



Making Our Way Toward a Prosperous Maine

Policy Roadmap for Women's Economic Justice



Maine Women's Lobby
Education Fund

Making Our Way Toward a Prosperous Maine: Policy Roadmap for Women’s Economic Justice

MWL Education Fund

Publication Date: November 2020

All rights reserved.

Board of Directors

Elizabeth Riotte, Chair

Lucia Chomeau Hunt, Vice Chair

Erin Cinelli, Treasurer

Lauren Sterling, Secretary

Lauren Jacobs

Gretchen Johnson

Staff

Dania Feleo

Destie Hohman Sprague

Logan Mills

Special Thanks to Our Sponsors



Table of Contents

Introduction	5
Methodology & Acknowledgments	7
Mapping the Trends	8
<i>Covid-19</i>	9
<i>Racism</i>	11
<i>Fragmented & Siloed Resources</i>	13
<i>Physical Infrastructure</i>	15
<i>Disaggregated Data</i>	17
Economic Security	19
Poverty & Public Benefits	20
Employment, Wages, & Workplace Benefits	24
Childcare, Direct Care, & Caregiving	29
Housing & Homelessness	33
Food Insecurity	37
Education	39
Health & Wellness	43
Healthcare Access & Coverage	45
Maternity & Postpartum Care	47
Reproductive Health & Justice	50
Mental Health, Substance Use, & Wellbeing	53
Civil Rights & Freedom from Discrimination	57
Freedom from Violence	61
Sexual & Intimate Partner Violence	62
State & Carceral Violence	66
Representation in Government Systems	69
List of Interviewees	74

Introduction

“We’ve been conditioned to scarcity; we’ve been conditioned to think that there isn’t enough for all of us. What we’re trying to promote, at least with our organization, is that there is enough, and the only way we will have enough is by working together and collaborating with each other.”

- Lisa Sockabasin, Wabanaki Public Health

INTRODUCTION

Every other year staff and partners of the MWL Education Fund, with the support of the Linda Smith Dyer Fellow, develop a Policy Roadmap for Economic Security. The Roadmap is an opportunity to examine the ways that our systems create barriers for women and girls (resulting in higher rates of poverty and economic insecurity across the lifespan of female-identified Mainers) and to identify policy solutions to increase wellbeing for everyone.

As we began the 2020 update to the Roadmap, COVID-19 brought most of our traditional economic systems to a standstill. Just a few weeks later the murder of George Floyd sparked an expansion of the movement for Black Lives, and citizens across the globe have called on communities to examine systems and structures - including economic ones - that perpetuate white supremacy.

This moment is an opportunity for us to think holistically about what we will rebuild - and what we will dismantle - as we build our road to the future. Throughout our interviews and outreach with over 20 partner organizations we heard stories of policies that were missing; policies that were not working as intended; and the ways that sexism, racism, classism, homophobia, and transphobia pervade the systems that people work within every day.

Drafting a road map to increase gender equity in one of the most uncertain times in our history is an audacious task. In some ways, this report has become both larger than we imagined - the moment demands structural thinking; and smaller than we had imagined - each section is just a glimpse into each issue area, and while it offers a beginning point, it is incomplete. Rather than addressing economic security - a series of measures designed to decrease poverty or increase access to basic supports - we are aiming to think about economic justice. This includes all the interconnected ways that the experiences of women, girls, and nonbinary people influence their ability to thrive.

While there are specific policy recommendations in each section, we have also addressed connections between different topics and identified structural improvements that can support everyone in our community - including those who are systemically oppressed or disenfranchised. Real economic security can only be achieved when Mainers live free of

violence and trauma and when they can access appropriate and affordable health care, including reproductive care. In our effort to consider economic justice in a frame of gender justice, we considered questions such as:

- When we review population-level data, what communities are obscured by not including breakouts of subpopulations? “Women” are half the population, and reporting data on them as a block can hide the fact that some populations are far more harmed by policies than others.
- In what ways are challenges across different spheres of our lives linked? One such example is the fact that most of the women incarcerated in Maine have a history of trauma, indicating that the spheres of trauma, violence, and crime should not be considered separately.
- How can we support individuals and families in ways that also ensure that employers can be successful and sustainable?
- When we create systems or policies that meet the needs of ‘most people’ - who is left out? If we build systems instead that orient toward ‘the last girl’ (a term used by our colleagues at Survivor Speak USA, meaning the girls who experience the most layers of vulnerability and oppression and are last to get their needs met) we may naturally have systems that support the wellness of the entire community.
- Who are our policy makers, who is choosing our policy makers (through voting or other means), and are they representative of their communities and of Maine as a whole?

This Roadmap - now focused more fully on the spectrum of economic justice - seeks to begin to address the ways that women’s health, reproductive experiences, history of trauma, and other factors are inextricably linked to their overall wellbeing. It is not comprehensive. Rather, it is a down-payment on our effort to both look at the systems and structures that help women, girls, and nonbinary people in Maine to be economically stable and investigate how we can create structures that are holistic, supportive, and sustainable for everyone in Maine.

METHODOLOGY & ACKNOWLEDGEMENTS

This Roadmap included three primary efforts:

- A review of population-level data sources, from the United States Census to the Maine Integrated Youth Health Survey. Where we were able to, we connected directly with individuals who oversee or contribute to those data sources. We'd like to acknowledge the support of staff from Maine Kids Count, Maine Integrated Youth Health Survey, Maine Center for Economic Policy, the Maine Center for Disease Control and Prevention Adolescent Health Program, and Wabanaki Public Health.
- Discussion and outreach with community partners to learn about their observations. This feedback was collected through surveys or through 30-60 minute interviews with partners. Special thanks to the organizations who participated in interviews or surveys to support this effort, who are listed at the end of this document.
- A literature review of a range of policy resources, both local and national, such as materials from the Institute on Women and Policy Research. We'd like to acknowledge and thank staff from Family Values at Work and the Institute on Women and Policy Research for their support. Finally, thanks to Kelli Whitlock Burton and Katrina Hoop for research and editing support.

