

# Maine Children's Health: Access to Care

## Maternal and Child Health Block Grant Data Brief



| Domain Listening  | Regional Forums          | Survey (Professionals)<br>(n=401) | Survey (Non-Professionals)<br>(n=904) |
|-------------------|--------------------------|-----------------------------------|---------------------------------------|
| Score: 9 (rank=3) | Top 2: 3 of out 3 forums | Medical home: 16%                 | Medical home: 22%                     |

### Stakeholder Input

Stakeholders noted the following related to children's access to care:

- There is a shortage of many types of health professionals, especially in rural areas including primary care, mental health, and dental providers.
- More school-based services and child care services are needed.
- Barriers to accessing care for children include transportation, parental understanding of child needs, affordability, health insurance.

**Children with special health care needs are less likely to receive care within a medical home** compared to children without a special health care need (49% vs. 58%). (NSCH 2016-17).

**33% of children under age 19 are insured by Medicaid.** (ACS, 2018).

- 1 in 3 (32%) Maine parents report that their child's insurance is inadequate and/or had gaps in coverage in the past year. (NSCH 2016-17)
- Children without health insurance and those with inconsistent health insurance are less likely to have had a preventive medical visit in the past year. (NSCH 2016-17)

**5% of Maine children (about 11,500) did not receive needed medical care in the past year.** (NSCH 2016-17)

- 45% of those who did not receive care reported it was because the service was not available in their area
- 44% reported it was due to issues related to cost.

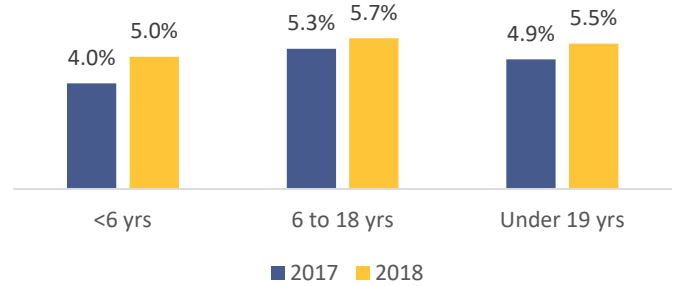
### Related National Performance Measures : Children

- NPM 6: Percent of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year.
- NPM 11: Percent of children ages 0-17 who have a medical home
- NPM 13.2: Percent of children, ages 1-17 who had a preventive dental visit in the past year.
- NPM 15: Percent of children, ages 0-17, who are continuously and adequately insured.

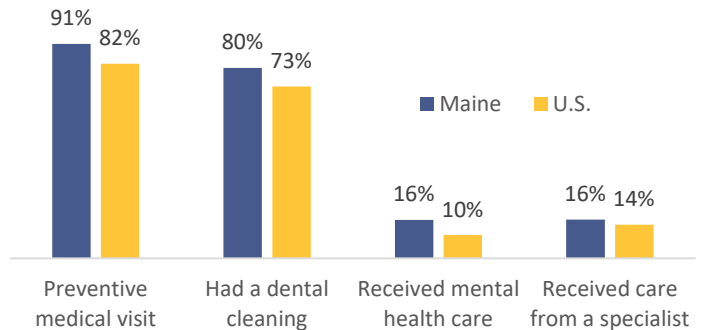
Sources: American Community Survey (ACES), Table S2701; National Survey of Children's Health (NSCH); CDC, Children's Mental Health <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/maine/index.html>

**5.5%** of Maine children under age 19 (about 15,000) do not have health insurance. (ACS, 2018)

The percent of children without health insurance in Maine increased between 2017-2018. (ACS)



Most children in Maine have had a preventive medical and preventive dental visit in the past year. (NSCH 2016-17)



### Behavioral health services per 10,000 children aged 0-17 in Maine, 2015 (CDC)

| County       | Pediatricians | Psychiatrists | Family Medicine Physicians |
|--------------|---------------|---------------|----------------------------|
| Androscoggin | 5.5           | 1.3           | 22.8                       |
| Aroostook    | 6.9           | 3.1           | 26.9                       |
| Cumberland   | 15.6          | 18.7          | 33.2                       |
| Franklin     | 12.4          | 3.5           | 31.8                       |
| Hancock      | 4.2           | 3.2           | 51.6                       |
| Kennebec     | 6.6           | 6.2           | 43.6                       |
| Knox         | 8.2           | 9.6           | 19.2                       |
| Lincoln      | 8.3           | 5             | 48.3                       |
| Oxford       | 4.5           | 0             | 16                         |
| Penobscot    | 11.2          | 6.6           | 34.9                       |
| Piscataquis  | 3.3           | 6.6           | 36.5                       |
| Sagadahoc    | 4.4           | 2.9           | 11.7                       |
| Somerset     | 1             | 1             | 16.7                       |
| Waldo        | 3.9           | 3.9           | 23.4                       |
| Washington   | 3.3           | 1.7           | 21.6                       |
| York         | 6             | 4             | 20.3                       |

