



2023

MAINE KIDS COUNT®

The Maine KIDS COUNT Data Book® is a project
of the Maine Children's Alliance



Maine Children's Alliance

Advocating for the well-being of all Maine families.

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Introduction

We believe it is important to assess the well-being of Maine children and track our state’s progress toward the vision that all children are safe, healthy, nurtured by family and community, and have the opportunity to reach their full potential.

Measures on how kids and families are doing are like the part of the iceberg we can see above the waterline. The less visible – and often more dangerous – part of the iceberg is below the waterline and represents all the underlying factors: centuries of history, laws and policies, institutional practices, and cultural norms. Those factors significantly impact the measures whether we see them or not. The problems lie with our systems, not the people impacted by them.

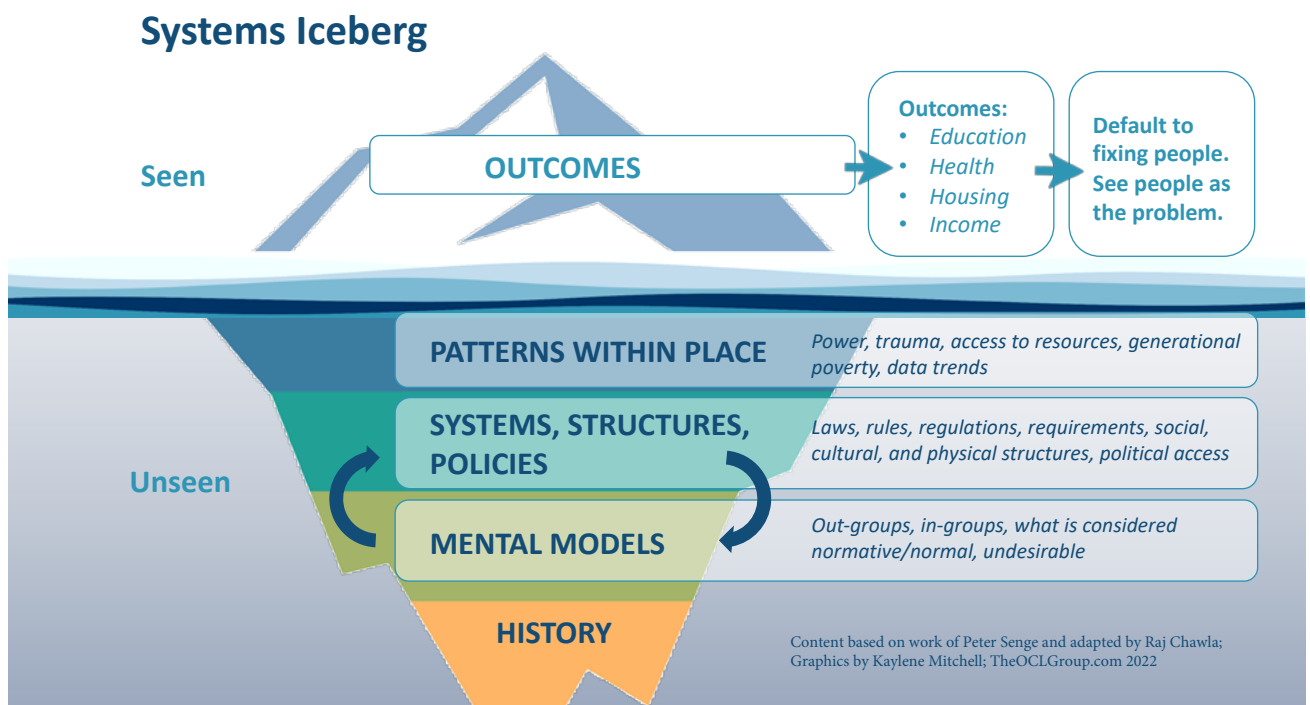
The Maine Children’s Alliance advocates for policy solutions and resources that improve systems for all children. We seek solutions that would make the biggest difference to groups that continue to be excluded from equitable opportunities due to factors such as race, ethnicity, income, or geography.

You will notice that the 2023 Maine KIDS COUNT Data Book looks different. We hope the new design makes finding and interpreting the data more accessible. We added new content to align with our commitments to center equity in our work and to elevate the voices of people closest to the issues and solutions. Our organization’s journey to fully represent and understand all children’s experiences is a work in progress. As we work toward promoting effective solutions for equitable change together, we are grateful for your feedback and partnership.

Special thanks to the *Annie E. Casey Foundation*, *John T. Gorman Foundation*, and the *Maine Health Access Foundation* for supporting Maine KIDS COUNT, and to Helen Hemminger for shepherding this project.

Stephanie J. Eglinton

Stephanie Eglinton, Executive Director



What is Maine KIDS COUNT®?

Maine KIDS COUNT is a project of the Maine Children’s Alliance, (MCA). MCA is part of the national KIDS COUNT® network, run by the Annie E. Casey Foundation to track the status of children across all 50 states, Washington D.C., Puerto Rico, and the Virgin Islands. Since 1994, MCA has published Maine KIDS COUNT Data Books on the well-being of Maine children in the areas of health and welfare, family economic security, and early learning and education. The indicators for the Maine Data Book must be: from a reliable source; available and consistent over time; an important indicator of children’s well-being; easily understandable; and represent children of all ages.

The 2023 Maine KIDS COUNT Data Book

This year’s Data Book has been redesigned to be easier to read. We chose to focus on key indicators and to align the Data Book with our work in advancing policy solutions. We also reached out to other organizations to incorporate the voices of parents and youth with lived experience. Though fewer indicators are

included in print format, additional measures can still be found at the online [KIDS COUNT® Data Center](#).

The KIDS COUNT Data Center is an interactive dashboard which allows the user to display and print tables, graphs, maps, and rankings as well as to download the raw data. It has hundreds of measures of child well-being and the Maine data can easily be compared to other states. As a KIDS COUNT grantee, MCA posts additional [county-level data](#) as well as Maine data disaggregated by race/ethnicity and other factors. Please reach out to staff at MCA if you have questions about using the Data Center or would like support in sharing the child well-being indicators with your community.

The definitions and sources of the data used in the Data Book can be accessed from the online version through the hyperlinks for each indicator. A definitions and sources document is also available on [MCA’s website](#).



Introduction

The Maine KIDS COUNT Data Book is a comprehensive portrait of the physical, social, economic, and educational well-being of Maine children. Our goal in publishing the Data Book is to provide parents, educators, advocates, and policymakers with the tools to make data-informed decisions to support Maine children and families.

While we seek to include the best available data, data is not always available, nor does it fully capture the challenges Maine families face. For instance, child care is one of our state's most pressing challenges, yet reliable data to present the full picture of child care supply and demand does not exist in Maine. Additionally, the way data is collected, who has access to it, and who is left out continues to have harmful impacts on historically excluded communities. As we work to improve child well-being in Maine, we must continue to advocate for better and more inclusive data collection.

Child Poverty 34,000 Children

Living in poverty creates many challenges to child and family well-being. In 2021, nearly 34,000 Maine children, 13.8 percent, lived in households below the federal poverty level. Maine's child poverty rate began falling in 2012, reaching a low point in 2020 of 12.8 percent. Although significant disparities persist by race and geography, the most recent data showed that the poverty rate for Black children in Maine declined by over 40 percent. Federal pandemic relief demonstrated the power of cash support and tax credits to reduce child poverty. Maine-based solutions include reforming the state child tax credit to reach the families most in need, supporting the development of affordable family housing, and reducing barriers to public anti-poverty programs. To learn more, [see page 27](#).



Child Welfare 4,263 Children

To improve outcomes for Maine's children, it is critical that we work to prevent child abuse and neglect and reduce the number of children who come into state custody. In 2020, Maine's rate of child maltreatment was the highest in the nation at 19.0 per 1,000 children and more than twice the national rate of 8.4. In 2021, 4,263 children experienced substantiated child maltreatment. We must do more to support child safety and family stability through investments and services that help to prevent and lessen harm, including economic and concrete supports like child care, housing and food assistance, and health care coverage. To learn more, [see page 22](#).



Teen Mental Health 2,654 Youth

Teen mental health is a growing crisis in the state and the nation. Maine youth were already struggling with high rates of anxiety and depression when the pandemic brought academic disruption and social isolation. In 2021, nearly half of Maine high school females reported feeling sad and hopeless. According to a 2020-2021 parent survey, close to one in four children ages 12-17 experienced anxiety problems. In 2022, there were 2,654 visits to the emergency room by Maine youth under age 19 for suicidal thoughts or suicidal attempts. Youth experiencing mental health crises need timely and appropriate treatment. As a preventative measure, we must ensure young children get the developmental and mental health supports they need. To learn more, [see page 15](#).



Early Intervention

118 Babies

Because healthy child development is based on a strong foundation, babies experiencing delays need intervention as early as possible. We know from neuroscience that early intervention produces more favorable outcomes than later remediation. Yet, in Maine, just 118 babies under age one were identified and received the early intervention services they needed in 2022. Our state must commit to finding and identifying more children earlier to ensure their future success. To learn more, [see page 48](#).



Public Preschool

6,269 Preschoolers

Early care and education programs, such as public preschool, produce both short- and long-term positive effects on children's development. Participation in public preschool in Maine has returned to pre-pandemic levels with 6,269 four-year-olds (47 percent) attending a public preschool program this school year. Yet, access to preschool varies widely by county. Access to public preschool should be available regardless of where a child lives, in part by encouraging more partnerships with Head Start and private child care programs. Additional state funding should support full-day and full-week programming to meet the needs of working families. To learn more, [see page 40](#).



High School Graduation

11,961 Graduates

The pandemic challenged Maine students in a variety of ways. In 2021, 86.1 percent of students graduated high school, the lowest rate since 2016.

The rate stayed the same in 2022, with 11,961 graduates. Most of the population groups who already faced systemic discrimination and other barriers had the greatest declines in graduation rates. Maine needs to advance strategies like personalized education plans to meet students where they are, and invest in a robust, well compensated teacher workforce. We also need more school and community programs that help all students and families feel valued and connected. To learn more, [see page 42](#).





Maine Children: Demographic Snapshot

Maine’s child population is becoming increasingly diverse. Over 41,500 children identify as people of color, and they live in families in every part of the state. Equitable access to economic opportunities, education, health care, and justice must be at the center of systems, policies, and programs to ensure that all children have the opportunity to thrive.

CHILDREN IN MAINE BY AGE GROUPS:²

Birth to age 4:	63,380
Ages 5 to 11:	95,273
Ages 12 to 17:	89,299
Total number of children	247,952

PUBLIC SCHOOL ENROLLMENT, GRADES PREK-12³

Students who were economically disadvantaged:	63,977
Students who were English Language Learners (ELL):	6,259
Students with disabilities: ⁴	30,503
Total public school enrollment	173,908

PUBLIC HIGH SCHOOL ENROLLMENT SEXUAL ORIENTATION AND GENDER DIVERSITY:⁵

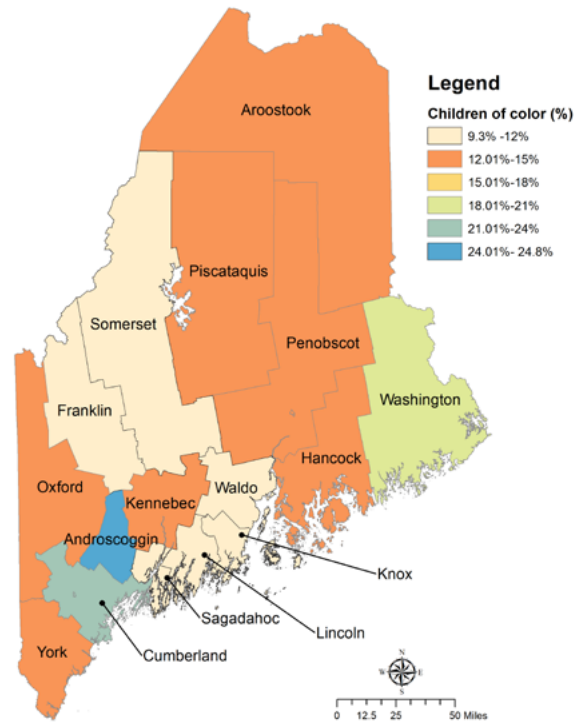
Female students who identified as LGBTQ+ of 26,245 female students:	9,816
Male students who identified as LGBTQ+ of 28,175 male students :	3,973

POPULATION CHANGES IN LATEST YEAR

Births: ⁶	12,081
Deaths of persons of all ages ⁷ :	17,973
In-migration: ⁸ from other states	11,600
from other countries:	2,525

The percent of children of color by county varies from 9.3% to 24.8%¹

Percent of Children of Color by County per US Census 2020



Source: [Children by race/ethnicity](#), Census 2020, KIDS COUNT

FOOTNOTES

- [Children-by-race-ethnicity-and-county, according to the Decennial Census 2020](#), KIDS COUNT.
- [Children By Age Group, 2020](#) KIDS COUNT.
- [Maine Public School Enrollment by student groups, 2022-2023](#), Maine Department of Education.
- [Maine Office of Special Services and Inclusive Education, 2021](#), Maine Dept of Education Special education Maine Department of Education.
- [Maine Youth Integrated Health 2021 Survey Results, 2021](#) Maine Department of Health and Human Services and Maine Department of Education.
- [Births in Maine, 2022, provisional](#), KIDS COUNT with data from the Maine Office of Data, Research and Vital Statistics.
- [Maine Population Estimates due to natural change and in-migration: July 1- June 30, 2022](#), U.S Census.
- Ibid.

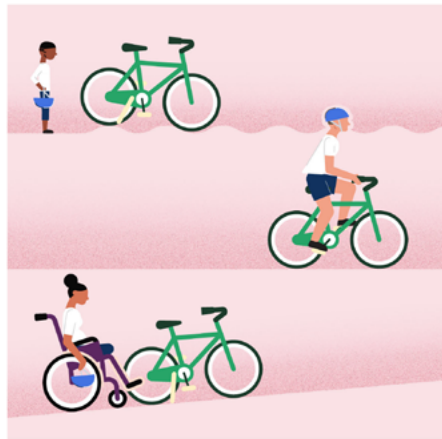


A Closer Look: Equity and Data

At the Maine Children’s Alliance, we take seriously our responsibility in sharing public data sets, each with its own purpose and method of collection. We recognize that the way data is collected and who it leaves out has and continues to marginalize and harm communities of color. We are committed to working with community partners as they determine what data to collect and how to use it to advance the well-being of children and families.

Maine people benefit when all our children get what they need to have a healthy, happy childhood and to chart a positive path to adulthood. Achieving equity requires developing targeted solutions to better address the specific situations of different populations. For example, we know it is difficult to access dental care in rural areas in Maine. As a result, children in those areas benefit from receiving preventative dental care at school.

EQUALITY:
Everyone gets the same—regardless if it’s needed or right for them.



EQUITY:
Everyone gets what they need—understanding the barriers, circumstances, and conditions.



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Structural racism – A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequality¹.

Highlighting disparities – unequal outcomes of one group compared to another – helps us understand where there are inequities so that we develop targeted solutions. However, looking at disparities can also perpetuate bias and disregard a group’s strengths. Where disparities exist, it is imperative to go deeper to explore the root causes and impact of structural racism. Root factors are complex and include America’s history of slavery and Native American genocide. Structural racism is evident in disinvestment in communities, anti-immigrant policies, discriminatory housing policies, restricted access to health care, and funding our education systems with property taxes.

MCA notes that root causes and the impact of structural racism are not fully explored in this report. We are committed to continuing to integrate information and understanding of these causes and impacts in our work.

FOOTNOTES

1. [How to Embed a Racial and Ethnic Equity Perspective in Research](#), Kristine Andrews, Jenita Parekh, and Shantai Peckoo, Child Trends, August 2019

How to Use This Book

State and Local Policymakers

- ✓ **View and compare** outcomes for dozens of indicators of child and family well-being specific to the county that your legislative district is in. Additional county-level indicators can be found at the [KIDS COUNT Data Center](#).
- ✓ **Dive deeper** into indicators to understand inequities facing children and families. Data for the overall child population can overshadow important differences when data is disaggregated by geography, income, or race/ethnicity.
- ✓ **Start conversations** with members of your community around what policy changes are needed for children and discuss how you suggest proceeding to get those policies passed.
- ✓ **Review** the proposed solutions in each section and take action to initiate those recommendations.
- ✓ **Before** you cast your vote on a proposed state or local policy, **ask how that policy will move outcomes** in the right direction for the children you serve – especially for children of color who have faced longstanding societal barriers.

Advocates

- ✓ **Learn more** about the well-being of children and families in your community. Dive deeper into indicators to understand the root causes of disparities, by geography, income, or race/ethnicity.
- ✓ **Send a digital copy** of this book to your state and local leaders, highlighting areas of interest for you.
- ✓ **Write an Op-Ed** or Letter to the Editor or social media post about an important issue of child and family well-being utilizing data from the book.
- ✓ Use the information to **engage parents**, youth, and others with lived experience in civic action and advocacy.
- ✓ **Combine** the data and information with your community-level expertise and personal stories to help policymakers understand the issue.
- ✓ **Hold state and local leaders accountable** by using data in this book and in the [KIDS COUNT Data Center](#).
- ✓ **Ask** policymakers how decisions they make will move things in the right direction for all Maine children and families.



HEALTH, SAFETY AND WELL-BEING



KEY INDICATORS

Babies born exposed/affected to substances

Children without health insurance

Children who received a dental service by insurance type

Children and teens who are overweight or obese

High School students who feel sad or hopeless

Teen suicide

Alcohol, marijuana, vaping and tobacco use among high school students

Closer Look: Infant and Maternal Health

Closer Look: Child Welfare



Maine children who are safe and healthy grow up to become healthy, capable adults

Preventative health care starting prenatally, dental care starting at 12 months of age, access to health insurance, and early identification and treatment are all vital to ensure that children are set up for physical and emotional wellness. The Maine legislature passed legislation which will expand eligibility for the Children’s Health Insurance Program (CHIP) to 300 percent of federal poverty level and Maine has extended MaineCare coverage to pregnant women and children regardless of immigrant status. When parents have health insurance, their children are more likely to be insured.