This report could not have been prepared without the support of the 2020 Linda Smith Dyer Fellow, Kelli Musick (University of Maine School of Law, J.D. class of 2022), who coordinated many aspects of this report, and contributed significantly to research and partner outreach. Additional thanks go to our summer policy intern Caroline Baldacci (Wesleyan University, B.A. class of 2022), who contributed overall research support and writing in the 'childcare' section.



MAPPING THE TRENDS

Though discrete issue areas have specific data points and policy recommendations, there are overarching trends that cut across each of the issue areas, regions, and sub-communities or populations. These issues appear again and again across the landscape, and without orienting to these themes, each of the subsections can't be accurately understood.

1. **COVID-19 has unveiled and unraveled many of our systems and expectations.** Our policy solutions must be shaped around this public health crisis, as the effects will be with us for a generation.
2. **Racism affects every aspect of people's lives and experiences and is a part of every system we build and how we build them.** We cannot achieve community wellbeing without addressing and dismantling racism. Structural racism in economic and criminal justice systems will produce racially biased results even without intentional racism among those who make these systems operate. We must be anti-racist in our policy approach and acknowledge structural racism as the status quo we are working to change.
3. **Our service infrastructure and social safety net are fragmented, siloed, and sometimes conflict.** Lack of availability and affordability of many essential components of people's lives – most notably access to healthcare and childcare – is growing, and limited access to a livable wage means that more people are reliant on these broken systems. Community-based, relationship-based, and wrap-around services and programs show the most success in supporting the comprehensive wellness of people.
4. **Maine's physical infrastructure significantly affects people's lives.** Most notably, affordable housing, effective transportation systems, and access to broadband are major keys to wellness. Whether or not Mainers have access to these infrastructure elements plays a role in their overall likelihood to be physically well and economically secure.
5. **Data for sub-communities and sub-populations, as well as by region, must be collected and reported in every possible instance** in order to identify gaps in systems and policies that might otherwise be hidden by aggregate data.

COVID-19

COVID-19 is a once in a century public health crisis that has revealed uncomfortable truths about our economic and public health systems. Though many of these truths were already understood before March of 2020, they may have been less obvious. The pandemic made it impossible to ignore that too many members of our community live one emergency away from serious economic crisis; that our public health infrastructure has been seriously eroded in recent years; that the engine of our economy is highly dependent upon workers who are overwhelmingly women and people of color, who earn wages that are not livable, and have limited to no access to paid leave; that childcare is a linchpin sector that ensures the ability of adults to access education and employment (and which overwhelmingly employs women); and that racism is so inherent in every aspect of our culture that it results in rates of COVID-19 infection in Black and brown communities that should shock us all.

COVID-19 will almost certainly have long-term effects on the employment and wages of women as well. In May 2020, unemployment numbers in Maine were higher for women in the state than men due to the economic recession that was underway.¹ Women represented 55.5 percent of the unemployment claims and men represented 45.5 percent of them.² Also, while there aren't Maine-specific data yet, it's expected that the wage gap between men and women will widen in the aftermath of Covid-19.³ Because women in Maine and across the country already make less, on average, than men, their smaller salary (in heterosexual, two-parent households) is more likely to take a backseat as families struggle with the additional demands of childcare during the pandemic as a result of closing schools and childcare facilities.

Women, especially women of color, are more likely to be exposed to the virus due to the nature of their employment. According to research done by Sarah Austin at the Maine Center for Economic Policy, the majority of "essential workers" in Maine are women and people of color. Austin noted

IN THEIR WORDS

"COVID-19 has exposed the racial and income disparities and inequalities in our state and nation, including accessing unemployment insurance. With childcare centers and schools closed, women, who still bear the primary responsibility for child and elder care, have needed to add those responsibilities to their own education, work, and small business management. The pandemic has also emphasized the intersectionality of issues because individuals and families can't be economically stable or secure without access to affordable housing and food security." - **Gilda Nardone, New Ventures Maine**

"A big problem with COVID is that everything is a guideline or a suggestion; there are not a lot of ways to provide legal accountability or oversight. Calls [to the worker's line] are primarily from immunocompromised folks working in unsafe conditions. The CDC tells [childcare providers] how to change a diaper, but not what to do when people keep bringing their sick kids to the center." - **Arlo Hennessey, Southern Maine Workers' Center**

"We are seeing referrals to the [COVID-19] quarantine shelter of people who are coming from apartments where they're living with 10-15 people. This is a major public health issue that's connected with housing, food, and other basic needs." - **Daniella Cameron, Preble Street**

"80,000 out of the first 100,000 COVID-19 deaths were older people. We're treating older people like they're expendable." - **Jess Maurer, Maine Council on Aging**

"We are seeing lots of concern from people who can't work remotely and are reluctant to return to work in person because someone at home is vulnerable to COVID-19. Their ability as a worker and as a caregiver is now compromised." - **Jeffrey Young, Maine Employment Lawyers Association**

¹ McGuire, Peter. (2020, May 19). Maine women and young adults hit hardest by unemployment. Retrieved July 27, 2020, from <https://www.pressherald.com/2020/05/19/maine-women-young-adults-hit-hardest-by-unemployment/>

² Ibid.

