2019 MAINE **KIDS COUNT**

Maine's **only** comprehensive report of the physical, social, economic and educational well-being of Maine children

Maine Children's Alliance

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This research was funded by the Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the Maine Children's Alliance alone, and do not necessarily reflect the opinions of the Foundation.

Introduction

The Maine KIDS COUNT Data Book is the most comprehensive collection of data regarding children in Maine.

For 25 years the Maine Children's Alliance has been working to improve the lives of Maine's children, youth and families, through research, collaboration and advocacy.

The Maine KIDS COUNT Data Book presents indicators spanning every stage of a child's life, including every aspect of a child's development, from health and education to economic circumstance. When confronted with such a wide variety and amount of data, it is often difficult to remember that these numbers and rates represent real children - our children. But we know that by understanding the data and making informed decisions in response to it, we can help children reach their full potential. This book provides a snapshot of how policies and practices in Maine are working for children and families. It also reflects the strengths of these children and families, and the many barriers to success they face.

After 25 years of tracking data related to the well-being of children, we can look back and see where we have made progress. For example, in 2017, the percentage of adults ages 25 and over who have at least a high school degree was 93.2%, compared to 84.3% in 1994. This success is a combination of improved policies and practices in our schools, coupled with efforts in communities to support students who are at risk for not graduating.

But in this year's report there are still areas of great concern, starting with data related to our youngest citizens. With an aging population, and fewer babies born each year in Maine, getting infants off to a good start is critical for Maine's future success. With Maine's high infant mortality rate (6.3 infant deaths per 1,000 births) and approximately one in twelve babies born drug-affected, it is clear we must do more to ensure our babies are born healthy. With Medicaid expansion, we expect to see improvement in women's access to preventive services, including prenatal care. With improved health coverage, coupled with a new, strong focus on Maine's substance use crisis, we expect to see improvement in these figures in the future.

Since the publication of the first Maine KIDS COUNT Data Book in 1994, we have followed trends over time in children's health and well-being. One thing is certain: when parents, providers, and policy makers use data to make informed decisions and prioritize investments in Maine kids, the lives of those children and their families are improved, both in the present and in their future success. As a community of Mainers, we all benefit when our kids are given the resources to thrive, so we must all make it a priority to keep working together to ensure it remains a priority in public policy and funding.

Claire Berkowitz, *Executive Director*

What is Maine KIDS COUNT?

Maine KIDS COUNT, a project of the Maine Children's Alliance, is part of the national KIDS COUNT network, a state-by-state effort funded by the Annie E. Casey Foundation (AECF) to track the status of children across the United States. Since 1994, the Maine KIDS COUNT project has published Maine KIDS COUNT products using the most recent data available on the well-being of children in the areas of physical and emotional health, social and economic status, and child care and education. The indicators for this data book have all met the following criteria for inclusion:

- The indicator must be from a *reliable source*
- The indicator must be *available and consistent over time*
- The indicator must be *easily understandable to the public*
- The indicator must reflect an *important outcome or measure of children's well-being*
- The indicators, as a group, should represent *children of all ages*

The Annie E. Casey Foundation has an extensive KIDS COUNT Data Center (http://datacenter.kidscount.org) which provides access to hundreds of measures of child well-being. Visitors can find indicators on such topics as education, employment and income, health, poverty and youth risk factors. Each state KIDS COUNT grantee provides community level information in the Data Center. Maine's site (http://datacenter.kidscount.org/ME) provides county-level data on most of the indicators from the Maine KIDS COUNT data book, as well as some additional indicators. These indicators can be either be downloaded to Excel files or displayed as graphs, maps and rankings. Further, this information can be easily shared as images on a web site or blog, posted on social networking sites, or emailed as an attachment. The Data Center offers multiple ways to customize and share information, including a mobile site that you can access on the go (mobile.kidscount.org). With a few keystrokes or clicks of a mouse, advocates, journalists, policymakers, practitioners, and all concerned citizens can find data for planning, preparing reports, crafting policies, or identifying and addressing needs in their communities.

How to use this book

In order to assess our present standing and to evaluate our progress over time, it is essential to understand what is being measured and how. The **DEFINITIONS AND SOURCES OF DATA** section, in the back of the book, provides a comprehensive definition of each indicator, an explanation of how and by whom it is collected and measured, as well as web addresses with direct links to data and data sources. Some of the data presented are from several years earlier, as those indicators require a longer time to compile. Furthermore, from time to time, various reporting agencies change how they collect, analyze and/or report their various indicators. We note those changes where appropriate.

For every indicator in the book we report a current percentage or rate, a previous percentage or rate, and whenever available, a number.* When a number or rate is not available or not applicable, N/A is used. It is essential to present the indicators as percents or rates in order to enable comparison between groups of different population size (i.e. different counties).

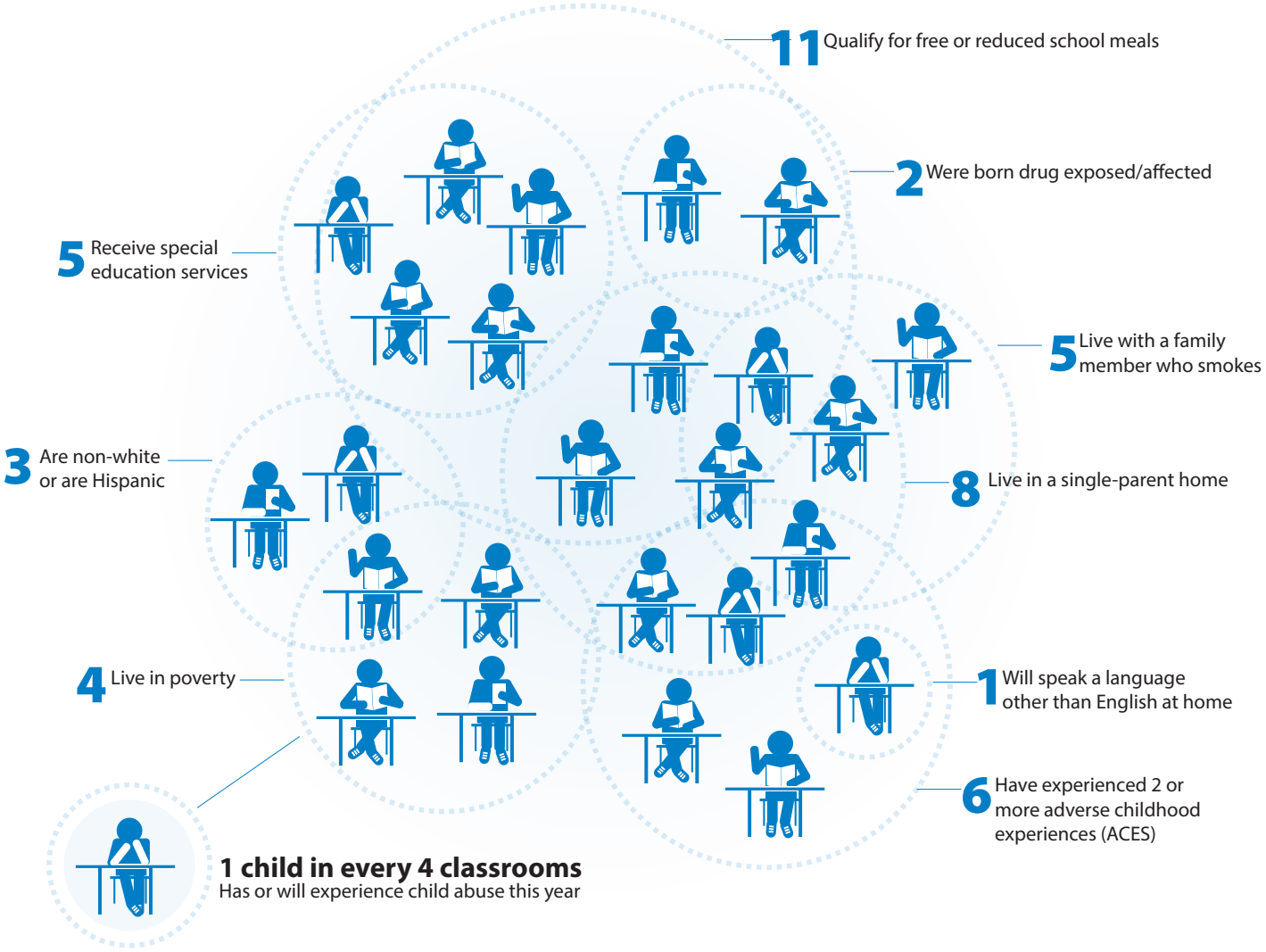
Calculating Rates

Percentages and rates are measures of the probability of an event. They both take into account the total population of children who could experience that event. Whenever possible, the denominator (the population that could experience the event) corresponds to the year for which the event is reported; but when that is not possible, we use the most recent year for which population data are available. Rates that include a "%" sign are percents, or rates per 100 events. Other rates are expressed per 1,000, 10,000, or 100,000 events. The generic formula for calculating rates or percents below on the left. For example, in 2017 there were 4,718 adolescents ages 15-19 served in the Maine family planning system. According to the state population estimates, there were 79,404 adolescents ages 15-19 in Maine. This translates to a rate of 59.4 adolescents served in the Maine family planning system for every 1,000 adolescents ages 15-19. This rate is calculated now as illustrated below right.

$$\frac{\text{(number of occurrences) x (base rate)}}{\text{population}} \qquad \frac{\text{(4,719 adolescents served in the Maine family planning system x (1000)}}{\text{79,404 adolescents ages 15-19}} = \text{Rate of 59.4 per 1,000}$$

STATEWIDE **DASHBOARD**

A Hypothetical Classroom of 25 First Graders in Maine



Anniversary Indicators: Making progress with 25 Years of KIDS COUNT

› **Teen Births**: The five-year annual average for births to single teen mothers (under age 20) in Maine was 834 births for 1988-1992, compared to 186 births for 2013-2017 - *a significant reduction of 78 percent.*

› **Health Care**: In Maine, the percent of children without health insurance coverage for 1989-1993 was 8.7, compared to the national rate of 12.6. Today, *those rates have fallen to 4.8 percent in Maine, and 5 percent nationally.*

› **High School Graduation**: Gains have been made over time in rates of high school completion in Maine. In 2017, the rate of people ages 25 and over who have at least a high school degree was 93.2%, compared to 84.3% in 1994.

› **Arrests of Juveniles**: The rate of arrests for juveniles in 1997 was 81.1 per 1,000 youth ages 10-17. As of 2017, that figure was down to 25.5 per 1,000 youth. *This is a reduction of 69%*, or for every 3 youth that were arrested in 1994, only 1 would be arrested in 2017.

Positive Trends

› **Reading to Young Children**: An estimated 55 percent of Maine children ages 0-5 are read to every day. *Maine was well above the national rate of 34 percent* and ranked second in the nation for this indicator according to the 2016-2017 National Child Health Survey.

› **Child Poverty**: Between 2016 and 2017, the child poverty rate in Maine decreased significantly, from 16.7 to 14.2 percent for children under age 18, resulting in 6,400 fewer children living in poverty. The 2017 child poverty rate in Maine *was the lowest it has been since 2005.*

› **Teen Pregnancy**: The number of young teen pregnancies has *fallen by 62 percent since 2008*, from 445 pregnancies in 2007 to 170 pregnancies in 2017, for teens ages 10-17.

› **Juveniles in Detention Facilities**: The number of incarcerated youth has dropped from 300 in the year 2000 to 39, as of the last day of 2018. *This was a substantial drop of 87%.*

Areas for Concern

› **Babies Born Drug Exposed/Affected**: In 2017, 952 babies were born drug-affected in Maine (7.8 percent) or 1 in 12 babies born. *That number increased each year from 2012-2016. It reached a high of 1,024 in 2016.*

› **Child Welfare**: The number of children in foster care waiting to be adopted at the end of the year was 576, up from 480 in 2012 – *a 20 percent increase*. Additionally, the percentage of children removed from their homes and then reunified has gone down from 53 percent in 2013 to 41 percent in 2016. As of 2016, there were more adoptions than reunifications.

› **Teen Suicide**: In Maine, the child and teen suicide rate has risen from 5.3 to 8.1 per 100,000 deaths, comparing 5-year annual averages 2008-2012 with 2013-2017. *This was a 50 percent increase in the child and teen suicide rate. Maine's rate was well above the 2016 national rate of 5.5 per 100,000 teenagers.*

FAMILY & COMMUNITY STRENGTHS	*State Number*	*Current Rate or Percent*	*National Rate or Percent*	*Maine's Ranking*
Children, ages 0 -5, are read to every day by a family member	47,938	55.4%	38.0%	2
Child sleeps recommended, age appropriate, number of hours	48,822	75.6%	65.0%	1
Children, ages 0-5, are sung to and told stories every day	50,049	57.8%	47.8%	3
On an average weekday, time on devices is 1 hour or less, doing things other than school work, ages 12-17	9,408	11.2%	8.0%	4
On an average weekday, amount of time spent watching TV or playing video games or watching videos is 1 hour or less, ages 12-17	15,793	18.7%	16.0%	5
Other than adults in a child's home, there is at least one other adult in this child's school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance, ages 6-17 years	155,426	96.2%	89.3%	1
Parents feel supported and there is someone that they could turn to for day-to-day emotional support with parenting or raising children	216,252	86.1%	75.7%	3
Children who received mental health treatment or counseling in last 12 months, ages 3-17	34,029	16.2%	9.8%	1

Source: National Child Health Survey 2016-2017 compared to previous survey of 2011-2012

A Healthy Start

With an aging population, and fewer babies born each year in Maine, getting infants off to a good start is critical for Maine's future success. Both Maine's high infant mortality rate and high rate of babies born drug-affected are of great concern. Access to prenatal care, evidence-based programs that support new parents in the home, and early intervention services for infants with special needs are all critical to helping babies have a healthy start.

Home Visiting: Unfortunately, most parents in Maine are not accessing this important free support service. In federal fiscal year 2017, only 8.5 percent of parents with a child under age 2 had at least one home visit from the Maine Families Home Visiting Program. We can do more to expand access to this program and to similar programs offered by Head Start and public health nurses. These critical services provide support to new parents, educating them about the importance of positive interactions with their children. This leads to strong bonds between children and their parents, resulting in improved educational, health and well-being outcomes for children.[1]

Babies born drug exposed/affected: In each of the last 5 years, approximately one in twelve babies in Maine was born drug-affected. This means that while the mother was pregnant, she was either being treated for substance use disorder using medication assistance and that medication was passed on to the baby; or that the mother was actively abusing alcohol or drugs. Some children born drug exposed/affected receive medicated assisted treatment to wean off the drug, while others are monitored for a time at the hospital. According to the State's Report on Substance Abuse in Maine, 2018, "Substance use during pregnancy can cause a host of short-term and long-term developmental delays to the fetus and child."

Infant mortality: Maine once led the country with low rates of infant mortality, but in recent years that number has risen to a high of 6.7 per 1,000 babies born in the 5-year period 2011-2015. While the mortality rate has declined in the last two periods, Maine's rate is now at 6.3, which is still above the national rate of 5.9 per 1,000 births. The high infant mortality rates in Maine point to larger problems with access to health care, as well as issues in substance use disorder, depression and poverty. Maine data also reveals racial disparities in rates of infant mortality that mirror national trends, reflecting systemic inequality and greater poverty rates among non-whites nationally, as well as in Maine.[2]

Prenatal care: Another concerning indicator with disparities by race is mothers receiving prenatal care. African American women in Maine are less likely to benefit from prenatal care in the first trimester compared to White women: 75 percent vs. 91 percent. In 2016, 58 African American women and 330 Non-Hispanic White women in Maine reported they had no prenatal care until their 3rd trimester.[3] Early prenatal care can provide necessary information regarding physical and behavioral risk factors affecting both mother and baby. Health care policy and quality improvement efforts should aim to broaden access and elevate the quality of obstetrical care available to all women, across race and income.

Early Intervention Services for infants with developmental delays: In Maine, too many children start early intervention services closer to age three than the recommended age of under age one. Maine ranks 50th in the nation for the rate of infants provided with early intervention services for developmental delays. Just 249 Maine children were identified and started services prior to their first birthday in 2017.[4] Early intervention can help affected children make progress toward achievement of age-appropriate developmental milestones, be more prepared for kindergarten and beyond, have more positive interactions with their peers, and reduce the need for services during their school years.[5]

1. Ready Nation, Council for a Strong America, The Case for Home Visiting infographic. 2017. www.strongnation.org/articles/409-the-case-for-home-visiting-infographic

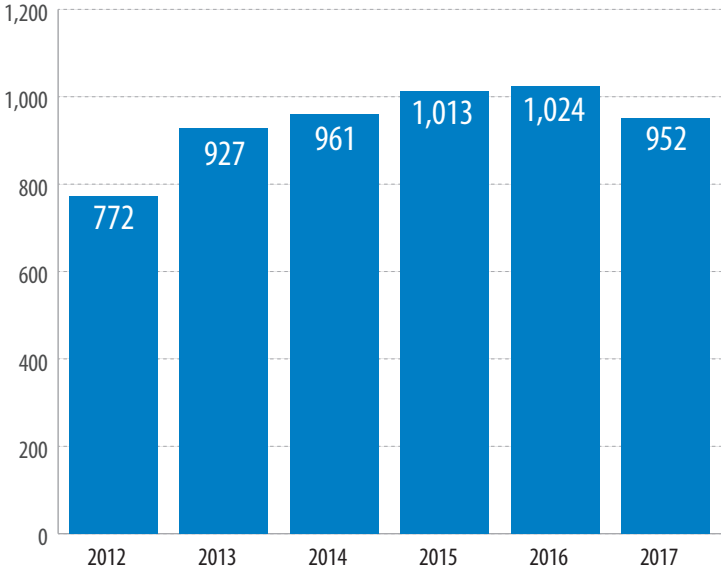
2. Annie E. Casey Foundation, KIDS COUNT Data Center, Infant mortality by race. datacenter.kidscount.org/data/tables/21-infant-mortality-by-race

3. Annie E. Casey Foundation, KIDS COUNT Data Center, Births to women receiving late or no prenatal care by race and ethnicity datacenter.kidscount.org/data/tables/10005-births-to-women-receiving-late-or-no-prenatal-care-by-race-and-ethnicity

4. Maine Department of Education, Child Development Services, 2017

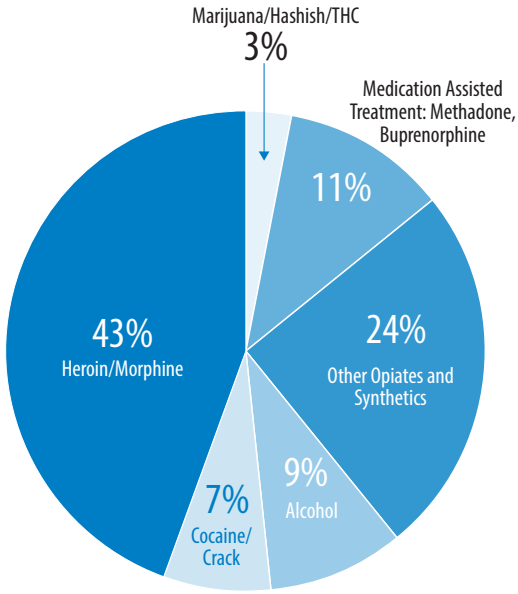
5. The Early Learning Institute, The Top Five Benefits of Early Intervention. 2017. www.telipa.org/top-5-benefits-early-intervention/

NUMBER OF BABIES BORN DRUG EXPOSED/AFFECTED



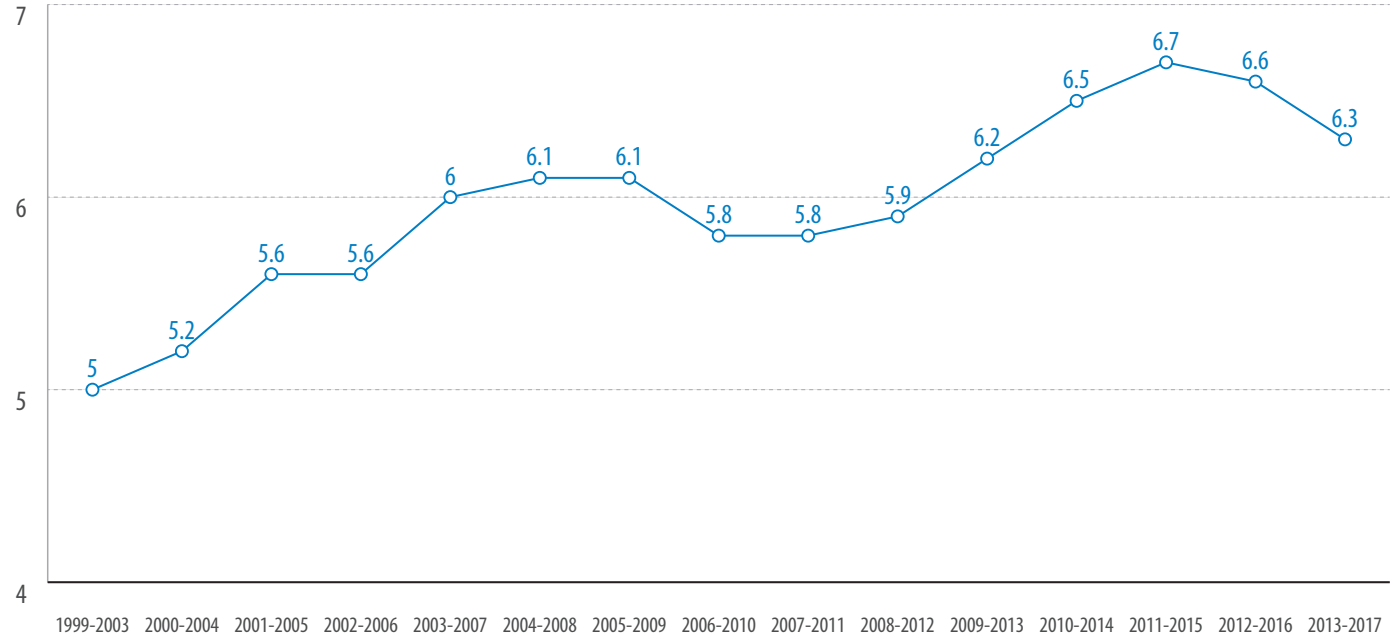
Source: Maine Office of Child and Family Services, (OCFS) of the Maine Department of Health and Human Services (DHHS)

PREGNANT TREATMENT ADMISSIONS, BY PRIMARY SUBSTANCE



Source: Substance Abuse Trends in Maine, State Epidemiological Profile 2017

MAINE INFANT MORTALITY



Source: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics

MORTALITY	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent**
Infant mortality (rate per 1,000 live births), 2013-2017 annual average	80	6.3	6.6	5.9
Child deaths (rate per 10,000 children ages 1-14), 2013-2017 annual average	31	1.5	1.5	1.6
Teen deaths (rate per 10,000 children ages 15-19), 2013-2017 annual average	37	4.5	4.6	4.7

* Note: US is 5 yr. averages 2012-2016, while Maine is 2013-2017

INFANT/TODDLER HEALTH	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent**
Low birth-weight infants (as % of live births), 2017	878	7.1%	7.1%	8.2%
Pre-term births (as % of live births), 2017	1,066	8.1%	8.6%	11.4%
Prenatal care began in the first trimester, 2017	11,025	89.7%	89.9%	77.1%
Babies born exposed/affected to substances (as % of live births), 2017	952	7.8%	8.1%	N/A
Mother self-reports feeling sad or hopeless always or often after birth, 2016**	N/A	8.5%	6.6%	12.8%
Child breastfed ever (Mothers with children ages 0-5), 2016-2017**	N/A	83.6%	78.3%	79.2%
Mother self-reports smoking in year after child's birth, 2016**	N/A	18.4%	18.3%	12.6%
Immunizations of children ages 24 to 35 months (as % of children ages 24-35 months), 2017	8,113	73.7%	76.5%	72.7%
Families served in the Maine Families Home Visiting Program (as % of children ages 0-24 months), FFY 2017	2,142	8.5%	9.1%	N/A
Children screened for blood lead poisoning (as % of children ages 12-24 months), 2017	6,976	54.8%	53.0%	N/A
Children with blood lead poisoning (as % of children ages 0-36 months who were screened), 2017	327	2.9%	3.3%	4.0%***

*The national rate is the year prior to the state rate
**Data derived from Pregnancy Risk Assessment Monitoring System, PRAMS, 2016 Maine, 2015 National
***National data is for children under age 5

KINDERGARTEN IMMUNIZATION EXEMPTION RATES SCHOOL YEAR 2017-2018

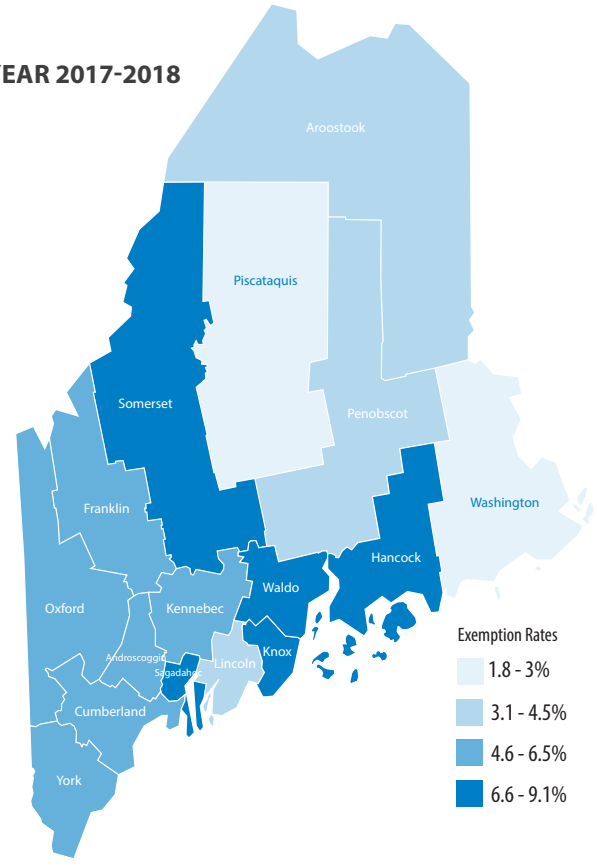
Maine public and private schools allow for three types of vaccine exemptions: medical, religious and philosophical. A physician's note is required for all medical exemptions. A parent/guardian note is required for all religious or philosophical exemptions.