According to the National Survey of Children’s Health, over 50,000 Maine youth have experienced two or more Adverse Childhood Experiences (ACEs), such as divorce, violence in the home, incarceration of a parent or other events that can create trauma and toxic stress.¹ Research has shown a link between multiple ACEs and challenging social and emotional behaviors in adolescence and continued health problems into adulthood.² Children build resilience to counteract these adverse experiences through positive relationships at home, at school, and in their community. Communities themselves offer protective factors when residents feel supported by and connected with each other and when families have access to nutritious food, safe housing, nurturing child care, and other services.³

Teen mental health has become a growing crisis nationally and in Maine. Both the Surgeon General and national pediatric associations have declared a national emergency in children’s mental health.⁴ Maine teens were already struggling with high rates of anxiety and depression before the pandemic. During 2020-2022, the COVID-19 pandemic brought sweeping changes to how youth attended school and interacted with their peers. Parents in Maine reported

on the 2020-2021 National Survey of Children’s Health that their children have “anxiety problems” at high levels – representing as many as one in four children ages 12-17.⁵ Youth with two or more ACEs, youth in rural areas, and youth who identify as LGBTQ+ especially need access to appropriate mental health supports.

For short-term and long-term positive outcomes for Maine’s children, it is critical that we work to prevent child abuse and neglect and reduce the number of children who come into state custody. We can do more to support family safety and stability through investments and services such as home visiting, peer support, and economic supports like housing assistance, food assistance, and health care coverage.

To improve health outcomes for all Maine children, we must address the disparities by race that persist, driven by systemic and historic inequities in health care systems, housing, education, and employment. Experiencing and internalizing racism itself has been shown to negatively affect physical and mental health.⁶ Reducing the significant disparities in maternal health outcomes, particularly for Black women, has become a national priority.⁷



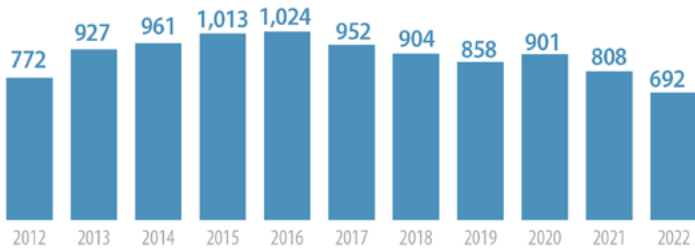


Babies Born Exposed/Affected to Substances

Prevention of prenatal exposure to drugs or alcohol supports the healthy development of babies

Maine saw the lowest rate of babies born substance exposed/affected since data tracking began in 2012

Number of babies suspected to be exposed or affected by substance use prenatally⁸

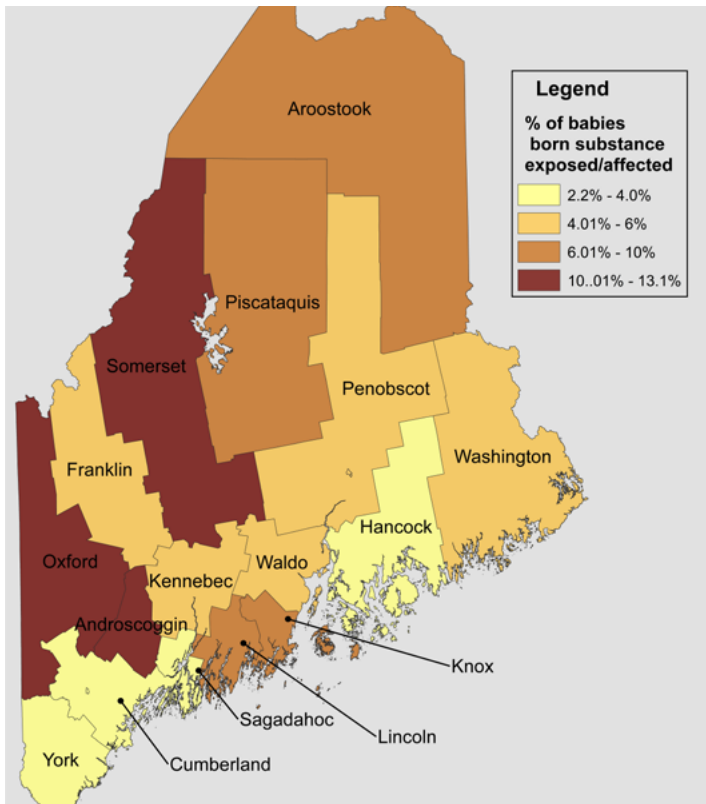


Source: [Babies born substance exposed/affected](#), KIDS COUNT

Note: Substance-exposed infant referrals to Maine Office of Children and Family Services vary by reporting hospitals.

In 2022, more than one in 10 babies were born substance exposed/affected in the counties of Androscoggin, Somerset, and Oxford

Percent of babies by county exposed/affected by prenatal substance use, 2022



Source: [Babies born substance exposed/affected](#), KIDS COUNT

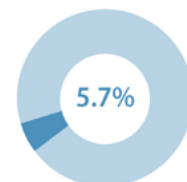
WHY IT MATTERS

Babies were reported as being born substance exposed/affected if during pregnancy the mother was either using alcohol or drugs or was being treated for substance use disorder with medication assistance and the substance was passed on to the baby. Substance use during pregnancy can lead to a range of short-term and long-term developmental delays to the infant.⁹

HOW MAINE IS DOING

The number of babies reported born substance exposed/affected has decreased in recent years. It is important to continue to work to reduce the number of infants in Maine who start life with this risk to their healthy development. Non-stigmatizing treatment and recovery services and supports for child-bearing women and women in early pregnancy are important to reduce the number of babies exposed to substances.¹⁰ The primary substances reported for babies exposed/affected in Maine were cannabis (58 percent) and buprenorphine and suboxone for treatment (28 percent).¹¹

692 babies born substance exposed/affected





HEALTH, SAFETY AND WELL-BEING

Children under 19 without Health Insurance

Ensuring all children and parents have access to health care helps children thrive

WHY IT MATTERS

Access to quality, affordable health care is critical for child health and development. When children have insurance, they get more preventative care and can better access medical care when they need it, contributing to positive, long-term health outcomes.¹³

HOW MAINE IS DOING

Maine's most recent rate of uninsured children was 5.6 percent, higher than the national average. When parents lack health insurance, their children are more likely to lack health insurance, even if their children may be eligible for public insurance such as MaineCare or CHIP. Outreach efforts for public options like CHIP and the Affordable Care Act (ACA) are important to ensuring that children have access to the continuous care that is critical to their healthy development.

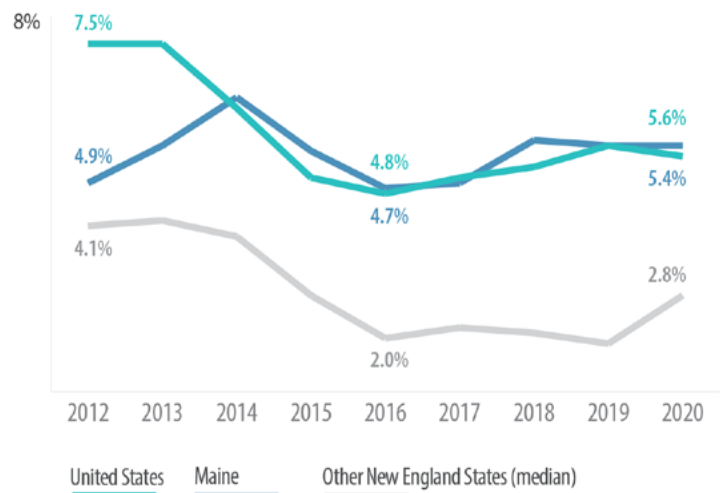


14,238 children are uninsured



Maine consistently has had a higher rate of uninsured children than other New England states

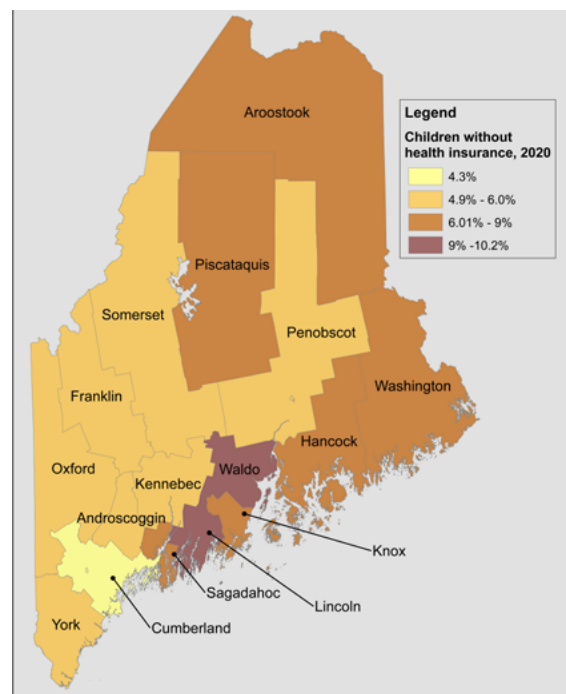
Percent of uninsured children under age 19 in Maine, United States, and other New England states



Source: [Small Area Health Insurance and Income Estimates](#), SAHIE (census.gov)¹²

In Waldo and Lincoln Counties, over 9% of children were uninsured, more than twice the rate of Cumberland County

Percent of children under age 19 uninsured by county, 2020



Children under age 19 without health insurance, KIDS COUNT

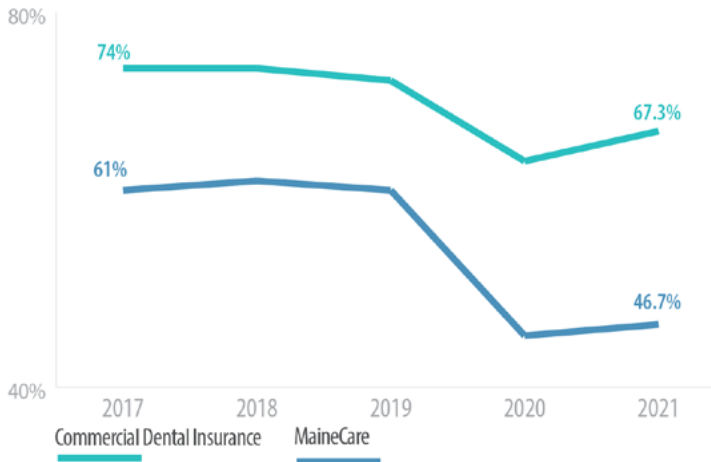


Children Receiving Dental Services

Children who receive dental care early and establish good oral health routines will have better overall health as children and as adults

Children with MaineCare were less likely to have received a dental service in 2020 than children with commercial insurance, and the MaineCare rate remained low in 2021

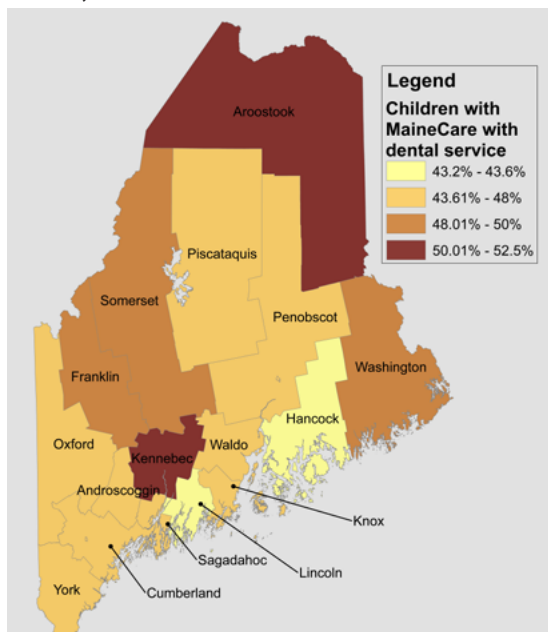
Percent of children with MaineCare or with commercial insurance who received a dental service in the last calendar year



Source: [Children that received a dental service by insurance type in Maine](#), KIDS COUNT

In 2021, 53% of children with MaineCare in Aroostook County had a dental service compared to 43% in Lincoln County

Percent of children with MaineCare by county who had any dental service in the last year, 2021



Source: Children that received a dental service by insurance type in Maine, KIDS COUNT

WHY IT MATTERS

Oral health is a key part of physical health. Routine dental care in childhood ensures that children receive preventative treatments and that tooth decay that causes pain is addressed early. Dental disease can affect children’s overall health, self-confidence, school readiness, and future employment success.¹⁴

HOW MAINE IS DOING

During the first year of the pandemic, many parents avoided taking their children to the dentist for routine care. By 2021, the rates of children who had received a dental service with commercial insurance returned nearly to the 2019 rates. For children with MaineCare, the rates remained low, so the disparity in receiving care widened. The issue is two-fold: a lack of dentists in rural areas, and reimbursement rates below commercial rates for MaineCare.¹⁵

109,258 children with MaineCare or with commercial insurance had a dental service



“Dental is a major issue, and also a real barrier for people, if you don’t have a good dental situation.”

-Resident, Sagadahoc & Lincoln County area

“Many dentists don’t take MaineCare because the costs of care aren’t covered.”

-Resident, Lincoln and Sagadahoc area



HEALTH, SAFETY AND WELL-BEING

Children and Teens who are Overweight or Obese

Having a healthy weight contributes to both short- and long-term health and wellness for children of all ages

Childhood obesity is one of the most common pediatric chronic diseases in the United States. Disparities exist by family income due to access to nutritious food, safe outdoor spaces, and health insurance. One of the effects of the pandemic was that more children in the United States and in Maine became overweight and obese. The pandemic disrupted routines, including physical education and sports. Children who were already overweight were the most negatively impacted.¹⁶

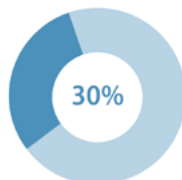
WHY IT MATTERS

Children who have a healthy weight are less likely to have chronic health issues such as diabetes and are less at risk for health problems in adulthood.¹⁷ Additionally, children who are overweight can experience stigma or bullying at school.¹⁸

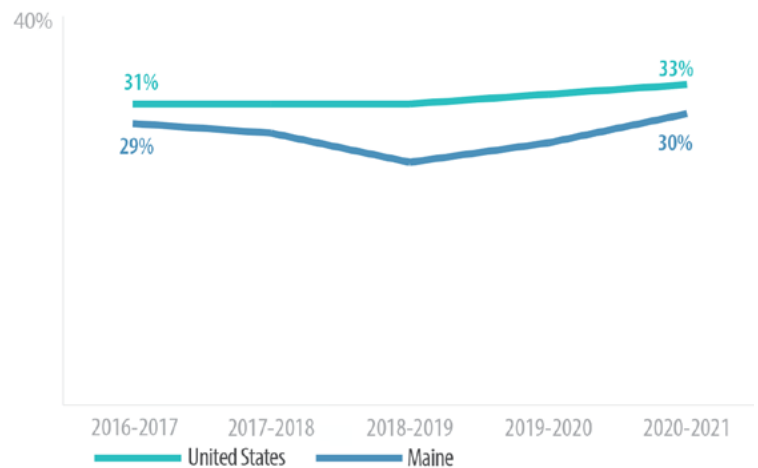
HOW MAINE IS DOING

In Maine, the percentage of youth ages 10-17 who were overweight or obese increased from 27 to 30 percent comparing the two most recent child health surveys.¹⁹ Almost half of children without health insurance were above a healthy weight. The American Academy of Pediatrics recently recommended comprehensive treatment for obesity in children using a family-centered non-stigmatizing approach that takes into account social determinants of health, systemic inequities, and biological factors.²⁰

35,000 children ages 10 to 17 were above a healthy weight



While Maine typically has had a lower rate of children who are overweight or obese than the nation, almost one in every three Maine children between the ages of 10 -17 was overweight or obese
Percent of children ages 10 to 17 who were overweight or obese*

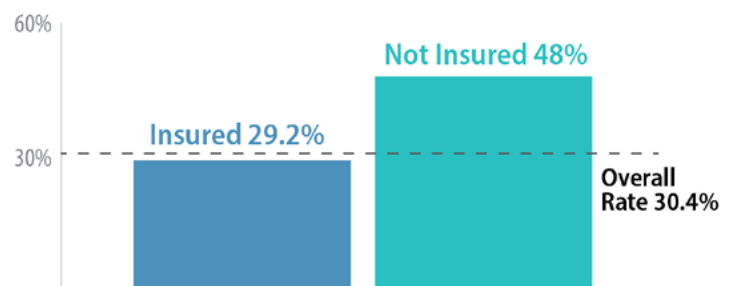


*Obese or overweight is defined as at or above 85th percentile of recommended Body Mass Index

Source: National Survey of Children's Health (NSCH) (two-year survey data) and posted to KIDS COUNT, [Children and teens ages 10 to 17 who are overweight or obese](#)

Children who lacked insurance had higher rates of being overweight or obese

Overweight or obesity rates of Maine children with or without insurance, 2020-2021



Source: [National Survey of Children's Health, 2020-2021, Indicator 1.4a](#)

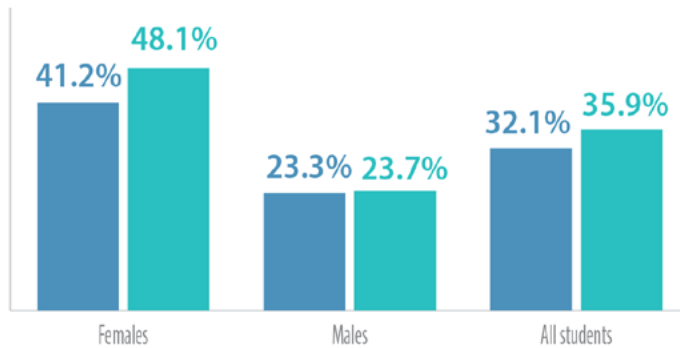


High School Students Who Feel Sad or Hopeless [↗](#)

Mental health is important to the overall well-being of children and adolescents

Females reported a higher rate of feeling sad or hopeless than males in both years

Percent of students in the 2019 & 2021 MIYHS survey who reported feeling sad or hopeless, by gender



Source: [Maine Integrated Youth Health Surveys of 2019 and 2021](#) Percent of Maine high school students in 2019 and 2021 by gender who answered yes to “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”

In Maine and the nation, comprehensive surveys of high school students show increasing mental health distress among high school students.²¹ Comparing the 2021 Maine Integrated Youth Health Survey (MIYHS) to the 2019 survey shows an increase in mental health concerns.