³ Kurtzleben, Daniel. (2020, June 28). How Coronavirus Could Widen The Gender Wage Gap. Retrieved July 27, 2020, from https://www.npr.org/2020/06/28/883458147/how-coronavirus-could-widen-the-gender-wage-gap?fbclid=IwAR0Y8MmGq2G_VLW6jAlgLmWFAkap2yxSKInpl160QkWX-1NqBhdAikOQsUAo

that while “Women make up roughly 49 percent of the total Maine workforce, they comprise more than two-thirds (roughly 68 percent) of frontline workers.”

Additionally, she found that “Frontline workers are 31 percent more likely to be black workers, compared to the full workforce. Black workers comprise just 1.3 percent of the total workforce, but account for 1.7 percent of frontline workers. Asian-Pacific Islanders and immigrant workers are also over-represented in frontline industries.”

We are still experiencing and integrating the effects of this pandemic and will be for years to come. A comprehensive assessment and recommendations are outside the scope of this report, yet the entirety of this report must be understood in the context of the pandemic.

RECOMMENDATIONS:

- **Maine should fully fund the Economic Support and Stabilization Recommendations of the Maine Governor’s Economic Recovery Committee (July 15, 2020).** In particular, the proposals for “Supporting Maine People” include solutions oriented toward:
 - **Public health** (invest in and empower a true, robust public health system to keep our entire population informed and safe; and use the buying power of the state to purchase and distribute necessary PPE and cleaning supplies, etc.);
 - **Childcare** (Stabilize childcare providers to operate safely to care for children of working parents; and support schools, childcare providers, afterschool programs, and other community partners to address potential gaps in childcare for working parents as a result of part-time classroom instruction);
 - **Prioritize support for the safe operation of in-person PreK-12 schools and Institutions of Higher Education;**
 - **Affordable Housing** (Develop a robust, statewide housing assistance program that includes rental assistance, rapid re-housing, and eviction prevention); and
 - **Support for Immigrant Workers** (Provide equal access for Maine’s immigrant workers and families to be eligible for state funded TANF, SNAP, Medicaid, childcare subsidies, or equivalent state support through the duration of the public emergency).
- **The federal government must continue to move toward a comprehensive solution that prioritizes limiting the spread of the virus** in order to protect the lives of the people who live here; as well as relief packages that ensures everyone has access to health care, basic income to support food security and shelter, and safe school and employment environments.
- **We must increase direct cash assistance to those with the greatest need.** Programs such as the federal stimulus, the increased Unemployment Insurance payments (through the federal relief), and expanded SNAP benefits during the early months of COVID-19 provided families with immediate flexible supports that they could direct at their greatest needs, whether that was covering lost wages, paying bills or debt payments, increased health costs, or other needs. Direct cash assistance is the best way to support vulnerable families in the ways that are most appropriate for their needs.
- **Establish a system of statewide or national paid family and medical leave for all workers.** Most front-line workers (who have the highest risk of contracting COVID-19) do not have access to paid family and medical leave, meaning that they will often be forced to choose between staying home and missing a paycheck or going into work with a highly transmittable virus. Neither option will keep our communities safe and healthy.
- **Maine must continue to invest in climate change initiatives.** COVID-19 has revealed many of the fault lines which climate change will exacerbate, and it is a reminder that those who will be most impacted are those who are already marginalized or disenfranchised: Black, brown, and Indigenous people; low-wage workers; women; elders; and rural communities have borne the burdens of the pandemic and are likely to do so as the climate continues to change. Maine must make this a priority.

Racism

This year has brought long-standing racial disparities into sharp and urgent focus both in Maine and across our country. At the time of this writing Maine had the highest racial disparity in COVID-19 rates of any state in the country, and we have witnessed repeated instances of racially motivated police brutality. While the events of the summer of 2020 have been a call to action for many, we must take this moment to examine the underlying structures that make violence and discrimination against Black, brown, and Indigenous communities the status quo in our country, not an anomaly.

As the whitest state in the country, Maine has a unique responsibility to ensure that our non-white community members have a voice in our political system. We cannot treat the small number of non-white folks in Maine as statistically insignificant. In fact we must work harder to ensure that the unique needs of these communities are centered as we make policy decisions. We were honored to support the formation of the Permanent Commission on the Status of Racial, Indigenous, and Maine Tribal Populations, and are committed to working to support the policy recommendations from this Commission, in order to translate to meaningful reforms that improve the quality of life for all Mainers.

Historically white-led organizations in an overwhelmingly white state, including the Maine Women's Lobby and MWL Education Fund, have favored policy recommendations that centered the needs of white cisgender women. This year is a fresh call to action to ensure that our state and our organizations are as actively anti-racist in internal processes and policies as in our outward-facing policy priorities.

RECOMMENDATIONS:

- The recommendations from the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations provide Maine's best blueprint for beginning to address structural racism in our systems and policies. The Commission offers guiding principles for the Executive Branch, which should be embedded throughout Maine's policy efforts as well as in organizational, state agency, and other infrastructure reform. These include:
 - **“Awareness alone is not enough.** Building awareness of the disparities is a first and important step, but awareness alone is not enough. Action needs to be taken to address their causes.
 - **“An adequate response requires a structural analysis.** Specific bills and policies may help provide relief in the short-term, but they are generally embedded in and reactive to the racist structures in our current systems and we need to re-examine those systems and how they intersect.

