



2023

MAINE KIDS COUNT[®]

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



Maine Children's Alliance

Advocating for the well-being of all Maine families.



HEALTH, SAFETY AND WELL-BEING



KEY INDICATORS

Babies born exposed/affected to substances

Children without health insurance

Children who received a dental service by insurance type

Children and teens who are overweight or obese

High School students who feel sad or hopeless

Teen suicide

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

Closer Look: Infant and Maternal Health

Closer Look: Child Welfare



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

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

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

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

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

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

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



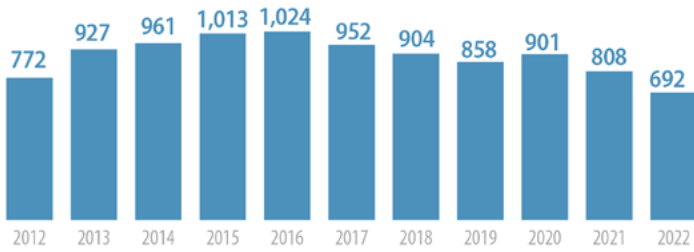


Babies Born Exposed/Affected to Substances

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

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

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

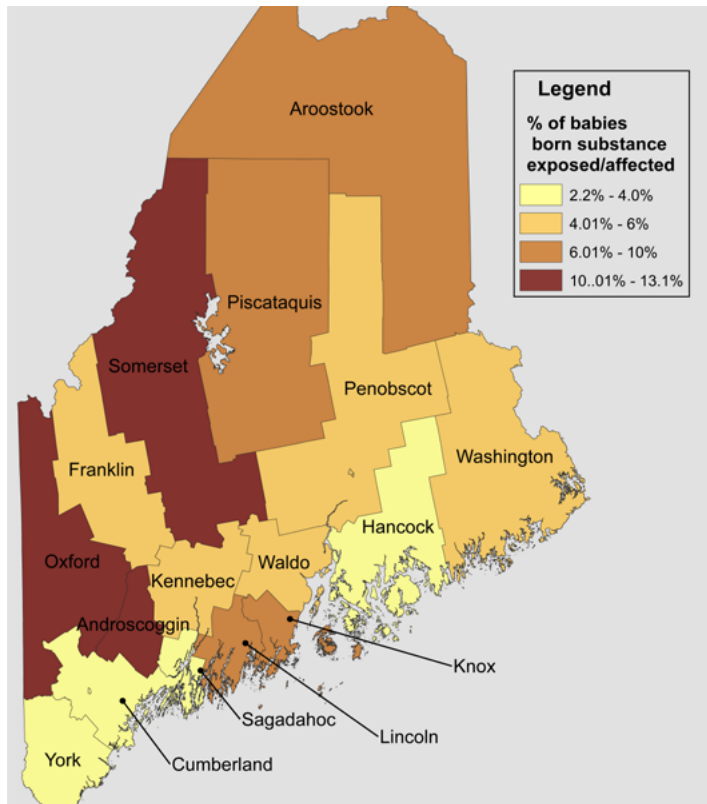


Source: [Babies born substance exposed/affected](#), KIDS COUNT

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

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

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



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

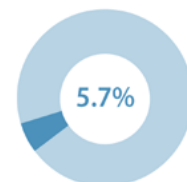
WHY IT MATTERS

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

HOW MAINE IS DOING

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

692 babies born substance exposed/affected





HEALTH, SAFETY AND WELL-BEING

Children under 19 without Health Insurance

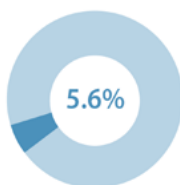
Ensuring all children and parents have access to health care helps children thrive

