



# Healthy Peninsula's Early Childhood Community Profile

Early Childhood on the Blue Hill Peninsula, Deer Isle and Stonington  
2018





## Acknowledgements

This Community Profile was made possible by generous grant funding from the Maine Community Foundation, and is a compilation of data and information gathered from our nine-town service area, as well as national databases such as the Census Bureau, the Department of Education, Child Development Services, etc. In both 2015-2016 and 2018, Healthy Peninsula completed information studies through focus groups, conversations, and surveys with local educators, child development professionals, health care providers and parents/guardians.

Many hours of paid and volunteer work by an Early Childhood Network composed of a multitude of individuals gathered this information and wrote this Profile. We extend a huge thank you to our Early Childhood Network Team for their hard work! We also thank the team at the Data Innovation Project as a part of the Muskie School at University of Southern Maine for their input on data collection methods and data trainings. Thank you to Lisa Arhontes-Marshall at Beehive Development for her input on formatting and infographic support!

**We envision the Blue Hill Peninsula, Deer Isle and Stonington to be place where our parents and caregivers have the resources, support and knowledge they need so that growing children become healthy, strong, and excited to learn with confidence and curiosity.**

## Purpose

This Community Profile is part of an Early Childhood Community Planning Grant funded by the Maine Community Foundation. The grant's mission is to inspire community-based learning and strategies to improve outcomes for young children (ages 0-5) and families so more children arrive at school ready to learn and thrive. The purpose of this Community Profile is to provide the Blue Hill Peninsula, Deer Isle and Stonington with a compilation of information related to young families and early childhood development. It provides information about our demographic base as well as more in depth information about the resources available in our communities, areas of strength and weakness and how parents feel about raising their families in our communities.

As a second part of our Early Childhood Community Planning Grant, Healthy Peninsula and our Early Childhood Network Team will review all data and prioritize concerns into a community action plan. Based on that action plan, an implementation grant focused on improving early learning our region will be submitted to the Maine Community Foundation in June of 2019. For any questions about this Profile or our ongoing work with Early Childhood, please contact Erica Garvey, Healthy Families Early Childhood Community Planning Coordinator at [egarvey@healthypeninsula.org](mailto:egarvey@healthypeninsula.org).

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## Data Summary

Below is a summary of what we learned as a result of our 2018 Early Childhood Planning Grant surveys and focus groups. For more information, please refer to the long-form answers in the Supplemental Resources Section of this Profile (page 18).

### PARENTS

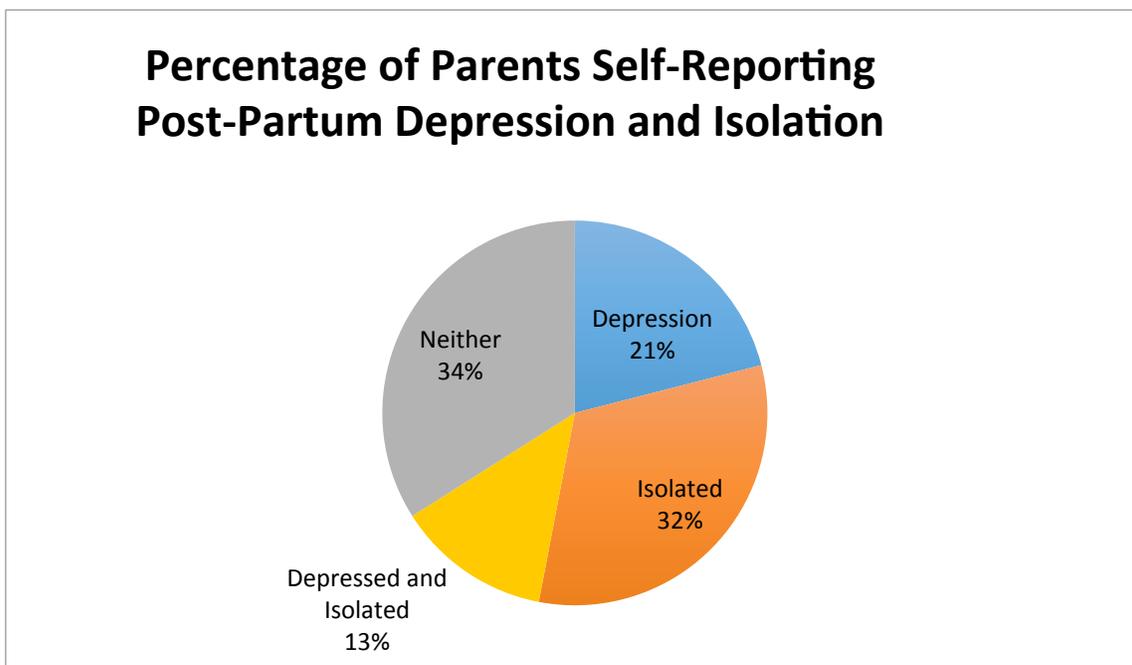
(43 responded to online surveys, 5 responded through paper surveys, 11 responded through focus groups = 59 parents)

#### BRAIN AND EARLY CHILDHOOD DEVELOPMENT

- Over 64% of parents responded that they did not attend a childbirth class.
  - Of those who did, most attended a Mindful Birthing class in Ellsworth.
- When asked if parents would like to have access to free prenatal and new parent classes, 56% said yes and an additional 12.5% said maybe, pending location of the class, timing and ability to bring older siblings.
- When asked where parents and guardians learned about their baby’s brain and body development, parents reported evenly, their midwife/OBGYN and independently reading child development books.
- 57% reported they wished they knew more about their children.
  - 45% reported that they felt comfortable with how to hold, talk to and take care of their baby, especially those who reported having more than one child.

#### PARENT AND YOUNG FAMILY SUPPORT

- When asked, 31 of 47 responses, or 66%, reported having had depression (21%), felt isolated (32%), or both (13%) after having their child.
- In general, those who reported experiencing **postpartum depression and/or isolation told us that feeling supported by a spouse, family member or peer was crucial to their feeling better.**

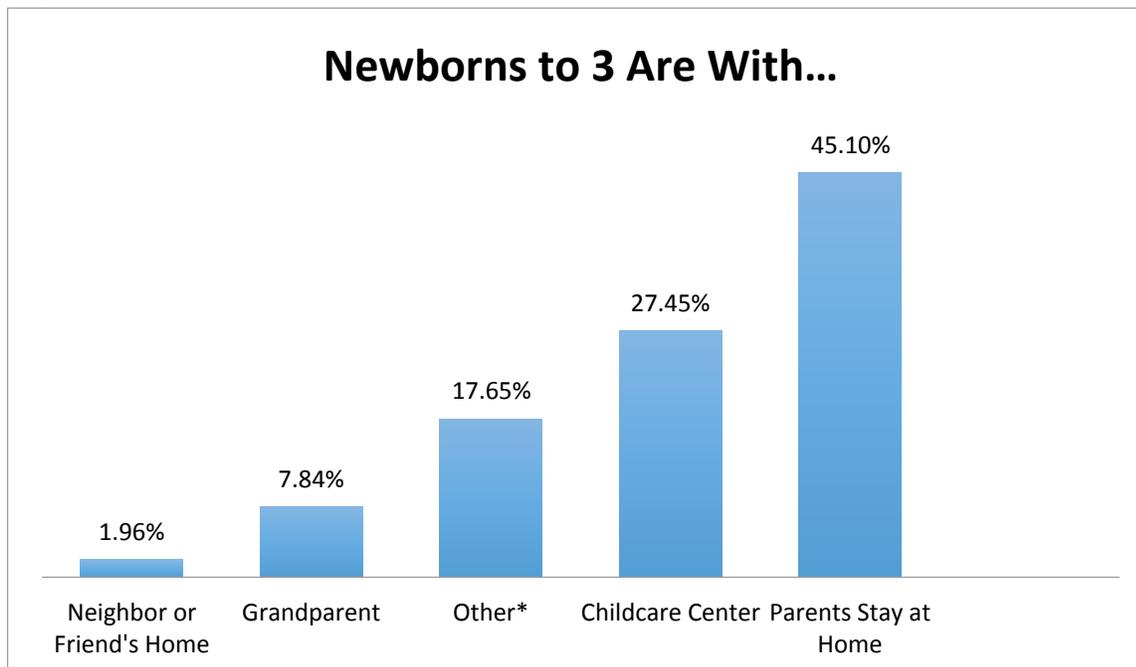


*“Talking to other new mothers, their experiences are similar and recent.” – a parent when asked what helped make things better*

## WHERE DO OUR NEWBORNS GO IF/WHEN THEIR PARENT/GUARDIAN RETURNS TO WORK?

- 40% took care of their newborns as a stay-at-home parent
- 18% of young families rely on a grandparent or other family member for childcare assistance.
- 40% reported their child is enrolled in a childcare center or nursery school as a newborn

## AS THEY AGE...



\*17.45% report "Other" which includes utilizing a combination of staying at home with parent or grandparent and transitioning into a childcare center later or as part-time

## HOME VISITING PROGRAMS

- 69% of parents reported that they **had not received** any home visitation services after the birth of their child
- Of those who did, 46% reported the visits were helpful, 46% reported that they either weren't helpful enough to continue beyond one visit or could have been better (8% responded that the question was not applicable)
- 31% of parents reported **not knowing** home visiting services existed or were available to them
  - Some commented that they **wished they had known** about the services and would have utilized them
- 21% reported **purposefully opting out of the services**, with reasons including feeling invaded, too much stress coordinating and remembering the appointments, redundancy of information and not enough wholesome information beyond a basic weight check and vaccine information
- 53% reported they would have liked support or information from a home visitor but many commented that they would have preferred the information be about **emotional support, understanding, teaching respect and discipline and even about car seat installation**
- Some mentioned the desire for the home visiting service to be **less formalized and more of a peer-to-peer support/mentor relationship**
- Our healthcare providers, responding to our online survey, **supported the need for a quality home visiting program offered to all newborns and their families**. One commented that they have noticed that the "patients whom I think would most benefit from the service are often the most reluctant to use it (I think in part because of concerns about being judged and possibly having CDS/custody involvement.)" This theme reverberated through the other comments made by providers, possibly suggesting work will need to be done to build trust in our families.

## SINGLE MOST HELPFUL AND LEAST HELPFUL AS A NEW PARENT

Most	Least
Having social connections with other new parents – 33%	Negative Judgment, Unsolicited Advice and Parent Shaming – 23%
Family support including making meals and watching the baby – 20%	Lack of General Support and Outreach – 23%
Playgroups – 9%	Poor Childcare Options (lack of availability, waiting lists, hours, cost) - 17%
Midwives/OBGYNs – 13%	Distance and Location of Providers – 11%
Online/Social media – 9%	Hospital Billing and Financial Assistance - 9%
Hired Help – such as a cleaning service or babysitter – 6%	Drop-In Visits and Calls – 9%
Services – such as WIC and Meal Trains – 6%	Doctor’s visits “being less than helpful” – 6%
Home Visitations – 3%	Having no break from the kids – 3%

*“I think we spend way too much time worrying about what we are doing wrong and comparing ourselves to others”*

*“Not enough hands-on parenting classes”*

*“There isn’t much to do in Maine with kiddos, or young kiddos, nothing about their development or what to expect”*

*“... aren’t many young mothers in one specific area so we are all isolated. I think more public information on playgroups, etc would be good”*

### PLAYGROUPS

- 58% reported having attended a playgroup
- 13% reporting they are unaware of any playgroups

### GETTING NEW INFORMATION

#### How would you like to receive information?

1. Midwife or doctor providing information directly
2. Advice from friends and family
3. Newsletters, playgroups and social media

### COMMUNITY RESPONSIBILITY

**77% of parents reported feeling that the community has a responsibility in supporting young families**

#### Ranked List of Concerns:

1. Poor quality of education available to their children, with many expressing concern about the uncertainty of their school remaining open.
2. Lack of things to do with children, not enough activities
3. Opioid crisis and how the lack of activities for children can lead to early introduction to drugs, drinking and vaping
4. Lack of diversity – not just ethnic diversity, but also a lack of diversity in creative arts, the larger world, and connections with other people
5. Social and emotional concerns
6. Driving habits! – Many parents expressed concern over the speed of vehicles on the road and the safety of children walking or riding bicycles. Many commented on the lack of sidewalks.
7. Not many people around, leading to isolation and lack of diversity in people to interact with
8. Safety/crime including in our schools and communal areas, such as shops

Some comments from parents included:

**“What I longed for was more information to help me understand my child so I could respond in a supportive way.”**

**“{There is a...} Quality, not quantity of people.”**

**“It is very isolated here and it makes it challenging for first time parents who do not have the family support we do.”**

**“It takes a village. The more things to get out and do/see, the happier mom and baby are.”**

**“I know nothing” – remarking about availability of resources and connections and how to enroll in school and when.**

**“What the hell am I supposed to do?”**

**“Childcare is very hard to come by and very expensive when you are unable to be a stay at home parent.”**

**“It’s a great place to raise children.”**

**“It is a great experience. It has been for me, anyway... Lots of love, truly. Playgroup truly change my life. I am extremely fortunate this town offers a safe place to play and meet friends...”**

Parents **suggested and offered ways for the community** to help:

- Offer incentives and encouragement for more people to open early childcare options, especially for the younger children.
- Local hand-to-hand outreach to new people or people who need a hand
- Early intervention and screening fairs related to developmental milestones and health
- Redo the Blue Hill Park
- School safety

## **SERVICE PROVIDERS**

(10 healthcare providers and 3 childcare providers responded through online and paper surveys)

- 92% of the healthcare and childcare providers reported that they provide parents with information about discipline, child development, parenting, health, nutrition and family well-being
- 69% of the healthcare and childcare providers routinely offer information about resources; some reported that they were needs based, while other reported not providing any information about resources
- 46% of the healthcare and childcare providers refer patients/parents/children to other services and resources
  - Reasons for low referrals include:
    - not enough information about how to refer to certain programs
    - acknowledgment of gaps in assessment services
    - need for additional help with case management
    - assumptions that other providers are doing the referrals

## **WHAT DO OUR PARENTS NEED MORE OF?**

- local breastfeeding and parent support
- transportation
- mental health case management
- family advocated, peer to peer education and training
- food and resources for families just above the income levels of SNAP, WIC and such but still struggling

## **WHEN ASKED HOW CAN WE (HEALTHY PENINSULA) HELP?**

- promote our programs more
- provide community resource information
- offer facilitator support for parents
- assist in developing parent mentors

## QUALITY, EARLY CHILDCARE AND EDUCATIONAL PROGRAMS

- All providers agreed some work needs to be done

**“It would be great to have some sort of Headstart equivalent for kids younger than 3 years old.”**

**“Quality is the key word, we need to re-examine what this looks like for the very young child. Young children, up through kindergarten, need a very different environment for healthy development...an environment that gives children time for self-initiated exploration and play.”**

**“Not as things stand now because I think our country’s perception of good early childhood education is not based on what young children need to thrive. System needs a complete overhaul”**

## LOCAL BUSINESS COMMUNITY

A brief survey was submitted to local community business leaders, but responses were too low to draw any conclusions or statistical meaning. More work will be done in the future to assess community business support and knowledge of their impacts on early childhood development.

