

Greater Portland Community Health Assessment and Source Book

INTRODUCTION

The Greater Portland Partners for Health (GPPH) is pleased to present *The Greater Portland Community Health Assessment and Source Book*.

The purposes of this compendium are to:

- establish a common body of information about the health status of the Portland area population;
- facilitate a community dialogue about health and human service needs and priorities;
- initiate a process whereby key indicators of community health status receive critical review, modification or validation, and receive interpretation;
- and, exhibit existing issue-based data with an eye to improving health information infrastructure.

The Greater Portland Partners for Health (GPPH) began in 1993 with discussions among nine organizations invested in improving the health of the Portland area population. To address the need for accessible information, in 1994 the GPPH commissioned the production of a *Community Health Profile of the Greater Portland Region*, which synthesized existing health data into one common report. Following the release of the 1994 report, the GPPH undertook a process to prioritize health issues, utilizing a series of citizen study circles. Two key issues emerged from this process: tobacco prevention and control, and comprehensive school health education. With advocacy by the GPPH and the greater Portland community, considerable progress has been made on both of these priorities.

In 1998 the GPPH commenced the production of an expanded health assessment, with the goals of: tracking trends over the past five years; benchmarking local health conditions against the state and the nation; and, setting or re-establishing baselines for indicators to follow in the future. While this new production provides updated information on many of the indicators from the 1994 profile, it broadens that set with new data on health outcomes and behavioral risk factors. Additionally, *The Greater Portland Community Health Assessment and Source Book* is organized to parallel the nation's Healthy People 2010 initiative and to prepare for future updates comparing our local health status to Healthy People and Healthy Maine goals for the year 2010.

We hope that *The Greater Portland Community Health Assessment and Source Book* will be received in the true spirit of applied epidemiology — the basic science of public health.

Epidemiology is: a) a quantitative basic science built on working knowledge of probability, statistics, and sound research methods; b) a method of causal reasoning based on developing and testing hypotheses pertaining to occurrences and prevention of morbidity and mortality; and c) a tool for public health action to promote and protect the public's health based on science, causal reasoning, and a dose of practical common sense. ¹

While the primary goal of this *Source Book* is to provide health information, we are also hopeful that its usefulness will extend beyond the network of health service providers to our affiliates in the areas of: economics, education, environmental protection, physical infrastructure, recreation, and governance. We hope the information we share here will have application across sectors to all areas of education, intervention, program planning, and resource allocation. To this end, the City of Portland's Department of Health and Human Services plans to use this *Source Book* as an invaluable tool for evaluating programs and developing priorities for the future. We encourage all of our area's communities to join in regional planning as well as to develop unique local priorities.

With the issuance of *The Greater Portland Community Health Assessment and Source Book*, we invite you to use the information, join us in the effort to advance our information infrastructure; and work with us to improve the health of our community. We welcome your ideas, your energy and your commitment. Together, the future is ours to shape, and to keep in shape.

¹ *Principles of Epidemiology*, CDC, U.S. Department of Health and Human Services, 1998.

Greater Portland Community Health Assessment and Source Book

OVERVIEW

The *Greater Portland Community Health Assessment and Source Book* has three parts:

- Part I** — *Greater Portland Health Report Card*
- Part II** — *Source Book: Healthy People 2000 to Healthy People 2010*
- Part III** — *Appendices*

Part I — Greater Portland Health Report Card

Using a summary set of indicators, the *Health Report Card* points to areas of strength and areas needing attention in the health of the Greater Portland population. In this list of health indicators, we compare rates in the Greater Portland area to state and national rates, and to state and national goals set by Healthy Maine 2000 and Healthy People 2000.

The “grades” given for each indicator represent the sum of these comparisons. Caution should be used in drawing conclusions or taking action simply on the basis of these “grades.” In some instances, conditions demanding improvement emerge; in other cases, differences in rates may be the result of limitations with the data itself. Importantly, what appear to be notable differences in rates may or may not be statistically significant, although the rates themselves are valid descriptive baselines.

This grading exercise is intended to highlight areas most immediately calling for follow up, e.g. review of the more in-depth information provided in the *Source Book*, and solicitation of additional information from service providers and the community.

Part II — Source Book: Healthy People 2000 to Healthy People 2010

Overview - The *Source Book* is a transitional work, from Healthy People 2000 to Healthy People 2010. Up until the year 2000, health data was collected to measure progress on indicators defined during the Healthy People 2000 initiative, and so the data presented here correspond to those indicators. The organization of the book, however, follows the Surgeon General’s Healthy People 2010 publication. In addition to updated national goals, Healthy People 2010 comprises forward-looking priorities, revised objectives, and updated indicators.

The 2010 goals are:

- to increase the quality and years of healthy life;
- to eliminate health disparities.

To provide descriptive information about the population in the Greater Portland Area, the *Source Book's* opening chapter is on demographics and includes special sections on diversity and poverty. The remainder of the book is a compilation of graphically displayed descriptive statistics on a wide range of the health improvement objectives in Healthy People 2010:

- reduce mortality and increase life expectancy
- promote healthy behaviors
- promote healthy and safe communities
- improve systems for personal and public health
- prevent and reduce disease and disorders

Individual chapters present information on:

- mortality
- tobacco use
- environmental health
- injury
- violence
- access to health care
- maternal, infant and child health and family planning
- chronic disease and risk factors
- HIV/AIDS, STDs and sexual risk behaviors
- immunization and infectious disease
- mental health and mental disorders
- substance abuse

Each chapter begins with a table of local rates that are benchmarked to state and national rates, as well as to state and national goals set by Healthy Maine 2000 and Healthy People 2000. Whenever possible (and meaningful), we disaggregate the data by age and sex, and also present trends over time.

Disparity and Minority Health — In developing the *Source Book*, we faced a dilemma in both our local area and state, with respect to our national health mission. While the overriding focus of Healthy People 2010 is to eliminate disparities identified during the Healthy People 2000 endeavor, our local experience of disparity is not captured in the analysis of national health statistics. This is because analysis of national health statistics exposes “race” as a key category within which disparity can be witnessed. In fact, the U.S. Department of Health and Human Services has selected the Office of Minority Health to lead the President’s special initiative to eliminate racial and ethnic disparities in six key health areas: infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV infection, and child and adult immunizations.

In the Greater Portland Area and in Maine, combining “disparity” and “minority health” runs huge risks of at best giving both of these important areas short shrift, and at worst doing a disservice to our community. Analyzing our population by traditional racial categories does not necessarily permit exposure of meaningful minority health issues, nor does this exercise reveal many important subpopulation disparities. As minority individuals living in Maine, the state with the lowest proportion of minority individuals in the nation, members of our community are positioned to reflect aspects of the minority experience in a unique manner. Specifically, we have the rare opportunity to explore the experience of “identifying with a minority demographic group” distinct from the consequences of living in a marginalized, high-risk social environment. We consider the unique experiences of minority members of our community to be worthy of exploring in a process designed to produce lessons not only for our own community, but for the national dialogue on minority health as well.

Likewise, local disparities may be missed completely were we to borrow the national picture. We submit that serious work needs to be done on identifying local disparities, based on a variety

of demographic features including race. In 1998, the GPPH commissioned special analyses of data from the Uniform Hospital Discharge Data Set (UHDDS), the Maine Cancer Registry, and the BRFSS to explore local observations of health disparities in the Greater Portland Area. Comparing populations residing in the City of Portland, the suburban Inner Towns, and the rural Outer Towns discerned one layer of local disparities, and these results are presented throughout the *Source Book*. This effort by the GPPH represents an important first step in the endeavor to ascertain subpopulation disparity in the Greater Portland Area.

Though it is not in our community's interest to superimpose the national picture of combined minority health and disparity on our population, still the already-identified national-level list of disparities remains informative, disturbing, and thought provoking. Therefore, the introductory page of each chapter of the *Source Book* lists the population groupings for which disparities of $\geq 25\%$ have been identified at the national level. We hope that key areas of disparity at the state and local level will one day be identified; and, we see developing the information systems capacity to form this local picture to be a critical community objective. Equally as compelling is our need, as a community, to understand important minority health issues. Neither descriptive nor inferential statistics can substitute for the qualitative explorations necessary to assure that our work benefits us all.

Part III — Appendices

Following the first appendix, *acronyms*, we include detailed demographic tables in the second appendix. These tables provide information about the composition of the population by age, sex and racial category, which can be used flexibly in creating meaningful population denominators. To examine demographic change over the past decade, we include tables showing the components of population change in our area and throughout Maine.

As the third appendix we include data with 95% confidence intervals from the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance project of the CDC and the Maine Bureau of Health. PRAMS collects state-specific, population-based data on maternal attitudes and experiences prior to, during, and immediately following pregnancy. Indicators from this surveillance system are included in individual chapters of the *Source Book* as they present valuable descriptive baselines.

We include data with 95% confidence intervals from the Behavioral Risk Factor Surveillance System (BRFSS) as the fourth appendix. The largest continuously conducted telephone health survey in the world, the BRFSS enables the Centers of Disease Control and Prevention (CDC), state health departments, and other health and education agencies to monitor risk behaviors related to chronic diseases, injuries and death. The GPPH commissioned special analysis of BRFSS data from the Greater Portland Area because information from the BRFSS may be some of the most vital data in this report — changing people's individual behaviors has the potential to bring about substantial improvements in the health of the community.

Sources for the data used in the book's indicators are referenced in each chapter. The majority of this data, aggregated at the state and national levels, is available on the world wide web. The final appendix is a comprehensive list of web-based health information resources. We hope that this resource list will prove useful in keeping us all up to date on the latest information pertaining to healthy people and healthy communities.

The Greater Portland Area as a Geographic Unit

In the 1994 *Community Health Profile of the Greater Portland Region*, the “Greater Portland Region” was defined using the boundaries of the Portland Hospital Service Area (HSA). The Portland HSA comprises the City of Portland and the 25 surrounding suburban and rural towns. It includes most of Cumberland County, and parts of York and Oxford Counties. In the 1998 GPPH-commissioned studies of the Greater Portland Area, analysis of data from the Uniform Hospital Discharge Data Set (UHDDS), the BRFSS, and the Maine Cancer Registry, were used to compare health disparities existing between populations residing in the City of Portland, the suburban Inner Towns, and the rural Outer Towns. The unit of analysis in these studies was the Portland HSA with the addition of Freeport to the group of Inner Towns. For many indicators, local-level data is only available for county units. When this is the case, we use Cumberland County to proxy for the Greater Portland Area (*see map on page xvii*).

Data Issues

This publication is primarily a compilation of descriptive statistics from secondary sources. In an effort to avert neglecting important indicators and topics for which there are no available local data, state and national data are sometimes used as informative placeholders (e.g. prevalence rates for mental health conditions). Similarly, pertinent emerging issues revealed in the academic literature that have not yet made their way into bureaucratic monitoring systems are pointed to using factoids in boxes (e.g. the link between animal cruelty and interpersonal violence). We traded-off presenting the most current data, with presenting a thorough compilation. Though updated data points may be available for some of the indicators presented in this report, seldom do drastic changes take place in health indicators over the short run. The GPPH is planning a community health forum to produce a parsimonious set of indicators for immediate updating, and for long term monitoring.

What this book does not offer is actual data interpretation, for two primary reasons. First, local data is sparse, and where it does exist, small numbers often preclude the drawing of conclusive inferences. Second, the GPPH are confident that the community forum process itself will complement the *Source Book* as an information-rich venture. Rather than construing our community partners as an audience for whom we display health information, we instead conceive our roles to be synergistic. The *Source Book* may be approached as a photo-essay – except that in this case, the photos are simple graphs. What this essay “means” is a text we must write collaboratively. At the same time, our collaborative effort must be approached in the spirit of individual learning and science ...

“The hardest lesson for any agent to learn, apparently, is how to learn from its own mistakes. In order to learn from them, one has to be able to contemplate them, and this is no small matter. ... Science, however, is not just a matter of making mistakes, but of making mistakes in public — making mistakes for all to see, in the hopes of getting the others to help with the corrections.”

—Daniel C. Dennett
Philosopher of Science,
Director of Center for Cognitive Studies, Tufts University

Please submit all corrections to: healthassess@ci.portland.me.us

Greater Portland Community Health Assessment and Source Book

ACKNOWLEDGMENTS

The *Greater Portland Community Health Assessment and Source Book* was prepared by the Public Health Division, Department of Health and Human Services, City of Portland, at the direction of the Greater Portland Partners for Health. This work could not have been accomplished without the generous support of the organizations financing the project, as well as the assistance of many individuals, and local and state organizations that participated by contributing information.

