

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



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## Introduction

Since 1994, the Maine Children's Alliance has reported on the physical, social, economic, and educational well-being of Maine children in its annual Maine KIDS COUNT data book. Each year key indicators of children's well-being are updated with the most current and reliable data available from state and local agencies, and from national and state surveys. By presenting these data, we hope to: the well-being of Maine children, and where there is still much work to be done, and 3) support advocacy to secure better futures for all of Maine's children.

In this year's data book, a new indicator from the National Survey of Children's Health shows that the parents of one-third of children ages $0-5$ have at least one concern about their child's learning, development, or behavior. Another indicator from this same survey shows that $11.7 \%$ of Maine children ages 3-17 have moderate to severe difficulties in the areas of emotions, concentration, behavior, or being able to get along with others. We need to be aware that any emotional or behavioral difficulties that persist throughout a child's development can lead to lifelong disabilities that diminish his ability to function well. These new data suggest that we should look at current policies and programs that assist children with learning, development, and behavior problems to see if parents' and children's needs are being met. Data from future surveys will help us to assess whether programs and policies are improving children's well-being.

We also see in this year's data book that efforts by policymakers, advocates, educators, and others have improved the health of youth in three areas: the immunization rate of young children, the teen pregnancy rate, and the rate of children who are injured in motor vehicle crashes. The immunization rate of young children for DTP (Diptheria-Tetnus-Pertussis), Poliovirus, and MMR (Measles-Mumps-Rubella) increased from $86.2 \%$ to $88.8 \%$, reducing the potential number of children who could contract these diseases. The pregnancy rate of teens ages $10-17$ has decreased from 7.6 per 1,000 females in 2003 to 6.9 per 1,000 in 2004, which improves the chance that today's teens will be more mature and better off financially should they become mothers in the future. And the rate of children injured in motor vehicle crashes decreased from $27.6 \%$ to $23.8 \%$, decreasing the number of children who might face disabilities that could negatively impact their quality of life.

Yet, while progress has been made on a number of indicators, there is still much work to be done. Data from the 2005 Youth Risk Behavior Survey show a slight increase in the percentage of high school students reporting alcohol use between 2003 and 2005 from $42.2 \%$ to $43.0 \%$. There has also been a $9.8 \%$ increase in the percentage of high school students who report driving a vehicle when they had been drinking, and a $4.1 \%$ increase in their reports of riding in a vehicle driven by someone else who had been drinking. Motor vehicle crashes have long been, and continue to be, the leading cause of death of adolescents.

The data in the 2007 Maine KIDS COUNT data book provide us with information we need as advocates and policymakers to assess the current well-being of Maine children. While there have been considerable improvements in a number of indicators, we need to remain diligent in our efforts at improving the physical, social, economic, and educational well-being of our children.

## 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 to track the status of children across the United States. Since 1994, the Maine KIDS COUNT project has published the annual Maine KIDS COUNT data book using the most current data on the well-being of children in the areas of physical and mental 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
In addition to publishing the Maine KIDS COUNT data book, we continue to maintain an online database of all KIDS COUNT data that is accessible by the public. From our website, users can link to an interactive database and easily create trends, maps, and rankings of county-level indicators. Go to www.mekids.org, click on "Maine KIDS COUNT," then "Online KIDS COUNT Databases," and "CLICKS Online Database."


VICTORIA KUHN

## 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.


For every indicator in the book, we report the most recent year for which data are available. For indicators that tend to vary widely from one year to the next, or that have small base populations, we use multiyear averages to improve the stability of the rate. For each indicator, we report a percentage or rate and, whenever available, a number.* 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), and we certainly like to know the number of children represented by any indicator.

On the state pages, we report national rates when they are available and comparable. National rates are reported for the most recent year available. In some instances, this is not the same year as the state rate. On the county pages, we report those statewide indicators that are available at the county-level.

## 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) represents the size of the population during 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 is:

$$
\frac{(\text { number of occurrences }) \times(\text { base rate })}{\text { population }}
$$

For example, in 2005 there were 7,740 arrests of children ages 10-17. This translates to a rate of 54.5 per 1,000 children ages $10-17$. This rate is calculated as follows:

$$
\frac{(7,740 \text { arrests of children }) \times 1,000}{142,078 \text { children ages } 10-17}=54.5
$$

The "\% change" is the comparison of the current percent or rate to the previous percent or rate for the indicator. The generic formula for calculating the "\% change" is:

$$
\frac{(\text { current rate }- \text { previous rate }) \times 100}{\text { previous rate }}
$$

Referring back to our example for arrests of children, the rate in 2004 was 59.2 per 1,000 children ages 10-17. The "\% change" is calculated as follows:

$$
\frac{(54.5-59.2) \times 100}{59.2}=-7.9 \%
$$

* When a number is not available or when it is not applicable to report a rate or percent change in rate, n/a is used.


## Indicators at a Glance

## MEASURES NEEDING IMMEDIATE ATTENTION

POVERTY: Page 15
$18.4 \%$ of Maine children under age 5 and $14.3 \%$ of Maine children under age 18 were living in poverty in 2004.


INCOME AND EMPLOYMENT : Page 16
$37 \%$ of Maine children under age 18 live in low-income families (family income below $200 \%$ of the federal poverty level).

## MENTAL HEALTH: Page 8

The parents of $33.3 \%$ of Maine children ages $0-5$ have at least one concern about their child's development, learning, or behavior. Furthermore, $11.7 \%$ of Maine children ages 3-17 have moderate to severe difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people.

## ADOLESCENT HEALTH AND SAFETY : Page II

The Maine teen suicide rate increased $10 \%$ and continues to remain above the national rate.

## MEASURES SHOWING IMPROVEMENT

CRIME : Page 17
The arrest rate of Maine children ages 10-17 decreased 7.9\%.

## POST-SECONDARY EDUCATION : Page 20

The rate of Maine's public high school graduates planning to attend post-secondary school increased 3.8\%.

## MEASURES SHOWING MIXED PROGRESS

TEEN PREGNANCY: Page 17
Maine's teen birth rate along with the rate for births to single teen mothers, births to married teen mothers, and births to teens who have not completed 12 years of school have all decreased; yet the rate of repeat teen pregnancies as a percent of all teen pregnancies has increased, and now accounts for slightly more than $25 \%$ of teen births.

## YOUTH RISK BEHAVIORS: Page 12

The percent of Maine high school students reporting that they never or rarely wore a seatbelt when riding in a car driven by someone else has decreased $5.3 \%$, but is still well above the national average.

The percent of Maine high school students reporting drinking five or more alcoholic drinks within a couple of hours decreased almost $8 \%$, but the percent of students reporting driving a car when they had been drinking or riding in a car driven by someone else who had been drinking increased $9.8 \%$ and $4.1 \%$ respectively.


## Physical and Mental Health



| HEALTH INSURANCE | MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: | :---: |
| Children without health insurance, 2003-2005 (as \% of children ages 0-18) | State Number $21,000$ | Rate or Percent 7\% | \% change from prior rate 0\% | Rate or Percent I2\% |
| Low-income children without health insurance, 2003-2005 (as \% of low-income children ages 0-18) | 11,000 | 10\% | 0\% | 19\% |
| PHYSICAL HEALTH |  |  |  |  |
| Live births for which prenatal care began in the first trimester, 2004 (as \% of live births) | 12,276 | 88.1\% | 1.0\% | 83.9\% |
| Low birth-weight infants, 2004 (as \% of live births) | 893 | 6.4\% | -1.5\% | 8.1\% |
| Immunizations of children, 2005 (as \% of children ages 19-35 months) | n/a | 88.8\% | 3.0\% | 83.1\% |
| Children who do not have a medical home, 2003 (as \% of children ages 0-17) | 122,910 | 43.4\% | n/a | 53.9\% |
| Children who did not receive preventive dental care, 2003 (as \% of children ages 0-17) | 61,845 | 22.8\% | n/a | 27.9\% |
| Children who are overweight, 2003 (as \% of children ages 10-17) | 17,760 | 12.7\% | n/a | 14.8\% |
| Children at risk for being overweight, 2003 (as \% of children ages 10-17) | 24,133 | 17.3\% | n/a | 15.7\% |
| MORTALITY |  |  |  |  |
| Infant mortality, 2000-2004 annual average (rate per 1,000 live births) | 71 | 5.2 | 4.0\% | 6.9 |
| Child deaths, 2000-2004 annual average (rate per 10,000 children ages 1-14) | 43 | 2.0 | 5.3\% | 2.1 |
| Teen deaths, 2000-2004 annual average (rate per 10,000 children ages 15-19) | 55 | 6.0 | -4.8\% | 6.6 |

Children with health insurance are more likely to have a usual source of health care (medical home), to obtain preventive and primary medical care, and to receive dental care than children without health insurance.* Children with health insurance are also more likely to receive medical care for common childhood illnesses, such as asthma and ear infections, that if left untreated can lead to more serious health problems.**

## In Maine:

$58 \%$ of children without health insurance ages 0-18 are eligible for MaineCare.

[^1]UNINSURED CHILDREN
by family income level, 2003-2005


[^2]
## MENTAL HEALTH

| MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: |
| State Number | Rate or Percent | \% change from prior rate | Rate or Percent |
| 40,490 | 126.5 | 15.8\% | n/a |
| 608 | 1.9 | -5.0\% | n/a |
| 22,471 | 7.9\% | n/a | 5.0\% |
| 28,825 | 11.7\% | n/a | 9.2\% |
| 18,566 | 7.2\% | n/a | 6.9\% |
| 18,569 | 7.2\% | n/a | 4.2\% |
| 17,241 | 6.7\% | n/a | 5.3\% |
| 26,957 | 33.3\% | n/a | 36.6\% |
| 48,513 | 23.8\% | n/a | 29.0\% |
| 25,482 | 12.5\% | n/a | 16.0\% |
| 14,237 | 7.0\% | n/a | 14.1\% |

## OUTPATIENT HOSPITAL VISITS

for mental health/substance abuse diagnoses, children ages 0-19


Source: Maine Health Data Organization

For children and adolescents, good mental health is the achievement of developmental cognitive, social, and emotional milestones that result in secure attachments, satisfying social relationships, and effective coping skills. Children's behavior at home and school, their academic performance, and their ability to participate in community life is directly influenced by their mental health.*

## In Maine:

The parents of $33.3 \%$ of children ages $0-5$ have at least one concern about their child's learning, development, or behavior. The parents of $23.8 \%$ of children ages 6-17 are concerned about how their child copes with stressful things.

