

Early Childhood Programs' Scarcity Undermines Maine's Rural Communities

Quality early care and education can bolster public safety, the economy, and national security



Acknowledgements

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23%
of children in
rural Maine live
in poverty.

Child poverty in rural Maine is more severe than in non-rural areas of the state. Overall, nearly one-quarter of rural children in Maine live in poverty. At the same time, children in rural communities often lack resources and supports, including quality early childhood care and education, which research shows can strengthen the current and future workforce, contribute to a strong economy and public safety, and enhance national security in the long run. Policymakers must support investments to increase access and quality of early care and education for children in Maine's rural communities, to help ensure the future strength of our state.

Children and families in rural Maine face many challenges

Poverty

Maine's rural children have a poverty rate of 22.8 percent, compared to 13.5 percent of

“ High-quality, family-based child care is critical in rural Maine. Luckily, we have some successful programs—now we need to grow this to reach more children and families.”



Randy Liberty

Commissioner, Maine
Department of Corrections

urban children.¹ All six of the Maine counties with child poverty rates over 20 percent are rural (Washington, Oxford, Piscataquis, Somerset, Franklin, Waldo).²

Declines in population and employment

Although the population in most Maine counties has held steady or increased slightly over the past decade, five of the six Maine counties that have lost population are rural (Aroostook, Washington, Piscataquis, Somerset, Franklin).

Over the past several decades, Maine lost thousands of jobs in manufacturing and natural resource-based industries, with rural areas suffering most of these losses.³ More recently, between 2017 and 2018, Maine was among the US states with the largest number of nonmetro counties with employment losses: 73 percent of Maine's rural counties lost employment.⁴

Health Issues

Population loss, in turn, brings other problems, such as a decrease in services such as health care and hospital closings.⁵ Seven of the eight hospitals in Maine that have suffered financial losses for five consecutive years are in rural areas.⁶ A reduction in the number of public health nurses focused on maternal and child health has also hit Maine's rural areas hard.⁷

Not surprisingly, reductions in health services have an impact on health, and rural residents are increasingly more likely to die from preventable causes such as cancer, heart disease, and respiratory disease.⁸ Maine has experienced one of the largest relative increases in midlife mortality (21 percent) in the nation, due to drug overdoses, alcohol abuse, suicide, and preventable diseases.⁹ Across the nation,

What is “rural?”

There are different definitions of what constitutes a rural community. The U.S. Census Bureau defines as rural locations with fewer than 2,500 residents. Using this definition, in the 2010 Census, 61.3 percent of Maine residents lived in rural areas.

Source: <https://www2.census.gov/library/publications/cen2010/cph-2-21.pdf>

rates of child and adolescent obesity are higher in rural populations.¹⁰

Challenges in rural areas can impact our state's strength

The talents of all of our state's residents, rural and metro, are needed to build a strong workforce that will contribute to a vibrant Maine economy. Similarly, our national security relies on a large, robust pool of potential recruits, including from rural areas (about nine percent of enlisted service members come from rural areas).¹¹ Law enforcement agencies in rural areas typically recruit locally, making out-migration of young people problematic. For these and many other reasons, we must invest in Maine's rural communities, particularly in children and youth.

Quality early childhood care and education can help address challenges in Maine's rural communities

Early care and education (ECE) can strengthen the current and future workforce, contribute to a strong economy and public safety, and enhance national security. About two-thirds (66 percent) of Maine children under age 6 have all available parents in the workforce.¹² Of

Maine children under age 6 with working parents with low incomes, almost half (44 percent) live in nonmetro areas.¹³ Working parents depend on ECE so they can go to work, remain productive, and build successful careers to better support their families. Parents also need child care to work from home productively or to return to work post-COVID-19. Children, meanwhile, need nurturing, stimulating environments for healthy brain development during the first five years of life, both at home and in ECE while their parents work. Further, early childhood is a time when children acquire the foundation of many skills needed for 21st-century jobs, including both cognitive and character skills.¹⁴ Quality ECE can help build these skills and contribute to educational success.

For example, a longitudinal study of more than 1,300 children found that children in higher-quality child care were better prepared for school at age 4 compared to children in lower-quality child care. At age 15, they were still performing slightly above their peers.¹⁵ A large study of children in rural counties found that children who participated in higher-quality child care had better language skills at age 3, which, in turn, resulted in better academic and social skills in kindergarten.¹⁶ At-risk four-year olds who attended Maine's Public Preschool Program (PPP) scored higher on reading and math assessments in the third and fourth grades when compared to their peers who didn't attend preschool.¹⁷ Research has also shown that preschool can increase rates of on-time high school graduation among participants.¹⁸ An economic analysis of Head Start found that the program increases high school

“Early childhood programs help develop youth who are more likely to be healthy and fit, do well in school, graduate, and be well-prepared for many life options after graduation, including military service if they choose that path.”