Financial Support

Anthem Blue Cross Blue Shield of Maine
MaineHealth
Maine Medical Center
Mercy Hospital
Public Health Division, Department of Health & Human Services, City of Portland
United Way of Greater Portland

GPPH-Commissioned Contributing Studies

“Health Status in the Greater Portland Region,” Maine Medical Assessment Foundation, 1999
“Analysis of BRFSS data for combined years 1996-1997: Portland HSA, City of Portland, Inner Towns, and Maine,” Public Health Resource Group

Production Staff

Department of Health and Human Services, City of Portland

Diana Stiles Frion, Principle Author and Project Manager
Doug Smith, Data Analyst and Author
David Douglass, Data Analyst and Author
Maureen Clancy, Production Coordinator

City of Portland

Gerald R. Cayer, Director, Department of Health and Human Services

Technical Reviewers

Geoff Beckett, Maine Bureau of Health
Brenda Corkum, Maine Department of Human Services
Deborah Deatrck, MaineHealth
Ron Deprez, Public Health Resource Group
Mike Fleming, Anthem Blue Cross Blue Shield of Maine
Marty Henson, Maine Department of Human Services
Elizabeth Kilbreth, Muskie School of Public Service
Don Kniseley, Community Health Services
Karen O'Rourke, Maine Center for Public Health
John Shoos, United Way of Greater Portland
Nancy Sonnenfeld, Maine Bureau of Health
Judy Stone, Maine Medical Center
Marjory Stone, Mercy Hospital
Meredith Tipton, Anthem Blue Cross Blue Shield of Maine
David Wennberg, Maine Medical Assessment Foundation

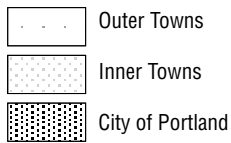
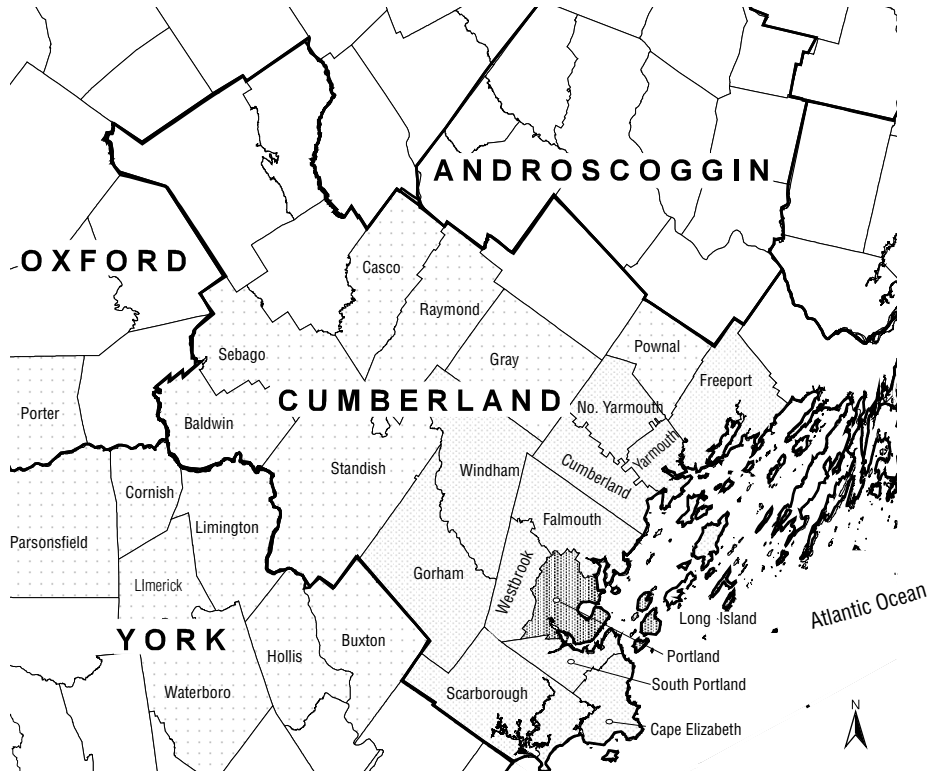
Design and Layout

J. Motherwell, *Graphic Communications*, Falmouth, Maine
Diana Stiles Friou, Department of Health and Human Services, City of Portland

Greater Portland Partners for Health

Maureen Clancy, Public Health Division,
Department of Health and Human Services, City of Portland
Deborah Deatrck, MaineHealth
Ron Deprez, Public Health Resource Group
Mike Fleming, Anthem Blue Cross Blue Shield of Maine
Diana Stiles Friou, Department of Health and Human Services, City of Portland
Elizabeth Kilbreth, Muskie School of Public Service, University of Southern Maine
Don Kniseley, Community Health Services
Robert McArtor, MaineHealth
John Shoos, United Way of Greater Portland
Judy Stone, Maine Medical Center
Marjory Stone, Mercy Hospital
Meredith Tipton, Anthem Blue Cross Blue Shield of Maine

***To obtain additional copies of this document, please contact the Public Health Division,
Department of Health and Human Services, City of Portland, 389 Congress Street, Portland, ME
04101, (207) 874-8784, email: healthassess@ci.portland.me.us.***



Greater Portland Area	
Inner Towns	Outer Towns
Cape Elizabeth	Baldwin
Cumberland	Buxton
Gorham	Casco
Falmouth	Cornish
Freeport	Gray
North Yarmouth	Hollis
Scarborough	Limerick
South Portland	Limington
Standish	Long Island
Westbrook	Parsonfield
Windham	Porter
Yarmouth	Pownal
	Raymond
	Sebago
	Waterboro

Map produced
by Rosemary Mosher, Windham, ME

Index to Graphs, Charts and Tables

DEMOGRAPHICS

City of Portland Population (62,989 = 30% of the HSA) — Age and Sex Structure	3
Inner Town Population (123,833= 50% of the HSA) — Age and Sex Structure	4
Outer Town Population (51,821= 20% of the HSA) — Age and Sex Structure	4
Summary Population Descriptive Statistics: City of Portland, Inner Towns and Outer Towns	5
Dependency Ratios: City of Portland, Inner Towns, Outer Towns, Maine and U.S.	5
Households by Type — Greater Portland Area: 1990	6
Households with Children, by Type — Greater Portland Area: 1990	6
Educational Attainment — Greater Portland Area: 1990	7
Educational Attainment beyond High School — Greater Portland Area and Maine: 1990	7
Greater Portland Demographic Characteristics	8
Population by Standard Racial Categories: —Greater Portland Area: 1998 Estimates	11
First Reported Ancestry — City of Portland Population: 1990	11
Percentage of Total Population Foreign Born — Maine and U.S.: 1850-1990	12
Number of Foreign-born City of Portland Residents by Year of Entry into the U.S. — 1990	12
Refugee Settlement in Maine: 1986-1998	13
School Enrollment of Language Minority Students Who are Limited	
English Proficient from Multiple Language Groups: 1996-1997	13
Language Minority Students — Portland Public Schools: 1998-1999	14
Portland Public Schools' Limited English Proficient Students Enrolled	
through the Multilingual Intake Center: 1998-1999	14
1998 Federal Poverty Thresholds	15
Low Income Households – Greater Portland Area: 1990	15
Poverty Status in the City of Portland (1990 Census)	16
Additional Poverty Indicators — Portland and Cumberland County	17
Number of Emergency Shelter Beds Used by Adults, Adolescents	
and Families — Portland: Fiscal Year 1993 - Fiscal Year 1999	18

MORTALITY

Mortality — Greater Portland Area and Maine: 1995-1996	24
Leading Causes of Death — Portland, Cumberland County and Maine: 1995	24
Premature Mortality Rates (death to persons ages 0-64) —	
Greater Portland Area and Maine: 1995-1996	25
Leading Causes of Premature Mortality —Greater Portland Area and Maine: 1995-1996	25
Death Rates, Persons 45-64, Portland HSA: 1992-1995	26
Actual Causes of Preventable Deaths in the United States: 1990	26
Cause-Specific Mortality by Age, Portland HSA: 1992-1995	27
Age and Sex - Specific Motor Vehicle Death Rates — Portland HSA: 1992-1995	30
Percentage of Motor Vehicle Deaths that are Alcohol-Related —	
Cumberland County and Maine: 1990 - 1995	30
Deaths by Site of Death — Cumberland County and Maine: 1995	31
Deaths by Selected Cause and Site — Cumberland County: 1995	31

TOBACCO USE

Adult Smoking Prevalence — Greater Portland Area, Maine and the U.S.: 1997	36
Adults Smokers Trying to Quit — Maine: 1995 and 1997	37
Adults who Currently Smoke, by Age — Portland HSA, Maine and the U.S.: 1997	37
Perinatal Smoking Prevalence — Cumberland County and Maine: 1996-1997	38
Perinatal Spontaneous Quit and Relapse Rates — Cumberland County and Maine: 1996-1997	38
Smoking in High School — City of Portland, Maine, and the US: 1997	39

Students Who Have Ever Tried Cigarettes, by Grade — City of Portland: 1994 and 1996	39
Students Who Frequently Smoked Cigarettes, by Grade — City of Portland: 1994 and 1996	40
Percentage Increase from Previous Grade in the Number of Students Smoking Regularly — City of Portland: 1994 and 1996	40
Regular Smokers by Self-Perceived Rank in Class — Portland: 1996	41
High School Students who Reported Discussing Cigarettes with a Medical Provider — City of Portland: 1996	41
High School Students who Bought Own Cigarettes — City of Portland, Maine and the US: 1996	41

ENVIRONMENTAL HEALTH

Annual Number of Days with Unhealthy Air Quality — Cumberland County: 1996 – 1998	46
Average Ozone Health Warning Level Exceedence, by Month — Maine: 1980 - 1996	46
Carbon Monoxide Poisonings — Maine: 1998	47
Percentage of Homes Tested, with Radon Levels Exceeding EPA Standards — Greater Portland Area: 1993 – 1998 combined	48
Percentage of Homes with Radon Levels Exceeding EPA Standards, Rectifying the Problem — Greater Portland Area: 1993 – 1998 combined	48
Towns with and without Fluoridation in Public Water Supply — Portland Water District: 1999	49
Private Wells Tested for Arsenic Problems and Number with Elevated Results — Greater Portland Area: 1993 -1998 combined	50
Miles of River Unsuitable for Fish Consumption Due to Dioxin — Maine: 1992 – 1998	51
Acres of Clam Flats Closed to Shellfish Harvesting — Casco Bay: 1995 and 1998	51
Changes in Lead Poisoning Standards — 1970 - 1991: U.S.	52
Age of Housing Stock — City of Portland	52
Percent of Children, Ages 6 months to 6 Years, Screened for Elevated Blood Lead Levels — Portland and Maine: 1993 - 1998	53
Percent Screened with Elevated Blood Lead Levels, Children Ages 0-6, — Portland: 1993 - 1998	53
Acute Pesticide Poisonings in Adults, Adolescents, and Children — Maine: 1993 - 1996	54

INJURY

Unintentional Injury Ranked as Leading Cause of Death, by Age — Maine: 1995	59
Unintentional Injury Mortality, by Sex — Portland HSA , Maine and U.S.: 1995	59
Unintentional Injury Mortality, by Age — Cumberland County, Maine and U.S.: 1979 - 1996 combined	60
Unintentional Injury Mortality Rates, by Age and Sex — Portland HSA: 1992-1995	60
Motor Vehicle-Related Mortality, by Age and Sex — Portland HSA: 1992-1995	61
Rate of Driver Crash Involvement, by Age and Sex — Maine: 1997	61
Percentage of Total Traffic Fatalities that are Alcohol-Related — Cumberland County, Maine and U.S.: 1995	62
Impact of Alcohol on Crash Outcomes for Younger Drivers, Ages 16 - 24 — Maine: 1997	62
Percentage of Vehicle Occupants, Less than 14 Years old, Using Seat Belts — Maine: 1997	63
Percentage of People Using Seat Belts and Appropriate Restraints in the Car — Portland HSA, Maine and U.S.: 1997	63
Use of Safety Devices — Portland HSA: 1994 and 1997	64
Percentage of People Using Seat Belts Compared to the Number of Hospitalizations from Motor Vehicle Accidents — Maine: 1991 - 1997	64
Percentage of High School Students Engaging in Behaviors that Contribute to Unintentional Injuries — Maine and the U.S.: 1997	65
Accidental Injury and Poisoning Mortality — Cumberland County and Maine: 1979 - 1996 combined	66
Fall-Related Mortality by Age — Cumberland County, Maine and U.S.: 1979 - 1996 combined	66
Fall-Related Mortality by Age and Sex — Cumberland County: 1979 - 1996 combined	66
Leading Causes of Injury, Children Less than 15 Years Old — U.S.: 1995	67

