

WOMEN'S & MATERNAL HEALTH

Maine Maternal & Child Health Block Grant 5-Year Needs Assessment



Maine Center for Disease Control & Prevention

November 2024

Women's & Maternal Health

PRIORITIES 2020-2025

Maine's Title V Maternal and Child Health (MCH) Program, in partnership with the US Department of Health and Human Services (DHHS) and Health Resources and Services Administration (HRSA), is responsible for promoting the health of all pregnant people, mothers, and children. Maine's maternal health priorities for the 2020-2025 grant cycle were access to health care and mental health.



Access to High Quality Health Care

Progress on this priority is measured by the percent of Maine women age 18-44 who received a **preventive medical visit** in the past year. In 2022, more than 3 in 4 (77.9%) of Maine women received a preventive medical visit (BRFSS, 2022). Maine's goal is to increase this by 5% annually, (83.0% by 2025), in part by increasing referrals from social service providers. In 2023, nearly 11,000 preventive health care visit referrals were made by Maine WIC and Maine Families Home Visiting.



Improved Care for Mental Health

Progress on this priority is measured by the percent of women who had a health care visit in the 12 months before they got pregnant, during which a doctor, nurse, or other health care worker asked if they were feeling down or depressed. In 2022, 77.8% of Maine women who had a health care visit within the year prior to pregnancy were **screened for depression** (PRAMS, 2022). Maine's goal is that by 2026, 75% of prenatal and postnatal health care providers will have incorporated screening for depression into their standard of care protocols.

Women's & Maternal Health

NATIONAL PERFORMANCE MEASURES

The Title V MCH Services Block Grant (MCHGB) program establishes National Performance Measures (NPMs) and National Outcome Measures (NOMs) across five population health domains for each 5-year grant period. Based on their identified priority needs, States select a minimum of five NPMs for programmatic focus. For each of these selected NPMs, States develop at least one related Evidence-based or -informed Strategy Measures (ESMs) to assess and demonstrate the impact of its State Title V strategies on the NPM. States may additionally choose to create State Performance Measures (SPMs).

During each 5-year period, new NPMs are added and others are retired by MCHB. Several measures previously tracked by Maine, such as the percent of women 18-44 who received a preventive medical visit, were retired for the 2025-2030 5-year period.

NPMs: WOMEN'S & MATERNAL HEALTH

POSTPARTUM VISIT (**UNIVERSAL NPM-NEW**)

- Percent of postpartum people with a recent live birth who attended a postpartum checkup within 12 weeks after giving birth
- Percent of postpartum people who attended a postpartum checkup **and** received recommended care components

POSTPARTUM MENTAL HEALTH SCREENING (**NEW NPM**)

- Percent of postpartum people screened for depression or anxiety following a recent live birth

POSTPARTUM CONTRACEPTION USE (**NEW NPM**)

- Percent of postpartum people with a recent live birth using a most or moderately effective contraceptive following a recent live birth

PERINATAL CARE DISCRIMINATION (**NEW NPM**)

- Percent of postpartum people with a recent live birth who experienced racial/ethnic discrimination while getting health care during pregnancy, delivery, or at postpartum care

HOUSING INSTABILITY (**NEW NPM**)

- Percent of postpartum people with a recent live birth who experienced housing instability in the 12 months before a recent live birth

PREVENTIVE DENTAL VISIT

- Percent of postpartum people with a recent live birth who had a preventive dental visit during pregnancy

2020-2025 SPM: Percent of postpartum people with a recent live birth people who were screened for depression in the 12 months prior to their most recent pregnancy.

Women in Maine

DEMOGRAPHIC PROFILE



Maine resident women of reproductive age (15-44), 2023: **249,713**
35.1% of Maine's total female population
17.9% of Maine's total population

Data source: US Census ACS 1-Year Estimates, 2023 (S0101)

Characteristics of Female Maine Residents

Women of Reproductive Age (15-44), 2022

Race	%
American Indian/Alaska Native alone	0.8
Asian alone	2.1
Black alone	2.5
NHOPI alone	<0.1
Two or more races	2.4
White alone	92.1
Ethnicity	%
Hispanic	2.8
Non-Hispanic	97.2
Age	%
15-19 years	15.6
20-24 years	15.7
25-39 years	51.7
40-44 years	17.0




Data source: US CDC WONDER, Single-race Population Estimates, US, 2022

All Female Residents, 2022

Insurance status	%
Insured	94.0
Uninsured	6.0
Country of birth	%
Born in US	95.8
Born outside US	4.1
Marital status (15 years and older)	%
Never married	26.1
Married	48.8
Seperated or Divorced	15.7
Widowed	9.5
Education Attainment (25 years and older)	%
Less than high school	5.0
High school graduate (includes equivalency)	28.5
Some college, no degree	18.7
Associate's degree	11.0
Bachelor's degree	22.8
Graduate or professional degree	14.1

Data source: US Census ACS 5-Year Estimates, 2022 (S2701, S0501, S1201, S1501)

Economic Indicators 2022

-  Percent of female residents employed (16 and older) **56.6%**
-  Percent of female residents below poverty level (all ages) **11.9%**
-  Percent of female-headed households with children below the poverty level **31.2%**

Data source: US Census ACS 5-Year Estimates, 2022 (S1701, DP03)

Women's & Maternal Health

ACCESS TO CARE & HEALTH STATUS

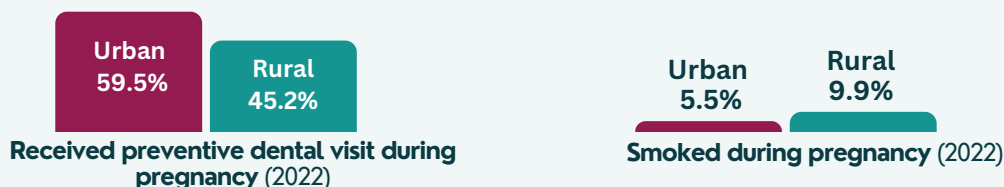
KEY: ⚠️ = significantly worse ★ = significantly better = = difference is not statistically significant N/A = data not available

ACCESS TO CARE	Maine previous	Maine current	Change?	U.S. current
% of birthing persons who report having a postpartum visit following their most recent pregnancy (NPM)	93.7% (91.4-95.4) 2018	92.6% (89.8-94.7) 2022	=	90.8% (90.2-91.3) 2022
% of birthing persons who report having a postpartum visit that included recommended care components following their most recent pregnancy (NPM)	84.4% (81.5-87.8) 2018	86.6% (83.1-89.5) 2022	=	81.4% (80.7-82.1) 2022
% of births for which prenatal care was at least adequate (per Adequacy of Parental Care Utilization Index)	86.7% (86.1-87.3) 2018	84.0% (83.3-84.6) 2022	⚠️	74.9% 2022
% of women age 18-44 with a preventive medical visit in the past year (NPM*)	66.3% (61.9-70.4) 2018	77.9% (74.4-81.4) 2022	★	72.5% (71.8-73.1) 2021
% of birthing persons who had a preventive dental visit during pregnancy (NPM)	46.3% (42.3-50.4) 2018	53.7% (49.2-58.2) 2022	=	46.9% (46.0-47.8) 2022
HEALTH STATUS	Maine previous	Maine current	Change?	U.S. current
% of women age 18-44 in excellent or very good health (NOM)	57.2% (52.6-61.6) 2018	59.% (54.9-62.9) 2022	=	53.2% (52.5-54.0) 2022
% of women age 18-44 who report 3+ chronic conditions	7.4% (5.3-9.5) 2018	6.4% (4.6-8.2) 2021	=	N/A



Spotlight on rural health disparities

Rural birthing people in Maine are significantly less likely to receive preventive dental care, and significantly more likely to use tobacco during pregnancy, than their urban counterparts. Rural communities encounter many barriers to accessing care, including dental care. Lack of local dental care providers, limited dental insurance coverage, and challenges with transportation may all contribute to the disparity. Research also suggests an association between social determinants of health, including lack of financial resources, and smoking during pregnancy, which may contribute to differences in smoking rates of rural vs. urban pregnant people.



*This NPM will be retired after 2025

Women's & Maternal Health

PREGNANCY AND REPRODUCTIVE HEALTH

KEY: ⚠️ = significantly worse ★ = significantly better = = difference is not statistically significant N/A = data not available

PREGNANCY HEALTH	Maine previous	Maine current	Change?	U.S. current
% of births in which the birthing person had gestational diabetes	7.5% (7.0-8.0) 2018	9.9% (9.4-10.4) 2022	⚠️	8.1% 2022
% of births in which the birthing person had chronic (pre-existing) hypertension	2.4% (2.1-2.7) 2018	8.6% (8.1-9.1) 2022	⚠️	2.9% 2022
% of births in which the birthing person had gestational hypertension (includes pregnancy-induced hypertension and preeclampsia)	7.9% (7.4-8.3) 2018	10.6% (10.0-11.1) 2022	⚠️	9.5% 2022
% of NTSV (nulliparous, singleton, term, vertex) births that are delivered by C-section (NPM*)	25.0% (23.8-26.3) 2018	25.7% (24.4-27.0) 2022	=	26.3% (26.2-26.4) 2022
Rate of deliveries with one or more severe maternal morbidity conditions per 10,000 inpatient deliveries (excluding transfusion) (NOM)	53.7 (41.5-68.4) 2017	65.5 (51.6-82.0) 2021	=	100.3 (99.3-101.4) 2021
Rate of pregnancy-associated deaths per 100,000 live births	N/A	63.0 (43.3-88.8) 2018-2021	—	N/A
REPRODUCTIVE HEALTH	Maine previous	Maine current	Change?	U.S. current
% of birthing persons who report their most recent pregnancy was mistimed or unwanted	19.4% (16.3-22.9) 2018	18.2% (14.9-22.1) 2022	=	N/A
% of birthing persons who are using a most or moderately effective contraceptive following a recent live birth (NPM)	N/A	50.2% (45.7-54.7) 2022	—	47.5% (46.6-48.4) 2022






For more information pregnancy-associated mortality, please visit the [Maine Maternal, Infant, and Fetal Mortality Review \(MFIMR\) website](#)













*This NPM will be retired after 2025

Women's & Maternal Health

SUBSTANCE USE AND MENTAL HEALTH

KEY:  = significantly worse  = significantly better  = difference is not statistically significant **N/A** = data not available

SUBSTANCE USE	Maine previous	Maine current	Change?	U.S. current
Rate of prenatal opioid-related diagnoses per 1,000 delivery discharges	34.3 (31.0-37.8) 2018	18.8 (16.4-21.6) 2022		8.2 2017
% of birthing persons who report using marijuana or hash in any form during their most recent pregnancy	11.6% (9.3-14.7) 2018	12.2% (9.3-15.8) 2022		N/A
% of birthing persons who report smoking at any time during pregnancy (NPM*)	11.8% (11.3-12.4) 2018	8.2% (7.7-8.7) 2022		3.7% (3.7-3.7) 2021
% of birthing persons who report drinking alcohol during the last 3 months of their most recent pregnancy	9.1% (7.1-11.6) 2018	9.9% (7.5-12.9) 2022		7.8% (7.1-8.6) 2022

MENTAL HEALTH	Maine previous	Maine current	Change?	U.S. current
% of women age 18-44 who report they have ever been told they have a depressive disorder by a medical professional	36.2% (31.8-40.6) 2018	44.0% (40.0-47.9) 2022		N/A
% of birthing persons who report depression symptoms in the three months prior to pregnancy	20.4% (17.3-24.1) 2022	22.4% (18.8-26.5) 2022		16.5% (15.8-17.1) 2021
% of birthing persons who report depression symptoms during their most recent pregnancy	18.0% (14.9-21.5) 2018	16.3% (13.2-20.0) 2022		16.6% (16.0-17.2) 2021
% of birthing persons who report postpartum depression symptoms following their most recent birth (NOM)	10.9% (8.5-13.8) 2018	9.4% (7.2-12.3) 2022		12.6% (12.0-13.2) 2022
% of birthing persons who had a health care visit in the 12 months before pregnancy, during which they received a depression screening (SPM 2020-2025)	72.6% (68.2-76.5) 2018	77.8% (73.4-81.6) 2022		N/A
% of birthing persons who received a depression screening at their postpartum visit (NPM)	95.5% (93.2-96.6) 2018	94.5% (91.8-96.3) 2022		N/A

*This NPM will be retired after 2025

Women's & Maternal Health

VIOLENCE & SDOH

KEY: ⚠️ = significantly worse ★ = significantly better = = difference is not statistically significant N/A = data not available

VIOLENCE	Maine previous	Maine current	Change?	U.S. current
% women 15-44 who report experiencing sexual violence (non-consensual sex/rape) in their lifetime	30.1% (23.8-36.4) 2019	33.0% (27.3-38.6) 2021	=	N/A
% of birthing people who report experiencing IPV by a current or ex-partner during pregnancy	1.2% (0.5-2.7) 2018	3.0% (1.7-5.3) 2022	=	1.7% (1.5-1.9) 2022
SOCIAL DETERMINANTS	Maine previous	Maine current	Change?	U.S. current
% of birthing persons who reported eating less due to financial constraints, using an emergency food resource, or both in the 12 months before pregnancy	15.6% (12.8-19.0) 2018	10.6% (8.0-14.0) 2022	=	N/A
% of birthing persons who reported four or more stressful life events occurring in the 12 months before pregnancy	20.3% (17.2-23.6) 2018	15.3% (12.1-19.2) 2022	=	N/A
% of persons with a recent live birth who experienced housing insecurity in the past year	N/A	6.5% (4.3-9.6) 2022	—	N/A
% of persons with a recent live birth who did not have reliable transportation during the past year	N/A	9.5% (6.9-12.9) 2022	—	N/A
% of persons with a recent live birth who have experienced interpersonal racism and/or discrimination in their lifetime	N/A	12.4% (9.6-15.8) 2022	N/A	N/A



For more information on the impact of **social determinants** on maternal health, check out these resources from Maine PRAMS

[SDOH data from Maine PRAMS survey.](#)



Select NPMs In-Depth:

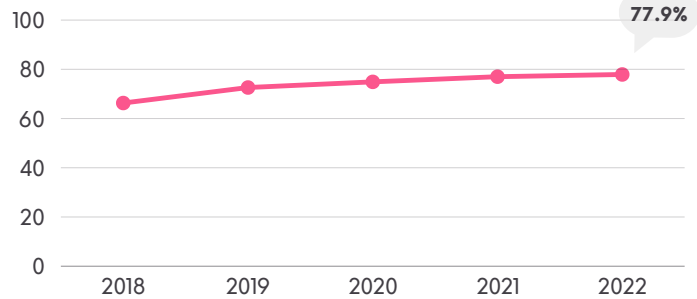
PREVENTIVE HEALTH CARE VISIT (Well-Woman Visit)

Data in Context: Health Disparities

Many disparities in woman’s and maternal health are driven by social and structural determinants of health, such as economic stability, neighborhood safety, and access to education and health care. The following tables include data on NPMs by race and ethnicity, health insurance, and rurality, and/or other factors where available but are by no means an exhaustive representation of all women’s and maternal health inequities in Maine. Furthermore, while surveillance data can quantify the magnitude of a disparity, they cannot explain why a disparity exists. The voices of individuals with lived experience are essential to understanding the causes of and solutions to health inequities.