- › Students who engaged in self-harm behaviors, such as cutting or burning, increased from 22.9% to 28.7%
- › Students who seriously considered suicide in the last year increased from 16.4% to 18.5%

In 2021, 52 percent of Maine students answered yes to the question “in your community do you feel like you matter to people?” This is important because students who feel that they matter report better mental health overall.²² The rate for LGBTQ+ students was significantly lower – just 36 percent.

“Quarantining with family or having to move back home when colleges or jobs shut down was not just isolating, in some cases it was dangerous.”

–Young adult from LGBTQ+ community

LGBTQ+ youth who received less support from adults and experienced more violence and discrimination were also significantly more likely to report symptoms of depression and suicidality.²³ In the 2021 Maine survey,

- › 62% of LGBTQ+ students felt sad or hopeless compared to 36% of all students
- › LGBTQ+ students were twice as likely to report they purposely hurt themselves (50%) compared to all students (23%)
- › LGBTQ+ students were twice as likely to report they seriously considered attempting suicide (38%) compared to all students (19%)

WHY IT MATTERS

Mental health is important to healthy child development at all ages. Early screening, identification, and treatment for mental health concerns help children get the support they need. Adolescents with anxiety and depression need immediate access to school- and community-based mental health services and, at times, higher intensity services.

HOW MAINE IS DOING

The rate of Maine high school females feeling sad and hopeless has increased to nearly half of all female students. Parents in Maine report that nearly one in four children ages 12-17 were experiencing “anxiety problems.”²⁴ In June 2022, the United States Department of Justice found Maine in violation of Americans for Disabilities requirements and noted a number of barriers to accessing children’s behavioral health services including lack of providers in rural areas and lengthy wait lists.²⁵



Teen Suicide

All youth in Maine deserve to live long, healthy lives and feel connected to their communities

If you or anyone you know are struggling with thoughts of suicide, call the National Suicide Prevention Lifeline at 988 or Text 741741 or call the Maine Crisis Line 1-888-568-1112

Suicide and suicidal behavior among youth and young adults is a major public health crisis. Nationally, among youth under age 24 who died, one in four died from suicide.²⁶ The pandemic caused an increase in social isolation, depression, and anxiety among youth, which led to an increase in suicides.²⁷

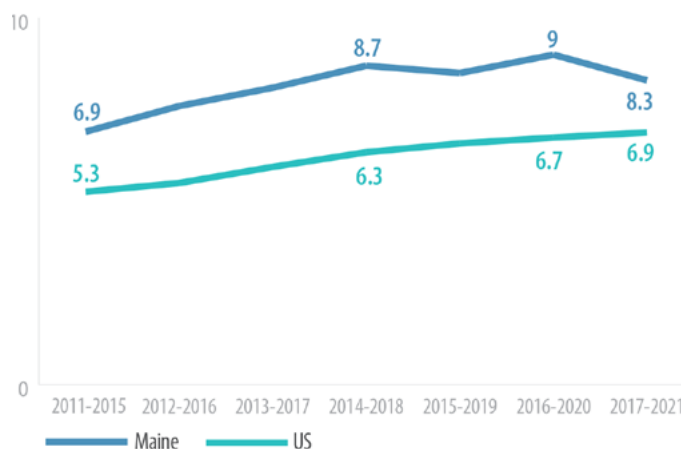
WHY IT MATTERS

Life events can sometimes feel overwhelming for adolescents and particularly for those facing challenges such as family and peer conflicts, bullying, isolation, and social and academic pressures. It takes targeted efforts to reach youth most at risk – including youth who identify as LGBTQ+ and youth who live in challenging home environments – to connect these youth with adults and peers who care.

HOW MAINE IS DOING

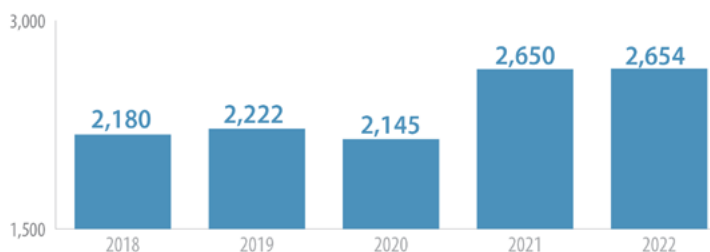
Maine’s teen suicide rate is above the national rate, and this is concerning. More than 200 Maine youth visit emergency rooms each month with suicidal ideation or having made a suicide attempt.²⁸ It is important to ensure that youth experiencing mental health crises get the timely and appropriate treatment and support they need.

Maine’s teen suicide rate has remained above the national rate
Five-year average suicide rate per year per 100,000 youth, ages 10-19, Maine compared to the U.S.



Source: National data: [CDC WONDER Online Database](#), and Maine data: [Child and Teen Suicide in Maine](#), KIDS COUNT

In Maine, visits to the emergency room for suicidal ideation or suicide attempts increased by over 500 in 2021 and did not decrease in 2022
Annual number of visits to any emergency room in Maine by youth ages 19 and under for suicidal ideation or attempt



Source: [Maine Emergency Room Visits Involving Suicidal Intent](#), Maine Center for Disease Control and Prevention, Maine Suicide Prevention Program’s syndromic dashboard.



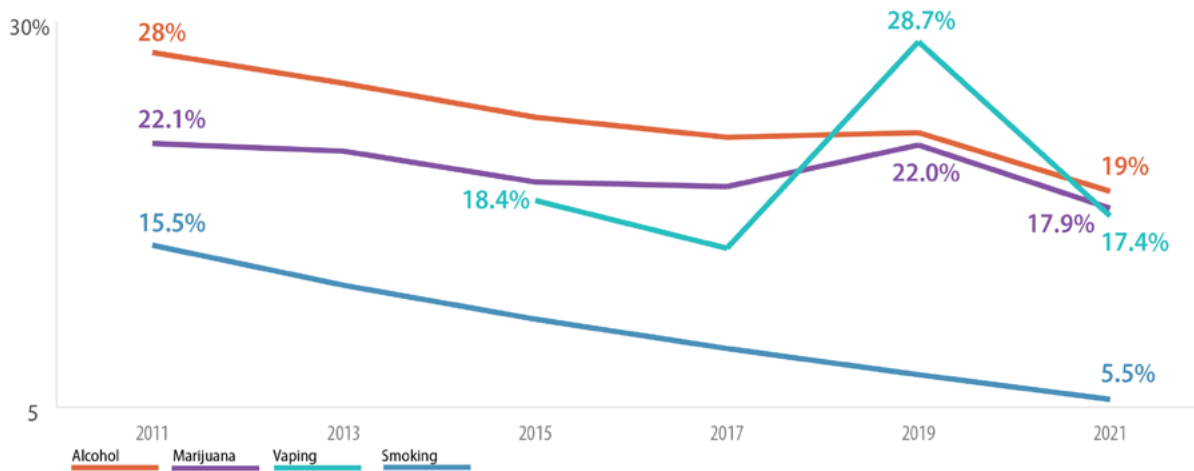


High School Students who are Currently Using Tobacco, Alcohol, Marijuana or Vaping [↗](#)

Preventing substance use among youth is critical for their present and future health

The consumption of alcohol, e-cigarettes, marijuana, and tobacco were all trending down for Maine high school students

Percent of Maine high school students who reported that they used tobacco, alcohol, marijuana or e-cigarette in the last 30 days



Source: Maine Integrated Youth Health Survey

Brain research suggests that young adult brains are still maturing and for this reason are susceptible to risk-taking behaviors. Substance use among Maine's young adults ages 18-24 is high.

- › One in four Maine young adults engaged in binge drinking (five or more drinks for males or four or more drinks for females in one evening) in the past month.²⁹
- › One in every three Maine adults who used marijuana at least once a month met the criteria for having a Cannabis Use Disorder.³⁰
- › Maine young adults ages 18 to 24, ranked addressing substance use disorders among the top three most pressing community needs.³¹

"Make kids feel wanted and loved. I feel that kids not feeling that way is a major reason for substance use."

- Youth, Aroostook

WHY IT MATTERS

Alcohol and drug use by adolescents and young adults can be harmful to the developing brain and lead to health challenges into adulthood. Individuals are most likely to begin using drugs during adolescence and young adulthood. For some youth, experimentation can lead to addiction and a risk for substance use disorders.³²

HOW MAINE IS DOING

The rates of using alcohol, marijuana, e-cigarettes, and tobacco among Maine high school students decreased from 2019 to 2021. Despite the drop in vaping during the pandemic, electronic vaping use, particularly the use of flavored tobacco products, is a concerning trend among students. In addition, the prevalence of binge drinking and substance use disorders among Maine's young adults ages 18-24 was high. The state should do more to invest in school- and community-based substance use prevention services for youth.



Solutions

Access to preventative physical, oral, and mental health care that is affordable and of high-quality is critical for child health at all ages. Two years after the pandemic began, the families with the most barriers to accessing care before the pandemic continued to struggle. Policy recommendations include:

- ✓ Implementing Maine's recent comprehensive behavioral health plan including systemic changes³³ so all children have access to a continuum of appropriate community-based mental health services
- ✓ Expanding access to substance use disorder treatment for youth, young adults, and people expecting to be parents, and parents
- ✓ Increasing the number of children with health insurance coverage through implementation of expanded eligibility criteria and improved outreach for the Children's Health Insurance Program
- ✓ Creating an effective paid family leave system that supports families who give birth or adopt as well as parents who need time off to support a child going through a crisis
- ✓ Implementing policies and programs that help children maintain a healthy weight such as access to safe outdoor spaces and to healthy food
- ✓ Increasing access to preventative dental care for children, including the School Oral Health Program
- ✓ Reducing access to tobacco products, particularly flavored e-cigarettes

Additional Indicators

- › [Children receiving preventative dental services](#), KIDS COUNT
- › [Adverse Childhood Experiences](#), KIDS COUNT
- › [Teen pregnancy](#), KIDS COUNT
- › [Home visiting](#), KIDS COUNT
- › [Lead screening](#), KIDS COUNT
- › [Lead poisoning](#), KIDS COUNT
- › [Immunizations ages 24- 35 months](#), KIDS COUNT
- › [Exemptions from immunizations for students entering kindergarten](#), KIDS COUNT
- › [Child deaths, ages 1 -14](#), KIDS COUNT
- › [Teen deaths, ages 15-19](#), KIDS COUNT
- › [Arrests of children](#), KIDS COUNT

Resources

- › [Maine Integrated Youth Health Survey](#), MIYHS
- › [Maine Pregnancy Risk Assessment Monitoring System](#), PRAMS
- › [Maine Office for Children and Families Children's Behavioral Health Data Dashboard](#)
- › [Maine Tracking Network](#)
- › [Maine State Epidemiological Outcomes Workgroup](#), Maine SEOW
- › [Maine Shared Community Health Needs Assessment Interactive Health Data](#)
- › [National Survey on LGBTQ Youth Mental Health](#), 2022



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A Closer Look: Maternal and Infant Health

We must ensure the healthy development of every child and that starts in infancy. It is important that equitable health care be available throughout the state, including specialized neonatal care for high-risk births, prenatal and post-partum health care services, and programs that support new parents in the home. But right now access to care is impacted by geography, race, income, and access to health insurance. Research has shown that historic inequities in social and economic opportunity affect maternal and infant health. In Maine and the nation, this accounts for persistent disparities by race in prenatal care and babies born with low birthweight. In addition, recent closures of obstetric units in Maine hospitals may jeopardize access to care.¹

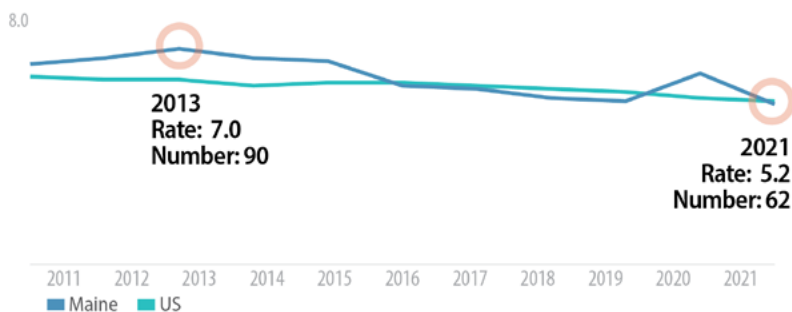
Race Disparities in Access to Prenatal Care and Birth Outcomes

Healthy pregnancies start with early and adequate prenatal care. Nationally and in Maine, Black women are at higher risk for poor birth outcomes. Recent research has shown that Black women of all income levels experience “weathering,” which is defined as the negative impact on the body due to exposure of racism.³ That stress effects health outcomes for Black women and their babies.

- › Nationally, maternal deaths related to pregnancy are three times higher for Black women and twice as high for American Indian/Alaska Native women.⁴ In Maine, due to small numbers, the data about maternal death by race was not conclusive.⁵
- › Infant mortality is an important marker of the overall health of a society. The latest 5-year infant mortality rate in Maine for infants of Black mothers was 7.8 per 1,000 births compared to the state rate of 5.7.⁶ This rate is based on a small number of cases and should be interpreted with caution.
- › Getting early and regular prenatal care improves the chances of a healthy pregnancy. In Maine, 60 percent of Black mothers received prenatal care in the first trimester, compared to 86 percent for all mothers, 2019-2021.⁷
- › Babies born with low birth-weight are more likely than babies with normal weight to have health problems and require specialized medical care in the neonatal intensive care unit.⁸ In Maine, 9.1 percent for Black newborns were low birth-weight compared to 7.3 percent for all newborns, 2021⁹

Maine’s infant mortality rate has been declining since 2013, though it had a one-year increase in 2020

Rate of infant deaths per 1,000 live births Maine compared to the United States



Source: [Maine Maternal, Fetal and Infant Mortality Review Panel](#), June 2022

Initiatives to reduce infant mortality include: MaineCare expansion and longer post-partum coverage; a state Safe Sleep campaign; and the Perinatal Quality Collaborative, which established greater hospital cooperation to address high-risk births. Still, Maine’s infant mortality rate was the highest in New England in 2021.²



Solutions

In 2022, Maine was awarded over \$10 million dollars in multi-year federal funding to implement a comprehensive system of perinatal care to make births safer and address risk factors particularly in rural areas.¹⁰ Policy solutions include:

- ✓ Ensuring that the system of care explicitly addresses disparities caused by the impact of structural and interpersonal racism as well as gaps in service by geography, especially for high-risk pregnancies, which may occur as maternity units close.
- ✓ Enhancing data collection and reporting to better engage communities of color. This includes expanding community-led data gathering;¹¹ improving collection, analysis, and review of data related to deaths associated with pregnancy; and asking about racial discrimination on surveys.¹²
- ✓ Building support for state legislation that makes doula services an eligible MaineCare service. Doulas offer culturally appropriate support before and during delivery and in the critical first few weeks of an infant's life.¹³

Additional KIDS COUNT Indicators

- › [Low birthweight infants](#), KIDS COUNT
- › [Prenatal care in the first trimester](#), KIDS COUNT
- › [Pre-term births](#), KIDS COUNT
- › [Teen Pregnancy](#), KIDS COUNT
- › [Home Visiting](#), KIDS COUNT
- › [Births by county](#), KIDS COUNT

Resources

- › [Maine Center for Disease Control and Prevention Maternal & Births Outcomes](#)
- › [March of Dimes Maine Profile](#)
- › [Racism Creates Inequities in Maternal and Child Health, Even Before Birth, State of Babies 2021 Yearbook](#)

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6. Maine Department of Health and Human Services, Office of Data, Research and Vital Statistic. Data was for a five-year average of 2017-2021. There were 346 infant deaths in the 5-year period and 4 of these were Black infants.
7. [March of Dimes Data for 2019-2021](#), January 2022.
8. [Promoting Health for Infants](#), Federal Center for Disease Control.
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A Closer Look: Child Welfare

“People want to be good parents. Sometimes you don’t realize how much attention is being pulled away from being the parent you want to be. Maybe you’ve had mental health issues your whole life and you’ve been okay but now it flares up and you’re a single mom and it’s unmanageable.”