Leading Exposures Managed by Poison Control Centers, Children Less than Six Years Old — U.S.: 1995	67
Estimated Rate of Emergency Room Visits for Sports Injuries, by Sport —U.S.: 1997	68
Estimated Rate of Emergency Room Visits for Sports Injuries, by Age, Persons Less than 65 — U.S.: 1997	68
Exerpts from Playground Injuries Fact Sheet — U.S.: 1990 - 1997	69

VIOLENCE

Percentage of Reported Domestic Assaults, by County — Maine: 1994-1995 combined	75
Domestic Violence Filings — Maine: 1990 - 1997	75
Percent of Emergency Shelter Users Who Are Victims of Domestic Violence, by Shelter Type — City of Portland: 1997	76
Rate of Child Protective Services (CPS) Reports Alleging Maltreatment Referred for Investigation — Maine and U.S.: 1990 - 1996	77
Percent of Appropriate CPS Referrals Assigned for Services — Maine: 1996 and 1997	77
Children Investigated by Child Protective Services (CPS), by Disposition — Maine: 1996	77
Rate of Children Reported to CPS and Rate of Substantiation — Maine and U.S.: 1996	78
Percent of Children with Substantiated Abuse Reports, by Maltreatment Type — Maine and U.S.: 1996	78
Rate of Children with Substantiated Reports of Physical Abuse, Sexual Abuse and Neglect — Maine and the U.S: 1996	79
Estimated Percentages of Children Substantiated as Abused or Neglected, by Age Groups — Maine and the U.S.: 1996	79
Rate of Children in Out-of-Home Care — Maine and the U.S.: 1990 and 1996	79
Percent of Children in Out-of-Home Care, by Sex — Maine and the U.S.: 1996	80
Percent of Children in Out-of-Home Care, by Placement Type — Maine and the U.S.: 1996	80
Rate of Children in Family Foster Homes, Kinship Foster Homes and Residential Group Care — Maine and the U.S.: 1996	81
Percent of Homeless Youth, by Age Groups — Maine: 1996-1997 combined	81
Arrest Rate for Runaways, Ages 10-17 — Cumberland County: 1995-1997	81
Arrest Rate for Runaways, Ages 10-14 and 15-17 — Cumberland County: 1995-1997 (combined)	81
National IPV Facts from the CDC	82
Domestic Violence Assaults, by Assailant-Victim Relationship — Maine: 1997	82
Substantiated Elder Abuse, by Maltreatment Type — Maine: 1993 - 1994 combined	83
Elder Abuse, by Maltreatment Type — U.S.: 1996	83
Elder Abuse, by Victim's Sex and Maltreatment Type — U.S.: 1996	84
Elder Abuse, Relationship of Perpetrators to Victims — U.S.: 1996	84
Perpetrators of Elder Abuse, by Sex and Type of Maltreatment — U.S.: 1996	84
Perpetrators of Elder Abuse, by Age and Type of Maltreatment — U.S.: 1996	85
Percentage of High School Students Engaging in Violent Behaviors, Past 12 Months, by Sex — Maine and the U.S.: 1997	86
Violence on School Property — Maine and U.S.: 1997	87
Violent Crime Rate, Ages 18+ — City of Portland, Maine and U.S.: 1990 - 1997	88
Violent Crime Rate, Ages 18+, by Component Crimes — Portland and Bangor Maine; Lawrence, Massachusettes and the U.S.: 1997	88
Assault Arrest Rate, Ages 18+, — Portland, Maine and the U.S.: 1990-1997	89
Homicide Arrest Rate, Ages 18+ — Portland, Maine and the U.S.: 1990-1997	89
Rape Arrest Rate, Ages 18+ — Portland, Maine and the U.S.: 1990-1997	90
Violent Crime Rate, Ages 10 - 17 — City of Portland, Maine and the U.S.: 1990 - 1997	90
Hate Crimes, by Offense Type — Portland: 1995	91
Hate Crimes, by Bias Motivation — Portland: 1995	91
Firearm Mortality Rates — Cumberland County, Maine and the U.S.: 1987 - 1997	92

Fatal and Nonfatal Firearm Injury Rates, by Intent — US: 1992-1994 combined	92
Nonfatal Firearm Emergency Department-Treated Injury Rates and Death Rates, by Age —	
US: 1992-1994 combined	93
Firearm Death Rates to Males Ages 15 - 24 —	
Selected Countries and Years: 1992-1995	93
Firearm Mortality, Males, Ages 15 - 34 — Maine: 1987 - 1997	94
Firearm Mortality, by Sex, Ages 15 - 34 —	
Cumberland County: 1979 - 1997 combined.....	94
Firearm Injury Death Rates, by Manner of Death, Persons 15-34 Years of Age —	
U.S.: 1985-1995	95

ACCESS TO HEALTH CARE

Percentage of Adults without Health Insurance — Maine and U.S.: 1995-1998	101
Percentage of Adults without Health Insurance —	
City of Portland, Inner Towns and Portland HSA : 1994 and 1996-1997 combined	101
Percentage of Adults who Did Not Visit a Doctor because of Cost within the Past 12 Months —	
Maine and U.S.: 1995-1998	102
Percentage of Adults Who Did Not Visit a Doctor because of Cost within the Past 12 Months —	
City of Portland, Inner Towns: and Portland HSA: 1996-1997 combined.....	102
Percentage of Adults Who Have Not Had a Routine Physical Exam in the Past Five Years —	
Maine and U.S.: 1995-1998	103
Percentage of Adults Who Have Not Had a Routine Physical Exam in the Past Five Years —	
City of Portland, Inner Towns and Portland HSA: 1996-1997 combined.....	103
Hospital Discharges for Conditions Amenable to Medical Treatment	
Greater Portland Area and Maine: 1996-1997 combined	104
Hospital Discharges for Ambulatory Care Sensitive Conditions	
Greater Portland Area and Maine: 1996-1997 combined	104
Hospital Discharges for Potentially Avoidable Hospitalizations	
Greater Portland Area and Maine: 1996-1997 combined	104
Leading Hospital Discharge Rates for Ambulatory Care Sensitive Conditions, by Age —	
Portland HSA: 1995-1996 combined	105
Annual Emergency Shelter Usage, by Population Characteristics; Unduplicated Individuals	
versus Bed-Nights Used — Portland HSA: 1997	106

MATERNAL, INFANT AND CHILD HEALTH AND FAMILY PLANNING

Birth Rate — Cumberland County and Maine: 1988 - 1995	113
Birth Rate by Maternal Age — Portland HSA: 1992 - 1995 combined	113
Teen Birth Rate, Females Age 15 - 19 — Cumberland County and Maine: 1988-1995	113
Percentage of Pregnancies Intended, Mistimed and Unwanted —	
Cumberland County and Maine: 1996 - 1997 combined	114
Births to Low Income Families, by Household Income —	
Cumberland County and Maine: 1996-1997 combined	114
Trimester of Entry into Prenatal Care —	
Greater Portland Area and Maine: 1995 - 1996 combined	115
Month Prenatal Care Began by Mothers Education — Cumberland County: 1995	115
Adequacy of Prenatal Care by Age Group — Portland HSA: 1992-1995 combined	116
Percentage who Received Advice by a Health Care Professional on Key Issues during Pregnancy —	
Cumberland County and Maine: 1996 - 1997 combined	116
Percentage of Prenatal Care by Payor — Cumberland County and Maine: 1996-1997combined	116
Percentage of Women who Smoked Cigarettes before, during and after Pregnancy —	
Cumberland County and Maine: 1996 - 1997 combined	117
Percentage of Women who Drank Alcohol before and during Pregnancy —	
Cumberland County and Maine: 1996 - 1997 combined	117
Physical Abuse During Pregnancy — Cumberland County and Maine: 1996 - 1997 combined	117
Trends in Low Birth Weight (<2500 grams) — Cumberland County and Maine: 1988 - 1995	118

Low Birth Weight Births as a Percentage of all Live Births —	
Greater Portland Area: 1995-1996 combined and Maine: 1995	118
Duration of Breastfeeding — Cumberland County and Maine: 1996 – 1997 combined.....	119
Reasons for Not Breastfeeding – Cumberland County and Maine: 1996 - 1997 combined	119
Reasons for Discontinuing Breastfeeding –	
Cumberland County and Maine: 1996 - 1997 combined	119

CHRONIC DISEASE AND RISK FACTORS

Number and Percent of Deaths due to Four Chronic Diseases — United States: 1995	125
Mortality Rates for the Leading Causes of Death — Maine and U.S.: 1995	125
Percentage of Adults at Risk of Health Problems Related to Being Overweight —	
Greater Portland Area and Maine: 1994 and 1996-1997 combined	126
Percentage of Adults at Risk of Health Problems Related to Inadequate Physical Activity —	
Greater Portland Areas and Maine: 1994 and 1996	126
Percentage of Adults Who Reported Having Their Blood Pressure Checked within the Past Two Years —	
Portland HSA and Maine: 1994 and 1997	127
Percentage of Adults Who Reported Being Diagnosed with High Blood Pressure —	
Greater Portland Area and Maine: 1994 and 1996-1997 combined	127
Percentage of Adults Who Reported Having Their Cholesterol Checked within the Past Five Years —	
Portland HSA and Maine: 1994 and 1997	128
Percentage of Adults Who Reported Being Diagnosed with High Cholesterol —	
Portland HSA, and Maine: 1994 and 1997	128
Hospital Discharge Rates for High Blood Pressure —	
Greater Portland Area and Maine: 1996-1997 combined	129
Hospital Discharge Rates for Congestive Heart Failure —	
Greater Portland Area and Maine: 1996-1997 combined	129
Cardiovascular Disease Mortality Rates — Cumberland County, Maine, U.S.: 1995	130
Cardiovascular Disease Death Rates, by Sex — Maine: 1995	130
Death Rates of Total Cardiovascular Diseases, Ischemic Heart Disease and Stroke —	
Cumberland County: 1979 – 1996	131
Hospital Discharge Rates for Chronic Bronchitis/Emphysema —	
Greater Portland Areas and Maine: 1996-1997 combined	132
Hospital Discharge Rates for Pediatric Asthma —	
Greater Portland Area and Maine: 1996-1997 combined	132
Hospital Discharge Rates for Asthma — Greater Portland Area and Maine: 1996-1997	133
Hospital Discharge Rates for COPD — Greater Portland Areas and Maine: 1996-1997	133
Chronic Obstructive Pulmonary Disease (COPD) Death Rates —	
Cumberland County, Maine and U.S.: 1995	134
COPD Death Rates, by Sex — Maine: 1995	134
COPD Death Rate — Cumberland County: 1982 – 1996	135
Estimated Prevalence of Adult Diabetes (diagnosed and undiagnosed) —	
Greater Portland Area and Maine: 1999	136
Estimated Percent of Maine Residents with Diabetes (diagnosed and undiagnosed) by Age —	
Maine: 1995-1997 combined.....	136
Hospital Discharge Rates for Diabetes — Maine and Greater Portland Area: 1996-1997	137
Diabetes Mortality Rates — Cumberland County, Maine and U.S.: 1995	137
Diabetes Mortality, by Sex — Maine: 1995	138
Diabetes Mortality Rates — Cumberland County: 1982 – 1996	138
Percentage of Women, Age 50+, Who Have Had a Mammogram in the Past Year —	
Greater Portland Area and Maine: 1996 - 1997 combined	139
Percentage of Adults, Age 50+, Who Have Ever Had a Sigmoidoscopy or Proctoscopic Exam	
Portland HSA and Maine: 1997	139
Breast Cancer Incidence Rates — Greater Portland Area: 1993-1994 combined	140
Lung Cancer Incidence Rates — Greater Portland Area: 1993-1994 combined	140
Colorectal Cancer Incidence Rates — Greater Portland Area: 1993-1994 combined	141

Cancer Mortality Rates — Cumberland County, Maine and U.S.: 1995	142
Cancer Mortality Rates, by Sex — Maine: 1995	142
Cancer Mortality Trend — Cumberland County: 1979 – 1996	143

HIV/AIDS, OTHER SEXUALLY TRANSMITTED DISEASES (STDs) AND SEXUAL RISK BEHAVIORS (SRBS)

AIDS Cases, Deaths and Prevalence — City of Portland: 1990-1998	150
AIDS Cases, by Sex — Portland and Maine: 1984-1998 combined	151
Women as a Percent of Persons Over Age 13 Living with AIDS — U.S.: 1992 and 1998	151
AIDS Cases by Transmission Category — City of Portland and Maine: 1984 - 1998	151
Percent of AIDS Cases by Age at HIV Infection — Portland and Maine: 1984 – 1998 combined	152
Percent of Female AIDS Cases by Age at HIV Infection — Maine: 1984 - 1998 combined	152
Mode of Exposure to HIV by Teens — Maine: 1984 – 1998 combined	152
HIV Infection by Transmission Category — City of Portland: 1984- September 1998 combined	153
HIV-Infected Persons — Served by Portland Agencies: 1997	153
Percent of Population, Ages 18+, Tested for HIV, Received HIV Test Results, and Received Post-HIV Test Counseling — City of Portland, Portland HSA, Maine and the U.S.: 1997	154
Adults Who Report Changing Their Sexual Behavior in the Last 12 Months, due to Knowledge of HIV — Portland HSA, Maine and the U.S.: 1997	154
Reportable STD Incidence Rates — Maine: 1991-1996	155
Chlamydia Incidence Rates — Cumberland County and Maine: 1992-1997	155
Chlamydia Cases, by Age and Sex — Cumberland County: 1995 and 1997	156
Percent of Initial STD Clinic Visits Diagnosed for Human Papilloma Virus (HPV) — Portland Public Health Division: 1997-1998	156
STD-related Diagnosis at STD Clinics — Portland Public Health Division: 1997-1998 combined	156