**MAINE
National
Rank:
7
(2022)**

Data source:
Maine BRFSS



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval	
Maine statewide (2022)	166,715	77.9	74.9	- 80.9
RACE (2018-2022)				
American Indian/Alaska Native	DSU	DSU	DSU	- DSU
Asian	DSU	DSU	DSU	- DSU
Black	19,452	88.7	81.0	- 96.5
More than one race	DSU	DSU	DSU	- DSU
Native Hawaiian/Other Pacific Islander	DSU	DSU	DSU	- DSU
White	699,563	74.0	72.3	- 75.6
Maine statewide	766,078	73.8	72.2	- 75.4
ETHNICITY (2018-2022)				
Hispanic	23,299	68.9	59.0	- 78.9
Non-Hispanic	737,421	74.0	72.4	- 75.6
Maine statewide	766,078	73.8	72.2	- 75.4
HEALTH INSURANCE (2020-2022)				
Private	197,472	80.4	77.5	- 83.2
Medicaid/MaineCare	58,613	76.5	71.4	- 81.7
Uninsured	20,698	41.0	33.1	- 48.9
Maine statewide	482,519	76.6	74.8	- 78.4
RURILITY (2020-2022)				
Urban	161,136	77.7	74.4	- 81.0
Large rural	160,963	77.4	74.0	- 80.7
Small rural	54,611	79.1	74.6	- 83.6
Isolated rural	58,259	72.9	68.5	- 77.2
Maine statewide	482,519	76.6	74.8	- 78.4
INCOME (2020-2022)				
Less than \$25,000	59,987	72.9	67.6	- 78.1
\$25,000-\$49,999	99,605	71.3	67.2	- 75.4
\$50,000-\$74,999	67,792	80.5	76.4	- 84.6
\$75,000 or more	140,800	79.6	76.4	- 82.8
Maine statewide	482,519	76.6	74.8	- 78.4

Count (N) = weighted numerator

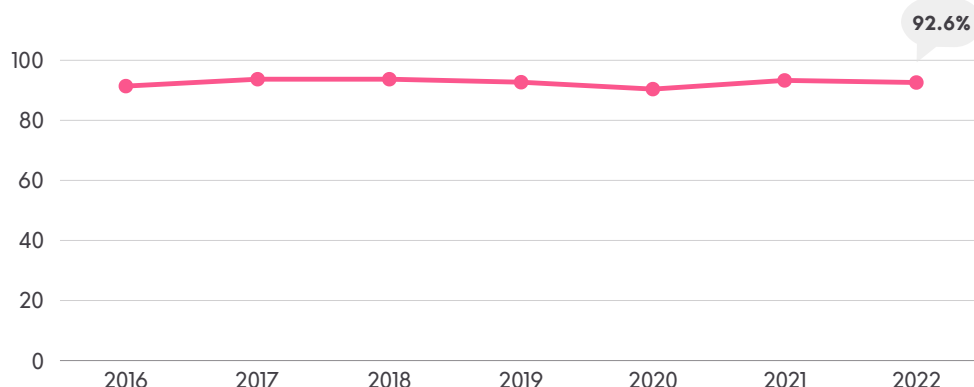
DSU: Data statistically unreliable; numerator <10 or relative 95% CI width greater than 160%.

Select NPMs In-Depth:

POSTPARTUM VISIT ATTENDANCE

MAINE
National Rank:
9
(2022)

Data source:
 Maine PRAMS



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval
Maine statewide (2022)	10,435	92.6	89.8 - 94.7
BIRTHING PERSON RACE (2018-2022)			
American Indian/Alaska Native ▶	353	87.5	68.5 - 95.7
Asian or Pacific Islander ▶	480	90.2	71.5 - 97.1
Black or African American	1,681	84.9	76.2 - 90.8
More than one race	1,163	94.5	87.0 - 97.8
White	47,671	92.9	91.8 - 93.8
Maine statewide	51,829	92.6	91.5 - 93.5
BIRTHING PERSON ETHNICITY (2018-2022)			
Hispanic	1,161	87.5	76.8 - 93.7
Non-Hispanic	50,668	92.7	91.6 - 93.6
Maine statewide	51,829	92.6	91.5 - 93.5
BIRTHING PERSON INCOME (2020-2022)			
\$28,000 or less	6,047	84.6	80.1 - 88.2
\$28,001 - 57,000	6,417	92.0	88.6 - 94.4
\$57,001 - 85,000	5,298	94.5	91.0 - 96.7
\$85,001 or more	11,546	96.9	95.3 - 98.0
Maine statewide	30,690	92.1	90.7 - 93.4
BIRTHING PERSON AGE (2020-2022)			
Less than 25 years	5,189	92.2	88.1 - 94.9
25-34 years	18,455	92.0	90.1 - 93.6
35+	7,043	92.4	89.3 - 94.7
Maine statewide	30,690	92.1	90.7 - 93.4

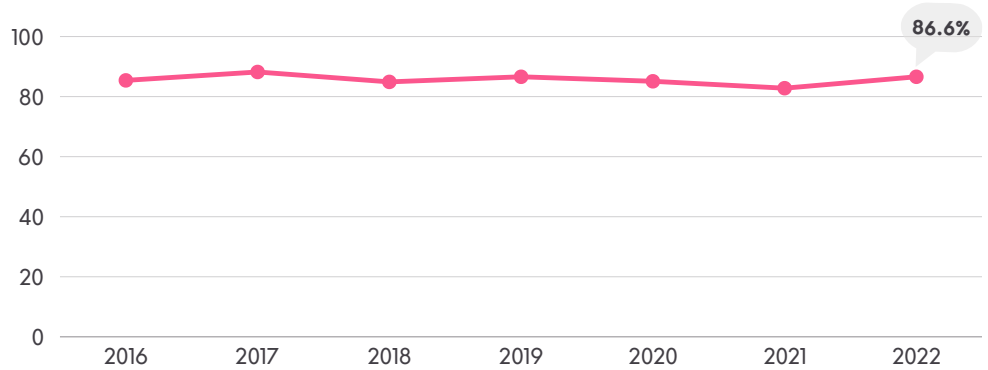
▶ Count (N) = weighted numerator
 ▶ Please interpret with caution; the small sample size indicates statistical unreliability

Select NPMs In-Depth:

POSTPARTUM VISIT WITH ALL RECOMMENDED COMPONENTS

MAINE
National Rank:
5
(2022)

Data source:
 Maine PRAMS



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval
Maine statewide (2022)	8,973	86.6	83.1 - 89.5
BIRTHING PERSON RACE (2018-2022)			
American Indian/Alaska Native ▶	314	89.0	70.2 - 96.5
Asian or Pacific Islander ▶	478	99.6	98.0 - 99.9
Black or African American	1,293	83.6	72.7 - 90.7
More than one race	848	72.9	59.8 - 82.9
White	40,469	85.4	83.9 - 86.8
Maine statewide	43,798	85.2	83.8 - 86.5
BIRTHING PERSON ETHNICITY (2018-2022)			
Hispanic	954	82.2	70.2 - 90.1
Non-Hispanic	42,844	85.3	83.8 - 86.6
Maine statewide	43,798	85.2	83.8 - 86.5
BIRTHING PERSON INCOME (2020-2022)			
\$28,000 or less	5,151	85.9	81.2 - 89.6
\$28,001 - 57,000	5,364	83.9	79.3 - 87.6
\$57,001 - 85,000	4,506	86.1	81.2 - 89.8
\$85,001 or more	9,760	84.7	81.8 - 87.2
Maine statewide	25,845	84.8	82.9 - 86.5
BIRTHING PERSON AGE (2020-2022)			
Less than 25 years	4,473	87.4	82.3 - 91.2
25-34 years	15,995	87.1	84.8 - 89.1
35+	5,373	77.0	72.3 - 81.0
Maine statewide	25,845	84.8	82.9 - 86.5

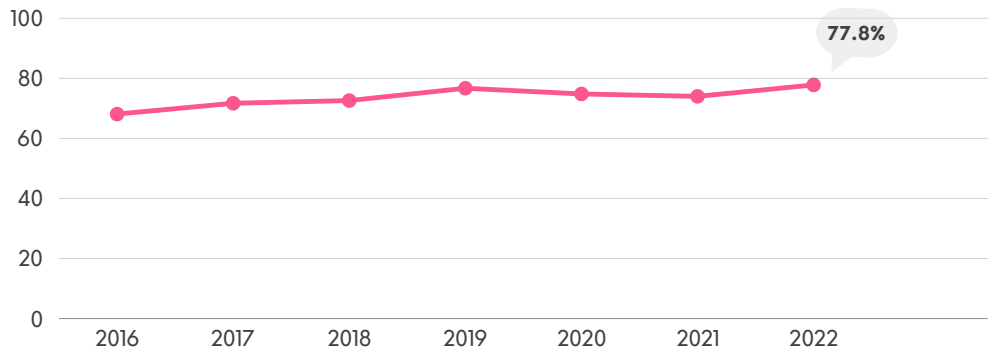
Count (N) = weighted numerator
▶ Please interpret with caution; the small sample size indicates statistical unreliability

2020-2025 Maine SPM

DEPRESSION SCREENING IN 12 MONTHS BEFORE PREGNANCY

MAINE
National Rank:
NA

Data source:
Maine PRAMS



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval
Maine statewide (2022)	6,783	77.8	73.4 - 81.6
BIRTHING PERSON RACE (2018-2022)			
American Indian/Alaska Native	267	79.2	53.4 - 92.7
Asian or Pacific Islander	279	66.6	46.1 - 82.2
Black or African American	551	58.0	43.0 - 71.6
More than one race	560	60.4	46.2 - 73.1
White	29,560	76.0	74.1 - 77.8
Maine statewide	31,468	75.2	73.3 - 76.9
BIRTHING PERSON ETHNICITY (2018-2022)			
Hispanic	607	64.3	49.7 - 76.7
Non-Hispanic	30,862	75.4	73.5 - 77.2
Maine statewide	31,468	75.2	73.3 - 76.9
BIRTHING PERSON INCOME (2020-2022)			
\$28,000 or less	3,317	76.5	69.9 - 82.0
\$28,001 - 57,000	3,388	73.6	67.4 - 79.1
\$57,001 - 85,000	3,418	74.4	68.6 - 79.5
\$85,001 or more	8,101	76.1	72.5 - 79.3
Maine statewide	19,124	75.6	73.2 - 77.8
BIRTHING PERSON AGE (2020-2022)			
Less than 25 years	2,537	71.5	63.7 - 78.2
25-34 years	11,861	75.7	72.7 - 78.5
35+	4,726	77.7	72.9 - 81.9
Maine statewide	19,124	75.6	73.2 - 77.8

Count (N) = weighted numerator

▶ Please interpret with caution; the small sample size indicates statistical unreliability

Data Sources

Indicator	MAINE source	US source
% of birthing people who report experiencing IPV by a current or ex-partner during pregnancy	Behavior Risk Factor Surveillance System (ME-BRFSS)	BRFSS
% of birthing persons who had a health care visit in the 12 months before they got pregnant, during which a health care provider asked if they were feeling down or depressed	Maine Pregnancy Risk Assessment Monitoring System (ME-PRAMS)	n/a
% of birthing persons who report depression symptoms during their most recent pregnancy	ME-PRAMS	PRAMS (all participating states)
% of birthing persons who report depression symptoms in the three months prior to pregnancy	ME-PRAMS	PRAMS (all participating states)
% of birthing persons who report drinking alcohol during the last three months of their most recent pregnancy	ME-PRAMS	n/a
% of birthing persons who report experiencing symptoms of depression following their recent pregnancy	ME-PRAMS	PRAMS (all participating states)
% of birthing persons who report having a postpartum visit following their most recent pregnancy	ME-PRAMS	PRAMS (all participating states)
% of birthing persons who report their most recent pregnancy was mistimed or unwanted	ME-PRAMS	n/a
% of birthing persons who report using marijuana or hash in any form during their most recent pregnancy	ME-PRAMS	n/a
% of birthing persons who reported eating less due to financial constraints, using an emergency food resource, or both, in the 12 months prior to pregnancy	ME-PRAMS	n/a
% of birthing persons who reported four or more stressful life event occurring in the 12 months prior to pregnancy	ME-PRAMS	n/a
% of births for which APCU is adequate or more	Maine Data Research and Vital Statistics (MEDRVS)	Peristats, March of Dimes
% of births for which the birthing person reported smoking at any time during pregnancy	MEDRVS	NVSS
% of births in which the birthing person had chronic hypertension	MEDRVS	NVSS
% of births in which the birthing person had gestational diabetes	MEDRVS	NVSS
% of births in which the birthing person had gestational hypertension	MEDRVS	NVSS

Data Sources

Indicator	MAINE source	US source
% of NTSV births (nulliparous, singleton, term, vertex) births that are delivered by C-section	MEDRVS	NVSS
% of persons with a recent live birth who did not have reliable transportation during the past year	ME-PRAMS	PRAMS (all participating states)
% of persons with a recent live birth who experienced housing insecurity in the past year	ME-PRAMS	PRAMS (all participating states)
% of persons with a recent live birth who have experienced interpersonal racism and/or discrimination in their lifetime	ME-PRAMS	PRAMS (all participating states)
% of women who report they have ever been told they have a depressive disorder by a medical professional	ME-BRFSS	n/a
% of women, ages 18 through 44, with a preventive medical visit in the past year	ME-BRFSS	BRFSS
% women 15-44 who report experiencing sexual violence (non-consensual sex/rape) in their life time	ME-BRFSS	BRFSS
% women 18-44 in excellent or very good health	ME-BRFSS	BRFSS
% women 18-44 who report 3+ chronic conditions	ME-BRFSS	BRFSS
Number of pregnancy-associated deaths per 100,000 live births	MEDRVS	n/a
Prenatal opioid-related diagnoses per 1,000 delivery discharges	Dudley J, Gabrielson SM, O'Connor AB, Ahrens KA. Trends in maternal opioid use disorder and neonatal abstinence syndrome in Maine, 2016-2022. J Perinatol. 2024;43:1387-1395. doi:10.1038/s41372-024-01882-x.	Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. JAMA. 2021;325(2):146-155
Rate of deliveries with severe maternal morbidity condition per 10,000 hospital deliveries (excluding transfusion)	Maine Health Data Organization (MHDO)- Inpatient encounters	Agency for Healthcare Research and Quality - Healthcare Cost and Utilization Project (HCUP)
% of birthing persons who had a preventative dental visit during pregnancy	ME-PRAMS	PRAMS (all participating states)
% of birthing persons who are using a most or moderately effective contraceptive following a recent live birth	ME-PRAMS	PRAMS (all participating states)

INFANT & PERINATAL HEALTH

**Maine Maternal & Child
Health Block Grant
5-Year Needs Assessment**



Maine Center for Disease
Control & Prevention

November 2024

Infant & Perinatal Health

2020-2025 PRIORITIES

Maine's Title V Maternal and Child Health (MCH) Program, in partnership with the US Department of Health and Human Services (DHHS) and Health Resources and Services Administration (HRSA), is responsible for promoting the health of all pregnant people, mothers, and children. Maine's infant health priorities for the 2020-2025 grant cycle were to reduce infant mortality and to increase breastfeeding initiation and duration.



Reduce Infant Mortality

SIDS/SUID is among Maine's leading causes of infant mortality. Progress on Maine's priority to reduce infant mortality is measured by the percent of Maine infants who are placed to sleep on their back, placed on a separate approved sleep surface, and placed to sleep without soft objects or loose bedding. **In 2022, 89.5% of Maine infants were always or often placed to sleep on their backs.**



Increase Breastfeeding Initiation and Duration

Progress on this priority is measured by the percent of infants who were ever breastfed and the percent who were breastfed exclusively for 6 months. Among infants born in 2022 in Maine, **87.6% were breastfeeding at the time of discharge** from their facility of delivery. Among infants born in 2020 (the most recent year for which data were available), **32.4% were breastfed exclusively for at least six months.**

Infant & Perinatal Health

NATIONAL PERFORMANCE MEASURES

The Title V MCH Services Block Grant (MCHBG) program establishes National Performance Measures (NPMs) and National Outcome Measures (NOMs) across five population health domains for each 5-year grant period. Based on its identified priority needs, States select a minimum of five NPMs for programmatic focus. For each of these selected NPMs, States develop at least one related Evidence-based or –informed Strategy Measures (ESMs) to assess and demonstrate the impact of its State Title V strategies on the NPM.