*“What you folks are doing by finding out the need in the community and helping to support young/growing families.” – one parent when asked what can be done about their concerns raising a child in our community*

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# Comprehensive Community Demographics

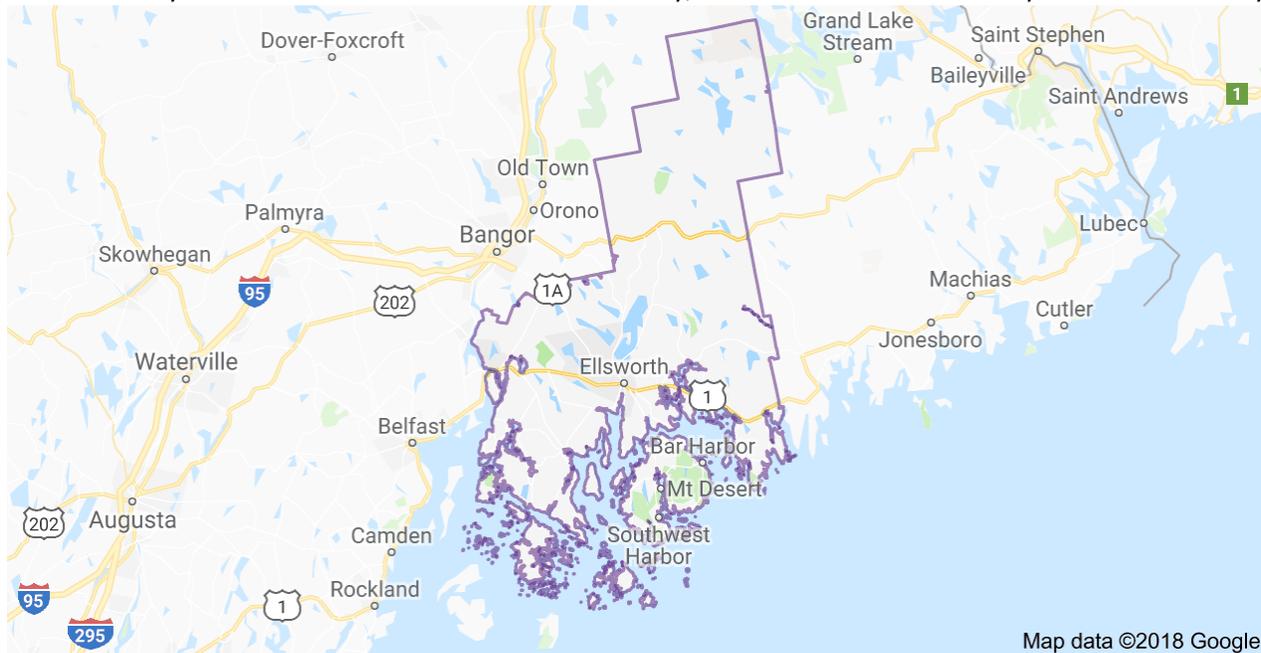
## Demographic Summary (\*See demographic general disclaimer on following page)

- Our Service Area comprises a 298.7 square miles with a population of 12,751 people<sup>9</sup>.
- We are 96.3% White, with 1% Asian<sup>1</sup>
- 4.4% of our population or 2,414 children are 5 years or younger, with a good percent of our population (30%) 60 years and older<sup>1</sup>
- 15.7% of children live in poverty<sup>3</sup>

## Service Location and General Demographics

Healthy Peninsula serves the nine towns of the Blue Hill Peninsula, Deer Isle and Stonington. Therefore, the demographic information and interviews conducted focus on this service area. Included in this section are general demographic statistics about our location, population, and employment, as well as information specific to children 5 years and younger.

The Blue Hill Peninsula, Deer Isle and Stonington are located within Hancock County, Maine. In total, Hancock County has an area of 2,345 square miles<sup>9</sup> and, as of the 2010 Census, a population of 54,483<sup>1</sup>. The county seat for Hancock County is Ellsworth, which is not included in the Healthy Peninsula service area, but where many services and resources reside. While Healthy Peninsula serves much of Hancock County, we do not serve the entirety of Hancock County.



Map data ©2018 Google

Town Name	Geographic Size	Base Population
Blue Hill	56.72 sq. miles	2010 Census: 2,686
Brooklin	18.57 sq. miles	2010 Census: 824
Brooksville	33.8 sq. miles	2010 Census: 934
Castine	7.9 sq. miles	2010 Census: 1,366
Deer Isle	29 sq. miles	2010 Census: 1,973
Penobscot	48.03 sq. miles	2010 Census: 1,263
Sedgwick	27.62 sq. miles	2010 Census: 1,196
Stonington	37.8 sq. miles	2010 Census: 1,043
Surry	39.26 sq. miles	2010 Census: 1,466
(Penobscot Bay Press, 2018) <sup>9</sup>		

\*As an early disclaimer, much demographic data could not be located at the town level, therefore we have resorted to pulling Hancock County data when necessary. Please note that this data will be larger than for only our select service area and may not always be representative of our subpopulation.

**Aging Population**  
**4.4% are 5 years old & younger**  
**30% are 60 years old & older**

Hancock County has a median age of 47.9 years old. Children under 5 years old make up 4.4% of our population, with 47.5% of our population being 62 years or older<sup>1</sup>. We are an aging community but with a slow resurgence of young families in the area.

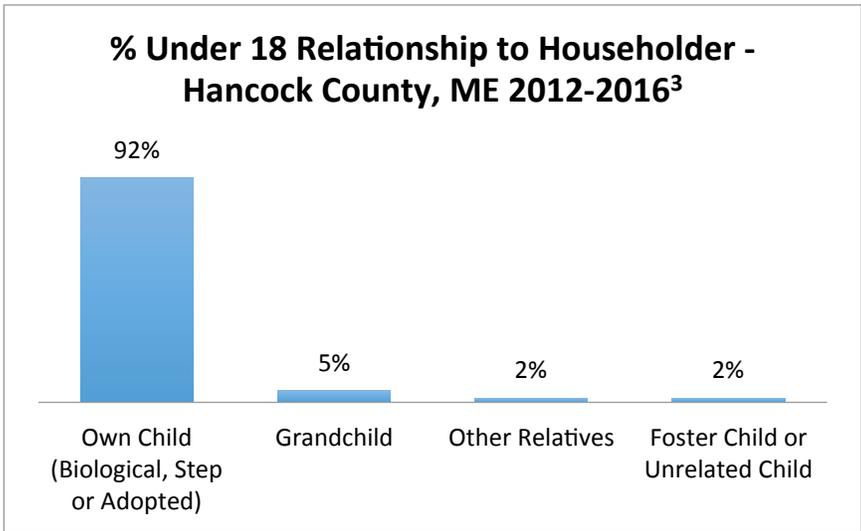
According to the American Community Survey (ACS) in 2012-2016, 96.3% of Hancock County is reported as White or Caucasian<sup>1</sup>, with the next highest percentage of the population reporting they are Asian (1%). Culturally, our

area is not very ethnically or racially diverse.

Approximately 61.6% of the population of Hancock County is in the workforce, with a median household income of \$50,037<sup>8</sup>. In turn, 38.4% of Hancock County is not in the labor force, either due to retirement, not employed by choice, or unemployed but looking for work. The current unemployment rate, according to the Maine Center for Workforce Research and Information, is 6.5% in Hancock County. According to the ACS Reports from 2012-2016, the major industries in Hancock County included education, health, social services, retail and the arts/entertainment<sup>9</sup>. From anecdotal information, some of the major occupations specific to our service area include commercial fishing, farming and tourism-based industries. Our communities, including the broader Downeast area, have a surge of tourists through the Summer and Fall seasons.

In Hancock County overall, 87.1% of the population has health insurance, with a majority covered by private insurance (66.1%)<sup>9</sup>. 12.9% are uninsured. According to Kids Count data, 48% of children under 5 years old are currently enrolled in MaineCare<sup>5</sup>.

In Hancock County, about 11.6% of the entire population fell below poverty level. Of the overall population, 7.6% of families were identified as being below poverty level with 23.8% of those having related children under 5 years old<sup>9</sup>. According to the ACS 2012-2016 Survey, the percent of children with all parents in the family in the labor force was 72.8%<sup>9</sup>.



According to this chart, most children reside in a household made up of one or both of their biological parents, stepparents or adoptive parents<sup>3</sup>. While only 4.7% report to be grandparents raising a child, we believe, anecdotally, this number may be higher due to under reporting and some informalities with regards to legal guardianship. We would have liked to look closer at kin-care relationships in this grant period, but were unable to with our current capacity. We would like to focus on the kin-care relationships in future work so as to get a sense of the resources currently available to grandparents raising their grandchildren and how we can help.

In total, **96 children**, ages 0-3 years, are reported to receive Food Stamps (SNAP), TANF or both in our nine-town service area as of January 1, 2018<sup>11</sup>.

According to the Kids Count demographic chart below, which was released in June 2018, Hancock County has the following demographic base, which in general seems to be similar to the State of Maine's demographics<sup>5</sup>.

<b>Geographic Level</b>	<b>Hancock</b>	<b>State</b>
% Persons Under 5 Years (2016)	4.5	4.9
Number of Person Under 5 Years (2016)	2,444	78,093
Infant Mortality Rate (per 1,000 births) (2016)	6.0	6.6
% of Low Weight Births (2016)	5.8	7.1
% of Babies Born Exposed/Affected by Substances (2017)	6.1	7.8
Child Death Rates Ages 1-14 (2016)	1.3	1.5
% of Children in Poverty (2016)	15.3	16.7
% of Children Under Age 6 with All Available Parents in the Workforce (yr)	72.8	69.2
% of Children Under Age 5 Participating in MaineCare (2017)	48.0	51.5
% of Children Under Age 19 without Health Insurance (2016)	5.9	4.8
% of Children 5 Years and Younger Receiving TANF (2017)	1.4	3.8
% of Children 5 Years and Younger Receiving SNAP (2017)	23.2	27.2
% of Food Insecure Children (2016)	20.0	19.8
% Public Preschool Enrollment (2016)	24.9	38.4
Licensed Nursery School Providers (2013)	3	84
Licensed Family Childcare (2013)	42	1,223
Licensed Center-Based Child Care Facility (2013)	30	701
Number of Families Served in the Maine Home Visiting Program (2017)	132	2,142
% of Children in Custody or Care of DHHS (2017)	5.9	6
Number of Children in Custody of DHHS (2017)	56	1,534

## Early Child Care and Education Demographics

This section will map the available childcare programs currently located within the Blue Hill Peninsula, Deer Isle and Stonington areas. It will also provide information on licensed programs, capacity and current enrollments.

### Childcare on the Peninsula, Deer Isle and Stonington

The Blue Hill Peninsula, Deer Isle and Stonington have some options for childcare. Childcare providers range from public preschool programs, a Head Start program, in-home childcare providers, and center-based providers. According to the licensing data for childcare centers/nursery schools through State of Maine’s website, there are no licensed providers located in Brooklin, Castine or Brooksville. From anecdotal information, we know that a childcare program is in the beginning phases in Castine, though it is not currently accepting children.