WHY IT MATTERS

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

HOW MAINE IS DOING

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

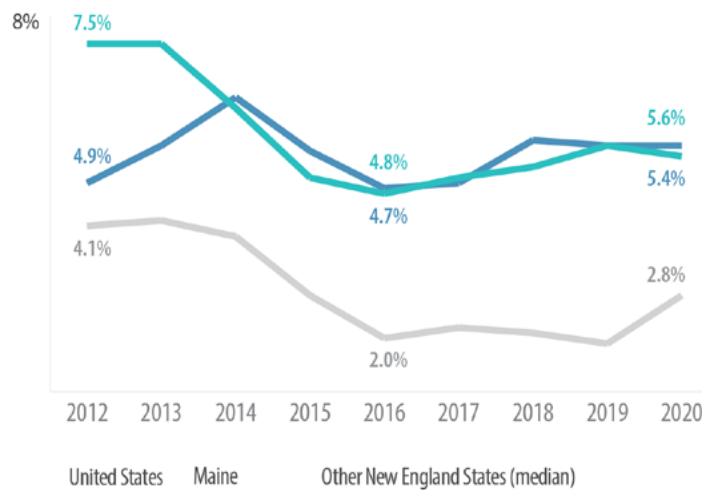


14,238 children are uninsured



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

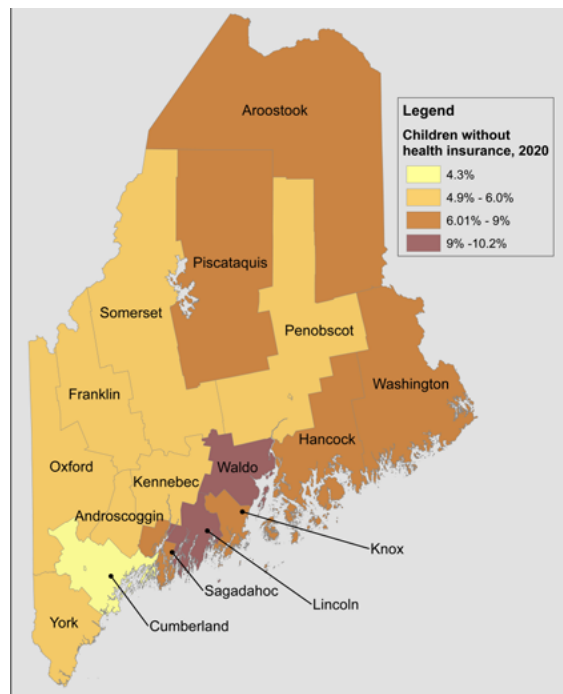
Percent of uninsured children under age 19 in Maine, United States, and other New England states