NPMs: INFANT & PERINATAL HEALTH

RISK-APPROPRIATE PERINATAL CARE

- Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

BREASTFEEDING

- Percent of infants who are ever breastfed
- Percent of children age 6 months to 2 years who are breastfed exclusively for 6 months (**NEW NPM**)

SAFE SLEEP

- Percent of infants placed to sleep on their back
- Percent of infants placed to sleep on an appropriate surface
- Percent of infants placed to sleep without soft bedding or loose objects
- Percent of infants room-sharing with an adult (**NEW NPM**)

HOUSING INSTABILITY (**NEW NPM**)

- Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth

Infants in Maine

DEMOGRAPHIC PROFILE

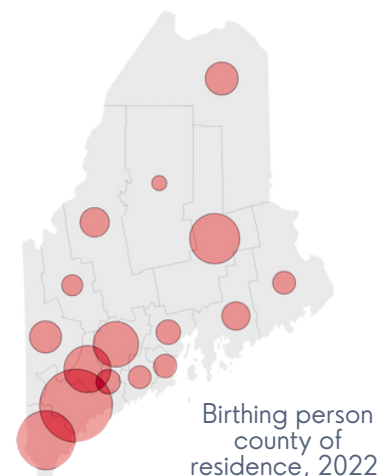
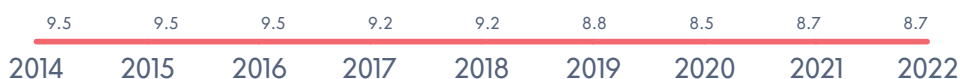
Maine Resident Births, 2022: 12,087

Maine Birth Rate, 2022: 8.7 births per 1,000 residents

Total resident births



Births per 1,000 Maine residents (birth rate)



MAINE RESIDENT BIRTH DEMOGRAPHICS, 2022






Birthing person race	Count	%
White alone	10,782	90.3
Black alone	686	6.1
AIAN alone	79	0.8
Asian alone	165	1.6
NHOPI alone	6	0.1
Oth race alone	105	1.1
Two or more races	195	1.9
Birthing person ethnicity	Count	%
Hispanic	338	2.8
Non-Hispanic	11,733	97.2
Primary payer for birth	Count	%
MaineCare/Medicaid	4,470	37.3
Private	7,519	62.7
Birthing person age	Count	%
Less than 25 years	2,162	17.9
25-34 years	7,328	59.8
35+ years or older	2,595	21.5
Birthing person country of birth	Count	%
Born in US	10,917	90.4
Born outside US	1,166	9.7






Birthing person residential county	Count	%
Androscoggin	1,177	9.7
Aroostook	563	4.7
Cumberland	2,909	24.1
Franklin	220	1.8
Hancock	410	3.4
Kennebec	1,097	9.1
Knox	276	2.3
Lincoln	257	2.1
Oxford	531	4.4
Penobscot	1,351	11.2
Piscataquis	104	0.9
Sagadahoc	304	2.5
Somerset	443	3.7
Waldo	304	2.5
Washington	262	2.2
York	1,875	15.5
Birthing person residential rurality	Count	%
Urban	4,239	36.6
Rural	7,347	63.4

Data source: Birth Certificates, MECDC DRVS

Perinatal & Infant Health Data

ACCESS TO CARE & QUALITY OF CARE

KEY:  = significantly worse  = significantly better  = difference is not statistically significant
 = significant increase  = significant decrease N/A = data not available

HEALTH CARE ACCESS	Maine previous	Maine current	Change?	U.S. current
% of very low birthweight (<1500g/3.3 lbs) infants who were delivered at a Level III+ hospital (NPM)	83.9% (76.4-89.3) 2018	74.8% (67.5-81.0) 2022		N/A
% of infants delivered in a planned homebirth	1.8% (1.5 - 2.0) 2018	2.6% (2.3-2.9) 2022		1.3% 2021
% of infants delivered in a free-standing birth center	0.3% (0.2-0.4) 2018	0.5% (0.4-0.7) 2022		0.7% 2022
Monthly average number of infants receiving Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	3,827 FY2020	3,934 FY2023	N/A	N/A
% of births for which the birthing parent received adequate prenatal care	86.7% (85.9-87.1) 2018	84.0% (83.3-84.6) 2022		75.6% 2021
QUALITY CARE	Maine previous	Maine current	Change?	U.S. current
% of parents with a recent live birth who reported their health care provider explained things in a way that was easy to understand	N/A	92.4% (89.7-95.2) 2022	N/A	N/A
% of Maine resident births that occurred at a facility designated Birthing-Friendly by the Center for Medicaid and Medicare Services (CMS)	N/A	100.0% 2022	N/A	N/A
Score on USCDC Maternity Practices in Infant Nutrition and Care (mPINC) survey	85/100 2018	85/100 2022		81/100 2022

Perinatal & Infant Health Data

BIRTH OUTCOMES & RISKS

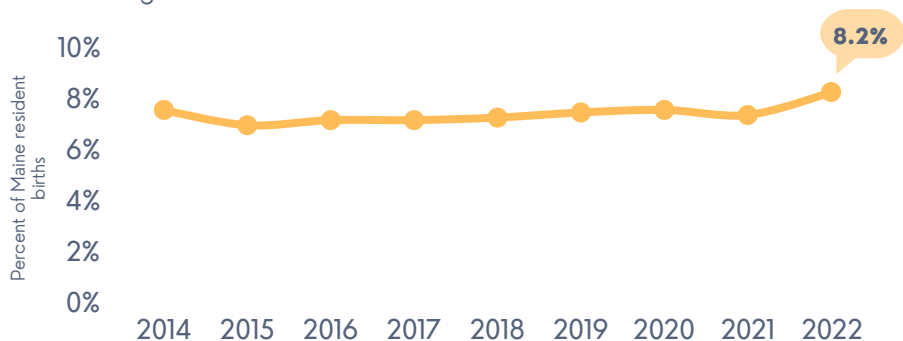
KEY: ⚠️ = significantly worse ⭐ = significantly better = = difference is not statistically significant
 ↑ = significant increase ↓ = significant decrease N/A = data not available

BIRTH OUTCOMES	Maine previous	Maine current	Change?	U.S. current
% of Maine resident births delivered preterm (<37 weeks gestation) (NOM)	8.6% (8.1-9.1) 2018	9.6% (9.0-10.1) 2022	=	10.4% 2022
% of Maine resident births delivered very preterm (<32 weeks gestation)	1.1% (1.0-1.4) 2018	1.3% (1.1-1.6) 2022	=	1.6% 2022
% of Maine resident births born low birthweight (<2,500 grams/5.5 lbs) (NOM)	7.2% (6.7-7.7) 2018	8.2% (7.7-8.7) 2022	⚠️	8.6% 2021
% of Maine resident births born very low birthweight (<1,500 grams/3.3 lbs)	1.0% (0.85-1.2) 2018	1.3% (1.1-1.5) 2022	=	1.4% 2022

SUBSTANCE EXPOSURE	Maine previous	Maine current	Change?	U.S. current
Rate of reports to OCFS of infants suspected to be affected by substance exposure and/or fetal alcohol spectrum disorder per 1,000 births	73.4 (68.9-78.1) 2018	57.9 (53.7-61.3) 2022	⭐	N/A
Rate of neonatal abstinence syndrome (NAS) diagnoses per 1,000 birth hospitalizations (NOM)	33.2 2016	14.0 2022	⭐	6.2 2021

Trend in Low Birthweight, 2015-2022

Maine has seen a significant increase in number of infants born **low birthweight** since 2015. Maine currently ranks 22nd among US states in percent of infants born low birth weight.











For more information on **birth outcomes** check out the Maine CDC MCH data dashboard







Perinatal & Infant Health Data

BREASTFEEDING & SAFE SLEEP

KEY:  = significantly worse  = significantly better  = difference is not statistically significant
 = significant increase  = significant decrease N/A = data not available

BREASTFEEDING	Maine previous	Maine current	Change?	U.S. current
% of hospital births where infant was breastfeeding at time of discharge (NPM)	89.6% (89.1-90.2) 2018	87.6% (87.0-88.1) 2022		83.3% 2021
% of birthing people who were breastfeeding their infants at 8 weeks of age	65.6% (61.6-69.4) 2017	68.0% (63.7-72.0) 2021		68.5% 2020
% of infants breastfed exclusively through 6 months (NPM)*	32.8% (26.5-39.8) 2016	32.4% (26.2-39.2) 2020		25.4% 2020

SAFE SLEEP	Maine previous	Maine current	Change?	U.S. current
% of birthing people who report their infants are always or often placed to sleep on their backs (NPM)	89.2% (86.5-91.4) 2017	89.5% (86.2-92.1) 2022		82.7% (82.0-83.5) 2022
% of birthing people who report their infants are always or often placed to sleep on a separate approved sleep surface (NPM)	29.0% (25.5-32.7) 2017	37.5% (33.2-42.0) 2022		38.0% (37.0-39.0) 2022
% of birthing people who report their infants are always or often placed to sleep without soft objects or loose bedding (NPM)	49.7% (45.7-53.7) 2017	73.2% (68.8-77.2) 2022		59.9% (58.9-60.8) 2022
% of birthing people who report that in the past 2 weeks, their infants always or often slept in the same room where a parent or another adult slept (NPM)	78.1% (74.6-81.3) 2017	87.4% (84.0-90.1) 2022		N/A

*Measure has been retired for 2025-2030

Perinatal & Infant Health Data

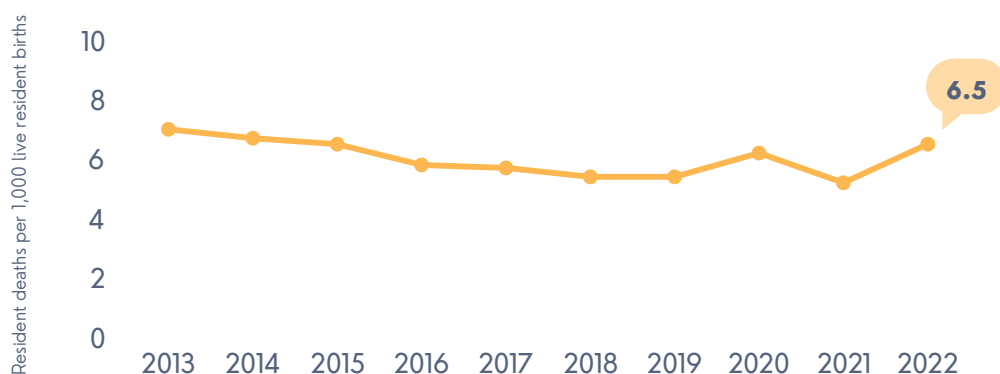
FETAL & INFANT MORTALITY

INFANT MORTALITY	Maine previous	Maine current	Change?	U.S. current
Rate of Maine resident infant deaths per 1,000 live births to Maine resident gestational parents (NOM)	5.7 (4.5-7.2) 2017	6.5 (5.2-8.1) 2022	=	5.4 (5.3-5.5) 2021
Rate of infant deaths due to preterm-related causes per 100,000 live births (NOM)	211.9 (168.9-262.6) 2016-2018	190.9 (149.4-220.4) 2020-2022	=	173.9 (169.6-178.2) 2021
Rate of infant deaths due to congenital abnormalities per 100,000 live births (NOM)	112.6 (82.2-150.8) 2016-2018	129.1 (95.7-170.8) 2020-2022	=	108.9 (105.5-112.3) 2021
Rate of infant deaths classified as Sudden and Unexpected Infant Deaths (SUID) per 100,000 live births (NOM)	85.8 (59.7-119.7) 2016-2018	89.8 (62.5-122.5) 2020-2022	=	98.8 (95.5-102.0) 2021

FETAL MORTALITY	Maine previous	Maine current	Change?	U.S. current
Rate of fetal deaths occurring at 20-27 weeks gestation per 1,000 live births and fetal deaths (NOM)	2.9 (2.1-4.0) 2018	3.5 (2.5-4.6) 2022	=	2.9 (2.8-2.9) 2021
Rate of fetal deaths at 28 weeks gestation or later per 1,000 live births and fetal deaths (NOM)	2.6 (1.8-3.6) 2018	1.9 (1.2-2.8) 2022	=	2.8 (2.7-2.8) 2021

Trend in Infant Mortality, Maine, 2013-2022

Maine's infant mortality rate **decreased significantly** between 2013 and 2017, and fluctuated annually between 2018-2022. In 2022, the infant mortality rate in Maine was **6.5** resident deaths per 1,000 live resident births (n=79).



For more information on **infant mortality in Maine**, access the Maine CDC's 2022 infant mortality data summary below



Perinatal & Infant Health Data

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions within the environments in which people are born, live, work, learn, and age. SDOH affect the health, well-being, and quality of life of individuals, families and communities. SDOH are shaped by many systemic forces, including economic policies, social policies, and political systems. Structural racism and other types of systemic discrimination underlie inequities in the social determinants of health.

BASIC NEEDS	Maine previous	Maine current	Change?	U.S. current
% of birthing persons who reported eating less due to financial constraints, using an emergency food resource, or both in the 12 months before pregnancy	15.6% (12.8-19.0) 2018	10.6% (8.0-14.0) 2022	=	N/A
% of persons with a recent live birth who experienced housing insecurity in the past year	N/A	6.5% (4.3-9.6) 2022	N/A	N/A
% of persons with a recent live birth who did not have reliable transportation during the past year	N/A	9.5% (6.9-12.9) 2022	N/A	N/A
% of households with children under age 5 in poverty	16.0% (MOE: +/- 1.6) 2018	10.1% (MOE: +/- 1.6) 2022	★	12.8% (MOE: +/- 0.1) 2022
RACISM, DISCRIMINATION & STRESS	Maine previous	Maine current	Change?	U.S. current
% of persons with a recent live birth who have experienced interpersonal racism and/or discrimination in their lifetime	N/A	12.4% (9.6-15.8) 2022	N/A	N/A
% of persons with a recent live birth who experience 4 or more stressful life events during pregnancy	20.3% (17.2-23.6) 2018	15.3% (12.1-19.2) 2022	=	N/A



For more information on **social determinants of health** among Maine families and birthing people, check out these resources from our partners:

[SDOH from Maine PRAMS survey](#)



[2023 Maine Kids Count Data book](#)



Select NPMs In-Depth:

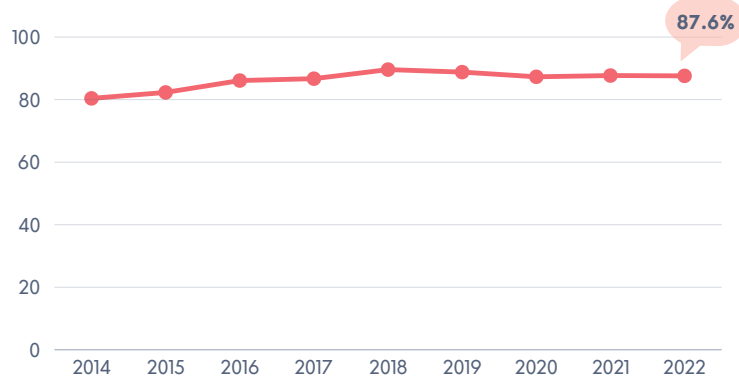
BREASTFEEDING INITIATION

Data in Context: Health Disparities

Many disparities in infant and perinatal health are driven by social and structural determinants of health, such as economic stability, neighborhood safety, and access to education and health care. The following tables include data on NPMs by race and ethnicity, health insurance, and rurality, and/or other factors where available but are by no means an exhaustive representation of all infant and perinatal health inequities in Maine. Furthermore, while surveillance data can quantify the magnitude of a disparity, they cannot explain why a disparity exists. The voices of individuals with lived experience are essential to understanding the causes of and solutions to health inequities.

MAINE National Rank: 21 (2022)

Data source: **Maine DRVS (Birth Certificate)**



Demographic Characteristic	Count (n)	Percent (%)	95% Confidence Interval
Maine statewide (2022)	10,515	87.6	87.0 - 88.1

BIRTHING PERSON RACE (2020-2022)

American Indian/Alaska Native alone	177	73.8	67.8 - 78.9
Asian alone	513	91.3	88.7 - 93.3
Black alone	1,529	87.5	85.9 - 89.0
More than one race	615	85.8	83.0 - 88.1
Native Hawaiian/Other Pacific Islander alone ▶	19	100.0	83.2 - 100.0
White alone	27,742	87.6	87.3 - 88.0

Maine statewide	30,960	87.5	87.2 - 87.7
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BIRTHING PERSON ETHNICITY (2022)

Hispanic	299	89.3	85.5 - 92.1
Non-Hispanic	10,208	87.6	87.0 - 88.2

PRIMARY PAYER FOR BIRTH (2022)

MaineCare/Medicaid	3,527	79.4	78.2 - 80.6
Private	6,122	92.6	92.0 - 93.2
Other	786	91.3	89.2 - 93.0

BIRTHING PERSON RURALITY (2022)

Rural	6,283	86.2	85.4 - 87.0
Urban	3,783	89.5	88.6 - 90.4

BIRTHING PERSON AGE (2022)

Less than 25 years	1,715	79.9	78.2 - 81.6
25-34 years	6,466	88.8	88.1 - 89.5
35 years and older	2,334	90.4	89.2 - 91.5

Count (N) = Numerator

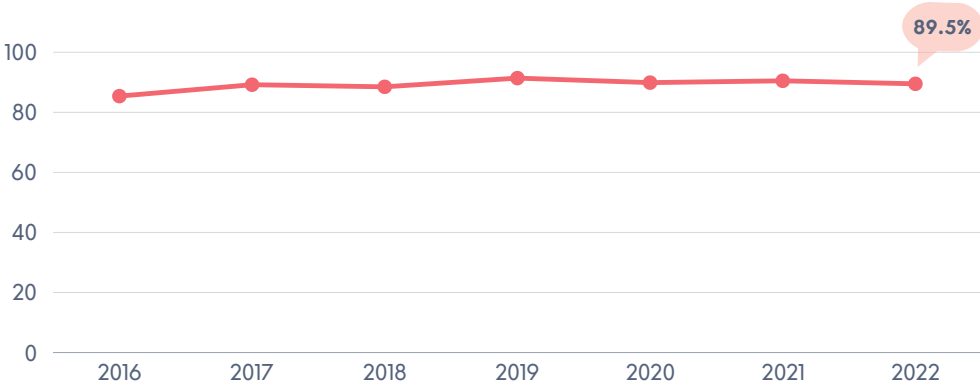
▶ Please interpret with caution; the small sample size indicates statistical unreliability (less than 20 in numerator).