IMMUNIZATION and INFECTIOUS DISEASE

Percent Immunized, Uninstitutionalized Population Ages 65+ — Portland HSA, Maine and U.S.: 1995 and 1997	163
Percentage of Children, 19-35 Months, Who Are Fully Immunized — Cumberland County, Maine and the U.S.: 1998	163
Indigenous Incidence of Vaccine Preventable Diseases for which the Year 2000 Target is 0 – U.S.: 1995	164
Percent Over Year 2000 Goal for Pertussis and Mumps Incidence — U.S.: 1995	164
Hepatitis Incidence — Maine: 1997 and 1998	165
Hepatitis C Transmission-Risk Categories – City of Portland: Cases Diagnosed in 1997 - 1998 combined	165
Infectious Disease Incidence, Top Ten — Maine: 199	166

MENTAL HEALTH and MENTAL DISORDERS

Percentage of Adults, Ages 18+, Reporting Number of Days Mental Health Not Good (past 30 days) City of Portland, Inner Towns, Portland HSA, and Maine: 1996-1997 combined	171
Percentage of Adults, Ages 18+, Reporting Mental Health Good Everyday (past 30 days), by Sex — City of Portland, Inner Towns, Portland HSA, and Maine: 1996-1997 combined	171
Severe and Persistent Mental Illness (SPMI) Prevalence Estimates — City of Portland, Cumberland County and Maine: 1996	172
Post-Traumatic Stress Disorder (PTSD) Prevalence, by Stressful Events, Persons Ages 18+ — U.S.: 1992	174
Hospital Discharges for Psychosis, by Age and Sex — Portland HSA: 1995 - 1996 combined	174
Percent of Emergency Shelter Users Who Have a Serious Mental Disorder, by Shelter Type — City of Portland: 1996	174
Hospital Discharges by a Major Diagnostic Category of Mental Illness — Maine: 1991 - 1997	175

Average Hospital Stay for Patients Discharged with a Diagnosis for Mental Illness — Maine: 1991 – 1997	175
Average Daily Charge for Patients Discharged with a Diagnosis for Mental Illness — Maine: 1991 – 1997	175
Suicide Rate — Cumberland County, Maine and the U.S.: 1990 - 1997	176
Suicide Rate, by Sex — Cumberland County: 1990 – 1997 combined	176
Suicide Rate, by Age — Cumberland County: 1985 – 1997 combined	176
Percentage of Suicide Deaths by Firearms, by Age — Maine: 1995	177
Depression and Suicide among High School Students — Maine: 1997	177
Prevalence of Comorbid Alcohol, Drug and Mental (ADM) Disorders — U.S.: 1991	178
Prevalence Estimates of Comorbid Alcohol, Drug and Mental (ADM) Disorders — City of Portland, Maine and Cumberland County: 1996	178
Past-Year Substance Use by Mental Syndrome — U.S. Population Age 18 and Older: 1996	180
Lifetime Prevalence of Comorbid ADM Disorder by Age — U.S. Population Age 15-54: 1991	180
Lifetime Prevalence of Comorbid ADM Disorder by Sex — U.S. Population Age 15-54: 1991	180

SUBSTANCE ABUSE

Prevalence of Substance Use — Selected Counties and Maine: 1995 - 1997	187
Hospital Discharges for Substance Abuse — Portland HSA: 1995-1996 combined	188
Percentage of Total Traffic Fatalities that are Alcohol-Related — Cumberland County and Maine: 1990 - 1995	188
Substance Abuse Prevalence, Adults — Cumberland County: 1996	189
Rate of Adults in State-Supported AOD Treatment — Cumberland County and Maine: 1990 - 1994	189
Rate of Arrests for Alcohol-Related Crimes, Persons 18+ — Cumberland County and Maine: 1990 - 1997	190
Rate of Arrests for OUI, Persons 18+ —Cumberland County and Maine: 1990 - 1997	190
Rate of Arrest for Drug-Related Crimes, Persons 18+ — Cumberland County and Maine: 1990-1997	190
Substance Abuse by Adult Probationers at Time of Offenses — U.S.: 1995	191
Homeless People with Substance Abuse Problems — Portland Shelters: 1997	191
Percent of Emergency Shelter Users Who Have a Substance Abuse Disorder, by Shelter Type — Portland: 1996	191
Middle and High School Student Substance Abuse Prevalence — Cumberland County: 1996.....	192
Percentage of High School Students Who Used Alcohol and Other Drugs, by Sex — Maine and the U.S.: 1997	193
Percentage of Students who Felt They Could “Easily” Procure Substances — OSA Region I: 1996	194
Family and Community Factors Affecting Substance Abuse, 6th - 12th Graders — Cumberland County: 1995-1996 combined	194
Rate of Arrests for Drug Law Violations, Persons 10-17 — Cumberland County and Maine: 1990-1997	195
Rate of Arrests for Drug Law Violations, Ages 10-14 and 15-17, by Sex — Cumberland County: 1995-1997 combined	195
Rate of Arrests for Drug Law Violations, Ages 10-14, by Sex — Cumberland County: 1995-1997	195
Rate of Arrests for Alcohol-Related Violations, Ages 10-17 years — Cumberland County and Maine: 1990-1997	196
Rate of Arrests for Alcohol-Related Violations, Ages 10-14 years — Cumberland County and Maine: 1990-1997	196
Rate of Arrests for Alcohol Law Violations, Ages 10-14 and 15-17, by Sex — Cumberland County: 1995 - 1997 combined	197
Rate of Arrests for OUI, Juveniles — Cumberland County and Maine: 1995 - 1997	197
Rate of Arrests for OUI, Juveniles, by Sex — Cumberland County: 1995 - 1997	197
Past Month Substance Use Among Youth Ages 12-17, by Behavior Problem Score — U.S.: 1996	198

Greater Portland Community Health Assessment and Source Book

APPENDIX A

ACRONYMS

AAPCC	American Association of Poison Control Centers
ACF	Administration for Children and Families
ADM	alcohol, drug and mental
AFDC	aid to families with dependent children
AHRQ	Agency for Healthcare Research and Quality (formerly AHCPR)
AIDS	acquired immunodeficiency syndrome
AMHI	Augusta Mental Health Institute
AOA	Administration on Aging
AOD	alcohol and other drugs
APHA	American Public Health Association
BJS	Bureau of Justice Statistics
BLE	Bureau of Liquor Enforcement
BMHI	Bangor Mental Health Institute
BMI	Body Mass Index
BOH	Bureau of Health
BRFSS	Behavioral Risk Factor Surveillance System
CAAN	Child Abuse Action Network
CAN	Child Abuse and Neglect
CB	Children's Bureau
CDC	Centers for Disease Control and Prevention
CFS	Child and Family Services
CI	confidence interval
CIHD	chronic ischemic heart disease
CODES	Crash Outcome Data Evaluation System
CPS	Child Protective Services
CPSC	Consumer Product Safety Commission (an independent Federal regulatory agency)
CSTAT	Center for Substance Abuse Treatment
CWLA	The Child Welfare League of America
DACH	Division of Adult and Community Health
DASH	Division of Adolescent and School Health
DDC	Division of Disease Control
DEET	diethyl toluamide (active ingredient in many insect repellants)
DEP	Department of Environmental Protection
DHAP	Divisions of HIV / AIDS Prevention
DHHS	Department of Health and Human Services
DHS	Department of Human Services
DMHMRSAS	Department of Mental Health, Mental Retardation and Substance Abuse Services

DOA	Department of Agriculture
DOE	Department of Education
DOJ	Department of Justice
DOT	Department of Transportation
DPS	Department of Public Safety
DRG	diagnosis-related group
DRH	Division of Reproductive Health
DTBE	Division of Tuberculosis Elimination
DVP	Division of Violence Prevention
EPA	Environmental Protection Agency
ESL	English as a Second Language
ETS	environmental tobacco smoke
FARS	Fatality and Analysis Reporting System (formerly the Fatal Accident Reporting System)
FBI	Federal Bureau of Investigation
FYI	for your information
GAF	Global Assessment of Functioning
GPPH	Greater Portland Partners for Health
HAART	highly active antiretroviral therapy
HARS	HIV / AIDS Reporting System
HHS	Health and Human Services
HIV	human immunodeficiency virus
HM	Healthy Maine
HP	Healthy People
HPV	human papilloma virus
HSA	Hospital Service Area
ICD-9	The International Classification of Diseases, 9th Revision
ICE	The International Collaborative Effort (on Injury Statistics)
ICF	Intermediate Care Facility
IDU	injection drug use
IPV	interpersonal violence
JAMA	Journal of the American Medical Association
LEP	limited English proficient
LF	labor force
MCSC	Maine Center for State Courts
ME	Maine
MMAF	Maine Medical Assessment Foundation
MSA	metropolitan statistical area
MSM	men who have sex with men
NCANDS	National Child Abuse and Neglect Data System
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCHS	National Center for Health Statistics
NCHSTP	National Center for HIV, STD and TB Prevention
NCIPC	National Center for Injury Prevention and Control
NCPCA	National Committee for Prevention of Child Abuse
NCSA	The National Center for Statistics and Analysis
NCSC	National Center for State Courts
NCVS	National Crime Victimization Survey
NDAS	National Data Analysis System
NEAIS	National Elder Abuse Incidence Survey
NEISS	National Electronic Injury Surveillance System

NHANES	National Health and Nutrition Examination Survey
NHCS	National Health Care Survey
NHIS	National Health Interview Survey
NHSDA	National Household Survey of Drug Abuse
NHTSA	National Highway Traffic Safety Administration
NIA	National Institute on Aging
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIP	National Immunization Program
NIS	National Immunization Survey
NTIES	National Treatment Improvement Evaluation Study
NVSS	National Vital Statistics System
OAS	Office of Applied Statistics
ODPHP	Office of Disease Prevention and Health Promotion
OHDPM	Offices of Health Data and Program Management
OJP	Office of Justice Programs
OPHS	Office of Public Health and Science
OSA	Office of Substance Abuse
OUI	operating under the influence
PHD	Public Health Division
PHRG	Public Health Resource Group
PRAMS	Pregnancy Risk Assessment Monitoring System
PROP	People's Regional Opportunity Program
PTSD	post-traumatic stress disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SMRMHB	Southern Maine Regional Mental Health Board
SPMI	severe and persistent mental illness
SRB	sexual risk behaviors
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TAP	The AIDS Project
TESS	Toxic Exposure Surveillance System
UCRS	Uniform Crime Reporting System
UHDDS	Uniform Hospital Discharge Data Set
URI	upper respiratory infection
US	United States
USM	University of Southern Maine
VP	Vice President
VPD	vaccine preventable disease
WIC	Women, Infants and Children
WISQARS	Web-based Injury Statistics Query and Reporting System
WONDER	single point of access to a wide variety of CDC public health data and information
YRBSS	Youth Risk Behavior Surveillance System

Greater Portland Community Health Assessment and Source Book

Demographics of the Greater Portland Area

The Psalm of Life

*by Henry Wadsworth Longfellow, 1807-1882;
poet, Portland resident*

Tell me not, in mournful numbers,
Life is but an empty dream!
For the soul is dead that slumbers,
And things are not what they seem.

Life is real! Life is earnest!
And the grave is not its goal;
Dust thou art, to dust returnest,
Was not spoken of the soul.

Not enjoyment, and not sorrow,
Is our destined end or way;
But to act, that each tomorrow
Find us farther than today.

Art is long, and Time is fleeting,
And our hearts,
though stout and brave,
Still, like muffled drums, are beating
Funeral marches to the grave.

In the world's broad field of battle,
In the bivouac of Life,
Be not dumb, driven cattle!
Be a hero in the strife!

Trust no Future, howe'er pleasant!
Let the dead Past bury its dead!
Act,~act in the living Present!
Heart within, and God o'erhead!

Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time;

Footprints, that perhaps another,
Sailing o'er life's solemn main,
A forlorn and shipwrecked brother,
Seeing, shall take heart again.

Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait.