* U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Available at www.surgeongeneral.gov

| CHILD WELFARE | MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: | :---: |
|  | State Number | Rate or Percent | \% change from prior rate | Rate or Percent |
| Children in Department of Health and Human Services care or custody, December 2006 (rate per 1,000 children ages 0-17) | 2,025 | 7.2 | - 12.2\% | n/a |
| Substantiated child abuse and neglect victims, 2005 (rate per 1,000 children ages 0-17) | 3,291 | 11.7 | -11.4 | n/a |
| Reports alleging child abuse and/or neglect, 2005 | 17,675 | 100\% | n/a | n/a |
| Reports screened out (as \% of reports alleging maltreatment) | 9,733 | 55.1\% | 13.6\% | n/a |
| Reports that warranted child protective services (as \% of reports alleging maltreatment) | 7,942 | 44.9\% | - 12.8\% | n/a |
| Cases assigned to Child Protective Services (as \% of reports warranting services) | 5,325 | 67.0\% | 10.7\% | n/a |
| Cases assigned to a contract agency (as \% of reports warranting services) | 2,617 | 33.0\% | -15.8\% | n/a |
| Case assessments completed by Child Protective Services, 2005 | 5,613 | 100\% | n/a | n/a |
| Cases without findings of maltreatment (as \% of completed case assessments) | 3,561 | 63.4\% | 7.8\% | n/a |
| Cases with findings of maltreatment (as \% of completed case assessments) | 2,052 | 36.6\% | -11.2\% | n/a |

Young children who experience maltreatment frequently have disruptions in brain development that result in impaired physical, mental, and emotional development.*

Older children who have experienced maltreatment frequently perform poorly in school; commit crimes, including crimes against persons; and experience emotional problems, such as depression, suicidal thoughts, and alcohol and substance abuse.**

Adults who have been maltreated as children are at an increased risk for smoking, alcoholism, drug abuse, eating disorders, severe obesity, depression, suicide, sexual promiscuity, and certain chronic diseases. ${ }^{* * *}$

## In Maine:

In 2005, 3,291 children ages $0-17$ were substantiated victims of child abuse and/or neglect. For many of these children, the consequences of maltreatment will be poor physical, emotional, and social outcomes in childhood and as adults.

* Child Welfare Information Gateway. 2006. "Long-Term Consequences of Child Abuse and Neglect." Available at www.childwelfare.gov/
** English, D. J." 'The Extent and Consequences of Child Maltreatment.' The Future of Children. Spring 1998. Available at www.futureofchildren.org
*** National Center for Injury Prevention and Control. "Child Maltreatment: Fact Sheet." Available at ww.cdc.gov/ncipc/factsheets/cmfacts.htm

CHILDREN IN DHHS CARE OR CUSTODY
children ages 0-I7, December 2006

| IN-STATE, | NUMBER <br> COUNTY |
| :--- | ---: |
| Androscoggin | 135 |
| Aroostook | 124 |
| Cumberland | 381 |
| Franklin | 42 |
| Hancock | 64 |
| Kennebec | 176 |
| Knox | 42 |
| Lincoln | 30 |
| Oxford | 85 |
| Penobscot | 263 |
| Piscataquis | 21 |
| Sagadahoc | 30 |
| Somerset | 151 |
| Waldo | 30 |
| Washington | 87 |
| York | 293 |
| Unknown | 4 |
| IN-STATE TOTAL | 1,958 |
| OUT-OF-STATE TOTAL | 67 |
| OUT-OF-COUNTRY TOTAL | 0 |
| TOTAL CHILDREN IN CARE | 2,025 |

[^3]ADOLESCENT HEALTH AND SAFETY

| Adolescents served in the Maine family planning system, SFY 2006 (rate per 1,000 children ages 15-19) | 9,298 | 98.9 | n/a | n/a |
| :---: | :---: | :---: | :---: | :---: |
| Females (as \% of adolescents served) | 8,837 | 95.0\% | - 1.8\% | n/a |
| Males (as \% of adolescents served) | 461 | 5.0\% | 51.5\% | n/a |
| Young adults living with HIVIAIDS, 2005 (rate per 1,000 young adults ages 18-24) | 19 | 0.2 | 0.0\% | n/a |
| Chlamydia cases, 2005 (rate per 1,000 children ages (0-19) | 768 | 4.2 | 5.0\% | n/a |
| Gonorrhea cases, 2005 (rate per 1,000 children ages 10-19) | 34 | 0.2 | -0.3\% | n/a |
| Children and adolescents using services of licensed alcohol and drug abuse treatment providers, 2005 (rate per 1,000 children ages 0-19) | 1,84\| | 5.8 | -14.7\% | n/a |
| Children ages 0-14 (rate per 1,000 children ages 0-14) | 333 | 1.5 | 0.0\% | n/a |
| Children ages 15-19 (rate per 1,000 children ages 15-19) | 1,508 | 16.0 | - 19.6\% | n/a |
| Children in motor vehicle crashes with personal injury, 2005 (as \% of all motor vehicle crashes involving children ages 0-19) | 2,873 | 23.8\% | -13.8\% | n/a |
| OUI arrests, 2004 (rate per 1,000 drivers under age 20) | 1,342 | 29.4 | -3.3\% | $\mathrm{n} / \mathrm{a}$ |
| OUl license suspensions, 2004 (rate per 1,000 drivers under age 20) | 633 | 13.9 | 3.0\% | $\mathrm{n} / \mathrm{a}$ |
| OUI convictions, 2004 (rate per 1,000 drivers under age 20) | 240 | 5.3 | 6.0\% | n/a |

## LEADING CAUSE OF DEATH

2004, adolescents ages I5-19
NUMBER

OF DEATHS
CAUSE ..... OF DEATHS
Unintentional injury ..... 32
Suicide ..... 16
Homicide .....  2
Malignant neoplasm (cancer) .....  2
Influenza and pneumonia .....  1

Of the 32 unintentional injuries:

| CAUSE | NUMBER |
| ---: | ---: |
| OF DEATHS |  |

Motor vehicle traffic ..... 22
Poisoning ..... 6
Drowning ..... 3
Fire/burn .....  1

Adolescence is a time of rapid growth and change, of increasing independence and developing self-knowledge, thus making it an important and challenging time of transition. While most teens manage these important years with relative success, others face problems that undermine their physical and emotional wellbeing, and some do not survive the teen years.*

## In Maine:

The leading cause of death for adolescents ages 15-19 is unintentional injuries. In 2004, deaths from motor vehicle crashes accounted for $68.8 \%$ of these injuries. Factors that contribute to deaths from motor vehicle crashes include teens' willingness to take risks, alcohol use, failure to wear seatbelts, and-due to their lack of experience - inability to estimate dangers in hazardous situations and to cope with them when they arise.*

[^4]Source: Centers for Disease Control, National Center for Injury Prevention and Control, WISQARS LCOD.

## MOTOR VEHICLE DEATHS

ages 15-19

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


CHILD AND TEEN SUICIDES
ages 10-19


[^5]YOUTH RISK BEHAVIOR SURVEY, 2005
PERCENTAGE OF HIGH SCHOOL STUDENTS REPORTING:
Cigarette use during past 30 days
Marijuana use during past 30 days
Alcohol use during past 30 days
Drinking 5 or more alcoholic drinks within a couple of hours on one or more of the past 30 days
Driving a car or other vehicle when they had been drinking alcohol one or more times during the past 30 days
Riding in a car or other vehicle driven by someone who had been drinking alcohol one or more times during the past 30 days
Never or rarely wearing a seat belt when riding in a car driven by someone else
Describe themselves as slightly or very overweight $\mathrm{n} / \mathrm{a}$
Are trying to lose weight n/a
Ever having had sexual intercourse n/a
Sexual intercourse with at least one person during the past 3 months n/a
Sexually active students who reported using a condom during last intercourse

| MAINE |  |  |  |
| :---: | :---: | :---: | :---: |
| State <br> Number | Rate or <br> Percent | \% change <br> from prior rate | Rate or <br> Percent |
| n/a | $16.2 \%$ | $-21.0 \%$ | $23.0 \%$ |
| n/a | $22.2 \%$ | $-15.9 \%$ | $20.2 \%$ |
| n/a | $43.0 \%$ | $1.9 \%$ | $43.3 \%$ |
| n/a | $25.2 \%$ | $-7.7 \%$ | $25.5 \%$ |
|  |  |  |  |
| n/a | $11.2 \%$ | $9.8 \%$ | $9.9 \%$ |
|  |  |  |  |
| n/a | $25.2 \%$ | $4.1 \%$ | $28.5 \%$ |
| n/a | $14.4 \%$ | $-5.3 \%$ | $10.2 \%$ |
| n/a | $30.8 \%$ | $-9.4 \%$ | $31.5 \%$ |
| n/a | $50.9 \%$ | $9.7 \%$ | $45.6 \%$ |
| n/a | $44.8 \%$ | $4.7 \%$ | $46.8 \%$ |
| n/a | $33.5 \%$ | $7.4 \%$ | $33.9 \%$ |
| n/a | $58.6 \%$ | $1.4 \%$ | $62.8 \%$ |

## ALCOHOL, MARIJUANA AND CIGARETTE USE

 ages 10-19

There are no results for 1999 because the data set in 1999 was not representative of the entire state

Addictive disorders in adults most commonly begin in adolescence or young adulthood: most adult smokers begin smoking before age 18 , more than forty percent of adult alcoholics experience alcohol-related symptoms between ages $15-19$, and the median age at which adults with substance use disorders begin using illegal drugs is 16.*

## In Maine:

In 2005, $43 \%$ of high school students reported having had at least one drink of alcohol on one or more of the 30 days prior to participating in the Maine Youth Risk Behavior Survey, 22\% reported having used marijuana one or more times, and $16 \%$ reported having smoked cigarettes on one or more days.

