Maine Children’s Health: Access to Care
Maternal and Child Health Block Grant Data Brief

Domain Listening Regional Forums
Score: 9 (rank=3) Top 2: 3 of out 3 forums

Survey (Professionals) (n=401) Survey (Non-Professionals) (n=904)
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
Maine Children’s Health: Mental Health
Maternal and Child Health Block Grant Data Brief

Hispanic middle school students are more likely than non-Hispanic students to have ever felt sad or hopeless for at least two weeks (39% vs. 25%; MIYHS, 2019) 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)

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)

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

• 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.

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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

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.

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 7th 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)


<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>17%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>15%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>24%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>46%</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>8%</td>
</tr>
<tr>
<td>American Indian</td>
<td>44%</td>
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</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military</td>
<td>87%</td>
</tr>
<tr>
<td>Homeless</td>
<td>79%</td>
</tr>
<tr>
<td>Special education</td>
<td>79%</td>
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<tr>
<td>Living in Foster Care</td>
<td>74%</td>
</tr>
<tr>
<td>English Language Learner</td>
<td>58%</td>
</tr>
<tr>
<td>Low income</td>
<td>56%</td>
</tr>
</tbody>
</table>

14% of children in Maine live at 100% of the poverty level; 6% live in extreme poverty (50% FPL)

1 in 5 Maine children live in households that were food insecure at some point during the year. Childhood food insecurity has increased in Maine since the early 2000s (CPS)

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 Regional Forums
Access to care  Score=9 (rank=3) 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.

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 50th 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).

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Sources: Kids Count Data Center; National Survey of Children’s Health (NSCH); Maine Child Care Market Rate Survey (CCMRS)
The proportion of Maine middle school students who are overweight or obese has remained steady since 2013 (MIYHS).

- **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 >=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)

**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)