Kindergarten immunization exemption rates vary by county – the highest exemption rate being Somerset at 9.1 percent and the lowest being Washington at 1.8 percent.

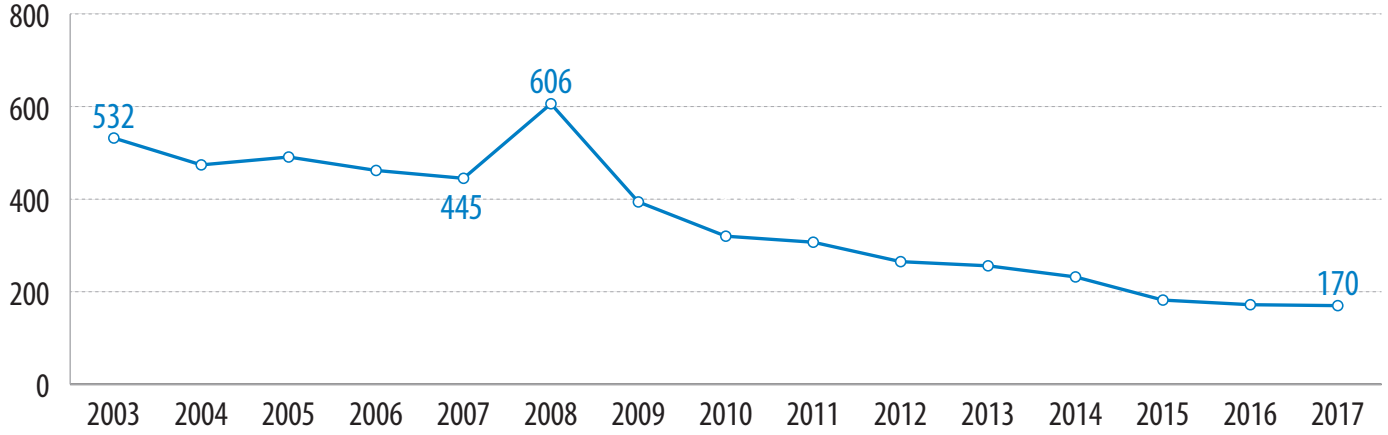
When school-age immunization rates decrease, it puts other students, seniors and very young children at risk of contracting preventable diseases.

Data gathered from the the 2017-18 Maine School Immunization Survey.

County rates may be viewed and downloaded at:
https://datacenter.kidscount.org/data#ME



TEEN PREGNANCIES FOR FEMALES AGES 17 AND UNDER IS LESS THAN A THIRD WHAT IT WAS 10 YEARS AGO



TEEN PREGNANCY	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*
Young teen pregnancies (rate per 1,000 females ages 10-17), 2017	170	2.9	2.9
Repeat teen pregnancies for females under age 20 (as % of total teen pregnancies), 2017	170	23.9%	22.6%
Births to single teens who have not completed 12 years of school (rate per 1,000 females ages 10-19), annual avg, 2017	186	2.5	2.6
Births to single teenaged mothers under age 20 (as % of total live births), 2017	468	3.8%	4.1%
Births to married teenaged mothers under age 20 (as % of total live births), 2017	31	0.3%	0.4%

Child Welfare

When children experience maltreatment at any point during their childhood, it can have lasting effects into adulthood. For young children, maltreatment and neglect can disrupt brain development, resulting in impaired physical, mental, social, and emotional learning and development.[1] As they get older, children who experience frequent maltreatment and neglect perform poorly in school, struggle with poor mental health, may commit more crimes, or abuse drugs and alcohol. And as adults, individuals who have experienced frequent child maltreatment and neglect are at an increased risk for negative health outcomes[2]. It is critical to have a robust child welfare system to support children and families when necessary, to mitigate these instances of neglect and abuse.

IN MAINE

In the last year or so, the child welfare system in Maine has faced much scrutiny. There were 3,292 children who were victims of child abuse in Maine in 2017. Many of these children end up in the foster care system and in the custody of the state – 1,791 on the last day of December 31, 2018. Additionally, there were 576 children in foster care waiting to be adopted at the end of FY2017, up from 480 in 2012 – a 20 percent increase. Only 8 other states have as high a percentage increase in children waiting to be adopted.[3] While the rate for kinship placements has remained steady, reunification has gone down since 2013 from 53 to 41 percent. It is critical for short- and long-term positive outcomes for Maine's children, that we work to prevent child abuse and neglect, and reduce the number of children who come into state custody. While we can't know all the root causes of abuse and neglect, we do know that of Maine's child victims, 33 percent have parents with active drug abuse disorder as a risk factor and 18 percent have a parent with alcohol use disorders (both above national averages), and 11 percent were experiencing homelessness or inadequate housing (in line with national average).[4] We can do more to support families at risk through programs like TANF, housing and childcare vouchers, home visiting, and MaineCare. When possible, we should give family rehabilitation and reunification priority as a means for protecting the welfare of children, while preventing needless delay for permanent plans for children when rehabilitation and reunification are not possible.

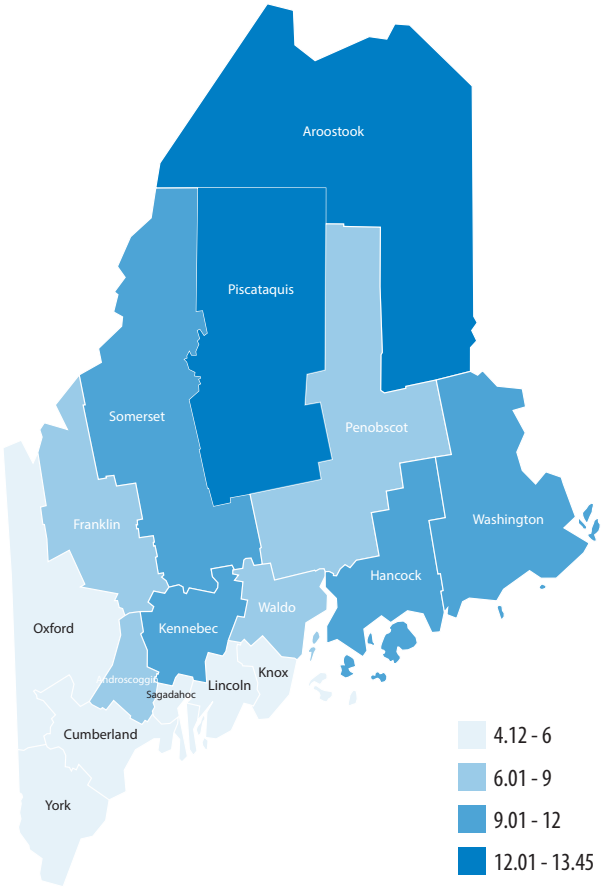
1. Child Welfare Information Gateway. 2008. "Long-term Consequences of Child Abuse and Neglect." www.childwelfare.gov

2. Centers for Disease Control. Child Abuse and Neglect: Consequences. 2018. www.cdc.gov/violenceprevention/childabuseandneglect/consequences

3. Child Maltreatment, 2016. https://www.acf.hhs.gov/cb/resource/child-maltreatment-2016

4. Child Maltreatment, 2016. https://www.acf.hhs.gov/cb/resource/child-maltreatment-2016

RATES OF CHILDREN IN STATE CUSTODY: AROOSTOOK AND PISCATAQUIS COUNTIES HAVE RATES MORE THAN TWICE AS HIGH AS CUMBERLAND, KNOX, LINCOLN, OXFORD, SAGADAHOC AND YORK COUNTIES



The rate of children who were in state custody varied from 4.1 to 13.4 per 1,000 children. Southern Maine has had lower rates than northern counties.

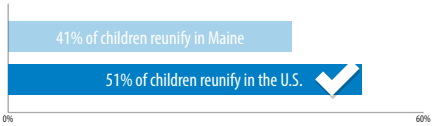
Source for map: Maine Department of Human Services, Office for Children and Families, 12/31/18

CHILDREN IN STATE CARE	*State Number*	*Rate or Percent*	*Previous Rate or Percent*	*National Rate*
Children in Department of Health and Human Services care or custody (rate per 1,000 children ages 0-17), December 31, 2018	1,791	7.6	6.5	6.0
Children in Department of Health and Human Services care or custody (rate per 1,000 children ages 0-5), December 31, 2018	892	11.5	9.7	9.0
Children entering foster care, (rate per 1,000 children ages 0 -17), 2016	916	3.6	3.5	3.7
CHILD PROTECTIVE CASES	*Number*	*Rate or Percent*	*Previous Rate or Percent*	*National Rate**
Reports alleging child abuse and/or neglect, 2017	19,776	N/A	18,832	
Reports screened out (as % of reports alleging maltreatment), 2017	8,769	44.3%	39.6%	
Reports that warranted child protective services (as a rate per 1,000 children), 2017	10,997	46.5	47.0	55.1
Substantiated child abuse and neglect victims (rate per 1,000 children ages 0-17), 2017	3,292	12.9	13.6	9.1

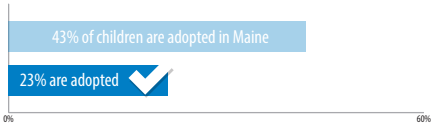
*National rate is for 2016.

Whenever safely possible, reunification is in the best interest of the child.

Exits of children from foster care to reunification

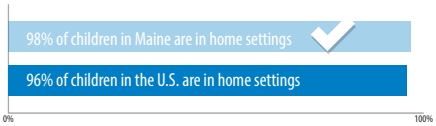


Exits of children from foster care to adoption



Children are best cared for in home settings

Percentage of foster care youth in home settings (not group homes, institutions)



40% of children reunified within 12 months

12 months

23% of children adopted within 24 months

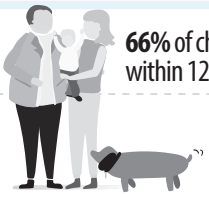
24 months

Maine

*Median time in foster care in Maine : **22.8 months***

Nation

*Median time nationally:**13.9 months***

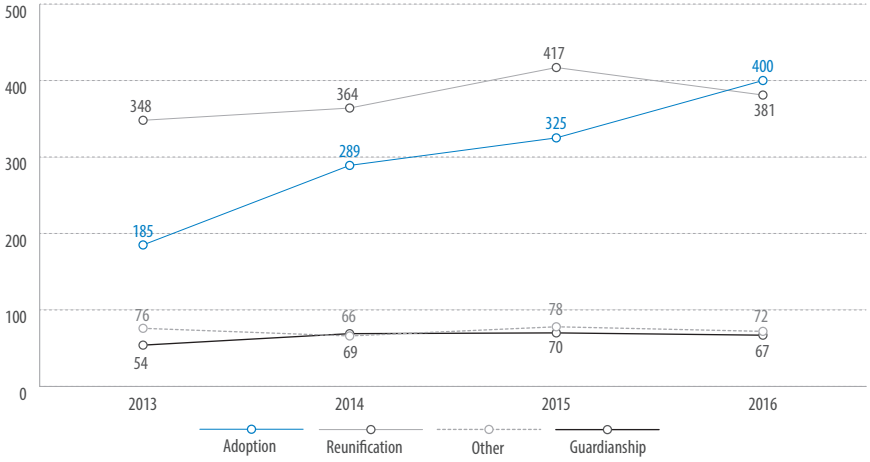


66% of children reunified within 12 months

32% of children adopted within 24 months

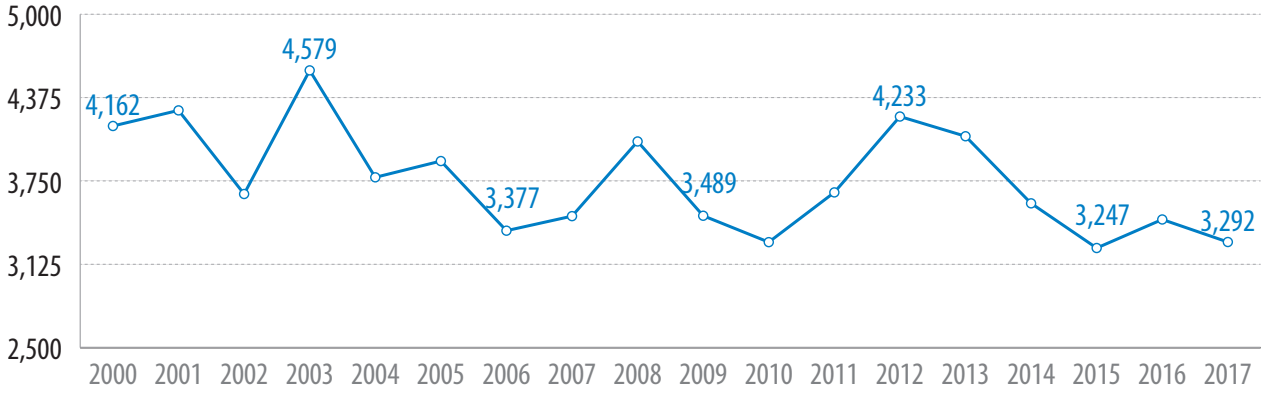
Less time in foster care is better for children. When adoption is the plan, it is better for the child if it happens within 24 months. When reunification is possible, it is better for the child it if happens within 12 months

WHEN EXITING FROM FOSTER CARE, MORE CHILDREN WERE ADOPTED THAN REUNIFIED IN 2016



*Other includes: emancipation, homeless shelter or group home.
Source: Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS)

NUMBER OF VICTIMS OF CHILD ABUSE

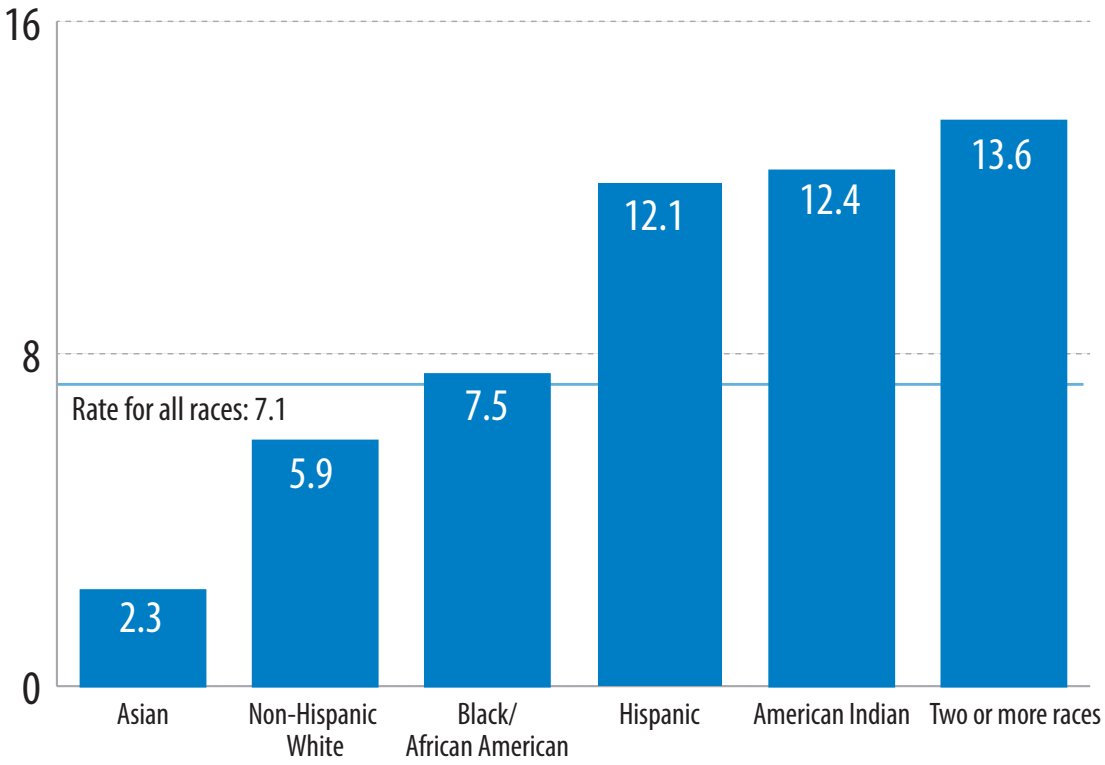


Source: Maine DHHS, Office of Child & Family Services, Division of Child Welfare

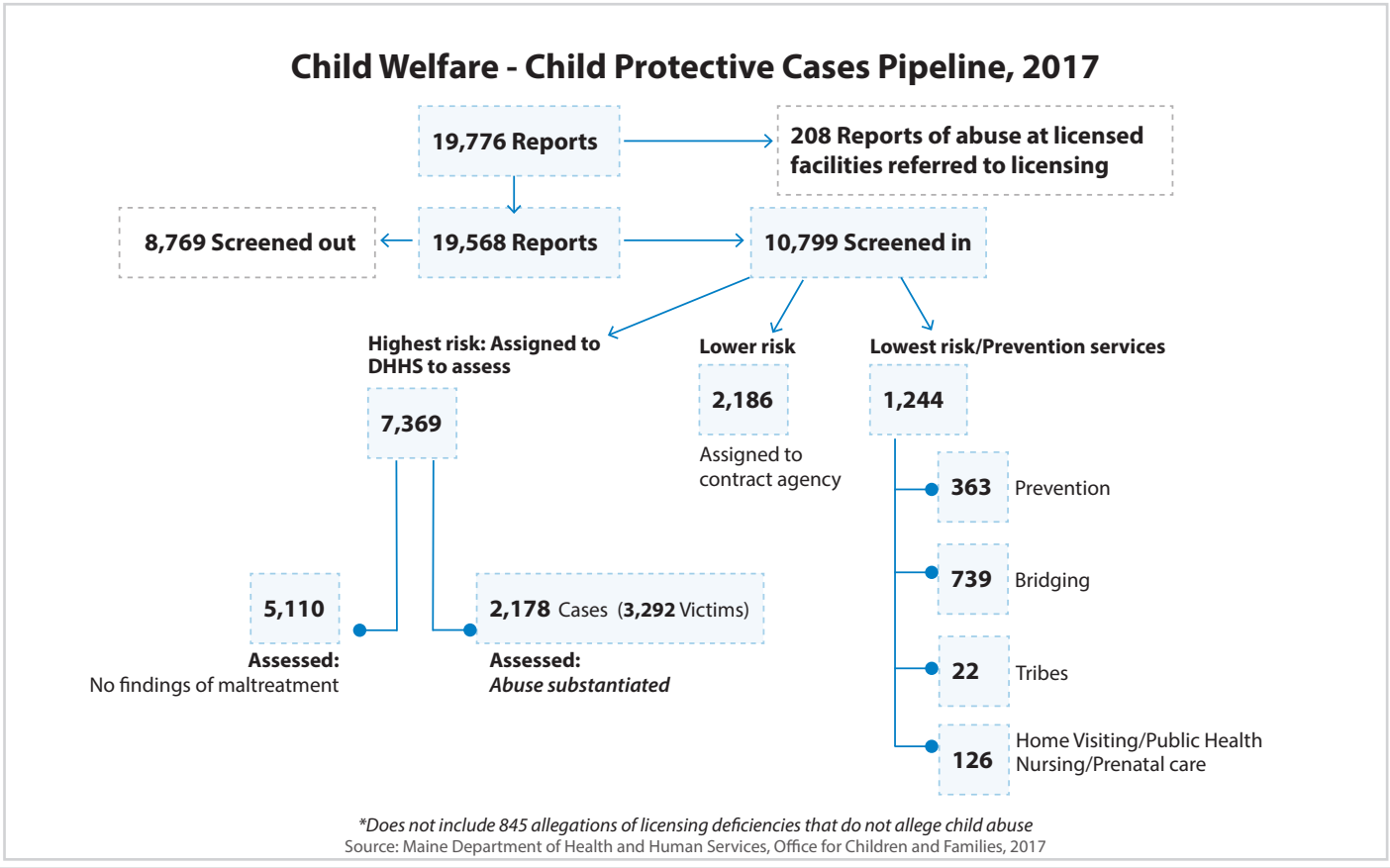
OVERREPRESENTATION BY RACE AND ETHNICITY EXISTS IN MAINE'S FOSTER CARE SYSTEM

Research has shown a number of possible causes for racial disparities in the foster care system: disproportionate and varying needs of children and families of color, especially due to higher rates of poverty; racial bias and discrimination; child welfare system factors; and geographic context.

