THE STATE OF HEALTH IN MAINE: A 20-YEAR RETROSPECTIVE

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Prepared by:

Erika Ziller, PhD
Carly Milkowski, MPH
Amanda Burgess, MPPM
Barbara Leonard, MPH

Report design: Louisa Munk, MPH

MeHAF
Maine Health Access Foundation

University of Southern Maine

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INTRODUCTION

In acknowledgment of its 20th anniversary in 2020, the Maine Health Access Foundation (MeHAF) collaborated with University of Southern Maine (USM) faculty and staff to prepare this review of health and health care access in Maine over the past 20 years. In addition to telling a story about Maine's demographic and health care landscape, this document provides data to celebrate the state's accomplishments and identify ongoing and emerging areas of health concern. Some challenges, such as health care affordability, reflect broad national trends as well as Maine-specific concerns. Other data points illustrate disproportionate access challenges experienced by certain members of our communities, including individuals with low income or mental health challenges; those working for small business; Black, Indigenous and other populations of color; and, sexual and gender minorities.

This document also reflects a nearly decade-long partnership between MeHAF and USM that has focused on assessing health care access in our state. As Maine's primary health philanthropy and comprehensive public university, our organizations are committed to applied research and analysis that promotes the health and well-being of the state and its communities. We recognize the critical importance of data to understand Maine's health challenges and strengths, and to identify opportunities for program and policy action. In particular, these analyses have helped explain why some Maine residents thrive and others do not.

We are grateful to the MeHAF Board of Trustees and Community Advisory Committee for providing feedback to an early draft of this report. While data comparability over time poses limitations in undertaking projects such as this, we hope the retrospective will provide information of use to them and other Maine decision-makers as they set strategic priorities to advance the health of all Maine's residents.

Barbara Leonard, President & CEO
Maine Health Access Foundation

Erika Ziller
Assistant Professor of Public Health
University of Southern Maine

Data Note

The data for this retrospective come from varied sources and, as such, have different years of availability. As a result, some indicators may compare 2000 to 2019, while others have a much narrower comparison window. Of note, most analyses do not include data that would potentially reflect improvements in health care access and health status made possible through the 2019 implementation of expansion of MaineCare, Maine's Medicaid program. In addition, many indicators were derived from surveys that experienced one or more design changes during the past 20 years. As a result, readers should exercise caution in interpreting differences because they could reflect changes in data collection rather than actual changes in the health and well-being of Maine residents. Throughout the document, we cite all data sources and note methodological changes that preclude comparison of data across years. These differences, along with other information about the data and variable definitions, are discussed in detail in the Methods Note on p. 18.

SECTION 1: Demographic and Socioeconomic Characteristics

Demographic and socioeconomic factors are important drivers of health and health care access. Disparities by characteristics such as race and ethnicity, gender, educational attainment, and poverty status are well documented. These social determinants of health reflect social and structural inequalities, such as racism and poverty, and individuals can experience disparities across multiple aspects of their identity.

Table 1. Demographic and socioeconomic characteristics of Maine residents

	2000 (n (%)	2019 n (%)
Total population	1,274,923 (--)	1,344,212 (--)
Sex		
Male	620,309 (48.7)	656,330 (48.8)
Female	654,614 (51.3)	687,882 (51.2)
Age		
0 to 19 years	335,485 (26.3)	278,766 (20.7)
20 to 64 years	756,036 (59.3)	779,468 (58.0)
65 years and over	183,402 (14.4)	285,978 (21.3)
Race		
White	1,236,014 (96.9)	1,263,287 (94.0)
Black or African American	6,760 (0.5)	21,983 (1.6)
American Indian and Alaska Native	7,098 (0.6)	9,419 (0.7)
Asian	9,111 (0.7)	15,323 (1.1)
Native Hawaiian and Other Pacific Islander	382 (<0.1)	222 (<0.1)
Some other race	2,911 (0.2)	5,442 (0.4)
Two or more races	12,647 (1.0)	28,536 (2.1)
Hispanic ethnicity		
Hispanic or Latino (of any race)	9,360 (0.7)	23,067 (1.7)
Not Hispanic or Latino	1,265,563 (99.3)	1,321,145 (98.3)
Nativity		
Native	1,238,232 (97.1)	1,291,800 (96.1)
Foreign-born	36,691 (2.9)	52,412 (3.9)
Veteran status, civilian population age 18 and older		
Veteran	154,590 (15.9)	97,439 (8.9)
Educational attainment, age 25 and older		
Less than high school	127,288 (14.6)	67,314 (6.8)
High school graduate or GED	314,600 (36.2)	311,108 (31.4)
Associate degree or some college	229,045 (26.3)	283,731 (28.6)
Bachelor's degree or higher	198,960 (22.8)	328,999 (33.2)
Employment status, civilian population age 16 and older		
Employed	624,011 (62.0)	684,413 (60.8)
Unemployed	31,165 (3.1)	24,471 (2.2)
Not in labor force	350,958 (34.9)	416,933 (37.0)
Income		
Income in the past 12 months below poverty	135,501 (10.9)	141,803 (10.9)
Sources: Maine 2000 Census Profile and American Community Survey 1-Year Estimates, 2019		

From 2000 to 2019, the Maine population grew 5%. Demographic and socioeconomic shifts during this time include:

- 21% of Maine residents were age 65 or older in 2019 versus 14% in 2000, an increase of 50%.
- The percentage of Maine residents who identified as Black more than tripled, from 0.5% in 2000 to 1.6% in 2019.
- The share of Veterans in Maine declined from 15.9% in 2000 to 8.9% in 2019.
- The number of Mainers with a Bachelor's degree or higher increased 65% from 2000 to 2019.
- The percentage of Maine residents living in poverty remained unchanged at 11%.

Table 2. Sexual orientation of the adult population

	2004 – 2006 % (95% CI)	**2014, 2015, 2017** % (95% CI)
Heterosexual or straight	97.3 (96.9, 97.7)	95.4 (94.9, 95.8)
Homosexual (gay or lesbian)	1.3 (1.1, 1.5)	1.7 (1.4, 1.9)
Bisexual	0.8 (0.6, 1.0)	2.2 (1.8, 2.5)
Other	0.6 (0.4, 0.8)	0.8 (0.6, 1.0)

Source: Maine BRFSS, 2004-2006, 2014, 2015, and 2017
CI: confidence interval; Note: Comparisons between years before and after 2011 may reflect methodological versus actual changes to health status or access.

Historically, the LGBTQ+ community has experienced social and economic obstacles to health.

- The percentage of Mainers identifying as gay, lesbian, bisexual, or another sexual orientation increased from 2004-2006 to 2014-2017.

Table 3. Household characteristics

	2000 n (%)	**2019** n (%)
Total households	518,200 (--)	573,618 (--)
Household type		
Family household	340,685 (65.7)	342,894 (59.8)
Householder living alone	139,969 (27.0)	178,939 (31.2)
Household characteristics		
No vehicle in household	39,465 (7.6)	36,466 (6.4)
Household lacks complete plumbing	4,468 (0.9)	3,605 (0.6)
Median household income in the past 12 months*	$37,240 (--)	$58,924 (--)

Sources: Maine 2000 Census Profile and American Community Survey 1-Year Estimates, 2019
** The 2000 household income data is reported in 1999 dollars and the 2019 income is reported in 2019 dollars. Adjusted for inflation, the household income in 2000 has the same buying power as $57,053 in 2019 dollars.*

Where we live has important implications for health and health access. For example, living alone can be a risk factor for social isolation and loneliness, experiences associated with poorer health outcomes.

- The share of Mainers living alone increased from 27% of households in 2000 to 31% in 2019. Adults age 65 and older made up 46% of single person households in 2019.
- A lack of reliable transportation can be a barrier to health access. More than 35,000 Maine households were without a vehicle in both 2000 and 2019.
- The nominal median household income increased from $37K to $59K; however, in adjusted, real dollars, the increase was much more modest (approximately, $1,900; see Table 3 footnote).