[^6]MOTOR VEHICLE SAFETY


Source: Maine Youth Risk Behavior Survey, 2005

SEXUAL BEHAVIORS


[^7]

## Social and Economic Statas



| POVERTY | MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: | :---: |
|  | State Number | Rate or Percent | \% change from prior rate | Rate or Percent |
| Children under age 18 in poverty, 2004 | 39,342 | 14.3\% | 0.0\% | 17.8\% |
| Children under age 5 in poverty, 2004 | 12,266 | 18.4\% | -2.1\% | 20.5\% |


15.0\% to 19.2\%

Androscoggin .......... . $15.4 \%$
Kennebec. . . . . . . . . . . . . . I5.4\%
Franklin . . . . . . . . . . . . . . . I6.2\%
Penobscot. . . . . . . . . . . . . 16.8\%
Oxford ................. . I7.I\%
Waldo . . . . . . . . . . . . . . . I8.0\%
19.3\% and higher

Aroostook. . . . . . . . . . . . 19.3\%
Piscataquis. . . . . . . . . . . . 19.7\%
Somerset. . . . . . . . . . . . . 2I.I\%
Washington. . . . . . . . . . . 23.0\%

Poverty plays a key role in children's wellbeing and is related to every KIDS COUNT indicator. Children who live in poverty, especially those who live in poverty for long periods of time, are at an increased risk for poor health, cognitive, social, and educational outcomes. They are more likely to have physical, behavioral, and emotional health problems; to have difficulty in school; to become teen parents; and, as adults, to earn less.*

## In Maine:

The poverty rates across counties vary from a low of $10.6 \%$ in Cumberland County to a high of $23.0 \%$ in Washington County.

[^8]
## POVERTY TRENDS

1995-2004


[^9]| INCOME AND EMPLOYMENT | MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: | :---: |
|  | State Number | Rate or Percent | \% change from prior rate | Rate or Percent |
| Children in low-income families, 2005 (as \% of children under age 18) | 100,000 | 37\% | n/a | 40\% |
| Children in single-parent families, 2005 (as \% of children under age 18) | 80,000 | 31\% | n/a | 32\% |
| Median income of families with children, 2005 | \$52,000 | n/a | n/a | \$53,000 |
| Median household income, 2004 | \$41,287 | n/a | n/a | \$44,334 |
| Estimated livable wage for a single-parent family of three, 2004 | \$18.15/hr | n/a | n/a | n/a |
| Unemployment, 2005 (as \% of civilian labor force) | 34,470 | 4.8\% | 4.3\% | 5.1\% |
| INCOME SUPPORTS |  |  |  |  |
| Children receiving TANF, December 2006 (as \% of children ages 0-17) | 22,937 | 8.1\% | - 1.2\% | n/a |
| Children receiving food stamps, December 2006 (as \% of children ages 0-17) | 57,643 | 20.4\% | 2.5\% | n/a |
| State TANF and food stamp maximum benefit level, 2006 (as \% of the Federal Poverty Guideline) | \$893/mo | 64.6\% | -2.0\% | n/a |
| School children receiving subsidized school lunch, 2006-07 (as \% of school children) | 70,811 | 36.4\% | 4.3\% | n/a |
| Recipients of WIC benefits, 2006 | 40,273 | n/a | n/a | n/a |
| Women | 11,930 | n/a | n/a | n/a |
| Infants and children (as \% of children under age 5) | 28,343 | 41.9\% | n/a | n/a |
| Families headed by mothers receiving child support or alimony, 2004 (as $\%$ of families headed by mothers) | 13,000 | 43\% | -8.5\% | 35\% |
| Child support enforcement cases with collection, FFY 2005 (as \% of cases) | 40,464 | 61.2\% | -3.5\% | 52.4\% |

## SCHOOL CHILDREN RECEIVING SUBSIDIZED SCHOOL LUNCH

2006-07

| RANK | COUNTY | VALUE |
| :---: | :---: | :---: |
| 1 (fewest) | Cumberland | 25.8\% |
| 2 | York | 27.6\% |
| 3 | Sagadahoc | 28.3\% |
| 4 | Hancock | 32.3\% |
| 5 | Knox | 32.8\% |
| 6 | Lincoln | 36.7\% |
| 7 | Kennebec | 36.8\% |
| 8 | Penobscot | 37.3\% |
| 9 | Androscoggin | 44.6\% |
| 10 | Franklin | 46.7\% |
| 11 | Waldo | 46.8\% |
| 12 | Oxford | 46.9\% |
| 13 | Aroostook | 47.7\% |
| 14 | Somerset | 50.0\% |
| 15 | Washington | 55.2\% |
| 16 (most) | Piscataquis | 56.8\% |
|  | MAINE STATE | 34.9\% |

[^10]Children who live in families with food insecurity and hunger are sick more often, are more likely to have ear infections, have higher rates of iron deficient anemia, and are hospitalized more frequently. As a result of their poor health, they miss more days of school and are less prepared to learn when they are present. Children at risk for hunger are more likely to have poorer mental health, to be withdrawn or socially disruptive, and to have higher rates of behavioral disorders.*

## In Maine:

In December 2006, one-fifth (20.4\%) of children ages $0-17$ received food stamps. For the 2006-07 school year, more than one-third (36.4\%) of school children are receiving subsidized school lunch.

[^11]| TEEN PREGNANCY | MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: | :---: |
|  | State Number | Rate or Percent | \% change from prior rate | Rate or Percent |
| Births to single teenaged mothers under age 20, 2004 (as \% of total live births) | 965 | 6.9\% | -5.5\% | n/a |
| Births to married teenaged mothers under age 20, 2004 (as \% of total live births) | 137 | 1.0\% | 0.0\% | n/a |
| Repeat teen pregnancies for females under age 20, 2004 (as \% of total teen pregnancies) | 414 | 25.9\% | 12.6\% | n/a |
| Births to single teens who have not completed 12 years of school, 2000-2004 annual average (rate per 1,000 females ages 10-19) | 551 | 6.3 | -3.1\% | n/a |
| Teen pregnancies, 2004 (rate per 1,000 females ages (0-17) | 474 | 6.9 | -9.2\% | n/a |

Births to teens affect both the teen mother and her child. Teens who become mothers are more likely to drop out of school and to live in poverty. Their children are more likely to be born at a low birth-weight, to experience health problems and developmental delays, and to experience abuse and/or neglect. As they become older, these children are more likely to do poorly in school, to dropout of school, to get into trouble, and to become teen parents themselves.*

## In Maine:

The teen pregnancy rate has declined $41.5 \%$ from 11.8 per 1,000 in 1995 to 6.9 per 1,000 in 2004.

* Shore, R. July 2005. KIDS COUNT Indicator Brief: Reducing the Teen Birth Rate. Available at www.aecf.org

TEEN PREGNANCY RATE
ages 10-I7


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

## CRIME TRENDS

There are many risk factors that increase the likelihood that a young person will become involved with the juvenile justice system; and the more risk factors a child faces, the greater the likelihood. A few of these risk factors are poor cognitive development, associating with deviant peers, parental antisocial or criminal behavior, and poverty.*

## In Maine:

The arrest rate of children ages $10-17$ decreased $7.9 \%$, from 59.2 per 1,000 in 2004 to 54.4 per 1,000 in 2005.

* U.S. Department of Justice. April 2003. Risk and Protective Factors of Child Delinquency. Available at http://ojjdp.ncjrs.gov


## ARRESTS OF CHILDREN

ages 10-I7


[^12]

Education and Learning


| CHILD CARE | MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: | :---: |
|  | State <br> Number | Rate or Percent | \% change from prior rate | Rate or Percent |
| Children served through child care subsidies, FFY 2006 | 18,198 | 100\% | n/a | $\mathrm{n} / \mathrm{a}$ |
| TANF child care (as \% of children served) | 9,436 | 51.4\% | -0.8\% | n/a |
| Vouchers (as \% of children served) | 6,310 | 34.3\% | 3.6\% | $\mathrm{n} / \mathrm{a}$ |
| Slots (as \% of children served) | 2,631 | 14.3\% | -4.6\% | n/a |
| Licensed child care providers, December 2006 | 2,608 | 100\% | n/a | n/a |
| Child care homes (as \% of providers) | 1,724 | 66.1\% | -0.3\% | n/a |
| Child care centers (as \% of providers) | 723 | 27.7\% | 3.0\% | n/a |
| Nursery schools (as \% of total providers) | 161 | 6.2\% | -8.8\% | n/a |
| Head Start Program, estimated eligible children, FFY 2006 | 12,266 | 100\% | n/a | n/a |
| State- and federally-funded children enrolled (as \% of eligible children) | 3,956 | 32.3\% | 1.6\% | n/a |
| Estimated unmet need (as \% of eligible children) | 8,310 | 67.7\% | -0.7\% | n/a |

Head Start is a national, comprehensive, early education program. The program is designed to prepare children to be ready for and to succeed in kindergarten. Children under age 5 are eligible if they live in poverty or if they have disabilities. In addition to providing child care and education, the Head Start program offers health and dental screening and services, mental health support, and family advocacy.*

## In Maine:

$67.7 \%$ of children who are eligible for Head Start are not participating in the program.

* Reidt-Parker, J. 2006. Head Start in Maine. Available at www.maine.gov/dhhs/occhs

HEAD START PARTICIPATION 2000-06


[^13]
## LANGUAGE MINORITY STUDENTS

Children with limited English proficiency attending public schools, 2005-06 (as a \% of public school students)

## DROPOUTS

High school dropouts, 2004-05 (as \% of high school students) $\qquad$
Public high school dropouts (as \% of public high school students)
Selected private high school dropouts--with 60\% or more publicly-funded students (as \% of selected private high school students)

## DISCONNECTED YOUTH

Teens not attending school and not working, 2005 (as \% of children ages 16-19)

## POST-SECONDARY EDUCATION

Public high school graduates, Class of 2005 (as \% of Class of 2005)
High school graduates planning to attend post-secondary school, 2005 (as \% of high school graduates)
Public high school graduates (as \% of public high school graduates)
Selected private high school graduates--with $60 \%$ or more publicly-funded students (as \% of selected private high school graduates)

| MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: |
| State Number | Rate or Percent | \% change from prior rate | Rate or Percent |
| 4,550 | 2.3\% | n/a | n/a |
| 1,839 | 2.7\% | 3.8\% | n/a |
| ।,72। | 2.8\% | 3.7\% | n/a |
| 118 | 2.1\% | -4.5\% | n/a |
| 4,527 | 7\% | 0\% | 8\% |
| 12,884 | 87.2\% | -0.2\% | n/a |
| 10,344 | 72.5\% | 4.0\% | n/a |
| 9,356 | 71.8\% | 3.8\% | n/a |
| 988 | 79.1\% | 5.7\% | n/a |

HIGH SCHOOL GRADUATES PLANNING TO ATTEND POST-SECONDARY SCHOOL 1996-2005


Source: Maine Department of Education, Division of Management Information

Teens who are neither in school nor employed are disconnected from the roles and relationships that help young people transition to adulthood. As a result, these young people tend to have a harder time connecting to the job market as young adults, which increases the risk that they will have lower earnings and a less stable employment history than their peers who stayed in school or found jobs.*

## In Maine:

In 2005, $7 \%$ of teens ages 16-19 were not attending school and were not working.