(Children's Bureau, Child Welfare Information Gateway, Racial Disproportionality and Disparity in Child Welfare, November 2016)



Source: Maine Department of Human Services, Office for Children and Families for children in foster care 12/31/18 and 2013-2017 American Community Survey 5-Year Estimates for the number of children in Maine by race.



**Does not include 845 allegations of licensing deficiencies that do not allege child abuse*

Source: Maine Department of Health and Human Services, Office for Children and Families, 2017

Health Care Coverage

Access to quality, affordable health care is critical for child health and overall well-being. When children have insurance, they can get the preventive care they need to grow and develop and are more likely to have positive, long-term health outcomes.[1] Research shows that children living without health insurance are more likely to have significant trouble accessing care when they need it.[2] Nationally, the rate of uninsured children has decreased dramatically, due in large part to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act.[3] These programs work together to cover eligible children and families who qualify based on family income. In addition, the research shows that health care coverage for children and parents is linked, regardless of the child's eligibility status.[4] When parents don't have access to health insurance, their children are sometimes not enrolled either, even if their children are eligible.

IN MAINE

As Maine implements Medicaid expansion, it is expected that the rate of uninsured low-income children will decrease as their eligible parents gain coverage.

1. Bloom B, Cohen RA, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2011. National Center for Health Statistics.

Vital Health Stat 10(254). 2012.

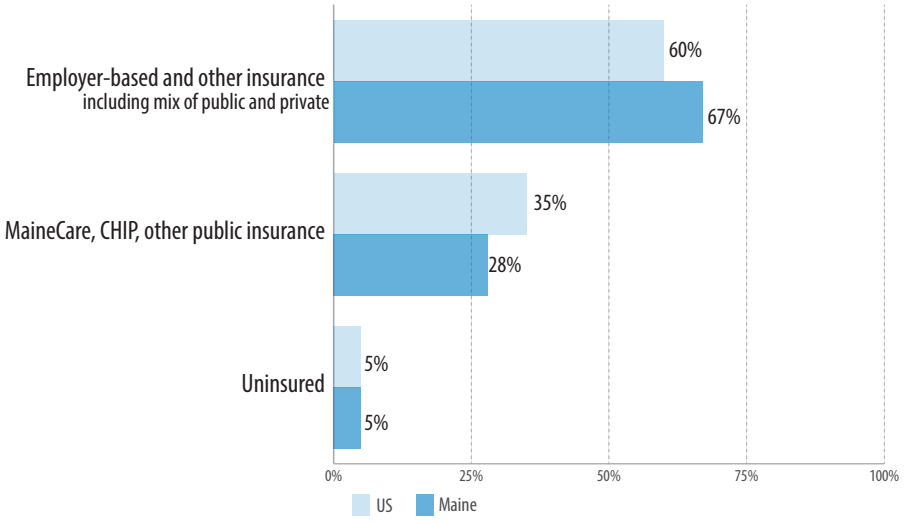
2. Kaiser Commission on Medicaid and the Uninsured. The Uninsured: A Primer - Key Facts About Health Insurance and the Uninsured in the Era of Health Reform. Washington, DC (2016). files.kff.org/attachment/Report-The-Uninsured-A%20Primer-Key-Facts-about-Health-Insurance-and-the-Unisured-in-America-in-the-Era-of-Health-Reform

3. Alker, J., Chester, A., Georgetown University Health Policy Institute, Center for Children and Families. Children's Health Coverage Rate Now at Historic High of 95 Percent. Washington, D.C. (2016). ccf.georgetown.edu/wp-content/uploads/2016/11/Kids-ACS-update-11-02-1.pdf

4. Maine Children's Alliance. Ensuring Health Coverage for Maine Families with Children in 2014: A Health Policy Brief. Augusta, ME (2014). www.mekids.org/assets/files/issue_papers/healthcoverage_children_2014.pdf

HEALTH INSURANCE	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent*
Children without health insurance (as % of children ages 0-18), 2016	12,557	4.8%	5.5%	4.7%
Low-income children without health insurance (as % of low-income children ages 0-18), 2016	6,355	6.4%	7.7%	6.0%
Children participating in MaineCare or CHIP (unduplicated) (as % of children ages 0-18), SFY 2018	121,350	45.1%	45.8%	N/A
Young children (as % of children ages 0-5)	39,032	50.2%	51.4%	N/A
Older children (as % of children ages 6-18)	82,318	43.0%	43.6%	N/A

HEALTH INSURANCE FOR CHILDREN BY TYPE (PERCENT OF CHILDREN UNDER AGE 19)



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2017 American Community Survey

PHYSICAL HEALTH	*State Number*	*State Percent*	*Previous Percent**	*National Percent*
Children who have a medical home (ages 0-17 years)	142,001	55.8%	63.4%	51.4%
Children who receive preventive dental care (ages 1-17 years)	200,045	84.6%	80.5%	78.7%
Child received a developmental screening using a parent completed screening tool (ages 9–35 months)	10,678	35.7%	27.3%	31.1%
Children who had a preventive medical visit in the past year (ages 12-17)	75,855	89.4%	86.3%	78.7%
Children living in a household with a smoker (ages 0-17)	41,981	16.7%	28.5%	15.5%
Children who are overweight or obese (ages 10-17 years)	29,259	28.8%	29.5%	31.0%
Children who engaged in vigorous physical activity every day (ages 6-17)	47,589	28.7%	32.0%	23.1%
Children ages 6-11 years	28,066	34.3%	41.6%	27.9%
Children ages 12-17 years	19,523	23.3%	22.9%	18.2%
Children diagnosed with asthma (ages 0-17)	36,595	14.5%	14.5%	11.8%

National Survey of Children's Health, 2016-2017.
*Previous Maine data is from the 2011-2012 Survey.

Mental Health

Mental health is important to overall health. Mental health in childhood means reaching developmental and emotional milestones, learning healthy social skills, and coping when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities. Symptoms of mental disorders change over time as a child grows, and may include difficulties with how a child plays, learns, speaks, and acts or how the child handles their emotions. Symptoms often start in early childhood, although some disorders may develop during the teenage years. Some children may be born with mental health issues. Diagnosis and treatment of mental health disorders is critical for children.[1]

IN MAINE

Along with alarming rates of teen suicide, Maine has the highest rate in the nation of children diagnosed with anxiety disorders, the third highest state rate of children with diagnosed depression, and the highest rate for the percentage of youth who access mental health counseling. Young people need access to counseling and at times, higher intensity services, such as brief stays in intensive residential treatment facilities, or hospitalization - without long waits in the emergency room. Both counseling and high intensity treatment are part of a fully functioning continuum of care for children and youth with mental health issues. It is concerning that the number of Maine youth in residential treatment has gone up 14 percent, and the number in out-of-state residential treatment has more than doubled from 22 youth to 54 youth.

1. Centers for Disease Control and Prevention, What are Childhood Mental Disorders? https://www.cdc.gov/childrensmentalhealth/ basics.html

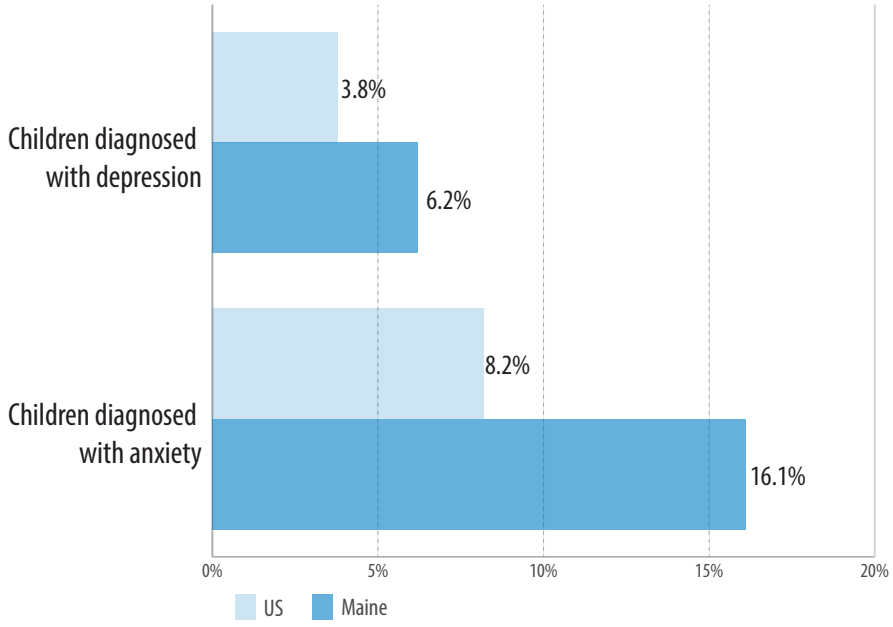
MENTAL HEALTH	*State Number*	*State Percent*	*Previous Percent**	*National Percent*
Children diagnosed with an autism spectrum disorder (ages 3-17 years)	7,416	3.5%	N/A	3.0%
Children diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) (ages 3-17 years)	25,677	12.3%	11.4%	9.6%
Children diagnosed with anxiety problems (ages 3-17 years)	33,829	16.1%	9.8%	8.2%
Children diagnosed with depression (ages 3-17 years)	10,638	6.2%	6.3%	3.8%
Children with Behavior or conduct problems (ages 3-17 years)	23,950	11.3%	4.3%	8.9%
Two or more Adverse Childhood Experiences (ACEs) (ages 0-17 years)	56,488	22.5%	25.1%	20.5%
Children who received mental health treatment or counseling in last 12 months (ages 3-17)	34,029	16.2%	10.9%	9.8%

National Survey of Children's Health, 2016-2017
*Previous Maine data is from the 2011-2012 Survey

ADDITIONAL MENTAL HEALTH MEASURES	*State Number*	*State Percent*	*Previous Percent*	*National Percent*
Youth with MaineCare who were treated with concurrent antipsychotic medications (as % of children with any prescribed antipsychotic medication ages 1-17), FFY 2017*	1,577	1.5%	1.5%	2.9%
Youth with MaineCare hospitalized for treatment of mental illness who had a follow-up visit within 7 days of discharge (as % of youth hospitalized for mental illness, ages 6-20), FFY 2017*	1,021	65.0%	65.7%	51.5%
Youth in mental health residential treatment in-state (rate per 10,000 children), 9/1/18**	315	26.3	23.0	N/A
Youth in mental health residential treatment out of state (rate per 10,000 children), 9/1/18**	54	4.5	1.8	N/A

Medicaid Quality of Care Performance Measurement Child Core Set, Table APC-CH and Table FUH-CH
**Maine Department of Human services, Office for Children and Families

MAINE HAS THE NATION'S HIGHEST DIAGNOSED RATE FOR ANXIETY IN THE U.S. AS WELL AS THE THIRD HIGHEST RATE OF DIAGNOSED DEPRESSION AMONG CHILDREN AGES 3 -17



Source: The National Survey of Children's Health, 2016-2017

Teen Suicide

Nationally and in Maine, the suicide rate for teens is on the rise. In the U.S., suicide rates among those ages 10-19 years rose 56 percent between 2007 and 2016, with greater increases for females than males. Suicide rates among 15 to 19-year-old girls doubled between 2007 and 2015, reaching a 40-year high. The national CDC recommends combating the suicide epidemic by identifying individuals and populations most at risk; providing access to evidence-based interventions and ensuring timely follow-up after hospitalization; as well as having ongoing comprehensive prevention efforts for all age groups.[1]

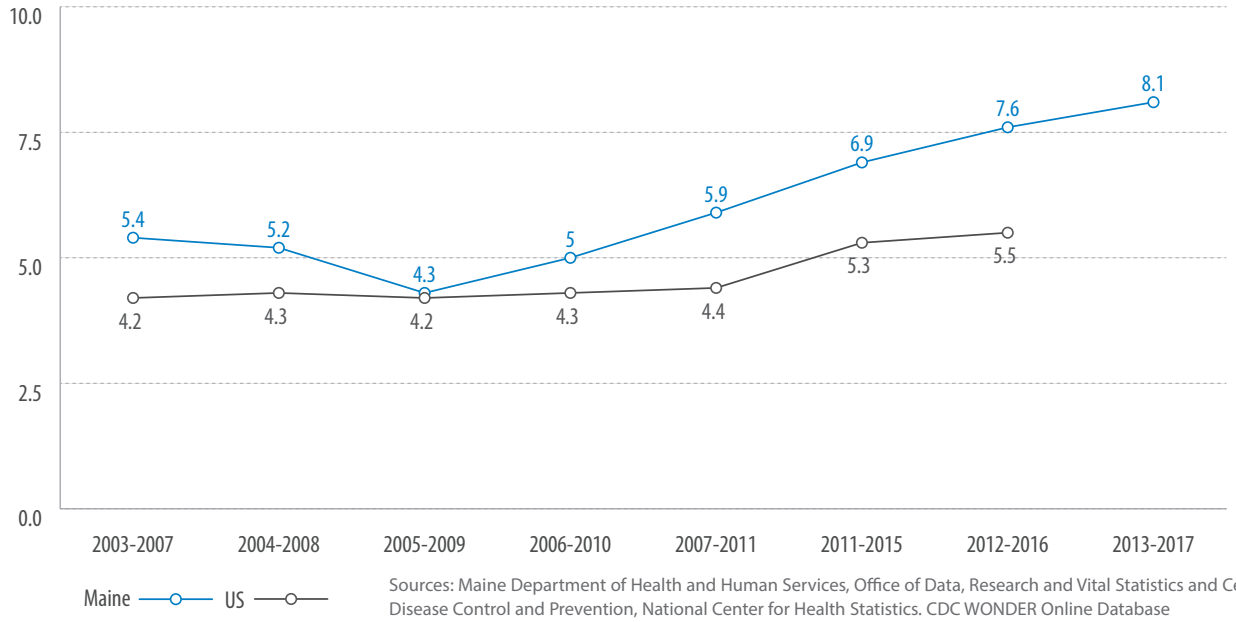
IN MAINE

In Maine, the child and teen suicide rate has risen from 5.3 to 8.1 per 100,000 deaths, comparing 5-year annual averages 2008-2012 with 2013-2017. Although the number of suicides by teens varies each year, the average number of suicides per year by youth under age 20 in Maine has risen by 50 percent in just 5 years, based on 5-year annual averages, and is well above the national average of 5.5 per 100,000. To reverse this alarming trend, Maine needs to support its children, families and communities with evidence-based interventions and by implementing prevention programs that identify individual teens and groups of teens most at risk. Life events can seem out of their control or overwhelming for adolescents and young adults experiencing problems such as economic stress, parental divorce, alcoholism, sexual abuse, bullying, diagnosed mental illnesses, and challenges dealing with sexual orientation/identity. It will take a targeted effort to reach the youth most at risk and connect them with peers and adults who care. The Maine Youth Integrated Youth Health Survey (MIYHS) has data on the prevalence of teens that feel hopeless and have seriously contemplated suicide. What they found was that there were both protective factors and risk factors. Students were less likely to report feeling sad or hopeless or contemplating suicide when they had adequate sleep, good social and family support, and no more than one ACE, (Adverse Childhood Experience). The risk factors included using alcohol or drugs and not feeling as if they mattered.[2] Populations of youth who reported experiences of violence or harassment based on their gender identity or sexual orientation as well as other students who reported being bullied in the last year were more likely to report suicidal thoughts.

1. Centers for Disease Control and Prevention. Suicide increasing among American workers. Press release. 2018. https://www.cdc.gov/media/releases/2018/p1115-Suicide-american-workers.html

2. Maine's Office of Substance Abuse and Mental Health Statewide Epidemiology Outcomes Workgroup (SEOW) analysis of the MIHYS data www.maineseow.com/Documents/2018/SEOW%20EpiProfile%202018%20with%20sub%20state%20data%2011302018.pdf?utm_medium=email&utm_source=govdelivery

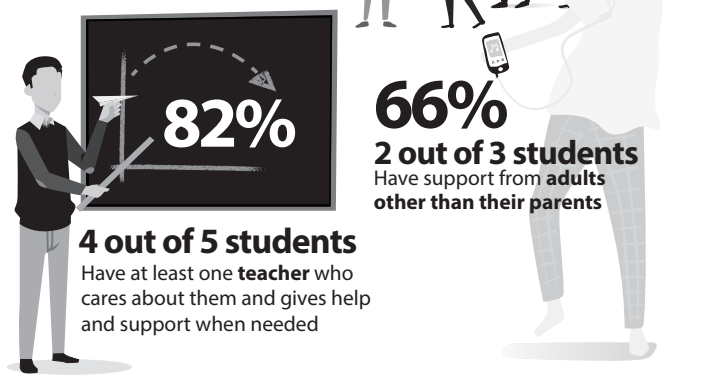
MAINE'S TEEN SUICIDE RATE IS INCREASING FASTER THAN THE RATE FOR TEENS IN THE U.S. (RATE PER 100,000 AGES 10-19)



Sources: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics and Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER Online Database

Key Protective Factors

Students who have these things are less likely to have seriously considered suicide.



4 out of 5 students
Have at least one **teacher** who cares about them and gives help and support when needed

66%
2 out of 3 students
Have support from **adults other than their parents**

28% **1 in 4 students**
Get enough **sleep**.

Key Risk Factors

Students who are more at risk to have seriously considered suicide

22%
Have been bullied on school property in the last month. These students are **THREE TIMES AS LIKELY** to have seriously considered suicide as students who have not been bullied (31% to 10%)

23%
Have experienced two or more adverse childhood experiences (ACES). These students are over THREE TIMES AS LIKELY to have seriously considered suicide as students who have had no or one such experiences. (33% to 9%)

11%
Described themselves as gay, lesbian or bisexual. These students are **NEARLY FOUR TIMES AS LIKELY** to have seriously considered suicide as students who identify as heterosexual. (41% to 11%)

1.5%
Described themselves as transgender. **MORE THAN HALF** of these students (54%) have seriously considered suicide compared to 14% students who are not transgender

Populations of youth who reported experiences of violence or harassment based on their **gender identity** or **sexual orientation** as well as other students who reported being bullied in the last year were **more likely to report suicidal thoughts**.

If you or anyone you know are struggling with thoughts of suicide, call the National Suicide Prevention Lifeline at **1-800-273-8255**.

Adolescent Health & Safety

Adolescence is a developmental period of rapid growth and change. As children explore and increase their independence, it is critical that policies and practices are in place to support their health and safety, and that they have the tools to successfully navigate into adulthood. While most adolescents get through these important years unscathed, others can face problems that undermine their physical and emotional well-being.[1] Some of these challenges include sexual identity, sexual activity, violence or abuse, and substance use. It is important that we carefully watch trends in adolescent health and safety, in order to implement programs and services to support them through this critical and difficult period of their lives.

IN MAINE

The motor vehicle death rate for young drivers steadily decreased from 2005-2012 and has held steady since then. The reasons for the decline include safer vehicles, safer roadways, strong seatbelt and child safety legislation and graduated drivers' licensing policies for teenage drivers. Overall crashes in Maine have increased for both adults and teenagers since 2015, but injuries to youth have been reduced.

1. Pirani, Fiza. What's Killing America's Teens? Inside CDC's new mortality report. The Atlanta Journal-Constitution. 2018. https://www.ajc.com/news/national/what-killing-america-teens-inside-cdc-new-mortality-report/OeNlRXFCJqxZz5H7LsL5zJ/

ADOLESCENT HEALTH AND SAFETY	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*
Adolescents served in the Maine family planning system (rate per 1,000 adolescents ages 15-19), 2017	4,718	59.4	54.0
Females (rate per 1,000 females ages 15-19)	*4,083*	*106.1*	*96.3*
Males (rate per 1,000 males ages 15-19)	*635*	*15.5*	*14.0*
Young adults living with HIV/AIDS (rate per 10,000 young adults ages 18-24), 2017	27	2.5	2.5
Chlamydia cases, (rate per 10,000 children ages 10-19), 2017	1,109	72.5	67.0
Gonorrhea cases, (rate per 10,000 children ages 10-19), 2017	57	3.73	2.3
Children and adolescents using MaineCare services of licensed alcohol and drug abuse treatment providers (rate per 1,000 children ages 10-19), 2017	644	4.2	4.5
Children ages 10-14 (rate per 1,000 children ages 10-14)	*179*	*2.4*	*2.4*
Adolescents ages 15-19 (rate per 1,000 children ages 15-19)	*465*	*5.9*	*6.5*
Teen suicide (rate per 100,000 ages 10-19), 2013-2017 5-year annual average	13	8.1	7.6
Teen suicide (rate per 100,000 ages 10 -14)	*2*	*2.7*	*2.1*
Teen suicide, (rate per 100,000 ages 15 -19)	*11*	*13.1*	*12.4*
Licensed drivers ages 16-19 (Class C 2017)	35,196	N/A	34,582
Crashes having young person(s) involved (as % of all motor vehicle crashes), 2017	8,077	23.1%	23.6%
Crashes with resulting young injury (as % of all motor vehicle crashes), 2017	1,352	3.9%	5.4%
Teen motor vehicle deaths, (rate per 100,000 children ages 15-19), 2013-2017 annual average	12	15.0	15.1
Fatalities of any person with a teen driver (rate per 100,000 children ages 15-19), 2013-2017 annual average	13	16.0	16.2
OUI arrests (rate per 1,000 drivers under age 20), 2017	307	8.7	9.5
Texting while driving convictions (rate per 1,000 drivers under age 20), 2017	36	1.0	1.3

MORE ADOLESCENT HEALTH AND SAFETY MEASURES	*Current Percent*	*Previous Percent**
Number of High School Students completing the survey	38,186	35,504
Percentage of students who completed the survey	68.6%	61.9%
Used an electronic vapor product in last 30 days	15.3%	18.4%
Prescription drugs not prescribed for them (OxyContin, Percocet, etc.) by a doctor in the past 30 days	5.9%	4.8%
Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	7.2%	7.5%
Offered/sold/given illegal drug by someone on school property during past 12 months	19.5%	20.1%
Ever having had sexual intercourse	38.0%	38.7%
Using a condom during last intercourse, of those students who are sexually active	60.7%	62.1%
In a physical fight one or more times during the last 12 months	15.3%	15.2%
Experienced physical dating violence during the past 12 months	8.5%	8.3%
Consumed soda, lemonade, energy drink etc. at least once per day in last 7 days	20.5%	23.1%

Maine Integrated Youth Health Survey (MIYHS), 2017. County level data for MIYHS measures is available at https://data.mainepublichealth.gov/miyhs/home
*The previous survey was in 2015

Alcohol, Tobacco & Marijuana

Underage or illegal alcohol and drug use has negative implications for the developing brain and can lead to health challenges into adulthood. Decades of research shows that addiction commonly begins in adolescence or young adulthood. Most adult smokers begin before age 18, more than 40 percent of adults who become alcoholics experience alcohol-related symptoms between ages 15-19, and the median age at which adults suffering from addiction begin using illegal drugs is 16.[1] With the legalization of marijuana and rise in opiate addiction in adults, Maine should respond by promoting and strengthening access to substance use education and treatment programs for young Mainers.