CONTENTS

- 2 Description
- 10 Diversity
- 14 Poverty

“Society is indeed a contract. It is a partnership in all science; a partnership in all art; a partnership in every virtue, and in all perfection. As the ends of such a partnership cannot be obtained in many generations, it becomes a partnership not only between those who are living, but between those who are living, those who are dead, and those who are to be born.”

— Edmund Burke

Greater Portland Community Health Assessment and Source Book

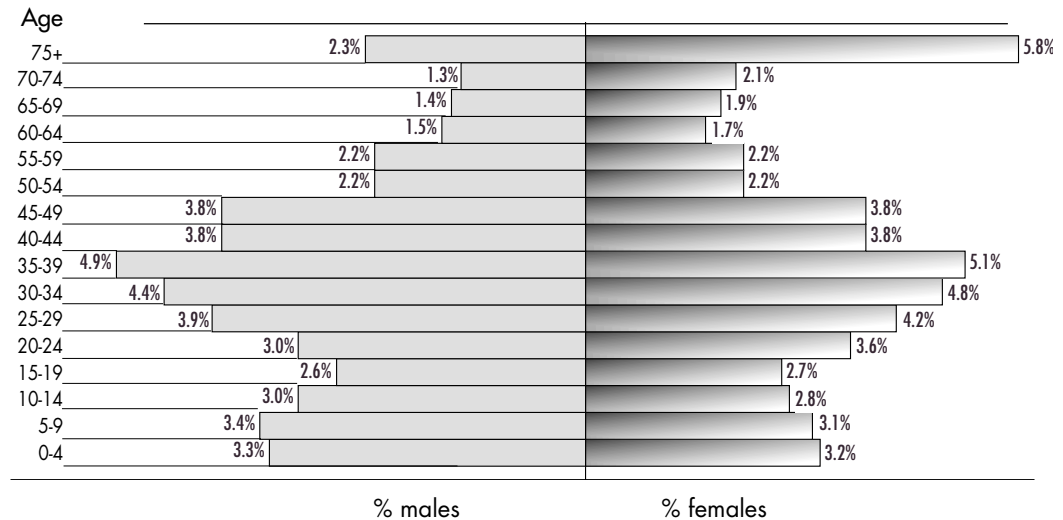
DESCRIPTION

Demographic Description of the Greater Portland Area is based on the 1990 Census with 1998 Census Estimates

The Greater Portland area is demographically unique. Approximately 30% of its population are residents of Maine's largest urban center (Portland); about 50% reside in the relatively affluent suburbs (Inner Towns); and around 20% are residents of the rural outskirts (Outer Towns). Analyses that lump these three units permit the experience of the more populous Inner Towns to diminish the experiences of both Portland and the Outer Towns. The problem is particularly profound for the City of Portland since the Outer Towns are more similar to the state as a whole. For the most part, the Outer Towns mirror the state with respect to health status while the Inner Towns consistently demonstrate superior health outcomes which is expected given the higher income and education levels of their residents. Portland, on the other hand, proves to have health issues that are unique and relate to its demographically urban character.ⁱ

■ City of Portland Population (62,989 = 30% of the HSA) — Age and Sex Structure

- Urban Portland has a large proportion of young working age individuals living side by side with older residents. The senior population (of mostly women) is comprised of long-time residents and individuals living in housing that serve the elderly. The proportion of children in Portland is lower than either the Inner or the Outer Towns.

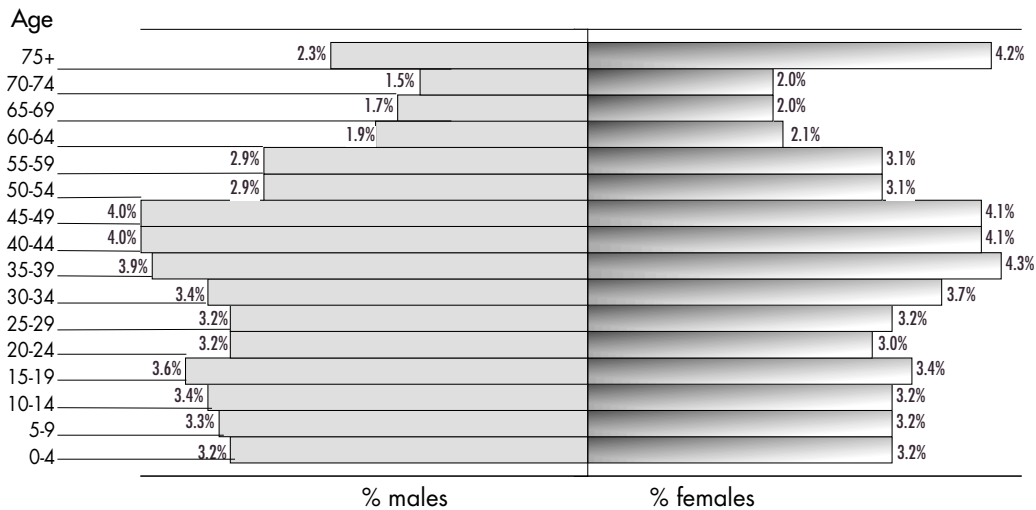


Source: U.S. Census estimates for 1998 provided by Hannaford Brothers and Equifax.

■ **Inner Town Population (123,833= 50% of the HSA) —**

Age and Sex Structure

- The population distribution of the suburban Inner Towns shows older, established residents along side the growing population of young families with children.

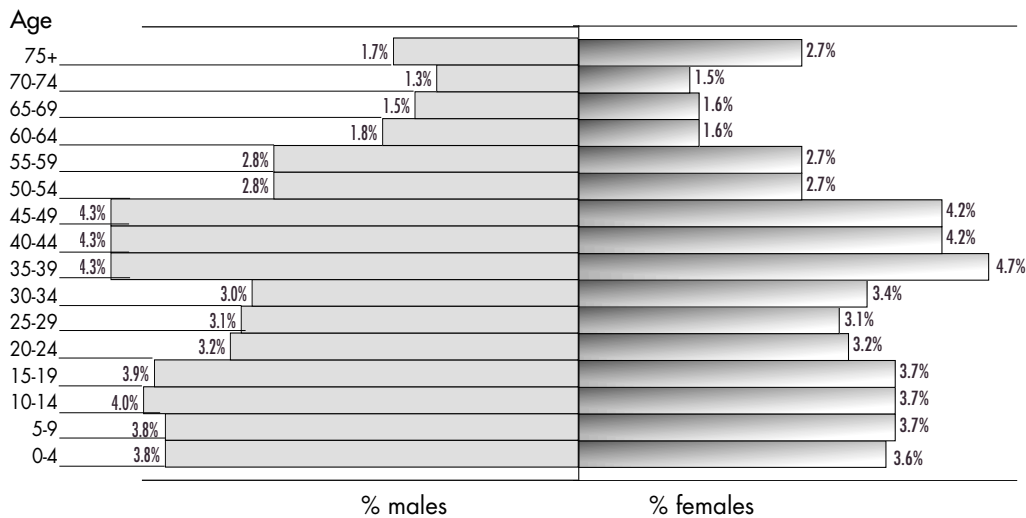


Source: U.S. Census estimates for 1998 provided by Hannaford Brothers and Equifax.

■ **Outer Towns Population (51,821= 20% of the HSA) —**

Age and Sex Structure

- The population distribution of the rural Outer Towns shows the relatively recent expansion of young families to this area. Proportionally, few older residents live in the Outer Towns.



Source: U.S. Census estimates for 1998 provided by Hannaford Brothers and Equifax.

■ Summary Population Descriptive Statistics:

City of Portland, Inner Towns and Outer Towns

- The mean age in the Greater Portland area is about 36 years old. Looking at extremes of age reveals that Portland, compared to the Inner and Outer Towns, has a larger proportion of people, women in particular, over 75 and over 85 years old.

	City of Portland	Inner Towns	Outer Towns
total population	62,989	123,833	51,821
mean age	37.63	37.62	35.06
% < 20 years	24.1%	26.5%	30.2%
% 75 + years	8.1%	6.4%	4.4%
% 85+ years	2.3%	1.5%	1.0%
per capita income	\$19,963	\$23,577	\$16,772
median household income	\$32,500	\$47,160	\$40,000

Source: U.S. Census estimates for 1998 provided by Hannaford Brothers and Equifax.

- The Inner Towns have both the highest median household income and per capita income. The Outer Towns have the lowest per capita income while Portland has the lowest median household income. Median household income is a clearer indicator of poverty than per capita income. Since per capita income is an average, derived by dividing total income by total population including children, it gives too much weight to a small percentage of cases where earnings are either extremely high or low. The median household income, on the other hand, is the value in the center of the income distribution and is not, therefore, disproportionately influenced by the few extreme cases.

■ Dependency Ratios: City of Portland, Inner Towns, Outer Towns, Maine and U.S.

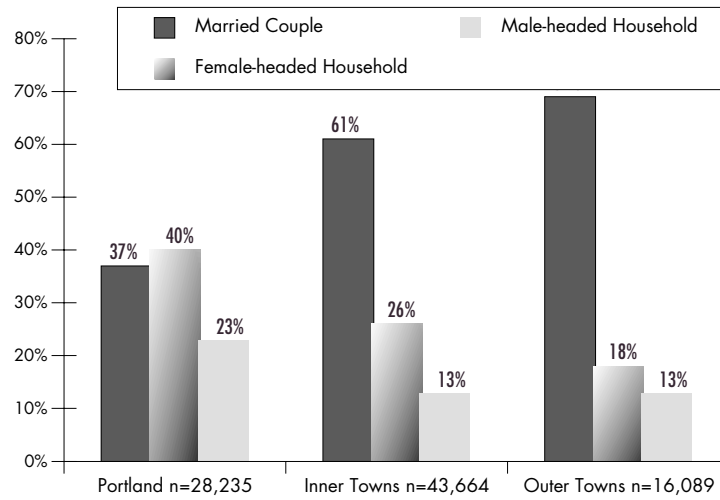
	City of Portland	Inner Towns	Outer Towns	Maine	U.S.
total dependency ratio	0.64	0.67	0.68	0.70	0.71
0 - 19 dependency ratio	0.39	0.44	0.51	0.45	0.49
65 + dependency ratio	0.24	0.23	0.17	0.25	0.22

Source: U.S. Census estimates for 1998 provided by Hannaford Brothers and Equifax.

- The dependency ratio³ is an important summary measure of the social and economic impact of different population age structures. It is the ratio of the dependent-age population (the young and the old) to the working-age population. The higher the ratio is, the more people each worker is having to support. Support may take the form of public health, transportation and education infrastructure. It may take the form of maintaining a Social Security and Medicaid system. Frequently, it takes the form of innumerable responsibilities assumed by the working-age population to assist family and loved-ones in activities of daily living.
- The total dependency ratio in the Greater Portland area averages about .65 — for every three working-age persons, there are approximately two non-working age persons. Desegregating the three areas, as well as old and young age dependents, reveals that Portland, the Inner and Outer Towns experience this dependency very differently.
- Portland has about 39 children and 24 seniors per 100 working-age adults. The Outer Towns have about 50 children but only 17 seniors per 100 working-age adults. The Inner Towns have about 44 children and 23 seniors per 100 working-age adults.

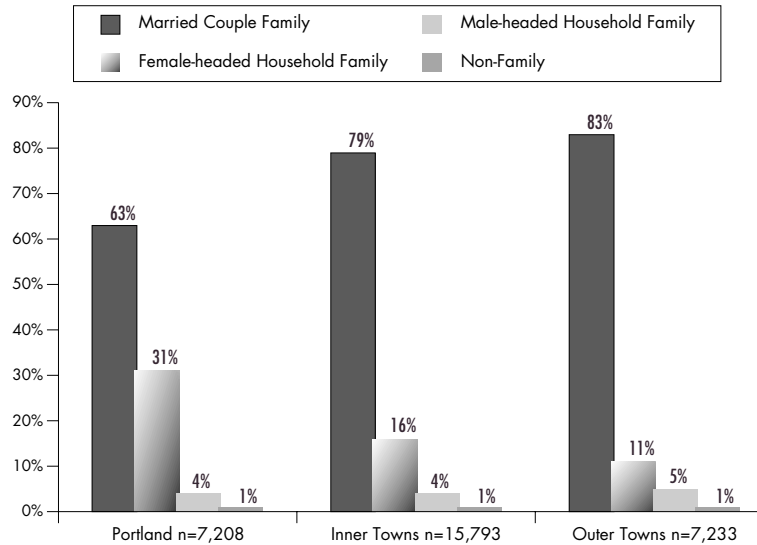
■ Households by Type — Greater Portland Area: 1990

- More than 60% of Portland's households are headed by single people — 40% of them being women. In contrast, married-couple headed households dominate the Inner Towns (over 60%), and the Outer Towns (close to 70%).