Early Childcare Programs in Our Community						
Name of Program	Type	Location	Serving	Licensed	Step Rated	Capacity
Blue Hill YMCA	Center	Blue Hill	Infant, Toddler, Preschool	Yes		
Cubby Hole Too	Center	Blue Hill		Yes	Non-QRIS	
Tobyn Oxman Cedar Garden Nursery School	Home	Surry	Toddler, Preschool	Yes	Step 1	8/day
Christy Whitmore Lady Bugs and Dragonflies	Home	Surry		Yes	Step 3	
Jennifer McCall Hearthstone Forest School	Home	Sedgwick	Toddler, Preschool	Yes	Non-QRIS	8/day
Island Childcare	Center	Stonington		Yes	Non-QRIS	
Terri Lee Jones Just for Kids	Home	Stonington		Yes	Non-QRIS	
Megan Dee Gross Muddee Hands	Home	Deer Isle		Yes	Non-QRIS	
The Fiddlehead School	Nursery	Deer Isle		Yes	Non-QRIS	
Head Start	Center	Deer Isle		Yes	Step 4	
Skip to My Lou Day Care	Home	Penobscot	2-5 Year Olds	Yes	Step 1	8/day
(Maine Child Care Search) <sup>6</sup>						

Healthy Peninsula aims to keep current information about childcare programs hours and openings. As this information is constantly changing, we did not include hours and day-to-day openings or rates in the Community Profile.

## Preschool on the Peninsula, Deer Isle and Stonington

As of the last few years, all of the public schools on the Blue Hill Peninsula have incorporated a public preschool program. The Deer Isle/Stonington school system currently utilizes a collaboration between Headstart and the Elementary School to provide a public preschool program. Public preschool enrollment data is as of the 2018-2019 school year, pulled from the Data Warehouse on the Maine Department of Education (DOE) Website<sup>10</sup>.

Preschools in Our Community		
School	Pre-K Enrollment	Capacity
Blue Hill Consolidated School	11	18
Brooklin Elementary School	7	8
Brooksville Elementary School	5	
Adams School (Castine)	5	
Deer Isle-Stonington Elementary	16	16
Penobscot Elementary School	3	
Sedgwick Elementary School	12	
Surry Elementary School	13	13
The Bay School (Private)	14	
(Student Enrollment Data, 2018-2019) <sup>10</sup>		

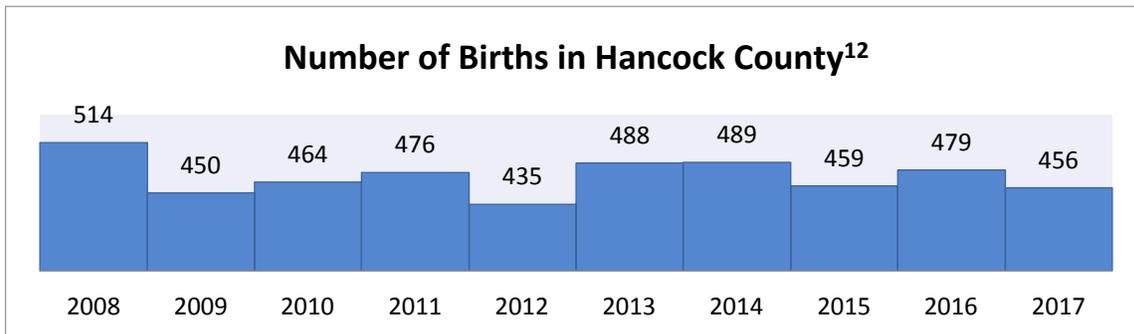
A Head Start program exists on Deer Isle and is available for children living in the Deer Isle/Stonington area. The nearest Head Start for the rest of the Peninsula is located in Ellsworth. There is currently no Early Head Start on the Blue Hill Peninsula or Deer Isle. In October 2018, a community conversation was hosted by Healthy Peninsula and Head Start about the possibility of bringing an Early Head Start program to the Blue Hill Peninsula to serve our entire service area.

The following represents the number of students enrolled in free and reduced lunch programs, by school, in the nine towns of our service area. The Maine DOE published this information for the 2018 school year. Students who are eligible for free or reduced lunch are eligible to receive free school breakfast as well.

Free and Reduced Lunch Eligibility and Enrollment in Our Schools							
School	School Enrollment	# Receiving Free	Free %	# Receiving Reduced	Reduced %	# Eligible	Eligible %
Blue Hill Consolidated School	272	73	26.84%	15	5.51%	88	32.35%
Brooklin School	62	24	38.71%	1	1.61%	25	40.32%
Brooksville Elementary School	62	23	37.10%	3	4.84%	26	41.94%
Adams School (Castine)	55	11	20.00%	2	3.64%	13	23.64%
Deer Isle-Stonington Elementary School	203	90	44.33%	32	15.76%	233	60.10%
Penobscot Elementary School	72	29	40.28%	1	1.39%	30	41.67%
Sedgwick Elementary School	105	35	33.33%	15	14.29%	50	47.62%
Surry Elementary School	126	41	32.54%	12	9.52%	53	42.06%

## Health and Wellness Demographics

According to data provided by Maine DHHS, Maine Center for Disease Control and Prevention, Data, Research and Vital Statistics<sup>12</sup>, birth rates have generally decreased over the last 10 years but have fluctuated year-to-year.



Due to location of OBGYNs, midwives and labor-delivery units, most parents are having their children in either Ellsworth or Bangor. It is difficult to track which of those babies born in those hospitals originate from the Peninsula, Deer Isle and Stonington.

The following information was found in a report by the Maine Maternal, Fetal and Infant Mortality Review Panel in their 2017 Annual Report to DHHS<sup>7</sup>. This information was not made available at the town or county level.

**The rate of drug affected babies born in Hancock County increased from 45.3 per 1,000 births in 2010 to 61.5 in 2017**

\*2018 CHNA<sup>2</sup>

In 2014, 68.4% of two year-olds were up to date with recommended immunizations, which increased to 72% in 2017 according to the Blue Hill Regional Community Health Needs Assessment (CHNA) 2018 Report<sup>2</sup>.

4,373 or 43.5% of children 0-19 are enrolled in MaineCare in Hancock County, according to Kids Count Data for 2017<sup>5</sup>.

91% of MaineCare members under 18 had a visit to the dentist within a year in 2011 and 92.4% in 2015<sup>2</sup>.

13.1% of children were screened for developmental delays in 2012-2014, while 20.3% were screened between 2015-2017 (only children with MaineCare were included in these statistics)<sup>2</sup>

According to Kids Count, in 2017, 5.9% of children in Hancock County (56 children) were in the custody or care of DHHS. That is in comparison to the State of Maine, in which 6% or 1,534 children were in the custody or care of DHHS.<sup>5</sup>

**20% of children are food insecure in Hancock County**

\*Census Bureau (2016)<sup>3</sup>

In 2017, 132 families in Hancock County were served by the Maine Home Visiting Program, as compared to 2,142 for the entire State of Maine<sup>5</sup>.

For more information on the Health and Wellness of the general population of Hancock County, please refer to the Hancock County Health Profile 2018 – Maine Shared Community Health Needs Assessment (Blue Hill Memorial Hospital, Maine Coast Memorial Hospital and Mount Desert Island Hospital, 2018).

## Community Resources and Mapping

Below, we summarize the services and resources available to our families with children, as of 2018. Some of these have been previously mentioned within this report. Complete information and current availability can be found through Healthy Peninsula's regularly maintained resource guides: [www.communityresourceguide.org](http://www.communityresourceguide.org) or find our Family Resource Guide at [https://healthypeninsula.org/wp-content/uploads/2016/08/Final-Family-Resource-Center-Brochure-09\\_15-PDF.pdf](https://healthypeninsula.org/wp-content/uploads/2016/08/Final-Family-Resource-Center-Brochure-09_15-PDF.pdf).

### Providers of Services for families with young children

- Office of Child and Family Services
- Maine Families of Hancock County
- Catholic Charities
- Child Development Services
- Special Children's Friends
- Downeast Community Partners
- Department of Health and Human Services
- Eastern Maine Development Corp (Ellsworth)
- Pine Tree Legal (Bangor)
- Sweetser

### Medical Providers

- Northern Light Blue Hill Hospital – Prenatal, Midwives, NO Labor and Delivery
- Northern Light Eastern Maine Medical Center – Prenatal, Midwives, Labor and Delivery
- Blue Hill Women's Healthcare - Prenatal, Midwives, Labor and Delivery through Ellsworth or Bangor
- Maine Coast Women's Care – Prenatal, Midwives, Labor and Delivery through Ellsworth or Bangor
- Blue Hill Family Medicine – Prenatal, Midwives, Labor and Delivery through Ellsworth or Bangor
- Castine Community Health - Routine Well-Care for All Ages, Family Planning, Acute Care, Home Visits
- Island Family Medicine – Routine Well-Care for All Ages, Family Planning, Acute Care, Home Visits, OBGYN, Substance Abuse Counseling
- Peninsula Free Health – Free Screenings and Referrals
- Ellsworth Family Planning and Primary Care – Family Planning, Contraceptives, Testing and Primary Care Services

### Mental Health Providers

- Atlantic Mental Health Center
- Community Health and Counseling
- Families United
- Early Childhood Consultation and Outreach (ECCO)
- Opiate-Free Island Partnership

### Dental Providers

- Blue Hill Family Dentistry
- Blue Hill Peninsula Dental
- Caring Hands of ME Dental
- Island Family Dental
- Maine Coast Community Dental

### **Public Preschool Programs**

- Blue Hill Consolidated School
- Brooklin Elementary School
- Brooksville Elementary School
- Adams School (Castine)
- Penobscot Community Elementary School
- Sedgwick Elementary School
- Surry Elementary School
- Bay School (Private)

### **Childcare and Preschool Programs**

- Bay School's Morning Garden (Blue Hill)
- Blue Hill YMCA (Blue Hill)
- Cubby Hole Too (Blue Hill)
- Head Start (Deer Isle/Stonington)
- The Fiddlehead School (Deer Isle)
- Muddee Hands (Deer Isle)
- Skip to My Lou Day Care (Penobscot)
- Hearthstone Forest School (Sedgwick)
- Island Childcare (Stonington)
- Just for Kids (Stonington)
- Ladybugs and Dragonflies (Surry)

### **Playgroups**

- Blue Hill Public Library
- St. Brendan's Episcopal Church, Deer Isle
- Congregational Church of Ellsworth
- Sedgwick Elementary School
- Stonington Public Library
- Congregational Church of Deer Isle and Sunset
- Family Resource Center at Old Stonington School

### **Child and Parent Support Groups/Educational Classes**

- Mindful Birthing – Ellsworth
- Family Resource Center at Old Stonington Elementary School

### **Nutrition, Markets, Pantries, Meals**

- Women, Infants and Children (WIC) – Downeast Health Services
- Supplemental Nutrition Assistance Program (SNAP) – DHHS
- Tree of Life Food Pantry, Blue Hill
- St. Brendan's Episcopal Church, Deer Isle
- Stonington Island Pantry
- The Simmering Pot, Blue Hill
- Blue Hill Farmer's Markets (accepts SNAP)
- Brooklin Farmer's Market
- Brooksville Farmer's Market
- Castine Farmer's Market
- Deer Isle Farmer's Market
- Stonington Farmer's Market

### **Safety**

- Hancock County Sherriff's Department
- Northern Light Blue Hill Hospital
- Northern Light Eastern Maine Medical Center
- Poison Control
- Mental Health Crisis Hotline
- State Police (Bangor)
- Sexual Assault Hotline
- Domestic Violence Hotline/Next Step
- Spruce Run
- Child Abuse and Neglect Reporting

## Supplemental Resources

Included here are additional resources and information for reference, such as the long form of our current study (completed December 2018) and our previous Early Childhood Community study done in 2015-2016.

### Early Childhood Community Planning Grant 2018-2019 Questions and Answers

#### Introduction

In May of 2018, the Maine Community Foundation awarded Healthy Peninsula an Early Childhood Community Planning Grant. The grant's mission is "to inspire community-based learning and strategies to improve outcomes for young children (ages 0-5) and families so more children arrive at school ready to learn and thrive."

Healthy Peninsula convened a local Early Childhood Network representing a range of local sectors, including health, education, parents and business leaders whom met monthly to discuss planning strategies, data collection efforts and analysis which will (in the future) develop implementation strategies to address concerns documented here.

Our agreed upon mission became focusing on young families with children ages 0-3 who have not yet been integrated into a school program in the way that families with children 4-5 could generally be. We aimed to understand how families with young children are learning about child development and how to access resources and other supports and to determine what concerns these families have about raising their children.

Over the course of several months, we developed our questionnaires and surveyed 43 parents/guardians through an online survey, five parents through self-completed paper surveys and 11 parents through focus groups for a total of 59 parents. The parents represented eight of the nine communities in our service area (Blue Hill, Brooksville, Brooklin, Deer Isle, Sedgwick, Stonington and Surry). We were not able to speak with anyone in Castine. We also reached out successfully to three childcare providers, three local business leaders and ten local service providers.

We used a variety of methods to collect data. We sent postcards home in the backpack of every child in Pre-K thru 3<sup>rd</sup> grade in every school in both Union 93 and Union 76 (about 400 (+/-) postcards in total) with a link to an online survey. We also posted the link on Facebook on our Healthy Peninsula page, as well as our Peninsula Birth-5 Years Activities and Tips page. We hand-delivered paper surveys and postcards (another 150+/-) to several childcare providers and playgroup coordinators to hand out to parents. Two pediatricians' offices also agreed to hand out postcards to patients who live in the community. We incentivized our survey with a raffle drawing for gift cards. We publicized our efforts to collect data through a press release in the Penobscot Bay Press, which publishes three community newspapers with a total readership of about 5,000 readers.