– Kinship Caregiver, Cumberland County

Stable relationships and home environments are critical for healthy child and youth development.¹ Yet far too many children experience the trauma of abuse or neglect, with long-term implications for their health and well-being. Additionally, children experience trauma when they are separated from their families, and children with foster care system involvement experience more mental and physical health problems² and are at higher risk for homelessness in adulthood.³

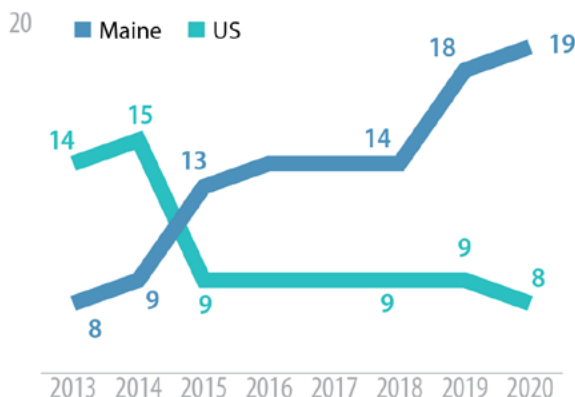
Evidence about the root causes of child maltreatment has been well documented, including poverty-related risk factors such as unemployment, single parenthood, housing instability, earlier childbearing, and lack of child care.⁴ In Maine, the major risk factors for maltreatment were neglect, emotional abuse, domestic violence, and drug/alcohol disorders.⁵

It is critical to have a robust child welfare system to prevent child maltreatment, to support and strengthen children and families experiencing crises, to keep children in their homes or reunify them whenever possible, and to provide alternative permanency plans when children cannot safely stay with their families.



Child maltreatment rates are increasing in Maine while decreasing nationally

Children who are victims of maltreatment (rate per 1,000 children)



Source: [KIDS COUNT](#)

CHILD ABUSE AND NEGLECT: Overall, the number of children in Maine experiencing substantiated child maltreatment increased 30 percent between 2017 and 2021, from 3,286 to 4,263 children. Using the latest federal data for comparison, Maine’s rate of child maltreatment in 2020 was 19.0 per 1,000 children, compared to the national rate of 8.4 per 1,000 children. **This rate of child maltreatment in Maine was the highest in the nation** and more than twice the national rate.⁶



PERMANENCY: When it can be accomplished safely, best practice is to work with parents when children have been removed from the home, to address safety concerns and to work toward reunification for the family. Kinship placements are an important option for children who come into state custody, allowing them to stay with relatives when they cannot safely stay with their parents. Some families do this informally, while others do this in coordination with the state. It is a federal reporting measure to track when reunifications occur within 12 months. In Maine, for federal fiscal year 2020, 53.6 percent of reunifications took place within one year, compared to the national rate of 58.6 percent.

ADOPTION: For children in foster care who cannot return home safely, the best permanency plan is for timely adoption. In federal fiscal year 2021, there were 339 children who were adopted from foster care while the number of children in Maine waiting for adoption grew to 756 children, the highest since 2012. It is a federal reporting measure to track when adoptions occur within 24 months. In Maine, for fiscal year 2020, 34 percent of adoptions from foster care took place within 24 months, on par with national averages and best in New England.⁷

FOSTER CARE: Along with the country's highest rate of child maltreatment, Maine had higher rates of children in foster care than the national rate, at 9.2 per 1,000 children in Maine compared to 5.6 nationally.⁸ The rate of children removed from their homes and placed in foster care varied from 3.0 per 1,000 children in Sagadahoc County to 17.6 in Knox County.⁹ There were 2,320 children in foster care in Maine in December 2022, one hundred more children than the previous year, and the highest number since 2005. In Maine, for the most recent calendar year, 2022, the median length of time in foster care was 15 months.¹⁰ This is less time than was reported for Maine in federal fiscal year 2020¹¹ and on par with the national median length of time in foster care of 15.9 months.¹²

RURAL FACTORS: In 2021, Somerset and Waldo counties had the highest rates of substantiated child maltreatment at 29.8 and 28.0 per 1,000 children¹³ respectively, three times higher than Cumberland's rate of 8.0 per 1,000 children. Rural counties have less access to a full range of substance use disorder treatment and recovery services for parents, as well as a lack of intensive community services that can keep children with behavioral health issues safely at home. These counties also have higher poverty rates than Maine's more urban counties.¹⁴ Poverty can make it more challenging for parents to meet their children's needs and is a risk factor for child maltreatment.¹⁵

YOUTH EXITING FOSTER CARE: All children need and deserve a loving, permanent family. Yet, many young people exit state custody without lifelong connections, with negative consequences for their long-term well-being. Youth who age out of foster care are more likely to experience hardships such as homelessness, joblessness, early parenthood, and substance misuse.¹⁶ To improve outcomes, the state has an obligation to support youth exiting care as they transition into adulthood. Maine passed legislation in 2022 allowing youth to remain in state custody, where they could continue to receive support until age 23, up from age 21. As a result, there were 87 youth over age 18 in care in December 2022, up from 63 the year before.¹⁷



Solutions

To improve outcomes for Maine’s children, it is critical that we work to prevent child abuse and neglect and reduce the number of children who come into state custody. Preventing future tragedies will require investments and strategies that strengthen families and decrease the need for child protective intervention.

- ✓ The State should develop, implement, and oversee a comprehensive statewide child maltreatment prevention plan. The Legislature should identify and ensure robust and ongoing funding of strategic prevention efforts.
- ✓ The State, Legislature, and Philanthropy should invest in essential supports for families as an important means of reducing and preventing child maltreatment, including funds to provide for basic needs and services like child care.
- ✓ The State should invest in peer support for families experiencing challenges and those involved in the child welfare system.

Additional Resources

- › [Strategic Child Welfare System Priorities: Building on the Maine Framework for Action](#)
- › [Maine Child Welfare Action Network](#)
- › [Maine Child Welfare Annual Report 2022, Maine Office of Child and Family Services](#)
- › [Child Trends FFY 2020](#) Maine
- › [The Central Role of Economic & Concrete Supports](#), Chapin Hall
- › [Child Welfare Outcomes Report](#) Maine FFY 2020
- › [Trends in Foster Care and Adoption: AFCARS 29 State Data Set 2012-2021](#)

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10. [Maine Child Welfare 2022 Annual Report](#), Office of Children and Family Services (page 50)
11. [Child Trends FFY 2020 Maine](#) (state level data for foster care)
12. [Trends in Foster Care and Adoption: AFCARS 28 FFY 2012-2020](#)
13. [Substantiated child maltreatment victims by county](#), 2017-2021, KIDS COUNT
14. [Child Poverty by County, 2021](#), KIDS COUNT
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FAMILY ECONOMIC SECURITY



KEY INDICATORS

Children in poverty

Child supplemental poverty measure

Median household income

Children under age six with all available parents in workforce

Children whose parents lack secure employment

High housing cost burden for renter households



With the right resources, opportunities, and support, Maine's children can thrive

When our children and families thrive, our communities and our state thrive, which is why it is so essential that Maine ensures every child has the supports they need to realize their potential. Children's health and well-being improve when family incomes are sufficient to meet their children's basic needs.¹

Evidence from pandemic relief to families in 2021 confirmed that public policy can effectively reduce child poverty and in a way that reduces inequities. Using the supplemental poverty measure², U.S. child poverty dropped by 46 percent to an historic low, from 9.7 percent in 2020 to 5.2 percent in 2021³. Much of this drop was attributed to the temporary expansion of the federal Child Tax Credit (CTC), which for the first time was made non-refundable, making eligible those families who did not earn enough income to pay federal income tax. Unfortunately, since the Child Tax Credit was rescinded in 2022, economic hardship and stressors have returned for many families.

In Maine and in the nation, families of color encounter systems that were built upon our country's racist history. These institutions and policies continue to create obstacles to opportunities and wealth accumulation.⁴ In Maine, disparities in child poverty by race are narrowing. Child poverty for Black children, in particular, declined significantly.⁵

For families to maintain economic security, they need access to quality child care and affordable housing.⁶ Increasing funding for child care subsidies has helped

working parents who used them, but in 2022, only one in ten Maine children ages birth to four had a subsidy.⁷ More outreach to parents and child care providers is needed to increase the use of child care subsidies. Ensuring access to secure year-round employment as well as to affordable rental housing is important to family stability.⁸

"Why do they work so hard to keep me poor?"

-Resident, Piscataquis County



"Some of the choices parents have to make like choosing to have groceries or the lights staying on are not choices any family should have to make. Our kids need to come first!"

-Parent, Waldo County

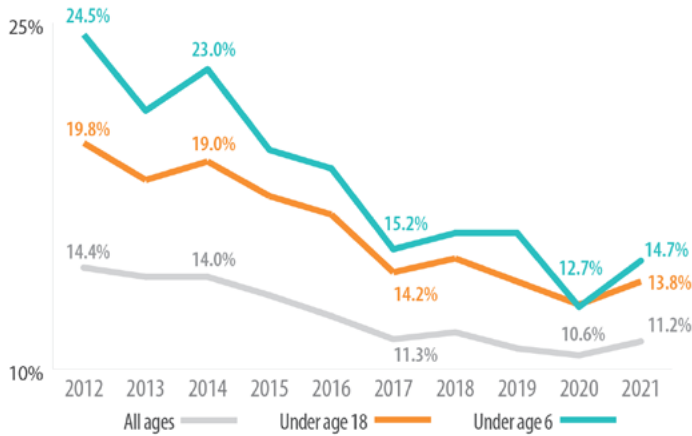


Children in Poverty using the Official Poverty Threshold [↗](#)

Children thrive when they live in economically stable homes where their basic needs are met

The official child poverty rate has been falling since 2012, yet was still higher than for the general population

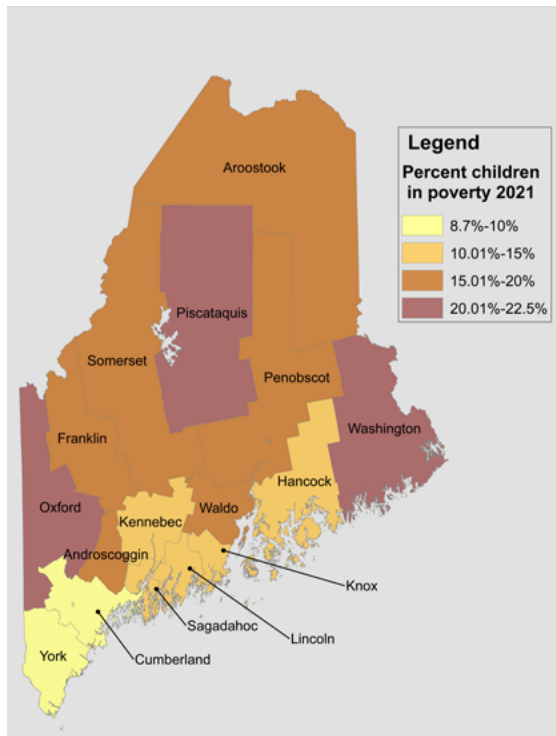
Maine poverty rate by age group



Source: [US Census Small Area Income Estimates](#)

While the rural counties of Washington, Piscataquis and Oxford had child poverty rates above 20%, the most urban counties in Maine had rates below 10%

Child poverty rates by county, 2021



Source: [KIDS COUNT](#)

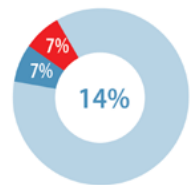
WHY IT MATTERS

Growing up in poverty can too often negatively affect a child throughout their lifespan. Children who grow up outside the harmful effects of poverty have greater opportunity to meet their full potential.⁹

HOW MAINE IS DOING

Maine’s child poverty rate began falling in 2012, to a low point in 2020 of 12.8 percent. In 2021, nearly 34,000 children lived in families facing the challenges of poverty. Child poverty is declining, but due to systemic and historic inequities such as racially discriminatory housing policies and under-resourced schools, children of color experienced higher rates of poverty both in Maine and in our nation. Despite some improvements, disparities in poverty persist by geography, race/ethnicity, and household composition. Maine’s rate of child poverty continued to compare unfavorably with other New England states, and in 2021, Maine was tied for the highest child poverty rate with Rhode Island.¹⁰

34,000 Maine children live in poverty, half of whom live in extreme poverty



\$27,740 was the official federal poverty threshold for a family of four in 2021.⁸

\$13,870 was defined as extreme poverty—income 50% or below the poverty threshold.

Sources: [KIDS COUNT Children in poverty](#), [Extreme poverty](#)



Children in Poverty using the Official Poverty Threshold (continued)

Poverty among children in Maine with single parents and among children with foreign-born parents both declined comparing the five-year time periods of 2012-2016 to 2017-2021:

- ◆ Children in families with foreign-born parents had a statistically significant decline in poverty, from 42 percent to 23 percent, while poverty of children with native-born parents declined from 17 percent to 13 percent.
- ◆ Single-parent families have only one income to meet the needs of their family, so it is not surprising that poverty remains persistently high for single parents. In Maine, the poverty rate declined from 37 percent to 31 percent among children with single parents and from 8 percent to 6 percent among children with two parents living together.

Source: [US Census American Community Survey 5-yr estimates](#), Table B05010.2017-2021 and 2012-2016

Note: A five-year time period is necessary to have sufficient respondents for reliable data when the subset of the population is relatively small.

“There is employment, but the question is around livable wages. The wages being paid here are way too low to support a family.”

--Resident, Sagadahoc County and Lincoln County area

In Maine, disparities in child poverty by race have improved. In particular, the poverty rate for Black children in Maine declined over 40%. In the nation, the child poverty rate for Hispanic children declined the most, by 24%.

Child Poverty by race/ethnicity, 2012-2016 compared to 2017-2021

Race/Ethnicity	MAINE			UNITED STATES		
	2012-2016	2017-2021	Child Poverty Reduction	2012-2016	2017-2021	Child Poverty Reduction
American Indian or Alaskan Native	40.9%	32.4%	-20.8%	35.2%	30.1%	-14.5%
Asian	16.0%	11.7%	-26.5%	12.5%	10.4%	-16.8%
Black or African American	53.6%	31.5%	-41.2%	37.4%	31.2%	-16.6%
Hispanic or Latino	27.0%	16.9%	-37.4%	31.3%	23.8%	-24.0%
Non-Hispanic white	16.1%	12.8%	-20.7%	12.7%	10.4%	-18.1%
Two or more races	27.7%	19.0%	-31.3%	21.6%	17.7%	-18.1%
All Races	17.0%	13.8%	-18.6%	21.2%	17.0%	-19.8%

Source: [KIDS COUNT](#)



Supplemental Poverty Measure [↗](#)

Public policies to reduce family poverty impact the lives of children in positive ways

Despite evidence of improving child well-being, the expanded federal Child Tax Credit, (CTC) was rescinded at the end of 2021, and this plunged many families back into economic and food insecurity. Comparing a time period where 57 percent of Maine families with children said they had received a CTC payment in the last month (Sept 1-13, 2021) to eleven months later, when just 10 percent of Maine families stated that they received a CTC payment during the month, (July 27-August 8, 2022):

- ◆ Six times more families reported that they sometimes or often did not have enough to eat in the last 7 days—from 3 percent to 18 percent or from 8,550 to 63,668 households with children in Maine experiencing food insecurity.
- ◆ Four times more families stated that paying for usual household expenses was very difficult—from 7 percent to 28 percent, or from 20,434 to 84,880 households with children in Maine not being able to keep up with usual expenses.¹²

In Maine and the nation, public supports to families dramatically reduced child poverty

Number and percent of children in poverty as measured by the supplemental poverty measure for 2018-2020 and 2019-2021

Time Period	MAINE		UNITED STATES	
	Number	Percent	Number	Percent
2018-2020	17,000	7%	8,783,000	12%
2019-2021	12,000	5%	6,789,000	9%
Change	-5,000	-29%	-1,994,000	-25%

Source: [Children in poverty according to the supplemental poverty measure 2018-2020 & 2019-2021](#),

Note: Because the definition of supplemental poverty was changed several times, it is unavoidable to show overlapping years.

TWO MEASURES OF POVERTY:

The **Official Poverty Measure (federal poverty level)** was first created in the 1960s based on a family food budget and continues to be used to determine income eligibility for dozens of federal and state programs.

The **Supplemental Poverty Measure (SPM)** began to be reported by the U.S. Census Bureau in 2011.¹¹ This level varies by a state’s cost of housing and taxes and accounts for income from tax credits and non-cash benefits and subsidies.

WHY IT MATTERS

The drop in child poverty using the supplemental poverty measure demonstrated the effectiveness of public supports during the pandemic. The expanded federal CTC was particularly effective in reaching families most in need. Stimulus payments, as well as increased supplemental nutrition assistance (SNAP), rental assistance, and unemployment assistance also contributed to reducing poverty.¹³

HOW MAINE IS DOING

Maine ranks among the top eight states for having a low SPM child poverty rate, at 5 percent for the three-year period 2019-2021.¹⁴ New Hampshire is the only New England state with a lower rate than Maine. Research showed that Maine families primarily used additional income in 2021 to meet basic needs such as food, clothing, and rent.¹⁵ In 2022, when Maine families no longer received a monthly CTC payment, hardship increased.



FAMILY ECONOMIC SECURITY

Median Household Income

Adequate income ensures households have enough to provide for every child and adult who lives in their home

“There should be NO stigma for being poor, only understanding and support.”

-Resident, Piscataquis County

WHY IT MATTERS

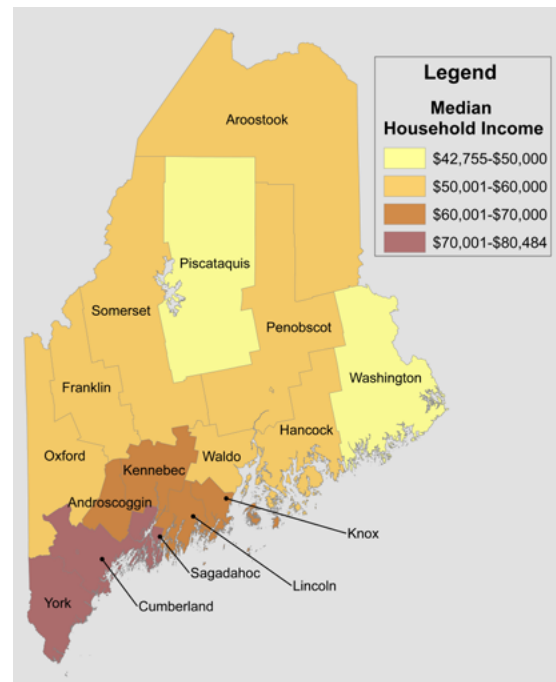
Median household income—for all household types, not only families with children—is frequently used to compare the economic well-being between different places or different populations.¹⁸ Median household income is higher in communities where there are high-paying jobs available.