Table 4. Household internet and computer access

	2013 n (%)	2019 n (%)
No internet access	118,503 (21.6)	65,189 (11.4)
No computer	89,570 (16.4)	45,282 (7.9)
Smartphone with no other type of computing device	--	38,684 (6.7)
Sources: American Community Survey 1-Year Estimates, 2013 and 2019		

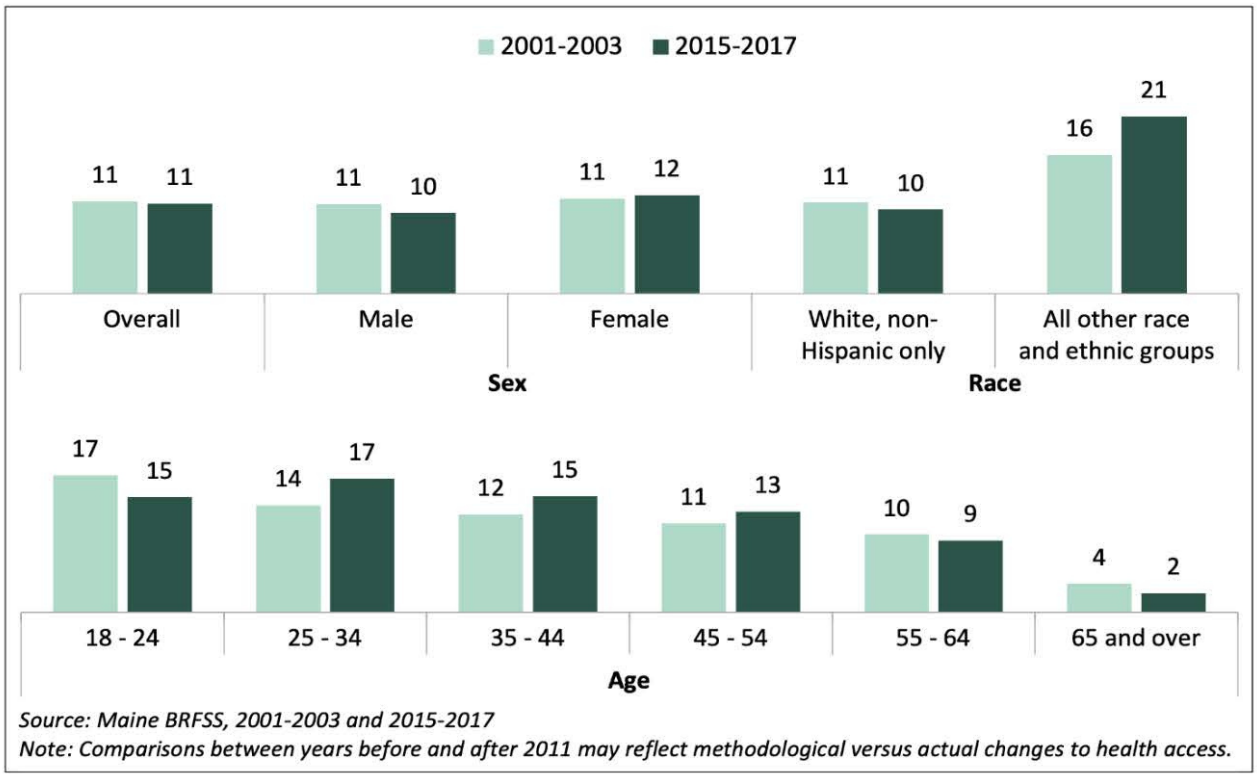
The internet is a critical tool for health access in the digital age, enabling communication with health care providers and access to telehealth.

- Internet access improved among Maine households from 2013 to 2019.
- Approximately 11% of Maine households still lacked internet access in 2019.

SECTION 2: Health Care Access

Access to quality, affordable health care is integral to Maine residents' ability to prevent disease and improve their quality of life. This section reveals persistent challenges to accessing needed health and dental care over the past 20 years; however, it does not reflect increases in insurance coverage implemented in 2019 under the expansion of MaineCare, Maine's Medicaid program. As of May 2021, 77,838 people were enrolled in MaineCare through the expansion. Through the end of March 2021, over 42,000 of these newly enrolled individuals had received mental health treatment and over 15,000 had received substance use disorder treatment, including roughly 11,000 individuals who received treatment for opioid use disorder.[1]

Figure 1. Percent of adults who did not receive needed health care due to cost in past year, by demographic characteristics

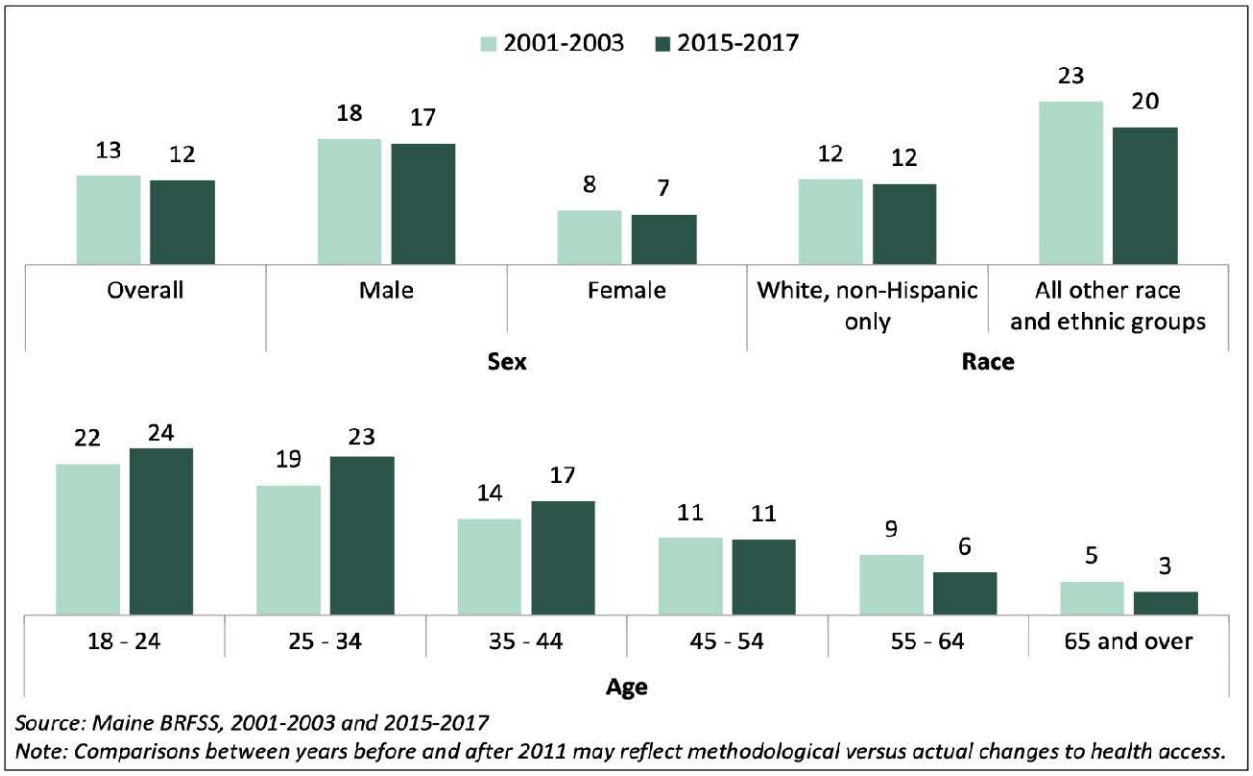


Source: Maine BRFSS, 2001-2003 and 2015-2017
Note: Comparisons between years before and after 2011 may reflect methodological versus actual changes to health access.