# Maine Children's Health: Mental Health

## Maternal and Child Health Block Grant Data Brief

| Domain Listening   | Regional Forums                                   | Survey (Professionals)                                | Survey (Non-Professionals)                            |
|--------------------|---|---|---|
| Score: 17 (rank=2) | Top 2: 2 of 3 forums<br>(Chronic stress and ACEs) | 45% (rank=3)<br>Parental mental illness: 54% (rank=1) | 49% (rank=1)<br>Parental mental illness: 33% (rank=3) |

### Stakeholder Input

- Stakeholders discussed the high prevalence of children's mental health disorders including anxiety, suicide, and eating disorders.
- Risk factors mentioned included bullying, exposure to violence, adverse childhood experiences, fear of school shootings, and access to firearms.

**1 in 4** of Maine middle school students have ever felt sad or hopeless for at least two weeks. There was a **significant increase between 2017 and 2019** (21.6% to 24.8%; MIYHS).

Only **1 in 3** middle school students who felt sad or hopeless **received help from an adult**. Only 2.5% got help from a teacher or other school staff. (MIYHS, 2019)

**20% of Maine middle school students have ever seriously thought about killing themselves; 8% have ever tried.** (MIYHS, 2019)

**1 in 4** (25%) middle school **girls** reported that they had **ever considered killing themselves** (compared to 14% of boys). (MIYHS, 2019)

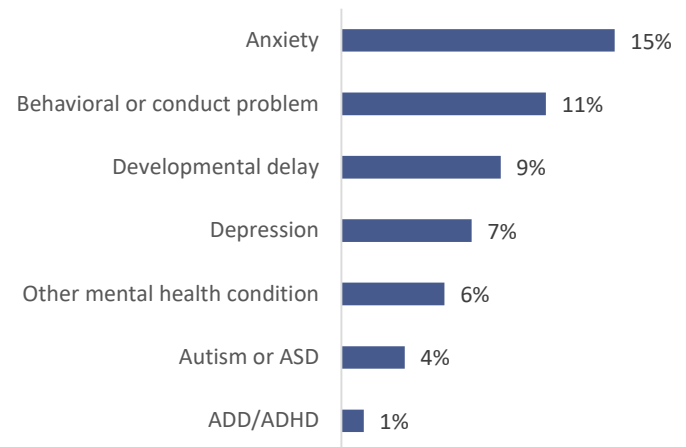
**Hispanic** middle school students are more likely than non-Hispanic students to **have ever felt sad or hopeless** for at least two weeks in a row (39% vs. 25%) and are more likely to have **ever considered suicide** (30% vs. 20%; MIYHS, 2019).

Almost half (46%) of **girls who are Native American** in middle school report ever feeling sad or hopeless (compared to 1 in 3 (32%) of middle school girls who are White).

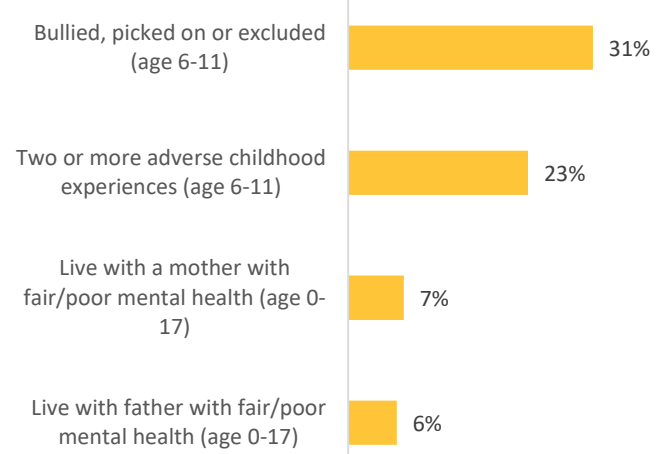
**1 in 3** (34%) middle school **Native American girls** have **ever considered suicide** (compared to 1 in 4 (24%) girls who are White). (MIYHS, 2019)

**15%** of Maine children aged 6-11 have an ongoing emotional, developmental, or behavior condition that requires treatment or counseling (NSCH 2016-17)

Percent of children aged 3-17 who ever had or currently have selected mental and behavioral health conditions (NSCH 2016-17).