Bill Libby

Major General, U.S. Army (ret.),
former Maine Adjutant General and
former Maine Commissioner of the
Department of Defense, Veterans
and Emergency Management

graduation, college attendance, and the chances of receiving a postsecondary degree or certificate.¹⁹ Quality ECE supports the workforce and helps build a strong economy, both now and into the future.

However, the considerations around high-quality ECE transcend even impressive educational outcomes. Our national security relies on qualified young adults who are ready, willing, and able to serve in the U.S. military. However, educational deficits (lack of a high school diploma or failure on the military's entrance exam), behavior problems (crime and substance use), and

health issues (particularly obesity) currently prevent 68 percent of Maine youth from qualifying for service.²⁰ Early development sets the stage for children's future success, and the foundation of lifelong health is established early in life. In addition to its educational benefits, ECE programs that emphasize healthy eating and physical activity can help reduce children's risk of obesity. For example, a study of the Abecedarian ECE program found that girls who participated were less likely to become obese as adults, and boys had fewer risk factors for heart disease, stroke and diabetes.²¹ In addition to providing early education, Head Start offers preventative

health care, including immunizations and dental care, and connects families to other services. This comprehensive approach is invaluable, given the health care shortages often found in rural areas. Without access to high-quality ECE, our nation risks having an even smaller recruiting pool in the future.

Further, our state's correctional system is full of people serving time for serious and costly crimes. It doesn't have to be that way. Providing children with high-quality early learning opportunities can set them on the path to success in school, so they will be ready for college and careers, and less likely to later engage in criminal activity.²² The aforementioned longitudinal study of

Elevate Maine

Somerset County

Elevate Maine/Somerset is a public-private partnership between the Maine Early Learning Investment Group and Educare Central Maine. It began with a 2015 federal Early Head Start - Child Care Partnership grant. Child care centers and family child care providers in rural Somerset County offer increased quality birth-to-kindergarten-entry early care and education, to ensure that children enter kindergarten healthy and ready to succeed. Providers receive weekly visits that include coaching and mentoring, participate in professional development opportunities, and network with their peers. Providers also receive increased funding for resources and supplies. Parents receive education on parenting and child health and development, as well as family goal setting to support self-sufficiency. Goals of the initiative include: enhancing the quality of instruction, increasing family engagement and parent education to support child development, and providing comprehensive services (cognitive, nutritional, oral, mental, and physical health).

Elevate Maine/Somerset's evaluation component affirms that children, families, and early educators attain program benchmarks. Preliminary data demonstrates success: children showed increases in vocabulary and language, and in initiative and self-regulation, which enhanced attachment relationships and social/emotional well-being, and reduced negative behaviors. In addition, 100 percent of parents received health and parent education. Family child care providers improved the quality of their care in areas such as physical space, materials and activities offered, and provider-child interactions. Researchers estimate that the cumulative lifetime savings and tax benefit to government is nearly five times greater than the cost.

Source: https://cdn.branchcms.com/8oyQKqMEPL-1031/docs/MELIG_Summary.pdf

more than 1,300 children found that children in higher-quality child care had significantly lower levels of behavior problems at age 15 compared to children in lower-quality child care.²³ Students who participated in Alabama's First Class Pre-K program were about half as likely to have a behavioral infraction in school as those who did not receive pre-K.²⁴ Further, the differences between the two groups were larger in middle school and high school, when the rates of infractions increase.

Children who live in Maine's rural areas have less access to quality early care and education

Despite the proven impact of high-quality ECE on various child outcomes, children in rural Maine communities are less likely to have access to these vital programs than children in non-rural areas. While 22 percent of Mainers live in a child care "desert," where there are more than three children under age 5 for each licensed child care slot, in rural communities the figure is 26 percent.²⁵ The Maine Department of Health and Human Services' Office of Child and Family Services has identified the lack of child care in rural areas as a particular challenge.²⁶ The COVID-19 pandemic has exacerbated this challenge, with some providers closing temporarily or permanently, and others forced to limit capacity to allow for distancing.²⁷ Across the nation and in Maine, families in rural areas more frequently use home-based child care options (family child care homes or family, friend, and neighbor care), which serve smaller numbers of children than child care centers.²⁸ The choice to use home-based care is largely driven by the lack of child care centers in rural areas,²⁹ particularly for infants and toddlers.³⁰ In Maine, the number

“Providing working parents in rural Maine with affordable, high-quality early education and care is a top priority for business leaders in Maine.”