“Developing solutions must be led by impacted communities. We strongly believe that the right solutions will come from the communities most impacted by systemic racism. Black, Indigenous, and people of color are the best deliverers of their own livelihood and healing. Systemic racism has undoubtedly limited the ability of these communities to build the institutions and infrastructure that exist for white Mainers. In order to begin to change that, the State must invest directly in these communities' self-determination. Black, Indigenous, and people of color must lead the way in developing the infrastructure they need to heal and rebuild.”



- **Representation from community members who have been marginalized and disenfranchised must be pursued at every level of decision-making** including school boards and city councils, state systems such as the Maine Human Rights Commission, all three branches of government, and private and non-profit leadership. We don't suggest representation for tokenism (bringing one 'diverse' voice into a group to 'check a box'); rather, the voices of Black, brown, Indigenous, and people of color (BIPOC) must be meaningfully integrated into the leadership of our state at every level. Just as including more women in leadership

positions at every level has begun to decrease the sexism inherent in public policy, and subsequently to decrease gender inequity, following the leadership of BIPOC is essential to building anti-racist public policy.

- **Organizations must make a commitment to assess their own systems and policies for elements of racism and white supremacy,** and to follow through with actions to create anti-racist organizations and environments.

INTHEIRWORDS

"We need to examine our systems for biases - Like the inherent biases and stigma that we know just as women we've all faced, never mind the insidiousness of racism that we know is so inherent in the systems that are present... If we're going to make an impact in the lives of women and girls - especially women and girls of color - we must look at the impact of racism...I always want to push to think of who is not served [in any proposal] - sometimes when you're promoting public policy for only one issue, you're actually widening the gap of disparity and contributing to doing harm to those who are most vulnerable and who are not recognized in the story. [For instance,] There have been programs for American Indians for a long time, and we still die at 50 years old and only 40 percent of us graduate from high school. There are programs - however, how can we really access them fully if we haven't done that other work prior to that access?" - Lisa Sockabasin, Wabanaki Public Health

"Systemic racism, that is baked into our laws and customs, makes accessing civil rights all too frequently a matter of skin color and income status. This is a matter of life and death: Black folks are 20 times more likely than white folks to be hospitalized from COVID-19 and although they make up less than 2 percent of the population, comprise over 30 percent of positive tests. Black and poor people are much more likely to be targeted by police and end up in jail or prison. Educational disparities are huge between Black and

white children. And, of course, gender adds a layer onto these deep inequities." - Meagan Sway, American Civil Liberties Union of Maine (ACLU)

"[We need to be] focusing on tremendous disparities experienced by BIPOC Mainers and how this is all intertwined with those disparities. Health justice cannot be realized without racial justice." - Whitney Parrish, Health Equity Alliance

"Women and girls aren't equal to begin with, so add that to the experience of women and girls of color, who come from disadvantaged communities, whose family's resources or support affects how they see the world. For a young girl, [when there is family instability] your educational process is interrupted, you may struggle to get scholarships or drop out of school. That path, once paved... how do you get off it? That inequality of access really affects you. By the time you're in your 40s and 50s, it really affects how you see the world. When young girls don't have the resources they need, the path of inequality is paved more and more every day." - Fatuma Hussein, Immigrant Resource Center of Maine

"Recently Black Lives Matter and the impact it has had in Portland (and across the state) is the most hopeful ray of sunshine....This shift in who has power and who is shaping the demands, has the most potential to improve the ability of all people to have and exercise their civil rights." - Meagan Sway, ACLU of Maine

Fragmented & Siloed Resources

Programs to build economic security, increase access to mental health and recovery programs, and expand education, are only successful when they are available, understood, and possible to navigate. The journey from Kittery to Fort Kent is possible because there is a network of well-marked paved roads – but even then, only if one has a car. If travelers had to take the Downeaster north to Portland, catch a bus to Augusta, and eventually portage through the Allagash waterway, the trip would take weeks, and might involve getting lost in the hundred-mile-wilderness – if one decided to undertake it at all.

Our social safety net is meant to meet the needs of vulnerable Mainers, yet it requires complex navigation without a GPS. This can be especially challenging for individuals who have additional barriers related to documentation status or language. As one interviewee noted: “Unaccompanied minors are really falling through the cracks, because they are stuck between systems. There are grassroots efforts, but they are not systemic, and when they rely on the heroic efforts of a few individuals, they aren’t sustainable.” (Daniella Cameron, Preble Street). We know that programs work when they are community-based, relationship-based, and acknowledge that complex needs require complex solutions.

INTHEIRWORDS

“Many families struggle to afford and find high quality childcare or any childcare at all. Early learning, early childhood services, and childcare supports are part of many different entities and structures, creating separate systems that are hard for families to access and navigate. We see trends towards bringing together communities and bringing together early childhood stakeholders working with and serving children from birth to elementary school. When we can bring together home visiting parent coaches, special education services, mental health services, access to health care and housing, paid leave policies, and childcare subsidies we will have a state that works for children and families.”
- **Tara Williams, Maine Association for the Education of Young Children**

“Most of the ways that programs are funded are siloed. Programs are funded separately and planned separately, but we know that the issues of housing and recovery are all connected.” - **Daniella Cameron, Preble Street**

“The goal is to dramatically improve the services that serve families, and doing it in a way that’s holistic, and focused on community and relationships. We need to be making sure that our programs are designed and delivered in a regional way, and relationship-focused way.” - **Rita Furlow, Maine Children’s Alliance**