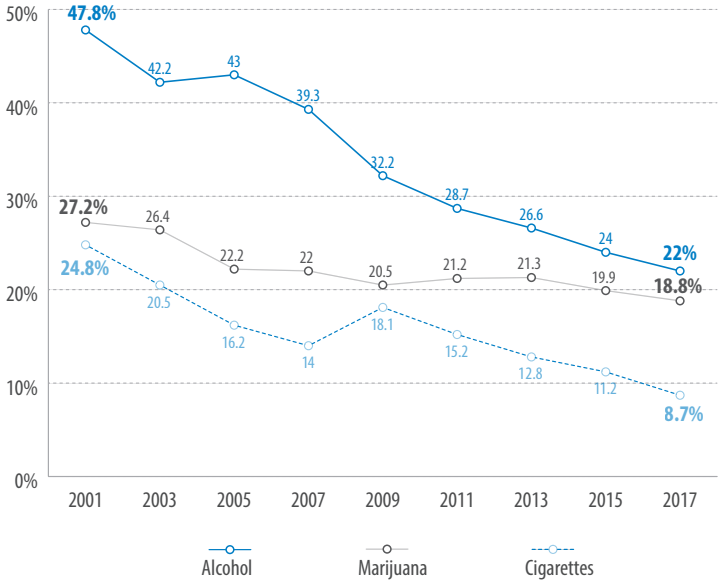
IN MAINE

More Maine adolescents are leading healthier and safer lives in their teenage years. The percentage of high school students who report using alcohol and cigarettes has steadily decreased since 2001— the percentage of high school students who report smoking cigarettes has decreased by 65 percent, and the percentage of students reporting drinking alcohol has decreased by just over 50 percent. Despite these decreases, vaping rates are nearly double that of cigarettes. Furthermore, e-cigarette use has led to an increase in overall tobacco use.[2] The Maine law making recreational marijuana legal for adults over age 21, also means marijuana use among teens bears watching.

1.Substance Abuse and Mental Health Administration, 2013 National Survey on Drug Use and Health

2. U.S. Food & Drug Administration, 2018 National Youth Tobacco Survey

ALCOHOL, MARIJUANA AND CIGARETTE USE DECLINE AMONG MAINE TEENS

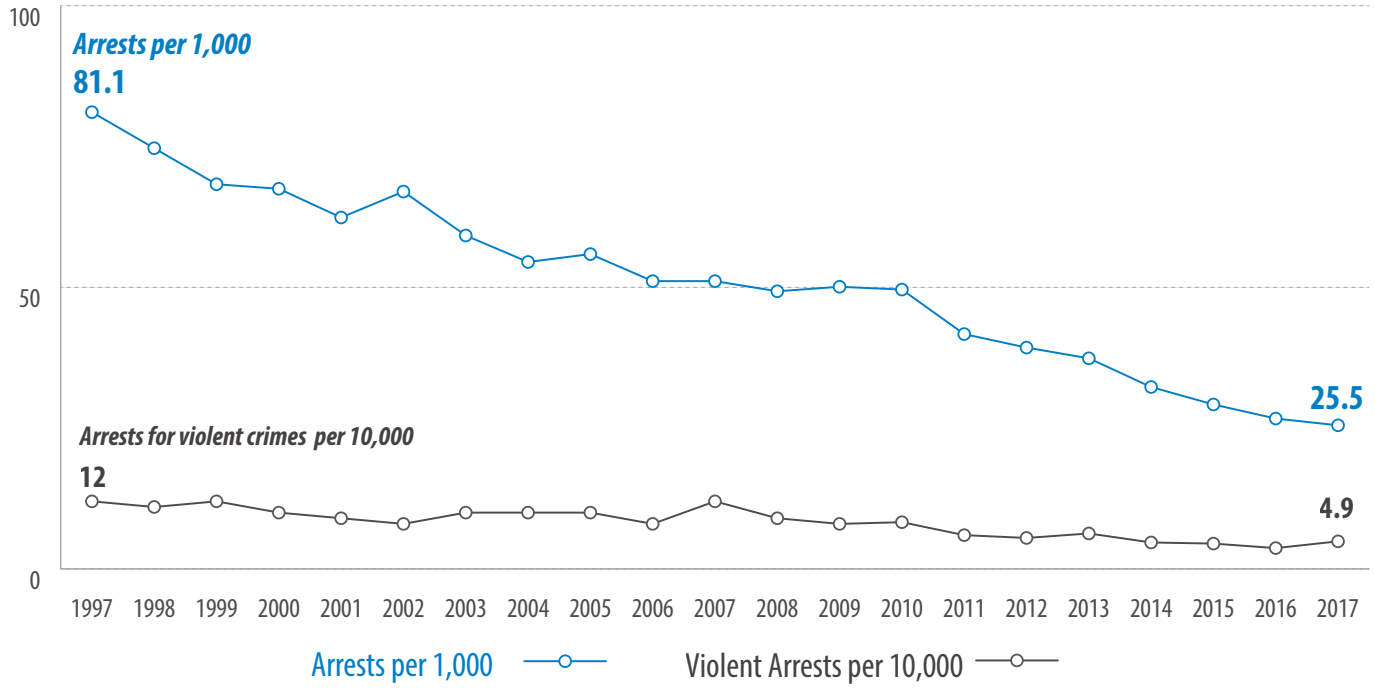


Source: Youth Risk Behavior Surveillance System (YRBS)

ALCOHOL, MARIJUANA AND CIGARETTE USE	*State Percent*	*Previous Percent*	*National Percent*
Cigarette use (past 30 days)	8.7%	10.8%	8.8%
Marijuana use (past 30 days)	18.8%	19.9%	19.8%
Alcohol use (past 30 days)	22.0%	24.0%	29.8%

* Previous YRBS survey was in 2015
Source: Youth Risk Behavior Surveillance System (YRBS), 2017

ARRESTS FOR ALL CRIMES AND ARRESTS FOR VIOLENT CRIMES WERE BOTH DOWN BY TWO THIRDS FROM 1998 TO 2017



Source: Maine Department of Public Safety, Uniform Crime Reports, 2017

CRIME/JUVENILE JUSTICE	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*
Arrests of children (rate per 1,000 children ages 10-17), 2017	3,055	25.5	26.7
Arrests of children for violent crimes (rate per 100,000 children ages 10-17), 2017	59	49.3	37.0
Domestic assaults reported to police (rate per 100,000 of population), 2017	4,178	312.8	351.1
Juveniles committed in juvenile corrections (rate per 100,000 children ages 10-17), 9/30/18	22	18.4	49.8
Juveniles detained in juvenile correction (rate per 100,000 children ages 10-17), 9/30/18	22	18.4	21.6

Juvenile Justice

Experts now know that juveniles who spend any days in a prison or jail are more likely to re-offend as adults, regardless of the severity of the crime.[1] National rates of juvenile incarceration are down, and over the last twenty years, juvenile crime and juvenile arrests have fallen by over 50% nationwide.[2] As an alternative to incarceration, many states, including Maine, have moved towards alternative sentencing, such as restorative justice practices.

IN MAINE

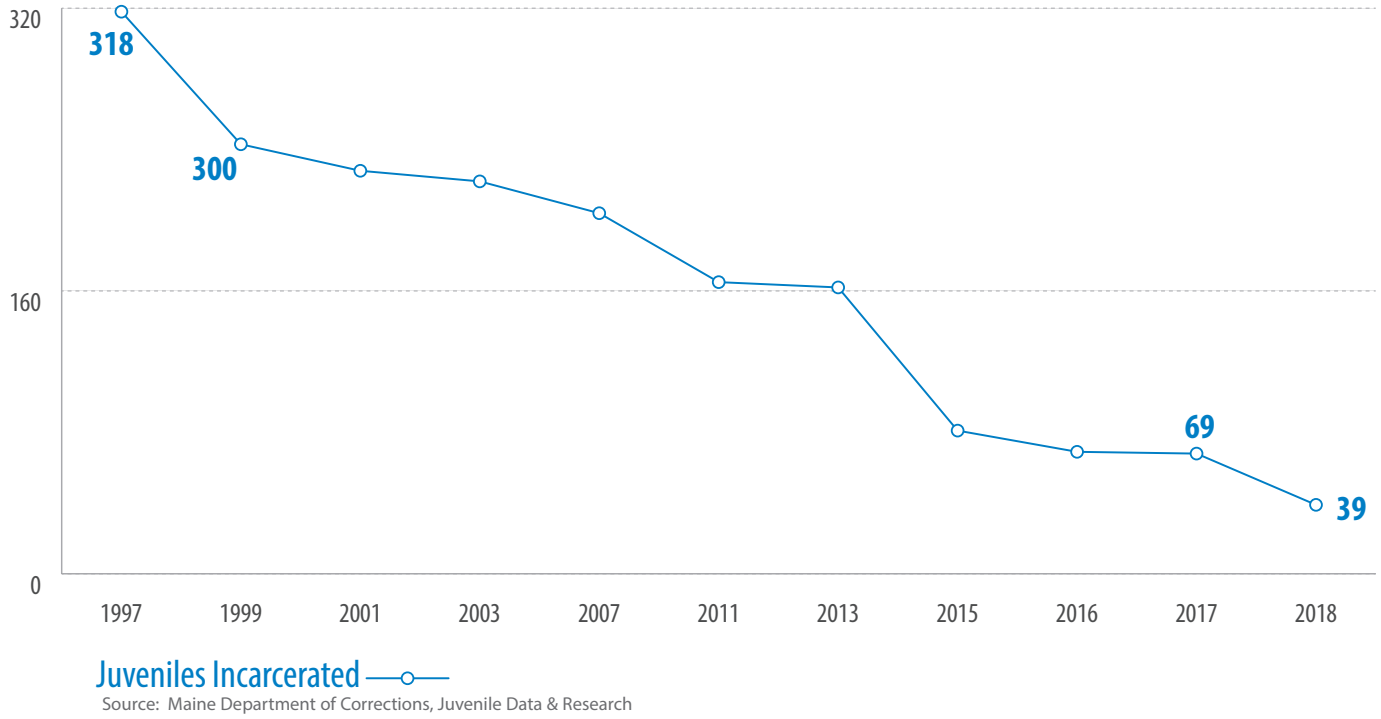
The number of youths incarcerated in Maine has dropped from 318 in 1997 to 39 detained or committed as of December 2018. As of 2017, the Mountain View Development Center in Charlestown, Maine has a unit for youth detained while awaiting a court hearing in the northern part of the state. All other detained or committed youth are housed at the Long Creek Youth Development Center in South Portland. In Maine and elsewhere, more youth are diverted from the court system and once in the court system typically receive sentences that do not include incarceration. Arrests for juveniles in Maine and in the nation are also significantly down. In Maine, there has also been a decline by 20 percent between 2003-2017 in the number of youth ages 12-17 living in Maine, so fewer youth mean fewer incarcerated youth, too. Maine has sought to alter its youth incarceration practices, based on research that has shown youth are much less likely to have positive outcomes after being incarcerated, compared to youth who committed the same crimes and were not incarcerated.[3]

1. Annie E. Casey Foundation. No Place For Kids. The Case for Reducing Juvenile Incarceration. 2011. https://www.aecf.org/m/resourcedoc/aecf-NoPlaceForKidsFullReport-2011.pdf

2. Office of Juvenile Justice and Delinquency Prevention. https://www.ojjdp.gov/ojstatbb/snapshots/DataSnapshot_UCR2017.pdf

3. Office of Justice Programs. Effectiveness of Restorative Justice Principles in Juvenile Justice: A Meta-Analysis. www.ncjrs.gov/pdffiles1/ojjdp/grants/250872.pdf

THE NUMBER OF JUVENILES INCARCERATED HAS DROPPED FROM 318 YOUTH INCARCERATED IN DECEMBER 1997 TO 39 YOUTH AS OF DECEMBER 2018



Source: Maine Department of Corrections, Juvenile Data & Research

Poverty

Growing up in poverty can dramatically impact a child's life. Child poverty can adversely affect children across all developmental domains, beginning in early childhood and lasting into adulthood.[1] Living in poverty also increases a child's risk for poor health, cognitive, social, emotional, and educational outcomes.[2] Adults who grew up in poverty are likely to earn less, struggle to maintain steady, stable employment, and engage in crime. This is especially true for adults who spent long periods of their childhood in poverty, or periods of their childhood in deep poverty.[3]

IN MAINE

The poverty rate for children in Maine in 2017 was 14.2 percent, a steep decline from 2012 when it was 19.8 percent. Nationally and in Maine child poverty fell to below pre-recession levels. Maine's decline in poverty from 2016-2017 was the largest in the country. In one year, nearly 6,400 Maine children were lifted out of poverty, due in part to the minimum wage increase. Despite this, Maine's child poverty rate is still higher than all the other New England states, except Rhode Island. Even with these gains, 35,000 Maine children are still living in poverty. According to the American Community Survey (2017), there were 14,000 children in deep poverty with family incomes below 50 percent of the federal poverty level ($12,600 for a family of four). Many of these children were living in households headed by single mothers who did not experience the same economic gains as other family types recently did.

There remain wide variations in child poverty by county. In 2017 both Cumberland and York Counties had poverty rates below 10 percent. The county with the next lowest percentage of children in poverty was Sagadahoc at 14 percent. None of the other 13 counties had rates below the state average of 14.2 percent and four counties had child poverty rates above 20 percent. Comparing 2017 to 2016, the child poverty rate improved for every county in the state except Oxford.

In Maine and the nation, due to historic racism and systemic inequalities, children of color experience higher rates of child poverty. In Maine, the African American child poverty rate of 53 percent was well above the US average of 36 percent, (comparing 2013-2017 5-year averages). American Indian children in Maine also had a higher rate of poverty than national averages: 41 percent versus 34 percent in the US overall. In Maine, it is important to note that even though Non-Hispanic White children have among the lowest rates, four out of five children in poverty are white.

1. Moore, K. and Redd, Z. April 2009. Children in Poverty: Trends, Consequences, and Policy Options. www.childtrends.org/wp-content/uploads/2013/11/2009-11ChildreninPoverty.pdf

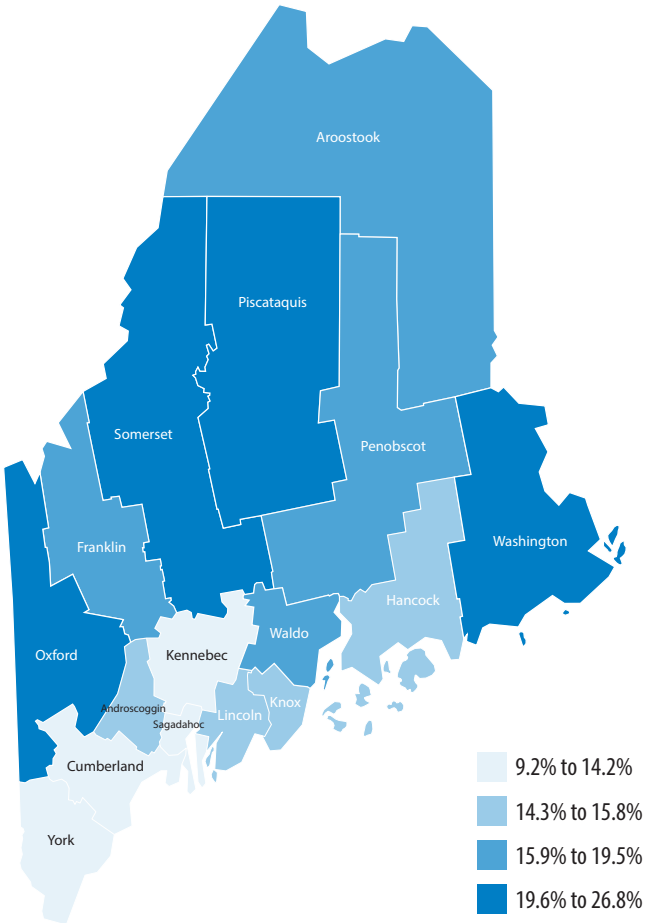
2. Harvard Center on the Developing Child at Harvard University (2014). A Decade of Science Informing Policy. h46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/09/A-Decade-of-Science-Informing-Policy.pdf

3. Ratcliffe, Caroline. September 2015. Child Poverty and Adult Success. Urban Institute. www.urban.org/sites/default/files/alfresco/publication-pdfs/2000369-Child-Poverty-and-Adult-Success.pdf

HOUSING	*Number*	*Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent*
Children in low-income households where housing costs exceed 30% of income (as % of children in low-income families), 2017	53,000	57%	59%	61%
Children living in high poverty areas (as % of children under age 18), 2013-2017	9,341	4%	5%	12%
Homeless children accompanied by a parent or guardian (rate per 10,000 children ages 0-17), January 2018	231	9.8	9.4	14.7
Homeless children unaccompanied by a parent or guardian (rate per 10,000 children ages 12-17), January 2018	7	0.8	1.9	4.5
Children enrolled in school or Head Start who were homeless or doubled up at any time, (rate per1,000 children ages 3-17), 2016-2017	2,515	13.8	12.3	25.2

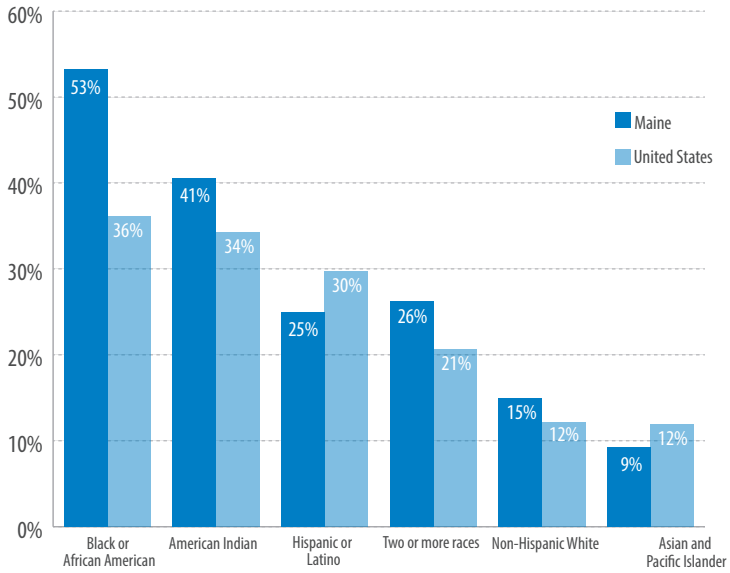
POVERTY	*Number*	*Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent*
Children under age 18 in poverty (as % of children ages 0-17), 2017	35,045	14.2%	16.7%	18.4%
Children under age 5 in poverty (as % of children ages 0-4), 2017	9,522	15.2%	18.7%	20.2%
Children under age 18 in deep poverty (as % of children ages 0-17), 2017	14,285	5.7%	6.6%	8.0%
Children living with food insecurity (as % of children ages 0-17), 2016	50,520	19.8%	21.4%	17.5%

CHILDREN IN POVERTY, 2017: WHILE TWO COUNTIES HAVE RATES BELOW 10 PERCENT, FOUR COUNTIES ARE ABOVE 20 PERCENT



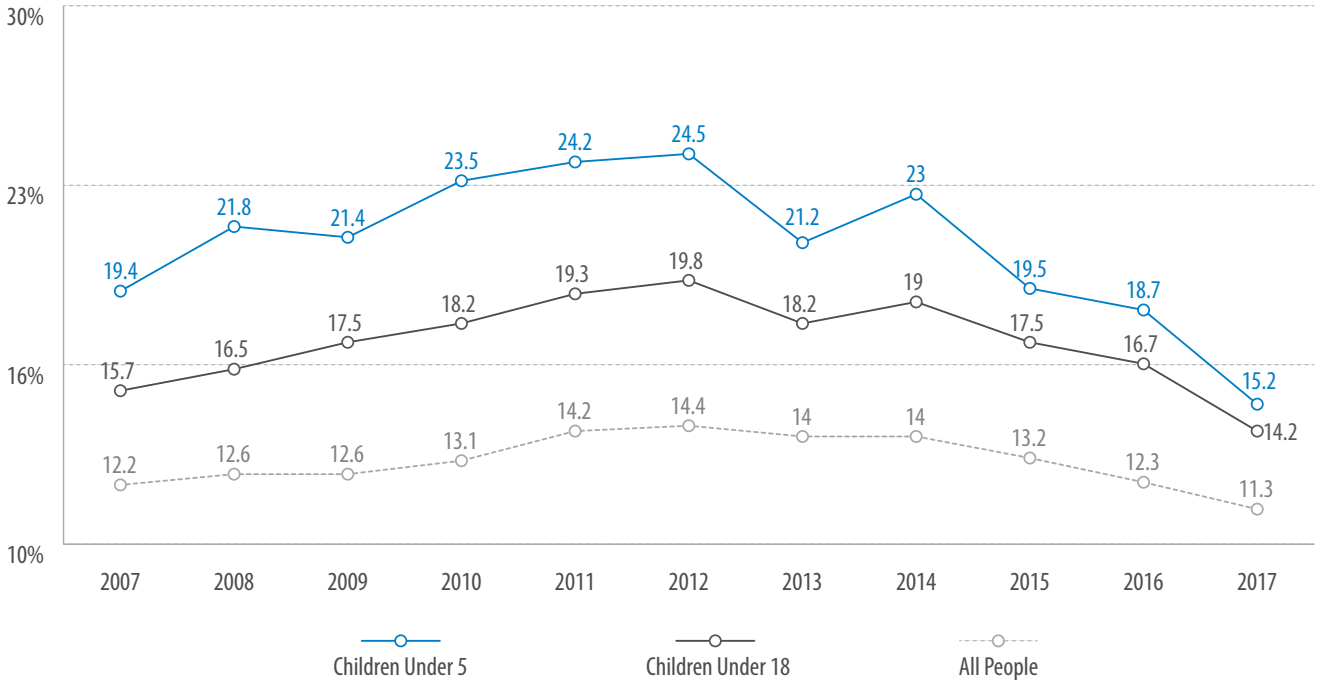
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE, 2017)
County data available at Maine Kids Count
https://datacenter.kidscount.org/data#ME/5/0/char/0

CHILDREN OF COLOR EXPERIENCE HIGHER RATES OF CHILD POVERTY IN MAINE AND THE NATION, 2013-2017



Source: MCA Analysis of U.S. Census Bureau's American Community Survey five-year estimates (2013-2017). Tables B170011A-I

THE PERCENTAGE OF MAINE CHILDREN IN POVERTY HAS BEEN DECREASING SINCE 2014, AND IS THE LOWEST IT HAS BEEN SINCE 2001 FOR CHILDREN UNDER FIVE



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE, 2017)

Family Income

Median family income has real implications for children, who benefit when parents can provide for their families. From securing adequate food and housing to accessing quality and reliable child care—family income is critical to achieving and maintaining stability. And income has implications for a family's mental and physical health, too. A recent study on children and families in the Great Smoky Mountains revealed links between increases in family income and improvements in the mental health of both the children and their families.[1]

IN MAINE

At $73,500, Maine's median family income is now above the US average of $71,400 and above Maine's 2018 livable wage of $66,144 for a family of four. However, there is wide variation in median income levels by county. In York County household incomes are about 80 percent higher than household incomes in Washington County. In order to provide for stable families and households, policies that increase wages and supports for families to make a living wage are critical.