[^14]| STUDENTS WITH DISABILITIES | MAINE |  |  | NATIONAL |
| :---: | :---: | :---: | :---: | :---: |
|  | State Number | Rate or Percent | \% change from prior rate | Rate or Percent |
| Children ages 3-2I with disabilities, 2005-06 (as \% of regular education enrollment) | 36,494 | 18.1\% | -1.6\% | 13.7\% |
| Specific learning disability (as \% of all students with disabilities) | 11,355 | 31.1\% | -5.5\% | n/a |
| Speech and language impairment (as \% of all students with disabilities) | 9,487 | 26.0\% | -3.0\% | n/a |
| Other health impairment (as \% of all students with disabilities) | 4,963 | 13.6\% | 7.9\% | n/a |
| Multiple disabilities (as \% of all students with disabilities) | 3,274 | 9.0\% | - 1.2\% | $\mathrm{n} / \mathrm{a}$ |
| Emotional disability (as \% of all students with disabilities) | 3,173 | 8.7\% | -4.9\% | n/a |
| Autism (as \% of all students with disabilities) | 1,471 | 4.0\% | 17.4\% | n/a |
| Developmentally delayed, children ages 3-5 (as \% of all students with disabilities) | 1,364 | 3.7\% | -23.3\% | n/a |
| Mental retardation (as \% of all students with disabilities) | 858 | 2.4\% | -4.6\% | n/a |
| Hearing impairment (as \% of all students with disabilities) | 219 | 0.6\% | 0.9\% | n/a |
| Traumatic brain injury (as \% of all students with disabilities) | 97 | 0.3\% | 0.0\% | n/a |
| Visual impairment, including blindness (as \% of all students with disabilities) | 90 | 0.2\% | -5.3\% | n/a |
| Orthopedic impairment (as \% of all students with disabilities) | 75 | 0.2\% | -7.4\% | n/a |
| Deafness (as \% of all students with disabilities) | 63 | 0.2\% | -11.3\% | n/a |
| Deaf-blindness (as \% of all students with disabilities) | 5 | <0.1\% | n/a | n/a |

Special education and related services are an integral part in educating children with special needs and in improving their longterm outcomes. These services improve student achievement and graduation rates, increase participation in post-secondary education, and increase employment participation and wages.*

## In Maine:

Between 1991 and 2004, Maine experienced a steady but gradual increase in the rate of children with special needs from $12.9 \%$ to $18.4 \%$. In 2005 , this rate dropped slightly to $18.1 \%$.

[^15]PERCENT OF SPECIAL EDUCATION ENROLLMENT TO REGULAR EDUCATION ENROLLMENT
1991-2005


Source: Maine Department of Education, Office of Special Services


## STUDENTS WITH DISABILITIES

by gender

Source: Maine Department of Education, Office of Special Services


## County Profiles



Children ages 0-17 represented just over one-fifth or $21.4 \%$ of the total population of Maine in 2004. The majority of these children ( $64.9 \%$ ) live in the five counties with urban areas: Cumberland, York, Penobscot, Kennebec, and Androscoggin.

POPULATION

| ages 0-17, 2004 |  |
| :---: | :---: |
| 5,999 and lower |  |
| Piscataquis | 3,694 |
| 6,000 to 9,999 |  |
| Sagadahoc | 8,64I |
| Waldo | 8,347 |
| Knox | 8,274 |
| Lincoln | 7,166 |
| Washington | 7,017 |
| Franklin | 6,260 |
| 10,000 to 22,999 |  |
| Aroostook | 14,978 |
| Oxford. | 12,333 |
| Somerset | 11,555 |
| Hancock. | 10,730 |
| 23,000 and higher |  |
| Cumberland. | 58,015 |
| York | 45,219 |
| Penobscot | . 30,592 |
| Kennebec | . 26,037 |
| Androscoggin | . 23,27I |

To map other indicators at the county-level, visit our website at www.mekids.org.

Click on: Maine KIDS COUNT
then: Online KIDS COUNT Databases and choose: CLIKS Online Database

County-level data provide an opportunity to more fully understand the well-being of Maine's children and their families. For each of the indicators reported, the number of events and rate of occurrence for those events offer a more comprehensive view of the well-being of children around the state. The number and rates may vary considerably from year to year and between counties-a reflection of Maine's relatively small population and the diversity in population size, geography, and economic and social climate in the various regions of Maine, and should be considered when interpreting differences.

## Counties at a Glance

| DEMOGRAPHICS |  |
| :--- | :--- |
| Total population - 2004 estimate |  |
| Under 5 years old |  |
| $5-17$ years old |  |
| $18-64$ years old |  |
| 65 years and older |  |
|  |  |

STATE
Androscoggin
Aroostook
Cumberland
Franklin
Hancock
Kennebec

PHYSICAL AND MENTAL HEALTH

| Children participating in MaineCare, |
| :--- |
| ages 0-I 8, SFY 2006 |\(\left|\begin{array}{l}Pediatricians, Family Practitioners, and <br>


General Practitioners, 2004*\end{array}\right|\)| Live births for which prenatal care began |
| :--- |
| in the first trimester, 2004 |$|$| Low birth-weight infants, 2004 |
| :--- |
| Infant mortality, 2000-2004 annual avg.* |
| Child deaths (ages I-14), 2000-2004 <br> annual avg.** |
| Teen deaths (ages I5-19), 2000-2004 <br> annual avg.** |

## SOCIAL AND ECONOMIC STATUS

| Children in poverty, 2004 |  |
| :--- | :--- |
| Children receiving TANF, December 2006 |  |
| Children receiving food stamps, <br> December 2006 |  |
| School children receiving subsidized <br> school lunch, 2006-07 |  |
| Estimated livable wage for a single-parent <br> family of 3, 2004 |  |
| Median household income, 2004 |  |
| Unemployment, 2005 |  |
| Domestic assaults reported to police, 2005*** |  |
| Arrests of children, 2005* |  |$|$| Arrests of children for crimes against |
| :--- |
| persons, 2005* |


| $14.3 \%$ | $15.4 \%$ |
| :---: | :---: |
| $8.1 \%$ | $14.8 \%$ |
| $20.4 \%$ | $29.4 \%$ |
| $36.4 \%$ | $44.6 \%$ |
| $\$ 18.15 / \mathrm{hr}$ | $\$ 17.44$ |
| $\$ 41,287$ | $\$ 39,184$ |
| $4.8 \%$ | $4.9 \%$ |
| 414.4 | 517.7 |
| 54.5 | 78.5 |
| 1.0 | 1.3 |


| $19.3 \%$ | $10.6 \%$ |
| :---: | :---: |
| $10.3 \%$ | $6.7 \%$ |
| $25.7 \%$ | $15.0 \%$ |
| $47.7 \%$ | $25.8 \%$ |
| $\$ 14.78$ | $\$ 19.42$ |
| $\$ 32,629$ | $\$ 49,870$ |
| $6.7 \%$ | $3.6 \%$ |
| 366.5 | 407.7 |
| 58.2 | 59.8 |
| 0.4 | 1.2 |
|  |  |


| $16.2 \%$ | $13.1 \%$ | $15.4 \%$ |
| :---: | :---: | :---: |
| $9.8 \%$ | $4.3 \%$ | $8.3 \%$ |
| $24.0 \%$ | $15.1 \%$ | $21.5 \%$ |
| $46.7 \%$ | $32.3 \%$ | $36.8 \%$ |
| $\$ 17.00$ | $\$ 17.26$ | $\$ 14.25$ |
| $\$ 34,846$ | $\$ 38,580$ | $\$ 39.199$ |
| $5.7 \%$ | $5.5 \%$ | $5.0 \%$ |
| 598.6 | 222.2 | 588.5 |
| 55.1 | 34.3 | 55.1 |
| 1.5 | 0.5 | 1.0 |
|  |  |  |

## EDUCATION AND LEARNING

| Public high school graduates, Class of 2005 |
| :--- |
| Public high school dropouts, 2004-05 |
| Public high school graduates planning <br> to attend post-secondary school, 2005 |
| Students with disabilities, 2005-06 <br> (as \% of regular enrollment) |


| $87.2 \%$ | $82.2 \%$ |
| :---: | :---: |
| $2.8 \%$ | $3.7 \%$ |
| $71.8 \%$ | $73.6 \%$ |
| $18.1 \%$ | $19.1 \%$ |


| $93.4 \%$ | $88.8 \%$ | $88.4 \%$ | $76.6 \%$ | $92.1 \%$ |
| :---: | :---: | :---: | :---: | :---: |
| $2.3 \%$ | $3.2 \%$ | $3.1 \%$ | $4.1 \%$ | $1.5 \%$ |
| $80.0 \%$ | $77.4 \%$ | $76.4 \%$ | $70.0 \%$ | $75.7 \%$ |
| $17.8 \%$ | $15.8 \%$ | $16.3 \%$ | $19.2 \%$ | $18.6 \%$ |

## KEY:

* Rate per I,000 ** Rate per 10,000 *** Rate per 100,000
$\dagger$ Data contains fewer than 5 individuals and has been suppressed to preserve confidentiality


## Knox

| Lincoln | Oxford | Penobscot |
| :--- | :--- | :--- |

Penobscot Piscataquis
Sagadahoc
Somerset
Waldo
Washington
York

| 41,008 | 35,236 | 56,614 | 148,196 | 17,525 |
| :---: | :---: | :---: | :---: | :---: |
| 1,988 | 1,571 | 2,756 | 7,363 | 774 |
| 6,286 | 5,595 | 9,577 | 23,229 | 2,920 |
| 25,655 | 21,703 | 35,165 | 98,407 | 10,785 |
| 7,079 | 6,367 | 9,116 | 19,197 | 3,046 |
|  |  |  |  |  |


| 36,927 | 51,584 |
| :---: | :---: |
| 2,101 | 2,706 |
| 6,540 | 8,849 |
| 23,690 | 32,630 |
| 4,596 | 7,399 |
|  |  |

