td>Schedule of articles, suggested topics.</td>
</tr>
<tr>
<td>Activities</td>
<td>By whom Who will be responsible for getting it done?</td>
<td>By when By what date will the action be done?</td>
<td>Resources and Support available/needed Resources available</td>
<td>Resources needed (financial, human, political, etc.)</td>
<td>Potential barriers or resistance What individuals and organizations might resist? How?</td>
<td>Partnerships What individuals and organizations should be informed about/involved with these tasks?</td>
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<tr>
<td>Community Paramedicine Project</td>
<td>See Community Support and Health Services Domain</td>
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<tr>
<td>Healthy Peninsula Traveling Tool Table Project</td>
<td>See Community Support and Health Services Domain</td>
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</tbody>
</table>

**Who is responsible for maintaining and updating information:**  Anne Schroth, Healthy Aging Program Coordinator, Healthy Peninsula

**Frequency of meetings:**  AFCC bi-monthly meetings; other meetings as needed
**Goal:** To collaborate among AFCC organizational and municipal partners to incorporate an age-friendly focus into new projects or improvements in outdoor spaces and buildings

**Collaborating Organizations:** AFCC collaborating partners

**Beneficiaries:** Individuals and families who live, work, and visit in the towns on the Blue Hill Peninsula and Deer Isle

<table>
<thead>
<tr>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>Blue Hill Heritage Trust Age-Friendly Walking Trail</td>
<td>Blue Hill Heritage Trust, Healthy Peninsula</td>
<td>2018-19</td>
<td>AARP Challenge Grant, staff, volunteers</td>
<td>Funding, staff time</td>
<td>Blue Hill Heritage Trust, Healthy Peninsula, AFCC collaborating partners</td>
<td>Volunteer contributions, trail use metrics, mileage of accessible trail</td>
</tr>
<tr>
<td>Deer Isle Age-Friendly Walking Trail</td>
<td>Town of Deer Isle, Healthy Peninsula, Healthy Island Project, AARP Maine</td>
<td>2018-19</td>
<td>AARP Maine matching funds, town staff, volunteers</td>
<td>Funds, materials, staff supervision time</td>
<td>Town of Deer Isle, Healthy Island Project, AFCC collaborating partners</td>
<td>Volunteer contributions, trail use metrics, mileage of accessible trail</td>
</tr>
<tr>
<td>Blue Hill Town Park Playground Project</td>
<td>Town of Blue Hill, Healthy Peninsula</td>
<td>2019-21</td>
<td>Funding, strong partnership, staff</td>
<td>Funding, staff</td>
<td>Community opinions about funding, design</td>
<td>Schedule for planning process</td>
</tr>
</tbody>
</table>

**Who is responsible for maintaining and updating information:** Anne Schroth, Healthy Aging Program Coordinator, Healthy Peninsula

**Frequency of meetings:** AFCC bi-monthly meetings; other meetings as needed
**Transportation**

**Goal:** To share information and resources about existing transportation options in the towns of the Blue Hill Peninsula and Deer Isle

**Collaborating Organizations:** Healthy Peninsula, Friends in Action, Healthy Island Project, Northern Light Blue Hill Hospital, and other AFCC Community Partners

**Beneficiaries:** Older people and people with disabilities living in the towns on the Blue Hill Peninsula and Deer Isle

<table>
<thead>
<tr>
<th>Activities</th>
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<td>Who will be responsible for getting it done?</td>
<td>By what date will the action be done?</td>
<td>Resources available</td>
<td>Resources needed (financial, human, political, etc.)</td>
<td>What individuals and organizations might resist? How?</td>
<td>What individuals and organizations should be informed about/involved with these tasks?</td>
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<tr>
<td>Community Resource Guide (communityresourceguide.org)</td>
<td>See Communication and Information Domain</td>
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<td>Community Columns in PBP papers</td>
<td>See Communication and Information Domain</td>
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**Who is responsible for maintaining and updating information:** Anne Schroth, Healthy Aging Coordinator, Healthy Peninsula

**Frequency of meetings:** AFCC bi-monthly meetings; additional meetings as needed.
**CIVIC PARTICIPATION AND EMPLOYMENT**

**Goal:** To improve information and opportunities for older people who want to work or volunteer to find meaningful opportunities.

**Collaborating Organizations:** All AFCC collaborating partners

**Beneficiaries:** Older people who live and work in the towns on the Blue Hill Peninsula and Deer Isle

<table>
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<tr>
<th>Activities</th>
<th>By whom</th>
<th>By when</th>
<th>Resources and Support available/needed</th>
<th>Potential barriers or resistance</th>
<th>Partnerships</th>
<th>Metrics</th>
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<td>Choices That Matter End-of-Life Planning Initiative</td>
<td>See Community Support and Health Services Domain</td>
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<td>See Respect &amp; Social Inclusion and Social Participation Domain</td>
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<td>Community Columns in Local Newspapers</td>
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**Frequency of meetings:** AFCC bi-monthly meetings; other meetings as needed