1. Akee, R., Simeonova, E., Costello, J., and Copeland, W. September 2015. Working Paper 21562: How Does Household Income Affect Child Personality Traits and Behaviors. Cambridge, MA: National Bureau of Economic Research. www.nber.org/papers/w21562.pdf

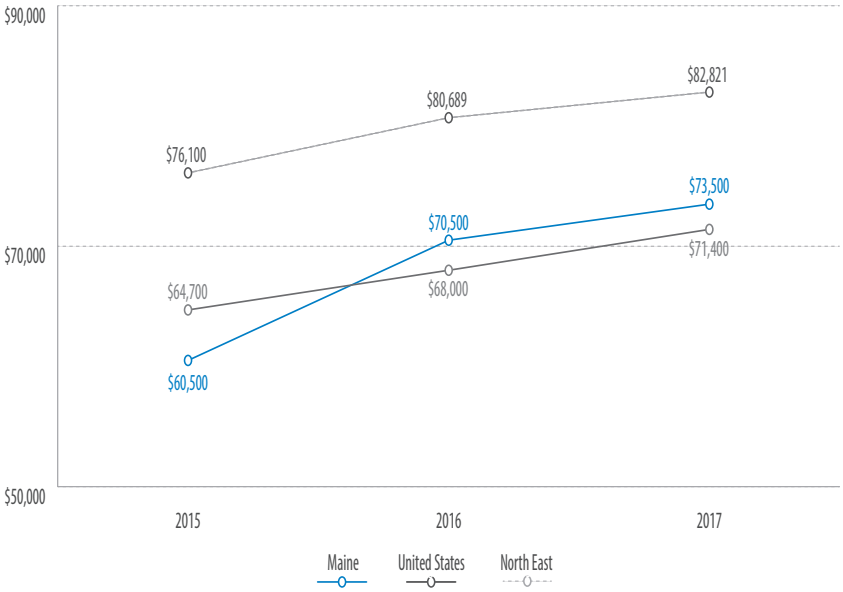
2. Great Smoky Mountains study. www.bbrfoundation.org/content/jane-costello-what-great-smoky-mountains-study-telling-us-about-mental-illness-among

LIVING WAGE BY FAMILY TYPE	*Hourly wage*	*Annual income before taxes*	*Previous per hour*	*National per hour*
Single adult with two kids, 2018	$29.01	$ 60,341	$28.41	$29.56
Two adults with two kids, both adults working (wage per adult), 2018	$15.90	$ 66,144	$15.82	$16.14

Source: Massachusetts Institute of Technology Living Wage Calculator

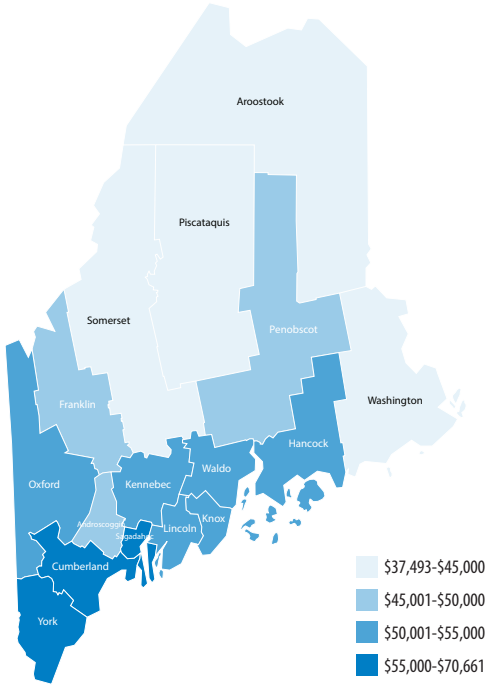
INCOME AND EMPLOYMENT	*State Number*	*Current Rate or Percent*	*Previous Number or Percent*	*National Number or Percent*
Children in low-income families (as % of children under age 18), 2017	81,000	33%	38%	40%
Median income of families with children, 2017	$73,500	N/A	$70,500	$71,400
Median household income, 2017	$55,980	N/A	$52,926	$60,336
Unemployment, (as % of civilian labor force), 2017	22,958	3.3%	3.9%	4.4%

MAINE'S MEDIAN INCOME FOR FAMILIES WITH CHILDREN SURPASSED THE US IN 2016 AND 2017, BUT IS STILL LOWER THAN THE NORTHEAST



Source: Population Reference Bureau, from the U.S. Census Bureau, 2015- 2017

ONLY 3 COUNTIES HAVE MEDIAN HOUSEHOLD INCOMES AT OR ABOVE THE STATE'S MEDIAN HOUSEHOLD INCOME



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE, 2017) County data can be accessed at Maine Kids Count https://datacenter.kidscount.org/data#ME

Family Economic Security

Anti-poverty programs and policies can have a powerful impact on children, families and communities, by limiting the adverse effects of child poverty on child well-being and future outcomes. Programs like Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) help families achieve economic stability and independence by filling the gaps during tough economic times, while programs like the Earned Income Tax Credit (EITC) help make work pay.[1] Research shows that public investment in children and these programs promotes family stability, improves educational achievement, productivity, and future earnings.[2]

IN MAINE

Maine's income support programs are serving significantly fewer children and families than before the 2012 implementation of a 60-month lifetime limit on the program and a stricter sanction policy that covers the entire family. In December 2011, there were 23,922 children on TANF. By the following year, more than a third of those children no longer had TANF benefits. From 2012 to 2017, another 8,000 children stopped receiving TANF benefits. As of December 2018, there were just 7,014 children receiving TANF; yet as of 2017, more than 14,000 children were living in deep poverty. This reduction in the number of children with TANF has also meant that there are less than half as many child care vouchers for families working towards finding a job and transitioning off TANF. [3]

Effective child support collection is another significant means of increasing income for single parents. The number of open cases for child support has been dropping each year in Maine, while the number of cases where child support has been received has stayed flat, resulting in higher rates of child support collections: 75 percent in 2017, up from 56 percent in 2013 and above the 2017 national average of 63 percent.

1. Sherman, A., Trisi, D. and Parrott, S. July 2013. Various Supports for Low-Income Families Reduce Poverty and Have Long-Term Positive Effects on Families and Children. *Center on Budget and Policy Priorities.* http://www.cbpp.org/sites/default/files/atoms/files/7-30-13pov.pdf

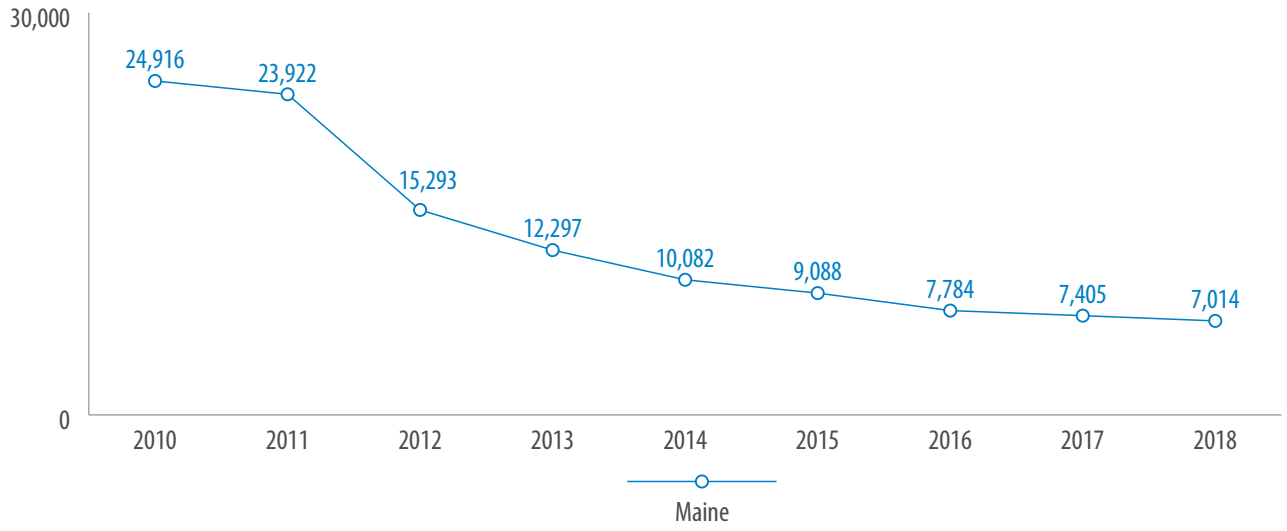
2. Partnerships for America's Economic Success. November 2008, Issue Brief #8. "Reading, writing and hungry: The consequences of food insecurity on children, and on our nation's economic success." Washington, DC: Food Research and Action Center (FRAC).

3. Maine Department of Human Services, TANF data for December of each year; and Aspire and Parents as Scholars child care voucher data in yearly reports

INCOME SUPPORTS	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*
Children receiving TANF (as % of children ages 0-17), Dec 2018	7,014	3.0%	2.9%
Children receiving SNAP (as % of children ages 0-18), Dec 2018	60,210	22.4%	23.6%
School children eligible for subsidized school meals (as % of school children), 2018-2019	81,969	46.0%	46.3%
Recipients of WIC benefits, 2018	29,816	N/A	N/A
Women	*8,197*	N/A	N/A
Infants and Children (as % of all children under age 5)	*21,619*	*33.5%*	*35.0%*
Child support enforcement cases with collection (as % of cases), FFY 2017	34,238	74.8%	71.3%
Children served through TANF child care subsidies, SFY 2018	4,092	N/A	4,173*
ASPIRE and Parents as Scholars child care (as % of children served)	*2,310*	*56%*	*47%*
Transitional child care (as % of children served)	*1,782*	*44%*	*53%*
Children served through CCDF subsidies, FFY 2018	6,087	N/A	5,614*

*Number of children served

THE NUMBER OF CHILDREN WITH TANF DROPPED BY TWO-THIRDS BETWEEN 2011-2018



Early Learning

The early years play a fundamental role in brain development – much like a house, they lay the foundation for all future cognitive, social and emotional development. As a result, it is critical that all children have quality, early learning experiences in the home and in child care settings so they have the best opportunity to grow up to be confident, caring and capable adults. Families pursue many different avenues to secure affordable, quality care for their children. Their options range from licensed child care programs, family, friend and neighbor care, to public programs such as Head Start and public preschool. Yet, as the cost of child care continues to rise, many families struggle to access affordable, quality care for their children.

We now know that healthy brain architecture is dependent on nurturing relationships with adults, and enriching learning opportunities starting at birth. Research has revealed substantial long-term economic benefits to public investment in quality, early learning experiences for children. Not only do early childhood programs that begin at birth lead to significantly better life outcomes for children, but they can also yield up to a 13 percent annual return on investment.[1] Quality, affordable early care is a sound investment that is good for Maine children and good for our collective economy.

IN MAINE

In Maine, there is considerable need for more high-quality, affordable early care and education programs. As of 2017, 73 percent of children under the age of six lived in families with all available parents in the workforce and were likely in need of full-time child care. For licensed child care, there are 1,706 child care centers and family child care homes in Maine. Of the 977 child care providers enrolled in Maine's Quality Rating and Improvement System (QRIS), only 15 percent meet the highest standard. Only 40 percent of children ages 0-5 who are income-eligible are enrolled in Head Start. Looking at public preschool, 43 percent of Maine's four-year-olds are attending preschool programs. There is wide variation in the availability of preschool by county. For instance, children in Aroostook County are four times more likely to attend public preschool than children in York or Cumberland Counties. It is probably not coincidental then that Aroostook's high school graduation rate is second only to Cumberland's. We can do more to expand access to Head Start and public preschool programs for young children across the state to ensure Maine children living anywhere in the state have the best foundation for future success.

1. García, J. L., Heckman, J. J., Leaf, D. E., & Prados, M. J. (2016). The life-cycle benefits of an influential early childhood program (No. w22993). National Bureau of Economic Research.

EARLY LEARNING AND DEVELOPMENT PROGRAMS	*State Number*	*State Percent*	*Previous Number/ Percent*
Number of licensed child care providers, October 2018	1,706	N/A	1,745
Family Child Care (as % of licensed providers)	950	55.7%	57%
Child Care Centers (as % of licensed providers)	756	44.3%	43%
Number of child care providers in Quality Rating System (QRIS) (as % of licensed providers), October 2018	977	57.3%	54%
Family Child Care Providers in QRIS (as % of licensed family providers)	453	47.7%	46.4%
Child Care Centers in QRIS (as % of licensed centers)	524	69.3%	64%
Children enrolled in Head Start programs (as % of eligible children), 2018	3,760	39.5%	33.1%
Children enrolled in Maine Public Four-Year-Old Programs (as % of children age 4), 2017-2018	5,650	42.8%	38.4%
Children receiving early intervention through Child Development Services, Part C (as % of children ages 0-36 months), FFY 2018	2,088	5.5%	5.6%
Children receiving early intervention through Child Development Services Part B (as % of children ages 3-5 years), FFY 2018	5,085	12.9%	10.6%

Reading and Math Proficiency

Reading and math skills are foundational tools for future learning and success for children. Students who are reading proficient by the end of third grade are more likely to graduate from high school, pursue post-secondary education or training, earn more as adults, and successfully transition into adulthood. Up until the end of the third grade, children are learning to read, but an important transition happens upon entering the fourth grade, when they begin reading to learn. As a result, reading becomes an essential skill to master other critical subjects such as math, science, history, and foreign languages. If a child is not reading proficient by the end of the third grade, they are more likely to fall behind, perform poorly in school, and not graduate.[1] All children deserve a chance to succeed, and this starts by making sure they each have the resources, programs and supports to achieve the critical marker of reading proficiency by the end of third grade. As technology continues to transform our economy, the demand also grows for a workforce with math and science skills and training. Just as reading proficiency is an important part of a solid educational foundation, so too is ensuring kids have early access to high-quality math education.

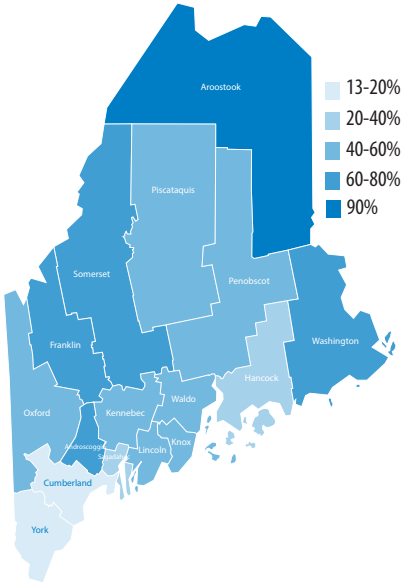
IN MAINE

Just over half of Maine students are proficient in reading by March of 4th grade and only two out of five 8th grade students are proficient in grade level math based on the results of the Maine Education Assessment (MEA) conducted in March 2018. There is an apparent link between income and reading proficiency.[2] Only 39 percent of Maine students with low incomes scored at or above 4th grade reading proficiency, compared to 63 percent of students who live in higher income households. The math scores of Maine students are cause for concern, with less than 40 percent of 8th grade students showing proficiency. As with reading, wide disparities in 8th grade math scores exist across income levels. Finally, because of generational inequities and systemic barriers, students of color face additional hurdles to success in academic achievement, with the differences more pronounced in 8th grade math scores than in 4th grade reading. All Maine children deserve the opportunity to reach their full potential, and that starts with a solid foundation in educational proficiency. Clearly, more must be done so that all Maine students can master these critical skills necessary to achieve academic success.

1. Center for Public Education https://www.nsba.org/sites/default/files/reports/NSBA_CPE_Early_Literacy_Layout_2015.pdf

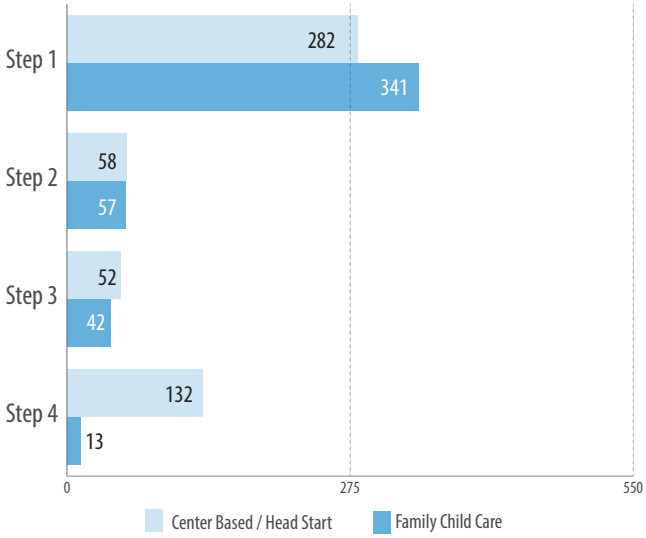
2. Annie E. Casey Foundation, Early Warning Confirmed: A Research Update on Third-Grade reading, November 2013. http://www.aecf.org/m/resourcedoc/AECF-EarlyWarningConfirmed 2013.pdf

THE PERCENT OF 4-YEAR-OLDS IN PUBLIC PRESCHOOL VARIES FROM 90% IN AROOSTOOK COUNTY TO UNDER 20% IN CUMBERLAND AND YORK COUNTIES, 2017-2018



Source for map: Analysis done using Maine Department of Education, enrollment data 2017-2018. County data available at Maine Kids Count https://datacenter.kidscount.org/data#ME

MOST CHILD CARE PROVIDERS PARTICIPATE IN THE QRIS SYSTEM AT STEP 1, THOUGH 132 CHILD CARE CENTERS ARE AT STEP 4



Source: Quality Rating and Improvement System - Monthly Enrollment Report, October 2018

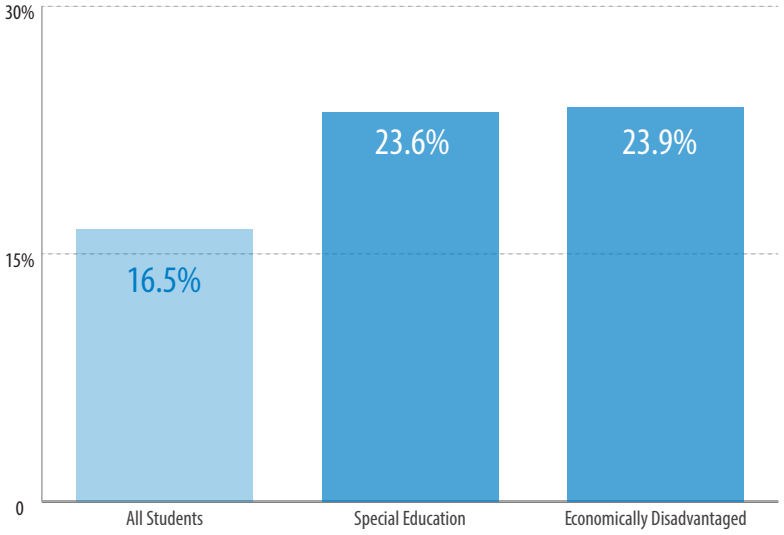
ACADEMIC ACHIEVEMENT	*State Number*	*State Percent*	*Previous Percent*
4th grade students scoring at or above reading proficiency levels (as % of 4th grade students taking MEA reading test), 2018	6,650	51.3%	51.6%
Economically disadvantaged student*	2,355	38.7%	38.4%
*Students who are not economically disadvantaged**	4,295	62.5%	63.0%
8th grade students scoring at or above math proficiency levels (as % of 8th grade students taking MEA math test), 2018	5,108	38.7%	35.3%
Economically disadvantaged students	1,224	22.9%	21.0%
Students who are not economically disadvantaged	3,869	49.5%	45.3%
Chronic Absenteeism, students absent 18 or more days (as % of all students), 2017-2018	29,470	16.5%	15.7%
Children who are English Language Learners (as % of public school students), 2018-2019	6,048	3.3%	3.3%

*Determined by whether the student is eligible for free or reduced meals

CHRONIC ABSENTEEISM

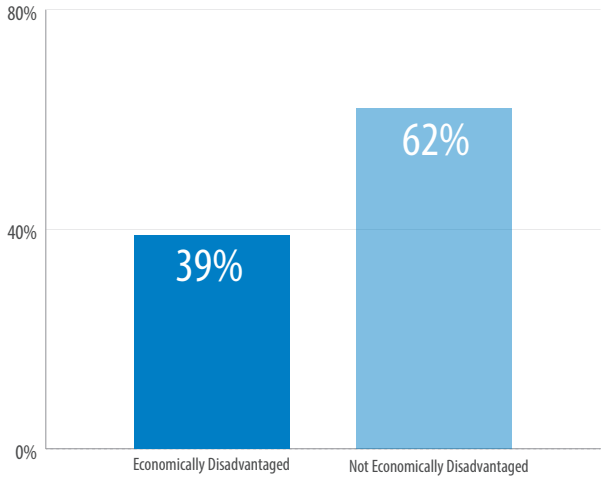
Approximately one in four students who are economically disadvantaged or in special education are likely to be chronically absent, compared to one in six students overall.

One of the keys to preventing chronic absences is improving the schools' climate and culture. This means finding ways to engage all students, reduce bullying and anxiety, and ensure that students have positive relationships with teachers and school staff. This is especially important for students who are economically disadvantaged, and/or receiving special education services, or feel isolated from their peers.