Over the last 20 years there has been little movement in the percentage of Maine residents who report forgoing needed medical care due to cost-related barriers.

- 11% of Maine adults reported not receiving needed health care due to cost in 2001-2003 and 2015-2017.
- Black, Indigenous, and other Maine residents of color were significantly more likely than white, non-Hispanic Mainers to report lack of care due to cost in 2015-2017.
- Compared with Mainers age 65 and older, all other age groups were significantly more likely to report not receiving care due to cost in both time periods. Recent implementation of MaineCare expansion may have had a positive influence on access and affordability for younger Mainers. As of May 2021, almost a third of MaineCare expansion enrollees were ages 19-29.[1]

Figure 2. Percent of adults with no usual source of health care, by demographic characteristics

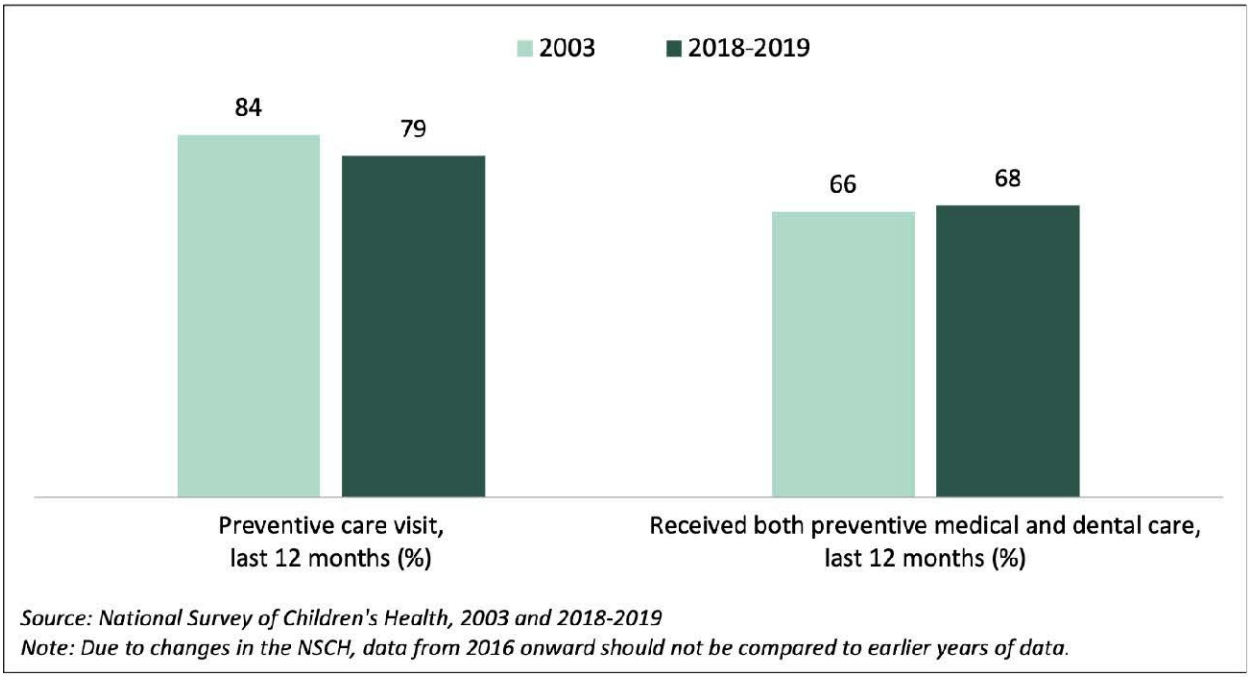


Source: Maine BRFSS, 2001-2003 and 2015-2017
Note: Comparisons between years before and after 2011 may reflect methodological versus actual changes to health access.

Having a usual source of health care is an important factor in health care accessibility. A similar percentage of Maine adults reported no usual source of care in 2001-2003 (13%) as in 2015-2017 (12%).

- Compared with female respondents, male respondents were significantly less likely to report a usual source of care in both time periods.
- Black, Indigenous, and other Mainers of color were significantly more likely to lack access to a usual source of care than white, non-Hispanic Maine residents in 2001-2003 and 2015-2017.
- Mainers ages 55-64 and 65 and over were significantly more likely than younger residents to report a usual source of care in each period.

Figure 3. Access to health care among children ages 0-17

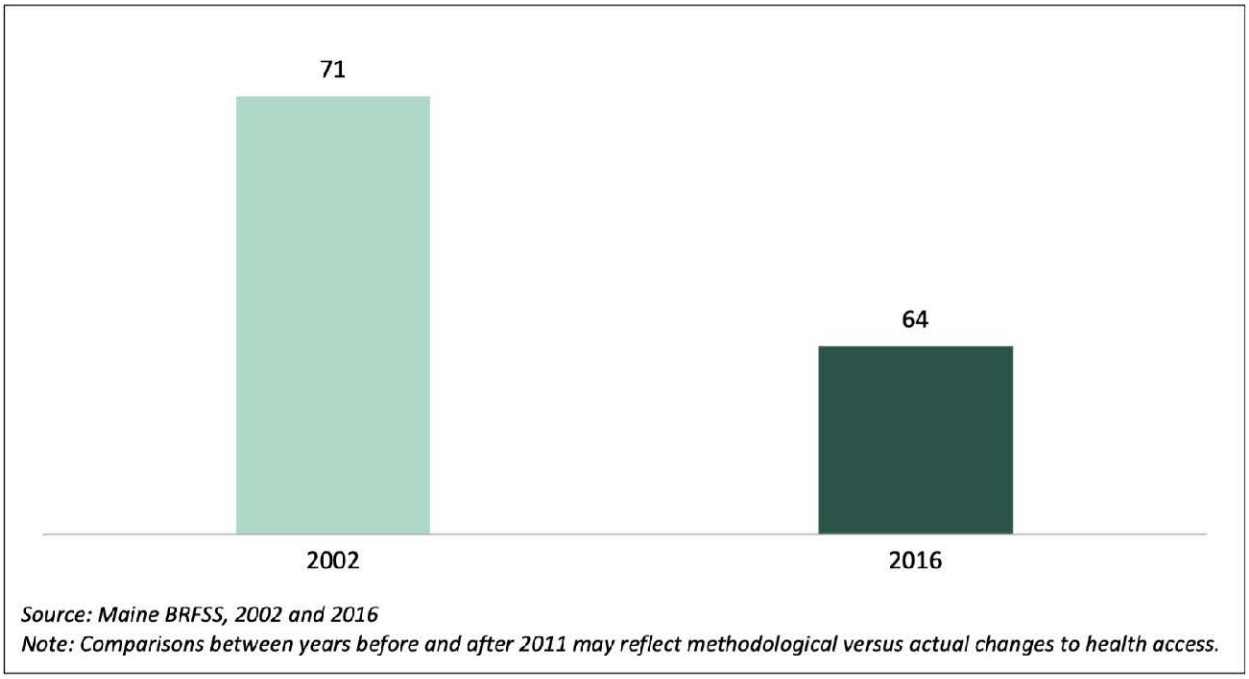


Source: National Survey of Children's Health, 2003 and 2018-2019
Note: Due to changes in the NSCH, data from 2016 onward should not be compared to earlier years of data.

Measures of access to health care among children appear similar in 2003 and 2018-2019.

- 84% of Maine children received a preventive health care visit in 2003; 79% received one in 2018-2019.
- In both time periods, approximately one-third of Maine children did not receive both preventive medical and dental care in the last 12 months.