“Within MaineSpark Adult Promise, women’s reproductive

health care, and other initiatives, I think there is a growing awareness of the intersectionality of the program and policy issues that affect women’s economic security and a commitment to working together across issue areas to create positive change.” - **Gilda Nardone, New Ventures Maine**

“Our system [for adults with developmental disabilities] has been in place since Pinelands closed and is now outdated with congregate living settings (group homes). People want and need more access to their communities and more choice and control over their services.” - **Monique Stairs, Speaking Up For Us**

“As a public health agency [during COVID-19], we’re keeping people safe. We’re trying to keep our families comfortable, fed, nourished, and also supported culturally through language classes at home, culturally appropriate recovery meetings at home - those are the things we’re really trying to promote so that people are as supported as possible.”
- **Lisa Sockabasin, Wabanaki Public Health**

“The system has to admit that it needs to build in time, to build a relationship. It might feel like it’s not checking the boxes or getting where it needs to go, but while you’re building a relationship you can get a lot done.” - **dee clarke, Survivor Speak USA**

RECOMMENDATIONS:

- **Increase the MaineCare reimbursement rate.**

Across nearly every area of our research, we heard repeatedly how essential MaineCare is to our communities: “MaineCare keeps people alive.”⁴ However, reimbursement rates are low enough that many providers will not accept MaineCare as payment (increasing the scarcity and lack of choice for many people, especially those in rural communities); or programs which are dependent on MaineCare – especially those which focus on mental health or substance use treatment, such as Shalom House – have been forced to close their doors. MaineCare is meant to fill in the gaps in a fragmented system, yet the low reimbursement rates exacerbate, rather than alleviate, this issue.

- **Invest in community-based, wrap-around, and/or “two-generation” services and programs.**

Two-generation approaches support low-income children

and their parents or caregivers, combining interventions to interrupt the cycle of poverty (such as providing childcare while supporting parents with job training). According to the Urban Institute, “These approaches emphasize education, economic supports, social capital, and health and well-being to create a legacy of economic security that passes from one generation to the next.”⁵ Maine has several notable examples of successful programs such as Family Futures Downeast.

- **Continue to restore Maine’s Public Health Nursing program.** According to the Maine Domestic Abuse Homicide Review Panel, public health nursing is critical to easing the service fragmentation for some populations. “These positions are crucial to collaborate on assessments, help with resource management, and provide enhanced services to Maine families.”⁶

4 Cait Vaughan, Maine Family Planning.

5 Urban Institute. (n.d.). Two-generation approaches. Metropolitan housing and communities policy center. Retrieved from <https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/host-initiative-action/designing-housing-platform-services/two-generation-approach>

6 Maine Domestic Abuse Homicide Review Panel. (2018). Voices against violence; the 12th biennial report. Retrieved from: <https://www.maine.gov/ag/docs/DVHRP-FinalReportpercent2010.2.2018.pdf>



Physical Infrastructure

While Maine’s rural natural beauty is one of our home state’s greatest gifts there is a sharp disparity in the available infrastructure between southern coastal communities and rural northern ones. These infrastructure challenges are often linked: as housing costs continue to rise (without a corresponding wage growth for many), lower-income families are pushed out of urban areas into regions without critical infrastructure such as broadband internet or public transportation (80 percent of Maine households have a broadband subscription⁷, but quality varies and those are primarily focused on more populous areas). Additionally, as rurally located families seek the higher wages of more populous environments in order to afford rising housing prices, transportation becomes even more essential. There should be affordable housing available everywhere in Maine, even urban hubs such as Portland and Augusta, and Mainers should be able to live in more rural parts of the state without foregoing the infrastructure they need to thrive in a changing world.

Without reliable internet, affordable housing, and accessible public transportation, rural Mainers do not have the tools they need to respond to the challenges of our newly digitized economy and education system. COVID-19 has demonstrated how many systems can move into an online environment – while not all schooling, work, or health care appointments can happen remotely, many can. Rebuilding from COVID-19 is an opportunity for Maine to re-prioritize the development of our state’s infrastructure in support of a vibrant economy, to create accessible and supportive communities for all.

RECOMMENDATIONS:

- **Invest in affordable and low-income housing supports.** This includes:
 - At the federal level, expand the number of available Section 8 and other flexible vouchers to support families in accessing housing in their own communities;
 - Addressing zoning issues that restrict the ability to create affordable multi-unit housing for families; and
 - Increasing the number of regionally integrated housing approaches. For instance, MaineHousing is launching a new initiative to create regional approaches to ensuring that families can access housing.
- **Extend universal broad-band access across the state.** Efforts have been made to expand broadband access through a bond initiative or through a one-time state appropriation, and other proposals would ease the transition, such as one to loosen restrictions on municipalities seeking grant funding for local expansion. The state must prioritize efforts to bring internet access to all Mainers, and it will most likely be through more than one initiative.
- **Continue to extend public transportation.** ‘Connector’ programs like the Brunswick Breeze can help address this, but transportation in rural areas is sorely lacking. This is closely linked with broadband access; as tele-health systems and other ways of internet-based services become available, they can ease some of the pressure on transportation – but only if broadband access is available.

⁷ United States Census Bureau. (2018.) Broadband subscriptions, household. Retrieved July 24, 2020 from <https://data.census.gov/cedsci/table?q=maine-percent20povertypercent20&g=0400000US23&tid=ACSST1Y2018.S1701&t=Poverty>

IN THEIR WORDS

“The one-time \$500 boost for rental assistance [for COVID-19 recovery] has not worked. Not just [during] COVID-19, but in general, we’ve seen gaps in affordable housing grow in the last ten years, and COVID-19 has exacerbated that. We make changes in emergency supports and we tie them to an artificial date, which is not how women and humans run their households.”