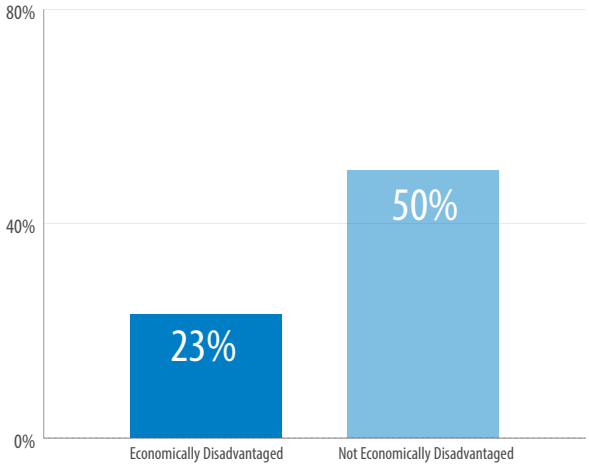


Source: Maine Department of Education, Data Warehouse 2017-2018 school year

FOURTH GRADE STUDENTS PROFICIENT IN READING, 2018

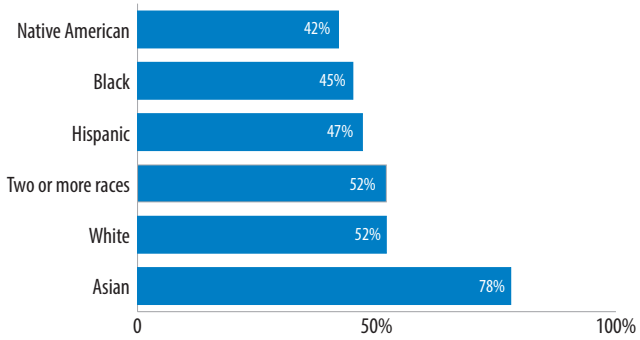


EIGHTH GRADE STUDENTS PROFICIENT IN MATH, 2018

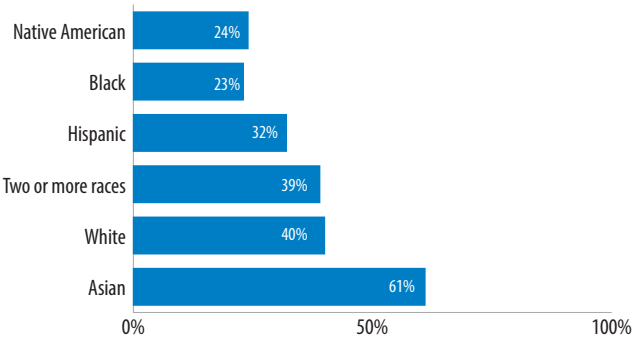


Source: Analysis of statewide data from Maine Education Assessment (MEA), March 2018

FOURTH GRADE STUDENTS PROFICIENT IN READING, 2018



EIGHTH GRADE STUDENTS PROFICIENT IN MATH, 2018



* Does not include students in English Language Learners (ELL) classes.
Source: Analysis of statewide data from Maine Education Assessment (MEA), March 2018

Special Education

Special education and related services play an integral role in educating children with special needs and improving their long-term outcomes. These services are intended to improve student achievement and graduation rates, increase participation in post-secondary education and increase employment and wages. Recent brain research has shown how important it is to address learning issues as early as possible, preferably before age 3 and certainly before entering grade school, so that they receive the services they need to thrive in school and beyond.[1]

IN MAINE

Maine identifies many school-age children needing special education services and develops individualized education plans (IEPs) to help them reach their full potential. However, Maine has not been successful in identifying and offering critical early intervention services as early as possible. In 2016-2017 school year, there were 29,620 students ages 6-20 enrolled in Maine public schools with an identified disability out of 174,283 students in that age group for a rate of 17.0 percent.[2] Maine has the highest rate in the nation for students ages 6-20 receiving special education services.

Maine has the 9th highest rate of identifying and serving children ages 3-5 with disabilities. There were 5,095 preschool students receiving early intervention services. At 13 percent, Maine's rate of serving this age group is very close to the rates in the other five New England states. However, Maine's Department of Education Child Development Services reported they served just 249 children under age one in fiscal year 2018, or a rate of less than 2 percent. Compared with other states, Maine was in last place among all 50 states with the lowest rate for serving infants under age one with disabilities.[3] The issue of failing to identify children who need early intervention services is also happening at doctors' offices in Maine. Of the twenty-seven states that reported to Medicaid their claims for annual developmental screenings for children ages 1-3, Maine was below the national average. In Maine, just 30 percent of children with MaineCare had developmental screenings. This is below the national median rate of 40 percent. By contrast, Vermont and Massachusetts had rates close to 80 percent.[4]

The number of children with autism in Maine continues to grow, although at a slower rate. There were 3,049 students with autism ages 6-20 enrolled in Maine public schools in 2016-2017. This compares to 2,535 in 2011-2012 and only 1,055 in 2005-2006.

Data from the Maine Department of Education shows significant disproportionality of American Indian students identified with a disability and placed in special education services.

Out-of-school factors such as poor nutrition, stress, and exposure to environmental toxins may explain part of this disproportionality.[5] Another factor may be that special education law requires that a team of people (the "IEP Team") make determinations of eligibility, such determinations are subject to assumptions, beliefs, community norms, personal judgments, and social negotiation. [6]

1. Lange, Stephen and Brent Thompson. At Risk for Learning Disabilities. International Journal of Special Education. 2006. https://files.eric.ed.gov/fulltext/EJ843624.pdf

2. US Department of Education, IDEA 618, Table 8 (ages 6- 21)

3. Analysis by Maine Department of Education using IDEA data

4. Centers for Medicare and Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, Table Dev-CH, FFY 17

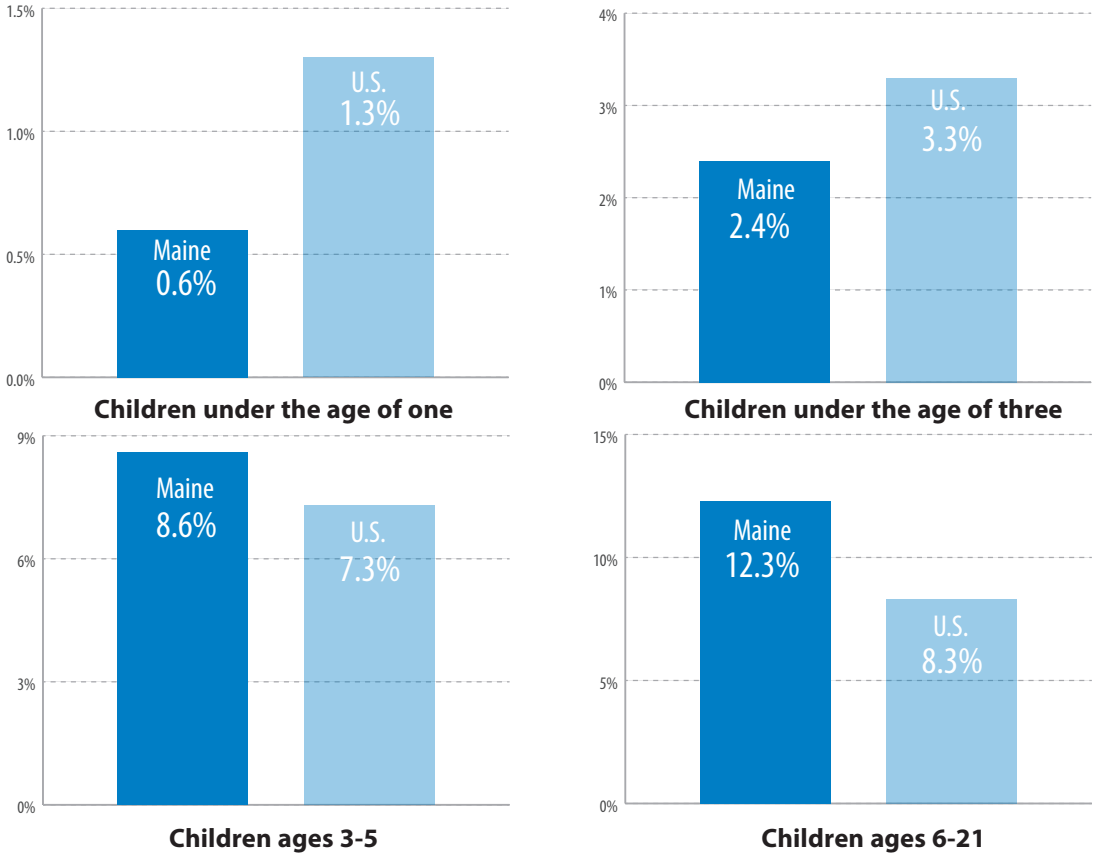
5. Brookings Institute, https://www.brookings.edu/research/race-poverty-and-interpreting-overrepresentation-in-special-education/

6. Massachusetts Department of Special Education, 2008 https://files.eric.ed.gov/fulltext/ED508412.pdf

ETHNICITY/RACE	*# of students in public schools Grades 1-12*	*Any disability*	*Percent of race with disability*
American Indian	**1258**	**376**	**30%**
Asian	2211	240	11%
Black	5034	920	18%
Hispanic	3165	703	22%
Multi-race	3377	678	20%
White	132854	26670	20%

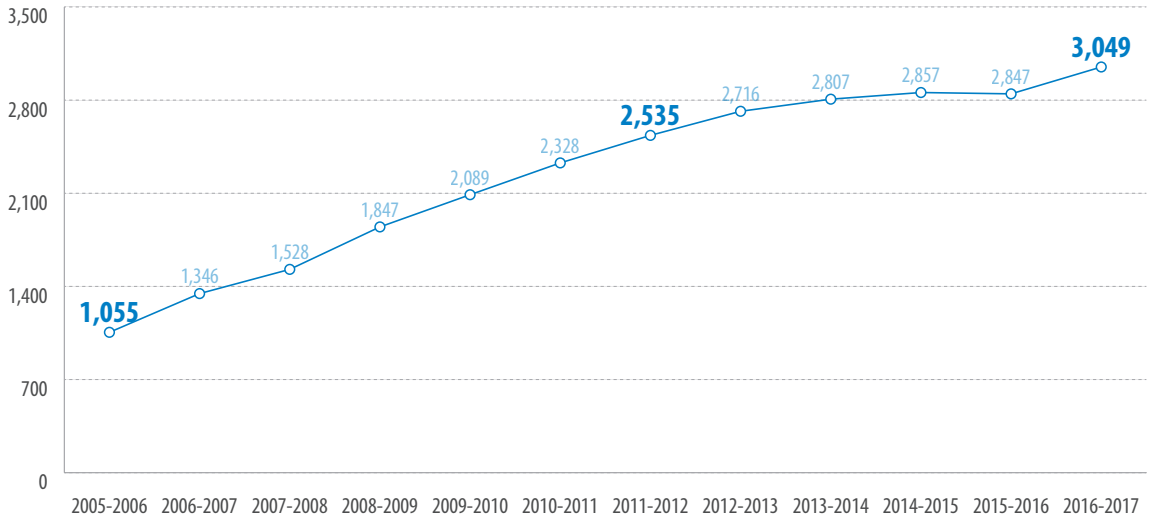
Source: Maine Department of Education 2016-2017 school year enrollment and National Department of Education Part B, Table 6 Static Tables

IN MAINE, THERE IS A LOW RATE OF PROVIDING EARLY INTERVENTION SERVICES AT YOUNG AGES AND A HIGH RATE OF SPECIAL EDUCATION SERVICES FOR SCHOOL AGE CHILDREN, 2016-2017



*Rate for these graphs are calculated as a percent of all children, not all children enrolled in public schools.
For the graph of ages 6 -21, it includes in the denominator many youth ages 18-21 who are not in school because they have graduated.
Source: Maine Department of Education, Child Development Services (under age 1) and (under age 3). US Department of Education, IDEA 618, Table 1 (ages 3-5) and Table 8 (ages 6- 21)

THE NUMBER OF STUDENTS WITH AUTISM CONTINUES TO INCREASE BUT AT A SLOWER PACE THAN FROM 2006-2011



Source: Maine Department of Education
* 2016-2017 data for number of students with autism was adjusted based on a query of the data by Maine Department of Education, January 2019

TYPES OF IDENTIFIED DISABILITIES, 2016-2017	*Maine Number*	*Of Students with a Disability, Percent by Type*
Specific learning disabilities	9,709	32.8%
Other health impairments	6,377	21.5%
Speech or language impairments	4,219	14.2%
Multiple disabilities	3,190	10.8%
Autism	2,824	9.5%
Emotional disturbance	2,243	7.6%
Intellectual disabilities	780	2.6%
Hearing impairments	141	0.5%
Visual impairments	42	0.1%
Orthopedic impairments	41	0.1%
Traumatic brain injury	35	0.1%
Developmental delay	16	0.1%
Deaf-blindness	3	0.1%
Total for students with disabilities ages 6-20.	**29,620**	

Source: US Department of Education, Table B 3 (2016-2017)

High School Completion

In the last twenty-five years, the number of jobs that require no more than a high school degree have declined, both in Maine and nationally. Today, to obtain a job that pays a living wage and support a family, a credential or college degree is typically needed. Research tells us that child health and well-being improves when family income increases and family economic security stabilizes, as families face fewer challenges in providing for their children's needs. To ensure our youth can go on to higher education and jobs that pay a living wage, it is critical that they start with a solid educational foundation by graduating from high school.

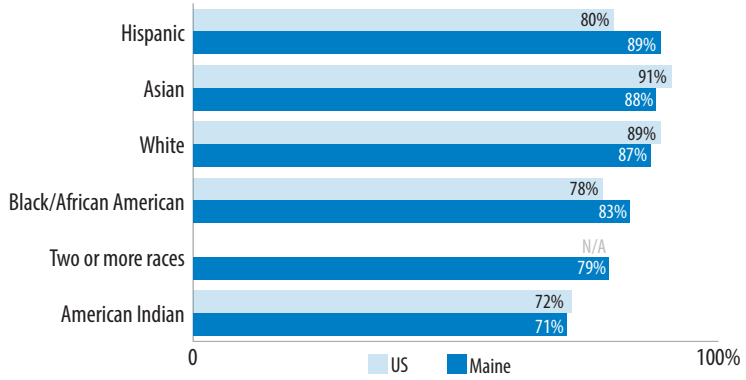
IN MAINE

While Maine's high school graduation rates have improved over time, there are still populations that have lower than average graduation rates. Because of systemic racism and historic inequities, American Indians in Maine are more likely to be poor and to live in communities where high school graduation is less likely. Other groups with barriers to graduation include youth enrolled in special education services, who are homeless, in foster care, or are multiracial. While the 4-year average high school graduation is below state averages for each of these populations, foster care youth are as likely to graduate within 6 years as other youth in the state. When given the time and services they need, these students can graduate, too.

HIGH SCHOOL COMPLETION	*Number*	*Percent*
All high school dropouts (as % of all high school students), 2016-2017 school year	1,236	2.2%
Public high school dropouts (as % of public school students)	*1,170*	*2.3%*
Private high school (as % of selected private high school students)	*66*	*1.4%*
All high school graduates (as % of graduating class), Class of 2017	12,247	86.9%
Public high school graduates (as % of graduating class)	*11,169*	*86.5%*
Private high school graduates (as % of graduating class)	*1,078*	*92.1%*

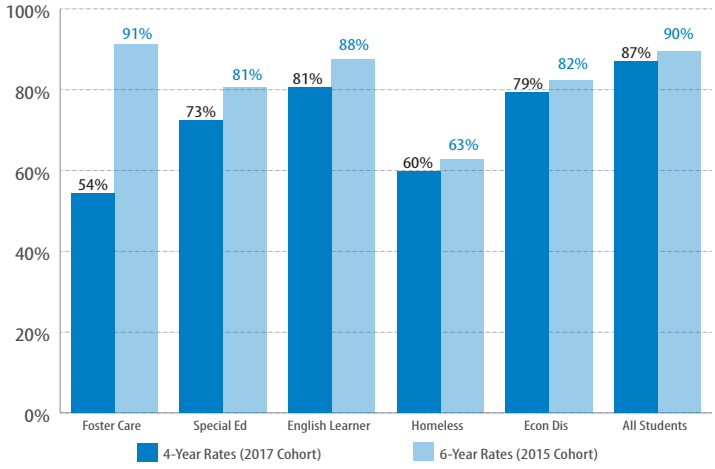
2017 HIGH SCHOOL GRADUATION RATE (IN 4 YEARS) BY RACE/ETHNICITY

In Maine, African Americans and Hispanics are more likely to graduate high school in 4 years than in the United States as a whole



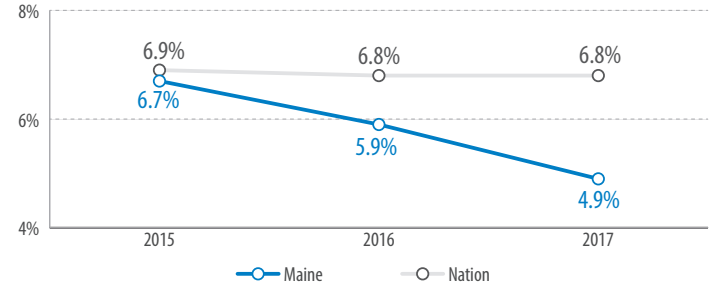
Sources:
Maine Department of Education Data Warehouse, 2016-2017 https://www.maine.gov/doe/data-reporting/reporting/warehouse/graduation-dropout-data
National Center for Education Statistics
https://nces.ed.gov/ccd/tables/ACGR_RE_and_characteristics_2016-17.asp

STUDENTS IN SPECIAL EDUCATION, LEARNING ENGLISH, OR IN FOSTER CARE OFTEN NEED MORE TIME TO GRADUATE



Source: Maine Department of Education, 2017

MAINE YOUTH ARE LESS LIKELY TO BE DISCONNECTED FROM WORK AND SCHOOL THAN YOUTH IN THE UNITED STATES OVERALL



Source: 2017 American Community Survey 1-Year Estimates, Table B14005

Youth and Young Adults

The transition from adolescence into adulthood is difficult for most young people, as they begin to take on unfamiliar roles and responsibilities in this new phase of their lives. For adolescents who are neither in school nor employed - otherwise known as "disconnected youth" - this phase is even more challenging, because they aren't benefiting from the roles and relationships other youth are connected to, that help support a healthy and positive transition into adulthood. As disconnected youth, these young people are more likely to have difficulty entering the workforce, earn lower wages than their peers and struggle with stable employment.[1]

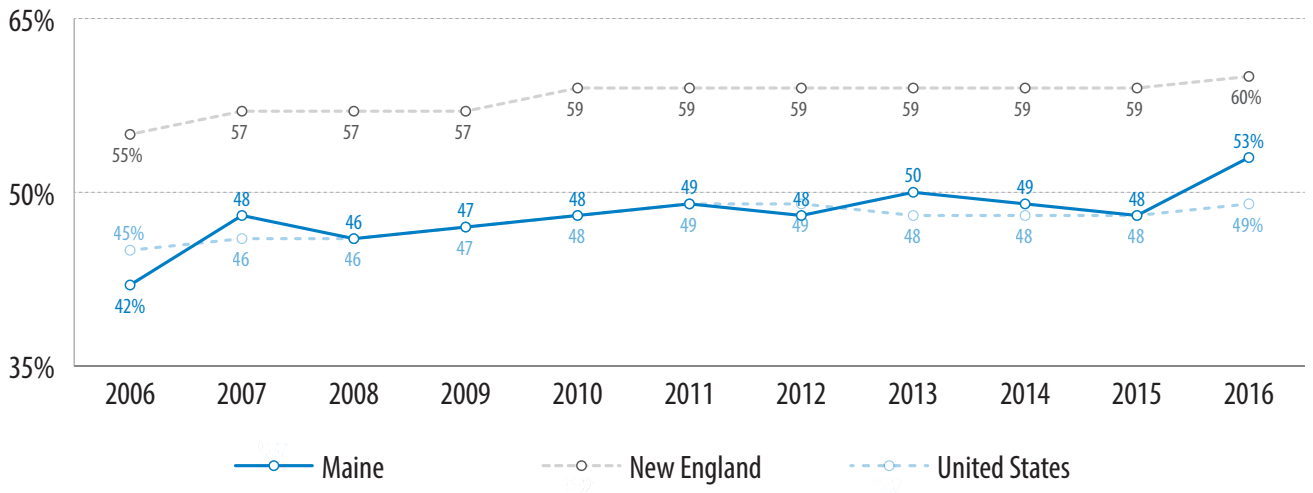
IN MAINE

In an aging state like Maine, it is especially important to reduce the rate of disconnected youth. As they enter adulthood, our young people become Maine's workforce, leaders and parents, and it is critical for all of us that they are capable of transitioning into engaged citizens and community members. In Maine, the situation is improving with 4.9 percent of teens ages 16-19 not attending school or working, down from 5.9 percent the previous year. This is better than the national rate of 6.8 percent. For young adults ages 18-24 in Maine, 53 percent were enrolled in or completed college, better than the national average of 49 percent. In Maine, organizations like Jobs for Maine's Graduates (JMG) have been instrumental in connecting youth to college, training, and career options.

1. The Annie E. Casey Foundation. Youth and Work: Restoring Teen and Young Adult Connections to Opportunity, KIDS COUNT Policy Reports (March 2012).