Figure 4. Percent of adults who visited the dentist in the past year

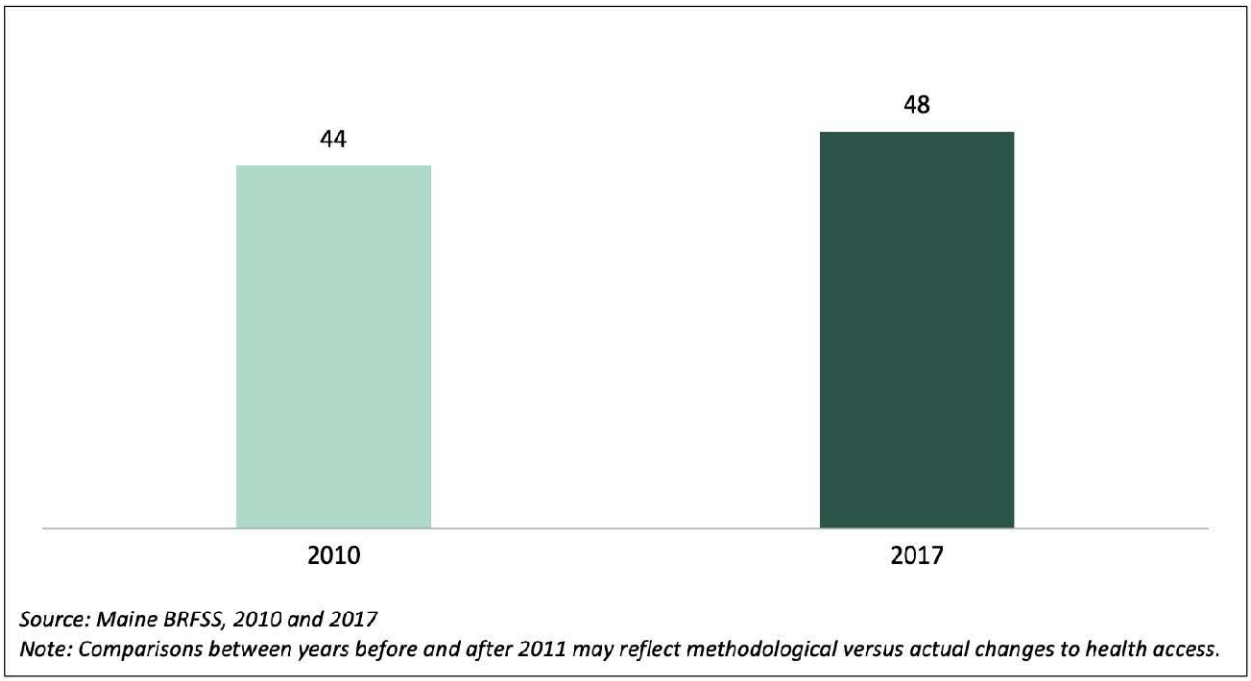


Source: Maine BRFSS, 2002 and 2016
Note: Comparisons between years before and after 2011 may reflect methodological versus actual changes to health access.

Dental access appeared to decline over time, despite an increase in the number of dentists (see Table 5).

- More than a third of Maine adults reported that they had not visited a dentist in the past year in 2016.
- In 2002, 71% of Maine adults reported a past year dental visit.

Figure 5. Percent of adults with probable depression taking medicine or receiving treatment for a mental health condition



Source: Maine BRFSS, 2010 and 2017
Note: Comparisons between years before and after 2011 may reflect methodological versus actual changes to health access.

When it comes to behavioral health access, it appears that Maine residents with probable depression experienced slightly improved access to medication and treatment for mental health conditions from 2010 to 2017. However, more than half of those reporting probable depression continue to report they are not receiving treatment or medication.

- 48% of Maine adults with probable depression reported taking medicine or receiving treatment for a mental health condition in 2017, as compared with 44% in 2010.

Table 5. Physician and dentist workforce

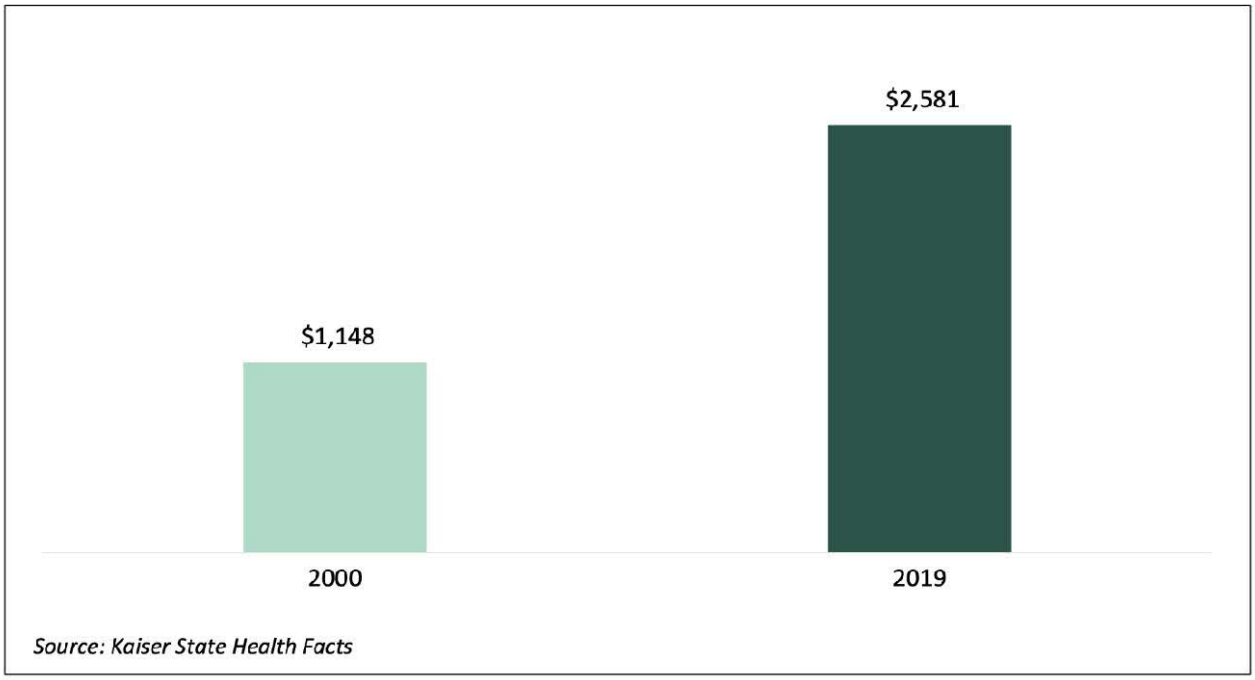
	2007	2018
Active physicians per 100,000 population	291.1	330.2
Active primary care physicians per 100,000 population	115.8	128.9
Percent of active physicians who are age 60 or older, %	23.5	36.0
	2001	**2020**
Active dentists per 100,000 population	46.4	54.8

Sources: Association of American Medical Colleges, 2007 State Physician Workforce Data Book and 2018 Maine Physician Workforce Profile; American Dental Association, Supply of Dentists in the US: 2001-2020

The number of practicing physicians and dentists per capita in Maine increased over the last 20 years.