Jim Clair
CEO, CSS Health

of family child care providers has dropped 27.5 percent in recent years, contributing to the lack of child care in rural areas.³¹

There are wide disparities in pre-K access across Maine.³² Aroostook and Washington counties, which are rural, have near-universal pre-K (91 and 81 percent of children served, respectively). Other rural counties, such as Piscataquis, serve only about half of children. Cumberland and York counties, which are less rural, serve fewer children (18 and 35 percent served, respectively). Given that 10 counties

26%
of rural Maine children live in a child care “desert.”



The Bridging Program, Caring Community Collaborative

Washington County

The Bridging Program serves families who have infants or young children with multiple needs, including those born substance affected, and/or women with high-risk pregnancies. The Community Caring Collaborative developed and implemented the Bridging Program and maintains training curricula. Downeast Community Partners, the local Community Action agency, administers Bridging, which includes services such as home visiting, parent education, and others. Trained Infant and Family Support Specialists, including nurses (“Bridgers”), develop strong relationships with parents and help them learn how to care for their babies and facilitate their healthy development.

Research on the program demonstrates its benefits, reducing the amount of time babies stay in the hospital after birth and reducing the number of times they had to return to the hospital during the first months of their lives. Based on these outcomes, the U. S. Substance Abuse and Mental Health Services Administration (SAMHSA) declared the Bridging Program a “promising practice.” The state of Maine has considered using the program for all babies born with Neonatal Abstinence Syndrome.

Source: <https://www.cccmaine.org/services-programs/bridging/>

serve less than 60 percent of children, greater access to pre-K is needed across the state. Head Start also plays a role in Maine, serving 2,248 children.³³ That figure, however, represents only 34 percent of those eligible for Head Start. Most Head Start grantees in our state serve rural counties.³⁴

Maine policymakers must enhance early childhood care and education opportunities for children in rural areas

To meet the needs of children and families living in Maine's rural communities, policymakers must address the need to increase the supply of early care and education throughout the state, prioritizing rural areas. Funding community partnerships that increase access to and affordability of care is a key approach. The Maine Department of Health and Human Services' Office of Child and Family Services has initiatives designed to expand rural child care, utilizing increased funding from the federal Child Care and Development Block Grant (CCDBG).³⁵ For example, the agency will waive licensing fees for rural child care providers and provide mini grants to providers opening or expanding facilities, prioritizing those in rural areas. Coastal Enterprises, Inc. also received a \$400,000 U. S. Department of Health and Human Services' Community Economic

Development grant to develop the Incubating Child Care Centers in Rural Maine Project.³⁶ These are steps in the right direction and policymakers should seek to supplement these efforts.

In particular:

- We must help families find and acquire affordable, high-quality child care through coordinated resource and referral systems.
- Initiatives to support preschool expansion in Maine's rural areas should also be implemented, in order to increase capacity and access.
- We must recruit, develop, and retain an early childhood workforce, by increasing compensation and benefits, and strengthening training pathways.
- Legislators should also consider innovative delivery models, including home-based or mobile programs.³⁷
- Improving data collection, tracking, and reporting across Maine's ECE system to monitor progress, analyze impact, and support continuous quality improvement efforts is essential.
- Finally, despite the impact of COVID-19 on our state budget, we must continue to invest in our early childhood care and education system.

Conclusion

High-quality early childhood care and education programs can help ameliorate the challenges faced by Maine children living in rural communities. These programs also strengthen the current and future workforce, contribute to a strong economy and public safety, and enhance national security in the long run. Maine policymakers must support tailored investments for young children in rural communities to help ensure the future strength of our state.