Select NPMs In-Depth:

SAFE SLEEP: BACK TO SLEEP

MAINE
National Rank:
3
(2022)

Data source:
Maine PRAMS



Demographic Characteristic	Count (N)*	Percent (%)	95% Confidence Interval
Maine statewide (2022)	9,917	89.5	86.2 - 92.1
BIRTHING PERSON RACE (2016-2022)			
American Indian/Alaska Native ▶	460	87.9	70.7 - 95.6
Asian or Pacific Islander ▶	727	89.7	76.7 - 95.9
Black	1,829	73.0	64.1 - 80.3
More than one race ▶	1,468	86.6	78.0 - 92.9
White	65,099	89.8	88.7 - 90.7
Maine statewide	70,057	89.2	88.1 - 90.1
BIRTHING PERSON ETHNICITY (2016-2022)			
Hispanic	1,346	84.7	74.7 - 91.2
Non-Hispanic	68,684	89.2	88.2 - 90.2
Maine statewide	70,057	89.2	88.1 - 90.1
BIRTHING PERSON HEALTH INSURANCE (2021-2022)			
MaineCare/Medicaid	7,109	87.3	83.2 - 90.6
Private	11,926	93.0	90.7 - 94.8
Other	839	75.2	60.1 - 85.9
Maine statewide	19,911	90.0	87.9 - 91.8
BIRTHING PERSON AGE (2021-2022)			
Less than 25 years	2,916	81.1	73.2 - 87.1
25-39 years	16,388	91.9	89.8 - 93.6
40+ years ▶	607	87.9	69.1 - 95.9
Maine statewide	19,911	90.0	87.9 - 91.8

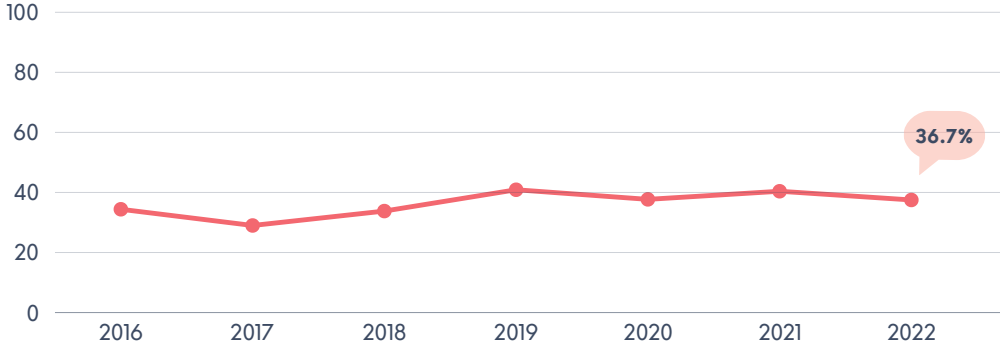
Count (N) = weighted numerator
▶ Please interpret with caution; the small sample size indicates statistical unreliability

Select NPMs In-Depth:

SAFE SLEEP: APPROVED SURFACE

MAINE
National Rank:
13
(2022)

Data source:
 Maine PRAMS



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval
Maine statewide (2022)	4,002	36.7	32.4 - 41.1
BIRTHING PARENT RACE (2016-2022)			
American Indian/Alaska Native ▶	132	25.4	12.9 - 43.8
Asian or Pacific Islander ▶	325	40.1	26.3 - 55.7
Black	749	32.6	24.6 - 41.9
More than one race ▶	518	31.1	22.3 - 41.5
White	25,361	35.6	34.1 - 37.2
Maine statewide	27,201	35.3	33.9 - 36.8
BIRTHING PARENT ETHNICITY (2016-2022)			
Hispanic	564	36.0	26.0 - 47.4
Non-Hispanic	26,638	35.3	33.8 - 36.9
Maine statewide	27,201	35.3	33.9 - 36.8
BIRTHING PERSON HEALTH INSURANCE (2021-2022)			
MaineCare/Medicaid	2,691	33.4	28.4 - 38.9
Private	5,257	42.1	38.4 - 45.9
Other	287	25.7	15.8 - 38.9
Maine statewide	8,235	38.0	35.1 - 41.1
BIRTHING PERSON AGE (2021-2022)			
Less than 25 years	1,110	31.3	23.9 - 39.8
25-39 years	6,904	39.5	36.3 - 42.8
40+ years ▶	220	34.7	20.2 - 52.8
Maine statewide	8,235	38.0	35.1 - 41.1

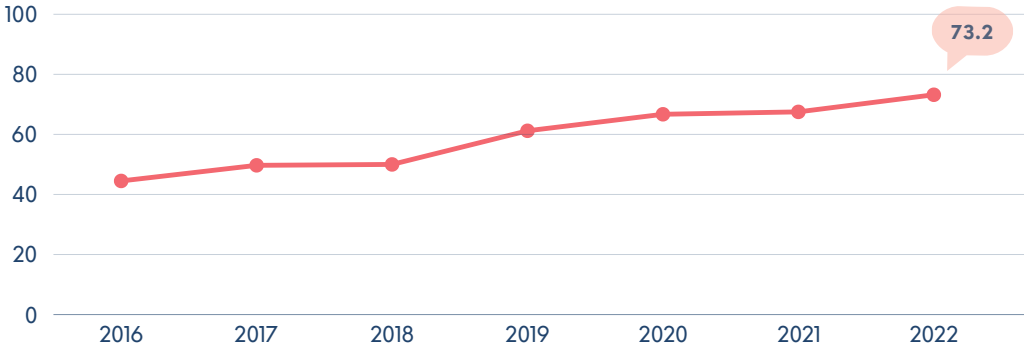
Count (N) = weighted numerator
▶ Please interpret with caution; the small sample size indicates statistical unreliability

Select NPMs In-Depth:

SAFE SLEEP: NO SOFT BEDDING

MAINE
National Rank:
1
(2022)

Data source:
Maine PRAMS



Demographic Characteristic	Count (N)*	Percent (%)	95% Confidence Interval
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Maine statewide (2022)	7,822	72.1	67.7 - 76.2
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BIRTHING PARENT RACE (2016-2022)

American Indian/Alaska Native	300	57.2	38.3 - 74.2
Asian or Pacific Islander	371	45.9	31.5 - 61.0
Black	1,244	55.7	45.9 - 65.1
More than one race	742	44.6	34.6 - 55.0
White	41,185	58.5	56.9 - 60.1

Maine statewide	44,174	58.0	56.5 - 59.6
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BIRTHING PARENT ETHNICITY (2016-2022)

Hispanic	795	52.6	41.2 - 63.8
Non-Hispanic	43,357	58.1	56.6 - 59.7

Maine statewide	44,174	58.0	56.5 - 59.6
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BIRTHING PERSON HEALTH INSURANCE (2021-2022)

MaineCare/Medicaid	4,665	59.0	53.3 - 64.4
Private	9,617	77.6	74.1 - 80.7
Other	561	54.8	40.4 - 68.4

Maine statewide	14,860	69.6	66.5 - 72.5
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BIRTHING PERSON AGE (2021-2022)

Less than 25 years	999	57.3	48.5 - 65.6
25-39 years	6,171	71.7	68.4 - 74.8
40+ years	261	79.7	59.4 - 91.4

Maine statewide	14,860	69.6	66.5 - 72.5
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Count (N) = weighted numerator
 Please interpret with caution; the small sample size indicates statistical unreliability

Data Sources

Indicator	MAINE source	US source
Number of Maine resident infant deaths per 1,000 live births	Maine CDC Data, Research, and Vital Statistics (MEDRVS)	National Vital Statistics System (NVSS)
Number of infant deaths due to preterm-related causes per 100,000 live births	MEDRVS	NVSS
Number of infant deaths due to congenital abnormalities per 100,000 live births	MEDRVS	NVSS
Number of infant deaths classified as SIDS/SUID per 100,000 live births	MEDRVS	NVSS
Number of fetal deaths 20-27 weeks per 1,000 live births and fetal deaths	MEDRVS	NVSS
Number of fetal deaths at 28 weeks gestation or more per 1,000 live births and fetal deaths	MEDRVS	NVSS
% of Maine resident births delivered preterm (<37 weeks gestation)	MEDRVS	NVSS
% of Maine resident births at low birth weight (<2,500 grams)	MEDRVS	NVSS
% of hospital births where baby was breastfed at time of discharge	MEDRVS	NVSS
% of babies who were breastfeeding at 8 weeks of age	Pregnancy Risk Assessment Monitoring System (PRAMS)	PRAMS
% of infants most often placed to sleep on their backs	PRAMS	PRAMS
% of birthing people who report their infants are always or often placed to sleep on a separate approved sleep surface	PRAMS	PRAMS
% of birthing people who report their infants are always or often placed to sleep on without loose objects or soft bedding	PRAMS	PRAMS
Rate per 1,000 births of infants for which a health care provider reported that there was reasonable cause to suspect the baby may be affected by illegal substance use or demonstrating withdrawal symptoms resulting from prenatal drug exposure or has a fetal alcohol spectrum disorder	Maine DHHS Office of Child and Family Services	N/A
Rate of neonatal abstinence syndrome (NAS) diagnoses per 1,000 birth hospitalizations	Maine Health Data Organization (MHDO) - Inpatient Encounters; Dudley et. al., 2024	Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP)
% of very low birth weight (<1500g) infants who were delivered at a Level 3+ hospital	MEDRVS	N/A

Data Sources

Indicator	MAINE source	US source
% of infants delivered in a planned homebirth	MEDRVS	NVSS
% of infants delivered in a free-standing birth center	MEDRVS	NVSS
Infants participating in WIC (monthly average)	United States Department of Agriculture (USDA)	USDA
% of births for which the birthing parent received adequate prenatal care	MEDRVS	NVSS
% of parents with a recent live birth who reported their health care provider explained things in a way that was easy to understand	PRAMS	N/A
% of Maine resident births that occurred at a facility designated Birthing-Friendly by the Center for Medicaid and Medicare Services (CMS)	Center for Medicaid and Medicare Services (CMS)	CMS
Score on USCDC Maternity Practices in Infant Nutrition and Care (mPINC) survey	USCDC	USCDC
% of Maine resident births delivered very preterm (<32 weeks gestation)	MEDRVS	NVSS
% of Maine resident births born very low birthweight (<1,500 grams/3.3 lbs)	MEDRVS	NVSS
Number of plans of safe care for infants under 1 year old submitted to OCFS	OCFS	N/A
% of persons with a recent live birth who experienced food insecurity in the past year	PRAMS (2022 SDOH Supplemental Survey)	N/A
% of persons with a recent live birth who experienced housing insecurity in the past year	PRAMS (2022 SDOH Supplemental Survey)	N/A
% of persons with a recent live birth who did not have reliable transportation during the past year	PRAMS (2022 SDOH Supplemental Survey)	N/A
% of households with children under age 5 in poverty	US Census American Community Survey (ACS)	ACS
% of persons with a recent live birth who have experienced interpersonal racism and/or discrimination in their lifetime	PRAMS (2022 SDOH Supplemental Survey)	N/A
% of persons with a recent live birth who experience 4 or more stressful live events during pregnancy	PRAMS	N/A
% of Percent of infants breastfed exclusively through 6 months	National Immunization Survey (NIS)	NIS
% of birthing people who report that in the past 2 weeks, their infants always or often slept in the same room where a parent or another adult slept	PRAMS	N/A

CHILD HEALTH

Maine Maternal & Child Health Block Grant

5-Year Needs Assessment



Maine Center for Disease
Control & Prevention

November 2024

Child Health

2020-2025 PRIORITIES

Maine's Title V Maternal and Child Health (MCH) Program, in partnership with the US Department of Health and Human Services (DHHS) and Health Resources and Services Administration (HRSA), is responsible for promoting the health of all pregnant people, mothers, and children. Maine's child health priorities for the 2020-2025 grant cycle were optimizing physical and oral health and ensuring early detection and intervention for developmental delay.



Optimizing Physical and Oral Health

Progress on this priority is measured by the percent of Maine children age 6-11 who are **physically active** at least 60 minutes per day, and the percent of Maine children age 1-17 who had a **preventive dental visit** in the past year. In 2022-2023, per parent report, 31.6% of Maine children were physically active for at least 60 minutes per day and 81.2% had a preventive dental visit in the past year (National Survey of Children's Health).



Ensuring Early Detection and Intervention for Developmental Delay

Progress on this priority is measured by the percent of Maine children age 9-35 months who received a **developmental screening** using a parent-completed screening tool in the past year. In 2022-2023, 50.5% received a developmental screening using a parent completed screening tool in the past year, per parent report (National Survey of Children's Health).

Child Health

NATIONAL PERFORMANCE MEASURES

The Title V MCH Services Block Grant (MCHBG) program establishes National Performance Measures (NPMs) and National Outcome Measures (NOMs) across five population health domains for each 5-year grant period. Based on its identified priority needs, States select a minimum of five NPMs for programmatic focus. For each of these selected NPMs, States develop at least one related Evidence-based or –informed Strategy Measures (ESMs) to assess and demonstrate the impact of its State Title V strategies on the NPM.