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

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

Percent of children under age 19 uninsured by county, 2020



Children under age 19 without health insurance, KIDS COUNT

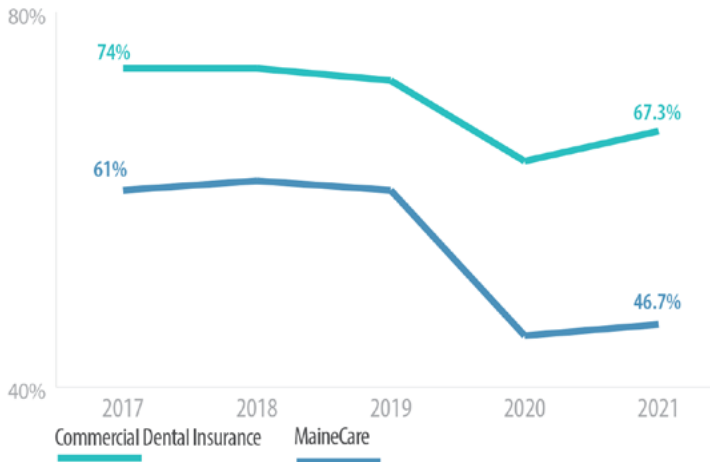


Children Receiving Dental Services

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

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

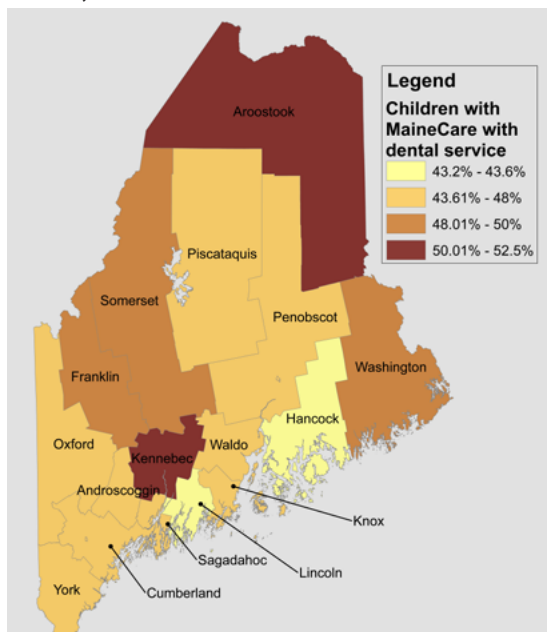
Percent of children with MaineCare or with commercial insurance who received a dental service in the last calendar year



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

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

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



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

WHY IT MATTERS

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

HOW MAINE IS DOING

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

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



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

-Resident, Sagadahoc & Lincoln County area

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

-Resident, Lincoln and Sagadahoc area



HEALTH, SAFETY AND WELL-BEING

Children and Teens who are Overweight or Obese

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

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

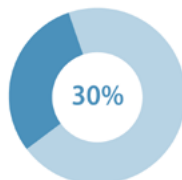
WHY IT MATTERS

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

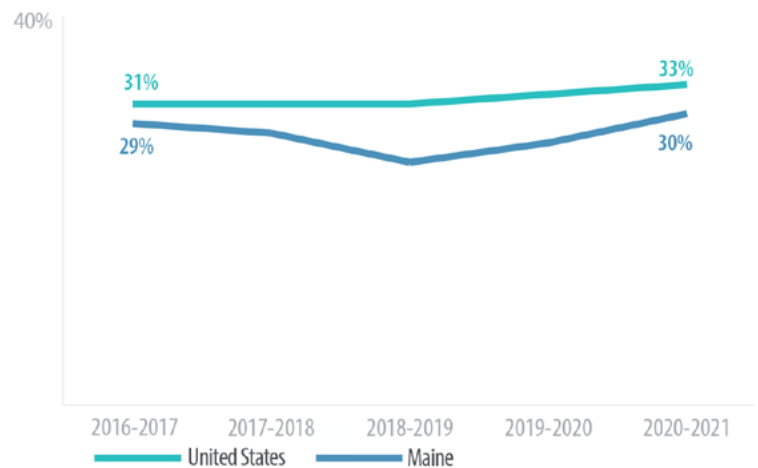
HOW MAINE IS DOING

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

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



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

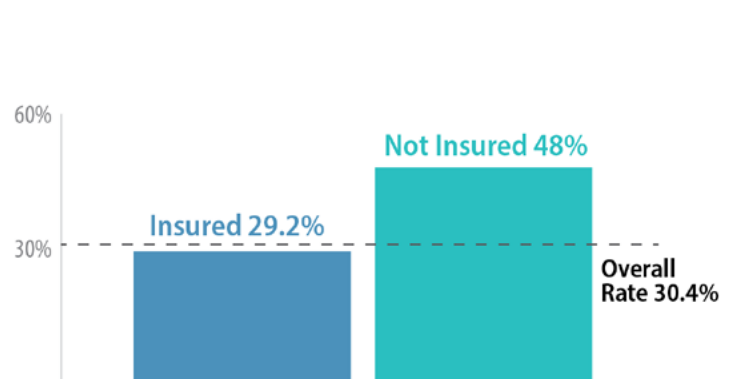


*Obese or overweight is defined as at or above 85th percentile of recommended Body Mass Index