Endnotes

- 1** Save the Children (2018) Growing up in rural America. <https://www.savethechildren.org/content/dam/global/reports/2018-end-of-childhood-report-us.pdf>
- 2** KIDSCOUNT (2018). Children in poverty 2005-2018 in Maine. <https://datacenter.kidscount.org/data/tables/1562-children-in-poverty-2005-2018?loc=21&loct=5#detailed/5/3284-3299/false/37,871,870,573,869,36,868,867,133,38/any/11725,3331>
- 3** The Brookings Institution (2006). Charting Maine's future An action plan for promoting sustainable prosperity and quality places. <https://www.brookings.edu/wp-content/uploads/2016/07/southern.pdf>
- 4** U.S. Department of Agriculture Economic Research Service (2019, September 23). Rural employment and unemployment. <https://www.ers.usda.gov/topics/rural-economy-population/employment-education/rural-employment-and-unemployment/>
- 5** National Council of State Legislatures (NCSL). (2020, January 21). Challenges facing rural communities. <https://www.ncsl.org/research/agriculture-and-rural-development/challenges-facing-rural-communities.aspx>
- 6** Maine Hospital Association (2020). The problem. <http://themha.org/Protect-Rural-Maine>
- 7** Maine Women's Policy Center and the Maine Children's Alliance (2017). Investing in our future. <https://mainewomen.org/mwl/wp-content/uploads/2019/01/Investing-in-our-Future-FINAL-REPORT-9-22-17.pdf>
- 8** U.S. Centers for Disease Control (2019, November 7). Rural Americans are dying more frequently from preventable causes than their urban counterparts <https://www.cdc.gov/media/releases/2019/p1107rural-americans.html>
- 9** Woolf, S. H., & Schoomaker, H. (2019, November 26). Life expectancy and mortality rates in the United States, 1959-2017 <https://jamanetwork.com/journals/jama/article-abstract/2756187>
- 10** Johnson, J.A. 3d, & Johnson A. M. (2015). Urban-rural differences in childhood and adolescent obesity in the United States: A systematic review and meta-analysis. *Child Obesity*, 11, 233-241. <https://pubmed.ncbi.nlm.nih.gov/25928227/>
- 11** Office of the Undersecretary of Defense, Personnel and Readiness (2018). Population representation in the military services. <https://www.cna.org/pop-rep/2018/appendixb/appendixb.pdf> (Table B-41).
- 12** Kids Count (2019). Children under age 6 with all available parents in the labor force in Maine. <https://datacenter.kidscount.org/>
- 13** Henly, J. R., & Adams, G. (2018, October). Insights on access to quality child care for families living in rural areas. https://www.urban.org/sites/default/files/publication/99149/insights_on_access_to_quality_child_care_for_families_living_in_rural_areas_1.pdf
- 14** Board on Children, Youth, and Families, The National Academies of Sciences, Engineering, and Medicine (2015). Child development and early learning: A foundation for professional knowledge and competencies. <https://www.nap.edu/resource/19401/ProfKnowCompFINAL.pdf>
- 15** Vandell, D. L., Belsky, J., Burchinal, M., et al. (2010). Do effects of early child care extend to age 15 years? Results from the NICHD Study of Early Child Care and Youth Development. *Child Development*, 81, 737-756. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938040/>
- 16** Bratsch-Hines, M. E., Carr, R., Zgourou, E., et al. (2020). Infant and toddler child-care quality and stability in relation to proximal and distal academic and social outcomes. *Child Development*. <https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/cdev.13389>
- 17** Application for Grants Under the Preschool Development-Expansion. <https://www2.ed.gov/programs/preschooldevelopmentgrants/applications/meapplicationpdg2015.pdf>
- 18** Michigan Great Start Readiness Program evaluation 2012: High school graduation and grade retention findings. <http://bridgemi.com/wp-content/uploads/2012/06/GSRP-evaluation-may-21-12.pdf>;
New Mexico Legislative Finance Committee Program Evaluation Unit (2020, June 10). Program evaluation: Prekindergarten quality and educational outcomes. https://www.nmlegis.gov/Entity/LFC/Documents/Program_Evaluation_Reports/Prekindergarten%20Quality%20and%20Educational%20Outcomes.pdf;
- Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *JAMA*, 18, 2339-2346. <https://pubmed.ncbi.nlm.nih.gov/11343481/X>
- 19** Bauer, L., & Schanzenbach, D. W. (2016, August 19). The long-term impact of the Head Start program. https://www.hamiltonproject.org/papers/the_long_term_impacts_of_head_start
- 20** Department of Defense. (2017, November). Qualified Military Available (QMA). Acquired from the Accession Policy and Joint Advertising, Market Research and Studies teams at DoD.
- 21** Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., et al. (2014). Early childhood investments substantially boost adult health. *Science*, 343(6178), 1478-1485. <https://pubmed.ncbi.nlm.nih.gov/24675955/>
- 22** Reynolds, A. J., Temple, J. A., Ou, S., Robertson, D. L., Mersky, J. P., Topitzes, J. W. & Niles, M. D. (2007). Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. *Archives of Pediatrics & Adolescent Medicine*, 161(8), 730-739. <https://pubmed.ncbi.nlm.nih.gov/17679653/>;
Smith, A. (2015, September 1). The long-run effects of universal pre-K on criminal activity. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2685507