NPMs: CHILD HEALTH

DENTAL VISIT

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

PHYSICAL ACTIVITY

- Percent of children ages 6-11 who are physically active at least 60 min per day

DEVELOPMENTAL SCREENING

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

VACCINATION

- Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

FOOD SUFFICIENCY

- Percent of children ages 0-11 whose households were food sufficient in the past year

HOUSING INSTABILITY

- Percent of children ages 0-11 who experienced housing instability in the past year

MEDICAL HOME (UNIVERSAL NPM in Child or CSHCN domain)

- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Children in Maine

DEMOGRAPHIC PROFILE

Estimated Child Population (0-17), 2023: **249,052**

18% of Maine's population

Estimated number of children (0-17 years), 2016-2023



MAINE CHILD DEMOGRAPHICS, 2023

Age	Count	%
0-4 years old	61,645	25
5-11 years old	96,208	39
12-14 years old	43,722	18
15 to 17 years old	47,477	19
Race and Ethnicity	Count	%
White, non-Hispanic	214,912	86
Black, non-Hispanic	9,308	4
American Indian or Alaska Native, non-Hispanic	1,809	1
Asian, non-Hispanic	3,402	1
Native Hawaiian and Other Pacific Islander, non-Hispanic	110	<0.5
Two or more race groups	10,250	4
Hispanic or Latino	9,261	4
Household Income-Poverty Ratio (2021-2022)*	Count	%
0-99%	31,469	12.7
100-199%	52,167	21.1
200-399%	76,164	30.8
>400%	87,173	35.3




County of Residence (2022)	Count	%
Androscoggin	23,248	9
Aroostook	12,354	5
Cumberland	55,021	22
Franklin	5,195	2
Hancock	9,212	4
Kennebec	23,481	9
Knox	7,016	3
Lincoln	6,002	2
Oxford	10,351	4
Penobscot	26,919	11
Piscataquis	3,017	1
Sagadahoc	6,725	3
Somerset	9,265	4
Waldo	7,161	3
Washington	5,824	2
York	38,515	15
Child Country of Birth	Count	%
Child born in US	242,000	98
Child born outside US	4,000	2










Data source: Kids Count Data Center

*Denotes data source was National Survey of Children's Health

Child Health Data

OVERALL HEALTH

KEY:  = significantly worse  = significantly better  = difference is not statistically significant
N/A = data not available

OVERALL HEALTH	Maine previous	Maine current	Change?	U.S. current
% of children age 0-17 who are in excellent or very good health , per parent report (NOM)	93.5% (91.0 - 95.4) 2017-2018	89.9% (87.5 - 91.9) 2022-2023		90.0% (89.6 - 90.4) 2022-2023
% of children age 6 months-5 years who are flourishing : usually/always (1) affectionate and tender, (2) bounce back quickly when things do not go their way, (3) show interest and curiosity in learning new things, and (4) smile and laugh, per parent report (NOM)	88.7% (83.7 - 92.3) 2018-2019	82.7% (78.4 - 86.3) 2022-2023		79.0% (78.1 - 79.9) 2022-2023
% of children and adolescents age 6-17 years who are flourishing : usually/always (1) show interest and curiosity in learning new things, (2) work to finish tasks they start, and (3) stay calm and in control when faced with a challenge, per parent report (NOM)	66.4% (61.9 - 70.5) 2018-2019	55.2% (51.2 - 59.1) 2022-2023		61.2% (60.5 - 61.9) 2022-2023
% of children age 6-11 who are physically active at least 60 minutes per day , per parent report (NPM)	28.3% (22.1 - 35.4) 2017-2018	31.6% (26.5 - 37.2) 2022-2023		25.6% (24.7 - 26.6) 2022-2023
% of children ages 6-11 who have a behavioral or conduct disorder (NOM)	N/A	15.8% (11.7 - 20.9) 2022-2023	N/A	9.6% (8.9 - 10.2) 2022-2023
% of children under age 18 affected by asthma during the past year, per parent report	7.9% (6.0 - 10.3) 2016-2017	6.9% (5.4 - 8.7) 2021-2022		6.5% (6.2 - 6.9) 2021-2022
% children age 0-17 who live in households where someone smokes , per parent report	16.7% (13.8 - 21.8) 2016-2017	15.2% (12.9 - 18.0) 2022-2023		11.5% (11.1 - 11.9) 2022-2023
% of children age 6-17 who are obese (BMI at or above the 95th percentile) (NOM)	13.6% (10.9 - 16.9) 2018-2019	18.9% (15.8 - 22.5) 2022-2023		17.0% (16.4 - 17.6) 2022-2023
% of children under age 3 who screened positive for lead poisoning (blood lead level of >=5 ug/dL) among those screened	2.9% (2.6 - 3.2) 2017	2.1% (1.9 - 2.3) 2022		N/A
Deaths among children age 1-9 per 100,000 population (child mortality rate) (NOM)	18.3 (11.4 - 27.7) 2017	17.0 (10.4 - 26.3) 2022		19.3 (18.8 - 19.7) 2022

Child Health Data

ACCESS TO CARE

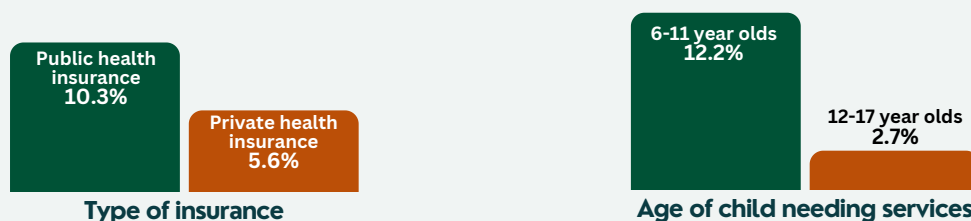
ACCESS TO CARE	Maine previous	Maine current	Change?	U.S. current
% of children age 0-17 who were not able to obtain needed health care in the last year, per parent report	4.0% (2.5 - 6.5) 2017-2018	6.0% (4.5 - 7.8) 2022-2023	=	3.4% (3.2 - 3.6) 2022-2023
% of children age 0-17 who received one or more preventive visits in the past 12 months, per parent report	90.6% (88.4 - 92.5) 2016-2017	85.9% (83.4 - 88.0) 2021-2022	⚠	76.8% (76.2 - 77.4) 2021-2022
% of children age 0-17 without health insurance	4.9% (3.2 - 7.2) 2017-2018	4.6% (3.4 - 6.3) 2021-2022	=	6.9% (6.5 - 7.3) 2021-2022
% of children age 0-17 who are continuously and adequately insured , per parent report	66.9% (63.2 - 70.5) 2017-2018	63.8% (60.7 - 66.9) 2022-2023	=	66.5% (65.9 - 67.1) 2022-2023
# of children age 0-19 who are enrolled in MaineCare/Medicaid	112,269 2018	141,639 2022	N/A	34,757,305 2022
% of children age 9-35 months who received a developmental screening using a parent-completed screening tool in the past year, per parent report (NPM)	43.7% (31.0 - 57.4) 2017-2018	50.5% (41.3 - 59.6) 2022-2023	=	35.6% (33.9 - 37.2) 2022-2023
% of children age 3-17 who did not have difficulty obtaining mental health treatment or counseling among those who needed it, per parent report	58.7% (49.1 - 67.7) 2016-2017	46.6% (39.5 - 53.8) 2021-2022	=	46.4% (44.6 - 48.1) 2021-2022



Spotlight on disparities in accessing mental health treatment

Some Mainers experience barriers to accessing mental health treatment or counseling for their children. These barriers may include lack of mental health providers, limited insurance coverage for mental health services, and challenges with transportation. In 2021-2022, families with public health insurance and families with younger children found it more challenging to obtain mental health care compared to families with private health insurance or families with older children.

Percentage of Maine families who found it **impossible** to obtain needed mental health treatment or counseling for their child










Child Health Data

SCHOOL HEALTH, DENTAL HEALTH, & VACCINATION

KEY:  = significantly worse  = significantly better  = difference is not statistically significant






N/A = data not available

SCHOOL HEALTH	Maine previous	Maine current	Change?	U.S. current
% of children age 3-5 meeting the criteria developed for school readiness (NOM)	N/A	63.8% (56.8 - 70.3) 2022-2023	N/A	64.6% (63.2 - 66.0) 2022-2023
% of children age 6-17 who are always engaged in school (cares about doing well and does required homework)	43.9% (39.4 - 48.4) 2018-2019	35.4% (31.9 - 39.0) 2021-2022		43.5% (42.7 - 44.3) 2021-2022
% of children age 1-17 receiving services under a special education or early intervention plan (EIP)	10.4% (8.3 - 13.1) 2017-2018	12.9% (10.9 - 15.2) 2021-2022		9.6% (9.2 - 9.9) 2021-2022
DENTAL HEALTH	Maine previous	Maine current	Change?	U.S. current
% of children age 1-17 who had decayed teeth or cavities in the past year (NOM)	10.2% (7.7 - 13.3) 2017-2018	13.3% (11.1 - 15.7) 2022-2023		12.1% (11.7 - 12.5) 2022-2023
% of children age 1-17 who had a preventive dental visit in the past year (NPM)	83.8% (80.4 - 86.7) 2017-2018	81.2% (78.4 - 83.6) 2022-2023		79.2% (78.6 - 79.7) 2022-2023
% of children age 1-17 whose teeth are in excellent or very good condition , per parent report	82.3% (78.7 - 85.3) 2017-2018	81.0% (78.3 - 83.4) 2021-2022		77.1% (76.5 - 77.7) 2021-2022
VACCINATION	Maine previous	Maine current	Change?	U.S. current
% of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months (NPM)	69.4% (62.8 - 75.8) 2014	73.3% (66.0 - 80.2) 2019		70.1% (68.7 - 71.5) 2019
% of children age 6 months-17 years who are vaccinated annually against seasonal influenza	59.7% (56.2 - 63.2) 2017-2018	64.7% (60.8 - 68.7) 2022-2023		57.4% (56.9 - 58.0) 2022-2023

Child Health Data

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions within the environments in which people are born, live, work, learn, and age. SDOH affect the health, well-being, and quality of life of individuals, families and communities. SDOH are shaped by many systemic forces, including economic policies, social policies, and political systems. Structural racism and other types of systemic discrimination underlie inequities in the social determinants of health.

HOUSEHOLD CHARACTERISTICS	Maine previous	Maine current	Change?	U.S. current
% of children age 0-11 whose houses were food sufficient (could always afford to eat good nutritious meals) in the past year (NPM)	69.5% (65.4 - 73.4) 2017-2018	71.6% (67.6 - 75.3) 2022-2023		68.6% (67.9 - 69.3) 2022-2023
% of children age 0-17 living in households at 400% of the federal poverty level (FPL) or greater , per parent report	34.3% (30.9 - 37.9) 2017-2018	35.3% (32.6 - 38.1) 2021-2022		32.6% (32.1 - 33.2) 2021-2022
% of children age 0-11 who experienced housing instability in the past year (NPM)	N/A	17.4% (14.2 - 21.0) 2022-2023	N/A	16.4% (15.8 - 17.1) 2022-2023
NEIGHBORHOOD SAFETY & SUPPORT	Maine previous	Maine current	Change?	U.S. current
% of children age 0-17 living in a safe neighborhood , per parent report	72.8% (68.8 - 76.4) 2017-2018	76.4% (73.7 - 78.9) 2021-2022		66.2% (65.5 - 66.8) 2021-2022
% of children age 0-17 living in a supportive neighborhood , per parent report	60.3% (56.3 - 64.2) 2017-2018	64.0% (61.0 - 66.9) 2021-2022		56.0% (55.4 - 56.7) 2021-2022
% of children age 6-17 who are safe at school , per parent report	76.1% (71.8 - 79.9) 2017-2018	78.6% (75.3 - 81.5) 2021-2022		70.3% (69.6 - 71.1) 2021-2022
ADVERSE CHILDHOOD EXPERIENCES	Maine previous	Maine current	Change?	U.S. current
% of children age 0-17 who have experienced 2+ adverse childhood experiences , per parent report (NOM)	N/A	20.6% (17.9 - 23.6) 2022-2023	N/A	17.5% (17.0 - 18.0) 2022-2023

Select NPMs In-Depth:

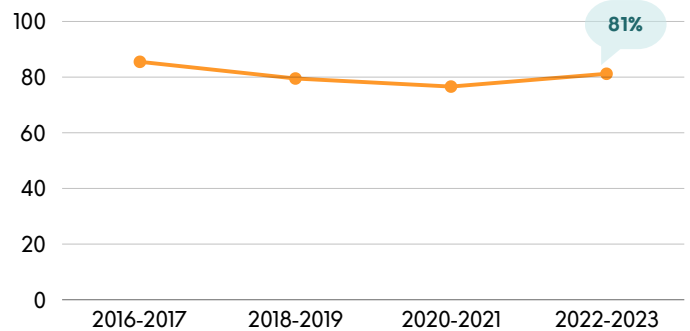
PREVENTIVE DENTAL VISIT

Data in Context: Health Disparities

Many disparities in child health are driven by social and structural determinants of health, such as economic stability, neighborhood safety, and access to education and health care. The following tables include data on NPMs by various demographics, but are by no means an exhaustive representation of all child health inequities in Maine. Furthermore, while surveillance data can quantify the magnitude of a disparity, they cannot explain why a disparity exists. The voices of individuals with lived experience are essential to understanding the causes of and solutions to health inequities.

**MAINE
National
Rank:
30
(2021-2022)**

Data Source:
NSCH



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval	
Maine statewide (2022-2023)	190,634	81.2	78.4	83.6
AGE OF CHILD				
1-5 years old	41,851	65.0	59.6	70.1
6-11 years old	69,843	85.9	80.7	89.8
12-17 years old	78,940	88.6	84.4	91.8
PARENT'S EDUCATIONAL ATTAINMENT				
Less than high school	NA	NA	NA	NA
High school or GED	27,483	72.1	63.0	79.7
Some college or technical school	40,025	75.8	69.5	81.1
College degree or higher	119,038	87.0	84.3	89.4
HEALTH INSURANCE				
Public health insurance only	45,745	74.6	67.7	80.5
Private health insurance only	124,925	86.4	83.7	88.7
Public and private health insurance ▶	12,416	76.8	64.3	85.8
Currently uninsured ▶	5,134	52.8	36.3	68.7
MEDICAL HOME				
Yes	105,543	85.1	81.7	87.9
No	85,091	76.8	72.3	80.8

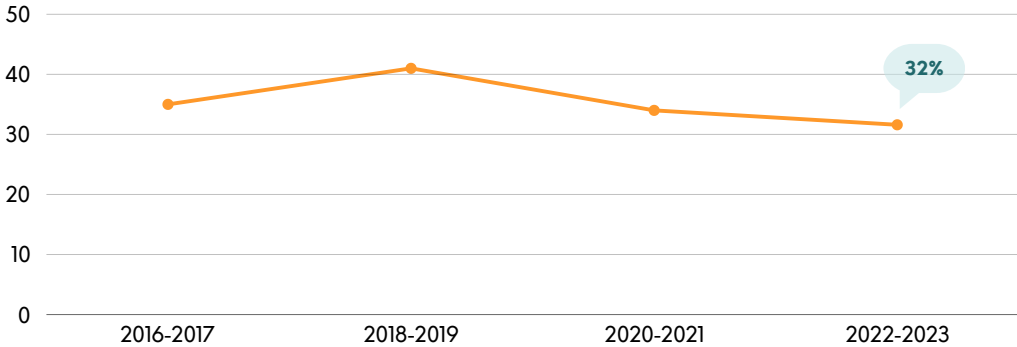
▶ Interpret with caution

Select NPMs In-Depth:

PHYSICAL ACTIVITY (AGES 6-11)

MAINE
National Rank:
8
(2021-2022)

Data Source:
NSCH



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval	
Maine statewide (2022-2023)	25,937	31.6	26.5	37.2
SEX				
Male	14,694	36.0	28.4	44.5
Female	11,242	27.2	20.7	34.9
PARENT'S EDUCATIONAL ATTAINMENT				
Less than high school	NA	NA	NA	NA
High school or GED ▶	5,089	36.6	22.1	54.0
Some college or technical school ▶	4,905	28.0	18.2	40.5
College degree or higher	14,594	30.7	25.0	37.1
HOUSEHOLD-INCOME POVERTY RATIO				
<100% ▶	6,085	44.1	27.6	62.0
100%-199% ▶	3,171	23.9	15.1	35.8
200%-399%	8,157	29.8	21.3	39.9
≥400%	8,524	30.8	23.9	38.7
MEDICAL HOME				
Yes	14,780	37.4	30.3	45.0
No	11,157	26.2	19.3	34.5

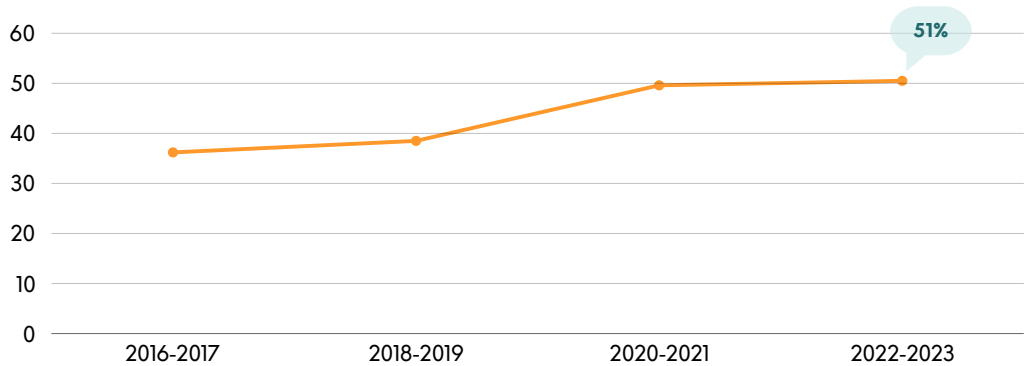
▶ Interpret with caution

Select NPMs In-Depth:

DEVELOPMENTAL SCREENING (AGES 9-35 MONTHS)

MAINE
National Rank:
12
(2021-2022)