38

2
2
2
5

| $49.3 \%$ | $62.1 \%$ |
| :---: | :---: | :---: |
| 3.2 | 3.5 |
| $85.5 \%$ | $80.6 \%$ |
| $6.2 \%$ | $\dagger$ |
| 5.0 | 3.7 |
| 2.9 | $\dagger$ |
| 5.1 | $\dagger$ |


| $32.5 \%$ |
| :---: | :---: |
| 0.7 |
| $89.7 \%$ |
| $7.4 \%$ |
| 3.4 |
| 3.0 |
| 9.0 |


| $61.9 \%$ |
| :---: |
| 2.6 |
| $78.2 \%$ |
| $7.0 \%$ |
| 5.8 |
| 2.9 |
| 7.5 |


| $52.3 \%$ | $67.9 \%$ |
| :---: | :---: |
| 2.5 | 2.8 |
| $86.6 \%$ | $83.3 \%$ |
| $4.7 \%$ | $4.2 \%$ |
| 7.1 | 4.6 |
| 4.3 | 2.2 |
| 9.3 | $\dagger$ |
|  |  |


| $46.0 \%$ | $43.1 \%$ | $56.2 \%$ |
| :---: | :---: | :---: |
| 2.5 | 3.9 | 1.9 |
| $93.4 \%$ | $85.2 \%$ | $85.0 \%$ |
| $+\dagger$ | $7.9 \%$ | $7.4 \%$ |
| 4.5 | 5.4 | 5.9 |
| $\dagger$ | $\dagger$ | 2.5 |
| 12.7 | 14.5 | 8.3 |

$$
\begin{array}{|l|l|l|l|}
\hline 14.3 \% & 13.9 \% & 17.1 \% \\
\hline
\end{array}
$$

$$
\begin{array}{l|r}
\hline 14.3 \% & 13 . \\
\hline 8.0 \% & 4 . \\
\hline
\end{array}
$$

$$
\mid
$$

8.0\%

$$
4.9 \%
$$

| $20.3 \%$ | $17.2 \%$ |
| :--- | :--- |


| $32.8 \%$ | $36.7 \%$ |
| :--- | :--- |
| $\$ 17.82$ | $\$ 18.97$ |
| $\$ 40,900$ | $\$ 41.647$ |


| $\$ 17.82$ | $\$ 18.97$ |
| :---: | :---: |
| $\$ 40,900$ | $\$ 41.647$ |
| 4.18 |  |

$4.1 \%$
221.9

| 61.9 | 23.4 | 30.9 |
| :--- | :---: | :---: |
| 0.7 | 0.3 | 1.1 |0.7

0.3
1.1

| $17.1 \%$ |
| :---: |
| $11.9 \%$ |
| $28.1 \%$ |
| $46.9 \%$ |
| $\$ 14.97$ |
| $\$ 35.979$ |
| $5.7 \%$ |
| 448.7 |
| 30.9 |
| 1.1 |



| $16.8 \%$ | $19.7 \%$ |
| :--- | :--- |
| $8.5 \%$ |  |

$11.5 \%$

| ( |
| :--- |

## Aroostook

| KEY: |  | Rate per 1,000 |
| :---: | :---: | :---: |
|  | ** | Rate per 10,000 |
|  | *** | Rate per 100,000 |
|  |  | Data contains fewer than 5 individuals and has been suppressed to preserve confidentiality |
|  |  | Small numbers may result in exaggerated \% change comparisons and are not presented |
|  | n/a | Not available or not applicable |


| DEMOGRAPHICS |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total population - 2004 estimate | 73,390 | 100\% | n/a | 1,317,253 | 100\% | $\mathrm{n} / \mathrm{a}$ |
| Under 5 years old | 3,349 | 4.6\% | -2.1\% | 67,628 | 5.1\% | - 1.9\% |
| 5-17 years old | 11,629 | 15.8\% | -3.1\% | 214,501 | 16.3\% | -2.4\% |
| 18-64 years old | 45,985 | 62.7\% | 1.0\% | 845,373 | 64.2\% | 0.6\% |
| 65 years and older | 12,427 | 16.9\% | 0.0\% | 189,75 \| | 14.4\% | 0.0\% |
|  |  |  |  |  |  |  |
| PHYSICAL AND MENTAL HEALTH |  |  |  |  |  |  |
| Children participating in MaineCare, ages 0-18, SFY 2006 | 9,080 | 56.3\% | n/a | 133,934 | 44.5\% | n/a |
| Pediatricians, Family Practitioners, and General Practitioners, 2004* | 45 | 2.9 | 0.0\% | 851 | 3.0 | 0.0\% |
| Live births for which prenatal care began in the first trimester, 2004 | 596 | 87.5\% | -0.3\% | 12,276 | 88.1\% | 1.0\% |
| Low birth-weight infants, 2004 | 49 | 7.2\% | -4.0\% | 893 | 6.4\% | - 1.5\% |
| Infant mortality, 2000-2004 annual avg.* | 3 | 4.3 | ^ | 71 | 5.2 | 4.0\% |
| Child deaths (ages I-14), 2000-2004 annual avg.*** | 4 | 2.9 | $\wedge$ | 43 | 2.0 | 5.3\% |
| Teen deaths (ages 15-19), 2000-2004 annual avg.** | 2 | 4.4 | $\wedge$ | 55 | 6.0 | -4.8\% |
|  |  |  |  |  |  |  |


| SOCIAL AND ECONOMIC STATUS |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Children in poverty, 2004 | 2,75। | 19.3\% | -4.0\% | 39,342 | 14.3\% | 0.0\% |
| Children receiving TANF, December 2006 | 1,538 | 10.3\% | 3.0\% | 22,937 | 8.1\% | -1.2\% |
| Children receiving food stamps, December 2006 | 3,842 | 25.7\% | 4.9\% | 57,643 | 20.4\% | 2.5\% |
| School children receiving subsidized school lunch, 2006-07 | 5,55। | 47.7\% | 1.9\% | 70,811 | 36.4\% | 4.3\% |
| Estimated livable wage for a single-parent family of 3,2004 | \$14.78/hr | n/a | n/a | \$18.15/hr | n/a | n/a |
| Median household income, 2004 | \$32,629 | n/a | n/a | \$41,287 | n/a | n/a |
| Unemployment, 2005 | 2,370 | 6.7\% | 13.6\% | 34,470 | 4.8\% | 4.3\% |
| Domestic assaults reported to police, 2005*** | 269 | 366.5 | 10.8\% | 5,459 | 414.4 | 4.3\% |
| Arrests of children, 2005* | 462 | 58.2 | -4.4\% | 7,740 | 54.5 | -7.9\% |
| Arrests of children for crimes against persons, 2005* | 3 | 0.4 | $\wedge$ | 146 | 1.0 | 0.0\% |
| EDUCATION AND LEARNING |  |  |  |  |  |  |
| Public high school graduates, Class of 2005 | 801 | 93.4\% | -0.1\% | 12,884 | 87.2\% | -0.2\% |
| Public high school dropouts, 2004-05 | 82 | 2.3\% | 109.1\% | 1,721 | 2.8\% | 3.7\% |
| Public high school graduates planning to attend post-secondary school, 2005 | 642 | 80.0\% | 6.4\% | 9,356 | 71.8\% | 3.8\% |
| Students with disabilities, 2005-06 (as \% of regular enrollment) | 2,043 | 17.8\% | 1.7\% | 36,494 | 18.1\% | - 1.6\% |


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| DEMOGRAPHICS |  |  |  |  |  |  |
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| Total population - 2004 estimate | 29,736 | 100\% | n/a | 1,317,253 | 100\% | $\mathrm{n} / \mathrm{a}$ |
| Under 5 years old | 1,387 | 4.7\% | -2.1\% | 67,628 | 5.1\% | - 1.9\% |
| 5-17 years old | 4,873 | 16.4\% | -3.0\% | 214,501 | 16.3\% | -2.4\% |
| 18-64 years old | 19,271 | 64.8\% | 0.8\% | 845,373 | 64.2\% | 0.6\% |
| 65 years and older | 4,205 | 14.1\% | 0.0\% | \| 89,75 | | 14.4\% | 0.0\% |
|  |  |  |  |  |  |  |
| PHYSICAL AND MENTAL HEALTH |  |  |  |  |  |  |
| Children participating in MaineCare, ages 0-1 8, SFY 2006 | 3,565 | 52.3\% | n/a | 133,934 | 44.5\% | n/a |
| Pediatricians, Family Practitioners, and General Practitioners, 2004* | 22 | 3.4 | 6.2\% | 851 | 3.0 | 0.0\% |
| Live births for which prenatal care began in the first trimester, 2004 | 254 | 92.4\% | 7.8\% | 12,276 | 88.1\% | 1.0\% |
| Low birth-weight infants, 2004 | 23 | 8.4\% | 40.0\% | 893 | 6.4\% | - I.5\% |
| Infant mortality, 2000-2004 annual avg.* | 2 | 8.1 | ^ | 71 | 5.2 | 4.0\% |
| Child deaths (ages 1-14), 2000-2004 annual avg.** | $\dagger$ | $\dagger$ | $\wedge$ | 43 | 2.0 | 5.3\% |
| Teen deaths (ages 15-19), 2000-2004 annual avg.** | $\dagger$ | $\dagger$ | $\wedge$ | 55 | 6.0 | -4.8\% |
|  |  |  |  |  |  |  |