YOUTH AND YOUNG ADULTS	*State Number*	*State Percent*	*Previous Percent*	*National Percent*
Teens not attending school and not working (as % of children ages 16-19), 2017	3,309	4.9%	5.9%	6.8%
Young adults enrolled in or completed college (as % of adults ages 18-24), 2016	58,000	53%	48%	49%
College enrollment immediately after high school (as % of high school graduates), 2017	7,922	63%	61%	69%
College completion from a two-year college within three years of enrolling (as % of all who enrolled from the high school Class of 2012), 2015	655	25.2%	22.7%	29.1%
College completion from a four-year college within six years (as % of all who enrolled from the high school Class of 2009), 2015	4,330	56.5%	55.1%	53.8%

THOUGH MORE STUDENTS ARE GRADUATING COLLEGE, MAINE CONTINUES TO HAVE THE LOWEST RATE OF YOUNG ADULTS ENROLLED IN OR COMPLETED COLLEGE IN NEW ENGLAND



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2015 American Community Survey

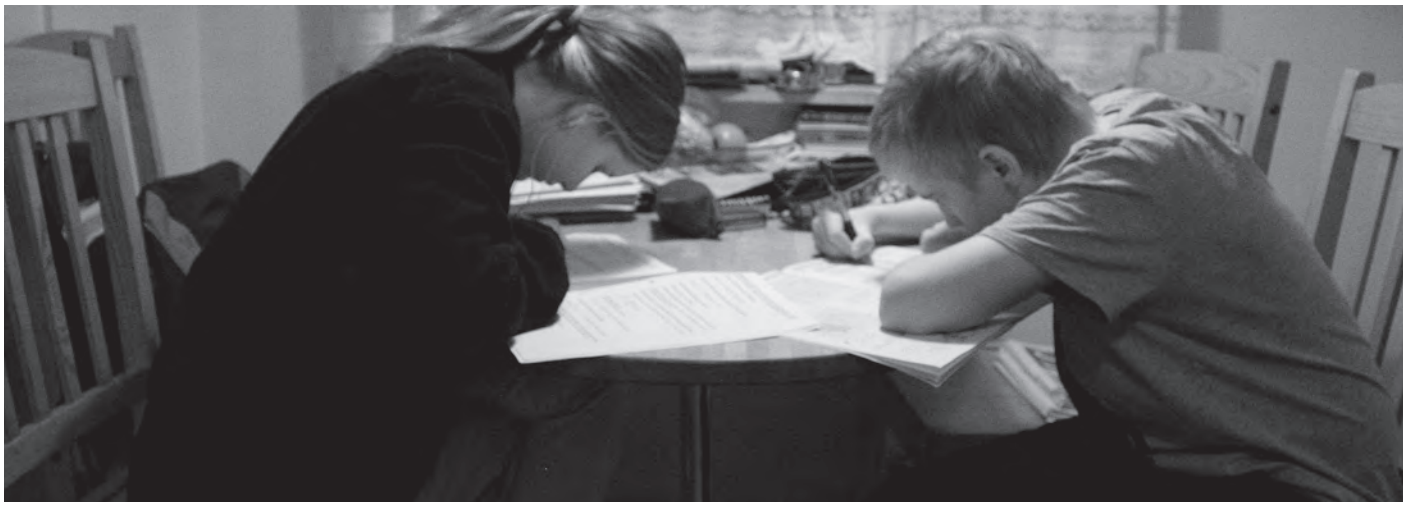


Photo credit: ruslatunna on Visualhunt CC BY-SA

COUNTIES **AT A GLANCE** // 2019

DEMOGRAPHICS	State	*Androscoggin*	*Aroostook*	*Cumberland*	*Franklin*	*Hancock*
Total Population 2017	1,335,907	107,651	67,653	292,500	29,988	54,497
Under age 5	64,502	6,419	3,308	14,282	1,289	2,404
Under age 18	252,634	23,440	12,386	55,341	5,364	9,373
18-24 years old	109,662	9,315	5,231	25,610	3,011	3,743
25-64 years old	707,397	56,400	34,263	159,403	15,139	28,409
65 years and older	266,214	18,496	15,773	52,146	6,474	12,972
PHYSICAL AND MENTAL HEALTH						
Children without health insurance, 2016	4.8%	3.9%	6.1%	4.1%	5.4%	5.9%
Low-income children without health insurance, 2016	6.4%	4.6%	6.6%	7.3%	6.7%	8.9%
Children ages 0 -18 participating in MaineCare, SFY 2018	45.1%	56.5%	56.3%	31.7%	46.4%	43.2%
Live births, 2017	12,293	1,238	645	2,727	238	456
Low birth-weight infants, 2017	7.1%	8.2%	7.9%	6.8%	4.2%	9.0%
Pre-term births, 2017	8.1%	8.1%	10.2%	7.8%	8.0%	8.6%
Babies born drug exposed/affected, 2017	7.7%	9.5%	11.3%	4.2%	4.6%	6.1%
Infant mortality, 5-year average, 2013-2017*	6.3	6.2	9.7	5.6	5.6	5.1
Immunization rate, ages 24-35 months, 2017	73.7%	65.8%	86.0%	71.3%	86.1%	72.0%
Children screened for lead poisoning, ages 12-24 months, 2017	54.8%	65.1%	71.7%	44.6%	80.7%	46.0%
Children with lead poisoning, as a % of who were screened, ages 0 -36 months, 2017	2.9%	4.5%	1.1%	3.1%	2.4%	s
Children in DHHS custody, 12/31/18*	7.1	6.2	12.2	4.1	6.5	9.8
Child deaths, 5-yr annual average, 2013-2017**	1.5	1.9	2.9	1.1	2.4	1.6
Teen deaths, (ages 15-19), 5-yr annual average, 2013-2017**	4.5	5.9	6.3	2.7	5.6	6.3
Teen suicides, 5-year annual average, 2013-2017***	8.1	12.2	5.1	5.8	26.8	10.6
SOCIAL AND ECONOMIC STATUS						
Child poverty, 2017	14.2%	15.8%	17.5%	9.2%	19.5%	15.0%
Children receiving TANF, (ages 0-17) Dec 2018	2.9%	5.4%	3.9%	1.9%	2.2%	1.1%
Children receiving SNAP, (ages 0-18), Dec 2018	22.4%	32.8%	30.7%	15.2%	23.8%	18.7%
School children eligible for free and reduced meals, 2018-2019	46.2%	64.8%	54.0%	33.2%	49.4%	45.1%
Hourly living wage, single adult with 2 children, 2017	$28.41	$27.67	$26.68	$29.93	$26.72	$28.13
Median household income, 2017	$55,980	$48,446	$42,600	$70,661	$45,280	$51,009
Unemployment (annual rate), 2017	3.3%	3.1%	4.8%	2.5%	4.0%	3.8%
EDUCATION						
Four-year-olds in public preschool, 2017-2018	42.8%	70.6%	90.1%	13.4%	65.1%	35.4%
K-12 school enrollment, 2017-2018	175,000	15,893	8,796	38,156	3,743	6,439
High school graduation rate, 2016-2017	86.9%	83.3%	90.0%	90.3%	92.1%	88.0%

NOTES: s= suppressed; number too small to show * Rate per 1,000 ** Rate per 10,000 *** Rate per 100,000

Kennebec	*Knox*	*Lincoln*	*Oxford*	*Penobscot*	*Piscataquis*	*Sagadahoc*	*Somerset*	*Waldo*	*Washington*	*York*
121,821	39,790	34,204	57,439	151,957	16,773	35,392	50,626	39,832	31,593	204,191
6,140	1,747	1,398	2,608	7,015	699	1,710	2,339	1,841	1,551	9,752
23,686	7,130	5,715	10,731	27,631	2,825	6,782	9,660	7,561	5,997	39,012
10,177	2,628	2,203	3,935	16,432	996	2,256	3,573	2,894	2,315	15,343
64,670	20,311	17,010	30,750	80,653	8,560	18,763	27,012	20,785	15,733	109,536
23,288	9,721	9,276	12,023	27,241	4,392	7,591	10,381	8,592	7,548	40,300
4.4%	5.7%	7.9%	4.9%	5.2%	6.7%	4.3%	4.3%	5.3%	8.0%	4.3%
5.5%	7.4%	10.6%	5.4%	6.1%	7.3%	6.3%	4.4%	6.8%	7.6%	6.7%
47.3%	46.2%	44.8%	57.5%	48.1%	60.5%	36.7%	59.7%	50.8%	64.5%	35.3%
1,131	314	318	480	1,430	121	315	460	336	268	1,815
7.5%	5.4%	6.0%	7.5%	7.3%	7.4%	6.7%	5.9%	7.1%	8.2%	6.9%
10.5%	7.6%	6.6%	7.9%	8.9%	14.9%	10.2%	7.8%	7.7%	8.6%	9.0%
6.6%	10.5%	4.7%	14.0%	11.7%	13.2%	3.8%	14.1%	10.7%	18.3%	3.9%
7.0	5.9	7.9	4.7	7.1	8.7	6.6	8.1	7.0	6.1	5.3
83.3%	73.1%	73.1%	78.1%	78.6%	62.5%	50.9%	73.9%	59.9%	87.2%	64.0%
60.3%	39.0%	45.3%	70.5%	51.4%	47.4%	28.4%	58.5%	38.9%	81.2%	58.2%
2.5%	5.5%	6.0%	3.4%	2.1%	s	4.2%	2.6%	s	2.6%	2.7%
11.7	4.6	4.4	5.5	8.1	13.5	5.5	11.6	8.2	10.0	4.3
1.0	1.4	0.5	1.5	1.8	3.6	2.7	1.3	1.4	2.6	1.3
4.9	7.8	5.5	4.0	4.5	8.5	3.2	5.8	4.3	6.7	3.4
9.8	14.4	11.3	5.9	10.7	11	10.3	0	13.3	5.7	3.4
14.2%	14.7%	15.3%	20.2%	16.2%	23.4%	14.0%	22.0%	18.8%	26.8%	9.7%
3.9%	1.8%	1.8%	3.4%	3.3%	3.1%	1.6%	4.0%	2.4%	3.5%	2.0%
24.2%	20.3%	20.4%	30.7%	24.4%	30.8%	16.1%	32.3%	25.0%	33.3%	15.8%
45.3%	39.7%	41.2%	62.3%	47.6%	69.1%	38.6%	71.2%	57.7%	63.5%	33.4%
$27.75	$27.95	$28.10	$26.76	$27.16	$26.68	$27.67	$27.17	$27.32	$26.77	$28.56
$52,265	$51,723	$52,019	$50,367	$49,836	$40,841	$61,047	$42,426	$54,547	$37,943	$66,025
3.2%	3.1%	3.2%	3.8%	3.7%	4.0%	2.7%	4.8%	3.6%	4.9%	2.9%
53.2%	42.7%	43.2%	53.3%	58.1%	56.8%	30.2%	69.0%	53.6%	75.7%	19.4%
16,197	4,801	3,836	7,733	19,158	2,034	4,603	7,216	5,021	4,037	27,081
88.4%	89.5%	87.5%	84.9%	89.0%	85.4%	81.7%	88.9%	89.8%	87.4%	89.6%

DEFINITIONS AND **SOURCES OF DATA** // 2019

DEMOGRAPHICS

SOURCE: Birth and population estimates for calendar year 2017 were from the Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services. Unless otherwise noted, the denominators for age groups are derived from these population estimates.

FAMILY AND COMMUNITY STRENGTHS

The six indicators in this section are all from National Survey of Children's Health 2016-2017.

National Survey of Children's Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, an Agency in the U.S. Department of Health and Human Services. The NSCH examines the physical and emotional health of children ages 0-17 years of age using a mail and web-based survey. Data is for 2016-2017. The previous survey conducted in 2011-2012 was a telephone survey. Results may vary due to changes in methodology.

SOURCE: National Survey of Children's Health (NSCH) http://childhealthdata.org/browse/survey

PHYSICAL AND MENTAL HEALTH

MORTALITY

Infant mortality is the number and rate of deaths of infants under one year of age. The rate is per 1,000 live births. These data are averaged over the five-year period, for Maine data, from 2013-2017 and for national data, from 2012-2016. Data are reported by place of residence, not place of death.

SOURCE: Maine Office of Data, Research and Vital Statistics, Department of Health and Human Services; National rate from the Annie E. Casey Foundation, KIDS COUNT www.datacenter.kidscount.org/

Child deaths is the number and estimated rate of deaths of children from all causes. The rate is per 10,000 children ages 1-14. These data are averaged over the five-year period, for Maine data, from 2013-2017 and for national data, from 2012-2016. Data are reported by the child's place of residence, not place of death.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services; National rate is the average over five single years from the Annie E. Casey Foundation, KIDS COUNT www.datacenter.kidscount.org/

ACRONYMS USED IN THE DATA BOOK:

ACE	Adverse Childhood Experience
ADD	Attention Deficit Disorder
ADHD	Attention Deficit/Hyperactivity Disorder
ASPIRE	Additional Support for People in Retraining and Employment
CCDF	Child Care and Development Fund
CHIP	Children's Health Insurance Program
DHHS	Department of Health and Human Services
DOE	Department of Education
DOL	Department of Labor
ELL	English Language Learner
FFY	Federal Fiscal Year
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
MEA	Maine Educational Assessment
QRIS	Quality Rating and Improvement System
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
WIC	Women, Infants and Children Supplemental Nutrition Program

Teen deaths is the number and estimated rate of deaths of teens from all causes. The rate is per 10,000 children ages 15-19. These data are averaged over the five-year period, for Maine data, from 2013-2017 and for national data, from 2012-2016. Data reported by the child's place of residence, not place of death.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services; National rate is the average over five single years from the Annie E. Casey Foundation, KIDS COUNT www.datacenter.kidscount.org/

INFANT/TODDLER HEALTH

Low birth-weight infants is the number and percent of live births in which the newborn weighed less than 2500 grams, (5.5 pounds). Data for Maine is for calendar year 2017; national data is for calendar year 2016.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services; National rate from the Annie E. Casey Foundation, KIDS COUNT www.datacenter.kidscount.org/

Pre-term births is the number and percent of pre-term births in which the newborn was born at less than 37 weeks gestation. Data for Maine is for calendar year 2017; national data is for calendar year 2016.

SOURCE: Maine Office of Data, Research and Vital Statistics, Department of Health and Human Services; National rate from the Annie E. Casey Foundation, KIDS COUNT www.datacenter.kidscount.org/

Babies born exposed/affected to substances is the number of infants and estimated percent of infants born in Maine where a healthcare provider reported to the Office of Child and Family Services (OCFS), Maine Department of Health and Human Services, that there was reasonable cause to suspect the baby may be either affected by illegal substance abuse, demonstrating withdrawal symptoms resulting from prenatal exposure (illicit or prescribed), or have fetal alcohol spectrum disorders. This measure potentially excludes instances where the infant was exposed to substances and did not show withdrawal symptoms after birth, instances where the birth of an infant affected by substances was not reported to OCFS, and any other instances in which there were discrepancies between reporters when interpreting the law. Data is for calendar year 2017.

SOURCE: Office of Child and Family Services, Maine Department of Health and Human Services

These three indicators: Mother self-reports feeling sad or hopeless; Child breast fed ever; Mother self-reports smoking in the year following birth were from the Pregnancy Risk Assessment Monitoring System (PRAMS).

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a project of the national Center for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS most recent survey data is for calendar year 2016.

SOURCE: Center for Disease Control, Maine Department of Health and Human Services, https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/prams/index.shtml

Immunizations of children is the estimated percent of vaccination coverage of children ages 24-35 months with the combined (4:3:1:3*:3:1:4) vaccine series includes ≥4 doses of DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, full series of Hib vaccine (≥3 or ≥4 doses, depending on product type), ≥3 doses of HepB, ≥1 dose of varicella vaccine, and ≥4 doses of PCV. Data for Maine is for calendar year 2017; national data is for calendar year 2016.

SOURCE: Center for Disease Control and Prevention, Maine Department of Health and Human Services Immunization Rate Assessment Reports; https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/publications/index.shtml National data from Centers for Disease Control and Prevention, National Immunization Survey, 2017 www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/7-series/reports/2017.html

Families served in the Maine Families Home Visiting Program is the number of families served by this organization. Data is for federal fiscal year 2017 (October 1, 2016 - September 30, 2017).

SOURCE: Maine Families

Children ages 12-24 months screened for blood lead poisoning is the number and estimated rate of children ages 12-24 months given a blood test to measure the level of lead in their blood. Data is for calendar year 2017.

SOURCE: Maine Center for Disease Control Tracking Network https://data.mainepublichealth.gov/tracking/

Children ages 0-36 months with blood lead poisoning is the estimated number of children who were screened positive, defined as at or above 5 micrograms per deciliter (ug/dL) as well as 38% of unconfirmed cases of the children with unconfirmed 5-<10 ug/dL tests. The estimated percent of lead poisoning reflects the estimated number of children ages 0-36 months with elevated blood lead levels among the number screened. Data is for calendar year 2017.

SOURCE: Maine Center for Disease Control Tracking Network https://data.mainepublichealth.gov/tracking/

Kindergarten Immunization Exemptions is the percent of kindergartners with an exemption from having been vaccinated for any or all required immunizations in the 2017-2018 school year.

SOURCE: Center for Disease Control and Prevention, Maine Department of Health and Human Services School Immunization Report https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/counties/2017-18-Exemption-Map.pdf; County data https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/publications/index.shtml

TEEN PREGNANCY

Young teen pregnancies is the number and estimated rate of all reported live births, induced abortions, and fetal deaths occurring to females ages 10-17. The rate is per 1,000 females ages 10-17. Data is for calendar year 2017.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services

Repeat teen pregnancies is the number of females under age 20 who became pregnant and who had already been pregnant at least once before in their lives. Pregnancy includes all reported live births, induced abortions, and fetal deaths. These data are also reported as a percent of teen pregnancies. Data is for calendar year 2017.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services

Births to single teens who have not completed 12 years of school is the number and estimated rate of births to single teens ages 10-19 who have not completed 12 years of school. The rate is per 1,000 females ages 10-19. These data are averaged over the five-year period from 2013-2017 and are reported by the mother's place of residence at the time of birth.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services

Births to single teenaged mothers is the number of births to single teenaged mothers under age 20. These data are also reported as a percent of live births. Births are reported by the mother's place of residence at the time of birth. Data is for calendar year 2017.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services

Births to married teenaged mothers is the number of births to married teenaged mothers under age 20. These data are also reported as a percent of live births. Births are reported by the mother's place of residence at the time of birth. Data is for calendar year 2017.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services

CHILD WELFARE

Children in Department of Health and Human Services care or custody is the number and estimated rate of children ages 0-17 in the care or custody of the Department of Health and Human Services (DHHS) on December 31, 2018. The rate is per 1,000 children ages 0-17. These children were ordered into DHHS custody as a result of a child protection hearing where the child was found to be in jeopardy, a juvenile hearing where it would be contrary to the child's health and welfare to remain in the care or custody of the parents, or a divorce and/or custody hearing where neither parent has been found able to provide a home in the best interest of the child.

SOURCE: Office of Child and Family Services, Division of Child Welfare Services, Maine Department of Health and Human Services; National rate is from the Annie E. Casey Foundation, KIDS COUNT www.datacenter.kidscount.org

Children in Department of Health and Human Services care or custody is the number and estimated rate of children ages 0-5 in the care or custody of the Department of Health and Human Services (DHHS) on December 31, 2018. The rate is per 1,000 children ages 0-5. These children were ordered into DHHS custody as a result of a child protection hearing where the child was found to be in jeopardy, a juvenile hearing where it would be contrary to the child's health and welfare to remain in the care or custody of the parents, or a divorce and/or custody hearing where neither parent has been found able to provide a home in the best interest of the child.

SOURCE: Office of Child and Family Services, Division of Child Welfare Services, Maine Department of Health and Human Services; National rate is from the Annie E. Casey Foundation, KIDS COUNT www.datacenter.kidscount.org

Children entering foster care is the number of children and estimated rate per 1,000 children ages 0-17 who entered foster care during calendar year 2016.

SOURCE: Maine data https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/maine.html; National data: Child Maltreatment 2016 Report https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment

Reports alleging child abuse and/or neglect is the number of written or verbal requests for Child Protective Services intervention in a family situation on behalf of a child to assess or resolve problems being presented. Data is for calendar year 2017.

SOURCE: Office of Child and Family Services, Division of Child Welfare Services, Maine Department of Health and Human Services

Reports screened out is the number of written or verbal requests that Child Protective Services decided no further assessment was needed to determine if child maltreatment had occurred. Data is for calendar year 2017.

SOURCE: Office of Child and Family Services, Division of Child Welfare Services, Maine Department of Health and Human Services

Reports that warranted child protective services is the number of written or verbal requests that Child Protective Services decided further assessment was needed to determine if child maltreatment had occurred. Data is for calendar year 2017.

SOURCE: Office of Child and Family Services, Division of Child Welfare Services, Maine Department of Health and Human Services

Substantiated child abuse and neglect victims is the number and estimated rate of individual victims of child abuse and neglect ages 0-17 for whom assessment led to a finding of a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child (22 MRSA §4002). The rate is per 1,000 children ages 0-17. Data is for calendar year 2017.

SOURCE: Office of Child and Family Services, Division of Child Welfare Services, Maine Department of Health and Human Services; National rate is for 2016 and from the Annie E. Casey Foundation, KIDS COUNT www.datacenter.kidscount.org

HEALTH INSURANCE

Children without health insurance is the estimated number and percent of children ages 0-18 who were not covered by any kind of public or private health insurance. Data is for calendar year 2016.

SOURCE: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) https://www.census.gov/programs-surveys/sahie.html

Low-income children without health insurance is the estimated number and percent of children ages 0-18 who lived in families with low incomes. This is defined as less than twice the federal poverty threshold (< 200% of poverty) and who lacked health insurance. The 2016 federal poverty threshold was $24,339 for a family of two adults and two children, so a family of four earning less than $46,678 was considered low income. Data is for calendar year 2016.

SOURCE: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) https://www.census.gov/programs-surveys/sahie.html

Children participating in MaineCare is the number and estimated percent of individual children ages 0-18 participating in MaineCare in state fiscal year 2018 (July 1, 2017 – June 30, 2018). This data is reported by age group and by the child's county of residence at the end of the state fiscal year or the end of the child's participation in the program.

SOURCE: Office of MaineCare Services, Maine Department of Health and Human Services

PHYSICAL HEALTH

Physical Health Survey Questions
All ten indicators in this section are from the National Survey of Children's Health 2016-2017.
National Survey of Children's Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, an Agency in the U.S. Department of Health and Human Services. The NSCH examines the physical and emotional health of children ages 0-17 years of age. Data is for 2016-2017. The previous survey was conducted in 2011-2012.

SOURCE: National Survey of Children's Health (NSCH) http://childhealthdata.org/browse/survey

MENTAL HEALTH

Mental Health Survey Questions
These seven mental health indicators are from National Survey of Children's Health 2016-2017.

National Survey of Children's Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, an Agency in the U.S. Department of Health and Human Services. The NSCH examines the physical and emotional health of children ages 0-17 years of age. Data is for 2016-2017. The previous survey was conducted in 2011-2012.

SOURCE: National Survey of Children's Health (NSCH) http://childhealthdata.org/browse/survey

Additional Mental Health Measures
Youth with MaineCare who were treated with concurrent antipsychotic medications is the number and percent of children with Medicaid (MaineCare) ages 1-17 who were prescribed any antipsychotic medication and were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. This measure is reported by Maine and 34 other states. The data is for federal fiscal year 2017 (October 1, 2016 – September 30, 2017).

SOURCE: National Committee for Quality Assurance Children's Health Care Quality Measures (NCQA): Child Core Set, Table APC-CH

Youth with MaineCare hospitalized for treatment of mental illness who had a follow-up visit within 7 days of discharge is the number and percent of youth with Medicaid (MaineCare) ages 6-20 who were hospitalized for mental illness and had a related follow-up appointment within 7 days of discharge from the hospital. This measure is reported by Maine and 44 other states. The data is for the federal fiscal year 2017 (October 1, 2016 – September 30, 2017).

SOURCE: National Committee for Quality Assurance Children's Health Care Quality Measures (NCQA): Child Core Set, Table FUH-CH

Youth in mental health residential treatment in-state and out of state (rate per 10,000 children) is the number and estimated rate of children ages 10-17 who were authorized to receive treatment for mental health in out-of-home residential treatment settings, known as PNMI's (Private Non-Medical Institutions). The number for both in-state and out-of-state placements is on September 1, 2018. The rate is per 10,000 children ages 10-17.

SOURCE: MaineCare authorization data from Office of Child and Family Services , Maine Department of Health and Human Services

ADOLESCENT HEALTH AND SAFETY

Adolescents served in the Maine family planning system is the number and estimated rate of adolescents ages 15-19 served in the Maine family planning system during state fiscal year 2017 (July 1, 2016 – June 30, 2017). The rate is per 1,000 children ages 15-19. If an adolescent uses the service more than once, they are counted only once. These data are also reported by number and by rate for gender.

SOURCE: Maine Family Planning

Young adults living with HIV/AIDS is the number and estimated rate of reported cases of youth ages 18-24 living with the Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS). The rate is per 1,000 young adults ages 18-24. Data is for calendar year 2017.

SOURCE: HIV, STD and Viral Hepatitis Program, Center for Disease Control and Prevention, Maine Department of Health and Human Services

Chlamydia cases is the number and estimated rate of reported cases of Chlamydia among children and adolescents ages 10-19. The rate is per 1,000 children ages 10-19. Data is for calendar year 2017.

SOURCE: HIV, STD and Viral Hepatitis Program, Center for Disease Control and Prevention, Maine Department of Health and Human Services

Gonorrhea cases is the number and estimated rate of reported cases of gonorrhea among children and adolescents ages 10-19. The rate is per 1,000 children ages 10-19. Data is for calendar year 2017.