Data Source:
NSCH



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval	
Maine statewide (2022-2023)	13,368	50.5	41.3	59.6
SEX				
Male	7,541	54.3	41.1	67.0
Female	5,827	46.2	33.8	59.2
PARENT'S EDUCATIONAL ATTAINMENT				
Less than high school	NA	NA	NA	NA
High school or GED	NA	NA	NA	NA
Some college or technical school	1,366	25.9	13.4	44.1
College degree or higher	10,489	56.2	45.0	66.9
HOUSEHOLD-INCOME POVERTY RATIO				
<100%	NA	NA	NA	NA
100%-199%	1,925	46.8	25.8	69.1
200%-399%	3,541	40.9	26.7	56.9
≥400%	6,854	57.9	43.5	71.1
MEDICAL HOME				
Yes	7,789	50.0	37.6	62.4
No	5,579	51.1	38.1	64.0



For more information
on developmental screening in Maine,
scan here:



Interpret with caution

Data Sources

Indicator	MAINE source	US source
% of children age 0-17 who are in excellent or very good health, per parent report	National Survey of Children's Health (NSCH)	NSCH
% of children age 6 months-5 years who are flourishing: usually/always (1) affectionate and tender, (2) bounce back quickly when things do not go their way, (3) show interest and curiosity in learning new things, and (4) smile and laugh, per parent report	NSCH	NSCH
% of children and adolescents age 6-17 years who are flourishing: usually/always (1) show interest and curiosity in learning new things, (2) work to finish tasks they start, and (3) stay calm and in control when faced with a challenge, per parent report	NSCH	NSCH
% of children age 6-11 who are physically active at least 60 minutes per day, per parent report	NSCH	NSCH
% of children ages 6-11 who have a behavioral or conduct disorder	NSCH	NSCH
% of children under age 18 affected by asthma during the past year, per parent report	NSCH	NSCH
% children age 0-17 who live in households where someone smokes, per parent report	NSCH	NSCH
% of children age 6-17 who are obese (BMI at or above the 95th percentile)	NSCH	NSCH
% of children under age 3 who screened positive for lead poisoning (blood lead level of ≥ 5 ug/dL) among those screened	Maine Environmental Health Tracking Network	N/A
Deaths among children age 1-9 per 100,000 population (child mortality rate)	National Vital Statistics System (NVSS)	National Vital Statistics System (NVSS)
% of children age 0-17 who were not able to obtain needed health care in the last year, per parent report	NSCH	NSCH
% of children age 0-17 who received one or more preventive visits in the past 12 months, per parent report	NSCH	NSCH
% of children age 0-17 without health insurance	NSCH	NSCH
% of children age 0-17 who are continuously and adequately insured, per parent report	NSCH	NSCH
# of children age 0-19 who are enrolled in MaineCare/Medicaid	Maine DHHS Office of MaineCare Services	Center for Medicaid and Medicare Services
% of children age 9-35 months who received a developmental screening using a parent-completed screening tool in the past year, per parent report	NSCH	NSCH
% of children age 3-17 who did not have difficulty obtaining mental health treatment or counseling among those who needed it, per parent report	NSCH	NSCH
% of children age 3-5 meeting the criteria developed for school readiness	NSCH	NSCH

Data Sources

Indicator	MAINE source	US source
% of children age 6-17 who are always engaged in school (cares about doing well and does required homework)	NSCH	NSCH
% of children age 1-17 receiving services under a special education or early intervention plan (EIP)	NSCH	NSCH
% of children age 1-17 who had decayed teeth or cavities in the past year	NSCH	NSCH
% of children age 1-17 who had a preventive dental visit in the past year	NSCH	NSCH
% of children age 1-17 whose teeth are in excellent or very good condition, per parent report	NSCH	NSCH
% of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months	National Immunization Survey (NIS)	NIS
% of children age 6 months-17 years who are vaccinated annually against seasonal influenza	NIS	NIS
% of children age 0-11 whose houses were food sufficient (could always afford to eat good nutritious meals) in the past year	NSCH	NSCH
% of children age 0-17 living in households at 400% of the federal poverty level (FPL) or greater, per parent report	NSCH	NSCH
% of children age 0-11 who experienced housing instability in the past year	NSCH	NSCH
% of children age 0-17 living in a safe neighborhood, per parent report	NSCH	NSCH
% of children age 0-17 living in a supportive neighborhood, per parent report	NSCH	NSCH
% of children age 6-17 who are safe at school, per parent report	NSCH	NSCH
% of children age 0-17 who have experienced 2+ adverse childhood experiences, per parent report	NSCH	NSCH

ADOLESCENT HEALTH

Maine Maternal & Child
Health Block Grant
5-Year Needs Assessment



Maine Center for Disease
Control & Prevention

November 2024

Adolescent Health

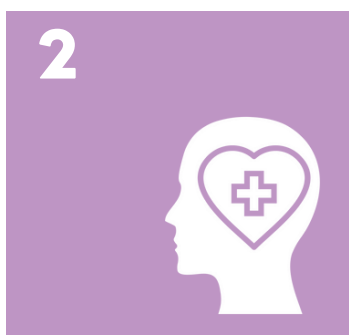
2020-2025 PRIORITIES

Maine's Title V Maternal and Child Health (MCH) Program, in partnership with the US Department of Health and Human Services (DHHS) and Health Resources and Services Administration (HRSA), is responsible for promoting the health of all pregnant people, mothers, and children. Maine's adolescent health priorities for the 2020-2025 grant cycle were to prevent bullying and to address mental health needs.



Prevent Bullying and its Consequences

Progress on this priority is measured by the percent of adolescents age 12-17 who are bullied or who bully others. **In 2023, 21.9% of Maine high school students reported they were bullied on school property (MIYHS).** Maine's objective in 2020-2025 is to promote access to evidence-based interventions that decrease bullying for schools and school professionals.



Address Mental Health Needs

Progress on this priority is measured by the percent of Maine high school students who report they experienced at least one period in the past 12 months of feeling so sad or hopeless for 2 or more weeks that they stopped doing regular activities. **In 2023, 35.0% of Maine high schools students reported feeling sad or hopeless for 2 or more weeks at least once during the past year (MIYHS).** Maine's objective is to promote access to evidence-based interventions and behavioral health services for youth with unmet mental health needs.

Adolescent Health

NATIONAL PERFORMANCE MEASURES

The Title V MCH Services Block Grant (MCHBG) program establishes National Performance Measures (NPMs) and National Outcome Measures (NOMs) across five population health domains for each 5-year grant period. Based on its identified priority needs, States select a minimum of five NPMs for programmatic focus. For each of these selected NPMs, States develop at least one related Evidence-based or –informed Strategy Measures (ESMs) to assess and demonstrate the impact of its State Title V strategies on the NPM.

NPMs: ADOLESCENT HEALTH

ADOLESCENT WELL-VISIT

- Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

MENTAL HEALTH TREATMENT

- Percent of adolescents, ages 12 through 17, who receive mental health treatment or counseling

BULLYING

- Percent of adolescents with and without special health care needs, ages 12 through 17, who are bullied or who bully others

ADOLESCENT PHYSICAL ACTIVITY

- Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day

ADULT MENTOR

- Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance

PREVENTATIVE DENTAL VISIT

- Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

HPV VACCINATION

- Percent of adolescents, ages 13 through 17, who had received at least one dose of the HPV vaccine



For more information on Maine adolescent health and health behaviors, check out these resources from our partners:

[Maine Integrated Youth Health Survey](#)



Adolescents in Maine

DEMOGRAPHIC PROFILE

Estimated High School Population, 2023: 55,352

25.5% of Maine high school students identify as **LGBTQ+** (nearly 14,000). That's more than 1 in 4 students.

The MIYHS definition of LGBTQ+ includes lesbian, gay, bisexual, transgender, queer/questioning, and other non-heterosexual, non-cisgender identities



MAINE ADOLESCENT DEMOGRAPHICS, 2023




Race	Count	%
American Indian or Alaskan Native	507	0.9
Asian	1,136	2.1
Black or African American	1,894	3.4
Native Hawaiian or Other Pacific Islander	137	0.2
White	48,896	88.3
Multiple races	2,148	3.9
Missing	634	1.1
Ethnicity	Count	%
Hispanic	2,122	3.8
Non-Hispanic	52,243	94.4
Missing	988	1.8
Sexual Orientation	Count	%
Heterosexual	38,084	72.5
Gay/Lesbian	2,095	4.0
Bisexual	6,668	12.7
Something Else	2,669	5.1
Not Sure	2,075	4.0
Did Not Understand Question	927	1.8










Transgender Identity	Count	%
Yes	2,374	4.5
No	48,732	91.7
Not Sure	1,384	2.6
Did Not Understand Question	649	1.2
School County	Count	%
Androscoggin	NA	NA
Aroostook	NA	NA
Cumberland	15,229	27.5
Franklin	1,570	2.8
Hancock	NA	NA
Kennebec	NA	NA
Knox	1,775	3.2
Lincoln	1,455	2.6
Oxford	3,318	6.0
Penobscot	7,010	12.7
Piscataquis	NA	NA
Sagadahoc	2,023	3.7
Somerset	2,642	4.8
Waldo	1,031	1.9
Washington	1,350	2.4
York	7,805	14.1

These data are sourced from the MIYHS. The MIYHS is a representative survey of students who attend a public or quasi-public high school, but are not necessarily representative of the entire adolescent population of Maine.

Adolescent Health Data

MENTAL HEALTH & COMMUNITY CONNECTION/SOCIAL SUPPORT

KEY:  = significantly worse  = significantly better  = difference is not statistically significant
N/A = data not available

MENTAL HEALTH	Maine previous	Maine current	Change?	U.S. current
% of high school students who reported feeling sad or hopeless	26.9% (26.0-27.8) 2017	35.0% (34.0-36.0%) 2023		42.3% (41.0-43.7) 2021
% of youth age 12-17 who received treatment or counseling from a mental health professional during the past year (per parent report) (NPM)	17.9% (13.5 - 23.3) 2017-2018	23.3% (19.3 - 27.8) 2020-2021		15.9% (15.1 - 16.8) 2020-2021
Suicide rate per 100,000 youth age 10-24 (NOM*)	13.3 (9.0-19.0) 2018	13.1 (9.2-18.7) 2023		11.1 (10.8-11.3) 2022
% of high school students who reported seriously considering attempting suicide within the last 12 months	14.7% (14.0-15.3) 2017	17.8% (17.0-18.6%) 2023		22.2% (21.1-23.2) 2021
SOCIAL SUPPORT	Maine previous	Maine current	Change?	U.S. current
% of high school students reporting feeling like they matter to the community	57.3% (55.9-58.6) 2017	49.5% (48.0-51.0%) 2023		N/A
% of high school students reporting people at their school care about students and encourage them	48.4% (46.1-50.8) 2019	43.0% (40.7-45.3%) 2023		N/A
% of high school students reporting they have support from adults other than their parents	50.7% (49.7-51.6) 2019	54.1% (53.0-55.3) 2023		N/A
% of high school students reporting their family gives them love and support	80.7% (79.7-81.6) 2019	80.6% (79.7-81.6) 2023		N/A
% of youth age 12-17 that live in a supportive neighborhood	56.5% (54.9-58.0) 2017-2018	63.5% (58.4-68.3) 2021-2022		55.7% (54.6-56.9) 2021-2022

*Reported NOM does not exactly align with HRSA NOM.

Adolescent Health Data

SUBSTANCE USE & REPRODUCTIVE HEALTH






SUBSTANCE USE	Maine previous	Maine current	Change?	U.S. current
% of high school students reporting use of an electronic vapor product at least once in past 30 days	15.3% (14.1-16.5) 2017	15.6% (14.7-16.4%) 2023	=	18.0% (16.3-19.8) 2021
% of high school students reporting drinking alcohol at least one day in past 30 days	22.5% (21.6-23.5) 2017	20.5% (19.2-21.7%) 2023	=	22.7% (21.1-24.4) 2021
% of high school students reporting marijuana use at least once in past 30 days	19.3% (18.4-20.2) 2017	18.7% (17.7-19.6) 2023	=	15.8% (14.1-17.6) 2021
REPRODUCTIVE HEALTH	Maine previous	Maine current	Change?	U.S. current
% of adolescents age 12-17 with a preventive medical visit in the past year (NPM)	89.4% (86.2-91.9) 2016-2017	85.3% (80.9-88.8) 2021-2022	=	69.7% (68.6-70.7) 2021-2022
Birth rate per 1,000 females age 15-19	12.9 (11.8-14.1) 2017	7.8 (7.0-8.8) 2021	★	13.9 (13.9-14.0) 2021
Rate of reported cases of chlamydia per 1,000 females age 15-19	53.2 (51.0-55.6) 2017	39.7 (37.8-41.8) 2021	★	27.0 2021
% of adolescents age 13-17 who have received at least one dose of the HPV vaccine	75.8% (70.2-80.6) 2017	72.6% (66.6-77.8) 2023	=	76.8% (75.4-78.1) 2023
VIOLENCE	Maine previous	Maine current	Change?	U.S. current
% of high school students reporting being bullied on school property during the past 12 months (NPM*)	21.9% (20.9-23.0) 2017	21.9% (21.0-22.8) 2023	=	15.0% (14.1-15.8) 2021
% of high school students reporting being forced to do sexual things they did not want to do in the past 12 months	10.6% (10.1-11.1) 2017	15.2% (14.4-16.0) 2023	⚠	11.0% (10.1-12.0) 2021
% of high school students who report they feel safe at school	88.9% (87.8-91.1) 2017	83.9% (82.3-85.6) 2023	⚠	N/A

*Reported NPM does not exactly align with HRSA NPM.

Adolescent Health Data

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions within the environments in which people are born, live, work, learn, and age. SDOH affect the health, well-being, and quality of life of individuals, families and communities. SDOH are shaped by many systemic forces, including economic policies, social policies, and political systems. Structural racism and other types of systemic discrimination underlie inequities in the social determinants of health.

BASIC NEEDS	Maine previous	Maine current	Change?	U.S. current
% of children, ages 5 to 17, below the poverty level	12.7% (11.0-14.4) 2019	12.8% (10.9-14.7) 2023		15.7% (15.5-15.9) 2023
% of students who reported housing instability	3.3% (3.0-3.5) 2019	2.6 (2.4-2.9) 2023		N/A
% of students who often went hungry because there was not enough food in their home	N/A	3.5% (3.1-3.9) 2023	N/A	N/A
RACISM, DISCRIMINATION & STRESS	Maine previous	Maine current	Change?	U.S. current
% of students who often felt they were being treated badly or unfairly in school because of their race or ethnicity	N/A	3.4% (3.1-3.8) 2023	N/A	N/A
% of students who have ever experienced offensive racial comments or been attacked at school based on their race or ethnicity	8.3% (7.7-8.9) 2021	12.0% (11.0-13.0) 2023		N/A
% of students who have ever experienced offensive comments or been attacked at school because of their perceived sexual orientation	11.5% (10.2-12.8) 2021	14.2% (13.5-14.9) 2023		N/A
% of students who have experienced offensive comments or been attacked at school because of how they express their gender	N/A	8.6% (7.7-9.5) 2023	N/A	N/A
% of students who have reported 4 or more ACEs	21.3% (19.8-22.7) 2019	26.7% (25.3-28.2) 2023		N/A

Select NPMs In-Depth:

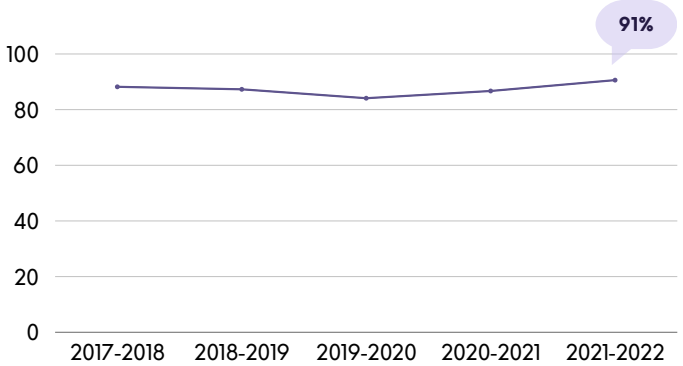
MENTAL HEALTH TREATMENT

Data in Context: Health Disparities

Many disparities in adolescent health are driven by social and structural determinants of health, such as economic stability, neighborhood safety, and access to education and health care. The following tables include data on NPMs by multiple demographic factors, but are by no means an exhaustive representation of all adolescent health inequities in Maine. Furthermore, while surveillance data can quantify the magnitude of a disparity, they cannot explain why a disparity exists. The voices of individuals with lived experience are essential to understanding the causes of and solutions to health inequities.