- Heather Zimmerman, Preble Street

“We don’t talk enough about how housing and transportation are feminist issues! [Additionally, programs such as] universal broadband access are priorities because digital equity is really critical to ensuring rural opportunities.” – **Cait Vaughan, Maine Family Planning**

“The need for affordable housing has outpaced its availability. Looking at affordability at the county level, there is no place in Maine where median rents are affordable by households earning the median income... As a result, there are parts of Maine, southern and midcoast counties, where finding an affordable rental is extremely difficult and households with vouchers are spending months trying to find a rental unit.” – **Denise Lord, MaineHousing**

“Transportation is a major barrier all around.”
– **Monique Stairs, Speaking Up For Us**

“In Maine, the lack of quality broadband and digital resources has been problematic with education and services moving online [during the pandemic].”
– **Gilda Nardone, New Ventures Maine**

“The trafficking fund data (data on requests to Maine’s human trafficking victim fund) shows the failure of the housing system.” – **Jess Bedard, Maine Coalition Against Sexual Assault**



Disaggregated Data

One of the challenges of a state that is overwhelmingly white is the limited access to disaggregated data (data broken out by subpopulations). In some instances, data is presented in the aggregate – without breakdowns for subpopulation – in order to protect the privacy and identity of people who may be part of very small subpopulations. This is especially true when the data is related to sensitive topics such as experiences or perpetration of crime or mental health needs. However, there are many places where data simply hasn't been collected or presented in a disaggregated form because it is not the habit to do so, and doing so requires an investment in technology, updated surveying practices, and data analysis.

Presenting data in the aggregate can sometimes serve to obscure the real impact of an issue – making the data itself a type of misinformation. If ten people are surveyed for a disease, and five of them have it, that means about half the population has been impacted. But if all five of those impacted live north of Bangor, and all five of the people not impacted live south of it, there may be a very different story to tell when we disaggregate the data by region.

One of the best examples of publicly available disaggregated data is the Maine Integrated Youth Health Survey.

This includes many indicators of health and wellbeing, disaggregated by gender identity, sexual orientation, age/grade, race/ethnicity, and region. As a result, the public can access meaningful information about risk and protective factors for young Mainers, and to identify where there are significant gaps between different sub-populations or sub-communities. As we work to center the most marginalized and disenfranchised communities in Maine when creating policy, it is essential that we do so with the highest quality data available. Using disaggregated data to guide our policy decisions and surveying practices will be an important key to creating impactful legislation that helps those who need it the most.

RECOMMENDATIONS:

- **Work across all state systems to make data publicly available in a disaggregated form, by gender, race/ethnicity, LGBTQ+ status, and region.** Some of the places this would be most helpful include:
 - Tracking and reporting crime charges and final disposition by gender, race/ethnicity, and region. In recent years, Maine prosecutors moved to creating a statewide system of tracking this information for the first time, after decades of tracking this information only at the district level. As this system is fully implemented, the de-identified information should be available to the public wherever possible.
 - The Maine Human Rights Commission annual reports. Currently the MHRC reports on the annual claims filed across complaint type (such as sex, age, or disability discrimination or whistleblower complaints)⁸. Reporting on these claims by gender identity or race/ethnicity would significantly improve our public understanding of who is bearing the burden of discrimination in Maine.

⁸ Maine Human Rights Commission. (2019). Annual Report. Retrieved from https://www.maine.gov/mhrc/sites/maine.gov/mhrc/files/inline-files/MHRCpercent202019percent20ANNUALpercent20REPORT_0.pdf.



INTHEIRWORDS

“Some states, not Maine, in the early stages of the pandemic asked or got laws passed to mandate that their health officials ask SOGI [sexual orientation and gender identity] questions for people getting tested for COVID so we’d have an accurate count and know the affect the virus was having on our community. We don’t have that data in Maine so for the foreseeable future will rely on anecdotal data through stories. We do think Maine can go back and ask all positive cases the SOGI question for a more accurate count and understanding of the impact the virus is having on marginalized communities.” - Gia Drew, Equality Maine

*“It’s difficult to get the government to care about our issues if we don’t have the data to prove that they’re valid.”
- Quinn Gormley, Maine TransNet*

“Valid and informative data are needed to understand the scope of social, economic and health inequities in Maine. Careful examination of that data will help identify the factors contributing to them, and ongoing monitoring of the data is critical to ensure progress towards comprehensive, long-term reductions in disparities. We recommend that you direct state agencies to begin collecting and publishing data that is disaggregated by race, ethnicity and tribal status wherever possible and to begin tracking disparities in their areas of jurisdiction.” - Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations

Economic Security

“No matter how you show up in the world, your race, your sexuality, your gender—it’s traumatizing to be poor.”

— dee clarke, Survivor Speak USA

“If you don’t have food to eat, are you going to think about birth control? Your head isn’t there. I always think about the basic human needs that people need to be stable and healthy so that they CAN think about the next step—financial literacy, education, birth control, etc.”

— Fatuma Hussein, Immigrant Resource Center of Maine

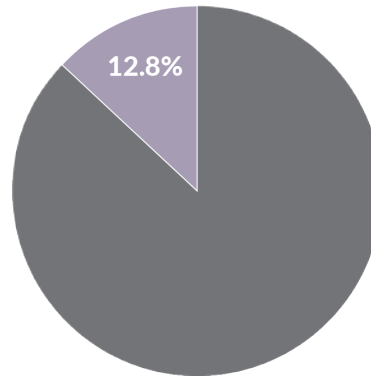
“If we look at the women we serve throughout our program, there are so many barriers to getting out of poverty. It has to do with trauma, criminal history, service, and resources. The only people who are able to get out are those with additional resources or caring families [with resources]. Housing people isn’t enough, but there aren’t services or systems to help people heal so that they can then build. So much of what we do is about fighting the stigma of poverty and homelessness. We need systems and policies rooted in dignity and respect.”