The following is a representation of our surveys in long form, showing the questions verbatim and in the same order as presented to respondents. Notes are added to show if questions were prompted with multiple-choice options or left open-ended for self-reports from respondents. The data markers are shown with individual numbers as well as percentages. The purpose of this report is not to draw conclusions on this data at this time. Data analysis and conclusions will be done in the Action Planning Phase of our Community Planning Grant to come in the months of March-June 2019.

#### Demographics

From the demographic data we received with our survey responses, a majority of the individuals with whom we made contact were college-educated, white females who are married and living with their spouse and children, with average household incomes exceeding \$50,000 a year. Despite having little variety in our responding population, our respondents represent the average populace demographics for Hancock County per the Census Bureau – race, income, employment rate. We acknowledge that the information here is skewed to a certain demographic and efforts will be made in the future to deepen our reach to other demographic areas.

Please note that demographics were not required and not every respondent completed the demographics page.

1. What is your age? (Open-ended)
  - a. 18-20 years – 2.17% or 1 response
  - b. 21-29 years – 34.78% or 16 respondents
  - c. 30-39 years – 56.52% or 26 respondents**
  - d. 40-49 years – 6.52% or 3 respondents
  
2. What is your gender? (Multiple Choice)
  - a. Female – 95.65% or 44 respondents**
  - b. Male – 4.34% or 2 respondents
  - c. Other – 0
  
3. What is your race/ethnicity? (Multiple Choice)
  - a. White – 97.72% or 43 respondents**
  - b. Black - 0
  - c. Latino/Hispanic – 2.27% or 1 respondent
  - d. Asian - 0
  - e. Native American – 0
  - f. Other - 0
  
4. What is the highest educational degree you obtained? (Multiple Choice)
  - a. High School – 15.22% or 7 respondents
  - b. College – 4 Year – 45.65% or 21 respondents**
  - c. Graduate Degree – 15.22% or 7 respondents
  - d. Technical School – 2 Year – 8.69% or 4 respondents
  - e. Other – 15.22% or 7 respondents
    - i. Some College but no Degree
  
5. What is your marital status? (Multiple Choice)
  - a. Single, Never Married – 2.17% or 1 respondent
  - b. Engaged/Married/Long-Term Partnership – 84.78% or 39 respondents**
  - c. Divorced – 2.17% or 1 response
  - d. Widowed - 0
  - e. Other – 10.86% or 5 respondents
    - i. Single, Co-habiting with a Significant Other
  
6. What is your living situation? (Multiple Choice)
  - a. This question has been thrown out due to poor choice of options given. Options did not allow for an individual to report that they were living with spouse AND children. Formatting error.
  
7. How many children do you have? (Multiple Choice Online, Open-ended on Paper) \*Question appeared differently Online
  - a. Less than 1 year Old – 19 children represented by parents completing surveys**
  - b. 1 Year Old - 11
  - c. 2 Years Old - 13
  - d. 3 Years Old - 14
  - e. 4-5 Years Old - 18
  - f. 6-8 Years Old - 13
  - g. 9-11 Years Old - 5
  - h. 12-15 Years Old - 4
  - i. 16-17 Years Old - 3
  - j. 18 Years or Older - 6

8. What is your household income? (Multiple Choice)
  - a. Below \$10,000 per year – 4.34% or 2 respondents
  - b. \$10,000 to \$25,000 per year – 6.52% or 3 respondents
  - c. \$25,000 to \$50,000 per year – 28.26% or 13 respondents
  - d. \$50,000 to \$75,000 per year – 30.43% or 14 respondents**
  - e. Over \$75,000 per year – 30.43% or 14 respondents**
  
9. Are you employed? (Multiple Choice)
  - a. Employed full-time – 41.30% or 19 respondents**
  - b. Employed part-time – 34.78% or 16 respondents
  - c. Retired – 0
  - d. Unemployed (Looking for work) – 10.86% or 5 respondents
  - e. Not able to work - 0
  - f. Other – 13.04% or 6 respondents
    - i. Stay at home parent by choice/unemployed and not looking for work
  
10. What is your role? (Multiple Choice) \*Question not included on Online Survey therefore data is not included as it is inconclusive. Different surveys were written for parents, childcare providers and healthcare providers. It is assumed their roles are obvious based on the choice of survey each respondent completed.
  
11. What town do you live in? (Multiple Choice)
  - a. Blue Hill – 9.52% or 4 respondents
  - b. Brooklin – 2.38% or 1 response
  - c. Brooksville – 7.14% or 3 respondents
  - d. Castine - 0
  - e. Deer Isle – 26.19% or 11 respondents**
  - f. Penobscot – 4.76% or 2 respondents
  - g. Sedgwick – 21.42% or 9 respondents
  - h. Stonington – 19.04% or 8 respondents**
  - i. Surry – 9.52% or 4 respondents
  - j. Other (\*in case someone else not from our service area completed the survey) – 0

### Parents/Guardians Currently Pregnant and/or Those Raising Children Birth-3 Years Old

1. Where do/did you go for prenatal care? (Multiple Choice)
  - a. Family Doctor – 8.33% or 4 respondents
  - b. Midwife – 54.17% or 26 respondents**
  - c. OBGYN/Obstetrician – 35.42% or 17 respondents
  - d. Other – 2.08% or 1 respondent
    - i. Both a midwife and OBGYN
  
2. Did/do you take part in any childbirth classes? (Yes or No)
  - a. Yes – 35.42% or 17 respondents
  - b. No – 64.58% or 31 respondents**
  
  - c. If so, where do you go? (Open-ended, Self-report)
    - i. Ellsworth Hospital – 5 answers
    - ii. Blue Hill Hospital – 2 answers
    - iii. Mindful Birthing – 5 answers
    - iv. Took a class out of state – 1 answer

- v. More than one pregnancy so opted out of a class – 2 answers
- vi. Baby Premie so didn't get a chance to go – 1 answer
- vii. Online classes – 1 answer
- viii. Other Clinics Outside Service Area – 3 answers
- ix. Parent is a Health Professional – 1 answer

3. During your pregnancy, how and where did you learn about how your baby's brain and body was developing? (Open-ended, Self-report)

- **Midwife – 19% or 15 respondents**
- **OBGYN – 19% or 15 respondents**
- **Books – 19% or 15 respondents**
- App on Phone/Tablet – 18% or 14 respondents
- Internet – 15% or 12 respondents
- Ultrasounds – 5% or 4 respondents
- Parent is a Medical Professional – 3% or 2 respondents
- Peers – 1% or 1 respondent
- Clinic Emails – 1% or 1 respondent

a. Would you have liked to know more? (Open-ended, Self-report)

- i. **Yes – 57%**
  - 1. **“Yes, about making informed decisions when things don't go as planned.”**
  - 2. **“I always want to know more.”**
- ii. No – 45%
  - 1. “I felt that I was pretty well informed.”
- iii. Not Sure – 5%
  - 1. “I haven't really thought about it I guess...”

4. After your baby was born, did you ever feel isolated? Wish for a social connection with other new parents? Experience depression or the “baby blues?” Please tell us about your experience. If yes to any of the above, how did you deal with it? (Open-ended, Self-report)

a. **Yes – Depression – 21% or 10 respondents**

- i. **“Yes, I had post partum depression after my second. I dealt with it alone until I needed to seek professional help.”**

b. **Yes – Isolation – 30% or 15 respondents**

- i. **“Yes I felt isolated after the birth of my first child, and wished there was more community spaces to gather for well-being (yoga, dance, meditation, health/wellness, swimming pool, spa, etc)”**
- ii. **“Yes. I was a stay at home, single dad and I felt very alone. I wish there would have been someone around that I could have talked to or related too. Being a stay at home father is very rare and it's kind of hard for people to relate to which made things even worse. I was able to find a group on Facebook call SAHD or stay at home dads.”**

c. **Yes – Depression and Isolation – 13% or 6 respondents**

- i. **“Yes to all of the above. I don't have family nearby and everyone here is so close with their families and long established friendships that not having either here was, for me, very isolating. I'm thankful I have a great husband and an online community to reach out to. After my fourth child (3 and 4 were born in Deer Isle), I sought therapy for PPD and PPA. My midwives suggested it. But traveling to blue hill exacerbated the issues so I stopped going.”**

d. No – Neither – 34% or 16 respondents

In general, those who reported experiencing postpartum depression and/or isolation reported that feeling supported by a spouse, family member or peer was crucial to feeling better. Playgroups, online social media groups as well as additional supports from midwives assisted in reducing isolation.

5. During your pregnancy and/or as a new parent, what is/has been **most** helpful to you and why? (Open-ended, self-report)
- i. **Peers – 33% or 21 respondents**
    - 1. **“Having a group of moms to share with, part of a Facebook group where you can be real, get advice and support without judgment”**
  - ii. Playgroups/Programs – 9% or 6 respondents
  - iii. **Family – 20% or 13 respondents**
  - iv. Social Media/Online – 9% or 6 respondents
  - v. Maine Families – 3% or 2 respondents
  - vi. WIC – 3% or 2 respondents
  - vii. Professionals – 13% or 8 respondents
  - viii. Meal Train – 3% or 2 respondents
  - ix. Babysitters/Hired Help – 6% or 4 respondents

**“Talking to other moms about their experiences, especially the blues. Realizing that it’s super normal and happens to the majority. As a nurse I taught about it and what to look for but it was a lot different experiencing it! I have a Maine Families worker who does home health visits and she is wonderful!!!!”**

When asked what was most helpful to new parents, a majority responded that having social connections with other new parents was the most important. Parents appreciated being able to socialize, learn from each other and realize that a majority of what they were going through was “normal.” Family was the second most important thing parents reported, with added supports beyond advice and support, including making meals, watching the newborn babies and helping clean the house.

- b. What has been **least** helpful to you and why?
- i. Hospital Bills/Financial Assistance – 9% or 3 respondents
  - ii. **Judgment/Unsolicited Advices/Negativity – 23% or 8 respondents**
  - iii. Doctor’s Visits Being Less than Helpful – 6% or 2 respondents
  - iv. Lack of Support/Outreach – 23% or 8 respondents
  - v. Poor Childcare Options – 17% or 6 respondents
  - vi. Distance/Location of Resources and Providers – 11% or 4 respondents
  - vii. Drop-In Visits/Calls – 9% or 3 respondents
  - viii. No Break from the Kids – 3% or 1 respondent

**“There seems to be little to no outreach. Everyone assumes parents will magically find helpful programs.”**

**“Not sure there aren't many young mothers in one specific area so we're all isolated. I think more public info on play groups, etc. would be good.”**

6. What kind of help or support is NOT available in your town? (Open-ended, self-report)
- a. Educated Supports/Mentors/Home Visiting – 23% or 11 respondents
  - b. Childcare – 30% or 14 respondents
  - c. Alternate Health Care Options – 2% or 1 respondent
  - d. Playgroups/Support Groups – 21% or 10 respondents
  - e. Special Needs Assistance – 6% or 3 respondents
  - f. Resources such as WIC, Pediatricians – 13% or 6 respondents
  - g. There is nothing here! – 4% or 2 respondents

Parents reported feeling that either the lack of resources and activities for young families, or the lack of knowledge about where they are, is also the least helpful. Limited childcare options pose a difficulty on our young families, with limited options of where to go, pedagogy, time and availability, costs and enrollment possibility. Most parents agreed that having more childcare options would be beneficial, including options for drop-in care, after school care and extended hours for parents who work.

Parents reported that our community lacks well-informed supports, such as child-rearing and child development educational groups, support groups, mentors and playgroups. While some of these types of groups may exist, the information about where they are is not reaching a large percentage of parents. Also mentioned as supports lacking in our community were resources such as pediatricians, WIC programs, lactation consultants and OBGYN services convenient to our location.