HOW MAINE IS DOING

The year 2021 saw the largest one-year increase in median household income since at least 1998. Between 2019 (pre-pandemic) and 2021, every county saw gains in median household income, including large increases in Aroostook and Knox. Still, there was a persistent rural and urban divide in Maine’s median household income by county. In 2021, six rural counties in Maine had median household incomes under \$52,300, while the three southern Maine coastal counties had median household incomes over \$73,700.

In 2021, Piscataquis and Washington Counties had median household incomes less than \$50,000, while in Cumberland, Sagadahoc, and York Counties, incomes were over \$70,000

Median household income by county, 2021

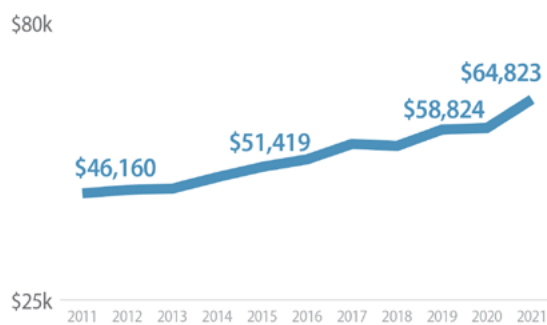


Source: [KIDS COUNT](#)

Maine Median Household Income increased by \$6,000 in 2019 to \$64,823 in 2021

Median household income for households with and without children surged in 2021

Maine’s median household income, 2011-2021



Source: [Median Household Income](#), KIDS COUNT

Maine’s 2021 median household income of \$64,823 was the lowest in New England and lower than the United States figure of \$69,717. Massachusetts had the highest median household income in New England at \$89,577.¹⁶

The Economic Policy Institute [Family Budget Calculator](#) provides “estimated living wages” necessary to adequately meet essential needs by geographic location. In Maine in 2020, the estimated living wage was \$26.48 per hour (\$55,078 annually) for one parent to support one child. By counties in Maine, this varied from \$24.86 per hour in Franklin County to \$34.79 in Cumberland County.¹⁷

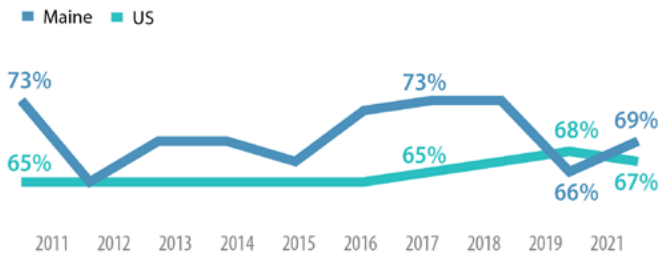


Children Under Age Six with All Available Parents in Workforce [↗](#)

Parents of young children need access to affordable child care to participate in the workforce

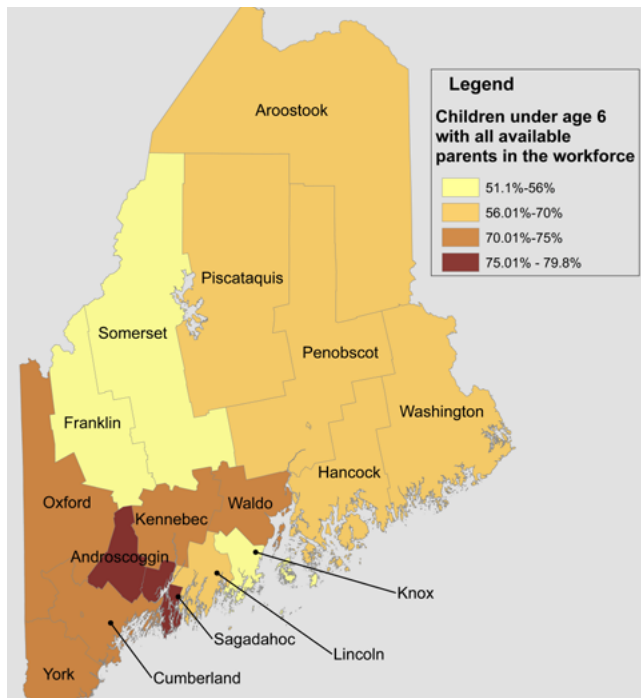
Maine typically has had a higher rate than the nation of children under age six with all parents in the workforce

Percent of children under age six with all available parents in the workforce, Maine and the U.S. from 2011-2021



Source; [Children under age 6 with all available parents in the labor force](#), KIDS COUNT • Note: due to pandemic affecting survey collection, there is no data available for 2020.

Workforce participation for parents of young children varied between a high of 79.8% in Sagadahoc to a low of 51.1% in Franklin County
Percent of children under age six with all available parents in the workforce, 2017-2021



Source: [Children under age six with all available parents in the workforce, 2017-2021](#)

WHY IT MATTERS

Higher rates of participation in the workforce are good for families' household income and a higher labor force participation rate helps address Maine's workforce shortage. Parents of young children must have accessible and affordable child care options to work.

HOW MAINE IS DOING

The pandemic has strained the child care system in a number of ways, and many child care providers are still not operating at full capacity due to workforce shortages.¹⁹ Parents struggle to find child care in Maine that allows them to work. The fact that workforce participation of parents with young children varies widely by counties in Maine is an indication that affordable child care is more difficult to find in certain parts of the state.

"A big need is childcare. You need reliable childcare if you want to be in the workforce."

-Parent, York County

50,000 children under the age of six live in families where all available parents are in the workforce.



"Wondering If you can even afford to go to work is not a good place for parents to be"

-Parent, Waldo County



FAMILY ECONOMIC SECURITY

Children Whose Parents Lack Secure Employment

Children thrive when the adults in their families have stable employment

WHY IT MATTERS

Children living in families whose parents lack steady year-round employment are more likely to experience periods of economic hardship and food insecurity. When children have economic stability in their households, they are more likely to experience health and well-being both in the short-term and long-term.²⁰

HOW MAINE IS DOING

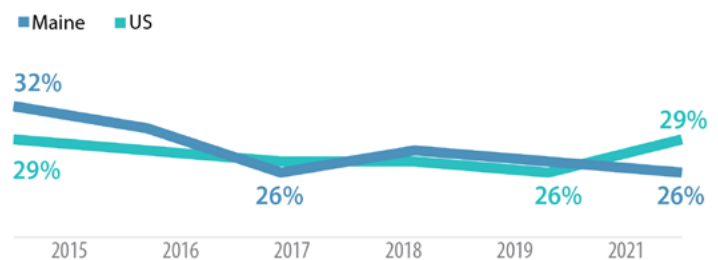
Maine has more seasonal work than most other states largely due to summer jobs in the tourism industry.²¹ In 2021, one in four children lived in families where no parent had secure year-round full-time employment. Lack of access to affordable child care, reliable transportation, or living in rural communities with few high-paying jobs are all factors that make it difficult to maintain full-time employment. Yet, as Maine is the oldest state in the nation, the economic contribution of every individual, including parents with young children, is becoming increasingly critical.²²

“A lot of the jobs are seasonal – blueberries, lobstering, tipping for wreaths, trees – unless you have a job at a bank, grocery store, or teacher, food services.”

-Resident, Hancock and Washington County areas

Maine has typically had higher rates of parents who lack secure employment, but in the latest year, Maine’s rate was lower than the U.S. rate

Percent of children in families where no parent has full-time year-round work



Source: [KIDS COUNT](#)

Note: due to pandemic affecting survey collection, there is no data available for 2020.





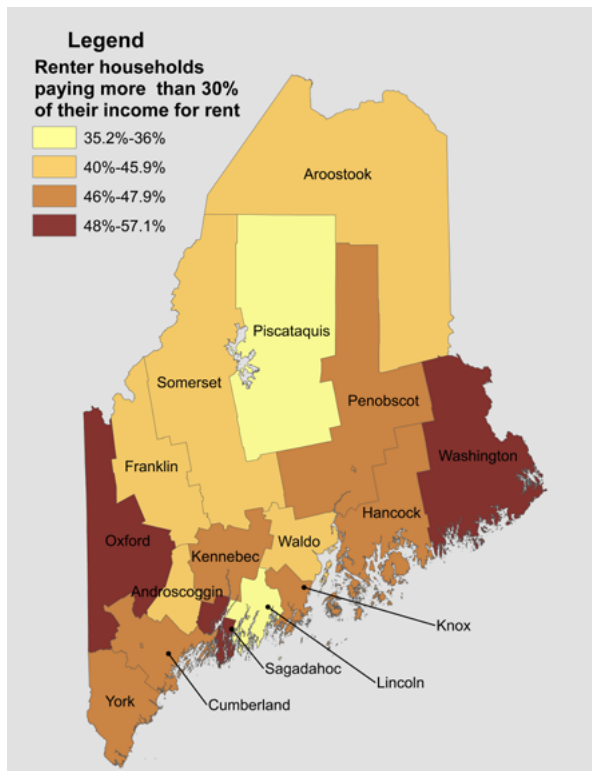
High Housing Cost Burden by Renter Households

Children with stable housing have improved health and academic achievement

For the state of Maine, the fair market rent for a two-bedroom apartment was \$1,180 in 2022. In order to afford this level of rent and utilities—without paying more than 30 percent of income on housing, a household must earn **\$47,194** annually. Assuming a 40-hour work week, 52 weeks per year, this is a \$22.69 hourly wage.²³

Oxford, Sagadahoc, and Washington Counties had the highest percentage of renter households paying over 30% of their income

Percent of renter households paying more than 30% of their income for rent, 2017-2021



Source: [KIDS COUNT-high-housing-cost-burden-by-owner & renter-households, 2017-2021](#)

“Homelessness isn’t in your face (in this rural community). You don’t see it but it’s here. In the summertime, people live in tents at campgrounds. During winter, people live in uninsulated campers. There’s a lot of squatting.”

-Resident, Washington County and Hancock County area

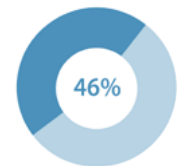
WHY IT MATTERS

Housing instability includes the stress of being behind on rent, frequent moves and changes of school, as well as the trauma of eviction and homelessness. It can have profound impacts on caregiver and child well-being, adversely affecting health and academic outcomes.²⁴

HOW MAINE IS DOING

Maine is experiencing sharp rises in rental costs along with an inadequate housing stock, making it increasingly difficult for families to find affordable rental housing. Maine needs 22,500 more units of affordable housing to meet demand for low-income renters.²⁵ High housing costs make it difficult for households to meet their other essential expenses such as for food, health-care, and transportation.²⁶

63,564 Maine households pay more than 30% of their income as rent



On January 25, 2022, there were 808 children living in shelters or hotels with their families who were homeless, and 8 youth living in teen shelters.²⁷ During the school year, there were 2,142 students in Maine who were homeless or doubled up in overcrowded housing at least one day, including 362 youth who were “couch-surfing”.²⁸

816 children and youth were counted as homeless on January 25, 2022.



Solutions

With responsible planning today, we can create an economy that reflects our values, ensures good-paying jobs for Maine workers, and provides healthy futures for our children. It is important that Maine families have access to the resources, systems, and structures that they need. Policy solutions include:

- ✓ Reinstatement of the federal Child Tax Credit expansion and creation of a state Child Tax Credit that is available to all families (fully refundable)
- ✓ Sustaining universal access to healthy school meals
- ✓ Reducing barriers to and improving effectiveness of public anti-poverty programs
- ✓ Expanding outreach for the Child Care Subsidy Program so that more families can access quality affordable child care, especially for infant care and in rural areas
- ✓ Increasing wages and the number of year-round, good-paying jobs with benefits, especially in rural areas
- ✓ Improving access to affordable housing for families with children

Additional Indicators

- › [Food Insecurity by County, 2020](#), KIDS COUNT
- › [Unemployment Rate By County, Annual Average 2021](#), KIDS COUNT
- › [Children in Low-Income Families \(200% poverty line\)](#), KIDS COUNT
- › [Teens Not in School and Not Working](#), KIDS COUNT
- › [Children with Transitional Assistance for Needy Families \(TANF\)](#), KIDS COUNT
- › [Children with Supplemental Nutrition Assistance Program \(SNAP\)](#), KIDS COUNT
- › [Economically disadvantaged students](#), formerly known as eligible for free and reduced lunch, KIDS COUNT

Resources

- › [States Can Enact or Expand Child Tax Credits](#), Center on Budget and Policy Priorities, March 2023
- › [Lessons From a Historic Decline in Child Poverty](#), Child Trends.
- › [Data.census.gov](#) The gateway to the Census products including the 2021 American Community Survey
- › [Census Reporter for a profile of a city, county, or state legislative district](#)
- › [US Census Household Pulse Survey](#) The US Census surveys every two weeks related to how people are faring in the pandemic, including about food insecurity
- › [Maine Department of Labor Interactive Unemployment Data](#)



ENDNOTES

1. [Helping Families Meet Basic Needs Enables Parents to Promote Children’s Healthy Growth](#), Development Center on Budget and Policy Priorities, October 2021.
2. [US Census Difference between supplemental poverty measure and official poverty measure](#), September 2021.
3. [Poverty in the United States: 2021](#), US Census
4. [How Racism Can Affect Child Development](#), Center on the Developing Child at Harvard University, 2020.
5. U.S Census American Community Survey, 5-year estimates, 2017-2021 compared to 2012-2016 See [Table B17001B: POVERTY STATUS BLACK ALONE](#) compared to [Table B17001B: POVERTY STATUS BLACK ALONE](#) 2012-2016.
6. Joshi, Pamela and Walters, Abigail N. and Noelke, Clemens, and Acevedo—Garcia, Dolores. (2022) Families’ Job Characteristics and Economic Self-Sufficiency: Differences by Income, Race, Ethnicity, and Nativity RSF: The Russell Sage Foundation Journal of the Social Sciences 8(5): 67–95. DOI: 10.7758/RSF.2022.8.5.04. <https://www.rsfjournal.org/content/8/5/67>
7. MCA analysis: the numerator is the number of child care subsidies used for children ages birth to 4 in state fiscal year 2022; and the denominator is the number of children who were eligible at 85% of median income or below, using 2017-2021 income estimates.
8. [Poverty Thresholds according to the U.S. Census](#)
9. [The State of America’s Children, 2020, Child Poverty](#), Children’s Defense Fund, 2020.
10. [Children in Poverty in New England By State](#), 2021 KIDS COUNT.
11. [Poverty in the United States 2021](#), US Census, September 2022.
12. MCA analysis of data from the US Census Household Pulse Survey comparing [September 1-13, 2021 Week 37](#) to [July 27- August 8, 2022 Week 48](#) and these two tables for the two time periods: [Food Sufficiency Table 2 for Households with Children in the Last 7 Days](#) and [Spending Table 1: Difficulty Paying Usual Household Expenses in the Last 7 Days](#).
13. [Lessons From a Historic Decline in Child Poverty](#), Child Trends.
14. [Children in poverty according to the supplemental poverty measure 2019-2021](#), KIDS COUNT
15. [REPORT: How the Child Tax Credit was spent in Maine](#), MECEP Maine Center for Economic Policy, May 2022.
16. [U.S. Census Small Area Income and Poverty Estimates, SAIPE](#)
17. [Estimated Living Wage 2018 & 2020](#), Economic Policy Institute and posted to the KIDS COUNT Data Center.
18. Household income considers the incomes of all persons 15 years or older occupying the same housing unit, regardless of if they are related. A single person occupying a dwelling by himself is also considered a household. Non-cash benefits such as SNAP are not included as income.
19. Bishop, Sandra and Russell, Kim. (2022). [Child Care Providers: The Workforce Behind the Workforce in Maine](#), Council for a Strong America.
20. Joshi, Pamela and Walters, Abigail N. and Noelke, Clemens, and Acevedo—Garcia, Dolores. (2022) Families’ Job Characteristics and Economic Self-Sufficiency: Differences by Income, Race, Ethnicity, and Nativity RSF: The Russell Sage Foundation Journal of the Social Sciences 8(5): 67–95. DOI: 10.7758/RSF.2022.8.5.04. <https://www.rsfjournal.org/content/8/5/67>
21. [Maine’s Workforce Annual Conditions Report](#), 2019, slide 5, Maine Department of Labor.
22. [Measures of Growth, 2022](#), Maine Development Foundation and Maine Economic Growth Council, 2023.
23. [Maine 2023 Housing Profile](#), National Low-Income Housing,
24. Sandel, Megan and Sheward, Richard and Ettinger de Cuba, Stephanie and Coleman, Sharon and Frank, Deborah and Chilton, Mariana and Black, Maureen and Heeren, Timothy and Pasquariello, Justin and Casey, Patrick and Ochoa, Eduardo and Cutts, Diana. [Unstable Housing and Caregiver and Child Health in Renter Families](#). Pediatrics (2018) 141 (2): e20172199.
25. See endnote 23
26. Airgood-Obrycki, Whitney and Hermann Alexander and Wedeen Sophia (2022) [“The Rent Eats First”: Rental Housing Unaffordability in the United States](#), Housing Policy Debate, Harvard Joint Center for Housing Studies.
27. [Homeless point in time data January 25, 2022](#), Maine Housing, (2022).
28. [Maine Profile of Homeless Youth 2020-2021](#), National Center for Homeless Education





A Closer Look: Community Needs Prioritized By Young Adults

One way to elevate the voices of those with lived experience in the KIDS COUNT Data Book was to use an existing data set generated by an organization that serves people with low incomes. Maine Community Action Programs completed a survey in 2021 of 7,000 participants and stakeholders from all of their affiliates. MCA worked with two students from Northeastern University’s Roux Institute to do a new analysis of this data set. Responses were compiled from the 748 young adult respondents to learn their perceptions of the most important community needs.¹

The top community needs identified by young adults ages 18-24

RURAL COUNTIES²

- ♦ reducing the amount of alcohol misuse
- ♦ developing more jobs that pay livable wages
- ♦ expanding crisis services and services for mental health and substance use disorders

MIXED COUNTIES

- ♦ reducing the amount of childhood obesity
- ♦ increasing the number of dentists who serve MaineCare patients
- ♦ reducing the amount of alcohol misuse

URBAN COUNTIES

- ♦ providing more recreational opportunities for youth
- ♦ increasing the number of affordable childcare providers
- ♦ increasing the number of mental health providers

“There are a lot of situations where domestic violence is happening with certain kinds of abuse that are very specific to LGBTQ+ couples, like threatening to ‘out’ someone if they leave them.”