- The rates of active total and primary care physicians per 100,000 population increased from 2007 to 2018.
- The percentage of active physicians over age 60 increased, reflecting an aging health care workforce and signaling potential current or future workforce shortages.
- There was an increase in the number of dentists per 100,000 residents, from 46.4 in 2001 to 54.8 in 2020.
- The distribution of physicians varies by geographic location. As of 2018, the number of physicians per 100,000 residents was 338 in urban areas of the states, and 238.5 in rural areas of the state.[2]

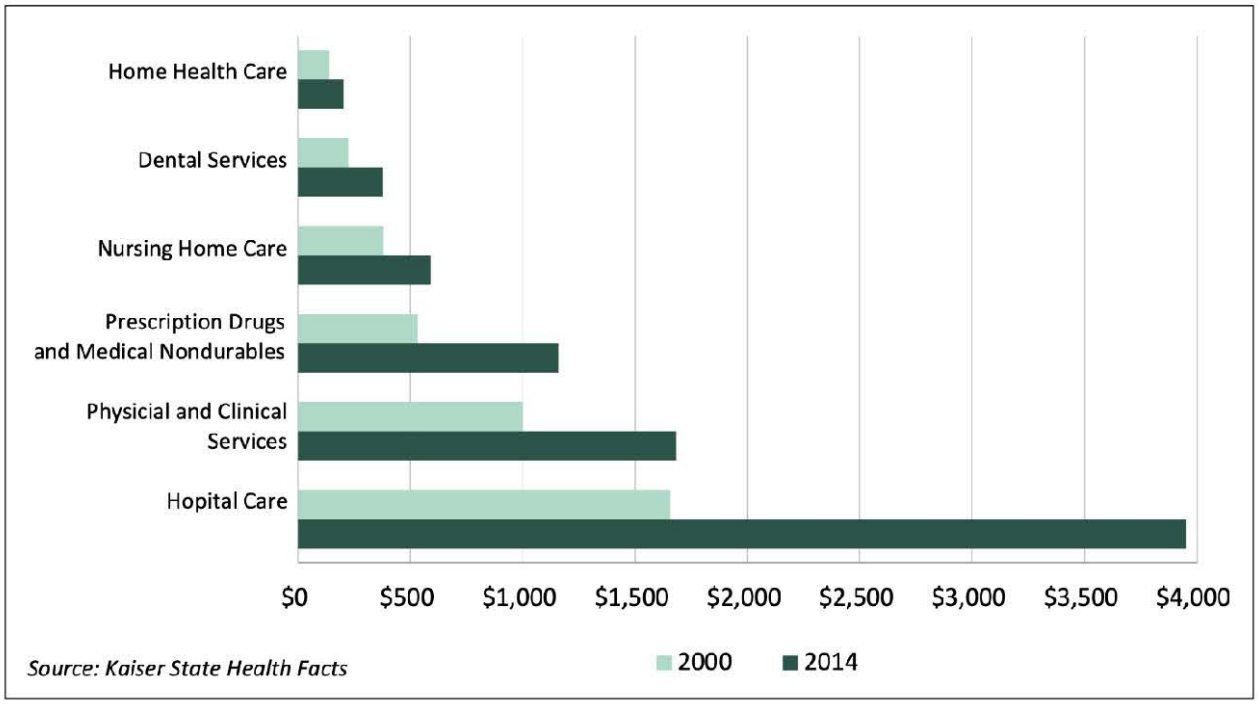
Figure 6. Estimated adjusted expenses per hospital inpatient day



Over time, hospitals have experienced an increase in operating and non-operating expenses to provide care.

- In 2000, hospitals incurred an estimated $1,148 in expenses per day of inpatient care. By 2019, expenses doubled to an estimated $2,581 per day of inpatient care.

Figure 7. Health care expenditures per capita, by service



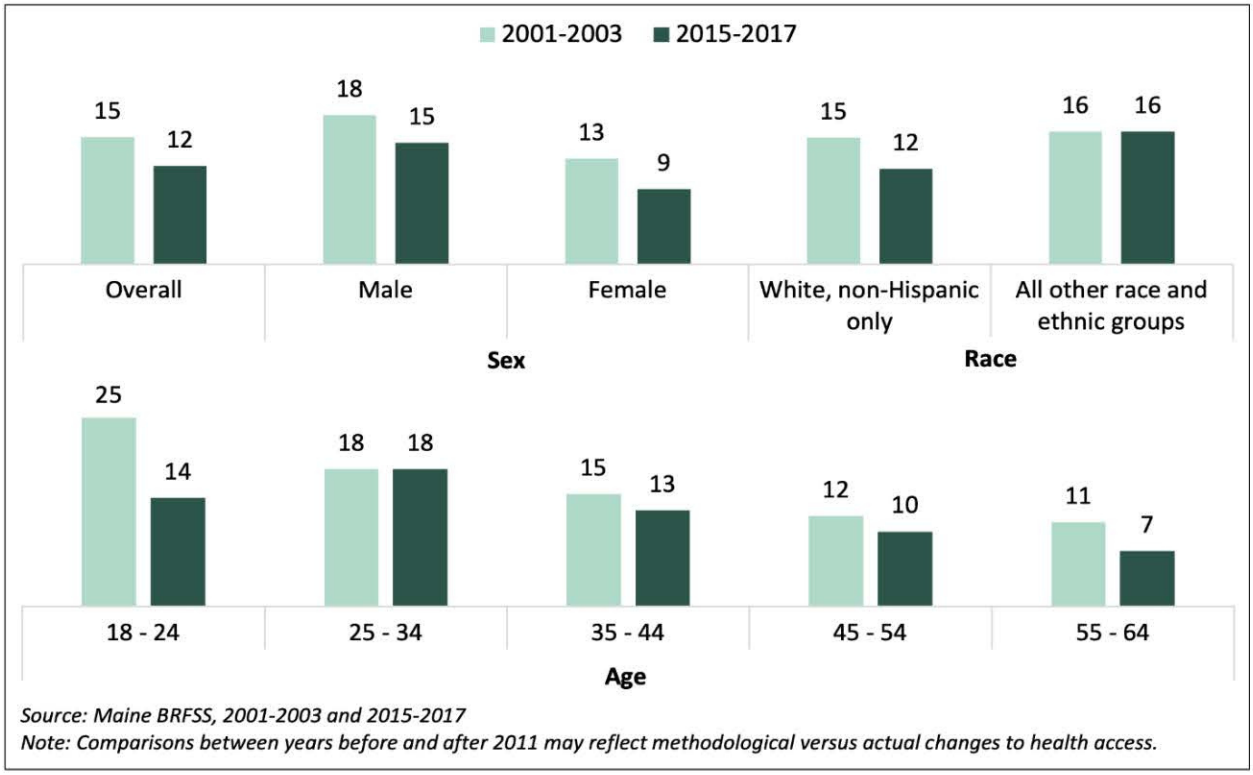
From 2000 to 2014, health care expenditures per capita increased across all services.

- Per capita expenditures for hospital care increased from $1,688 in 2000 to $3,953 in 2014. This represents a 139% increase, the largest increase across the services examined.
- Per capita expenditures for prescription drugs and other medical nondurables more than doubled, from $534 in 2000 to $1,159 in 2014.

SECTION 3: Health Insurance

Access to health insurance has increased over the last 20 years, and—as noted in the previous section—these findings do not include Maine residents who became newly eligible when MaineCare expansion was implemented in 2019. Despite these gains in coverage, cost-sharing trends in employer-sponsored health insurance plans over the last two decades should raise concern about insurance affordability. Furthermore, geographic disparities in health insurance rates throughout the state mean that those in northern Maine pay considerably more than those in southern Maine, in some instances by a factor of almost 1.5 times.[3]

Figure 8. Percent of adults ages 18-64 without health insurance, by demographic characteristics



Source: Maine BRFSS, 2001-2003 and 2015-2017
Note: Comparisons between years before and after 2011 may reflect methodological versus actual changes to health access.

Although the number of uninsured Mainers appears to have declined over the last 20 years, not all groups have benefitted equally.

- In both time periods, women were significantly more likely than men to have health insurance coverage.
- Black, Indigenous, and other populations of color have seen no increase in their rates of insurance coverage.
- There was a notable decline in the number of uninsured adults ages 18-24, from 25% in 2001-2003 to 14% in 2015-2017. Beginning in 2010, the Affordable Care Act allowed adults up to age 26 to remain on a parent's health insurance plan.
- In 2015-2017, adults ages 55-64 were significantly more likely to have health insurance coverage compared with other age groups.