— Daniella Cameron, Preble Street

POVERTY & PUBLIC BENEFITS

Stats Snapshot

12.8% of women in Maine live in poverty, as compared to 10.4% of men.¹ However, when broken down by race/ethnicity, the numbers change significantly: **Poverty affects 20% of Black Mainers, 26% of Hispanic/Latinx Mainers, and 35% of Native Americans.** Poverty rates are also significantly different by region: just 9.7% in Cumberland County, but more than 19% in Somerset.



Overall percentage of women in Maine who live in poverty.

Percentage of people in Maine who live in poverty by race/ethnicity.

	Overall	Men	Women	White	Black	Asian	Native	Hispanic
Percent in Poverty ²	11.6%	10.4%	12.8%	11.2%	20.2%	5.9%	35%	26%
Percent of TANF population	10,105 (total)	416 (total)	2653 (total)	85.5%	7.1	.4	2	2.4 Mul race 2.5

Percentage of people in Maine who live in poverty by county.

	Androscoggin	Aroostook	Cumberland	Franklin	Hancock	Kennebec	Knox	Lincoln
Percent in Poverty ³	13.2%	17.2%	9.7%	12.2%	11.2%	13.3%	10.9%	12%
	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Waldo	Washington	York
Percent in Poverty ⁴	15.9%	15.7%	19.2%	9.8%	19.3%	13.9%	18.5%	8.4%

Between 2016 and 2017, the child poverty rate in Maine fell from 17% to 13%, a reduction of 10,000 children living in poverty. This is the largest annual decrease in child poverty since the current tracking system was implemented, and larger than the reduction in national or regional child poverty rates over the same period.⁵

Despite such significant decreases in child poverty in recent years, **the rate of poverty of Black or African American children in Maine is still well above the US average, at 53% in Maine versus 36% nationwide. Native American children in Maine also had a higher rate of poverty than national averages: 41% versus 34% in the US overall.**

¹ Women's Issues in Maine. (2020). Retrieved August 3, 2020, from <https://nwlc.org/state/maine/>

² United States Census Bureau, Poverty Status in the Past 12 Months. (2018.) Retrieved July 24, 2020 from <https://data.census.gov/cedsci/table?q=maine-percent20povertypercent20&g=04000000US23&tid=ACSST1Y2018.S1701&t=Poverty>

³ United States Census Bureau, 2014-2018 Poverty Rate in the United States By County. (2019). Retrieved July 24, 2020 from <https://www.census.gov/library/visualizations/interactive/20142018povertyratebycounty.html>

⁴ United States Census Bureau, 2014–2018 Poverty Rate in the United States By County. (2019). Retrieved July 24, 2020 from <https://www.census.gov/library/visualizations/interactive/2014-2018-poverty-rate-by-county.html>

⁵ MECEP. (2017). Minimum wage increase boosted paychecks, cut child poverty in 2017, Retrieved from <https://www.mecep.org/wp-content/uploads/2018/09/Minimum-Wage-Child-Poverty-092418.pdf>

Female-headed households are significantly more likely to access Temporary Assistance to Needy Families (TANF.)

Female-headed households account for 2,653 of TANF recipients, while male-headed households account for only 416 (approximately 7,000 TANF recipients in Maine are children).⁶

The median household income for Mainers is \$55,425. **In Androscoggin County, for instance, the median household income is \$51,412;⁷ however, the median livable wage for a household of four in Androscoggin County is \$78,029 to attain a “modest yet adequate standard of living.”⁸**

Maine minimum wage statistics.

State minimum wage ⁹	\$12.00
State tipped minimum cash wage	\$6.00
Overall wage gap	\$0.82
Share of tipped workers who are women	79.5%
Share of tipped workers who are women of color	5.9%
Poverty rate of women in tipped occupations	13.4%
Poverty rate of women of color in tipped occupations	17.4%

6 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. (2017). TANF Financial Data – FY 2015. Retrieved July 24, 2020 from <http://www.acf.hhs.gov/programs/ofa/resource/tanf-financial-data-fy-2015>

7 United States Census Bureau, Quick Facts by County. (2019). Retrieved July 24, 2020 from <https://www.census.gov/quickfacts/fact/table/ME/HSG010219>

8 Economic Policy Institute, Family Budget Calculator. (2018). Retrieved July 24, 2020 from <https://www.epi.org/resources/budget/>

9 National Women's Law Center. (2019). Tipped workers by state. Retrieved from <https://nwlc.org/wp-content/uploads/2019/06/Women-Tipped-Workers-State-by-State-2019-v2.pdf>

IN THEIR WORDS

“Direct assistance is a necessary form of support. Community members know what is most important for them, and they should be trusted to manage resources without anybody in the middle. Studies have proven this to be the most effective use of public resources as well, despite persistent and unfounded concerns about fraud.” —**Ian Yaffe, Mano en Mano**

“We need to structure public benefits programs to fit people’s lives. We need a human-centered approach to public policy reform on public benefits. Society cannot be well while people are poor.” —**Heather Zimmerman, Preble Street**