Adverse childhood experiences, including bullying and living with a parent with a mental illness, can contribute to children's poor mental health. (NSCH 2016-17)



**28%** of children with two or more adverse childhood experience have ongoing emotional, developmental, or behavioral conditions that require treatment (compared to 4% of those with no adverse childhood experiences). (NSCH 2016-17)

### Related National Performance Measures : Children

NPM 6: Percent of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year.

NPM 11: Percent of children ages 0-17 who have a medical home

NPM 15: Percent of children, ages 0-17, who are continuously and adequately insured.

Sources: National Survey of Children's Health (NSCH); Maine Integrated Youth Health Survey (MIYHS)



# Maine Children's Health: Social Determinants of Health

## Maternal and Child Health Block Grant Data Brief

### Domain Listening

Score: 18 (rank=1)

### Regional Forums

2 of 3 Forums

### Survey (Professionals) (n=401)

Protective factors: 44% (rank=2)  
Housing: 47%; Low income: 41%;  
Hunger: 21%; Transportation 21%;  
Access to higher education: 7%

### Survey (Non-Professionals) (n=904)

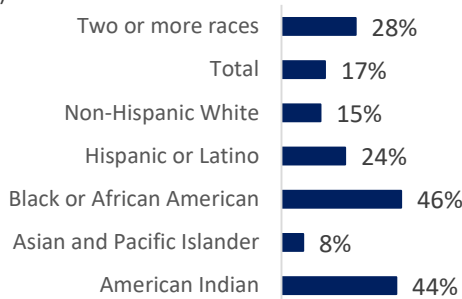
Protective factors: 27% (rank=4)  
Housing: 42%; Low income: 41%; Hunger:  
23%; Transportation 12%; Access to higher  
education: 13%

## Stakeholder Input

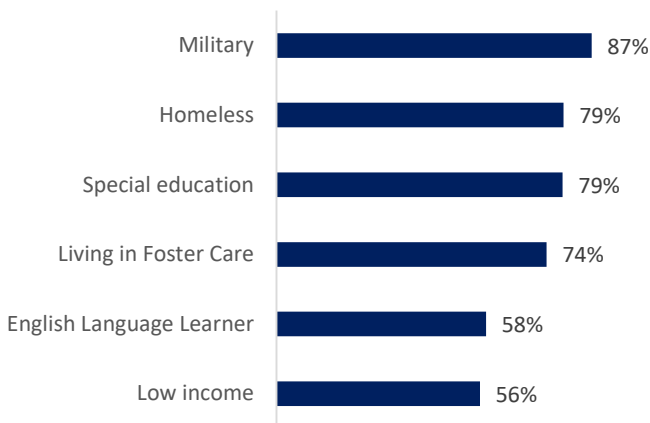
Social determinants of health are the conditions in which people are born, grow, live, work, and age. They influence individual and group difference in health status.

- Stakeholders identified poverty, adverse childhood experiences (ACEs), intergenerational health, housing insecurity and safety (e.g., lead, mold), and access to care as key factors influencing children's health.
- Certain groups, such as Tribal members and New Mainers, as well as those receiving public assistance, may be more likely to experience racism, harassment, and chronic stress, which impact health and well-being.