SOCIAL AND ECONOMIC STATUS

| Children in poverty, 2004 | 942 | 16.2\% | -1.2\% | 39,342 | 14.3\% | 0.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Children receiving TANF, December 2006 | 613 | 9.8\% | -8.4\% | 22,937 | 8.1\% | - 1.2\% |
| Children receiving food stamps, December 2006 | 1,505 | 24.0\% | -0.4\% | 57,643 | 20.4\% | 2.5\% |
| School children receiving subsidized school lunch, 2006-07 | 2,062 | 46.7\% | 0.0\% | 70,811 | 36.4\% | 4.3\% |
| Estimated livable wage for a single-parent family of 3, 2004 | \$17.00/hr | n/a | n/a | \$18.15/hr | n/a | n/a |
| Median household income, 2004 | \$34,846 | n/a | n/a | \$41,287 | n/a | n/a |
| Unemployment, 2005 | 860 | 5.7\% | 2.7\% | 34,470 | 4.8\% | 4.3\% |
| Domestic assaults reported to police, 2005*** | 178 | 598.6 | 0.0\% | 5,459 | 414.4 | 4.3\% |
| Arrests of children, 2005* | 183 | 55.1 | 27.3\% | 7,740 | 54.5 | -7.9\% |
| Arrests of children for crimes against persons, 2005* | 5 | 1.5 | ^ | 146 | 1.0 | 0.0\% |
| EDUCATION AND LEARNING |  |  |  |  |  |  |
| Public high school graduates, Class of 2005 | 366 | 88.4\% | 1.6\% | 12,884 | 87.2\% | -0.2\% |
| Public high school dropouts, 2004-05 | 50 | 3.1\% | 55.0\% | 1,721 | 2.8\% | 3.7\% |
| Public high school graduates planning to attend post-secondary school, 2005 | 288 | 76.4\% | 32.0\% | 9,356 | 71.8\% | 3.8\% |
| Students with disabilities, 2005-06 (as \% of regular enrollment) | 738 | 16.3\% | - 1.8\% | 36,494 | 18.1\% | -1.6\% |


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## Definitions and Sources of Data

## Demographics

SOURCE: Population estimates for 2004 were provided by Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

## PHYSICAL AND MENTAL HEALTH

## HEALTH INSURANCE

Children without health insurance, 2003-2005 annual average is the estimated number and percent of children ages 0-18 who were not covered by any kind of public or private health insurance. These data are averaged over the threeyear period from 2003-2005
SOURCE: U.S. Census Bureau, Current Population Survey (March supplement), 2004 through 2006.

Low-income children without health insurance, 2003-2005 annual average is the estimated number and percent of children ages 0-18 who lived in families with incomes less than twice the federal poverty threshold (<200\% of poverty) and who lacked health insurance. These data are averaged over the three-year period from 2003-2005. In 2004, the midpoint of the 3-year average, the poverty threshold for a typical family of three was $\$ 15,205$. Thus, "low-income" represents income of less than $\$ 30,410$ for a family of three.
SOURCE: U.S. Census Bureau, Current Population Survey (March supplement), 2004 through 2006.

Children participating in MaineCare, SFY 2006 is the annual monthly average number and percent of children ages $0-18$ who were eligible for MaineCare in state fiscal year 2006 (July I, 2005 - June 30, 2006). These data are reported by the child's county of residence at the time eligibility was determined. The statewide figure includes 385 children who were not Maine residents, 868 children who were not in state, and 224 children of unknown residence. NOTE:The "\% change from prior rate" is not reported because of a change in how the data are reported.
SOURCE: Maine Department of Health and Human Services, Office of MaineCare Services.

## PHYSICAL HEALTH

Live births for which prenatal care began in the first trimester, 2004 is the number and percent of live births for which the mother began receiving prenatal care during the first three months of pregnancy.
SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics. 2004 national rate from Centers for Disease Control, National Center for Health Statistics, National Vital Statistics Report, vol. 55, no. I. Births: Final Data for 2004. http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_0 I.pdf

Low birth-weight infants, 2004 is the number and percent of live births in which the newborn weighed less than 2500 grams, ( 5.5 pounds).
SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; 2004 national rate from Centers for Disease Control, National Center for Health Statistics, National Vital Statistics Report, vol. 55, no. I. Births: Final Data for 2004.http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_0 I .pdf

Immunizations of children, 2005 is the estimated vaccination coverage of children ages 19-35 months with the 4:3:I Series (4 doses of DTP (Diphtheria-Tetanus-Pertussis) vaccine, 3 doses of Poliovirus vaccine, and I dose of MMR (Measles-Mumps-Rubella) vaccine).
SOURCE: Centers for Disease Control and Prevention, National Immunization Survey, 2005 http://www.cdc.gov/nip/coverage/NIS/05/tab03_antigen_state.xls

Children who do not have a medical home, 2003 is the estimated number and percent of children ages 0-17 who do not have a medical home as defined by the American Academy of Pediatrics. A medical home is characterized by primary health care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. This care is delivered by a trusted physician who is known to the child and family and who manages and facilitates all aspects of pediatric care. These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. Retrieved 01/I7/07 from www.nschdata.org

Children who did not receive preventive dental care, 2003 is the estimated number and percent of children ages $0-17$ who did not see a dentist or dental specialist for routine preventive dental care, including check-ups, screenings, and sealants during the twelve months prior to the survey. These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. Retrieved 01/I7/07 from www.nschdata.org

Children who are overweight, 2003 is the estimated number and percent of children ages 10-17 who are overweight based on Body Mass Index for age. In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow, and girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. Retrieved 01/I7/07 from www.nschdata.org

Children who are at risk for being overweight, 2003 is the estimated number and percent of children ages 10-17 who are at risk for being overweight based on Body Mass Index for age. In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow, and girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. Retrieved 01/I7/07 from www.nschdata.org

Pediatricians, Family Practitioners, and General Practitioners, 2004 is the number and rate of licensed and board certified pediatricians, family practitioners, and general practitioners (allopaths/MDs and osteopaths/DOs) in Maine. The rate is per 1,000 children ages $0-17$. These data are from the Health Manpower Resource Inventory, a survey enclosed with relicensure application and returned on a voluntary basis by the licensee to the respective board (Board of Licensure in Medicine for MDs, and Board of Osteopathic Licensure for DOs). NOTE:This indicator has not been updated because there were no new data available at the time this report was published.
SOURCE: Maine Department of Health and Human Services, Office of Data, Research, and Vital Statistics, Maine Cooperative Health Manpower Resource Inventory, Physicians: 2004.

## MORTALITY

Infant mortality, 2000-2004 annual average is the number and rate of deaths of infants under I year of age. The rate is per 1,000 live births. These data are averaged over the five-year period from 2000-2004 and are reported by place of residence, not place of death.
SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics. 2003 national rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. Retrieved 2/7/07 at www.aecf.org/kidscount/sld

Child deaths, 2000-2004 annual average is the number and rate of deaths of children ages I-14 from all causes. The rate is per 10,000 children ages I-I4. These data are averaged over the five-year period from 2000-2004 and are reported by the child's place of residence, not the place of death.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics. 2003 national rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. Retrieved 2/7/07 at www.aecf.org/kidscount/sld

Teen deaths, 2000-2004 annual average is the number and rate of deaths of teens ages 15-19 from all causes. The rate is per 10,000 children ages 15-19. These data are averaged over the five-year period from 2000-2004 and are reported by the child's place of residence, not the place of death.
SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics. 2003 national rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. Retrieved 2/7/07 at www.aecf.org/kidscount/sld

## MENTAL HEALTH

Outpatient hospital visits for mental health or substance abuse diagnoses, 2004 is the number and rate of outpatient hospital visits of children ages 0-19 with a principal diagnosis of mental disease/disorder, alcohol/drug use or alcohol/drug-induced organic mental disorders. The rate is per I,000 children ages 0-19. These data count hospital visits, not individual children.

SOURCE: Maine Health Data Organization, special data run.

Outpatient hospital visits for attempted suicide, 2004 is the number and rate of outpatient hospital visits of children ages 0-19 with a principal diagnosis of an injury, and an E Code categorizing the cause of injury as suicide/self-inflicted (E950.0 - E959). The rate is per 1,000 children ages $0-19$. These data count hospital visits, not individual children.
SOURCE: Maine Health Data Organization, special data run.
Children with emotional, developmental, or behavioral problems for which they need treatment or counseling, 2003 is the estimated number and percent of children ages 0-17 whose parents report that their child has emotional, developmental, or behavioral problems for which they needed treatment or counseling (remedies, therapies, or guidance). These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. Retrieved 01/I7/07 from www.nschdata.org

Children who have moderate or severe difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people, 2003 is the estimated number and percent of children ages 3-17 whose parents report that their child has moderate or severe difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people. These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. Retrieved 01/17/07 from www.nschdata.org

Children who have been told by a doctor that they have ADD or ADHD, depression or anxiety, and/or behavior or conduct problems, 2003 is the estimated number and percent of children ages 2-17 whose parents have been told by a doctor or other health professional that their child has Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity (ADHD), depression or anxiety, and/or behavior or conduct problems. These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. Retrieved 01/ /7/07 from www.nschdata.org

Children whose parents have at least one concern about their child's learning, development, or behavior, 2003 is the estimated number and percent of children ages 0-5 whose parents have at least one concern about their child's
learning, development, or behavior. These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. Retrieved 01/17/07 from www.nschdata.org

Children whose parents are concerned a lot about how their child copes with stressful things, depression and anxiety, and/or substance abuse, 2003 is the estimated number and percent of children ages $6-17$ whose parents are concerned a lot about how their child copes with stressful things, depression or anxiety, and/or substance abuse. These data are from the National Survey of Children's Health 2003.
SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website.
Retrieved 01/I7/07 from www.nschdata.org

## CHILD WELFARE

Children in Department of Health and Human Services care or custody, December 2006 is the number and rate of children ages $0-17$ in the care or custody of the Department of Health and Human Services (DHHS) in December 2006. 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 is 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 his 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: Maine Department of Health and Human Services, Office of Child and Family Services.
Substantiated child abuse and neglect victims, 2005 is the number and 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 $0-17$.
SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services.

Reports to Child Protective Services alleging child abuse and/or neglect, 2005 is the number of written or verbal requests for Child Protective Services intervention in a family situation on behalf of a child in order to assess or resolve problems being presented. Cases were screened out when evidence of serious family problems or dysfunction was evident but the situation did not contain an allegation of abuse or neglect. Cases deemed appropriate for referral meet the standards contained in 22 MRSA, $\S 4002$ as defined under the definition for substantiated child abuse and neglect victims. Of the cases deemed appropriate for referral to services, some are referred to Child Protective Services and others are referred to community agencies that contract with the Department of Health and Human Services to provide services to families.
SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services.
Case assessments completed by Child Protective Services, 2005 is the number of case assessments completed during 2005 of cases referred for child protective services. The results of case assessments are cases with findings of maltreatment or cases without findings of maltreatment.
SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services.