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

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

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



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

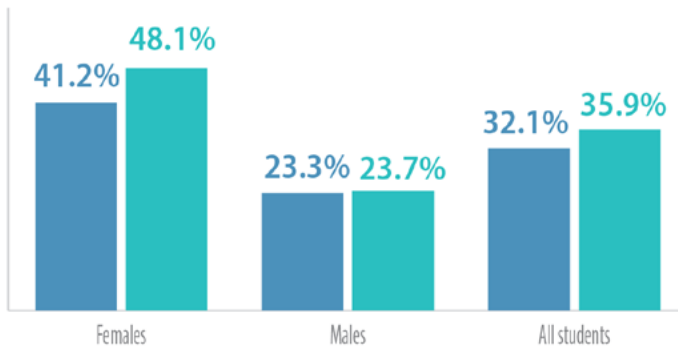


High School Students Who Feel Sad or Hopeless [↗](#)

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

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

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



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

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

- › Students who engaged in self-harm behaviors, such as cutting or burning, increased from 18.7% to 22.9%
- › Students who seriously considered suicide in the last year increased from 16.4% to 18.5%

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

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

–Young adult from LGBTQ+ community

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

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

WHY IT MATTERS

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

HOW MAINE IS DOING

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



Teen Suicide

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

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

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

WHY IT MATTERS

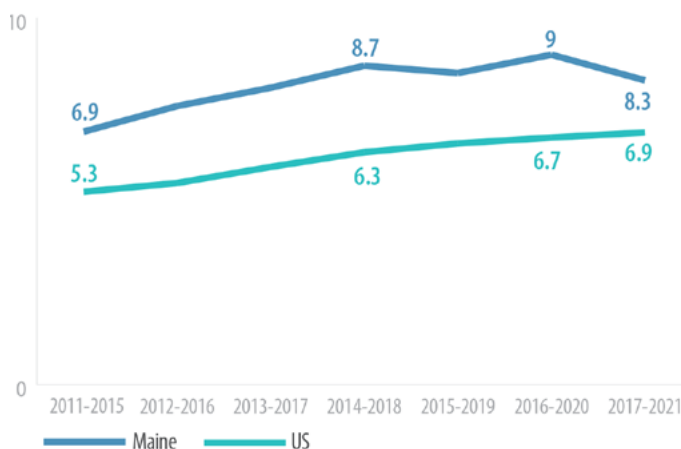
Life events can sometimes feel overwhelming for adolescents and particularly for those facing challenges such as family and peer conflicts, bullying, isolation, and social and academic pressures. It takes targeted efforts to reach youth most at risk – including youth who identify as LGBTQ+ and youth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

HOW MAINE IS DOING

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

Maine’s teen suicide rate has remained above the national rate

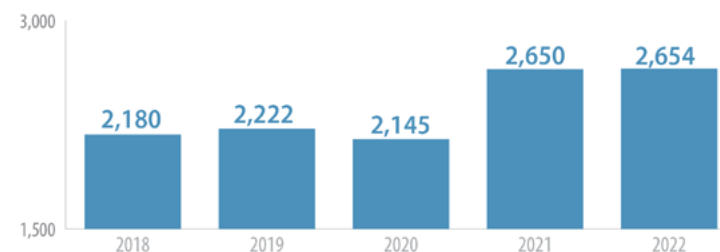
Five-year average suicide rate per year per 100,000 youth, ages 10-19, Maine compared to the U.S.