Table 6. Health insurance coverage among children ages 0-17

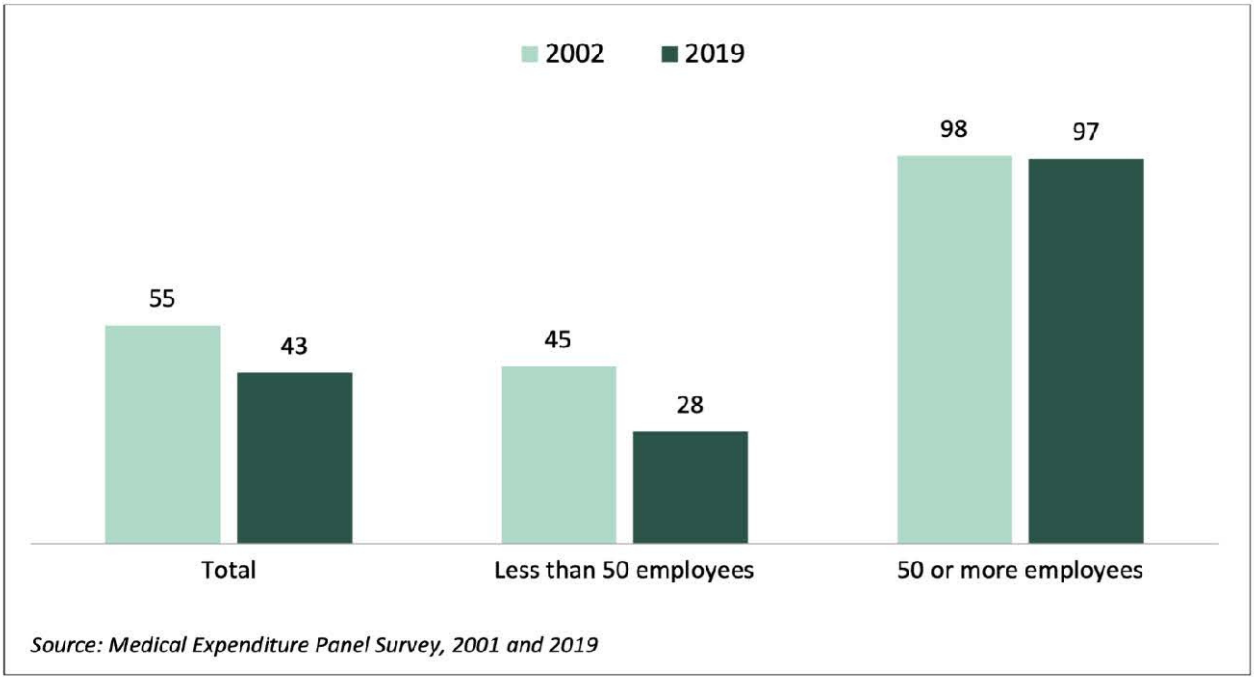
	2003* % (95% CI)	2018-2019* % (95% CI)
Current health insurance coverage		
Insured	93.3 (92.0, 94.7)	94.7 (92.5, 96.3)
Uninsured	6.7 (5.3, 8.0)	5.3 (3.7, 7.5)
Past year health insurance coverage		
Consistently insured	89.3 (87.6, 90.9)	92.3 (89.8, 94.2)
Currently uninsured or periods of no coverage	10.7 (9.1, 12.4)	7.7 (5.8, 10.2)

Source: National Survey of Children's Health, 2003 and 2018-2019
**Due to changes in the NSCH, data from 2016 onward should not be compared with earlier years of data.*
CI: confidence interval

Most Maine children had health insurance coverage in both 2003 and 2018-2019, although some children were uninsured or experienced gaps in insurance coverage in both periods.

- The percentage of Maine children with no or inconsistent insurance coverage appears to have declined.
- Approximately 8% of children were uninsured or had coverage gaps in 2018-2019.

Figure 9. Percent of private-sector establishments that offer health insurance, by firm size



Source: Medical Expenditure Panel Survey, 2001 and 2019

From 2002 to 2019, the percent of private-sector firms in Maine offering health insurance declined, a trend that was largely concentrated among smaller firms.

- Among firms with fewer than 50 employees, 45% offered health insurance in 2002; by 2019, just 28% of smaller firms offered health insurance.
- The vast majority of larger firms—those with 50 or more employees—offered health insurance to employees in 2002 and 2019.
- In 2019, more than half (53%) of Maine people worked for small firms with under 50 employees.[4]

Table 7. Health insurance coverage and cost sharing among private-sector employees

	2002	2019
Deductibles		
Percent of employees enrolled in a health insurance plan that had a deductible, % (SE)*	45.1 (3.1)	95.7 (1.7)
Average individual deductible per employee, $ (SE)*	519.0 (54.7)	2,303.0 (105.0)
Average family deductible per employee, $ (SE)*	963.0 (145.2)	3,994.0 (227.3)
Copayments		
Percent of employees enrolled in a health insurance plan that had a copayment, % (SE)*	82.3 (3.4)	46.9 (3.1)
Average copayment for an office visit to a physician per employee, $ (SE)*	17.0 (0.5)	25.2 (0.6)

Source: Medical Expenditure Panel Survey, 2002 and 2019
**Differences by year statistically significant at p<.05*
SE: standard error

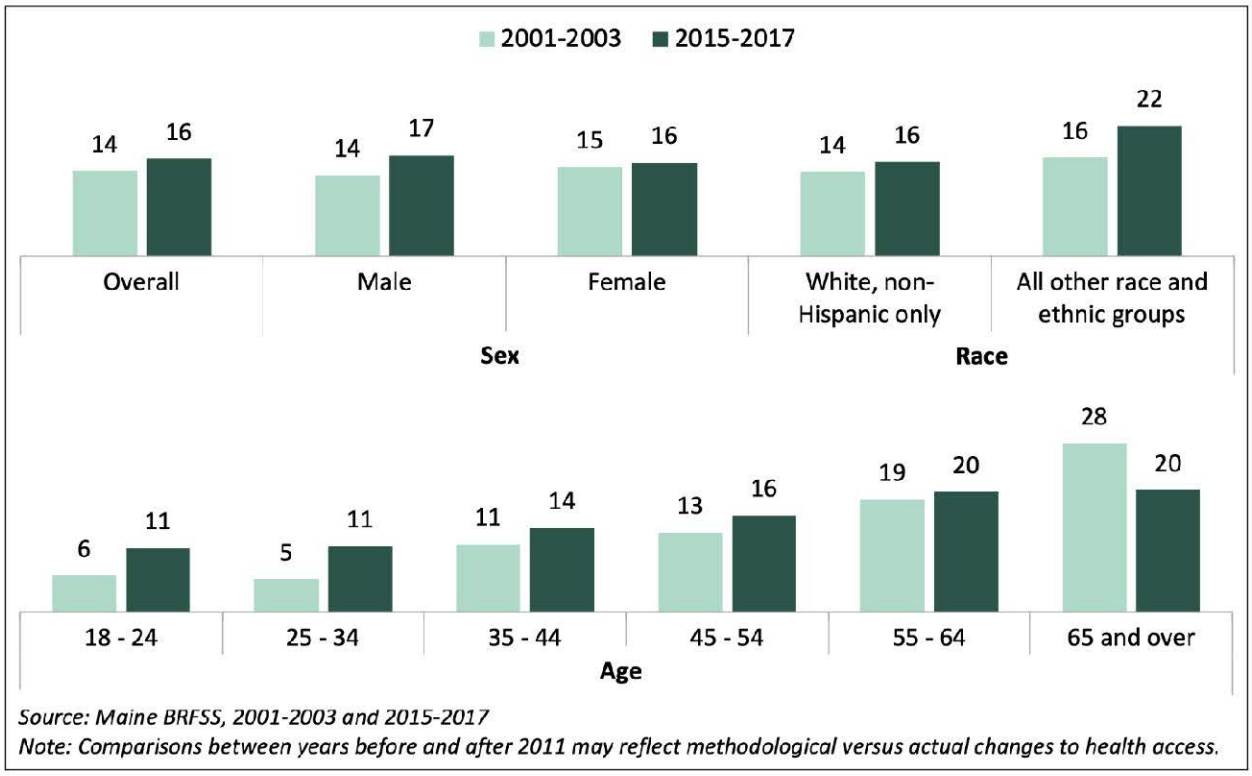
The prevalence and cost of health insurance deductibles have increased over the last 20 years for employees working in the private sector.