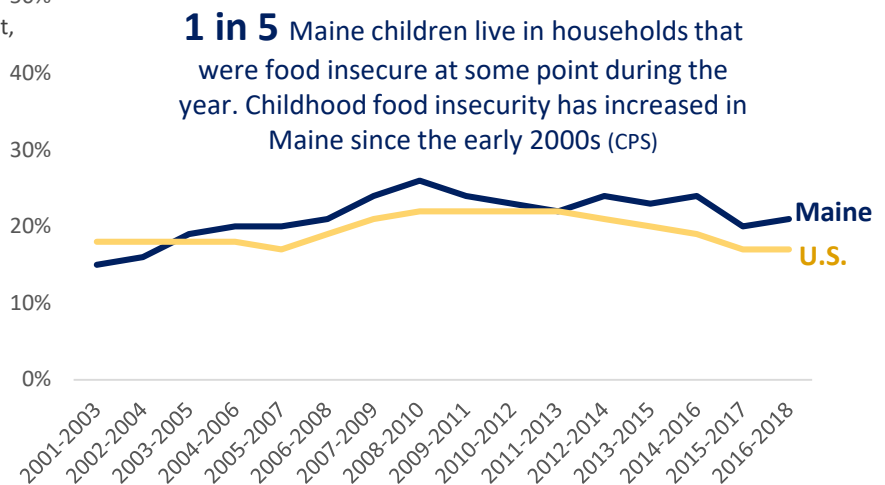
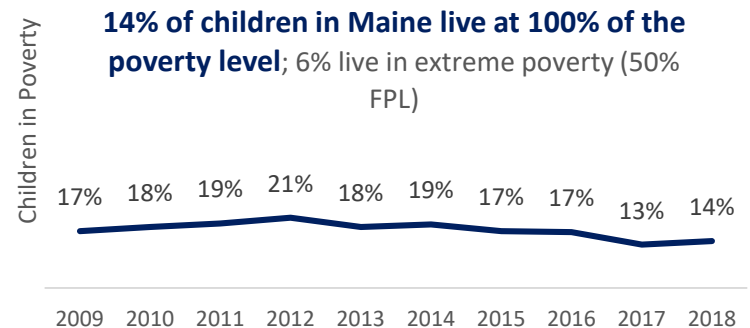
44% of Native American children and 46% of African American children in Maine **live in poverty** (ACS, 2014-2018).



Youth who are low income, special education, homeless, or living in foster care are less likely than other students to **graduate from high school** (Kids Count, 2018).



- More than **1 in every 5** Maine children have experienced **two or more adverse childhood experiences** (NSCH, 2016-17).
- About **4,000 (2%) children** in Maine have at least one **parent who is unemployed** (ACS, 2017).
- There are **47,000 children living in low-income working families** in Maine (19%) (ACS, 2017)
- 1 in 4 children live in families that receive public assistance** (Kids Count, 2018)
- 21% of Maine children are food insecure. **Maine has the 7<sup>th</sup> highest food insecurity rate in the U.S.** (CPS, 2016-2018)
- 7% of Maine children are foreign-born or reside with at least one foreign-born parent (ACS, 2018)



## Related National Performance Measures : Children

NPM 11: Percent of children ages 0-17 who have a medical home

NPM 15: Percent of children, ages 0-17, who are continuously and adequately insured.

Sources: Kids Count Data Center; National Survey of Children's Health (NSCH); American Community Survey (ACS); Current Population Survey (CPS)



# Maine Children's Health: Early Childhood Services

## Maternal and Child Health Block Grant Data Brief

### Domain Listening

Access to care Score=9 (rank=3)

### Regional Forums

3 of 3 forums

### Survey (Professionals) (n=401)

Developmental screening: 11%  
Child care: 40%

### Survey (Non-Professionals) (n=904)

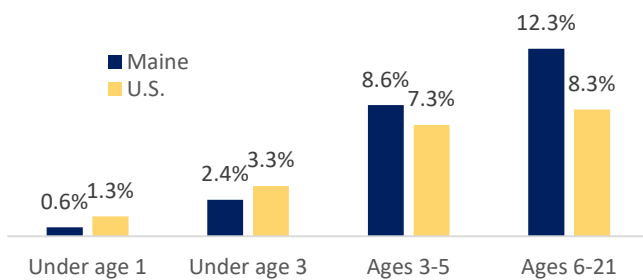
Developmental screening: 16%  
Child care: 35%