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

In Maine, visits to the emergency room for suicidal ideation or suicide attempts increased by over 500 in 2021 and did not decrease in 2022

Annual number of visits to any emergency room in Maine by youth ages 19 and under for suicidal ideation or attempt



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



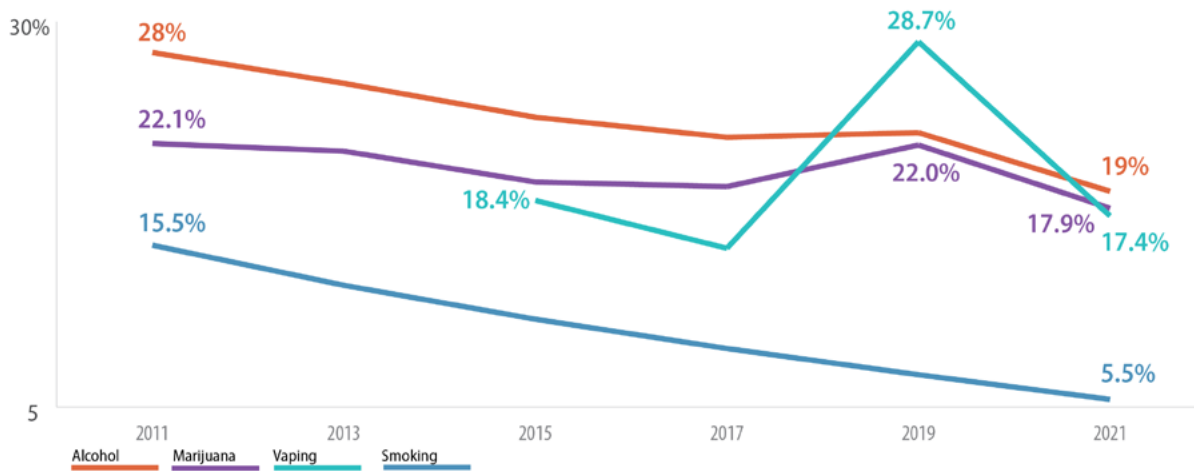


High School Students who are Currently Using Tobacco, Alcohol, Marijuana or Vaping [↗](#)

