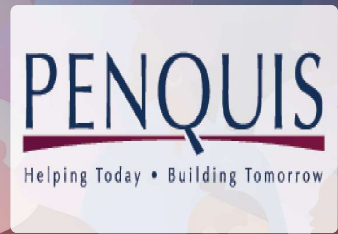


BANGOR WEST SIDE TRANSFORMATION PROJECT

by Penquis Community Action Program

Region 1 • Bangor, Maine
penquis.org



Children • Whole Family Approach

INITIATIVE OVERVIEW

Penquis Community Action Program (PCAP) and the Bangor Community Health Leadership Board (CHLB) use whole-family and place-based approaches to alleviate the conditions of poverty and increase the assets of a low-income Bangor neighborhood and its residents. By meeting these short-term objectives, we can begin to achieve the long-term goal of reducing poverty and improving well-being in the community. These approaches will address several barriers and concerns, including a lack of caring/connection to the community, lack of knowledge of community resources, and inaccessibility of resources, all the while maximizing impact through multiple-sector engagement, evidence-based interventions, and targeted asset allocation.

LOCAL NEED ADDRESSED BY INITIATIVE

The City of Bangor is Maine's third largest city and the major commercial and cultural center for much of northern and eastern Maine. Residents of the Bangor region experience both the challenges and opportunities of metropolitan life: access to greater employment and educational opportunities, on one hand, and deeper poverty and slightly more crime, on the other. Opportunity does not always equate to access, and many in the city struggle to improve their financial stability and overall well-being. The following facts and stakeholder input provide insight into the causes and conditions of poverty in the City of Bangor. They are derived from the 2019 Community Needs Assessment (CNA) conducted by Plimpton Research at the direction of Penquis Community Action Program, and from the work of local collaboratives, the Bangor Community Health Leadership Board and the Bangor Housing Work Group, of which PCAP is a member.



Bangor's poverty rate (23%) is significantly higher than Penquis' service area as a whole (15%). An estimated 30% of Bangor children under age 5 are living in poverty, in addition to one-third of children ages 5-17. CNA focus group participants recalled challenges like working multiple jobs, balancing school and work, paying for childcare and gas to get to work, and finding well-paying jobs that don't require a long commute. One individual stated, "There are plenty of entry level positions available, but [it's] very hard to live on that income, especially if you have a child."

With the lowest median income of Maine's largest cities, Bangor is the least affordable city for renters in Maine. Nearly 56% of Bangor renters are housing cost burdened, compared to 44.6% of renters statewide. Homeownership in Bangor is considered unaffordable as well. Sixty percent (60%) of households are unable to afford a median priced home, and 33.6% of homeowners are housing cost burdened, compared to 26% of Maine homeowners. PCAP clients note that Bangor rents are high, rent generally does not include utilities, it is difficult to get a loan, and many affordable rental properties are not up to code. Among

the elderly, there is need for heating assistance, weatherization, and home maintenance.

The number of healthcare providers in and around Bangor pushes Penobscot County's ratio above the Maine average. Yet, clients say that there are not enough health providers in Bangor to serve all the patients in the greater service area. Further challenges include the difficulty of finding primary care providers who are accepting new patients, long waits for appointments, and limited mental health services, especially outpatient care for adults. Substance use disorder continues to be prevalent. Bangor overdose deaths have increased each year, from 13 in 2014 to 21 in 2018. Incidents of Narcan administration by Bangor Fire/EMS and the Bangor Police Department numbered 106 last year. Focus group participants reported that discrimination against individuals in recovery from substance use disorder is common, making it difficult for them to find work, housing, and medical care.

The CNA noted that several PCAP clients and key informants mentioned Penquis Transportation Services and Bangor's city bus as valued resources, but expressed the need for more frequency and reliability, later bus runs, fewer stops to shorten commute times, and cheaper tickets for children ages 5-17. The region's sparse population makes achieving economies of scale in public transportation difficult. These factors are often both contributors to and consequences of poverty. As one needs assessment respondent said, "Able to and willing to get jobs, but need transportation, food, clothing, childcare and housing first to do so, but need job to pay for these things, so it's a big circle." This highlights the fact that there is no single solution to the multiple challenges facing low-income families and communities with concentrated poverty.

ROLE OF CSBG FUNDS

CSBG funds awarded to this project were utilized to support staff and administration costs, programming supplies, mileage reimbursements, data collection efforts, and direct intervention supports.

TRANSFORMATIVE IMPACT

The program's long-term goal is to reduce poverty and increase well-being in a low-income Bangor neighborhood. The short-term objectives are to alleviate the conditions of poverty and increase the assets of the neighborhood and its residents. The project indicators were determined during the planning process and in accordance with the needs of the neighborhood. Data was collected across a number of domains. It is expected that change will be measured in such areas as access to services, knowledge of resources, safety, and sense of connection and pride, as well as such poverty determinants as employment, income, education, financial management, economic and physical assets, social capital, health and well-being (including ED admissions, overdoses), food security, housing quality, transportation, family development/parent engagement, and childcare.

EVIDENCE-BASED OUTCOMES

Husson University assisted with data collection and analysis. Project evaluation compared data collected in year three against baseline data collected in year one and used both quantitative and qualitative data to assess changes in the neighborhood resulting from grant activities. Specific indicators included such areas as access to services, knowledge of resources, safety, and sense of connection and pride, as well as such poverty determinants as employment, income, education, financial management, economic and physical assets, social capital, health and well-being (including ED admissions, overdoses), food security, housing quality, transportation, family development/parent engagement, and childcare.

EQUITY LENS

The communities targeted by this project currently experience higher rates of poverty, substance use disorder, and homelessness combined with low rates of healthcare services and access to transportation. Both the short-term and long-term outcomes of this project will help this community become more equitable compared with their peers and with other neighborhoods.

CUSTOMER VOICE

The whole-family approach engages residents in identifying their families' needs and goals and provides resources and opportunities to help them achieve those goals.

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