## Stakeholder Input

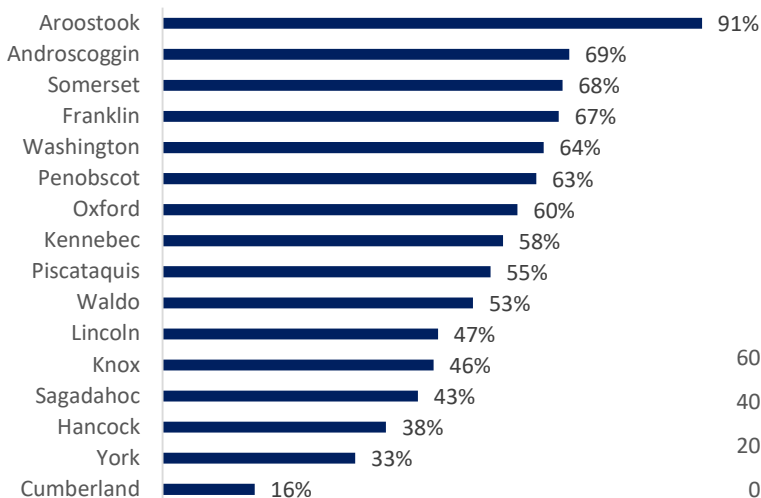
The following were discussed by stakeholders related to early childhood services:

- Workforce shortages in early childhood services;
- The need for quality, affordable child care.
- The importance of access to early intervention services, along with the need to examine criteria for eligibility.
- Consistent developmental screening and ensuring coordination between providers and referrals.

### Percent of children in Maine who receive early intervention services, 2016-2017 (Kids Count, 2019)



### Percent of four-year olds enrolled in public pre-school by county, 2018 (Kids Count, 2019)



## Developmental Screening

- **1 in 3 (36%)** Maine parents report that their child (aged 9-35 months) **received a developmental screening** using a parent-completed screening tool in the past year (NSCH 2016-2017).

## Early Intervention

- In 2017, Maine ranked 50<sup>th</sup> in the nation for the rate of infants provided with early intervention services for developmental delay (Kids Count, 2019).
- 5.5% of children aged 0-36 months receive CDS early intervention services (Part C); 13% 3-5 year olds receive early intervention through Part B. (Kids Count, 2019).

## Child care

- About 52,000 children under age 6 in Maine potentially need child care. (Maine CCMRS, 2018).
- There are 46,900 child care spaces in centers or licensed homes. (Maine CCMRS, 2018).
  - Only 24% of centers and 3% of family child care have reached the highest level of quality in Maine's quality rating system.
- 40% of income-eligible children aged 0-5 years are enrolled in Head Start. (Maine CCMRS, 2018).
- The average cost of infant child care in a center in Maine is \$11,180; toddler and preschool center care average \$10,400 and \$9,800 respectively (Maine CCMRS, 2018).
  - Child care costs for a single parent with one child in care represent about 40% of income.
- 1 in 4 child care centers and 40% of family child care providers do not accept children who receive assistance from the child care subsidy program (Maine CCMRS, 2018).

The percent of four-year old Maine children enrolled in public preschool has been rapidly increasing (Kids Count, 2019).



## Related National Performance Measures : Children

NPM 6: Percent of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year.

NPM 11: Percent of children ages 0-17 who have a medical home

NPM 15: Percent of children, ages 0-17, who are continuously and adequately insured.

Sources: Kids Count Data Center; National Survey of Children's Health (NSCH); Maine Child Care Market Rate Survey (CCMRS)



# Maine Children's Health: Physical and Oral Health

## Maternal and Child Health Block Grant Data Brief

### Domain Listening

### Regional Forums

### Survey (Professionals) (n=401)

### Survey (Non-Professionals) (n=904)

Score=3 (rank=4)

Top 2: 0 of 3 forums

Vaccinations (22%) (rank=5)  
Screen time and physical activity (22%)  
Obesity/overweight (15%)  
Exposure to second hand smoke (7%)

Vaccinations (25%) (rank=5)  
Screen time and physical activity (24%)  
Obesity/overweight (12%)  
Exposure to second hand smoke (8%)

### Stakeholder Input

The following were discussed by stakeholders:

- Childhood obesity (and possible relationship to adverse childhood experiences)
- Lack of physical education and recess
- Immunizations
- Second-hand smoke
- Oral health
- Lead poisoning

**92%** of Maine parents rate their children's health as **excellent or very good**. (NSCH, 2016-17)

**11%** of Maine parents report that their child had **cavities or tooth decay** in the past year. (NSCH, 2016-17)

**1 in 3** (33%) of Maine middle school students are **overweight or obese**. (MIYHS, 2019)

- 14% of children aged 2-4 enrolled in WIC are obese; there was a significant decrease between 2010 and 2016. (CDC, 2016)

**1 in 2** (49%) Maine **middle school students** and **44%** of **high school students** report being **physically active for at least 60 minutes in the previous five days**. (MIYHS, 2019)