7. During your baby's first six months of life, did you have someone you could turn to when you had questions or needed help? (Yes or No)
- a. **Yes – 89.36% or 42 respondents**
  - b. No – 10.64% or 5 respondents
  
  - c. If so, who are/were they and tell us more about what they do/did. (Multiple Choice)
    - i. Family doctor, pediatrician or nurse practitioner – 17.65% or 9 respondents
    - ii. Midwife – 9.80% or 5 respondents
    - iii. OBGYN/Obstetrician – 0%
    - iv. **Family Member – 43.14% or 22 respondents**
    - v. Friend – 9.8% or 5 respondents
    - vi. Other – 19.61% or 10 respondents
      - 1. All the Above (6 respondents)
      - 2. Ursula Hanson – Healthy Acadia
      - 3. Maine Families
      - 4. Resource Support
      - 5. My Chiropractor

**“Midwife was available at anytime to help with questions about baby and mother help.”**

**“My mother was great in helping prepare meals, offering counseling, support with herbs, emotional support, suggesting tools, etc.”**

**“My husband is fantastic. He was the only person I could turn to. My midwives are also great. I wish there were more local options though.”**

8. Immediately after your baby was born, did you feel comfortable about how to hold, talk to and take care of your baby? (Yes or No)
- a. **Yes – 81.25% or 39 respondents**
  - b. No – 18.75% or 9 respondents

**“Yes. I found the early months to be very intuitive. It was the 1yo and beyond window when I felt like I needed more info. But again, I am a midwife, so I had an unusual confidence with that early time that may not be universal.”**

**“I was comfortable with the holding and diaper changing, it was the emotional “am I doing the right thing?” part for me”**

9. Do/did you have a clear understanding of how your routines and interaction with your baby help his/her growth and development? (Yes or No)
- Yes – 93.62% or 44 respondents**
  - No – 6.38% or 3 respondents
10. After your baby was born, did you ever have a home visiting nurse or helper come to your home, like Maine Families, a public health nurse and/or community-based program? (Yes or No)
- Yes – 31.25% or 15 respondents
  - No – 68.75% or 33 respondents**
  - If yes, did you find the experience helpful for you?
    - Yes – 6 respondents
    - No – 1 respondent
    - Could've Been Better – 6 respondents
  - If no, are you aware of home visiting services?
    - Yes – 68.89% or 31 respondents**
    - No – 31.11% or 14 respondents
  - Did you choose to NOT accept home visiting services, and if so, why?
    - Yes – 20.83% or 10 respondents
      - "I didn't want the intrusion of someone coming into my home during that time. I wanted to nurse, sleep, eat as needed, without worry about visitors."
    - No – 44.75% or 21 respondents**
    - Didn't Know About the Service – 12.50% or 6 respondents
      - "I would have chosen it if it was available."**
  - Would you have like support or information from a home visitor?
    - Yes – 53% or 21 respondents**
    - Other responses include: N/A, No, Unsure, Had the Service, Potentially
11. Who is/will be taking care of your newborn if/when you return to work? (Multiple Choice) \*Parents chose more than one option
- I'm a stay at home parent – 38% or 19 respondents
  - Other parent is a stay at home parent – 4% or 2 respondents
  - Grandparent or other family member in my home – 16% or 8 respondents
  - Childcare Center/Nursery School – 36% or 18 respondents**
  - Provider or Nanny in my home – 0%
  - Informal Childcare in a friend/family/neighbor's home – 4% or 2 respondents
  - Other – 2% or 1 respondent
    - "Take newborn to work with me"
12. Would you like/have liked to take part in free prenatal and/or new parent classes to learn more about raising your baby, how your baby develops and healthy eating for your family and your baby? (Open-ended, self-report)
- Yes – 56.26% or 27 respondents**
  - No – 31.25% or 15 respondents
  - Other – 12.5% or 6 respondents
    - Maybe – **"Maybe, if the time commitment was not demanding and they were close by."**
    - N/A
13. From the ages 0-3, did your child(ren) experience: (Multiple Choice)
- Staying at home with a parent – 45.10% or 23 respondents**
  - Grandparent or other family member in the home – 7.84% or 4 respondents
  - Childcare Center/Nursery School – 27.45% or 14 respondents

- d. Provider or Nanny in the home – 0%
- e. Informal Childcare in a friend/family/neighbor’s home – 1.96% or 1 respondent
- f. **Other – 17.65% or 9 respondents**
  - i. **Mixed group of stay at home parents and grandparents working together**

14. Did you ever attend a playgroup with your child(ren) before they started school? (Yes or No)

- a. **Yes – 58.33% or 28 respondents**
- b. No – 41.67% or 20 respondents
- c. If yes, why did you attend the group? (Open-ended, self-report)
  - i. Socialization for parent and child
  - ii. To meet other families
- d. If no, why not? (Open-ended, self-report) \*20 responses
  - i. None Offered or Don’t Know of Any – 6 respondents
    - 1. “There isn’t one local to me.”
  - ii. Timing Not Good for My Schedule – 5 respondents
    - 1. “The playgroups only meet on days and times that I am at work.”
  - iii. Others: socially awkward, worried about illness, baby too young, siblings

15. How do you prefer to receive information about your growing child(ren), parenting and healthy eating? (Multiple Choice)

- a. Newsletters – 9.09% or 5 respondents
- b. Books – 10.91% or 6 respondents
- c. **Your Doctor or Nurse – 20% or 11 respondents**
- d. Advice from Friends or Parents – 18.18% or 10 respondents
- e. Playgroups/Support Groups – 9.09% or 5 respondents
- f. Home Visitors like a Nurse or Helper – 5.45% or 3 respondents
- g. Social media like Facebook, texts, other online sources – 9.09% or 5 respondents
- h. Other – 18.18% or 10 respondents
  - i. All the Above – 8 respondents
  - ii. Apps on Phone/Tablet – 1 respondent
  - iii. Online – 1 respondent

16. What would you like us to know about raising an infant or toddler in your town? (Open-ended, self-report)

- “The community is really great. What I longed for was more information to help me understand my child so I could respond in a supportive way. “
- “Anything available for play groups and parent education”
- “It would be amazing if there was a place to exercise that had short term child care. “
- “Beautiful nature. Quality not quantity of people. A big one is it is a challenge to want to take the little ones out for a bike ride, but there are so very few places to ride, and the roads have no bike lanes, and people drive fast.”
- “It’s hard to find like-minded communities in rural Maine”
- “Always nice to have programs in the community. Why is there never anything on a Sunday?”
- “It’s hard to meet other parents when one is not from this area.”

- “Let parents know there are visiting workers”
- “It is very isolated here and it makes it challenging for first time parents who do not have the family support we do. There is also a great need for working parents to have more resources to childcare that can help them to be successful in maintaining their jobs.”
- “There needs to be better outreach.”
- “It is very hard to do alone. Especially as a single father. We need to have more resources here locally to help those who need it.”
- “It’s more helpful when the right support is offered, most people around here are competent about raising children, they just need physical help and assistance and child care and parental support”
- “There is no childcare for under 3 or very limited. And limited resources on post partum depression and anxiety”
- “The resources are few and it is so isolating when you have no family nearby.”
- “There is a lack of childcare facilities.”
- “It’s small! There are not a lot of resources. And if they are, they are well hidden.”
- “There is a lack of skilled doctors here. I have not found a doctor i fully trust in this area”
- “What the hell am I suppose to do?”
- “Would be nice to have more to do regularly.”
- “There is a lack of social situations for children especially if you are not related to anyone in the area.”
- “Many feel isolated or not sure of things for kids to do. Library has tried and been very vocal with getting things going and also the school but there aren't many young young children in town either.”
- “I think cpr and first aid should be free to parents and offered around here so many don’t know how and are home with their children every single day”
- “Its hard because of living next to the road”
- “It can be isolating when the weather gets cold”
- “it is hard I have no family daycare is expensive and not long enough”
- “More activity options”
- “It's hard when you're feeling isolated, everything is a trip. When you suffer from depression its hard to make the extra effort. If there was more close by it would be easier.”

- “Need pre k starting at 3”
- “Childcare is very hard to come by and very expensive when you are unable to be a stay at home parent”
- “Childcare costs doesn’t match with the average Mainers salary and there is only two places who accept young babies in a half hour drive. Efforts should be made to recruit people to open up shop as a young childcare center”
- “Daycare options are limited.
- “It’s a great place to raise children.
- “There are a lot of babies and toddlers living in unstable situations. Drug use, alcoholism, neglect. “Many little ones are not starting out with a fair chance due to their parents’ choices.
- “We have playgrounds, parents are always getting together and doing things with their kids. Esp in the summer. Going to the beach, boat rides, hanging out on the islands for the day or camping on them or the boats”
- “Its nice to have playgroups and support outside of the home”
- “I’m not sure. It is a great little community. People tend to come together.”
- “I am not connected to supports in the town.”
- “There is support if you look – I’ve found I need but sure other may wish for more”
- “Not much for kids to do.”
- “It is a great experience, It was or has been for me anyway, plenty of job opportunity, great sense of support from the people. Lots of love, truly. Playgroup truly changed my life. I’m extremely fortunate this town offers a safe place to play and meet friends and hopefully helps children adjust to life at school.”

17. What most concerns you as you think about raising your child in this community? (Open-ended, self-report)

- Drugs/opioid crisis
- Driving
- Lack of or minimal diversity and connection to larger world
- Lack of resources
- Lack of activities
- Quality of schools and availability of childcare options
- Bullying, violence, safety

Many parents wrote in comments expressing concern about the future of the schools, the “school system” and “our failing school system.” While it is not expressly stated, there has been a community debate about whether the Deer Isle-Stonington High School will remain open. The question was put to a public vote on January 29, 2019, and a majority voted to keep the school open. Other major concerns noted were the use of drugs, substance abuse in the home of other children, worried about their own children experimenting and using drugs.

Many commented on the speed with which vehicles travel on our roads. As a result, parents expressed concern over allowing their children to walk and ride their bicycles, noting the lack of sidewalks or bike lanes.

Others noted that there are not many things to do (activities), few resources available and “lack of experiences.”

- a. What can make it better? (Open-ended, self-report)
  - i. Parents suggested and offered ways for the community to help including offering incentives and encouragement for more people to open early childcare options, especially for the younger children. Other suggestions included a local hand-to-hand outreach to new people or people who need a hand, early screening fairs, renovation of the Blue Hill Park and increasing school safety. Parents asked for more planned groups, that allow them to forge connections within the community.
  - ii. “...Also more programming for young families and children. More out of the box stuff like yoga, tumbling, sports, etc. Also a better flow of information. Everything is word of mouth around here and one post on FB. If you miss it or don’t socialize, you don’t know what options are out there.”
  - iii. “Community engagement and good communication surrounding it.”
  - iv. “...Small towns working together – more money and resources offered to children.”

18. Do you believe that your community has a responsibility in supporting families with young children? (Yes or No)

- a. **Yes – 77.08% or 37 respondents**
  - i. **“Absolutely. A healthy community depends on healthy families and children...”**
  - ii. **“They are our future.”**

- b. No – 20.83% or 10 respondents
  - i. “I think it’s great to have community support and resources, but it’s not a responsibility.”

c. In what ways? (Open-ended, self-report)

A majority of our parents reported feeling that the community has a responsibility in supporting young families. They raised concerns about the lack of diversity in our community. Other concerns were about the opioid crisis which has had a major impact in our State and how the lack of activities nearby can lead to early introduction of drugs, drinking and vaping with children. Parents also commented on what they view as poor quality of education available to their children. Many remarked on the uncertainty of their school remaining open (which we assume they refer to the Deer-Isle and Stonington Community). Many reported that the school system is failing our children and that there is a lack of educational supports. Unexpectedly, a number of parents wrote to tell us that the driving is one of their main concerns about raising a child in this community. Many commented on the speed with which vehicles travel on our roads, how local speed limits are not enforced and that many towns lack sidewalks. Many worry about their children venturing onto the roads, either walking or by bicycle.

## Local Business Community

We surveyed local community businesses via Survey Monkey, utilizing the Blue Hill Chamber of Commerce email listserve. Three business leaders responded to our request for input.

1. Are you (your business) aware of the connection between positive early childhood development (from birth to 5 years of age) and improved community economics (ie. decreased costs of special education and remedial education, successful training of prospective employees, workforce development)? (Yes or No)
  - a. **Yes – 100% or 3 respondents**
  - b. No – 0

2. Are you interested in learning more about how early childhood development related to improved community economics? (Yes or No)
  - a. Yes – 33.33% or 1 respondent
  - b. No – 66.66% or 2 respondents**
  
3. If yes, would you be interested in learning more about these connections and this important topic through: (Multiple Choice)
  - a. Local forum specifically for business owners – 50% or 1 respondent**
  - b. Written information – 0
  - c. Online articles – 50% or 1 respondent**
  - d. Other – 0
  
4. Does your business or organization assist employees in connecting with childcare options? (Yes or No)
  - a. Yes – 33.33% or 1 respondent
  - b. No – 66.66% or 2 respondents**
  
5. If yes, do you provide employees with a listing of childcare places locally? (Yes or No)
  - a. Yes – 0
  - b. No – 100% or 1 respondent**
  
6. Do you provide any financial assistance or partnership with any childcare facilities? (Yes or No)
  - a. Yes – 33.33% or 1 respondent
  - b. No – 66.66% or 2 respondents**
  
7. Do you provide any childcare on-site? (Yes or No)
  - a. Yes – 0
  - b. No – 100% or 3 respondents**
  
8. If no, would you consider forming a partnership with a childcare provider to assist employees with positive and stable childcare options? (Yes or No)
  - a. Yes – 33.33% or 1 respondent
  - b. No – 66.66% or 2 respondents**
    - i. “Retiring soon, only one employee”
    - ii. “No employees with children”
  
9. What are your policies around employee time off related to childcare and/or child health issues? And how flexible are you in working with staff who need time off? (Open-ended)
  - a. “Have been very flexible”
  - b. “Very, if needed”
  - c. “Very flexible”
  
10. How does employee time off due to a child-related need impact your business? (Open-ended)
  - a. “Not much” or “N/A”
  
11. Are you familiar with The Maine Early Learning Investment Group? The MELIG is a group of business leaders who know the success of Maine's economy depends on well-educated, skilled and innovative workers. They also know children's early experiences provide the foundation for success in school and work. That's why MELIG leaders have chosen to invest in the healthy development of Maine's youngest children and their families. (Yes or No)
  - a. Yes – 33.33% or 1 respondent
  - b. No – 66.66% or 2 respondents**

12. Would you/your business attend a free, local presentation by Steve Rowe, former Attorney General and current Executive Director of the Maine Community Foundation, to hear more about MELIG? (Yes or No)
  - a. Yes – 33.33% or 1 respondent
  - b. No – 66.66% or 2 respondents**
13. Do communities – including the business community – have any responsibility in supporting early learning opportunities for families with young children? (Yes or No)
  - a. Yes – 100% or 3 respondents**
  - b. No – 0
  - c. “Yes, this is extremely important. The Y does a pretty good job but there should be more choice and mothers for the first 6 months should be able to be at home with baby.”