-Person from LGBTQ+ community

“Child care is not affordable, and unfortunately for the childcare provider it’s not an affordable lifestyle. Semi-skilled employees don’t make enough to afford the services themselves.”³

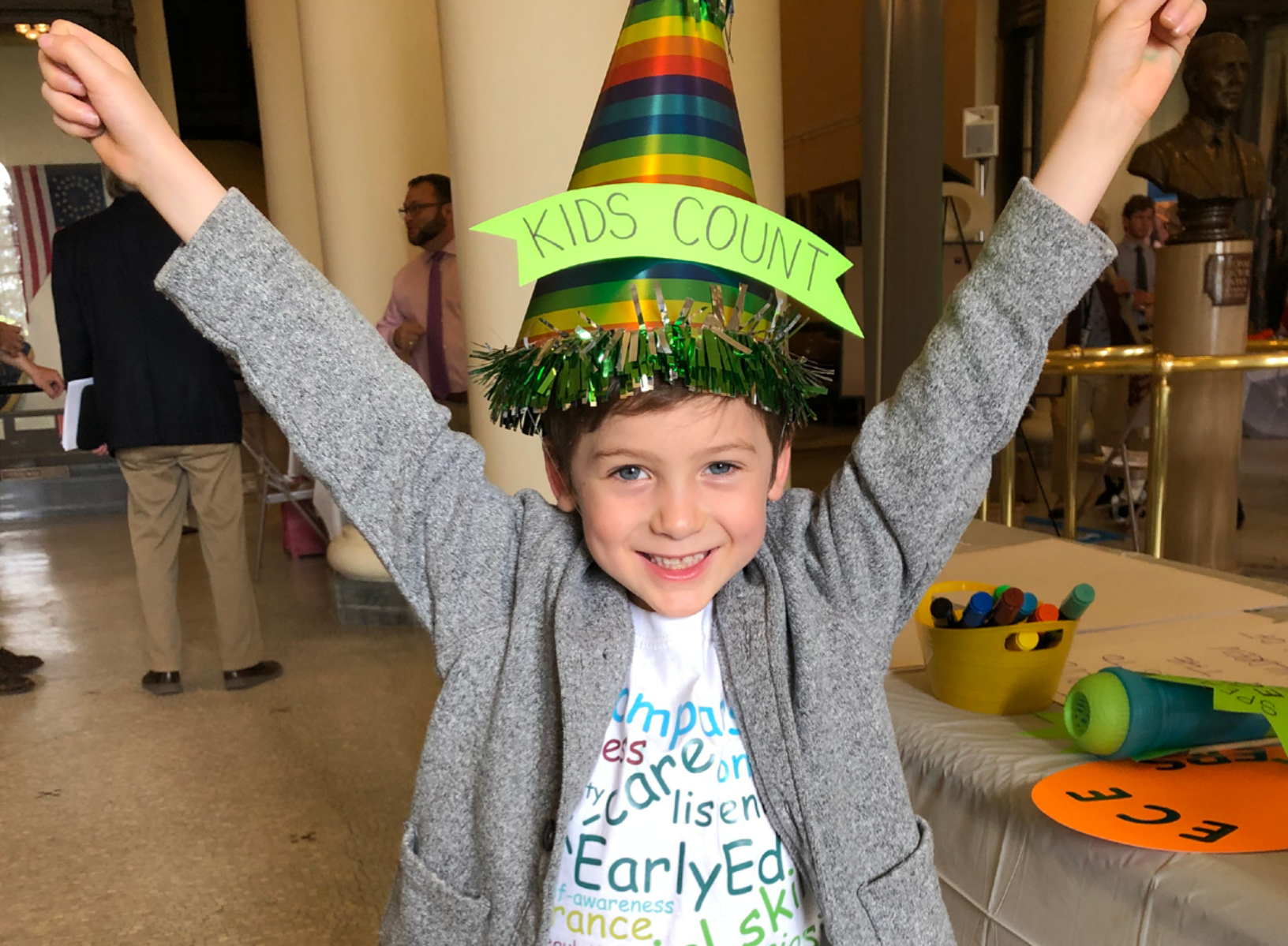
-Resident, Waldo County



Source: Word cloud generated from the open-ended responses by young adult survey respondents

FOOTNOTES

1. Report of Community Needs Identified By Young Adults in Maine, Katrina Hoop & Emilia Degler, students at Roux Institute, Northeastern University, October 2022.
2. Cumberland, York and Sagadahoc Counties were coded as urban; Kennebec, Androscoggin and Penobscot Counties as mixed, and Maine’s other 10 counties as rural.
3. The quotes came from consumers and other stakeholders who participated in Maine Community Action Program Needs Assessment focus groups and are in this report, [Maine Community Action Partnership 2021 Statewide Community Needs Assessment](#), December 2021



EARLY CARE AND EDUCATION



KEY INDICATORS

High-Quality Child Care

Four-year-olds in Public Preschool

High School Graduation

Chronic Absenteeism

First Year Teacher Salary

Closer Look: Early Intervention



Quality learning experiences from birth to graduation prepare Maine kids for the future

Quality early learning experiences, including those offered at Head Starts, public preschools, and child care facilities that are of high-quality, lead to significantly better life outcomes for children.¹ Yet, Maine families struggle to find available quality care and providers struggle to attract and retain their workforce. Maine lost ground in the rates of participation in Head Start², public preschool³ and other early childhood programs due to COVID-19. While public preschool programs have caught up to pre-pandemic rates, Head Start rates still lag behind.

All school-age children, regardless of where they live in Maine, or their race, socioeconomic status, or disability status, should have access to high-quality public school education with social emotional and educational supports. COVID-19 forced education disruptions and widened income-based disparities in proficiency levels.⁴ The learning losses were more profound in Maine than most other states. Notably, Maine was last in New England in fourth grade reading proficiency and in eighth grade math.⁵ In addition to support for students, investments in educators are critical to building strong schools.

To ensure our youth can pursue higher education and jobs that pay a living wage, they need a solid educational foundation by graduating from high school.

Maine’s graduation rates in 2022 did not bounce back from the decline in 2021. Because of systemic inequities including racial discrimination, disparities by race/ethnicity have persisted in graduation rates well before the pandemic. Native American and Black youth in Maine were more likely to live in low-income households and have lower high school graduation rates.⁶ All students benefit from programs that improve school climate and target academic support to student needs.



“If I had a magic wand, I would make sure all parents with young children were supported in becoming the best parents they could be and offered the highest quality child care available.”

Resident, CAP Androscoggin, Franklin , Oxford County region

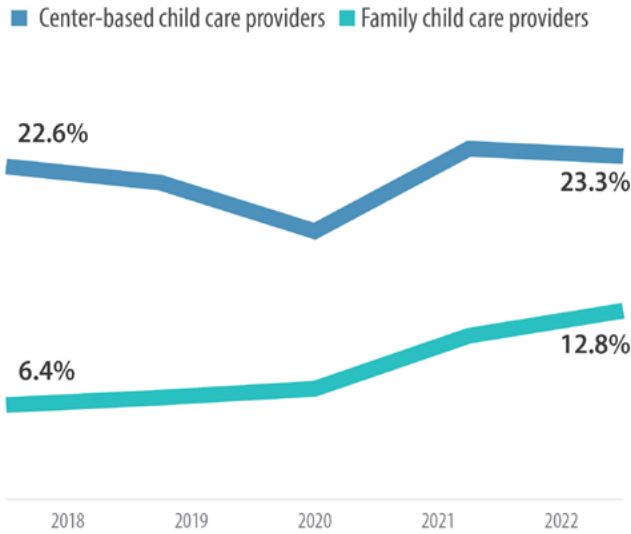


High Quality Child Care: Child Care Centers at Step 3 or 4 in QRIS [↗](#)

Improving access to quality early learning opportunities is good for Maine children and families

Twice as many family child care providers achieved the highest quality levels in 2022 compared to 2018

Percent of child care providers at Level 3 or 4 in Quality Rating Improvement System



Average wage of child care educator in Maine: \$31,000 (\$14.90-per hour)⁷
 Average cost of infant care in Maine: \$11,700⁸

Source: [KIDS COUNT High-quality-child-care-by-type](#)

NOTE: The state's QRIS will be changing in 2023

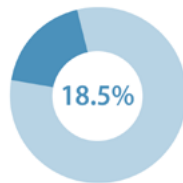
WHY IT MATTERS

Research shows the long-term benefits of quality, early learning experiences. Programs that begin at birth lead to better outcomes for children and yield up to a 13 percent annual return on public investment.⁹ For families, however, the cost of child care continues to rise, making it hard to find care that enables them to work.

HOW MAINE IS DOING

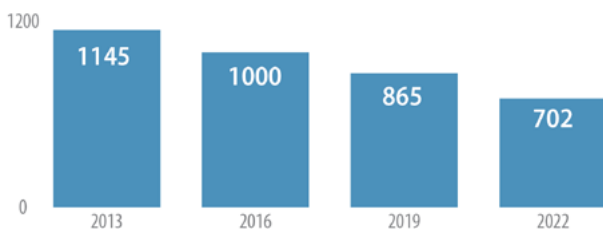
Maine needs more high-quality and affordable early care and education programs to benefit children, families, and employers. An estimated 50,000 children under the age of six need full-time child care.¹⁰ The state has begun to invest more in the early learning system through wage supplements, incentives for improving quality, and financing for new child care sites. Yet, more must be done to advance quality and access. While child care centers tend to serve more children, the closing of family (home-based) child care providers is especially detrimental to Maine's rural areas where center-based care is often not available.

241 child care sites achieved step 3 or step 4



Since 2013, the number of family child care providers has declined by 39%

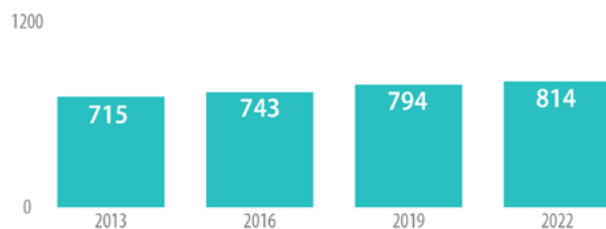
Number of family child care providers



Source: [KIDS COUNT licensed child care](#)

Since 2013, the number of child care centers has increased by 14%

Number of child care centers





EARLY CARE AND EDUCATION

Four-year-olds in Public Preschool

Public investment in early care and education is a sound investment for Maine children and good for our economy

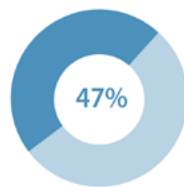
WHY IT MATTERS

Public preschool, or prekindergarten, is an affordable early learning option for families. It provides an important foundation for all children to learn social emotional skills through interactions with peers and teachers. Quality public preschool improves early literacy and mathematical skill and has a lasting impact on student success.¹¹

HOW MAINE IS DOING

In Maine, the number of enrolled four-year-olds and the types of preschool programs vary widely by school district. A program that runs a few hours a day and/or a few days a week is not a viable option for working families. In response to the drop in public preschool enrollment during the pandemic, Maine allocated \$10 million dollars to help schools increase the number of children in preschool and offer more full day/full week programs.¹² Such investments are critical for districts to expand public preschool and for more young children, particularly children in families that are economically disadvantaged, to access quality early learning experiences.

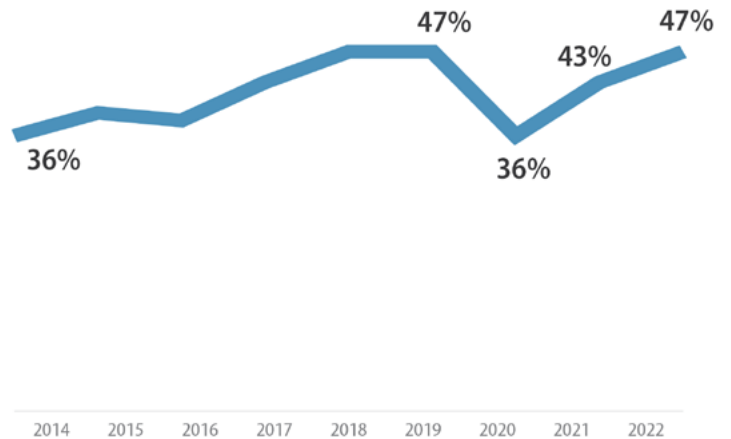
6,269 Four-year-olds in Maine attend public preschool



79 percent of Maine's school districts offer public preschool now, but 85 percent will by 2023-2024. Only 15 school districts with 10 or more first graders do not have, or plan to have, public preschool by 2023-2024.

Participation in public preschool has returned to pre-pandemic levels, after dropping in the fall of 2020

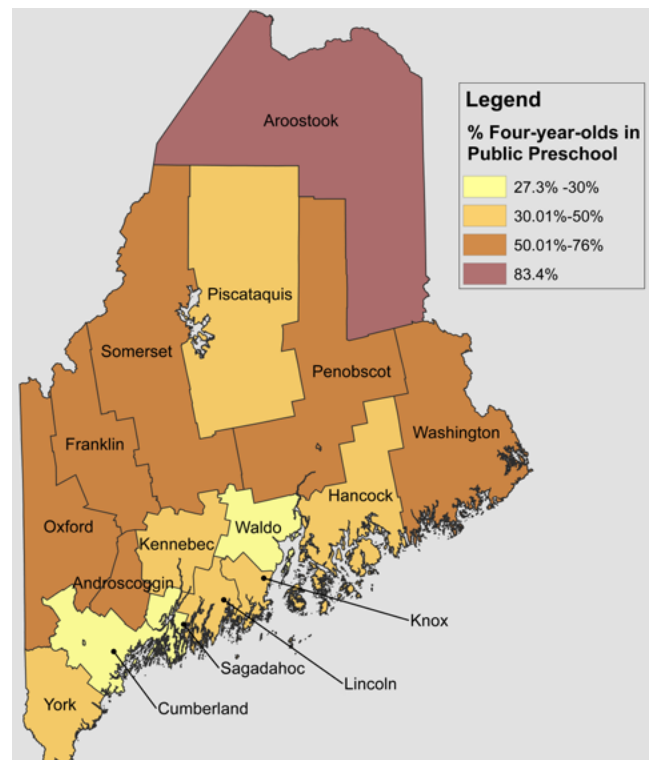
Percent of four-year-olds in Maine public preschools



Source: [KIDS COUNT public-preschool](#)

Aroostook County's rate of public preschool (83%) was more than three times higher than Cumberland County's rate (27%)

Percent of Maine four-year-olds in public preschool



Source: [KIDS COUNT Public Preschool, October 2022](#)

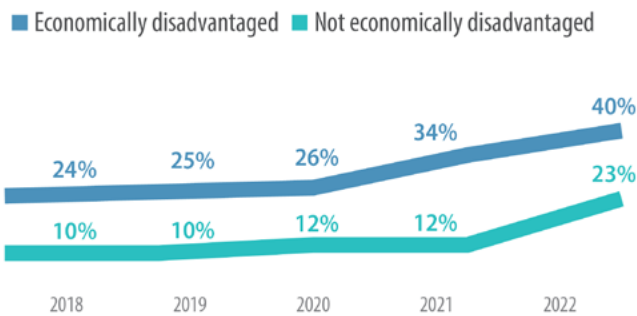


Chronic Absenteeism, defined as missing 18 or more days of school in a year [↗](#)

School attendance is critical to student success

Chronic absenteeism increased from 34 percent to 40 percent for economically disadvantaged students and from 12 percent to 23 percent for other students, as the pandemic affected everyone's attendance in the 2021-2022 school year

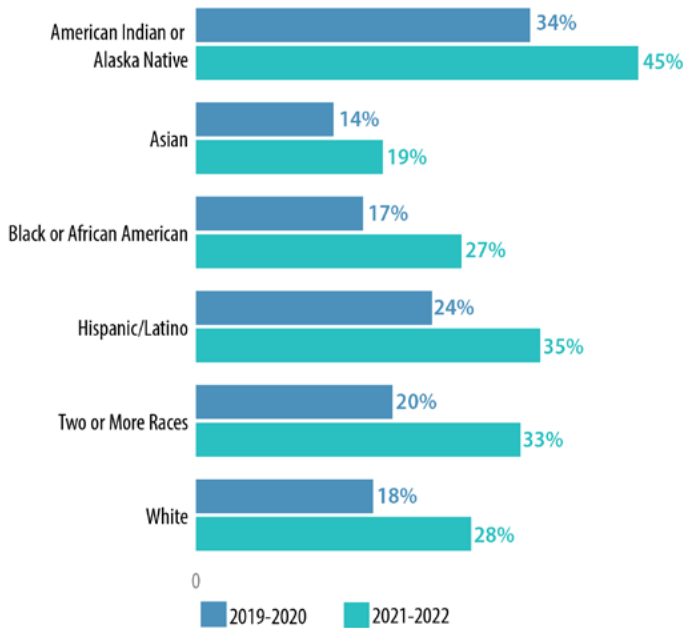
Percent of chronically absent students by economic status¹³



Source: [KIDS COUNT chronic-absenteeism](#)

Chronic absenteeism increased 10 or more percentage points for most races and ethnicities

Percent of chronically absent students by race/ethnicity, 2021-2022 compared to two years before, 2019-2020



Source: [Maine Department of Education ESSA Data Dashboard](#)

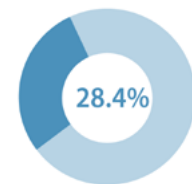
WHY IT MATTERS

Students who regularly attend school have better academic outcomes. When students believe that teachers and other adults care about them they are more likely to feel included and engaged and less likely to be chronically absent.¹⁴

HOW MAINE IS DOING

Due to COVID-19, education was disrupted for multiple years and resulted in increases in student anxiety and depression.¹⁵ In 2021-2022, students often were not able to attend school if they were exposed to COVID-19 and typically there was not a remote school option. Chronic absenteeism was more prevalent for economically disadvantaged students and county data indicates it was also more prevalent in rural counties.¹⁶ Establishing a positive school climate is important to recover from these high rates of chronic absenteeism, as is implementing strategies to work directly with students and families to address specific barriers to regular attendance.