■ Households with Children, by Type — Greater Portland Area: 1990

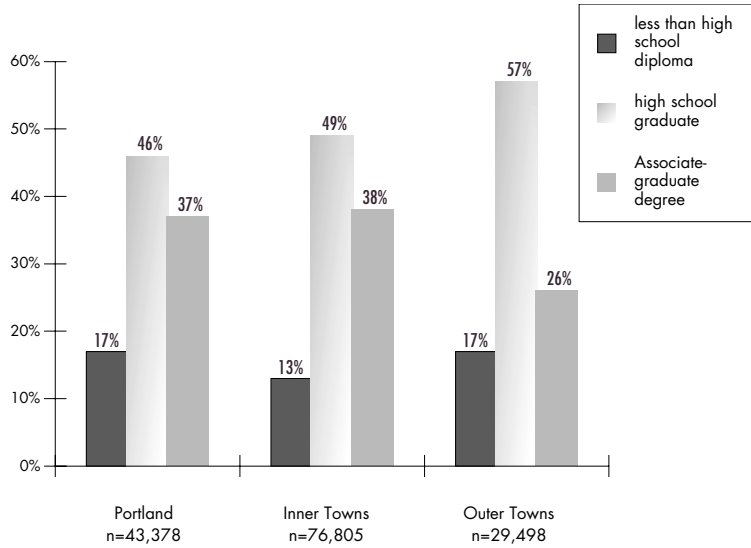
- Of the households with children, more than a third are headed by a single parent in Portland. One in five households with children are headed by a single parent in the Inner Towns, and less than one in six are headed by single parents in the Outer Towns.



Source: U.S. Census Bureau.

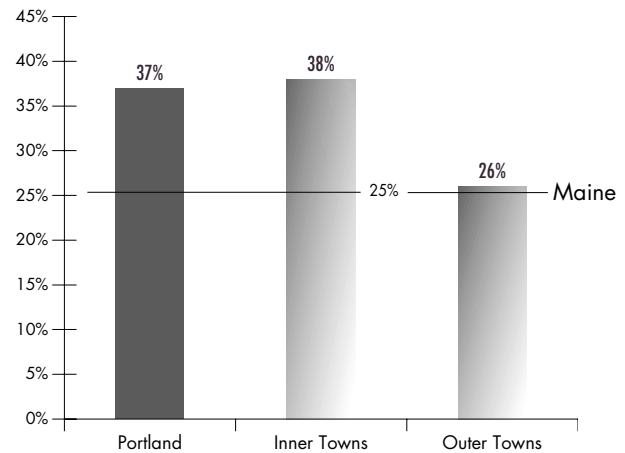
■ **Educational Attainment — Greater Portland Area: 1990**

• While Portland is similar to the Inner Towns with respect to people with higher educational degrees, it is also similar to the Outer Towns with respect to the percentage of people with less than a high school diploma.



■ **Educational Attainment beyond High School — Greater Portland Area and Maine: 1990**

• Higher Educational attainment is notably higher in Portland and the Inner Towns than it is in either the Outer Towns, or the State. This reflects the urban character of Portland and the surrounding suburbs.



Source: U.S. Census Bureau.

Greater Portland Demographic Characteristics

(totals may exhibit rounding errors)

	Portland		Inner Towns		Outer Towns	
	persons	percentage	persons	percentage	persons	percentage
Population Trends						
2003	63,226		129,265		55,024	
1998	62,989		123,833		51,821	
1990	64,358		116,174		46,663	
Persons by Sex (1998 estimates)						
female	33,498	53.2%	64,125	51.8%	26,093	50.4%
male	29,491	46.8%	59,708	48.2%	25,728	49.6%
Age Distribution (1998 estimates)						
under 5 years	4,100	6.5%	7,951	6.4%	3,835	7.4%
5 - 9 years	4,119	6.5%	8,087	6.5%	3,900	7.5%
10 - 14 years	3,628	5.8%	8,215	6.6%	3,963	7.6%
15 - 17 years	1,896	3.0%	5,109	4.1%	2,444	4.7%
18 - 20 years	2,129	3.4%	5,256	4.2%	2,220	4.3%
21 - 24 years	3,426	5.4%	5,886	4.8%	2,586	5.0%
25 - 29 years	5,095	8.1%	7,941	6.4%	3,191	6.2%
30 - 34 years	5,839	9.3%	8,786	7.1%	3,298	6.4%
35 - 39 years	6,349	10.1%	10,171	8.2%	4,655	9.0%
40 - 49 years	9,511	15.1%	19,996	16.1%	8,858	17.1%
50 - 59 years	5,543	8.8%	14,729	11.9%	5,735	11.1%
60 - 64 years	1,984	3.1%	4,879	3.9%	1,824	3.5%
65 - 69 years	2,110	3.3%	4,567	3.7%	1,601	3.1%
70 - 74 years	2,141	3.4%	4,283	3.5%	1,431	2.8%
75 years and over	5,121	8.1%	7,977	6.4%	2,279	4.4%
Highest Level of Education (1990 census)						
persons 25 years and over	43,379		76,805		29,498	
less than 9th grade	2,888	6.7%	3,221	4.2%	1,676	5.7%
9th to 11 grade, no diploma	4,402	10.1%	6,835	8.9%	3,409	11.6%
high school graduate	12,488	28.8%	24,181	31.5%	11,404	38.7%
some college, no degree	7,530	17.4%	13,459	17.5%	5,361	18.2%
Associate degree	3,227	7.4%	7,021	9.1%	2,184	7.4%
Bachelor's degree	8,723	20.1%	14,671	19.1%	3,708	12.6%
Grad. or professional degree	4,120	9.5%	7,418	9.7%	1,755	6.0%
School Enrollment (1990 census)						
persons enrolled in school	14,137		28,723		12,147	
preschool - primary	1,351	9.6%	2,389	8.3%	983	8.1%
elementary - high school	7,600	53.8%	18,762	65.3%	8,785	72.3%
college	5,185	36.7%	7,572	26.4%	2,379	19.6%
Employment Status (1990 census)						
persons 16 years and over	52,977		91,115		34,959	
unemployed	2,423	4.6%	7,098	7.8%	1,542	4.4%
employed	33,457	63.2%	56,480	62.0%	23,276	66.6%
not in the labor force	17,097	32.3%	27,537	30.2%	10,141	29.0%

	Portland		Inner Towns		Outer Towns	
	persons	percentage	persons	percentage	persons	percentage
Female Labor Force Participation by Offspring Age (1990 census)						
females 16 years and over	29,059		48,025		17,819	
w/children 0 - 5: working	1,355	4.7%	2,761	5.7%	1,245	7.0%
w/children 0 - 5: not working	146	0.5%	121	0.3%	119	0.7%
w/children 0 - 5: not in LF	959	3.3%	1,187	2.5%	498	2.8%
w/children 6 - 17: working	2,212	7.6%	6,342	13.2%	2,652	14.9%
w/children 6 - 17: not working	172	0.6%	192	0.4%	201	1.1%
w/children 6 - 17: not in LF	794	2.7%	1,425	3.0%	707	4.0%
w/children 0 - 5 and 6 - 17: working	654	2.3%	1,835	3.8%	809	4.5%
w/children 0 - 5 and 6 - 17: not working	30	0.1%	71	0.1%	44	0.2%
w/children 0 - 5 and 6 - 17: not in LF	518	1.8%	958	2.0%	570	3.2%
no children: working	12,260	42.2%	17,962	37.4%	5,843	32.8%
no children: not working	715	2.5%	707	1.5%	308	1.7%
no children: not in LF	9,244	31.8%	14,464	30.1%	4,822	27.1%
Marital Status (1990 census)						
persons 18 years and over and married persons 16 -17 years	53,483		92,597		35,416	
never-married male	9,760	18.2%	11,961	12.9%	4,156	11.7%
never-married female	9,872	18.5%	10,575	11.4%	3,431	9.7%
married	22,002	41.1%	54,707	59.1%	23,022	65.0%
previously-married male	3,534	6.6%	4,540	4.9%	1,730	4.9%
previously-married female	8,316	15.5%	10,814	11.7%	3,076	8.7%
Population by Household Type (1990 census)						
total population	64,358		116,175		46,664	
pop. In family households	44,021	68.4%	97,687	84.1%	42,039	90.1%
pop. in non-family households	18,265	28.4%	15,558	13.4%	4,125	8.8%
pop. group quarters	2,072	3.2%	2,930	2.5%	500	1.1%
Households by Type (1990 census)						
total households	28,235		43,664		16,090	
single male	3,772	13.4%	3,152	7.2%	1,065	6.6%
single female	6,189	21.9%	6,003	13.7%	1,293	8.0%
married couple	10,489	37.1%	26,459	60.6%	11,149	69.3%
family: male-headed	768	2.7%	1,129	2.6%	534	3.3%
family: female-headed	3,450	12.2%	4,085	9.4%	1,263	7.8%
non-family: male-headed	1,855	6.6%	1,533	3.5%	466	2.9%
non-family: female-headed	1,713	6.1%	1,304	3.0%	320	2.0%
Households with Children (1990 census)						
total households with children	7,208		15,793		7,234	
family: married couple	4,544	63.0%	12,495	79.1%	6,012	83.1%
family: male headed	317	4.4%	587	3.7%	330	4.6%
family: female-headed	2,241	31.1%	2,545	16.1%	820	11.3%
non-family	106	1.5%	166	1.1%	72	1.0%

	Portland		Inner Towns		Outer Towns	
	persons	percentage	persons	percentage	persons	percentage
Households by Persons Per Unit (1990 census)						
total households	28,235		43,665		16,091	
one person units	9,962	35.3%	9,155	21.0%	2,358	14.7%
two person units	9,479	33.6%	15,312	35.1%	5,305	33.0%
three person units	4,267	15.1%	8,252	18.9%	3,171	19.7%
four person units	2,894	10.3%	7,372	16.9%	3,411	21.2%
five person units	1,110	3.9%	2,621	6.0%	1,284	8.0%
six person units	339	1.2%	692	1.6%	400	2.5%
seven + person units	184	0.7%	261	0.6%	160	1.0%
Families by Number of Workers (1990 census)						
total families	14,819		31,951		13,189	
no workers	2,111	14.2%	3,164	9.9%	1,221	9.3%
one worker	3,931	26.5%	7,440	23.3%	3,093	23.5%
two workers	7,074	47.7%	16,659	52.1%	6,873	52.1%
three + workers	1,702	11.5%	4,688	14.7%	2,002	15.2%
Households by Income (1998 estimates)						
total households	28,338		48,034		18,192	
\$150,000 or more	604	2.1%	2,379	5.0%	267	1.5%
\$100,000 - \$149,999	910	3.2%	2,790	5.8%	572	3.1%
\$ 75,000 - \$ 99,999	1,854	6.5%	5,300	11.0%	1,308	7.2%
\$ 50,000 - \$ 74,999	4,999	17.6%	11,221	23.4%	4,295	23.6%
\$ 35,000 - \$ 49,999	4,861	17.2%	8,924	18.6%	3,814	21.0%
\$ 25,000 - \$ 34,999	3,778	13.3%	6,074	12.6%	3,029	16.7%
\$ 15,000 - \$ 24,999	4,617	16.3%	5,772	12.0%	2,409	13.2%
\$ 5,000 - \$ 15,999	5,552	19.6%	4,763	9.9%	2,175	12.0%
under \$ 5,000	1,162	4.1%	812	1.7%	323	1.8%

Source: U.S. Census estimates for 1998 provided by Hanniford Brothers and Equifax.