## Healthcare Providers

1. Do you provide parents or guardians with educational classes, mentoring or early childhood development information? If so, what types? If not, why not and what would you need? (Open-ended)
  - a. Yes – 90% provide some type of information**
    - i. “Yes dental”
    - ii. “We provide developmental info in the context of well child visits in my office”
    - iii. “I am the director of Maine Families, which is a home visiting service for prenatal and parenting families, of children up to 3 years throughout all of Hancock County. MF is offered all through the state.”
    - iv. “Yes, information for prenatal parents and parents of children up to 3. Information covers many aspects of child development, parenting, health, nutrition and family well-being.”
    - v. “We provide developmental information as part of pediatric visits here at our Pediatrics office. We have no educational classes.”
    - vi. “I provide preventive health care information - nutritional and behavior development.”
    - vii. “Yes, I am service coordinator at Child Development Services. I give parents information about child development and services in the community.”
    - viii. “I work with children and families who have developmental delays. I do see a need for more parenting skills classes.”
    - ix. “Yes, early childhood development milestones – provide information on the time table for skills to emerge, remembering to explain what is considered typical development as described rather broadly because we know that children don’t learn skills at the same pace. Two children born on the same day may learn skills months apart and both can be described as being on scheduled.”
  - b. No – 0
  - c. N/A – 10% reported that providing information was not applicable to them
2. Do you regularly inform patients about professional or community resources like Maine Families, Child Development Service, or other home visiting or mentoring services? (Open-ended)
  - a. Yes – 70% or 7 respondents**
  - b. No – 10% or 1 respondent
  - c. Sometimes – 20% or 2 respondents
3. Do you regularly refer patients to these services? Are there gaps in this system that could be improved? (Open-ended)
  - a. Yes – 40% said they regularly refer patients to services
    - i. “We regularly refer to CDS, Public Health Nursing, and many other services.”
    - ii. “Yes, I am a Maine Families worker and I refer to public health nursing and WIC as well as many other services.”

- iii. "I refer to some service, but usually community case managers refer to community service. If the family is in need, I refer to a community case manager, who should know options available in the community. One of the gaps I see are that there is a big turn over in staffing for community case managers and DHHS case workers. Therefore, the managers are new, leading to a lack of knowledge about resources in the community."
    - iv. "I regularly help families with other resources. However, I do feel there are gaps in this system that could be improved."
  - b. No – 30% said they do not regularly refer patients
    - i. "Don't refer"
    - ii. "Not as a rule. Lack of knowledge"
    - iii. "I assume other types of providers have made the referrals, but I should ask parents more often."
  - c. Acknowledge there are gaps but don't necessarily provide referrals
    - i. "Sometimes there are gaps in assessment services and therapy (like speech therapy; recent gap of available therapist....)"
    - ii. "Need help case management services for children with as-of-yet undiagnosed conditions - i.e. children who have severe behavioral issues but are too young to diagnose with ADHD, Mood, Autism etc. Parents need support for these kids. Many parents have private insurance that will not cover services."
    - iii. "The need for BHP workers surpasses what is currently available. The current wait list time does not meet the needs of children and families."
- 4. What further resources do you feel parents/guardians need? (Open-ended)
  - a. "Young mothers--more local breastfeeding and parenting support"
  - b. "Transportation, mental health case managers; family advocates."
  - c. "There are many families that need resources that are just over income for SNAP benefits. We need more resources for food, heat, transportation etc..."
  - d. "Parenting classes, one on one support at home (does not need to be a nurse visiting but someone to give support). Services that could be called on when stressors elevate - socio economic, parental poor coping etc so that we could prevent abuse and having to get DHHS involved."
  - e. "Parental support group with knowledgeable peer to peer education, parenting resources or mentors; education about what are developmental norms and if parents are concerned guide for who to contact"
  - f. "Staffing seems to be a big problem – especially for in home supports, BHP's (Behavioral Health Professionals), nursing, section 28, etc."
  - g. "Education on parenting nutrition for children and behavior strategies for parents dealing with both special needs and typically developing children."
  - h. "Parents need more quality childcare at affordable rates. Parenting classes that are provided at no charge. Playgroups. Special needs programs."
- 5. How can our community campaign promoting high quality early learning, parents as first teachers, and community responsibility assist your families with newborns to age three? (Open-ended)
  - a. "Promote your programs more"
  - b. "The Maine Families program does just that! Referring more families from the Peninsula area would be great!"
  - c. "There are many elderly with little to do and no purpose - if they could mentor our young parents - or give them a break by taking the kids (like a big brother big sister program)."
  - d. "Offer facilitator (possibly via social media) for parents desiring guidance and resources; develop parent mentors (volunteers) to help parent(s) make good choices (unrelated "grandparents"), create a collection of parenting/child development materials that parents could borrow from each of the libraries - and perhaps from other sources - their primary care providers, dental offices, food pantry..."

- e. “Increase education about services available. Secure and keep staffing, which may mean increasing wages. A good place to start is with doctors and teachers, preschools, day cares, case managers. They need to know the services out there.”
  - f. “Parent education on milestones would be helpful so parents know what red flags or concerning behavior looks like.”
  - g. “High quality early learning should be promoted for Early Head Start programs and funding for quality early childhood childcares. Federal and State funding of programs. Parents As First Teachers – promoting this program would be difficult. Many families would need an incentive to participate in this program. A monthly government payment to families. Community responsibility – we know early experiences have a profound effect on children’s development. It will affect learning, health, behavior and eventually adult social relationships....”
6. Would you support the need for a quality home visiting program offered to all newborns? Please comment. (Open-ended)
- a. **Yes – 100% or 10 respondents**
    - i. “Yes of course and Maine Families and Public Health Nurses do offer quality home visiting services, getting people to engage in the services is more of a need from my point of view.”
    - ii. “Absolutely – I had Parents Are Teachers Too for my kids and they were great. But they need to be knowledgeable about resources and child development.”
    - iii. “All new parents could use fact-based, evidence-based information on child development.”
    - iv. “Quality home visiting programs helps children and families get off to a better, healthier start. Home visiting supports positive parents, promotes child development and school readiness. Home visiting is cost effective in the long run with the largest benefits coming through in reduced spending on government programs to support delayed children throughout their lifetime and also helps increase individual earnings, later in life.”
7. Do you feel there is a need for more subsidized, quality early childcare and education programs with wrap around family services? Please comment: (Open-ended)
- a. **Yes – 100% or 10 respondents**
    - i. “I believe the wrap around approach is always best and having quality programs from one age to the next, before kindergarten is great.”
    - ii. “It all starts early - the earlier the better...access to resources and early identification is key...yes, yes, yes”
    - iii. “Absolutely – childcare is very costly, which is a barrier for many parents. Also more structured playgroups and support groups would benefit parents. Raising kids is hard work!”
    - iv. “A responsive caregiver is crucial to the healthy development of infant and toddlers. Well trained caregivers are a key component of quality early care and learning. Adequate compensation for those providers is also important. High[ly] trained teachers are more likely to leave their programs or the early childhood field if they earn low wages.”
8. Tell us who you are:
- a. Physician’s Assistant
  - b. Registered Dental Hygienist
  - c. Social Worker
  - d. Maine Families – 2 respondents
  - e. Child Development Services – 3 respondents
  - f. 2 skipped this question
9. Where is your practice located? (Multiple Choice)
- a. Blue Hill – 0
  - b. Deer Isle – 20% or 1 respondent

- c. Ellsworth – 40% or 2 respondents
- d. Other – 40% or 2 respondents (Castine, Throughout Hancock County)

## Childcare Providers in Our Community

1. Do you provide parents or guardians with educational classes, mentoring or early childhood development information? If so, what types? If not, why not and what would you need? (Open-ended)
  - a. **100% of childcare providers give parents information about their child’s development in a variety of ways**
  - b. “Yes. In the early Childhood program (ages 3-6) we have Parent Evenings at least twice a year. These are supplemented with regular check-ins with parents and additional meetings, as needed. In my parent/child groups, I am able to offer support during our mornings together and through evening parent meetings.”
  - c. “Yes. I provide parent mentoring anytime and often in my small group program, a monthly newsletter about our curriculum and school happenings, a link to each LifeWays North America weekly blog, a parent library and recordings of our daily songs and verses and seasonal ones so they can use at home if desired.”
  - d. “Yes, at PALS Playgroup – after school programs for older siblings. I do take home parent activities with props for home. I do a 7 week S.T.E.P. Parenting Course in homes or at center. I offer Tuesday visits to a resource room that has great equipment and activities to take home. They swap back in a few weeks.”
  
2. Do you regularly inform families about professional or community resources like Maine Families, Child Development Service, or other home visiting or mentoring services? (Open-ended)
  - a. **Most provide information about resources, especially when a need is identified.**
  - b. “No.”
  - c. “We share information about these programs when we see a family in need of support. We do not share this information with all families, only as needed.”
  - d. “Yes, during home visits, at playgroup, I give out resource packets, post upcoming trainings I do referrals also to Next Step and Special Children’s Friends. I try to match up volunteers to do mentoring for after school programs.”
  
3. Do you regularly refer families to these services? Are there gaps in this system that could be improved? (Open-ended)
  - a. **Most provide referrals to services, as needed.**
  - b. “We have referred two families to CDS over the past 3 years. We have had excellent support from CDS with one child and mixed support in identifying a need for services with the other child.”
  - c. “Not that I’m aware of.”
  - d. “Yes, I do refer families. I also educate them on what an eval(uation) entails, etc. I give them copies of the referrals so they can look them over. I try to explain the different evals and other necessary paperwork. I feel huge gaps in what Deer Isle receives versus off-Island programs. Parents are frustrated.”
  
4. What further resources do you feel parents/guardians need? (Open-ended)
  - a. “Occupational Therapy services. We are seeing many children challenged with sensory issues. Community support for families with very young children.”
  - b. “I feel parents are pushed into believing early academics are appropriate for young children. The culture in our country of what pre school should be is what needs to change.”
  - c. “Transportation is a big barrier. Childcare to attend training and parent meetings. One date to set aside just for them to take care of themselves without the children.”

5. How can our community campaign promoting high quality early learning, parents as first teachers, and community responsibility assist your families with newborns to age three? (Open-ended)
  - a. "By supporting the development of parent/infant groups. This, combined with Parent/child groups, (18mos-4years) would provide continuity of care. There is such value in continuity of care. If programs/relationships can be developed early on, there is a level of trust that is established - trust in the parents ability to care for their child, and trust that the child develops for their caregiver."
  - b. "A focus on movement, child led play, exploration and lots of outdoor time in all weather. Learning through whole body direct experience in a child's daily environment. Story telling and singing, life skills and developing social skill competency in areas of being part of a group, using kindness, expressing gratitude, etc."
  - c. "Provide training in our area. Training too far away. Homevisiting is a MUST. Train people to go into homes. Print rich, inviting poster, incentives for attending. Provide hands on learning for parents. Encourage more early referrals. Identify what is happening to children at home."
  
6. Do you feel there is a need for more subsidized, quality early childcare and education programs with wrap around family services? Please comment: (Open-ended)
  - a. "Yes. Quality is the key word, we need to re-examine what this looks like for the very young child. Young children, up through kindergarten, need a very different environment for healthy development...an environment that gives children time for self-initiated exploration and play."
  - b. "No, not as things stand now because I think our countries perception of good early childhood education is not based on what young children need to thrive. System needs a complete overhaul"
  - c. "Very much so. Parents could have their own program while children are at play/childcare. Bringing speech, OT, PT and other developmental programs to the Island would be a wonderful opportunity to include parents on what to do at home. Train the parents while child receives services."

## Healthy Peninsula's 2015-2016 Study

### Introduction

During the spring and early summer 2015, Healthy Peninsula surveyed the eight elementary schools that serve Deer Isle, Stonington and the Blue Hill Peninsula. We met with a variety of principals, counselors, special education teachers and early childhood classroom teachers (pre-k through 2<sup>nd</sup> grade) to discuss our questions about school readiness in our communities. Overall, we received feedback from six principals and twenty teachers, who shared their detailed and thoughtful insights, analysis and opinions regarding the status and trends of their student bodies. In addition, we received two survey responses from Child Development Services (CDS), one from Part B (ages 3-5) and the other from Part C (birth-age 2).

During this same period, we surveyed parents of young children in Deer Isle, Stonington and the towns of the Blue Hill Peninsula about their "Wish List" for resources that would help them prepare their children for kindergarten and beyond. We tried a variety of outreach methods to reach as many parents of young children as possible, including focus groups, individual interviews, surveys distributed to daycares and playgroups and an online survey distributed by social media. We received responses from 54 parents in eight towns (Blue Hill, Brooklin, Brooksville, Deer Isle, Penobscot, Sedgwick, Stonington, Surry).