## ADOLESCENT HEALTH AND SAFETY

Adolescents served in the Maine family planning system, SFY 2006 is the number and rate of adolescents ages 15 - 19 served in the Maine family planning system during state fiscal year 2006 (July I, 2005 - June 30, 2006). The rate is per I,000 children ages 15 -I9. These data are also reported by number and gender, and as percent of adolescents served by gender. NOTE:The "\% change from prior rate" is not reported because of a change in reporting from percent of children ages 15-19 served to rate per 1,000 children ages 15-19 served. SOURCE: Family Planning Association of Maine. Region I Title $\times$ Data System.

Young adults living with HIV/AIDS, 2005 is the number and rate of reported cases of youth ages I8-24 living with the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). The rate is per 1,000 young adults ages 18-24. NOTE:This indicator has not been updated because there were no new data available at the time this report was published.
SOURCE: Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, HIV/STD Program.

Chlamydia cases, 2005 is the number and rate of reported cases of chlamydia among children and adolescents ages $10-19$. The rate is per 1,000 children ages 10-19. NOTE:This indicator has not been updated because there were no new data available at the time this report was published.
SOURCE: Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, HIV/STD Program.

Gonorrhea cases, 2005 is the number and rate of reported cases of gonorrhea among children and adolescents ages $10-19$. The rate is per 1,000 children ages 10-19. NOTE:This indicator has not been updated because there were no new data available at the time this report was published.
SOURCE: Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, HIV/STD Program.

Children and adolescents using services of licensed alcohol and drug abuse treatment providers, 2005 is the unduplicated number and rate of children ages 019 using services of Maine alcohol and drug abuse treatment providers. These data are also reported as children ages $0-14$ and 15-19. The rate is per 1,000 children of the same ages (0-19, 0-I4, I5-|9). These data represent total clients and include clients with substance abuse, affected others (such as children of parents with substance abuse problems requiring therapy), and clients in for evaluation only.
SOURCE:Treatment Data System (TDS), Office of Substance Abuse, Maine Department of Health and Human Services.

Children in motor vehicle crashes with personal injury, 2005 is the number of children ages 0-19 injured in a motor vehicle crash. These data are also presented as percent of children injured in motor vehicle crashes involving children.
SOURCE: Maine Department of Transportation, Safety Office.

OUI Arrests, License Suspensions and Convictions, 2004 is the number and rate of arrests, license suspensions, and convictions of drivers under age 20 for Operating Under the Influence. The rate is per I,000 drivers under age 20. Arrests represent implied consent statistics from the Bureau of Motor Vehicles of drivers who took or refused to take a blood alcohol test. License suspensions represent administrative suspensions issued by the Bureau of Motor Vehicles and suspensions issued by the courts. Convictions represent drivers convicted for Operating Under the Influence. NOTE:This indicator has not been updated because there were no new data available at the time this report was published.
SOURCE: Department of the Secretary of State, Bureau of Motor Vehicles. Some data are available online at: http://www.state.me.us/sos/bmv/stats/statistics04.htm

Leading Cause of Death, 2004 is the number for the 10 leading causes of death of adolescents ages 15-19. These data also include a breakout by number of unintentional injury deaths by cause of injury.
SOURCE: Centers for Disease Control, National Center for Injury Prevention and Control, WISQARS Leading Cause of Death Reports, 2004.
http://webapp.cdc.gov/sasweb/ncipc/leadcaus $10 . \mathrm{htm} \mid$

Child and teen suicides, is the suicide rate of children and teens ages 10 - I9. The rate is per 100,000 children ages 10-19. These data are averaged over five-year periods between 199 I and 2004 and are reported by the child's place of residence, not the place of death. NOTE: Starting with 1999 data, causes of death were coded according to ICD-IO.
SOURCE: Special tabulations by the Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics. 2004 National rate from Centers for Disease Control, Wonder System, Mortality Query Results for ICD- I 0 codes X60-X84 and X87.0 for children age $10-14$ and 15 - 19 . http:///wonder.cdc.gov/mortICD I 0 J.html

Youth Risk Behavior Surveillance data, 2005 is selected results from the 2005 Maine and National Youth Risk Behavior Surveys. Youth Risk Behavior 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. NOTE:This indicator has not been updated because there were no new data available at the time this report was published.
SOURCE: Maine Department of Education and Maine Department of Health and Human Services, Coordinating School Health Programs. Health Risk Behaviors among Maine Youth: Results of the 2005 Youth Risk Behavior Survey Grades 7-I2. http://www.mainecshp.com 2005 National rates from the Youth Risk Behavior Surveillance - Centers for Disease Control. http://www.cdc.gov/

## SOCIAL AND ECONOMIC STATUS

## POVERTY

Children in poverty, 2004 is the estimated number and percent of children ages 017 living in poverty. These estimates are modeled from combined census estimates, current population surveys (CPS), and other administrative and economic data. In 2004, the poverty threshold for a typical family of three was $\$ 15,205$.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2004.
http://www.census.gov/hhes/www/saipe/
Children under age 5 in poverty, 2004 is the estimated number and percent of children under age 5 living in poverty. These estimates are modeled from combined census estimates, current population surveys (CPS), and other administrative and economic data. In 2004, the poverty threshold for a typical family of three was $\$ 15,205$.
SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2004. http://www.census.gov/hhes/www/saipe/

## INCOME AND EMPLOYMENT

Children in low-income families, 2005 is the estimated number and percent of children under age 18 who live in families with incomes less than twice the federal poverty threshold (<200\% of poverty). In 2005, the poverty threshold for a typical family of three was $\$ 15,720$. Thus, "low-income" represents income of less than \$3I,440 for a family of three. NOTE:The "\% change from prior rate" is not reported because the source for this indicator has changed.
SOURCE: Annie E. Casey Foundation's, KIDS COUNT State-Level Data Online website. Accessed I 2/ | I/06 at http://www.aecf.org/kidscount/sld

Children in single-parent families, 2005 is the estimated number and percent of children who live with their own single parent either in a family or subfamily. NOTE:The "\% change from prior rate" is not reported because the source for this indicator has changed.
SOURCE: Annie E. Casey Foundation's, KIDS COUNT State-Level Data Online website. Accessed I2/| I/06 at http://www.aecf.org//kidscount/sld

Median income of families with children, 2005 is the estimated median annual income for families with related children under age 18 living in the household. "Related children" include the householder's children by birth, marriage, or adoption, as well as other persons under age I8 (such as nieces or nephews) who are related to the householder and living in the household. 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.

SOURCE: Annie E. Casey Foundation, KIDS COUNT State-Level Data Online website.
Accessed I2/| I/2006 at http://www.aecf.org/kidscount/sld
Median household income, 2004 is the estimated median household income. These estimates are modeled from combined census estimates, current population surveys (CPS), and other administrative and economic data. The median income is the dollar amount which divides the income distribution into two equal groups - half with income above the median and half with income below it.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2003.
http://www.census.gov/hhes/www/saipe/

Estimated livable wage for a single-parent family of three, 2004 is the estimated hourly wage required to meet basic expenses for a single-parent, three-person family. A livable wage is calculated by dividing the total expenses in a basic needs budget by the number of hours that make up a year of full-time work. NOTE:This indicator has not been updated because there were no new data available at the time this report was published.
SOURCE: Maine Center for Economic Policy. Getting By: Maine Livable Wages in 2004. (October 2005).

Unemployment, 2005 is the estimated annual monthly average number and percent of people in the civilian labor force who are unemployed. The unemployment rate is calculated by dividing the average number of unemployed people by the average number of people in the civilian labor force.
SOURCE: Maine Department of Labor, Bureau of Employment Security, Division of Labor Market Information Services, Local Area Unemployment Statistics Program (LAUS). Civilian Labor Force Estimates for Maine and Maine Counties, By Month and Annual Average, 2005. Accessed I0/4/2006 at http://www.state.me.us/labor/lmis/data/laus/mecty05.html National data referenced are from the Bureau of Labor Statistics, Local Area Unemployment Statistics Program (LAUS). Table I: Employment status of the civilian noninstitutional population 16 years of age and over by region, division, and state, 2004-2005 annual averages. Accessed I0/4/2006 at http://stats.bls.gov/news.release/srgune.t0 I .htm

## INCOME SUPPORTS

Children receiving TANF, December 2006 is the number and percent of children ages 0-17 who were receiving Temporary Aid to Needy Families (TANF) in December 2006.
SOURCE: Maine Department of Health and Human Services, Office of Integrated Access and Support. Report: Geographic Distribution of Programs and Benefits.

Children receiving food stamps, December 2006 is the number and percent of children ages 0-17 who were receiving food stamp benefits in December 2006.

SOURCE: Maine Department of Health and Human Services, Office of Integrated Access and Support. Report: Geographic Distribution of Programs and Benefits.

State TANF and food stamp maximum benefit level, 2006 is the dollar amount for a one-parent family of three persons (one parent, two children) covered by current-year state TANF (Temporary Aid to Needy Families) and food stamp benefits. For a family of three, the 2006 Federal Poverty Guideline was \$16,600 or $\$ 1,383 /$ month. In Maine, a family of three receiving $\$ 485$ in TANF benefits would receive a maximum monthly food stamp benefit of $\$ 408$. The combined benefit of $\$ 893$ is $64.6 \%$ of the Federal Poverty Guideline for a family of three.
SOURCE: Maine Department of Human Services, Office of Integrated Access and Support. Poverty Guidelines provided in the Federal Register,Vol. 7I, No. I5, January 24, 2006, pp. 3848-3849. http://aspe.hhs.gov/poverty/06poverty.shtml

School children receiving subsidized school lunch, 2006-07 is the number and percent of school children receiving subsidized school lunch through the National School Lunch Program, which is a meal entitlement plan primarily funded through federal dollars. All elementary and junior high schools are required to participate in the program. In Maine, high schools have the option of participating. 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. These data represent the 2006-07 school year.
SOURCE: Maine Department of Education, School Nutrition Program. Accessed II/29/06 at http://portalx.bisoex.state.me.us/pls/doe_sfsr/eddev.ed534.ed534_parameters

Recipients of WIC benefits, 2006 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. NOTE:The "\% change from prior rate" is not reported this year for children under age 5 , as has been done in the past, because the method for reporting these data has changed.
SOURCE: Maine Department of Health and Human Services, Office of Integrated Access and Support, WIC Program.