- The percent of Maine employees enrolled in a health insurance plan with a deductible increased significantly, from 45% in 2002 to 96% in 2019.
- The average deductible per employee for individual and family plans more than quadrupled from 2002 to 2019. The average family deductible now represents nearly 7% of median annual household income.
- A declining share of Maine employees was enrolled in a health insurance plan with a copayment; 82% had a copayment in 2002, compared with 47% in 2019.

SECTION 4: Health Status

Physical and mental health are essential to maintaining quality of life and well-being. While some measures of health status, particularly among children, have improved over the past 20 years, most measures of health status profiled in this section have worsened. Additionally, data show variation in health status across demographic characteristics.

Figure 10. Percent of adults reporting fair or poor health, by demographic characteristics



Source: Maine BRFSS, 2001-2003 and 2015-2017
Note: Comparisons between years before and after 2011 may reflect methodological versus actual changes to health access.

Although the percentage of Maine adults reporting fair or poor health was similar across the time period of interest (14% in 2001-2003 and 16% in 2015-2017), some groups appeared to experience improved health status while others did not.

- A significantly higher percentage of Maine residents of color reported fair or poor health status compared with white Mainers in 2015-2017; there were no significant differences in health status by race in 2001-2003.
- The health status of older adult Maine residents appears to have improved; 28% of adults 65 and older reported fair or poor health in 2001-2003, while 20% reported fair or poor health in 2015-2017.
- Growth in adult fair/poor health reporting is concentrated among the youngest age groups (18-24 and 25-34). These are the same age groups more likely to report not receiving care due to cost and not having a usual source of care.

Table 8. Health status among children

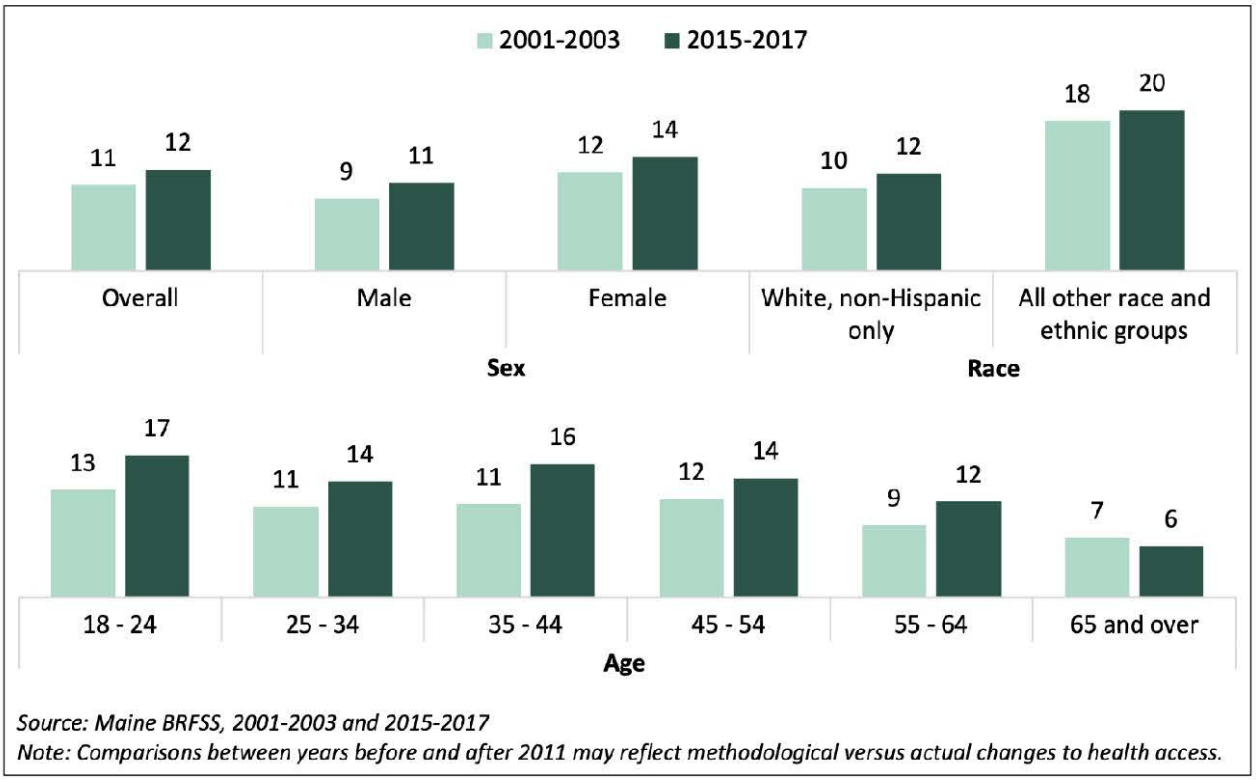
	2003* % (95% CI)	2018-2019* % (95% CI)
Health excellent or very good	90.9 (89.3, 92.5)	92.9 (90.6, 94.7)
Teeth excellent or very good	79.1 (76.8, 81.4)	81.3 (78.0, 84.3)
Breastfed ever, ages 0-5	73.3 (69.1, 77.6)	90.7 (86.0, 93.9)
	2000	**2018**
Infant mortality rate per 1,000 live births	4.9	5.5

Source: National Survey of Children's Health, 2003 and 2018-2019; CDC Wonder, Linked Birth/Infant Death Records, 2000 and 2018
**Due to changes in the NSCH, data from 2016 onward should not be compared to earlier years of data.*
CI: confidence interval

Measures of child health status over the last 20 years reveal causes for both optimism and concern.

- More than 90% of Maine children were reported as having excellent or very good health status in 2003 and 2018-2019.
- More than 90% of children ages 0-5 were ever breastfed in 2018-2019, a substantial increase from 2003.
- Of concern, the infant mortality rate increased from 2000 to 2018, from 4.9 to 5.5 per 1,000 births.

Figure 11. Percent of adults reporting frequent mental distress, by demographic characteristics



Source: Maine BRFSS, 2001-2003 and 2015-2017
Note: Comparisons between years before and after 2011 may reflect methodological versus actual changes to health access.

The overall percentage of adults reporting frequent mental distress was similar in 2001-2002 and 2015-2017, but the data reveal disparate experiences of frequent mental distress reported by different demographic groups.

- Black, Indigenous, and other Maine residents of color were significantly more likely to report frequent mental distress in 2001-2003 and in 2015-2017.
- Women were more likely than men to report frequent mental distress in both time periods.

Table 9. Mental health indicators among middle and high school students

	2001 % (95% CI)	2019 % (95% CI)
Middle school		
Ever seriously considered attempting suicide	21.4 (18.8, 24.2)	19.5 (17.9, 21.3)
Ever made a plan about how to attempt suicide	12.8 (10.8, 15.2)	13.8 (12.3, 15.5)
Ever attempted suicide	8.1 (6.6, 9.9)	7.8 (6.7, 9.0)
High school		
Felt sad or hopeless almost daily 2+ weeks in a row*^†	26.7 (24.3, 29.2)	31.4 (29.2, 33.8)
Seriously considered attempting suicide^	18.6 (14.7, 23.1)	15.8 (14.6, 17.1)
Made a plan about how they would attempt suicide^	16.5 (13.1, 20.5)	13.1 (12.0, 14.3)
Attempted suicide^	9.2 (7.7, 11.1)	8.5 (7.8, 9.4)

Source: High School Youth Risk Behavior Survey (YRBS) and Middle School YRBS, 2001 and 2019
**So that they stopped doing some usual activities ^During the 12 months before the survey*
†Differences by year statistically significant at p<.05
CI: confidence interval

Mental health indicators among middle and high school students were generally comparable from 2001 to 2019. These data are concerning, with many Maine youth reporting suicidal thoughts or intentions in both time periods. While not captured in these data, anecdotal and national data on the negative impact of the pandemic on youth mental health are very concerning.