MAINE National Rank: 2 (2021-2022)

Data source: NSCH



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval (%)	
Maine statewide (2021-2022)	23,601	90.6	84.7	94.4
SEX				
Female	14,073	92.7	84.9	96.6
Male	9,527	87.7	76.9	93.9
HOUSEHOLD INCOME-POVERTY RATIO				
<100%	NA	NA	NA	NA
100%-199%	6,523	88.8	70.9	96.3
200%-399%	6,766	95.1	73.4	99.3
≥400%	7,158	89.9	77.7	95.8
ADVERSE CHILDHOOD EXPERIENCES (ACEs)				
None	6,440	97.0	87.0	99.3
1 ACE	5,183	81.4	63.0	91.8
2+ ACEs	11,791	90.2	81.2	95.2
HEALTH INSURANCE				
Medicaid	10,597	89.9	79.9	95.2
Private	12,168	92.5	85.1	96.4
Uninsured	NA	NA	NA	NA

Interpret with caution

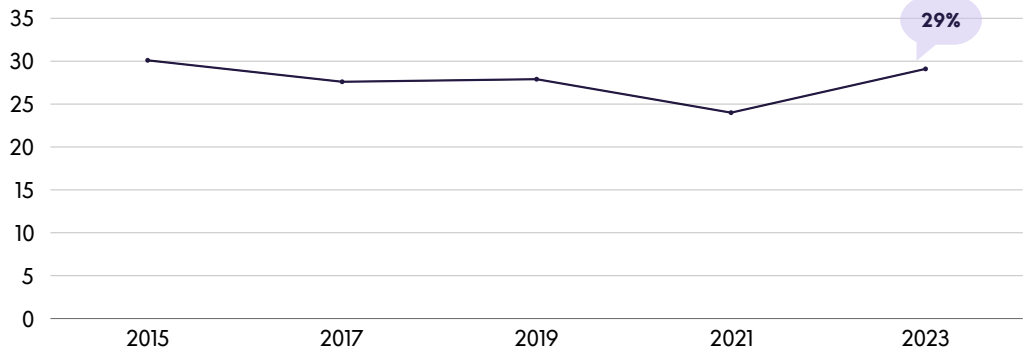
Differences in mental health treatment by race, ethnicity, language, and country of birth are **not reportable** for this measure. There are **no statistically significant differences** in mental health treatment by parent’s educational attainment, household structure, or urban-rural residence.

Select NPMs In-Depth:

BULLYING

MAINE
National Rank:
22
(2021)

Data source:
MIYHS



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval	
Maine statewide (2023)	8,625	29.1	28.2	30.1
SEX				
Female	5,137	35.3	33.9	36.6
Male	3,325	23.1	22.1	24.0
RACE				
American Indian/Alaska Native	168	39.9	34.2	45.7
Asian	191	22.9	18.5	27.2
Black or African American	303	21.7	17.3	26.2
Native Hawaiian/Other Pacific Islander	50	51.5	37.6	59.4
White	7,214	29.2	28.3	30.1
More than 1 race	612	35.2	32.3	38.1
ETHNICITY				
Hispanic	579	34.5	31.2	37.7
Non-Hispanic	7,884	28.8	27.9	29.8
LGBTQ+				
LGBTQ+	3,136	41.8	40.2	43.5
Non-LGBTQ+	5,308	24.6	23.7	25.6

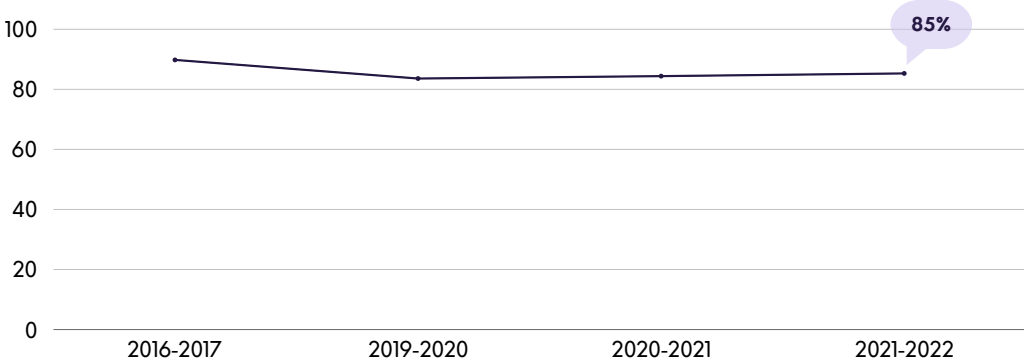
Note: Maine’s national rank is based on the 2021 data while the data stratified by demographics is based on 2023 data.

Select NPMs In-Depth:

ADOLESCENT WELL-VISIT

MAINE
National Rank:
1
(2021-2022)

Data source:
NSCH



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval	
Maine statewide (2021-2022)	76,378	85.3	80.9	88.8
SEX				
Female	38,467	88.1	81.8	92.4
Male	37,911	82.6	75.9	87.8
PARENT'S EDUCATIONAL ATTAINMENT				
Less than high school	NA	NA	NA	NA
High school graduate ▶	12,061	70.1	55.5	81.5
Some college	17,440	81.2	70.5	88.7
College graduate	49,861	89.8	85.2	93.1
HEALTH INSURANCE				
Private	49,861	89.8	85.2	93.1
Medicaid	22,349	80.3	70.1	87.6
Uninsured	NA	NA	NA	NA
PARENT'S PLACE OF BIRTH				
Born in U.S.	62,885	85.8	81.0	89.5
Born outside U.S	6,855	96.8	91.0	98.9
URBAN-RURAL RESIDENCE				
Non-Metropolitan Statistical Area (MSA)	29,050	81.4	73.2	87.5
MSA, Central City ▶	10,910	91.1*	73.5	97.4
MSA, Non-Central City	36,420	87.0	81.1	91.2

▶ Interpret with caution

Differences in adolescent well-visit by race, ethnicity, and language are **not reportable** for this measure. There are **no statistically significant differences** in adolescent well-visit by ACEs, and household poverty-income ratio.

Data Sources

Indicator	MAINE source	US source
% of high school students who reported feeling sad or hopeless	Maine Integrated Youth Health Survey (MIYHS)	Youth Risk Behavior Surveillance System (YRBSS)
% of youth age 12-17 who received treatment or counseling from a mental health professional during the past year (per parent report)	National Survey of Children's Health (NSCH)	NSCH
Suicide rate per 100,000 youth age 10-24 years	Maine CDC Data, Research and Vital Statistics (MEDRVS)	National Vital Statistics System (NVSS)
% of high school students who reported seriously considering attempting suicide within the last 12 months	MIYHS	YRBSS
% of high school students reporting feeling like they matter to the community	MIYHS	YRBSS
% of high school students reporting people at their school care about students and encourage them	MIYHS	YRBSS
% of high school students reporting they have support from adults other than their parents	MIYHS	YRBSS
% of high school students reporting their family gives them love and support	MIYHS	YRBSS
% of youth age 12-17 that live in a supportive neighborhood	NSCH	NSCH
% of high school students reporting use of an electronic vapor product at least once in past 30 days	MIYHS	YRBSS
% of high school students reporting drinking alcohol at least one day in past 30 days	MIYHS	YRBSS
% of high school students reporting marijuana use at least once in past 30 days	MIYHS	YRBSS
% of adolescents age 12-17 with a preventive medical visit in the past year	NSCH	NSCH
Birth rate per 1,000 females age 15-19	MEDRVS	NVSS
Rate of reported cases of chlamydia per 1,000 females age 15-19		
% of adolescents age 13-17 who have received at least one dose of the HPV vaccine	National Immunization Survey (NIS)-Teen	NIS-Teen
% of high school students reporting being bullied on school property during the past 12 months	MIYHS	YRBSS
% of high school students reporting being forced to do sexual things they did not want to do in the past 12 months	MIYHS	N/A
% of high school students who report they feel safe at school	MIYHS	YRBSS

Data Sources

Indicator	MAINE source	US source
% of children, ages 5 to 17, below the poverty level	<u>American Community Survey (ACS)</u>	ACS
% of students who reported housing instability	MIYHS	N/A
% of students who often went hungry because there was not enough food in their home	MIYHS	N/A
% of students who often felt they were being treated badly or unfairly in school because of their race or ethnicity	MIYHS	N/A
% of students who have ever experienced offensive racial comments or been attacked at school based on their race or ethnicity	MIYHS	N/A
% of students who have ever experienced offensive comments or been attacked at school because of their perceived sexual orientation	MIYHS	N/A
% of students who have experienced offensive comments or been attacked at school because of how they express their gender	MIYHS	N/A
% of students who have reported 4 or more ACEs	MIYHS	N/A

CHILDREN & YOUTH WITH SPECIAL HEALTH CARE NEEDS

Maine Maternal & Child
Health Block Grant

5-Year Needs Assessment



Maine Center for Disease
Control & Prevention

November 2024

Children & Youth with Special Health Care Needs

Maine's Title V Maternal and Child Health (MCH) Program defines children and youth with special health care needs (CYSCHN) as children, birth to age 21, who have or are at **increased risk for a chronic physical, developmental, behavioral, or emotional condition** and who also **require health and related services of a type or amount beyond that required by children generally**.

2020-2025 PRIORITIES

Maine's MCH Program, in partnership with the US Department of Health and Human Services (DHHS) and Health Resources and Services Administration (HRSA), is responsible for promoting the health of all pregnant people, mothers, and children. Maine's health priorities for CYSCHN for the 2020-2025 grant cycle were to support the transition to adult care and to improve care coordination.



Support Adolescents with Special Health Care Needs Transition to Adult Care

Progress on this priority is measured as the percent of adolescents with special health care needs, age 12-17, who received services to prepare for the transition to adult health care. **In 2022-2023, parents of 25.4% of Maine CYSCHN age 12-17 reported that their adolescent received services to assist with transition, similar to the national figure of 22.3%.** An examination of the components of transition indicates that Maine providers could improve transition for youth by helping them better understand how their health care changes when they reach age 18, including the need to shift to adult health care.



Improve Care Coordination for Children and Families with Special Health Care Needs

Progress on this priority is measured by the percent of children with special health care needs who receive effective care coordination, among those who need it. **In 2022-2023, only about 48.7% of parents of Maine CYSCHN age 0-17 reported that their children received effective care coordination when needed, similar to the national figure of 53.3%.** Among Maine's strategies to address this priority is increasing provider awareness of available care coordination resources.

Children & Youth with Special Health Care Needs

NATIONAL PERFORMANCE MEASURES

The Title V MCH Services Block Grant (MCHBG) program establishes National Performance Measures (NPMs) and National Outcome Measures (NOMs) across five population health domains for each 5-year grant period. Based on its identified priority needs, States select a minimum of five NPMs for programmatic focus. For each of these selected NPMs, States develop at least one related Evidence-based or –informed Strategy Measures (ESMs) to assess and demonstrate the impact of its State Title V strategies on the NPM.

NPMs: CHILDREN & YOUTH WITH SPECIAL HEALTH CARE NEEDS

MEDICAL HOME (UNIVERSAL NPM IN CYSCHN AND/OR CHILD)

- Percent of children with and without special health care needs, ages 0-17, who have a medical home
- Percent of children with and without special health care needs, ages 0-17, who have a personal doctor or nurse
- Percent of children with and without special health care needs, ages 0-17, who have a usual source of sick care
- Percent of children with and without special health care needs, ages 0-17, who have family centered care
- Percent of children with and without special health care needs, ages 0-17, who have no problem getting needed referrals
- Percent of children with and without special health care needs, ages 0-17, who receive needed care coordination

TRANSITION

- Percent of adolescents with and without special health care needs, ages 12-17, who received services to prepare for the transition to adult health care

BULLYING

- Percent of adolescents with and without special health care needs, ages 12-17, who are bullied or who bully others



For more information and to explore additional data related to **children with special health care needs** in Maine, check out the [National Survey of Children's Health \(NSCH\) Interactive Data Query](#).



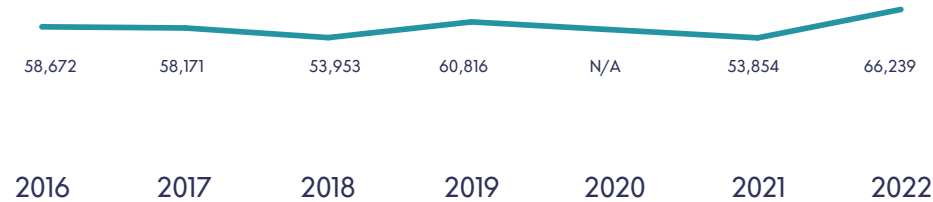
Children & Youth with Special Health Care Needs

DEMOGRAPHIC PROFILE

Estimated CYSCHN Population, 2021-2022: **54,495**

22.3% of Maine's children population

Estimated number of CYSCHN, 2016-2022



MAINE CYSCHN DEMOGRAPHICS, 2021-2022

Age	Count	%
0-5 years old	9,113	16.7
6-11 years old	19,249	35.3
12-17 years old	26,097	47.9
Race and Ethnicity	Count	%
Hispanic	1,397	2.6
White, non-Hispanic	48,227	88.6
Black, non-Hispanic	2,055	3.8
Asian, non-Hispanic	354	0.7
Other, non-Hispanic	2,427	4.5
Parent Country of Birth	Count	%
Parent(s) born in the US	44,345	83.3
Any parent born outside of US	4,394	8.3
Children born in the US, live with caregiver(s) other than parents	4,500	8.5
Primary Language Spoken at Home	Count	%
English	54,339	99.8
Other than English	120	0.2






Income Level	Count	%
0-99% FPL	10,744	19.7
100-199% FPL	13,227	24.3
200-399% FPL	13,741	25.2
>400% FPL	16,748	30.8
Highest level of education of adult in the household	Count	%
Less than high school	676	1.2
High school or GED	11,098	20.4
Some college or technical school	12,312	22.6
College degree or higher	30,374	55.8
Family Structure	Count	%
Two parents, currently married	31,477	60.2
Two parents, not currently married	3,976	7.6
Single parent	12,686	24.3
Grandparent household	3,328	6.4
Other family type	828	1.6









Interpret with caution

Data source: National Survey of Children's Health

CYSCHN Data






GENERAL WELL-BEING & BEHAVIORAL HEALTH

KEY:  = significantly worse  = significantly better  = difference is not statistically significant
 = significant increase  = significant decrease N/A = data not available

GENERAL WELL-BEING	Maine previous	Maine current	Change?	U.S. current
% of children age 0-17 with special health care needs , per parent report	22.1% (19.1 - 25.6) 2017-2018	24.3% (21.8 - 27.0) 2021-2022		20.0% (19.5 - 20.5) 2021-2022
% of children with special health care needs age 6 months-5 years who are flourishing : usually/always (1) affectionate and tender, (2) bounce back quickly when things do not go their way, (3) show interest and curiosity in learning new things, and (4) smile and laugh, per parent report	58.8% (41.4 - 74.2) 2018-2019	60.1% (46.3 - 72.5) 2022-2023		60.8% (58.1 - 63.4) 2022-2023
% of children and adolescents age 6-17 years with special health care needs who are flourishing : usually/always (1) show interest and curiosity in learning new things, (2) work to finish tasks they start, and (3) stay calm and in control when faced with a challenge, per parent report (NOM)	39.7% (32.4 - 47.4) 2018-2019	26.4% (21.4 - 32.1) 2022-2023		35.3% (34.1 - 36.6) 2022-2023
% of adolescents with special health care needs age 12-17 who are bullied , per parent report (NPM)	62.7% (51.8 - 72.4) 2018-2019	56.5% (47.5 - 65.1) 2022-2023		51.3% (49.5 - 53.1) 2022-2023
% of adolescents with special health care needs age 12-17 who bully others , per parent report (NPM)	19.8% (12.8 - 29.4) 2018-2019	32.6% (24.5 - 41.9) 2022-2023		19.4% (18.2 - 20.7) 2022-2023
BEHAVIORAL & MENTAL HEALTH	Maine previous	Maine current	Change?	U.S. current
% of children age 3-17 diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) , per parent report	9.5% (7.5 - 12.0) 2017-2018	14.3% (12.0 - 16.9) 2021-2022		10.1% (9.7 - 10.5) 2021-2022
% of children age 3-17 diagnosed with an autism spectrum disorder , per parent report	3.2% (2.2 - 4.5) 2017-2018	3.7% (2.6 - 5.2) 2021-2022		3.3% (3.1 - 3.6) 2021-2022
% of children age 3-17 with 1 or more reported mental, emotional, behavioral, or developmental problems , and/or qualities on CYSCHN Screener emotional, behavioral or developmental criteria, per parent report	25.9% (22.5 - 29.8) 2017-2018	33.0% (30.0 - 36.2) 2021-2022		24.5% (24.0 - 25.1) 2021-2022