Families headed by mothers receiving child support or alimony, 2004 is the estimated number and percent of families headed by an unmarried woman who is living with one or more of her own children under age 18 and who received child support payments during the previous calendar year. These data include families who received partial payment as well as those who received full payment. It also should be noted that there is no child support award in place for many of these families. "Own children" include the family head's children by birth who have never been married, as well as children by marriage or adoption. These data are averaged over the three-year period from 2003-2005.
SOURCE: Annie E. Casey Foundation's, KIDS COUNT State-Level Data Online website. Accessed I2/I I/06 at http://www.aecf.org/kidscount/sld

Child support enforcement cases with collection, FFY 2005 is the number of families with children for which the state child support enforcement agency successfully collected child support payments due in federal fiscal year 2005 (October I, 2004 - September 30, 2005). These data are also presented as a percent of the total number of families on the agency's caseload during federal fiscal year 2005.
SOURCE: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement. Child Support Enforcement Fiscal Year 2005 Data Preview Report:Table 4 - Statistical Program Status, FY 2005. Accessed 10/4/06 at http://www.acf.dhhs.gov/programs/cse/pubs/2006/reports/preliminary_report/table_4.html

## TEEN PREGNANCY

Births to single teenaged mothers, 2004 is the number of births to single teenaged mothers under age 20. These data are also reported as percent of live births. Births are reported by the mother's place of residence at the time of birth. SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Births to married teenaged mothers, 2004 is the number of births to married teenaged mothers under age 20. These data are also reported as percent of live births. Births are reported by the mother's place of residence at the time of birth.
SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Repeat teen pregnancies, 2004 is the number of females under age 20 who became pregnant and who had already been pregnant at least once before in their lives. These data are also reported as percent of teen pregnancies.
SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Births to single teens who have not completed I2 years of school, 2000-2004 annual average is the number and rate of births to single teens ages $10-19$ who have not completed 12 years of school. The rate is per I,000 females ages I019. These data are averaged over the five-year period from 2000-2004. Births are reported by the mother's place of residence at the time of birth.
SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Teen pregnancies, 2004 is the number and rate of all reported live births, induced abortions, and fetal deaths occurring to females ages $10-17$. The rate is per I,000 females ages 10-17.
SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

## CRIME

Arrests of children, 2005 is the number and rate of children ages 10-17 arrested during calendar year 2005. The rate is per 1,000 children ages 10-17. The annual arrest data count all arrests of youth for offenses, including repeated offenses by the same individual.
SOURCE: Maine Department of Public Safety, Uniform Crime Reports, 2005. http://www.maine.gov/dps/cim/crime_in_maine/cim.htm

Arrests of children for crimes against persons, 2005 is the number and rate of arrests of children ages $10-17$ for crimes against persons. The rate is per 1,000 children ages 10-17. Crimes against persons include murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault (does not include other assaults). The annual arrest data count all arrests of youth for crimes against persons, including repeated offenses by the same individual.
SOURCE: Maine Department of Public Safety, Uniform Crime Reports, 2005 http://www.maine.gov/dps/cim/crime_in_maine/cim.htm

Domestic assaults reported to police, 2005 is the number and rate of assaults reported to police that were perpetrated by family or household members who are or were married or living together in a romantic relationship, natural parents of the same child (whether or not the couple ever lived together) or other adult family members related by blood or marriage. The rate is per 100,000 of the population. These are not unduplicated counts and may include numerous assaults affecting the same individuals.

SOURCE: Maine Department of Public Safety, Uniform Crime Reports, 2005.
http://www.maine.gov/dps/cim/crime_in_maine/cim.htm

## EDUCATION AND LEARNING

## CHILD CARE AND HEAD START

Children served through child care subsidies, FFY 2006 is the number of children served through TANF child care, slots, and vouchers during federal fiscal year 2006 (October I, 2005- September 30, 2006). These data are also reported as a percent of the total number of children served through child care subsidies for each type of child care subsidy. 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 and Office of Integrated Access and Support.

Licensed child care providers, December 2006 is the number of licensed child care homes, child care centers, and nursery schools in December 2006. These data are also reported as a percent of the total number of licensed child care providers for each type of licensed child care.
SOURCE: Maine Department of Health and Human Services, Office of Child Care and Head Start.

Head Start Program, FFY 2006 is the number of state and federally-funded children in Head Start programs throughout the state during federal fiscal year 2006 (October I, 2005 - September 30, 2006). Eligible children were estimated as the number of children under age 5 in poverty. Unmet need was calculated by subtracting the number of funded children from the estimate of eligible children.
SOURCE: Maine Department of Health and Human Services, Office of Child Care and Head Start.

## LANGUAGE MINORITY STUDENTS

Children with limited English proficiency attending school, 2005-06 is the number and percent of children attending public school who are determined at the start of the school year to be limited in their ability to use English because it is not their native language. The rate is per I,000 students enrolled in public schools. NOTE:The "\% change from prior rate" is not reported this year because the method for reporting these data has changed.
SOURCE: Maine Department of Education, Office of Instruction for English Language Learners.

## DROPOUTS

High school dropouts, 2004-05 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. Each local educational unit submits a dropout
report to the Department of Education as of the last day of school, counting all students who dropped out during the previous school year. This calculation is referred to as an "event" dropout rate. Data represent the 2004-05 school year and are reported by county for public schools only.

SOURCE: Maine Department of Education, Division of Management Information. Accessed | |/30/06 at http://www.maine.gov/education/enroll/enrlfacts.htm

## DISCONNECTED YOUTH

Teens not attending school and not working, 2005 is the estimated number and percent of teens ages 16-19 who are not enrolled in school (full- or parttime) and not employed (full- or part-time).
SOURCE: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005 American Community Survey.

## POST-SECONDARY EDUCATION

Public high school graduates, Class of 2005 is the number and percent of students who graduated from their high school, rather than dropping out of school sometime during their high school years. A separate completion rate is calculated for each graduating class, such as the "Class of 2005." The rate is calculated by dividing the number of graduates by the number of graduates plus the number of students who dropped out during the 9th, IOth, I I th and I 2th grade years of this graduating class.
SOURCE: Maine Department of Education, Division of Management Information. Accessed | I/30/06 at http://www.maine.gov/education/enroll/enrlfacts.htm

High school graduates planning to attend post-secondary school, 2005 is the number and percent of high school graduates (including regular diploma, other diploma or certificate of completion during the previous school year or subsequent summer school) who are or intend to be enrolled full or part-time in post-secondary education (post-secondary high school course, junior college, college or university, vocational/technical, or other continuing education), according to a survey administered by the local educational unit and submitted in the fall following graduation. These data represent high school graduates who graduated in 2005.
SOURCE: Maine Department of Education, Division of Management Information. Accessed 12/5/06 at http://www.maine.gov/education/enroll/enrlfacts.htm

## STUDENTS WITH DISABILITIES

Students with disabilities, 2005-06 is the number and percent of students enrolled in schools and individual education programs who are ages 3-2I and who have disabilities requiring the provision of special education services during the 2005-06 school year. The count is taken as of December I of the school year and reflects special education enrollment on that one date. The child count is completed by school administrative units, approved state operated/state supported schools and Child Development Services sites. The percent of students receiving special education services is calculated by dividing the number of special education students by the number of regular education students enrolled in pre-kindergarten through grade 12 counted on October I.The national rate represents children ages 3-2I during the 2003-04 school year.
SOURCE: Maine Department of Education, Office of Special Services. Accessed I2/5/06 at http://www.maine.gov/education/speceddata/index.html. The national rate is from the National Center for Education Statistics, Digest of Education Statistics 2005. Chapter 2: Elementary and Secondary Education, Table 50. Accessed 12/5/06 at http://nces.ed.gov/

## Maine Children's Alliance

303 State Street
Augusta, ME 04330-7037

## We NEED your feedback!

> Please take a moment to fill in this short survey.
> Then fold, tape, stamp and drop it in the mail. Thank you!

## How did you acquire or access the data book?

- Through the mail
- Downloaded from the website
- At a conference
- From a colleague
- Other (please specify):


## How do you use the data book?

Analysis and needs assessment

- Public presentations/testimony
- Agency program design/planning/budgeting
- Program evaluation
- Grant writing
- Community education
$\square$ Other (please specify):

On average, how often do you use the data book?

- Every month
- Several times a year
- Occasionally
- Never

Do you find the indicators unbiased, reliable, and objective?

- Yes, absolutely
- For the most part
- Not really
- Don't know

Through either your reading or press reports, what did you find most interesting about the data book this year?
$\qquad$
$\qquad$
$\qquad$
$\qquad$

NAME:
(optional)

Please rate how helpful you found the following:

|  | Useful | Not <br> very useful | No <br> opinion |
| :--- | :---: | :---: | :---: |
| Selection of the data | $\square$ | $\square$ | $\square$ |
| Narratives | $\square$ | $\square$ | $\square$ |
| Tables | $\square$ | $\square$ | $\square$ |
| Charts and graphs | $\square$ | $\square$ | $\square$ |
| Layout | $\square$ | $\square$ | $\square$ |

Which are the most useful indicators?
$\qquad$
$\qquad$

What indicators are missing and should be included in the future?
$\qquad$
$\qquad$

Do you have additional suggestions, comments, or questions that you would like to share with us about the data book?
$\qquad$
$\qquad$
(

Please indicate your type of work:

- Non-profit
- Interested citizen
- Foundation
- Elected official or staff
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- Media
- Government agency
$\square$ Other (please specify):


## Acknowledgements

The publication of the annual 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.

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The Maine Children's Alliance advocates for sound public policies to improve the lives of all Maine's children, youth and families.


[^0]:    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.

[^1]:    * Ku, L. and Nimalendran, S. January 2004. Improving Children's Health:A Chartbook about the Roles of Medicaid and SCHIP. Center on Budget and Policy Priorities. Available at www.cbpp.org
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[^2]:    Source: 2004-2006 Average of Census Bureau's Annual March Current Population Survey

[^3]:    Source: Maine Department of Health and Human Services, Office of Child and Family Services

[^4]:    * The Annie E. Casey Foundation. July 2005. KIDS COUNT Indicator Brief: Reducing the Teen Death Rate. Available at www.aecf.org

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