**17%** of Maine middle school students have **asthma**. (MIYHS, 2019)

**17%** of children aged 0-17 years live in a **household where someone smokes**. (NSCH, 2016-17)

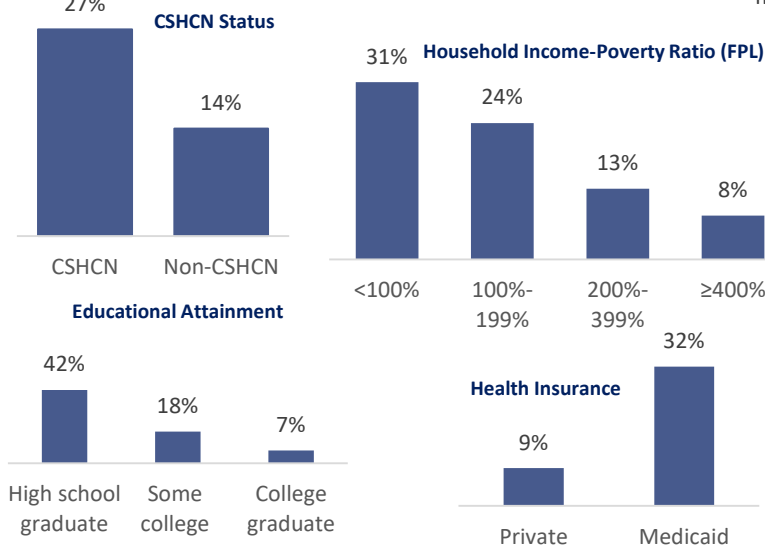
**2%** of Maine middle school students have been diagnosed with **diabetes**. (MIYHS, 2019).

**73%** of Maine children aged 19-35 months have received the combined 7-vaccine series. (NIS, 2017)

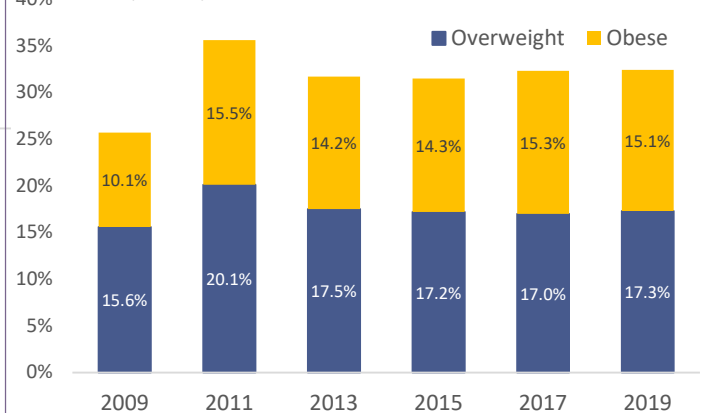
- The percent of kindergarteners with vaccination exemptions has increased from 4.4% in 2014-15 to 6.2% in 2018-2019. (Maine CDC)

- **Children insured by Medicaid** are two times more likely to have had cavities or tooth decay in the past year (16% vs. 8%; NSCH, 2016-17).
- Parents of **children insured by Medicaid** are less likely to report their child's overall health is excellent or very good (86% vs. 94%; NSCH, 2016-17)
- **Parents of children living less than 100% FPL** are less likely than parents living at  $\geq 400\%$  of FPL to report that their children have excellent or good health. (NSCH, 2016-17)
- Obesity among toddlers enrolled in WIC and high school students is higher among **Native American youth** and **Hispanic youth** compared to White youth. (NSCH, 2016-17)

The percent of children living in a household where someone smokes varies by demographic characteristics. (NSCH, 2016-17)



The proportion of Maine middle school students who are **overweight** or **obese** has remained steady since 2013 (MIYHS).



### Related National Performance Measures : Children

NPM 6: Percent of children (9-35 mos.), who received a developmental screening using a parent-completed screening tool in the past year.

NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children ages 0-9

NPM 8.1: Percent of children, ages 6-11, who are physically active at least 60 minutes per day

NPM 13.2: Percent of children ages 1-17 who had a preventive dental visit in the past year.

NPM 14.2: Percent of children, ages 0-17, who live in households where someone smokes.

Sources: National Survey of Children's Health (NSCH); Maine Integrated Youth Health Survey (MIYHS); National Immunization Survey (NIS); CDC (MMWR, Nov. 22, 2019/68(46);1057)