### 1. School Surveys

#### a. Background

There are eight elementary schools that cover the nine towns of Deer Isle, Stonington and the Blue Hill Peninsula. Deer Isle and Stonington share an elementary school, while each of the towns on the Blue Hill Peninsula (Blue Hill, Brooklin, Brooksville, Castine, Penobscot, Sedgwick and Surry) has its own elementary school. In order of (approximate) total enrollment (based on information from the Union 93 and Union 76 central offices and including pre-k programs but not Head Start), the schools fall as follows: Blue Hill (262), Deer Isle-Stonington (193), Surry (103), Sedgwick (91), Brooklin (68), Penobscot (63), Brooksville (59), and Castine (54).

At the time of our surveys, Blue Hill, Brooklin, Brooksville, Castine and Penobscot had pre-k programs, while Surry was adding pre-k for the 2015-2016 school year. Deer Isle-Stonington and Sedgwick had Head Start programs at the time of our surveys, though Sedgwick's Head Start program was discontinued in the spring of 2015.

#### b. Pre-K and Kindergarten

The first part of the survey focused specifically on school readiness for pre-k and kindergarten students.

##### i. Screening

Six of the schools reported on the question of screening. Of those six, all but one (Penobscot) screen incoming kindergarteners. Penobscot screens students as they enter pre-k, and not again before kindergarten. All reporting schools use some version of the Developmental Indicators for the Assessment of Learning (DIAL) screening tool. One school (Castine) reported dissatisfaction with the DIAL "because it is too easy" and said they would be moving to a different tool.

The CDS respondents reported using the ASQ-3 for screenings from birth to age 2. For ages 3-5, CDS reported using LAP D for cognitive, speech/language, fine motor and gross motor skills, the PLS 5 for speech screening, and observation and data collection for other measures. Depending on the concerns, they may use only one, a combination, or all three screening tools.

## ii. Students Entering School with Individualized Education Programs

Six schools specifically reported on the number of pre-k or kindergarten students who enter school with Individualized Education Programs (IEPs), the programs used for children receiving special education. Because the total number of students at most schools is so small, these schools reported wide variations in numbers by class and, thus, had difficulty averaging. For example, in Penobscot, there were no children entering pre-k or kindergarten with an IEP this year, while last year there were three students entering pre-k/kindergarten with an IEP. For the purposes of our inquiry this year, the number of pre-k/kindergarten students entering school with an IEP ranged from 5-6 (Deer Isle-Stonington, Blue Hill, Sedgwick), to 2-3 (Surry) to 0-1 (Penobscot, Castine).

The most common reasons for special education eligibility in pre-k/kindergarten are speech and language deficits. Other issues reported include the need for occupational therapy and behavioral concerns, although the underlying diagnoses were not specified. Some reported that students are still in the diagnosis phase of the special education referral because the testing process takes an inordinate amount of time. Others reported that, just as the numbers vary from year to year, the reasons for IEPs vary widely and cannot be consistently generalized.

CDS Part B (ages 3-5) confirmed that the number of IEPs at the start of school varies by year. At last count, CDS identified approximately 32 students with IEPs at the start of school (pre-k or kindergarten) for the entire Healthy Peninsula service area. Approximately 85% of the children with IEPs are under Speech/Language.

## iii. Are Children Entering Kindergarten “Ready For School”?

Of the schools that responded specifically to the questions of school readiness, there was wide variation in the responses. Blue Hill reported that approximately 65% of students entered kindergarten “ready for school” this year and noted that the numbers would likely increase due to their new pre-k program. Deer Isle-Stonington reported that 75% of kindergarten students enter “ready for school”, while Penobscot could only generalize that “more kids are ready to learn than are not” and Castine felt that their pre-k program and school demographics prepared all of their incoming students to be ready for kindergarten. On the low end, Sedgwick reported that approximately 25% of their incoming kindergarten students entered school truly ready for school. Surry’s principal declined to respond to the question, saying, “The real question is, ‘Are schools ready for kids?’”

The variation in perceptions of school readiness is clearly influenced by each respondent’s definition of “readiness.” CDS, noting the variety of “readiness” definitions among the preschools, child care programs, daycares, Head Starts, and pre-k programs with which they work, stated that they try to follow the Maine Early Learning and Development Standards.

<http://www.maine.gov/doe/publicpreschool/documents/Maine-ELDS.pdf>

Among the school respondents, readiness was largely defined by two areas: social and academic. Most respondents agreed that school readiness involves a certain level of social readiness.

Specific responses included:

- Ready to attend.
- Able to communicate wants and needs.
- Able to play with others.
- Self-monitoring and regulating; cooperative.
- Able to play and clean up at appropriate times.
- Being able to sit, follow directions and share respectfully of others.

Many respondents included some aspect of academic skill in their definition of school readiness, including:

- Able to write their name.
- Fine motor control.
- Some letter knowledge.
- Having knowledge of letters and numbers.
- Some knowledge of alphabet; can recognize their name; can spell their name; recognized numbers; some kind of cardinality.

A small group of respondents included more basic issues in their definition of school readiness, such as:

- Stability and routines.
- Fed, bathed and appropriately clothed.

When asked to identify the major risk factors that contribute to children not being ready for school, there were many similarities in the list of factors that we gathered from each school, as well as from CDS. The responses can be roughly sorted into four categories:

#### Lack of quality childcare

- “If exposed to quality childcare, makes a huge difference.”
- “No prior out-of-home opportunity (preschool; daycare) or experience in a group.”
- “No previous preschool experience.”

#### Lack of exposure to language, socialization in the home

- “Kids coming in having only been in their home have not been exposed to as many language, social, learning opportunities as other kids who are more ready.”
- “Language experience.”
- “Life experiences.”
- “Lifestyle at home.”
- “Lack of conversational interaction (not about poverty; not income related).”
- “TV as babysitter.”
- “There is a lack of respectable role models.”
- “They need to learn to hear the word No.”
- “The ‘wait and see’ method for children who are not developing at an appropriate rate.”

#### Family disruption

- “Family disruption”
- “Very varied, frequent changes within the home”
- “Some families are in a constant state of flux”
- “Constantly changing households”
- “Lots of kids being raised by grandparents; or switching between parents, each of who may be re-married with new kids”
- “Substance abuse”
- “Family history of disability”
- “Drug affected babies are on the rise”

#### Poverty

- Deer Isle-Stonington and Sedgwick schools reported the highest impact of poverty on school readiness, identifying the following factors that influence their students' readiness for school:
- "Cycle of poverty."
- "Poverty plays a huge, often hidden, role."
- "Sedgwick has 70% free/reduced lunch. Lots of seasonal workers; lower priced housing than surrounding towns."
- Deer Isle-Stonington has opted to provide free lunch, breakfast and a healthy snack to all students because the proportion of the student body eligible for free/reduced lunch was so high.

Other schools (Surry, Castine) report less poverty and, as a result, less of a concentrated effect of poverty on school readiness. Emphasizing the connection, the CDS Part C (birth-age 2) Service Coordinator pointed out that poverty leads to limited mobility, limited access to service providers, poor nutrition and limited educational opportunity, all of which can affect school readiness. The CDS Part B (ages 3-5) Case Manager remarked that, because poverty has an impact on school readiness, CDS pays for preschool for any child who qualifies for an IEP so that the child can receive services at the preschool program while being exposed to typically developing peers.

Despite the challenges brought by poverty, most school respondents agreed with the sentiment expressed in our Penobscot interview:

"There are more poor kids with issues but also there are notable exceptions. The real question is how invested are the parents? Not really a question of blue-collar vs. white collar or divorced versus two-parent home; it really depends on the family and what it offers."

#### iv. What Services and Supports Are Needed to Prepare Students for School?

When asked to identify the top 3 services that would help improve school readiness for pre-k/kindergarten students, most respondents across all schools pointed to the importance of earlier interventions, more quality, affordable childcare, and parent education. In addition, respondents highlighted related needs, such as the need for more socialization prior to entering school, more "conversational interaction", and more out-of-home activities.

The CDS, Part B, Case Manager identified three overlapping needs among the families with which she works: Home and community support, help with transportation and help connecting with other agencies.

#### c. All Elementary Grades

The second part of our survey focused on all elementary grades, investigating, in particular, the supportive services needed across all grades.

##### i. §504 Accommodations (per the Federal Rehabilitation Act of 1973)

Five schools responded specifically to the question about §504 accommodations. Most schools reported somewhere from 1 to 5 students in grades pre-k/kindergarten through 8<sup>th</sup> grade who had a §504 Plan this past academic year. As with the data on IEPs, it is difficult to generalize because of the small size of classes and variation from year to year. Of note, the Sedgwick School respondents stated that more than half of the whole school population (population approximately, 91) has either an IEP or §504 Plan.

There were a variety of reasons given for §504 Plans, including ADD, ADHD, depression, anxiety, emotional issues, anger control and speech/language deficits. At least one school had multiple students receiving medications during the school day, while another had no medications at all distributed at school. None of the schools have a full-time nurse but, rather, share a nurse with other schools. Thus, in most reporting schools, the school secretary is usually in charge of dispensing medications if it is necessary during the school day.

#### ii. Special Health Needs/Medical Concerns

When asked what specific health concerns they noticed among their student bodies – regardless of the existence of an IEP or §504 Plan – many issues were identified. Many respondents noted (again) the difficulty of generalizing or identifying trends because of the small numbers of students. With some exceptions, the number and variety of medical concerns seems to be related to (1) the size of the school, as well as (2) the schools where we held in-person interviews (as compared to those that answered surveys in writing).

Overall, most schools identified asthma and obesity as common health issues among the students. Additional concerns identified by several of the responding schools can be categorized as follows:

##### Physical Issues

- Asthma
- Obesity
- Fatigue
- Dental issues
- Hearing impairment

##### Behavioral Health Issues

- Anxiety
- Behavioral issues
- Depression
- Post traumatic stress disorder
- Verbal/physical aggression
- Autism

#### iii. Special Education Services

As with pre-k/kindergarten students, speech and language services were identified as the most common services needed by students in the other elementary grades.

More students were identified as receiving occupational therapy (OT) services than physical therapy (PT) services, particularly for sensory issues and handwriting skills. At least one school's respondents noted that they had students who needed PT/OT services but did not have such services at the school. The reasons for lack of services included the difficulty of qualifying through the school district testing or individual insurance coverage, as well as the difficulty of finding qualified service providers to serve small, rural schools.

#### iv. Reading

Five schools specifically answered the question, "How many students are reading appropriately by 3<sup>rd</sup> grade?" The Sedgwick school had the lowest estimate at 50%, while Deer Isle-Stonington and Penobscot both estimated that 70% of students are reading appropriately by 3<sup>rd</sup> grade. Castine reported that "most" were reading appropriately by 3<sup>rd</sup> grade this year but such would not be true

next year. The Surry report was that “more often than not” students are reading appropriately by 3<sup>rd</sup> grade but it is not possible to give a specific number because, although a student might test at grade level, there might be notable deficits.

It was difficult to obtain comparable results regarding numbers of students receiving reading support in the higher elementary grades because of the differences among the schools in their approach to such services. Most schools use the Response to Intervention program, assigning students (depending on need) to work with the regular classroom teacher, the Title 1 teacher (if there is one) or a special education teacher. If deficits are severe enough, the special education teacher is involved. Otherwise, it seems that students are evaluated frequently and shift throughout the year from Title 1 services back to the regular classroom and back again to Title 1, depending on individual progress. We were not able to dig deeply enough into the complexities of the reading support programs to fully analyze the comparable needs and services among individual schools.

#### v. Coming to School Hungry

We asked respondents to identify the number of students who come to school hungry. There was some notable variety in responses, depending on the school. For example, the Blue Hill Consolidated School reported that students who bring lunch tend to have healthier lunches, while the Sedgwick Elementary School reported that the school lunch program is very healthy, but many students who bring lunch often bring highly processed, non-nutritious food. Teachers from Penobscot, Sedgwick and Deer Isle-Stonington spoke of having healthy snacks in their classrooms for children who come to school hungry. Most of the schools interviewed offer a breakfast program for students but also noted that many children accessing the breakfast program do so not because they do not have food at home but, rather, because they do not have time to eat before coming to school.

Deer Isle-Stonington has instituted a free breakfast and lunch program, as well as a free, healthy snack, regardless of income level. Their official numbers of eligibility for free or reduced lunch, therefore, may not reflect the real need. They report, anecdotally, that a “significant number” of students are hungry. Penobscot reports that approximately 10 out of 60 students get breakfast every day but “not necessarily because they don’t have food.” There was consensus among respondents from Sedgwick that a significant number of students “identify hungry.” One Sedgwick teacher reported that many children have told her that they do not have any food in the house. Castine, Surry and Blue Hill respondents did not identify hunger as a common concern.