CYSCHN Data






ACCESS TO CARE & DEVELOPMENTAL SCREENING







KEY:  = significantly worse  = significantly better  = difference is not statistically significant
 = significant increase  = significant decrease N/A = data not available

ACCESS TO CARE	Maine previous	Maine current	Change?	U.S. current
% of children with special health care needs age 0-17 who did not receive needed health care , per parent report	6.4% (3.5 - 11.3) 2019-2020	15.1% (10.9 - 20.5) 2022-2023		9.0% (8.3 - 9.7) 2022-2023
% of children with special health care needs age 0-17 who are continuously and adequately insured , per parent report	63.1% (54.8 - 70.7) 2017-2018	62.0% (55.8 - 67.8) 2022-2023		61.4% (60.2 - 62.6) 2022-2023
% of children with special health care needs age 0-17 who receive care in a well-functioning system , per parent report (NOM)	17.3% (11.6 - 25.1) 2017-2018	12.7% (9.6 - 16.7) 2022-2023		13.1% (12.4 - 13.8) 2022-2023
% of children with special health care needs age 3-17 who needed mental health care and experienced no difficulty obtaining it , per parent report	53.8% (43.9 - 63.5) 2019-2020	42.8% (34.5 - 51.6) 2021-2022		43.8% (41.8 - 45.9) 2021-2022
% of adolescents with special health care needs age 12-17 who received services to prepare for the transition to adult health care , per parent report (NPM)	33.8% (24.7 - 44.3) 2017-2028	25.4% (18.9 - 33.1) 2022-2023		22.3% (20.9 - 23.8) 2022-2023
DEVELOPMENTAL SCREENING	Maine previous	Maine current	Change?	U.S. current
% of children age 9-35 months who received a developmental screening using a parent-completed screening tool in the past year, per parent report	43.7% (31.0 - 57.4) 2017-2018	50.5% (41.3 - 59.6) 2022-2023		35.6% (33.9 - 37.2) 2022-2023
% of children age 9-35 months who received a developmental screening using a parent-completed screening tool in the past year among those with public insurance only , per parent report	N/A	33.0% (19.0 - 50.7) 2022-2023	N/A	29.6% (26.4 - 33.0) 2022-2023
% of children enrolled in MaineCare who received a developmental screening using a parent-completed screening tool in the past year	23.4% 2018	22.1% 2022		N/A
% of children with special health care needs age 0-17 who are currently receiving services to meet developmental needs , per parent report	26.4% (20.1 - 33.7) 2017-2018	32.3% (26.7 - 38.6) 2021-2022		28.7% (27.6 - 30.0) 2021-2022

CYSCHN Data

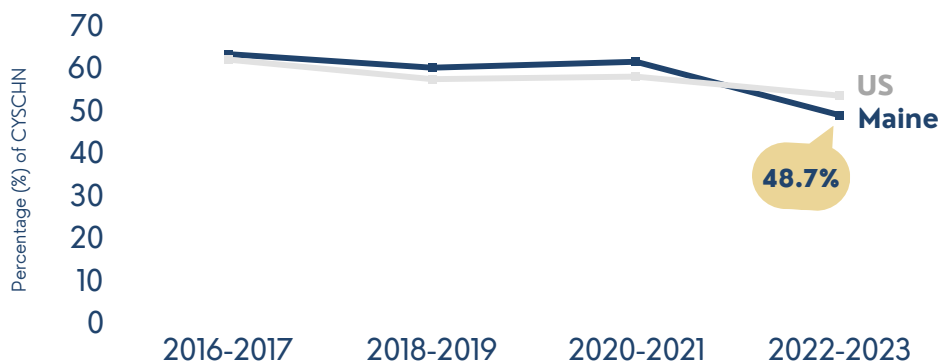
MEDICAL HOME

KEY:  = significantly worse  = significantly better  = difference is not statistically significant
 = significant increase  = significant decrease **N/A** = data not available

MEDICAL HOME	Maine previous	Maine current	Change?	U.S. current
% of children with special health care needs age 0-17 who had no difficulties getting needed referrals (NPM)	74.3% (63.6 - 82.7) 2018-2019	60.1% (50.9 - 68.7) 2022-2023		70.0% (68.2 - 71.7) 2022-2023
% of children with special health care needs age 0-17 who have a medical home , per parent report (NPM)	47.7% (39.6 - 56.0) 2017-2018	42.7% (36.8 - 48.8) 2022-2023		39.7% (38.5 - 40.8) 2022-2023
% of children with special health care needs age 0-17 who have a usual source of sick care (NPM)	83.7% (77.1 - 88.6) 2017-2018	90.9% (86.8 - 93.8) 2022-2023		82.4% (81.3 - 83.4) 2022-2023
% of children with special health care needs age 0-17 who have a personal doctor or nurse (NPM)	86.8% (80.1 - 91.5) 2017-2018	83.4% (78.2 - 87.6) 2022-2023		78.3% (77.2 - 79.4) 2022-2023
% of children with special health care needs age 0-17 who have family centered care (NPM)	86.8% (78.9 - 92.0) 2017-2018	80.9% (74.7 - 85.9) 2022-2023		81.6% (80.6 - 82.7) 2022-2023
% of children with special health care needs age 0-17 with effective care coordination , among children who needed it, per parent report (NPM)	65.7% (56.0 - 74.2) 2017-2018	48.7% (41.7 - 55.7) 2022-2023		53.3% (51.9 - 54.7) 2022-2023

Trend in Care Coordination, 2016-2023

The percentage of children with special health care needs ages 0-17 who received effective care coordination in Maine, among those who needed it, has decreased between 2016 and 2023.



For more information on considerations for effective [care coordination](#) for CYSCHN, scan here:



CYSCHN Data

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions within the environments in which people are born, live, work, learn, and age. SDOH affect the health, well-being, and quality of life of individuals, families and communities. SDOH are shaped by many systemic forces, including economic policies, social policies, and political systems. Structural racism and other types of systemic discrimination underlie inequities in the social determinants of health.

HOUSEHOLD CHARACTERISTICS	Maine previous	Maine current	Change?	U.S. current
% of children with special health care needs age 0-17 whose household could always afford to eat good nutritious meals , per parent report	52.4% (44.0 - 60.6) 2017-2018	56.3% (47.5 - 64.6) 2022-2023	⊞	58.5% (56.8 - 60.2) 2022-2023
% of children with special health care needs age 0-17 living in households at 400% of the federal poverty level (FPL) or greater , per parent report	24.3% (18.9 - 30.8) 2017-2018	30.5% (25.5 - 36.0) 2021-2022	⊞	30.4% (29.4 - 31.5) 2021-2022
% of children with special health care needs age 0-17 living in households where someone smokes cigarettes, cigars, or pipe tobacco , per parent report	27.6% (20.2 - 36.5) 2017-2018	17.9% (13.2 - 23.8) 2022-2023	⊞	14.8% (13.9 - 15.7) 2022-2023
NEIGHBORHOOD SAFETY & SUPPORT	Maine previous	Maine current	Change?	U.S. current
% of children with special health care needs age 0-17 living in a safe neighborhood , per parent report	59.1% (50.5 - 67.3) 2017-2018	73.0% (67.4 - 78.0) 2021-2022	★	60.2% (58.8 - 61.5) 2021-2022
% of children with special health care needs age 0-17 living in a supportive neighborhood , per parent report	51.8% (43.5 - 60.0) 2017-2018	54.7% (48.5 - 60.7) 2021-2022	⊞	49.8% (48.5 - 51.1) 2021-2022
% of children with special health care needs age 6-17 who are safe at school , per parent report	68.4% (59.3 - 76.2) 2017-2018	69.3% (62.4 - 75.4) 2021-2022	⊞	63.5% (62.0 - 65.0) 2021-2022
ADVERSE CHILDHOOD EXPERIENCES	Maine previous	Maine current	Change?	U.S. current
% of children with special health care needs age 0-17 with 2+ adverse childhood experiences (ACEs) , per parent report	N/A	40.3% (34.2 - 46.7) 2022-2023	N/A	33.8% (32.6 - 35.0) 2022-2023

Select NPMs In-Depth:

MEDICAL HOME FOR CYSCHN AGES 0-17

According to the American Academy of Pediatrics, care that meets medical home criteria is characterized by the following: accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.



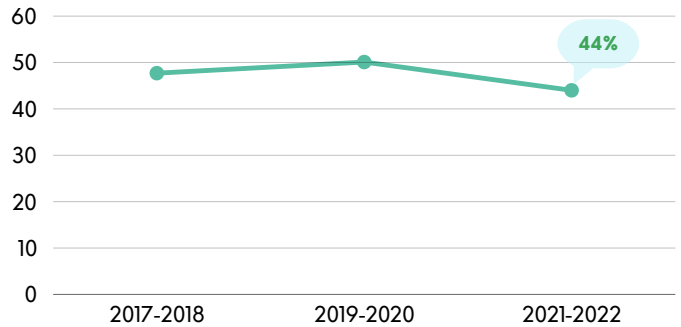
For more information on the [medical home model](#), visit www.aap.org

Data in Context: Health Disparities

Many disparities in CYSCHN are driven by social and structural determinants of health, such as economic stability, neighborhood safety, and access to education and health care. The following tables include data on NPMs by multiple demographic factors, but are by no means an exhaustive representation of all CYSCHN inequities in Maine. Furthermore, while surveillance data can quantify the magnitude of a disparity, they cannot explain why a disparity exists. The voices of individuals with lived experience are essential to understanding the causes of and solutions to health inequities.

MAINE National Rank: 22 (2021-2022)

Data source: NSCH



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval	
Maine statewide (2021-2022)	26,443	44.0	38.0	50.2

PARENT'S EDUCATIONAL ATTAINMENT				
Less than high school	NA	NA	NA	NA
High school graduate ▶	3,791	37.1	23.2	53.6
Some college ▶	8,546	54.5	43.2	65.4
College graduate	13,895	43.0	35.5	51.1

HEALTH INSURANCE				
Private	14,283	49.2	41.0	57.4
Medicaid	11,749	40.7	31.7	50.4
Uninsured	NA	NA	NA	NA

RURALITY				
Non-Metropolitan Statistical Area (MSA)	9,920	39.6	30.1	49.9
MSA, Central City ▶	4,619	50.9	34.1	67.5
MSA, Non-Central City	11,900	45.9	38.1	53.9

CHILD AGE				
0-5 years ▶	2,719	33.8	21.6	48.6
6-11 years	9,037	40.0	30.9	49.9
12-17 years	14,687	49.9	41.0	58.7

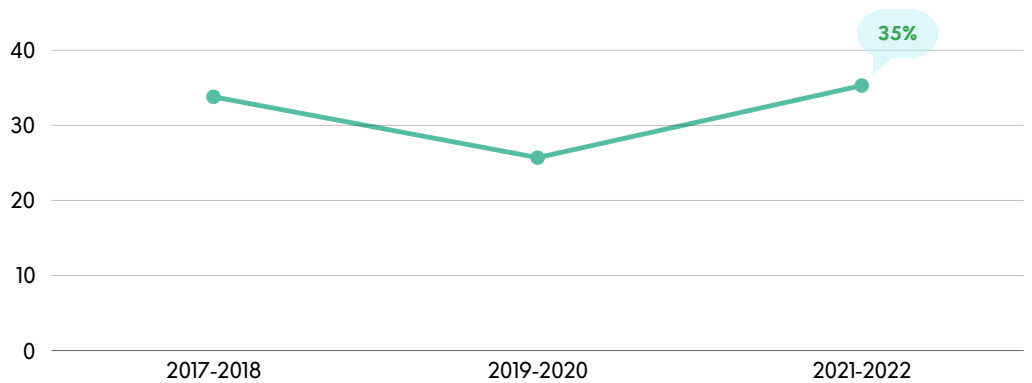
▶ Interpret with caution

Select NPMs In-Depth:

TRANSITION TO ADULT HEALTH CARE FOR CYSCHN AGES 12-17

MAINE
National Rank:
2
(2021-2022)

Data source:
NSCH



Demographic Characteristic	Count (N)	Percent (%)	95% Confidence Interval	
Maine statewide (2021-2022)	10,399	35.3	27.1	44.4
PARENT'S EDUCATIONAL ATTAINMENT				
Less than high school	NA	NA	NA	NA
High school graduate	NA	NA	NA	NA
Some college ▶	2,924	35.4	20.6	53.8
College graduate ▶	6,015	36.9	26.3	48.9
HEALTH INSURANCE				
Private ▶	5,780	38.1	27.1	50.5
Medicaid ▶	4,271	32.3	20.6	46.9
Uninsured	NA	NA	NA	NA
RURILITY				
Non-MSA ▶	5,217	42.6	28.5	58.0
MSA, Central City	NA	NA	NA	NA
MSA, Non-Central City ▶	4,282	34.3	24.4	45.8
SEX				
Female ▶	6,112	41.7	30.1	54.2
Male ▶	4,287	29.0	18.3	42.6

▶ Interpret with caution

Data Sources

Indicator	Source (Maine & US)
% of children 0-17 with a special health care need	National Survey of Children's Health (NSCH)
% of children with special health care needs, ages 6 months-5 years, who are usually/always (1) affectionate and tender, (2) bounce back quickly when things do not go their way, (3) show interest and curiosity in learning new things, and (4) smile and laugh	NSCH
% of children and adolescents, ages 6-17 years, with a special health care need who are flourishing: who usually/always (1) show interest and curiosity in learning new things, (2) work to finish tasks he or she starts, and (3) stay calm and in control when faced with a challenge	NSCH
% of adolescents with special health care needs age 12-17 who are bullied	NSCH
% of adolescents with special health care needs age 12-17 who bully others	NSCH
% of children, ages 3-17 years, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)	NSCH
% of children, ages 3-17 years, diagnosed with an autism spectrum disorder	NSCH
% of children, ages 3-17 years, with 1 or more reported MEDB problems and/or qualifies on CYSCHN Screener emotional, behavioral or developmental criteria	NSCH
% of children with a special health care need who did not receive needed health care	NSCH
% of children with a special health care need, ages 0-17 years, who are continuously and adequately insured	NSCH
% of children with special health care needs, ages 0-17 years, who receive care in a well-functioning system	NSCH
% of children with special health care needs, ages 3-17 years, who needed mental health care and experienced no difficulty obtaining it	NSCH
% of adolescents with special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care	NSCH
% of children with special health care needs, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year	NSCH
% of children (public health insurance only) who received a developmental screening using a parent-completed screening tool in the past year	NSCH
% of children enrolled in MaineCare who received a developmental screening using a parent-completed screening tool in the past year	Maine DHHS Office of MaineCare Services
% of children with special health care needs, ages 0-17 years, who are currently receiving services to meet developmental needs	NSCH
% of children with special health care needs age 0-17 who had no difficulties getting needed referrals	NSCH
% of children with special health care needs, ages 0-17 years, who have a medical home	NSCH
% of children with special health care needs age 0-17 who have a usual source of sick care	NSCH
% of children with special health care needs age 0-17 who have a personal doctor or nurse	NSCH

Data Sources

Indicator	Source (Maine & US)
% of children with special health care needs age 0-17 who have family centered care	NSCH
% of children with special health care needs, ages 0-17 years, with effective care coordination among children who needed it	NSCH
% of children with special health care needs age age 0-17 whose household could always afford to eat good nutritious meals	NSCH
% of children with special health care needs age 0-17 living in households at 400% of the federal poverty level (FPL) or greater	NSCH
% of children with special health care needs age 0-17 living in households where someone smokes cigarettes, cigars, or pipe tobacco	NSCH
% of children with special health care needs age 0-17 living in a safe neighborhood	NSCH
% of children with special health care needs age 0-17 living in a supportive neighborhood	NSCH
% of children with special health care needs age 6-17 who are safe at school	NSCH
% of children with special health care needs age 0-17 with 2+ adverse childhood experiences	NSCH