- Approximately 20% of middle school students and 16% of high school students reported that they had seriously considered attempting suicide in 2019.
- There was a significant increase in the percentage of high school students who reported feelings of sadness or hopelessness that interfered with their usual activities from 2001 to 2019.

SECTION 5: Health Behaviors

Individuals' behavior can have protective or harmful effects on physical and mental health. The ability to engage in healthy behaviors is influenced by social and environmental factors, and disparate access to education, health-promoting programs and infrastructure, and other resources can lead to disparities in health behaviors.

Table 10. Tobacco and substance use among adults

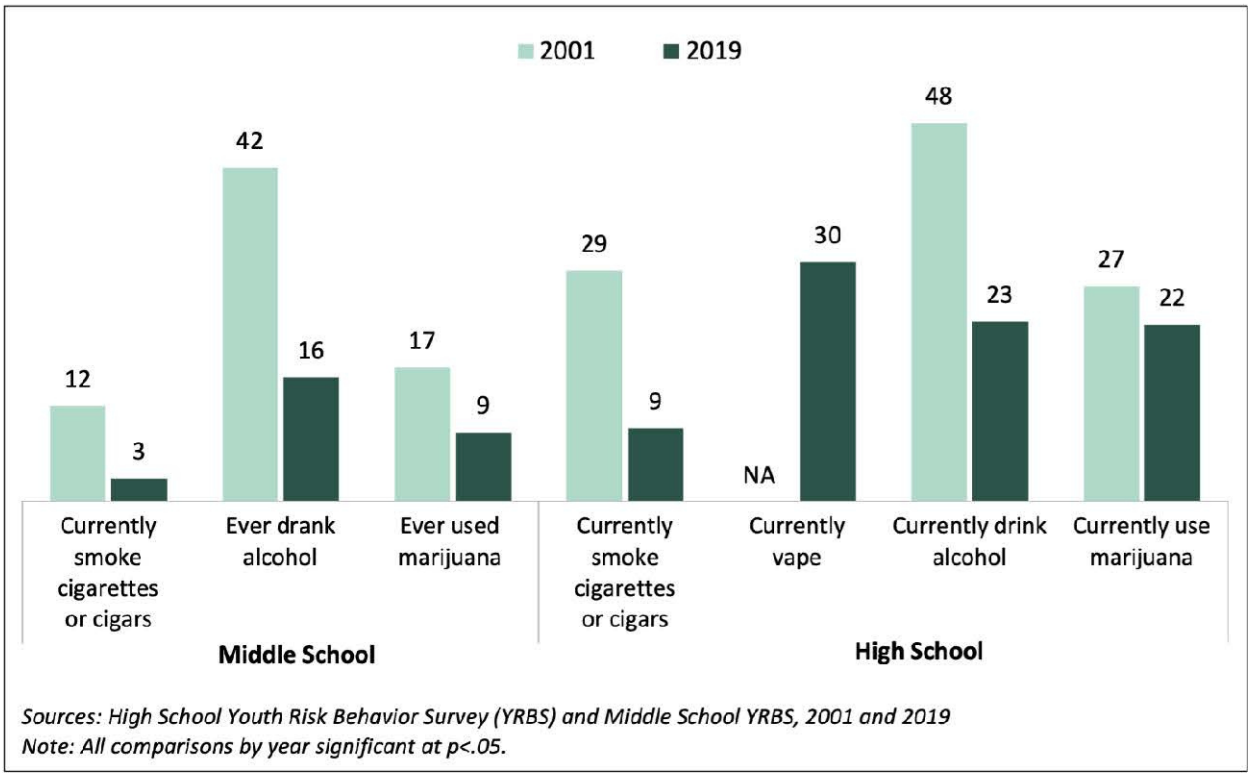
	2002-2003 % (95% CI)	**2018-2019** % (95% CI)
Alcohol use disorder in the past year	7.5 (6.3, 9.0)	6.0 (4.8, 7.3)
Cigarette use in the past month	28.4 (25.5, 31.6)	18.3 (16.3, 20.6)
Marijuana use in the past year	11.6 (10.0, 13.5)	25.4 (22.9, 28.0)
Substance use disorder in the past year*	8.8 (7.5, 10.3)	8.9 (7.5, 10.6)
Illicit drug use disorder in the past year*	2.6 (2.1, 3.3)	3.6 (2.8, 4.6)

Source: National Survey on Drug Use and Health (NSDUH), 2002-2003 and 2017-2018
**Due to changes in the NSDUH, select estimates should not be compared across survey periods*
CI: confidence interval

Declines in adult tobacco use represent a significant public health gain of the last 20 years, however substance use disorder remains a prevalent and pressing public health concern.

- Rates of adult past month cigarette use declined from 28% in 2002-2003 to 18% in 2018-2019.
- Marijuana use in the past year among adults increased from 12% in 2002-2003 to more than 25% in 2018-2019.
- Although measures of illicit drug use and substance use disorders among adults were not comparable across the time period of interest, an estimated 9% of Maine adults had a substance use disorder in 2018-2019.

Figure 12. Percent of middle and high school students reporting tobacco and substance use



Sources: High School Youth Risk Behavior Survey (YRBS) and Middle School YRBS, 2001 and 2019
Note: All comparisons by year significant at p<.05.

Significant declines in youth substance and cigarette use occurred in Maine from 2001 to 2019, although the prevalence of vaping in 2019 is concerning.

- The percentage of middle school students who reported ever drinking alcohol decreased from 42% to 16%; rates of current alcohol consumption among high school students declined from 48% to 23%.
- Marijuana use also declined—27% of high school students reported current marijuana use in 2001 versus 22% in 2019; among middle school students, ever use went from 17% to 9%.
- Rates of cigarette smoking declined from 12% to 3% among middle school students, and from 29% to 9% among high school students.
- Use of vaping products was prevalent among high school students in 2019, with approximately 30% reporting current vaping.

METHODS NOTE

Comparability across years. Several data sources included in this report caution that results should not be compared across certain years due to changes in weighting, sampling methodology, and/or survey design. As such, we did not conduct statistical tests to examine year-over-year differences on data from the following sources: Behavioral Risk Factor Surveillance System (BRFSS) (data from after 2010 should not be compared with results from previous years), National Survey on Drug Use and Health (a survey redesign in 2014-2015 resulted in a trend break for some estimates), and the National Survey of Children's Health (data from 2016 onward should not be compared with earlier data years).

BRFSS demographic variable limitations. Because the Maine BRFSS contains a relatively small number of respondents who are Black, Indigenous, and other populations of color, some racial and ethnic groups cannot be analyzed individually. Therefore, a two-level race/ethnicity variable was used in this report. Additionally, BRFSS data include a four-level measure of sexual orientation (straight, gay or lesbian, bisexual, and other) that does not allow for analysis across the full spectrum of sexual orientations.

BRFSS mental health measures. BRFSS uses the Patient Health Questionnaire-2 (PHQ-2) a validated tool used to screen for depressive disorders,[5] to identify respondents with probable depression. The BRFSS measure of frequent mental distress is based on responses to the following question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Participants who report 14 or more mentally unhealthy days are categorized as having frequent mental distress.

Most analyses in this retrospective do not include data that would potentially reflect improvements in health care access and health status made possible through the 2019 implementation of MaineCare expansion.

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