Diversity

■ Population by Standard Racial Categories: —

Greater Portland Area: 1998 Estimates (see appendix A)

(totals may exhibit rounding errors)

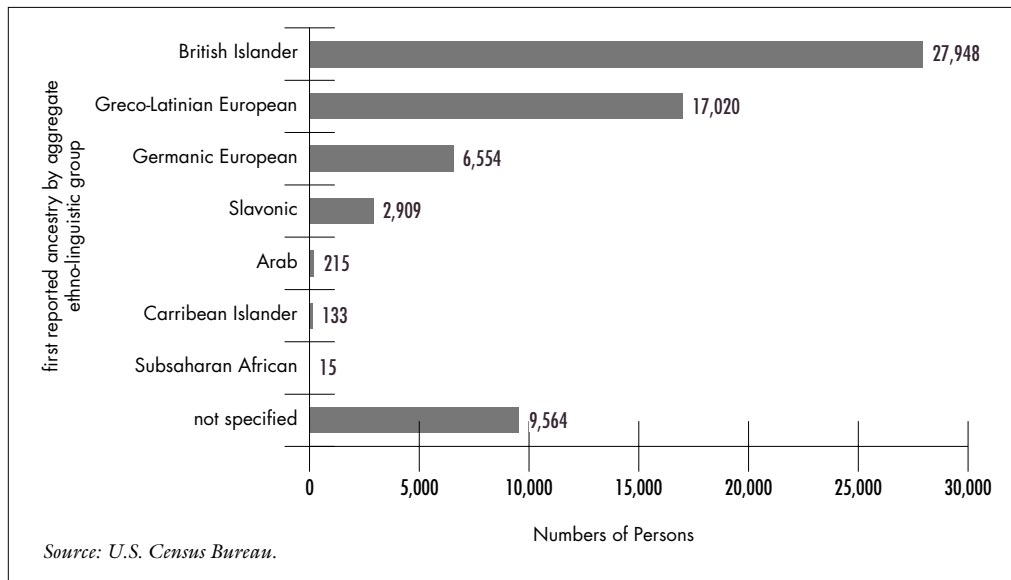
- Though standard racial categories do not adequately reflect racial and ethnic diversity found in the Greater Portland area, they still indicate the extent to which the Greater Portland area, including Portland, has a sparse number of minority individuals compared to the rest of the nation.ⁱⁱⁱ

	Portland		Inner Towns		Outer Towns		US
	persons	%	persons	%	persons	%	1990 %
Total Persons	62,922		123,833		51,524		248,709,873
Euro-American: white	60,379	96.0%	12,2150	98.6%	51,132	99.2%	80.3%
African-American: black	769	1.2%	382	0.3%	111	0.2%	12.0%
Native-American: Indian, Eskimo, or Aleut	*	*	*	*	*	*	0.8%
Asian-American: Asian and Pacific Islander	1,343	2.1%	863	0.7%	155	0.3%	2.9%
Other ethnic/racial groups	430	0.7%	437	0.4%	127	0.2%	3.9%

Source: U.S. Census estimates for 1998 provided by Hanniford Brothers and Equifax.

■ First Reported Ancestry^{iv} — City of Portland Population: 1990

- The Population of the City of Portland, though primarily comprised of Euro-Americans, exhibits a complex immigration history and a diversity of cultural traditions.



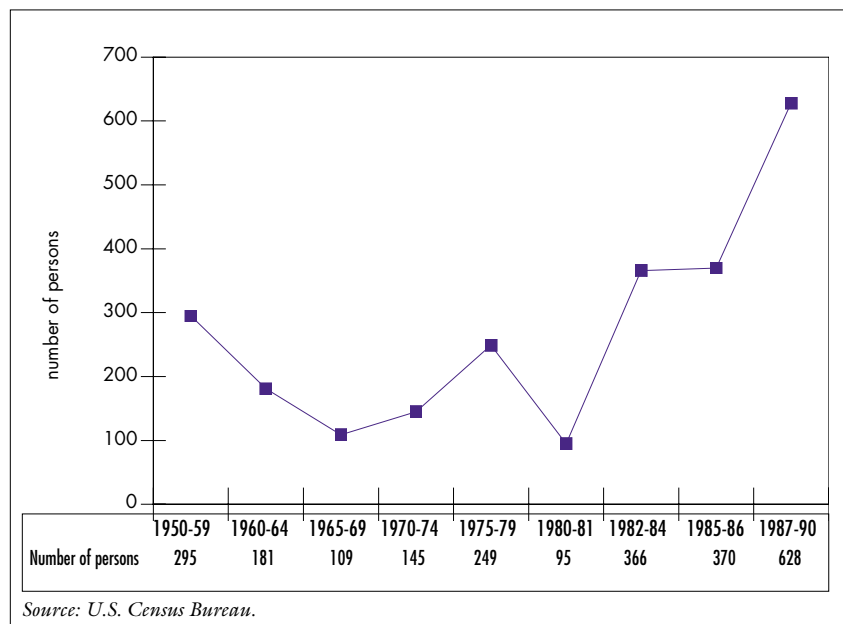
**Percentage of Total Population Foreign Born —
Maine and U.S.: 1850-1990**

- In terms of percentage of population foreign born, Maine’s immigration experience paralleled the nation’s between 1900 and 1970. Before and after these decades, immigrants have been a much smaller proportion of Maine’s population than that of the U.S. overall.



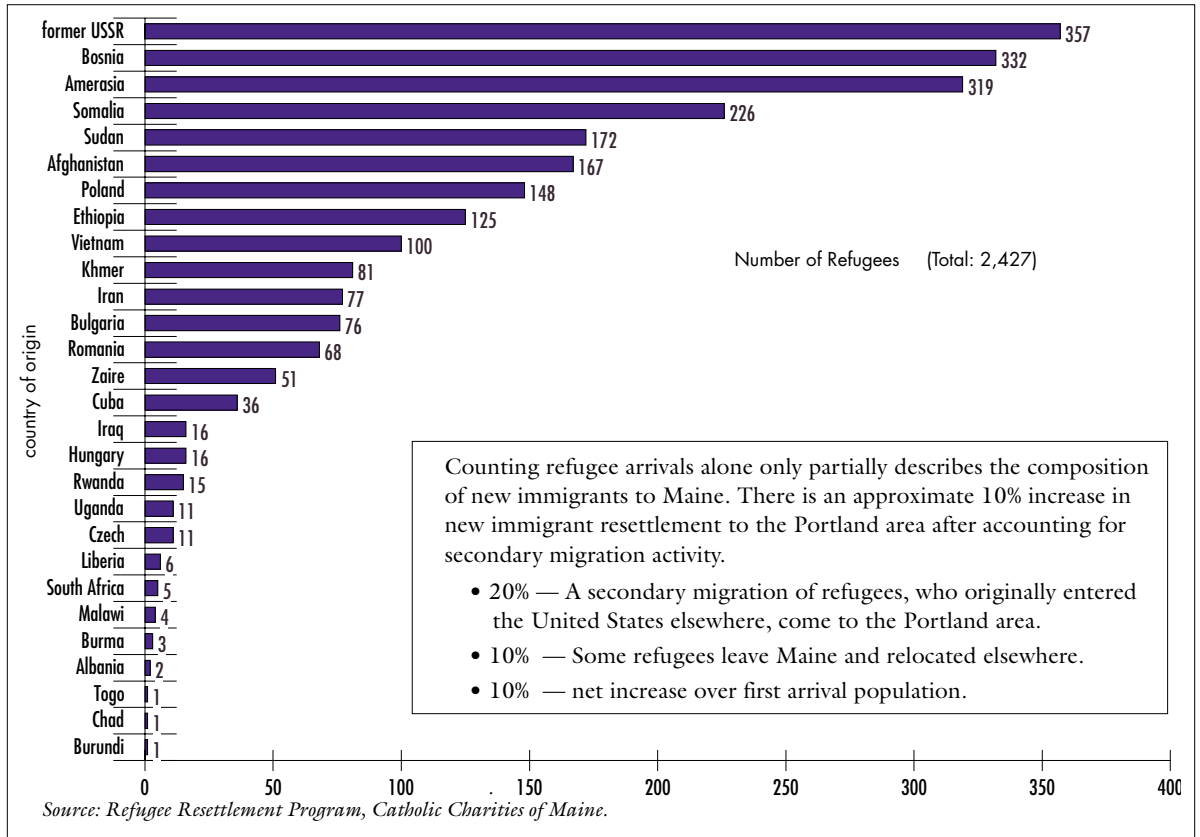
Number of Foreign-born City of Portland Residents by Year of Entry into the U.S. — 1990

- Considering the City of Portland, sheer numbers of immigrants have been rapidly increasing since the mid 1980s, heightening the local perception of ethnic diversity. Most of these recent immigrants are refugees from global post-Soviet, post-colonial conflicts.



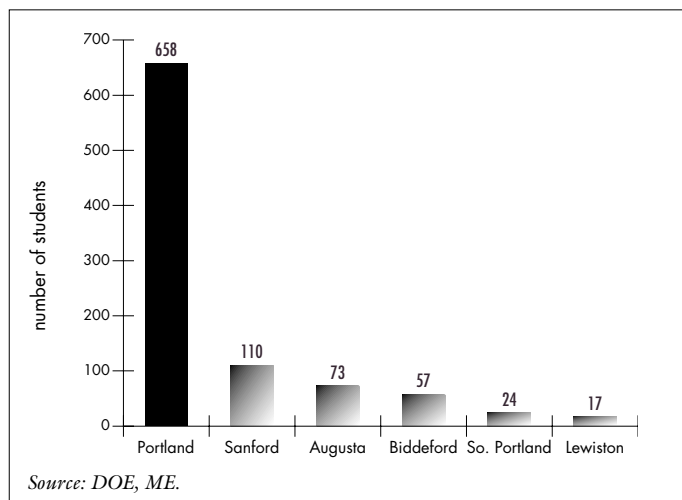
■ Refugee Settlement in Maine: 1986-1998

- Spreading the effects of immigration, the U.S. Department of State coordinates with Catholic Charities to resettle refugees in Maine. Since 1976, Catholic Charities has assisted over 5,000 individual refugees resettle in Maine. Cumberland County serves as the residence for an estimated 63% of these immigrants.
- The majority (54%) of refugees who resettle in Maine are “white,” which highlights how inadequate U.S. standard racial categories are for describing ethnic diversity.



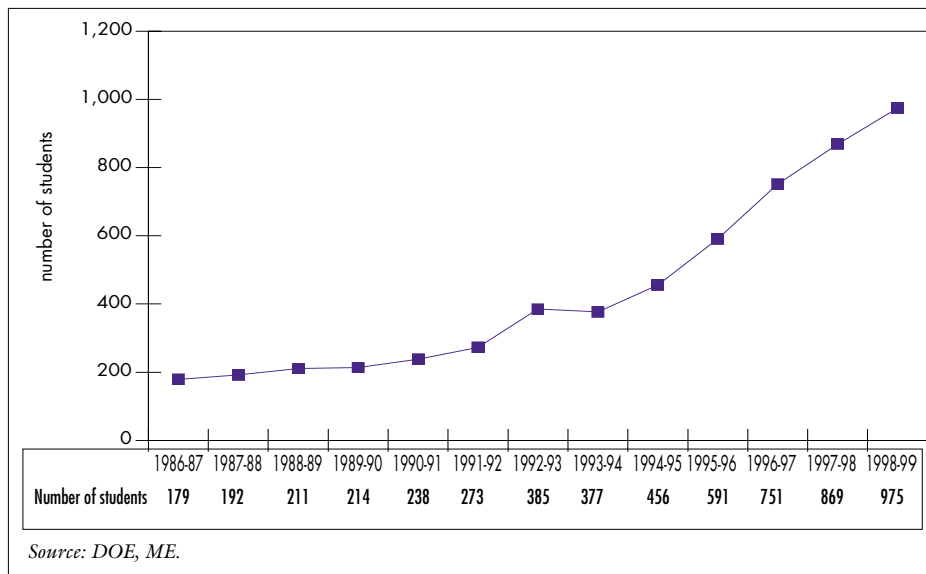
■ School Enrollment of Language Minority Students Who are Limited English Proficient from Multiple Language Groups: 1996-1997

- The Portland Public School District has the largest number of Language Minority students who are Limited English Proficient Students (LEPS) in the state.



■ Language Minority Students — Portland Public Schools: 1986 - 1998

- The number of Language Minority Students (students for whom English is not their primary language) in Portland Public Schools has been increasing rapidly over the past 15 years, reaching 975 for the 1998-1999 school year.



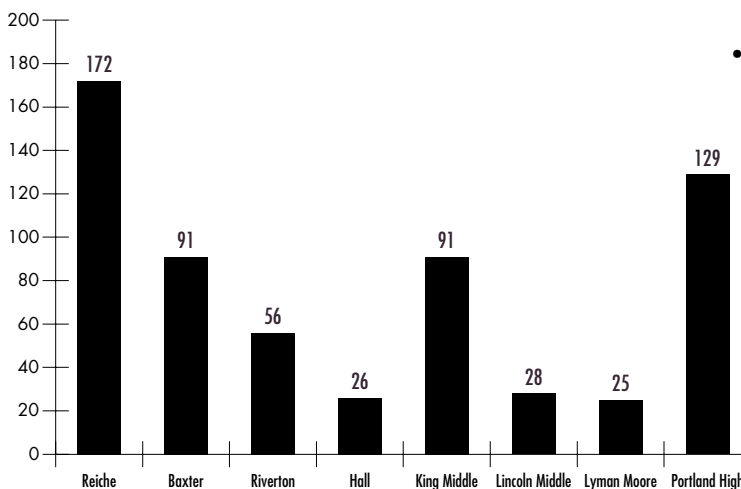
■ Language Minority Students — Portland Public Schools: 1998-1999

- About 63% of the Language Minority students in Portland Public Schools in 1998-1999 were LEPS.
- Additionally, Portland's Adult Education ESL Program enrolled 485 non-native students from 50 countries in the same academic year.