48,651 students were chronically absent in 2021-2022



"Inclusivity in schools to me means no one being left out and everyone feeling that they belong and are safe."

-Student, Cumberland County



EARLY CARE AND EDUCATION

High School Graduation [↗](#)

When students graduate from high school, they are more prepared to succeed in college, careers, and life

In 2022, Maine’s high school graduation rate for males was 4.5 percentage points lower than for females (84.0 compared to 88.5 percent). This gap foreshadows lower college starting and completion rates for males.¹⁷ The issue starts earlier than high school. Maine is like most other states with eighth grade males nearly a grade level behind females in reading scores.¹⁸ It will benefit all Maine children if children are taught in styles that best suit them, be that primarily through reading and listening, or through pictures and experiential learning.

WHY IT MATTERS

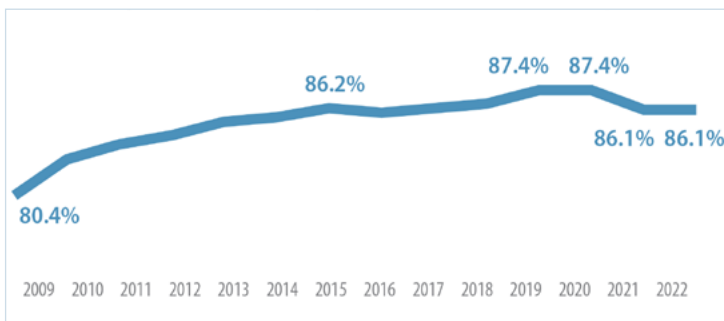
Workers typically need a credential or college degree to obtain a job that pays a living wage. Students who graduate from high school have higher wages, and better long-term physical and mental health.¹⁹

HOW MAINE IS DOING

Statewide, graduation rates fell from 87.4 percent to 86.1 percent from 2020 to 2021 and stayed at that rate in 2022. Many of the student populations who already faced systemic discrimination and experienced the most barriers had greater declines in graduation rates during the pandemic. Investing in personalized education plans and programs that strengthen relationships will help all students feel valued and connected in school.

2021 high school graduation rates were the lowest since 2016 and did not improve in 2022

Maine high school four-year graduation rates (June of each year)



Source: [KIDS COUNT](#)

“My school has programs for kids who are ahead and kids who are behind, but not for students in the middle. There is a gap—these students are “forgotten and may feel left out.”

-Student, Cumberland County



“Students can get suspended for the stupidest things! Running in the hallway, pushing someone over by accident, etc. Suspensions should never be a first thought!”

-Student, Cumberland County



High School Graduation (continued)

Graduation rates of white and Hispanic students did not improve in 2022, while the rate for two or more races was higher than before the pandemic.

Four-year graduation rates by race/ethnicity 2020, 2021 & 2022

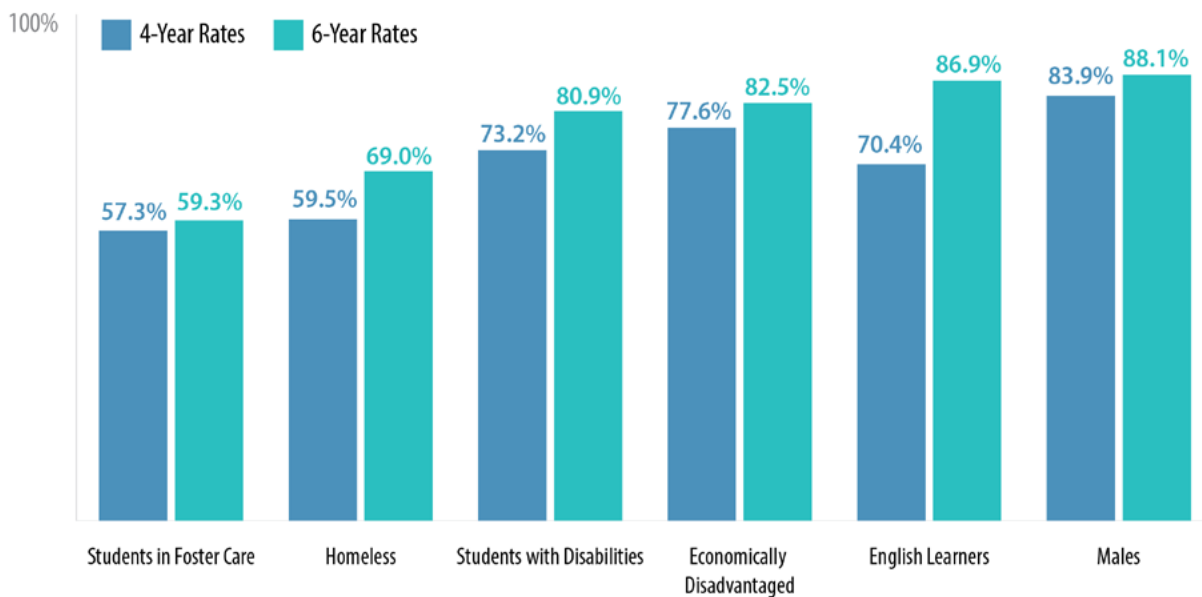
4-Year Graduation Rates	2020	2021	2022	Trend
Asian	94.8%	91.3%	92.4%	
Black/African American	83.1%	75.9%	81.2%	
Hispanic/Latino	81.9%	76.9%	76.1%	
Native American	72.2%	71.3%	NR	
Non-Hispanic white	87.8%	86.9%	86.7%	
Two or more races	82.0%	81.7%	84.4%	
All youth	87.4%	86.1%	86.1%	

Source: [KIDS COUNT](#)

* Note that no rate was published for the American Indian/Alaska Native rate for 2022.

Certain populations of students are less likely to graduate high school in four years. When given the time and support they need, more of these students can graduate within six years.

Four-year and six-year high school graduation rates in 2022 for certain populations



Source: [Maine Department of Education Data Warehouse](#), Student Outcomes



First-year Teacher Salary

Good teachers are essential to student success

WHY IT MATTERS

Teachers are the most important in-school factor impacting student success.²⁰ Teachers need to make a livable wage. A recent study showed that a 10 percent increase in wages improved student performance.²¹ Without adequate compensation, schools struggle to attract and retain teachers.

HOW MAINE IS DOING

An important way to improve the achievement of Maine students is to invest in its teachers. The Maine state legislature passed a bill to raise the statewide minimum teacher salary to \$40,000 for 2022-2023. Yet, this amount does not account for high levels of inflation since 2020 and Maine teacher salaries continue to lag behind most other states. Additionally, wealthier school districts are able to compensate teachers more. Teacher turnover is expensive and is concentrated in districts with more economically disadvantaged students.²² Given the important role of teachers in supporting student success, ensuring teachers across the state are compensated fairly is critical.

Maine ranked 43rd of 50 states in 2021.²³ The average starting teacher salary in Maine in 2022 was \$39,195.

“The school system is one of the largest employers in the area, but they struggle to find qualified people to work for them.”

-Resident, Penobscot, Piscataquis & Knox area

Maine starting pay for teachers was lowest in New England

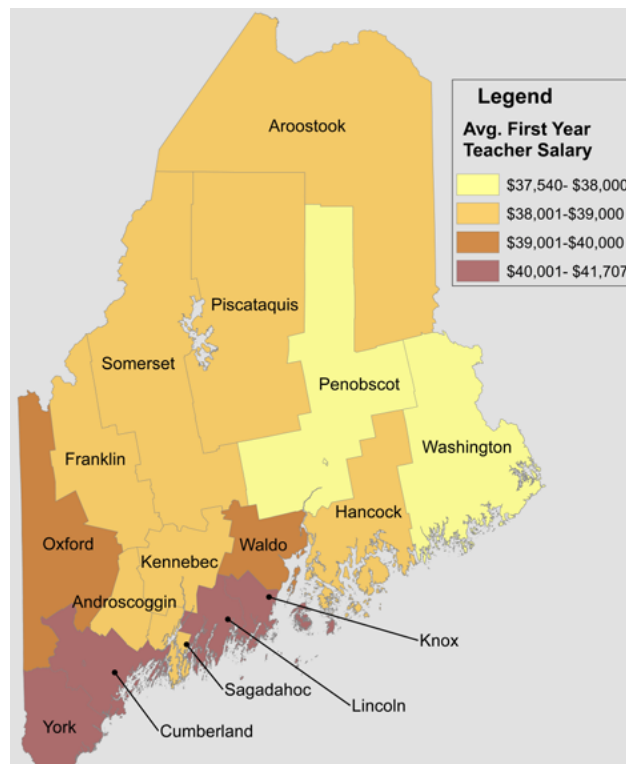
Average first year teacher salary by state, 2021



Source: [NEA](#)

Although Maine sets a minimum starting teacher salary, school districts in more prosperous counties are able to pay more

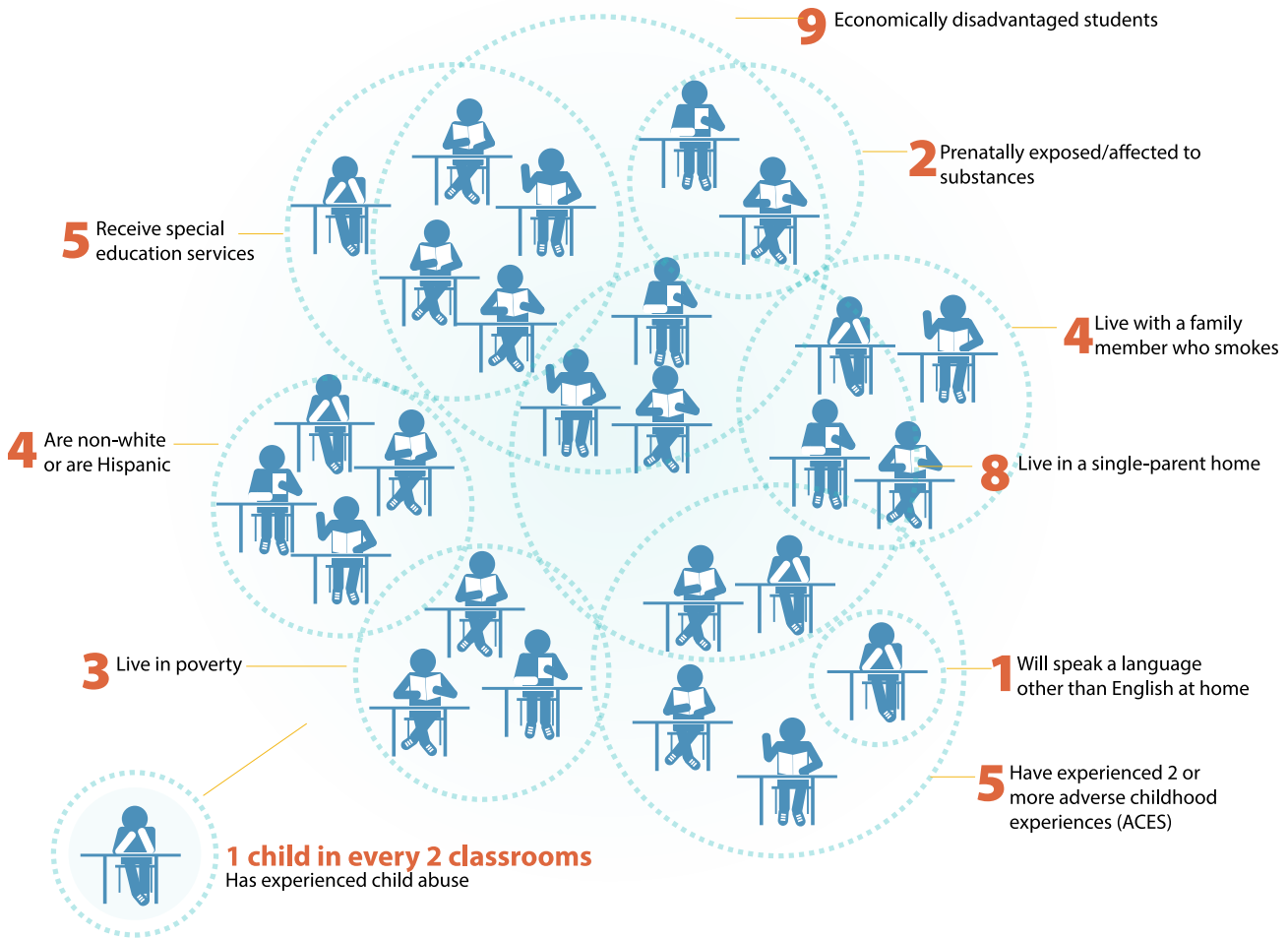
Average first year teacher salary by county in 2022-2023



Source: [KIDS COUNT](#) -Salary of first year teachers showing the amount a district has agreed in their contract to pay a first-year teacher with a Bachelor’s Degree and no experience teaching. Note: This is an unweighted average. This means that it reflects the average of the districts starting salaries in a county, not the average pay of all the first-year teachers hired in a county.



A HYPOTHETICAL CLASSROOM OF 25 FIRST GRADERS IN MAINE





Solutions

Public education is foundational to our society. The pandemic created significant stressors for children, including disruptions in their education, as well as increased social isolation and stress.²⁴ Children need us to invest in their futures. Policy recommendations include:

- ✓ Increase investments in the early care and education system, including incentivizing a mixed delivery system that includes public and private child care partnerships and Head Start.
- ✓ Increase investments in school districts to provide full-day, full-week preschool and to increase outreach to families about the benefits of enrolling.
- ✓ Help school districts improve school climate and inclusion of youth who face more discrimination and bullying, such as LGBTQ+ youth and youth of color.
- ✓ Increase investment in teacher compensation and teacher retention.
- ✓ Maintain the state's obligation to provide 55 percent of the cost of preschool and K-12 education.
- ✓ Strengthen school and community-based children's mental health services.
- ✓ Expand the Community Schools' programs including after-school tutoring and extended day schooling.

Additional Indicators

- › [All parents of children under age 6 in the workforce by Maine county](#), KIDS COUNT
- › [Children Served: Number of Children with Open Subsidy Authorization by Age Group](#), Maine Office of Child and Family Services
- › [Head Start Enrollment](#), KIDS COUNT
- › [Children receiving early intervention services by state ages 0-1 and ages 0 -3 Child Count Data Charts](#), IdealInfantToddler.org
- › [Right From the Start Maine Coalition Indicators](#), Multiple indicators from KIDS COUNT
- › [Profile of English Language learners in Maine](#), Maine Department of Education
- › [State of Maine Profile of Reading and Math Proficiency of fourth and eighth graders](#), (NAEP) Nations Report Card and [Fourth-grade reading achievement levels](#), and [Eighth-grade math achievement levels](#), KIDS COUNT
- › [Characteristics of Maine students enrolled in special education](#), Maine Department of Education
- › [College starting within 12 months of graduating high school](#), KIDS COUNT
- › [Students completing a two-year degree or four degree within 6 years of graduating high school](#), KIDS COUNT



Resources

- › [Profile of Maine legislation for early childhood in 2022 from Alliance for Early Success](#)
- › [Early Care and Education Annual Report, Calendar Year 2022](#)
- › [Maine - Prenatal-to-3 State Policy Roadmap 2022](#) from Prenatal to 3 Policy Impact Center
- › The [2021 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender and Queer Youth in our Nation's Schools](#)

ENDNOTES

1. [Key Concepts Serve and Return](#), Harvard Center for the Developing Child, 2015.
2. [Head Start Enrollment](#), KIDS COUNT.
3. [Public Preschool Enrollment](#), KIDS COUNT.
4. [The State of the American Student: Fall 2022](#), Center on Reinventing Public Education (CRPE).
5. Maine's fourth grade reading scores from the National Assessment of Educational Progress (NAEP) 2022 test showed that Maine was among two states with a statistically significant decline in fourth grade reading proficiency from 2019 to 2022. [Nation's Report Card Maine Profile](#). Further, in [fourth grade reading achievement levels](#) KIDS COUNT, 39 states had better scores than Maine. Maine was last in New England with 29% of students at or above proficiency. In [eighth grade math achievement levels](#), KIDS COUNT, 27 states had better scores than Maine and Maine was again last in New England with 24% of students at or above proficiency. Academic achievement is not included as an indicator in this Data Book because no test was given in 2019-2020 and the new state test given in 2020-2021 cannot be compared to previous years and does not measure of the percent of students who achieved proficiency.
6. [Children in poverty by race and ethnicity](#), KIDS COUNT, and [High school graduation rates](#) by race and ethnicity, KIDS COUNT.
7. [Occupational Employment and Wage Statistics](#), Maine, Occupation Code, 39-9011, May 2021
8. [Federal Reserve Bank of St. Louis Childcare State Factsheet](#), February 2023, page 21.
9. Garcia, Jorge Luis and Heckman, James J. and Ermini Leaf, Duncan and Prados, Maria, [The Life-Cycle Benefits of an Influential Early Childhood Program](#), December, 2016. NBER Working Paper No. w22993.
10. [Children under age 6 with all available parents in work force](#), KIDS COUNT, 2021
11. [Untangling the Evidence on Preschool Effectiveness](#), Learning Policy Institute, January 2019.
12. [Maine Pre-Kindergarten Expansion Grants](#), Maine Jobs and Recovery Plan.
13. Chronic absenteeism is defined as missing 10% or more of enrolled days, so for a complete school year, that is 18 or more days of school. It includes excused and unexcused absences. Economically disadvantaged refers to students who live in families whose income is 185% or below federal poverty levels. This was \$49,025 for a family of four persons in 2021.
14. [Count Me In](#) and [Attendance Works](#)
15. Elharake, J. A., Akbar, F., Malik, A. A., Gilliam, W., & Omer, S. B. (2022). [Mental Health Impact of COVID-19 among Children and College Students: A Systematic Review](#). *Child psychiatry and human development*, 1–13.
16. [County Profiles](#), Maine Children's Alliance, 2022. Note, the three most prosperous counties of York, Cumberland and Sagadahoc already had low rates of chronic absenteeism and did not see their rates rise after the pandemic.
17. [The New England Secondary School Consortium \(NESSC\) Common Data Annual Report -2022](#)
18. [Boys left behind: Education gender gaps across the US.](#), Brookings Institute, October 2022.
19. Klebanoff Cohen, A., and S. Leonard Syme, S. L. (2013). [Education: A Missed Opportunity for Public Health Intervention](#). *American Journal of Public Health*, 103
20. [Understanding Teachers' Impact on Student Achievement Teachers Matter](#), RAND Corporation, 2019.
21. Fullard, J. (2021). [Relative wages and pupil performance, evidence from TIMSS](#), ISER Working Paper Series, No. 2021-07, University of Essex, Institute for Social and Economic Research (ISER), Colchester.
22. [The Cost of Teacher Turnover](#), Learning Policy Institute, September 2017
23. [Educator Pay and Student Spending: How Does Your State Rank](#), National Education Association for 2020-2021 school year.
24. [The State of the American Student: Fall 2022; A guide to pandemic recovery and reinvention](#), CRPE, Arizona State, 2022.