#### d. Additional School Services Needed

Most respondents from all schools reported that they could not provide all the services they would like to provide for their students. The wish list of added services was similar across the schools. The most common need identified was the need for more occupational therapy services. Other needs identified included:

- More ed techs
- Counselor for more than 1 day/week (and more time to work with parents)
- Nurse more than 1 day/week
- More speech therapy
- More physical therapy
- Behavior specialist
- Literacy specialist
- Extended year programs

- Extended day programs

There was some discussion in at least two of the school interviews of the need for better coordination and transition planning for students transitioning from Child Development Services (CDS) oversight to the school districts' special education oversight. CDS provides special education services for children from birth through five years under the supervision of the Maine Department of Education. One school respondent commented that schools and CDS "are not agencies that work hand in hand, we are agencies that butt up against each other." There were several comments that CDS lacks the staff training or resources to participate reliably in transition meetings for students entering kindergarten, thus making the transition to kindergarten more difficult for the school and the student. Similarly, there were comments that CDS screening tools are so different from screening instruments used by most school systems that students may need new screening in order meet the public school's criteria. Although a full investigation of the relationships between CDS and area schools was beyond the scope of our surveys, at least some responses indicate the need for improved communication among these members of the early childhood community.

#### e. Community Needs

Our survey concluded with questions about school and community needs and resources. Some respondents spoke generally of community attitudes, while others spoke of specific programs or services that exist or should exist. "School needs" responses overlapped almost entirely with the question about additional school services needed (see above). **Parent education, quality daycare/preschool and support for increased socialization** were identified by multiple respondents as high community needs. Other notable responses include:

- Need for assistance in the community to reduce drug and alcohol abuse.
- Need for afterschool programs – with activity and a snack.
- Community needs to value education more.

CDS identified specific needs related to their work, such as getting the word out to families that CDS will do screenings and evaluations to provide the services a child needs and making sure parents understand that CDS is not the Department of Health and Human Services (DHHS). CDS also noted that many families need transportation to and from meetings, doctor appointments and community resources.

#### f. School and Community Assets

Most respondents identified multiple school and community assets. The bigger schools/towns (Deer Isle-Stonington and Blue Hill) had more community activities available but even the smaller schools noted their reliance on dedicated parent and community volunteers. Only some schools identified an active Parent/Teacher organization. Two schools identified some "cultural" divides among their PTO groups, with more affluent/educated parents dominating and less affluent/educated parents feeling judged or left out. Specific school and community resources, identified by town, are as follows:

##### Blue Hill

- Girl Scouts
- Summer camps
- Summer reading programs
- Church programs.
- Active PTF
- Blue Hill Activities Club

### Brooklin

- Town library
- Brooklin Youth Corps
- Lego Club (at school)
- Girl Scouts (at school)
- Active PTO

### Castine

- Town library (including reading program)
- Maine Maritime Academy Pool (swimming lessons)
- Health Center in town.
- Girl Scouts (town hall)
- Boy Scouts (Penobscot)
- Theater Camp and Art Camp
- 4 churches in town with Sunday Schools
- Leaping Literacy (maybe)

### Deer Isle-Stonington

- We have a very supportive community
- Pre-literacy program in the summer
- Summer camps, including arts camp and church programs
- Title I summer reading program
- A community group has started a program called Ready by 21. The objective is to help parents and students from pre-birth to age 21 to succeed in school and career. The group has developed a number of initiatives to achieve this objective.
- We don't have boy scouts and girl scouts: lack of leadership and so much other stuff going on (e.g. sports; travel teams)
- Clubs do pretty well
- Chess team
- Art club (elem. Art teacher)
- Lego club (librarian outside of school)
- Garden club (at school)
- Performing arts: John Lincoln, director of The Reach, also does program with younger kids
- Rec Board, Island Community Center: Arts camps, etc.

### Penobscot

- Parents and volunteers are great resources
- Boy Scouts (school)
- Girl Scouts (church)
- Yearbook club at school
- Sewing club (not every year)
- Lego club (not every year)
- Chess club (not every year)
- Literacy camp (school)
- Sports (peewee b'ball; soccer; travel b'ball)

### Sedgwick

- Great greenhouse project (school)

- Art club (school)
- Science fair
- Family feed nights (school)
- Author talks (school)
- School was built and designed to be the hub of the community and have everyone under one roof. Almost every day something is going on here.
- We've had a summer reading program over summer but haven't been able to offer it for a year or so because we've had no funding.
- Boy and girl scouts – community lacks people to do both. Been years since a Boy Scout program was in Sedgwick. Boy scouting would be wonderful for kids in this town. Kids would love it.

### Surry

- Surry Community Improvement Association (SCIA); Retired folks who help kids.
- Garden club
- One of the things that keeps these groups interested in the school is the message from the school: "Every kid has to have a connector here." "If you're not connected, you're isolated."
- PTF sets up mini-courses for kids (e.g. tai chi; chess; fairy houses; stop motion; yoga; artapalooza; yoga).
- The community participation and belief in the value of the school and that "everybody has value, strength, skills and gifts."

CDS identified community assets within their purview, including that CDS-Part C provides services in homes, eliminating the need for parents to have to transport children to appointments, and that there is a higher level of collaboration between service providing agencies and childcare centers and doctor's offices.

## 2. Parent Surveys

In addition to engaging early childhood educators, we surveyed parents of young children to learn about their opinions, perspectives and wishes with regard to early childhood community resources and school readiness. We used a number of methods to try to reach parents but encountered many barriers to engagement. Our attempts to hold focus groups with small groups of interested parents resulted in just one focus group. We also tried social media and an online survey to reach technology-savvy young parents but only received 11 surveys in response. Ultimately, individual requests through day care providers, schools, playgroup supervisors, doctors' offices and mutual acquaintances brought in the majority of our survey responses. There is much work left to be done to fully engage this parent community.

### a. Demographics

We received a total of 54 survey responses, distributed among the nine towns of the Blue Hill Peninsula, Deer Isle and Stonington as follows: Blue Hill (17), Deer Isle (13), Sedgwick (9), Stonington (8), Brooklin (3), Brooksville (2), Penobscot (1), Castine (0), Surry (1). We collected basic demographic information related to numbers and ages of children and number and relationship of adults in the household. Summary data from demographic questions includes<sup>1</sup>:

- Average age of children in household: 4.8
- Number of children in household: Ranged from 1 to 4; most around 2.
- Number of households with 2 parents: 34
- Number of households with 1 parent and 1 step-parent: 3
- Number of households with single parents: 4

<sup>1</sup> Not all respondents answered every question, so the sum of responses does not always add up to the number of respondents.

- Number of households with grandparents raising children: 1
- Number of households with additional adults (besides parents) living in home: 1

#### b. Support for Raising Children

Thirty-one respondents (62%) said they had the support needed in their town while raising young children, while 7 said they do not have the support they needed. Nine stated that that they sometimes have enough support but not always.

When asked what support was missing, the most common unmet need identified was the need for additional childcare options, including infant care, before and after school care, and babysitters. Almost as frequent, were the responses that cited the scarcity of early childhood activities in the local area, such as weekend activities, “winter boredom busters, yoga for infants, camps for toddlers, and a local pool/athletic center. There were several responses that highlighted the intense isolation of parents (usually mothers) of young children and stressed their desire for more contact with other young families. Some respondents also mentioned that the groups that do exist (e.g. Blue Hill Library playgroup, church playgroups) meet too infrequently or are too crowded to fully meet the need for these types of activities.

Less frequent needs identified included the need for more quality, affordable early childhood education, reading groups and summer services. Two respondents stressed their desire for a pediatrician at their local health center. One respondent stated the need for more basic supports, such as help with transportation.

#### c. Resources for Raising Children

Thirty-six respondents (72%) said they know where to find helpful resources about getting assistance and raising healthy children in Hancock County. Twelve (24%) said they did not know where to find such resources.

When asked to identify their most-trusted source of information about helpful resources, respondents provided a varied list of sources that can be categorized, in order of priority, as follows:

##### Healthcare Providers

- Primary care provider
- Midwife
- Chiropractor
- Blue Hill Memorial Hospital (now Northern Light Blue Hill Hospital)

##### Social Service Agencies and schools

- Child Development Services (CDS)
- Department of Health and Human Services (DHHS)
- School/teachers
- Daycare

##### Self-help materials

- Library/Books
- Internet/Facebook
- Parenting/teaching resources

##### Social network

- Friends

- Family
- Peers

#### d. Playgroups

Forty-five respondents (90%) stated that they know of a playgroup in town or nearby, however only twenty-two respondents (44%) said they attend the playgroup regularly. Six said they sometimes attend the nearby playgroup and eighteen said they do not attend.

On a related question, 32 respondents (64%) said they would like the opportunity to meet with other parents of young children for support, friendship and education. Eleven did not want this opportunity and two said they might like such an opportunity.

The reasons given for not attending available playgroups helps to clarify the discrepancy between the apparent trends indicated by the two questions above. The majority of respondents who did not attend said that they worked during the time of the playgroup, their child attended daycare or preschool during the time of the playgroup, or both. Other respondents highlighted the difficulty of attending a playgroup when there are children of varying ages in the family (both younger infants, who might get sick, and older children, who might get bored). Two respondents stated that they were too busy to attend the playgroup, while one said she did not believe in “structured, kid centered” groups.

#### e. Transportation

Forty-one respondents (82%) said that transportation issues do not keep them from getting children to medical appointments, social appointments, playdates, etc. Three respondents said that transportation is a barrier and two stated that it is sometimes a barrier. One person said that transportation issues keep her from getting to playdates for her child, but not to other appointments.

#### f. Topics of Interest

The parent survey contained a list of 22 “Topics of Interest” and asked respondents to select those that were of interest to them. Nine respondents (18%) said that they would be interested in any or all of the topics. There were two topics suggested that were not on our list: (1) Separating from parents in healthy ways; (2) Grief group. Of the specific topics listed, the list by order of popularity is as follows:

##### 30% to 36% of Respondents Interested

- Positive discipline
- Healthy eating
- Physical activity.
- Picky eater
- Honesty and respect

##### 25% to 29% of Respondents Interested

- Sleeping issues
- Reading with children

##### 20% to 24% of Respondents Interested

- Separation anxiety
- Potty Training
- Kindergarten readiness
- TV and technology

##### 15% to 19% of Respondents Interested

- Fears
- Dental hygiene
- Aggression
- Learning through play

#### 10% to 14% of Respondents Interested

- Sibling rivalry
- Self-esteem
- Bullies
- Communication with teachers and doctors
- Competition

#### 1% to 9% of Respondents Interested

- Introducing a new baby
- Divorced parents

#### g. Personal Wish List as a Parent

We asked parents to tell us their “personal wish list as a parent.” We also included a space for final comments. The majority of final comments included suggestions and desires similar to the “personal wish list” questions. The many responses from both questions can be generally categorized as follows.

##### Childcare, Afterschool Programs, Camps

- More childcare options (*multiple responses*)
- Better daycare/preschool options (*multiple responses*)
- Local early and late hour daycare (*multiple responses*)
- Financial assistance for afterschool programs and summer camps for families with multiple children.
- More outdoor summer programs for preschoolers (e.g. at Walker Pond)

##### Early Childhood Activities

- More play groups (*multiple responses*)
  - Specific types of playgroups
    - More playgroups for people who work
    - Playgroups with organized activities
    - Playgroups for parents with similar interests
    - Playgroups after school hours
- Clearinghouse location (e.g. website or Facebook) for local events/information that would be of interest to kids 0-5 (*multiple responses*)
- Indoor activities (*multiple responses*)
- Reading circles (*multiple responses*)
- Activities/Programs to do with toddlers (*multiple responses*)
- Positive community events.
- Bring back the children’s program at M.E.R.I.

##### Education

- More opportunities for learning social/behavioral skills with children
- Information about preparing children for kindergarten
- Better school system

- Allow young children to be children and in developmentally appropriate early childhood programs. There is much scientific support for play, movement and relationship-based care for young children being what they need to grow into strong students and people later.
- More education for others on Waldorf education and lifestyle
- Help with the issues at the schools (K-12); bullying behavior.
- Communal bus stop

#### Parenting Support and Education

- Learning to handle being bullied/self-esteem
- Getting my child excited to learn
- Saying 'no' and sticking to it
- Parenting group that discusses the topics most prevalent and challenging to parents today
- Support for grandparents caring for young ones
- More time, less pressure to do everything (work, parent, activities, family commitments)

#### Connection to Service Providers

- Trust in services to look out for my family's best interest
- Parent & service network
- Summer services.
- More occupational therapy
- Special help for kids

#### Other

- Transportation
- Local pediatricians
- Less judgment
- Open communication.
- Fix the Blue Hill Playground

### 3. Conclusion

As this summary demonstrates, our surveys of educators and parents produced many areas of overlapping concerns and opinions. For example, there is wide agreement about the need for more childcare options and more (diverse and numerous) early childhood activities. Similarly, respondents from both the school and parent groups identified parent education as a valued, yet scarce, resource.

There were also notable differences in certain areas between school and parent respondents. The disparity in responses seems to highlight challenges in the survey process. For example, while many school respondents identified issues such as disrupted families, grandparents raising children, multiple and changing adults living in the home, and poverty as risk factors faced by children in this area, our parent survey respondents did not reflect those demographics. The vast majority of parent surveys we received identified as two-parents (mom/dad) families with no other adults in the home. While we might make assumptions about why we had such a difficult time reaching families at risk, we have no concrete data on that point to report.

Our survey results reveal much community consensus, as well as areas that need more investigation and exploration. It is our hope that this information provides a basis for further community collaboration around early childhood issues in our area.

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