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

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

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



Source: Maine Integrated Youth Health Survey

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

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

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

- Youth, Aroostook

WHY IT MATTERS

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

HOW MAINE IS DOING

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



Solutions

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

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

Additional Indicators

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

Resources

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



ENDNOTES

1. [Children who have experienced two or more adverse childhood experiences](#), 2020-2021, KIDS COUNT
2. [McLaughlin, K. \(2017\) The Long Shadow of Adverse Childhood Experiences](#), Psychological Science Agenda.
3. [Adverse Childhood Experiences, Risk and Protective Factors](#), Center for Disease Control and Prevention.
4. U.S. Surgeon General's Advisory, (2021), [Protecting Youth Mental Health](#).
5. [National Survey of Children's Health, 2020-2021](#), Ind. 1.9a Does this child currently have anxiety problems, age 3-17 years?"
6. American Academy of Pediatrics, (2019), The Impact of Racism on Child and Adolescent Health Pediatrics (2019) 144 (2): e20191765. <https://doi.org/10.1542/peds.2019-1765>
7. [White House Blueprint for Addressing the Maternal Health Crisis](#), (2022)
8. The complete definition for babies born substance exposed/affected is the number of babies where a healthcare provider reported to the Maine Office of Child and Family Services (OCFS) that there was reasonable cause to suspect the baby may be either exposed or affected by substance use prenatally.
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10. Forray A. (2016). Substance use during pregnancy. F1000Research, 5, F1000 Faculty Rev-887. <https://doi.org/10.12688/f1000research.7645.1>
11. Maine Office for Children and Families, email response 11/15/2022 by Mandy Milligan to a data request submitted in DHHS web portal.
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13. Tolbert, J., Drake, P., and Damico, A. (December 19, 2022). Key [Facts about the Uninsured population](#), Kaiser Family Foundation.
14. Guarnizo-Herreño CC, Wehby G. L., (2012), Children's dental health, school performance, and psychosocial well-being, The Journal of pediatrics, 161(6), 1153–1159. <https://doi.org/10.1016/j.jpeds.2012.05.025>
15. [Maine lacks dentists accepting Medicaid in face of increased demand](#), Becker's Dental +DSO Review, August, 2022.
16. [Addressing the Long-Term Effects of the COVID-19 Pandemic on Children and Families](#), The National Academies Press, February 2023.
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18. Pont, S., Stigma experienced by children and adolescents with obesity, Pediatrics (2017) 140 (6): e20173034. <https://doi.org/10.1542/peds.2017-3034>
19. [National Survey of Children's Health](#) (NSCH), 2020-2021, Indicator 1.4a: Is this child currently overweight or obese, based on Body Mass Index (BMI)-for-age, age 10-17 years?
20. Hampi, S., Hassink, S., Skinner, A., Armstrong, S., Barlow, S., et al (2023) Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity, American Academy of Pediatrics, Pediatrics 151 (2): e2022060641. <https://doi.org/10.1542/peds.2022-060641>
21. [Youth Risk Behavior Survey Data Summary & Trends Report, 2011-2021](#), February 2023
22. [Maine Integrated Youth Health Survey Infographic About Youth Mattering](#), 2019
23. [Maine Integrated Youth Health Survey](#), 2021, Responses from unique individuals who may identify in more than one category under LGBTQ+ was a special query and is not on published reports, although data for Lesbian and Gay and separately for Transgender are reported. See also the 2019 infographic on this topic, [LGBT Student Health](#)
24. See endnote #5
25. [The US Justice Department finds Maine in violation of ADA requirements over institutionalization of children with disabilities](#), June 2022.
26. [Suicide: Blueprint for Youth Suicide Prevention](#), American Academy of Pediatrics.
27. Bridge, J., (2023). Youth Suicide During the First Year of the COVID-19 Pandemic, Pediatrics (2023) 151 (3): e2022058375. <https://doi.org/10.1542/peds.2022-058375>
28. [Maine Emergency Room Visits Involving Suicidal Intent](#), Maine Center for Disease Control and Prevention, Maine Suicide Prevention Program's syndromic dashboard.
29. [Substance Use Among Young Adults in Maine](#), October 2022
30. [Maine Cannabis Markets & Associated Outcomes- Survey Findings and Implications](#), Maine Office of Cannabis Policy- June 2022
31. Page 36 of this Maine KIDS COUNT Data Book
32. [Youth Risk Behavior Survey](#), US CDC, 2022
33. Comprehensive Behavioral Health Plan for Maine, 2022



A Closer Look: Maternal and Infant Health

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

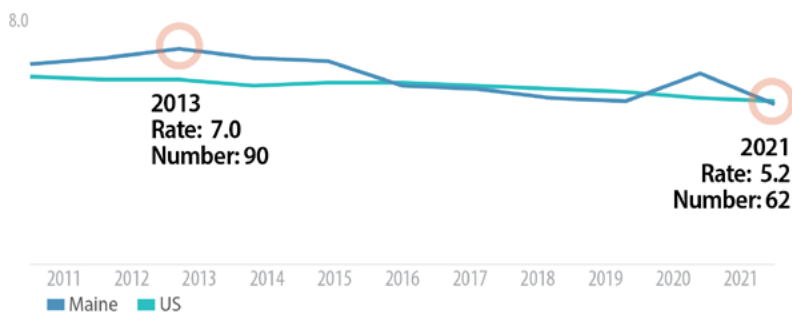
Race Disparities in Access to Prenatal Care and Birth Outcomes