A Closer Look: Early Intervention for Infants and Toddlers

An explosion in the science of early childhood development has shown that the brain's architecture is built over time and from the bottom up, and early experiences and relationships are the building blocks.¹ Like building a house, providing a strong foundation in the beginning is key to all the development that follows.

Early intervention services can help children make progress toward achievement of age-appropriate developmental milestones, be more prepared for kindergarten, have more positive interactions with their peers, and reduce the need for special education services during their school years.² In Maine, early intervention services are administered by [Child Development Services](#) (CDS) within the Department of Education.

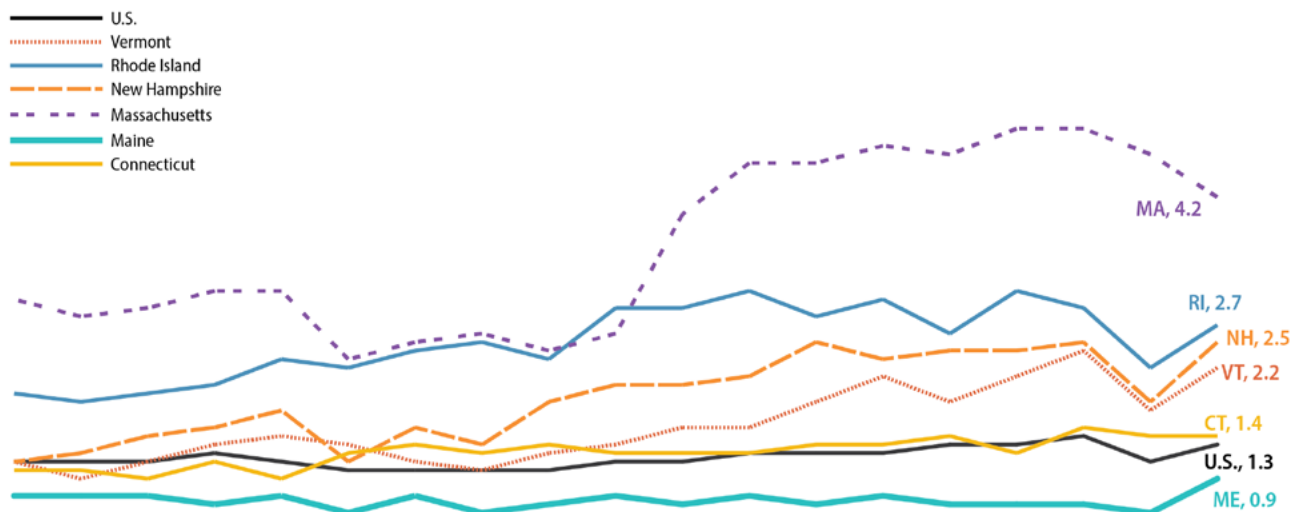
Infants and toddlers who do not meet developmental milestones within expected time frames need professional assessment and treatment as early in life as possible. But in Maine, we are not finding and connecting enough children under age one to the evidence-based services that they need.

In federal fiscal year 2020, Maine's early intervention program identified just 66 infants before their first birthday. This number increased to 98 babies in 2021 and to 118 babies in 2022, yet this is still less than one percent of all babies and below the national average.³

Maine could also improve developmental screening rates of young children. Medical claims for annual developmental screenings for children ages one to three for federal fiscal year 2020, show that just 36 percent of children with MaineCare had a claim for receiving a developmental screening. While this is equal to the national median rate of the 30 states that reported, the neighboring states of Massachusetts and Vermont had significantly higher rates of 75 percent and 57 percent respectively, by incentivizing providers to conduct developmental screenings.⁴

Maine was the only New England state below the national average every year from 2003-2021

Percent children birth to age one in early intervention services (point in time)



Infant Toddler Coordinators Association, [Child Count Data Charts, 2021](#)



Solutions

To give children a strong foundation, it is essential that developmental concerns are identified as soon as possible. Policies to improve Maine’s provision of early intervention services include:

- ✓ Implementing significant reforms to improve early childhood special education in Maine. Policymakers should review recommendations from PCG’s Independent Review in 2020 and bills (LDs [135](#), [255](#), & [386](#)) passed in 2021.⁶
- ✓ Expanding the criteria for “developmental delay”⁷, as Maine is one of 16 states with the most restrictive eligibility requirements for infants and toddlers.⁸ Increase public awareness that children may be automatically eligible if they already have an “established medical condition.”⁹
- ✓ Establishing a centralized billing system with the State’s Office of MaineCare for schools and CDS to be able to utilize MaineCare to fund more of their special education services.¹¹

Additional Indicators

- › [Students with disabilities](#), KIDS COUNT
- › [Home Visiting](#), KIDS COUNT
- › [Pre-term births](#), KIDS COUNT
- › [Federal policy recommendations for young children with disabilities](#)
- › [Public Consulting Group \(PCG\): Maine’s Early Childhood Special Education Services Cost Study Report](#) and related [Final Phase I Report](#), and [Implementation Plan Report](#) from 2020, and [related legislative study materials](#)

Resources

- › [Help Me Grow Maine](#) connects families to information and services about child development and community resources.

ENDNOTES

1. National Scientific Council on the Developing Child (2004). Young Children Develop in an Environment of Relationships: Working Paper No. 1. Retrieved from www.developingchild.harvard.edu.
2. Karoly, Lynn A., M. Rebecca Kilburn, and Jill S. Cannon, [Proven Benefits of Early Childhood Interventions](#), Santa Monica, CA: RAND Corporation, 2005.
3. [Infant Toddler Coordinators Association, Child Count Data Charts, 2021](#)
4. [Centers for Medicare and Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP](#) (Child Core Set) (Federal Fiscal Year 2020), Table-DEV CH
5. E. Burak and M. Odeh, (2018) [Developmental Screenings for Young Children in Medicaid and the Children’s Health Insurance Program](#), Georgetown University Center for Children and Families.
6. Maine Early Childhood Special Education, Independent Review, Final Phase 1 Report [PCG Report Template Blue](#) (maine.gov)
7. [Maine Unified Special Education Regulation Birth to Age Twenty](#), August 25, 2017
8. See endnote #3.
9. [Established Conditions List](#) A list of Established Conditions that make children under the age of 3 automatically eligible for Early Intervention Services through Part C. See also: [Information for families and/or caregivers who have young children with disabilities](#).
10. Centers for Medicare and Medicaid Services, [Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services](#), (August 2022).
11. [Early Childhood Technical Assistance Center](#) provides links to centralized billing systems established in six states.



MAINE KIDS COUNT: 2023 COUNTIES AT A GLANCE

County level measures	State	Androscoggin	Aroostook	Cumberland	Franklin	Hancock
POPULATION						
<u>Total population, ages 0 -100+, 2020</u>	1,350,141	108,547	66,804	298,111	29,986	55,088
<u>Under age 5</u>	63,380	6,185	3,148	14,135	1,266	2,250
<u>Ages 5-17</u>	184,572	17,047	9,053	40,327	3,974	6,778
<u>Under age 18</u>	247,952	23,232	12,201	54,462	5,240	9,028
18-24 years old	106,112	9,308	4,834	24,933	2,793	3,566
<u>Children of color, Census 2020</u>	41,514	5,760	1,704	12,850	614	1,205
<u>Live births, 2022</u>	12,081	1,178	563	2,911	219	411
<u>K-12 school enrollment, 2022-2023</u>	173,908	16,072	8,975	37,809	3,768	6,462
<u>Economically disadvantaged students, 2022-2023</u>	35.3%	50.5%	48.6%	27.3%	33.4%	30.0%
HEALTH						
<u>Children under age 19 without health insurance, 2021</u>	5.6%	5.0%	7.2%	4.3%	5.3%	7.3%
<u>Children ages 0 -18 participating in MaineCare, SFY 2022</u>	48.6%	58.5%	61.8%	35.6%	54.8%	48.9%
<u>Low birth-weight infants, 2021</u>	7.3%	9.5%	8.0%	6.5%	8.8%	7.5%
<u>Babies born drug exposed/affected, 2022</u>	5.7%	13.1%	9.9%	3.0%	4.6%	2.2%
<u>Infant mortality, 5-year average, 2017-2021*</u>	5.6	4.6	6.4	4.4	7.9	4.8
<u>Children in foster care, 12/31/2022*</u>	9.4	16.7	15.2	6.6	5.9	12.0
<u>Substantiated child maltreatment, 2021*</u>	16.9	18.3	26.7	8.0	14.2	19.2
<u>Child & Teen suicides, 5-year annual average, 2017-2021***</u>	8.3	7.5	8.2	4.8	11.2	14.6
SOCIAL AND ECONOMIC						
<u>Child poverty, 2021</u>	13.8%	19.1%	18.9%	8.7%	15.7%	14.2%
<u>Children under age 6 with all available parents in the workforce 2017-2021</u>	69.7%	75.4%	68.3%	73.8%	51.1%	65.5%
<u>Children receiving TANF, December 2022</u>	3.1%	4.6%	4.4%	2.7%	2.5%	1.8%
<u>Children receiving SNAP, December 2022</u>	21.2%	30.1%	31.0%	14.1%	25.4%	17.5%
<u>Median household income, 2021</u>	\$64,823	\$61,411	\$51,770	\$80,484	\$52,295	\$57,001
<u>Teens ages 16-19 not in school & not working, 2017-2021</u>	3.9%	4.7%	2.6%	2.9%	1.6%	4.7%
EDUCATION						
<u>Four-year-olds in public preschool, 2022-2023</u>	47.5%	65.6%	83.4%	27.3%	55.6%	38.0%
<u>Child care at QRIS Level 3 or 4, Dec 2022</u>	18.5%	14.5%	19.4%	20.1%	24.2%	12.8%
<u>High school graduation rate, 2021-2022</u>	86.1%	83.2%	84.0%	88.5%	75.8%	87.8%

*Rate per 1,000 | ***Rate per 100,000 | s= suppressed because the number is too small to show

MAINE KIDS COUNT: 2023 COUNTIES AT A GLANCE



<i>Kennebec</i>	<i>Knox</i>	<i>Lincoln</i>	<i>Oxford</i>	<i>Penobscot</i>	<i>Piscataquis</i>	<i>Sagadahoc</i>	<i>Somerset</i>	<i>Waldo</i>	<i>Washington</i>	<i>York</i>
122,955	39,951	34,775	58,132	151,655	16,996	36,044	50,635	39,923	31,473	209,066
5,998	1,611	1,522	2,482	6,923	926	1,637	2,344	1,830	1,525	9,598
17,431	5,304	4,262	7,966	19,771	2,079	5,025	6,993	5,451	4,507	28,604
23,429	6,915	5,784	10,448	26,694	3,005	6,662	9,337	7,281	6,032	38,202
10,073	2,565	2,063	3,726	15,769	995	2,245	3,511	2,741	2,126	14,864
3,201	805	536	1,358	3,971	424	811	970	802	1,074	5,429
1,096	276	257	529	1,349	104	304	442	304	263	1,874
16,150	4,727	3,963	7,855	19,119	2,122	4,507	6,936	4,737	4,053	26,442
33.4%	27.6%	23.5%	50.8%	38.0%	52.9%	26.6%	58.8%	42.0%	47.4%	23.9%
5.2%	6.2%	9.1%	5.4%	4.9%	7.4%	6.7%	5.9%	10.2%	8.0%	5.6%
50.0%	48.8%	49.3%	62.2%	51.6%	64.2%	36.4%	63.2%	55.5%	67.6%	37.4%
7.9%	5.0%	7.5%	7.7%	7.7%	9.8%	6.6%	8.3%	9.5%	6.6%	5.7%
4.5%	9.4%	9.7%	10.4%	4.8%	7.7%	3.3%	10.4%	4.6%	5.7%	3.3%
6.5	5.4	7.5	7.0	5.8	s	5.9	7.0	5.7	4.4	5.9
13.7	17.6	4.3	6.0	11.1	5.7	3.0	15.5	4.0	5.1	4.6
22.5	22.9	15.3	19.5	18	13.5	9.3	29.8	28	23	15.2
4.3	9.7	6.0	18.8	9.8	11.7	0.0	14.1	9.1	22.6	7.9
12.8%	13.5%	13.3%	20.9%	15.7%	21.3%	11.3%	19.2%	18.2%	22.5%	9.9%
72.9%	54.3%	62.5%	71.4%	66.8%	65.2%	79.8%	57.7%	71.5%	60.7%	70.2%
3.5%	2.4%	2.4%	3.5%	3.8%	4.0%	1.8%	3.9%	2.4%	3.8%	2.0%
22.3%	17.7%	18.2%	30.2%	24.4%	32.7%	13.7%	31.3%	23.4%	31.7%	14.5%
\$60,449	\$68,786	\$65,638	\$51,872	\$56,261	\$49,999	\$75,624	\$51,040	\$58,262	\$42,755	\$73,794
3.3%	4.0%	14.0%	8.5%	3.8%	7.5%	s	6.5%	4.9%	5.7%	3.0%
46.5%	44.1%	45.4%	65.6%	66.0%	40.6%	28.8%	60.8%	29.6%	75.4%	39.8%
17.6%	12.8%	21.4%	24.5%	10.8%	14.3%	16.2%	31.5%	38.3%	28.0%	14.5%
88.3%	86.4%	84.9%	82.4%	87.6%	76.7%	91.3%	74.7%	85.2%	82.1%	88.8%

DEFINITIONS AND SOURCES

Want to learn more about the definitions and sources of an indicator?

Go to the [KIDS COUNT Data Center](#), find the indicator from the topics section on the left column, open the indicator, and read about the definitions and source.

EXAMPLE

Children that received a dental service by insurance type

Definitions:

This indicator compares the number and percent of children with Medicaid (known as MaineCare in Maine) to the number and percent of children with commercial insurance who received a dental service in the calendar year. The numbers and percents reflect children (ages 0- 20) who had either MaineCare or commercial dental coverage for at least 11 months of the year, and who had at least one claim for a dental service. Total does not mean all children in Maine.

Data Source:

The Children’s Oral Health Network of Maine provided the analysis. The data comes from the Maine Health Data Organization’s All Payer Claims Dataset. Please refer to the MHDO website for more details regarding data restrictions and represented insurers.

Or download our 2023 Maine KIDS COUNT Data Book Definitions and Sources document on [Maine Children’s Alliance’s website](#).

Acronyms Used In The Data Book:

ACE	Adverse Childhood Experience	LGBTQ+	Sexual identity or gender identity: Lesbian, gay, bisexual, transgender, queer, questioning, and other identities not specifically covered
CHIP	Children’s Health Insurance Program	MCA	Maine Children’s Alliance
CTC	Child Tax Credit	MIYHS	Maine Integrated Youth Health Survey
CY	Calendar year, January 1 – December 31	NSCH	National Survey of Children’s Health
DHHS	Department of Health and Human Services	OCFS	Office of Child and Family Services
DOE	Department of Education	QRIS	Quality Rating and Improvement System
DOL	Department of Labor	SFY	State Fiscal Year, July 1- June 30
ELL	English Language Learner	SNAP	Supplemental Nutrition Assistance Program
FFY	Federal Fiscal Year, October 1- September 30	SPM	Supplemental Poverty Measure
FPL	Federal Poverty Level also called Official Poverty Measure (OPM)		

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- ◆ Maine Youth Action Network
- ◆ Maine Young People’s Caucus
- ◆ OUT Maine

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