SOURCE: HIV, STD and Viral Hepatitis Program, Center for Disease Control and Prevention, Maine Department of Health and Human Services

Children and adolescents using services of licensed alcohol and drug abuse treatment providers is the number and estimated rate per 1,000 children ages 10-19 in calendar year 2017 who were authorized to receive MaineCare services of drug and/or alcohol counseling. These services include: Intensive Outpatient Program - Substance Abuse, Substance Abuse Outpatient Therapy, and services through an Opioid Health Home.

SOURCE: MaineCare authorization data provided by Office of Child and Family Services, Maine Department of Health and Human Services

Teen suicide is the average annual number and estimated rate of children and teens ages 10-19 who commit suicide. These data represent five-year averages from 2008-2012 to 2013-2017. The rate is per 100,000 children ages 10-19. These data are also reported by ages 10-14 and ages 15-19.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Services; National: Center for Disease Control and Prevention, National Center for Health Statistics

Licensed drivers is the number of licensed drivers ages 16-19 with a Class C license in calendar year 2017.

SOURCE: Bureau of Motor Vehicles, State of Maine https://www.maine.gov/sos/bmv/stats/index.html

Crashes having young person(s) involved is the number of crashes involving young people (as driver, passenger, biker or pedestrian). Percent refers to the percent all motor vehicle crashes that have a young person involved. Data is for calendar year 2017.

SOURCE: Safety Office, Maine Department of Transportation

Crashes with resulting young injury is the number of young driver and young passenger injuries. Injury refers to any crash resulting in an injury to either a driver ages 15-19 and/ or to a passenger, pedestrian or biker age 0-19 in a motor vehicle crash. Percent is the percent of all motor vehicle crashes involving injury to children (drivers or non-drivers). If there is more than one injury in the crash, it is counted only once. Data is for calendar year 2017.

SOURCE: Safety Office, Maine Department of Transportation

Teen motor vehicle deaths is the number and estimated rate per 100,000 youth ages 15-19 due to motor vehicle accidents (as driver, passenger, pedestrian or biker). Data is 2013-2017, 5-yr annual average.

SOURCE: Office of Data, Research and Vital Statistics, Maine Department of Health and Human Service

Fatalities of any person with a teen driver is the number and estimated rate per 100,000 children ages 15-19 where the driver of a fatal accident was an adolescent age 15-19. Data is 2013-2017, 5-yr annual average.

SOURCE: Maine Department of Transportation, Crash Query Tool, https://mdotapps.maine.gov/MaineCrashPublic/PublicQueryStats

OUI Arrests is the number and rate of arrests of drivers under age 20 for Operating Under the Influence. The rate is per 1,000 drivers under age 20. Data is for calendar year 2017.

SOURCE: Bureau of Motor Vehicles, Maine Department of the Secretary of State

Texting while driving is the number and rate of convictions of drivers under age 20 for Texting while Driving. The rate is per 1,000 drivers under age 20. Data is for calendar year 2017.

SOURCE: Bureau of Motor Vehicles, Maine Department of the Secretary of State

MORE ADOLESCENT HEALTH AND SAFETY MEASURES

These eleven indicators are from the Maine Integrated Youth Health Survey, High School Students, 2017.

Maine Integrated Youth Health Survey (MIYHS) is a collaboration between the Maine Department of Health and Human Services and the Maine Department of Education. Its purpose is to quantify the health of Kindergarten and Grade 3 students through parent interviews, and the health-related behaviors and attitudes of 5th through 12th graders by direct student survey. Data is from school year 2016-2017. The previous survey was in 2015.

SOURCE: Maine Integrated Youth Health Survey (MIYHS), 2017 http://data.mainepublichealth.gov/miyhs/

CIGARETTE, ALCOHOL AND MARIJUANA USE

These three indicators are from the National Center for Disease Control, Youth Risk Behavior Surveillance. Cigarette use; Marijuana use; Alcohol use.

Youth Risk Behavior Surveillance System data is selected results from the Maine and National Youth Risk Behavior Surveys. These surveys monitor priority health-risk behaviors that contribute to the leading causes of death, injury, illness, and social problems among youth at the state and national levels. Data is for calendar year 2017. The previous survey was in 2015.

SOURCE: National Center for Disease Control, Youth Risk Behavior Surveillance System, 2017 https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

CRIME

Arrests of children is the number and estimated rate of children ages 10-17 arrested. The rate is per 1,000 children ages 10-17. The annual arrest data count all arrests of youth for offenses. Repeat offenses by the same individual are counted more than once. Data is for calendar year 2017.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

Arrests of children for violent crimes is the number and estimated rate of arrests for violent crimes per 10,000 children ages 10-17. Violent crimes include murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault (does not include other assaults). Repeat offenses by the same individual are counted more than once. Data is for calendar year 2017.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

Domestic assaults reported to police is the number and estimated rate of assaults reported to police that were perpetrated by family or household members including couples who are married or living together in a romantic relationship, who are the natural parents of the same child or other adult family members related by blood or marriage. The rate is per 100,000 of the population. Repeat offenses by the same individual are counted more than once. Data is for calendar year 2017.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports. http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

Juveniles committed in juvenile corrections is the number and estimated rate per 100,000 children ages 10-17 who are committed to Long Creek Juvenile Detention Center on September 30, 2018. Committed means a youth has been sentenced for an offense in juvenile court and committed to the Department of Corrections. Courts may impose indeterminate sentences to a youth's 18th birthday or extend to no later than their 21st birthday. The court may also impose a determinate sentence of no more than 30 days or, for youth in the drug treatment court program, a stay not to exceed seven days. The youth committed for an indeterminate sentence must remain in the facility until a
decision is reached that he or she has successfully completed the program and is ready for release to the community.

SOURCE: Maine Department of Corrections, Juvenile Services

Juveniles detained in juvenile corrections is the number and estimated rate per 100,000 children ages 10-17 who were detained at the Long Creek Juvenile Detention Center on September 30, 2018. Detained means a youth is incarcerated prior to a judicial hearing because the juvenile is determined not be safe in the community while awaiting a court hearing. In some cases, juveniles are detained immediately after an arrest, while others are detained because of non-compliance with conditions of a release or probation.

SOURCE: Maine Department of Corrections, Juvenile Services

SOCIAL AND ECONOMIC STATUS

HOUSING

Children in low-income households where housing costs exceed 30% of income is the number and estimated percent of children living in low-income households where more than 30 percent of the monthly income was spent on rent, mortgage payments, taxes, home-owner's insurance, and/or related housing expenses. Low-income households are households with incomes less than 200 percent of the federal poverty level. In 2017, the poverty threshold for a family of two adults and two children was $24,858, so low income would be an annual income less than $49,716 for a family of four. Data is for calendar year 2017.

SOURCE: Annie E. Casey Foundation, KIDS COUNT http://datacenter.kidscount.org

Children living in high poverty areas is the number and estimated percent of children living in census tracts with poverty rates of 30 percent or more. In 2017, the poverty threshold for a family of two adults and two children was $24,858. Data is for the five year annual average of 2013-2017.

SOURCE: Annie E. Casey Foundation, KIDS COUNT http://datacenter.kidscount.org

Homeless children accompanied by a parent or guardian is the number and estimated rate per 10,000 children ages 0-17 who are counted on the annual point in time homeless survey. This includes children in families who are homeless and residing at a shelter for homeless families or are unsheltered and counted on the annual point in time homeless survey conducted in every state on January 23, 2018.

SOURCE: Maine Housing Point in Time Survey http://www.mainehousing.org/docs/default-source/housing-reports/2018-point-in-time-survey---statewide.pdf?sfvrsn=553fbe15_4

Homeless children unaccompanied by a parent or guardian is the number and estimated rate per 10,000 children ages 12-17 who are homeless and residing at a shelter for homeless unaccompanied youth or are unsheltered and counted on the annual point in time homeless survey conducted in every state on January 23, 2018.

SOURCE: Maine Housing Point in Time Survey http://www.mainehousing.org/docs/default-source/housing-reports/2018-point-in-time-survey---statewide.pdf?sfvrsn=553fbe15_4

Children enrolled in school or Head Start who were homeless or doubled up at any time is the number and rate per 1,000 children of children enrolled in 2016-2017 school year either in a Maine public school grades pre-kindergarten to grades 12, or in a Head Start program, who were reported by their school as having experienced any days of homelessness during the school year. Homelessness includes children who are unsheltered, living in a homeless shelter, or sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.

SOURCE: National Center for Homeless Education http://profiles.nche.seiservices.com/StateProfile.aspx?StateID=25

POVERTY

Children under age 18 in poverty is the estimated number and percent of children under age 18 living in poverty. In 2017, the poverty threshold for a family of two adults and two children was $24,858. Data is for calendar year 2017.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates **https://www.census.gov/programs-surveys/saipe.html**

Children under age 5 in poverty is the estimated number and percent of children under age 5 living in poverty. In 2017, the poverty threshold for a family of two adults and two children was $24,858. Data is for calendar year 2017.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates https://www.census.gov/programs-surveys/saipe.html

Children under age 18 in deep poverty is the estimated share of children under age 18 who live in families with incomes less than 50 percent of the federal poverty level. In 2017, a 50% poverty threshold for a family of two adults and two children was one half of $24,858 which is $12,429. Data is for calendar year 2017.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates https://www.census.gov/programs-surveys/saipe.html

Children living with food insecurity is the estimated number and percent of children living in households that lack access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Data is for calendar year 2016.

SOURCE: Feeding America, Map the Meal Gap http://map.feedingamerica.org/

LIVING WAGE BY FAMILY TYPE

Living wage by family type is the estimated hourly wage required to meet basic expenses for various household types. Data shown is for living wages for a single adult with two children; and for two adults with two children (both adults working). Data is for calendar year 2018.

SOURCE: Massachusetts Institute of Technology Living Wage Calculator http://livingwage.mit.edu/

INCOME AND EMPLOYMENT

Children in low-income families is the estimated number and percent of children under age 18 who live in families with incomes less than twice the federal poverty threshold. In 2017, the poverty threshold for a family of two adults and two children was $24,858. Thus, low-income for a family of four would be defined as having an income less than $49,716. Data is for calendar year 2017.

SOURCE: Annie E. Casey Foundation, KIDS COUNT http://datacenter.kidscount.org

Median income of families with children is the estimated median annual income for families with children under age 18 living in the household. These estimates are modeled from combined census estimates, the 2017 American Community Survey, and other administrative and economic data. The median income is the dollar

amount that divides the income distribution into two equal groups – half with income above the median and half with income below it. Data is for calendar year 2017.

SOURCE: Annie E. Casey Foundation, KIDS COUNT http://datacenter.kidscount.org

Median household income is the estimated median household income. Household includes households without children. These estimates are modeled from combined census estimates, the 2017 American Community Survey, and other administrative and economic data. The median income is the dollar amount that divides the income distribution into two equal groups – half with income above the median and half with income below it. Data is for calendar year 2017.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates https://www.census.gov/programs-surveys/saipe.html

Unemployment is the estimated annual monthly average number and percent of people in the civilian labor force who are unemployed and actively looking for work. The unemployment rate is calculated by dividing the average number of unemployed people by the average number of people in the civilian labor force. (The civilian labor force includes those with work and those actively looking for work.) Data is derived from the Local Area Unemployment Statistics (LAUS) program. LAUS is a Federal-State cooperative program that develops monthly estimates of the labor force, employment, unemployment, and unemployment rates. Data is for calendar year 2017.

SOURCE: Maine Department of Labor, Center for Workforce, Research and Information, Average Annual Labor Force Estimates for Maine & Counties http://www.maine.gov/labor/cwri/laus.html

INCOME SUPPORTS

Children receiving TANF is the number and estimated percent of children ages 0-17 who were receiving Temporary Aid to Needy Families (TANF) in December 2018.

SOURCE: Maine Department of Human Services, Office of Family Independence https://www.maine.gov/dhhs/ofi/reports/2018/index.html#gdpb

Children receiving SNAP is the number and estimated percent of children ages 0-18 who were receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly called Food Stamps, in December 2018.

SOURCE: Maine Department of Health and Human Services, Office of Family Independence https://www.maine.gov/dhhs/ofi/reports/2018/index.html#gdpb

School children eligible for subsidized school lunch is the number and percent of school children eligible to receive subsidized school lunch through the National School Lunch Program, a meal entitlement plan primarily funded through federal dollars. School children are eligible for free school lunches if their family income does not exceed 130% of the federal poverty level. They are eligible for reduced price school lunches if their family income falls between 130% and 185% of the federal poverty level. In 2018, the poverty threshold for a family of two adults and two children was $25,750. Data is for the 2018-2019 school year.

SOURCE: Maine Department of Education, School Nutrition Program https://neo.maine.gov/doe/neo/nutrition/Reimbursement/ED534/District

Recipients of WIC benefits is the number of individuals receiving WIC (Women's, Infant's and Children's Supplemental Nutrition Program) benefits. WIC provides specific nutritious foods and nutrition education to low-income pregnant and breastfeeding women, infants, and children up to age five. Recipients must be at or below 185% of poverty and be at medical or nutritional risk. Data is shown for number of mothers, and for number of children and estimated percent of all children under age five, for calendar year 2018.

SOURCE: Maine Department of Health and Human Services, WIC Program

Child support enforcement cases with collection is the number of cases and percent of cases for which the state child support enforcement agency successfully collected child support payments due in federal fiscal year 2017 (October 1, 2016 - September 30, 2017). The Office of Child Support Enforcement defines a child support case as a parent (mother, father, or putative father) who is now or eventually may be obligated under law for the support of a child or children receiving services under the child support programs, Title IV-D of the Social Security Act.

SOURCE: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement

Children served through TANF child care subsidies is the number of children served through TANF child care subsidies during state fiscal year 2018 (July 1, 2017 – June 30, 2018). Children up to age 12 are eligible for subsidized child care if their parents are on TANF and are either in education training (ASPIRE and Parents as Scholars) or are working (Transitional). The data is also shown as a percent of children with child care subsidies through ASPIRE and Parents as Scholars and the percent in the Transitional program. Data is for state fiscal year 2018, (July 1, 2017 - June 30, 2018).

SOURCE: Maine Department of Health and Human Services, Office of Family Independence

Children served through CCDF child care subsidies is the number of children served through Child Care and Development Fund (CCDF) vouchers during federal fiscal year 2018 (October 1, 2017 – September 30, 2018). Child care subsidies are provided through a federal block grant program to states to subsidize child care for low-income families. Children up to age 12 are eligible for subsidized child care if their parents are working or in education training and have incomes at or below 85% of the state median income.

SOURCE: Maine Department of Health and Human Services, Office of Child Care and Head Start

EDUCATION AND LEARNING

EARLY LEARNING AND DEVELOPMENT PROGRAMS

Number of licensed child care providers is the number of licensed child care homes and child care centers as of October 2018. Data is also reported as a percent of the total number of licensed child care providers for each type of licensed child care; as well as the number and percent of child care providers enrolled in the Quality Rating and Improvement System (QRIS).

SOURCE: Maine Quality Rating and Improvement System (QRS), Monthly Enrollment Report, October 2018. https://www.qualityforme.org/qris_enrollment/state.aspx

Children enrolled in Head Start Programs is the number of state and federally-funded children in Head Start programs throughout the state during federal fiscal year 2018 (October 1, 2017 - September 30, 2018). Eligible children were estimated as the number of children under age five in poverty.

SOURCE: Head Start - U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Program Information Report; Children under age five in poverty - U.S. Census Bureau, Small Area Income and Poverty Estimates, Annual estimates (SAIPE), 2017 https://www.census.gov/programs-surveys/saipe.html

Children enrolled in Maine Public Four-Year-Old-Programs is the number and estimated percentage of four-year-old children enrolled in a public preschool program offered through a school administrative unit during the 2017-2018 school years. Children must be four years of age by October 15 of the entering school year in order to be eligible for a public preschool program.
SOURCE: Maine Department of Education, Student enrollment, Data Warehouse https://www.maine.gov/doe/data-reporting/reporting/warehouse

Children receiving early intervention through Child Development Services (Part C and Part B) is the number and estimated rate of children ages 0-36 months and ages 3-5 who receive services through Child Development Services. The Federal Individuals with Disabilities Education Act (IDEA) makes it possible for states to offer free early intervention services for young children with developmental delays and sometimes for other children with specific health conditions that will probably lead to a delay. Maine provides both Early Intervention (birth-3 years) and Free Appropriate Public Education (3-5 years) through Child Development Services (CDS), which is under the Department of Education. Data is for state fiscal year 2018 (July 1, 2017- June 30, 2018).

SOURCE: Child Development Services, an Intermediate Educational Unit of the Maine Department of Education

ACADEMIC ACHIEVEMENT

4th grade students scoring at or above the reading proficiency level is the percentage of 4th grade students who met or exceeded the proficient level on the Maine Educational Assessment (MEA) 4th grade reading test in March 2018. Data is also reported for children who are economically disadvantaged and not economically disadvantaged and is reported by race, excluding those exempt due to being in an English Language Learning class.

SOURCE: Maine Department of Education, The Maine Assessment and Accountability Reporting System (MAARS) site https://lms.backpack.education/public/maine

8th grade students scoring at or above the math proficiency level is the percentage of 8th grade students who met or exceeded the proficient level on the Maine Educational Assessment (MEA) eighth grade math test in March 2018. Data is also reported for children who are economically disadvantaged and not economically disadvantaged and is reported by race, excluding those exempt due to being in an English Language Learning class.

SOURCE: Maine Department of Education, The Maine Assessment and Accountability Reporting System (MAARS) site https://lms.backpack.education/public/maine

Chronic Absenteeism is the percent of students in Maine schools who were chronically absent. A student is defined as being chronically absent if the student is absent 18 or more days or 10% or more of the days enrolled. Chronic absenteeism includes being absent for any reason – excused or unexcused. Data is for all schools that reported in the 2017-2018 school year. Data is also reported by students who are economically disadvantaged or are receiving special education services.

SOURCE: Maine Department of Education, Data Warehouse https://www.maine.gov/doe/data-reporting/reporting/warehouse/chronic-absenteeism

Children who are English Language Learners is the number and percent of children attending public schools who are receiving English as a Second Language services or bilingual educational services. These data represent the 2018-2019 school year.

SOURCE: Maine Department of Education, Data Warehouse https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Public_Oct2018_0.xlsx

Children who are in special education by race is the number and percent of students by race for grades 1 -12 who are enrolled in public school and who have been identified as having a disability which requires special education services during the 2016-2017 school year.

SOURCE: Maine Department of Education 2016-2017 school year enrollment by race and National Department of Education Part B, Table 6 Static Tables https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html

Children who are in special education by type of disability is the number of students ages 6-20 who are enrolled in public school and who have been identified as having a disability which requires special education services during the 2016-2017 school year. Data is reported by the type of disability and among the students with an identified disability, the percent that have each type of disability.

SOURCE: U.S Department of Education, IDEA 618, Table 8 https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html

HIGH SCHOOL COMPLETION

High school dropouts is the number and percent of students who have withdrawn or been expelled from high school before graduation or completion of a program of studies and who have not enrolled in another educational institution or program. Because this data is based on actively withdrawing, it is less than the number of students who do not graduate. Data is for the 2016-2017 school year and includes public schools and private schools with 60% or more publicly-funded students and their dropout rates are shown separately.

SOURCE: Maine Department of Education http://www.maine.gov/education/gradrates/gradrates.html

All high school graduates, Class of 2017 is the number and percent of students who entered ninth grade for the first time in the fall of 2013 and received a "regular" diploma in 2017. The data includes public schools and private schools with 60% or more publicly-funded students, and their graduation rates are shown separately.

SOURCE: Maine Department of Education http://www.maine.gov/education/gradrates/gradrates.html

YOUTH AND YOUNG ADULTS

Teens not attending school and not working is the estimated number and percent of teens ages 16-19 who are not enrolled in school (full- or part-time) and not employed (full- or part-time). Data is for calendar year 2017.

SOURCE: U.S. Census Bureau, American Community Surveys, 1-year estimates, TABLE: B14005

Young adults enrolled in or completed college is the number and estimated percent of young adults ages 18 to 24 enrolled in college or who have completed college. Data is for calendar year 2016.

SOURCE: Annie E. Casey Foundation, KIDS COUNT http://datcenter.kidscount.org

College enrollment immediately after high school is the number and estimated percentage of students who enrolled in a two- or four-year post-secondary institution in the academic year immediately following graduation or by August 14 of the following year.

SOURCE: Student Clearinghouse, report run for Maine Department of Education

College completion from a two-year college within three years of enrolling is the number of Maine young adults who graduate from two-year public and private institutions within three years. The percent is of the students who enroll in a two-year college, the percent who graduate within three years. The data is for 2015, about the high school class of 2012.

SOURCE: National Information Center for Higher Education Policymaking and Analysis http://www.higheredinfo.org/

College completion from a four-year college within six years is the number of Maine young adults who graduate from four-year public and private institutions within six years. The percent is of the students who enroll in a four-year college, the percent who graduate within six years. The data is for 2015, about the high school class of 2009.

SOURCE: National Information Center for Higher Education Policymaking and Analysis http://www.higheredinfo.org/

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In the work that we do, it is imperative that we use data to inform our decisions and help children and their families access the resources they need. While it can be difficult to find trusted information, the Annie E. Casey Foundation's KIDS COUNT Data Center is an excellent resource. The Data Center allows users to access indicators relating to education, poverty, health and youth risk factors. And, the data can be filtered by state, county, and congressional district. Explore data over time, compare Maine data with other states as well as regionally and nationally. Make maps, charts, graphs and more! Visit the Data Center today to make our data work for Maine kids!

http://datacenter.kidscount.org

ACKNOWLEDGEMENTS

The publication of the KIDS COUNT Data Book would not be possible without the cooperation of the state and non-state agencies that track the data highlighted in this report. We would like to thank their staff for sharing these important data with the Maine KIDS COUNT project this year.

"There can be no keener revelation of a society's soul than the way in which it treats its children."

- Nelson Mandela

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The 2019 Maine Kids Count Data Book is generously funded by The Annie E. Casey Foundation

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Maine County Profiles 2020

Maine KIDS COUNT, a project of the Maine Children's Alliance, has been part of the national KIDS COUNT® network, funded by the Annie E. Casey Foundation (AECF), since 1994. KIDS COUNT puts together in a user-friendly internet platform the most recent, reliable data available on the well-being of children in Maine and in the nation.

Below are County Profiles for Maine, which include a summary of the county's strengths and challenges, demographic data, and fourteen selected indicators of child health and well-being for the current year, previous year and in comparison to the state rate. These County Profiles offer insight into how policies and practices in Maine are working and where there are opportunities for improvement.

We recognize the significant impact COVID-19 has had on the health and well-being of children and families. While this data represents a period of time preceding the pandemic, we hope it can provide a baseline for how children were faring before the crisis, and serve in comparison as new data emerges reflecting the impact of COVID-19.

Androscoggin	Hancock	Oxford	Somerset
Aroostook	Kennebec	Penobscot	Waldo
Cumberland	Knox	Piscataquis	Washington
Franklin	Lincoln	Sagadahoc	York

For PDFs of every county, click here. For an Excel version of the data for one or more counties, please send requests to Helen Hemminger at hhemminger@mekids.org