- 23** Vandell, D. L., Belsky, J., Burchinal, M., et al. (2010). Do effects of early child care extend to age 15 years? Results from the NICHD Study of Early Child Care and Youth Development. *Child Development*, 81, 737-756.
<https://pubmed.ncbi.nlm.nih.gov/20573102/>
- 24** Adams, J., Becker, D., Ernest, J., et. al. (2019, July) Disciplinary infractions in Alabama public schools: First-Class Pre-K students have lower discipline rates.
http://children.alabama.gov/wp-content/uploads/sites/4/2019/07/7_Discipline_7-2019.pdf
- 25** Center for American Progress (2019). Early learning fact sheet Maine.
<https://www.americanprogress.org/issues/early-childhood/reports/2019/09/16/474487/early-learning-united-states-2019/>;
Schochet, L. (2019, June 4). 5 facts to know about child care in rural America.
<https://www.americanprogress.org/issues/early-childhood/news/2019/06/04/470581/5-facts-know-child-care-rural-america/>
- 26** Maine Department of Health and Human Services, Child and Family Services. (n.d.). Taking action to improve child care in Maine. <https://www.maine.gov/dhhs/ocfs/system-improvement-updates/recent-update.shtml?id=2103845>
- 27** NEWS CENTER Maine (2020, August 30). Families in rural Maine struggle to find child care during COVID-19 pandemic
<https://www.newscentermaine.com/article/news/health/coronavirus/finding-child-care-in-rural-maine-during-coronavirus-covid19-pandemic-poses-challenges/97-b586cd1a-c8ac-4c51-bfd4-c7ba1bb9b43e>
- 28** RMC Research (2019, October). State of Maine Needs Assessment.
https://drive.google.com/file/d/1Kvr8KUCaR0nX-Xvde4N_H7yMPIFchWZT/view;
Schochet, L. (2019, June 14) 5 Facts To Know About Child Care in Rural America
<https://www.americanprogress.org/issues/early-childhood/news/2019/06/04/470581/5-facts-know-child-care-rural-america/>
- 29** Henly, J. R., & Adams, G. (2018, October). Insights on access to quality child care for families living in rural areas.
https://www.urban.org/sites/default/files/publication/99149/insights_on_access_to_quality_child_care_for_families_living_in_rural_areas_1.pdf
- 30** Paschall, K., Halle, T., & Maxwell, K. (2020). Early care and education in rural communities. OPRE Report #2020-62. U.S. Department of Health and Human Services.
https://www.acf.hhs.gov/sites/default/files/opre/cceepira_rural_ece_508_jc.pdf
- 31** Committee for Economic Development (2019)/ Child care in state economies. Maine.
https://www.ced.org/assets/reports/childcareimpact/fact_sheets/revised/Maine%20Fact%20Sheet%201312019.pdf
- 32** Authors' analysis of data provided by the Maine Department of Education and census data. U.S. Census Bureau (2012, August). Maine: 2010 Population and housing unit counts.
<https://www2.census.gov/library/publications/cen2010/cph-2-21.pdf>
- 33** National Head Start Association (2020). 2020 Maine Head Start Profile.
<https://nhsa.app.box.com/s/ln2yxypq1ux2v5hw8bnp6l7auzstrmir/file/604138758157?sb=/details>
- 34** Maine Department of Education (n. d.). Head Start grantees.
<https://www.maine.gov/doe/learning/earlychildhood/headstart/grantees>
- 35** Maine Department of Health and Human Services, Office of Child and Family Services. (n.d.). Taking action to improve child care in Maine. <https://www.maine.gov/dhhs/ocfs/system-improvement-updates/recent-update.shtml?id=2103845>
- 36** CEI (2019, September 30). Federal Government Awards CEI \$400,000 to Incubate Child Care Businesses and \$800,000 to Grow Good Jobs in Rural Maine
<https://www.ceimaine.org/news-and-events/news/2019/09/federal-government-awards-cei-400000-to-incubate-child-care-businesses-in-rural-maine/>
- 37** Waterford.org (n.d.) How it works. <https://www.waterford.org/upstart/how-it-works/>; Kaplan, E. (2020, February 3). When the bus is the schoolhouse. Hechinger Report. <https://hechingerreport.org/when-the-bus-is-the-schoolhouse/>

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