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

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

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

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



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

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



Solutions

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

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

Additional KIDS COUNT Indicators

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

Resources

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

ENDNOTES

1. In February 2023, [Central Maine Healthcare announced the closing of the maternity unit at Rumford Hospital](#), and in May 2022, [St. Mary's in Lewiston closed its maternity unit](#), Bridgton Hospital closed its maternity unit in 2021 and the Calais Hospital did the same in 2017.
2. Gregory, E., Valenzuela, C., Martin, J., [Fetal Mortality in the United States](#), January 2023.
3. Keating, K., Cole, P., Schneider, A., and Schaffner, M. (2021) [Racism creates Inequities in Maternal and Child Health, Even Before Birth](#), State of Babies 2021 Yearbook.
4. Hill, L., Artiga, S., and Ranji, U. [Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them](#), Kaiser Family Foundation, November 2022.
5. [Maine Maternal, Fetal, and Infant Mortality Review Panel Annual Report, July 2021- June 30, 2022](#), For the 4-year period, 2018-2021, there were 31 maternal deaths within one year of delivery. Of these 28 were white women and 3 were Black women.
6. Maine Department of Health and Human Services, Office of Data, Research and Vital Statistic. Data was for a five-year average of 2017-2021. There were 346 infant deaths in the 5-year period and 4 of these were Black infants.
7. [March of Dimes Data for 2019-2021](#), January 2022.
8. [Promoting Health for Infants](#), Federal Center for Disease Control.
9. Maine Department of Health and Human Services, Office of Data, Research and Vital Statistic. Data for calendar year 2021.
10. [Maine DHHS announces maternal and child health federal grant awards](#)
11. [LD 1113: Racial Disparities in Prenatal Access in Maine Report to the Maine Legislature](#), 2022.
12. Winner, D. [Asking the right questions to help lower preterm births](#), Boston University School of Public Health, July 2021.
13. [Current state of doula Medicaid implementation efforts](#), Healthlaw.org, November 2022.



A Closer Look: Child Welfare

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

– Kinship Caregiver, Cumberland County

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

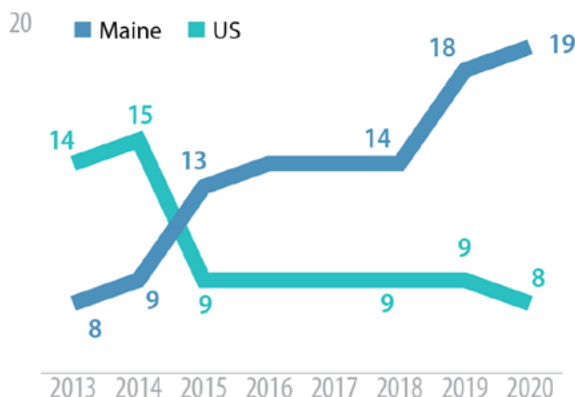
Evidence about the root causes of child maltreatment has been well documented, including poverty-related risk factors such as unemployment, single parenthood, housing instability, earlier childbearing, and lack of child care.⁴ In Maine, the major risk factors for maltreatment were neglect, emotional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

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



Child maltreatment rates are increasing in Maine while decreasing nationally

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



Source: [KIDS COUNT](#)

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



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

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

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

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

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



Solutions

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

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

Additional Resources

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

ENDNOTES

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2. [Children at greater risk of physical and mental health problems](#), 2016.
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5. [Maine Child Welfare 2020 Annual Report](#), Office of Child and Family Services (page 9).
6. [Children who are confirmed by child protective services as victims of maltreatment](#), KIDS COUNT
7. [Child Welfare Outcome 5 Time to Adoption, FFY 20](#), Children’s Bureau, An Office of the Administration of Children and Families.
8. [Maine Profile of Foster Care \(FY2020\)](#), Child Trends, February 2022.
9. [Children in foster care by county of removal](#), KIDS COUNT
10. [Maine Child Welfare 2022 Annual Report](#), Office of Children and Family Services (page 50)
11. [Child Trends FFY 2020 Maine](#) (state level data for foster care)
12. [Trends in Foster Care and Adoption: AFCARS 28 FFY 2012-2020](#)
13. [Substantiated child maltreatment victims by county](#), 2017-2021, KIDS COUNT
14. [Child Poverty by County, 2021](#), KIDS COUNT
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17. Maine Department of Health and Human Services (DHHS), email response by Richard McCormick 1/31/2023 from a webform submission to Maine DHHS Data Portal.