Total Students	8,001	
Students whose primary language is not English		
Language Minority Students	975	12%
Limited English Proficiency Students	618	8%
Number of Languages	33	

Source: Portland Public Schools.

■ Portland Public Schools' Limited English Proficient Students Enrolled through the Multilingual Intake Center: 1998-1999



- During the 1998-1999 school year, Portland Public Schools' Multilingual Intake Center enrolled the following LEPS:
 - 345 primary school students
 - 144 middle school students
 - 129 high school students

Source: Portland Public Schools.

Poverty

■ 1998 Federal Poverty Thresholds

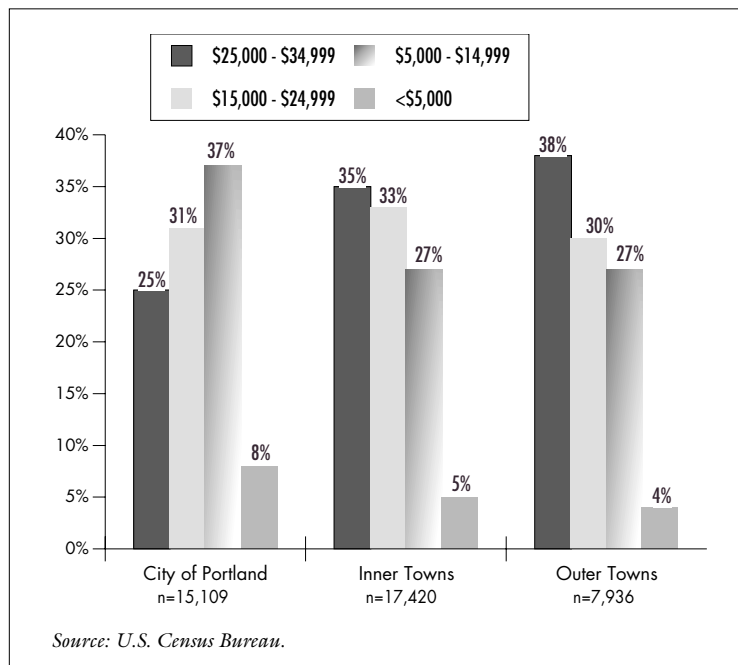
- Based on Federal Poverty Guidelines, approximately one third of Portland’s population is considered ‘working poor,’ which means their income from all sources is 185% or less of the Federal poverty guideline. Fourteen percent of Portland’s population lives in poverty, with 35% of these at less than half the poverty level. Approximately one third of the people living in poverty are less than 18 years old; 40% of these are under 5 years old (*see detailed table*).

Percentage of 1998 Federal Poverty Guidelines							
family size	50%	100%	125%	150%	175%	185%	200%
1	\$4,240	\$8,480	\$10,600	\$12,720	\$14,840	\$15,688	\$16,960
2	\$5,458	\$10,915	\$13,644	\$16,373	\$19,101	\$20,193	\$21,830
3	\$6,560	\$13,120	\$16,400	\$19,680	\$22,960	\$24,272	\$26,240
4	\$8,265	\$16,530	\$20,663	\$24,795	\$28,928	\$30,581	\$33,060
5	\$9,727	\$19,453	\$24,316	\$29,180	\$34,043	\$35,988	\$38,906
6	\$10,890	\$21,780	\$27,225	\$32,670	\$38,115	\$40,293	\$43,560
7	\$12,198	\$24,395	\$30,494	\$36,593	\$42,691	\$45,134	\$48,790
8	\$13,410	\$26,820	\$33,525	\$40,230	\$46,935	\$49,617	\$53,640

Source: U.S. Census Bureau.

■ Low Income Households – Greater Portland Area: 1990

- Of the low income households in the Greater Portland Area, Portland’s are the poorest, with almost double the proportion making under \$5,000 per year.



■ Poverty Status in the City of Portland (1990 Census)

Persons below Poverty	Number	% of Age Group	% of Total Persons in Poverty	
all persons	8,783	14%		
under 5 years old	1,030	24%		12%
5 years old	216	26%		2%
6 - 11 years old	889	23%		10%
12 - 17 years old	615	17%		7%
18 - 64 years old	4,789	12%		55%
65 - 74 years old	581	12%		7%
75 years and older	663	16%		8%

Persons below Poverty by Age and Household Type						
	15 - 64 years old	% of total persons in poverty	65 - 74 years old	% of total persons in poverty	75 years and older	% of total persons in poverty
married couple family	1,176	13.4%	41	0.5%	43	0.5%
male householder family (no wife present)	194	2.2%	0	0.0%	0	0.0%
female householder family (no husband present)	3,403	38.7%	26	0.3%	17	0.2%
unrelated family household	310	3.5%	11	0.1%	0	0.0%
related nonfamily household	465	5.3%	11	0.1%	8	0.1%
unrelated nonfamily household	874	10.0%	35	0.4%	5	0.1%
group quarters	250	2.8%	37	0.4%	43	0.5%
alone	867	9.9%	420	4.8%	547	6.2%

Families below Poverty	number of families in poverty	% of all families in poverty
all families	1,578	
all families with children	1,344	85.2%
married couple with children	204	12.9%
female householder with children (no husband present)	1,083	68.6%
male householder with children (no wife present)	57	3.6%

Ratio of Income to Poverty Level	Persons	% of Persons
200% and over	42,486	67.9%
185% - 199%	1,933	3.1%
175% - 184%	918	1.5%
150% - 174%	3,170	5.1%
125% - 149%	2,578	4.1%
100% - 124%	2,732	4.4%
75% - 99%	2,806	4.5%
50% - 74%	2,925	4.7%
under 50%	3,052	4.9%

Source: U.S. Census Bureau.

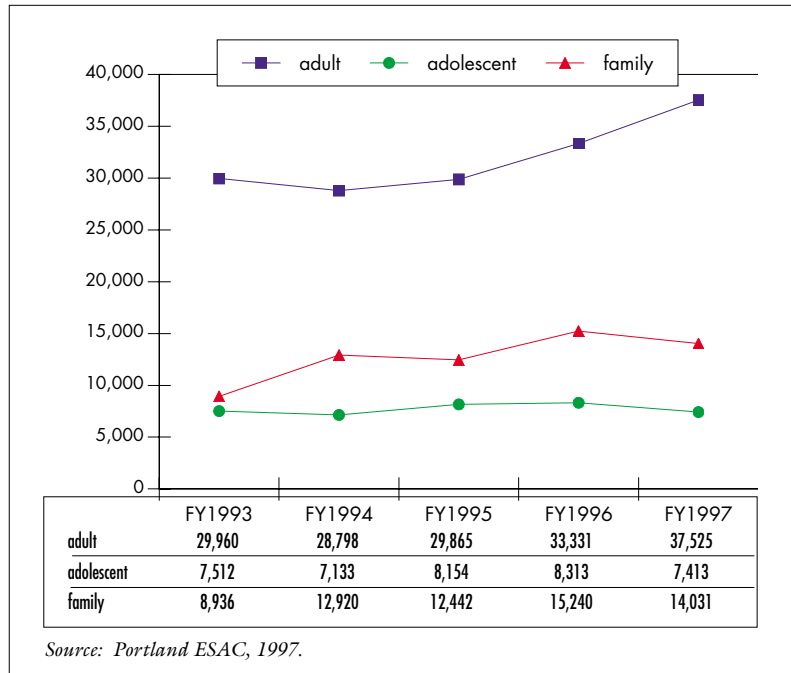
■ Additional Poverty Indicators — Portland and Cumberland County

- Portland residents account for about a half of Cumberland County’s beneficiaries of public assistance, though they constitute about a quarter of the County’s population.

<i>(See endnote v for definitions)</i>	Cumberland County			Portland		
	cases	recipients	<18 yrs	cases	recipients	<18 yrs
AFDC/ TANF participants						
Temporary Assistance for Needy Families (TANF)						
October 1997	2,662	7,080	4,649	1,283	3,471	2,297
October 1998	2,296	6,136	4,098	1,106	3,011	2,023
Food Stamps						
October 1997	8,171	16,172		4,241	7,732	
October 1998	7,926	15,398		4,079	7,311	
Medicaid						
total January 1997	14,697	22,098		6,689	10,027	
AFDC (TANF) & related clients	10,955			4,997		
SSI & related clients	5,094			2,636		
nursing home clients	1,268			520		
total December 1998	14,964	22,383		6,591	9,701	
AFDC (TANF) & related clients	12,400			5,186		
SSI & related clients	6,790			3,332		
nursing home clients	1,162			424		
PROP Services for 11/30/97 - 12/1/98						
	Cumberland County			Portland		
	Households/Individuals			Households/Individuals		
WIC,-Women, Infants and Children	1,663	3,325		690	1,379	
Fuel Assistance	1,766	4,062		652	1,500	
Child Development (Head Start & Child Care)	390	897		125	288	
Foster Grandparents (over age 60)		159			90	
Transportation	967	2,224		483	1,111	
Peer Leader (a service in Portland Housing)				202		
Central Intake (# of people seen or called) ...						
PROP Total Contacts	2,882	6,882		1,085	1,927	
Referrals to Other Services		11,099			3,203	
Students from Low Income Families 1998-1999						
total Portland Public School students receiving free or reduced lunch				3,036	38%	
students receiving free lunch				2,716	34%	
students receiving reduced lunch				320	4%	

■ **Number of Emergency Shelter Beds Used by Adults, Adolescents and Families — Portland: Fiscal Year 1993 - Fiscal Year 1997**

- In Portland and the U.S. overall, two trends are largely responsible for the rise in homelessness over the past 15-20 years: a growing shortage of affordable rental housing and a simultaneous increase in poverty.^{vi}
- Other factors contributing to homelessness are: domestic violence, lack of substance abuse disorder services, and inadequate mental health services. (See specific sections for details: *Violence, Access to Health Care, Mental Health and Mental Disorders, and Substance Abuse*)



Endnotes

- i The Portland Metropolitan Statistical Area (MSA) has an urban population of 120,271. This compares to the Lewiston-Auburn MSA with an urban population of 88,074, and the Bangor MSA with an urban population of 61,374.
- ii The dependency ratio compares the number of people at dependent ages to the number of people in the economically active ages (people ages 0-19 & 65+/people ages 20-64).
- iii The inadequacy of standard racial categories to depict population diversity has been receiving increasing national attention in the past decade.
- iv Groups identified specifically in the 1990 Census questions on race and Hispanic origin (for example, Japanese, Laotian, Mexican, Cuban, and Spaniard), in general, are not shown separately in ancestry tabulations. (*see* <http://www.census.gov/td/stf3/appendb.html#ANCESTRY>).
- British Islander: English, Irish, Scottish, Welsh, Canadian of British decent;
 - Greco-Latinian European: Greek, Italian, French, French Canadian, Spanish, Portuguese;
 - Germanic European: German, Swedish, Dutch, Norwegian, Danish, Swiss, Austrian, Belgian, Finnish (Finnish is not technically part of the Germanic group but included here for convenience);
 - Slavonic: Polish, Russian, Lithuanian, Slovak, Hungarian, Ukranian, Romanian, Czech, Yugoslavian (Hungarian and Romanian are technically not part of the Slavonic group but are included here for convenience).
- v Medicaid is for people over 65 or under 21 years of age, disabled persons, single parents with children or two-parent families with children but one or more parent is unemployed (and other criteria).
- School lunch assistance requirements: 130% of federal poverty for free lunch, and up to 185% of federal poverty for reduced cost lunch.
- WIC provides assistance to: pregnant, post-partum and breastfeeding mothers, and children to 5 years old, at up to 185% of federal poverty.
- Fuel assistance requirements: 125% of federal poverty; if adult over 60 or child under 2 up to 150% of federal poverty.
- Foster Grandparents: 150% of federal poverty to qualify for stipend.
- Peer Leader: serves kids 5 to 18, no income guidelines but primarily children living in assisted housing sites.
- Central Intake: includes all services above plus calls, contracts and referrals.
- vi Most studies of homelessness are limited to counting people who are literally homeless — that is, in shelters or on the streets. This underestimates homelessness since many people who lack stable, permanent residence are not found in shelters. In addition to living with family or friends in crowded, temporary arrangements and substandard housing, some common places “unsheltered homeless” people are found include: vehicles, camp grounds, and makeshift shelters. This is especially true in rural areas where there are far fewer shelters. The following two methods are generally used for measuring homelessness:
- point-in-time counts - Attempting to count all the people who are found in shelters on a given night, this method can help depict the composition of the homeless population but it overestimates the people who are chronically homeless (particularly those with mental and substance abuse disorders). Counting bed usage each night over a period, say a year, improves on this method by controlling for seasonality and some level of contingency.
 - period prevalence counts – Since, in most cases, homelessness is a temporary condition, the number of people using shelters over a given period of time is a more appropriate measure of the magnitude of homelessness, keeping in mind that it will underestimate reality.