“The number of children in poverty shows that it’s their parents who have obstacles. There are short term and long-term implications to this, [it diminishes] both immediate health and long-term opportunities.” —**Rita Furlow, Maine Children’s Alliance**

“There are many people who depend on the street economy, and women and girls especially who rely on commercial sex within the street economy. During COVID, that’s largely not

available to them. We don’t have systems in place to take care of people, and with a public health crisis, there are even more barriers. COVID has highlighted how important the street economy is for people’s survival.” — **Daniella Cameron, Preble Street**

“36% of older Mainers live on Social Security alone with an average social security of \$14,000 a year. I think that there are 75,000 people who are 65 years or older in Maine who don’t have enough money to meet their basic needs but don’t qualify for any means-tested benefits. So those people are what the Elder Economic Security Index calls ‘people who live in the gap.’ And the Elder Economic Security Index is talking only about your cost of housing, transportation, healthcare, food, utilities, not a birthday card for your granddaughter. When we say people don’t have enough money to meet their basic needs, it’s really just those basic needs.” —**Jess Maurer, Maine Council on Aging**

“Being in poverty is a statistically significant vulnerability for those who are then trafficked.” —**Jess Bedard, Maine Coalition Against Sexual Assault**



Observations

Poverty affects populations which already experience some level of marginalization or disenfranchisement.

Women, people of color, rural people, the LGBTQ+ community, and children experience poverty at significantly higher rates than other subpopulations. Aggregated data, or data that does not break down broader statistical trends by population, tends to obscure the true burden of economic instability on specific populations. For instance, elder women struggle with poverty in ways that don't always show up; they may own their own homes, but the combination of rising property taxes, fixed incomes, and lower lifetime income due to caregiving roles combine in ways that are significant but may not be reflected.

The minimum wage increase has dramatically reduced child poverty in Maine.

According to the Maine Center for Economic Policy, the increased minimum wage has brought about a dramatic decrease in child poverty rates, lifting 10,000 children in Maine out of poverty.¹⁰ Other research supports this. Maine's Kids Count, a nonpartisan child and family research organization in Maine, indicates that "The minimum wage increase has made serious dents in poverty." When struggling families bring home more resources, kids do better. But while we know that the minimum wage increase has helped significantly, there remains a significant gap for many families between their current income and a livable wage.

Flexible and cash-based supports are the best way to meet people's needs.

Flexible supports allow people to target resources exactly where they need it most. According to Heather Zimmerman of Preble Street, "General Assistance is one of the most important emergency responses in our safety net—not only the flexibility, but the immediacy. It is in moments of emergency that people have instability, and this program is designed to meet that need."

To make ends meet, Mainers often must patch together income, benefits, and the street economy.

As Gilda Nardone of New Ventures Maine notes, "We believe it is the combination of EITC, the Child Tax Credit, and other state tax credits coupled with free tax assistance and financial education and access to resources, such as matched savings programs, that can help families begin to move out of poverty towards economic stability." Additionally, the street economy—trading goods, resources, and services that are sometimes sexual in nature—is an important means of survival for many women who have been excluded from the mainstream economy, particularly those who are trans or gender nonconforming, those struggling with mental illness or substance use disorder, and others. The street economy can be unstable and too often hazardous, especially in work that includes sex, which increases the risk of violence, criminalization, and the resulting long-term repercussions.

¹⁰ Myall, J. (2018). MECEP Policy Brief: Minimum wage increase brought higher wages, reduced child poverty in 2017. Retrieved August 3, 2020, from <https://www.mecep.org/mecep-policy-brief-minimum-wage-increase-brought-higher-wages-reduced-child-poverty-in-2017/>

Recommendations

CONTINUE TO WORK FOR A LIVABLE WAGE FOR ALL MAINERS. Continue indexing the minimum wage to inflation. Maine’s minimum wage reached \$12 per hour in 2020 and will be adjusted to track with the rising cost of living. Still, even the median income in Maine falls below a livable wage, and Maine must make every attempt to improve wages for all Mainers.

Eliminate the tipped minimum wage. Tipped workers making more than \$30 in tips per month receive a minimum wage of only \$6 per hour.¹¹ Without tips, and working 40 hours per week, 52 weeks per year, that amounts to only \$12,480, just under the federal poverty level for one person in Maine (\$12,760).¹² Seven states and three territories have no tipped minimum wage (Alaska, American Samoa, California, Commonwealth of the Northern Mariana Islands, Guam, Minnesota, Montana, Nevada, Oregon, and Washington). Maine should join that list.

STREAMLINE TAX SUPPORTS AND INCREASE AWARENESS AND ACCESS TO THE PROGRAMS.

“Maine did increase the state EITC last year,” notes Nardone of New Venture Maine, but **“more can be done at the state and federal level to increase outreach and**

support Volunteer Income Tax Assistance (VITA) and other savings and retirement programs for low-income working families.”

- Simplify applications and eligibility determinations and increase benefit levels for public programs.
- Increase support for VITA and fund informational campaigns so those who need supports know about the programs and how to enroll.

Make applications accessible to nonnative English speakers. Immigrant communities that could benefit from these programs face language barriers on top of every other accessibility issue for these critical programs.

AT THE FEDERAL LEVEL, PROTECT AND EXPAND SOCIAL SECURITY AND MEDICARE.

Add a caregiving credit to Social Security benefits to cover reduced time in the labor force due to caring for family.

Increase benefits to ensure adequacy and improve cost of living adjustments.

¹¹ US Dept. of Labor. (2019). Minimum wages for tipped employees. Retrieved from <https://www.dol.gov/agencies/whd/state/minimum-wage/tipped>

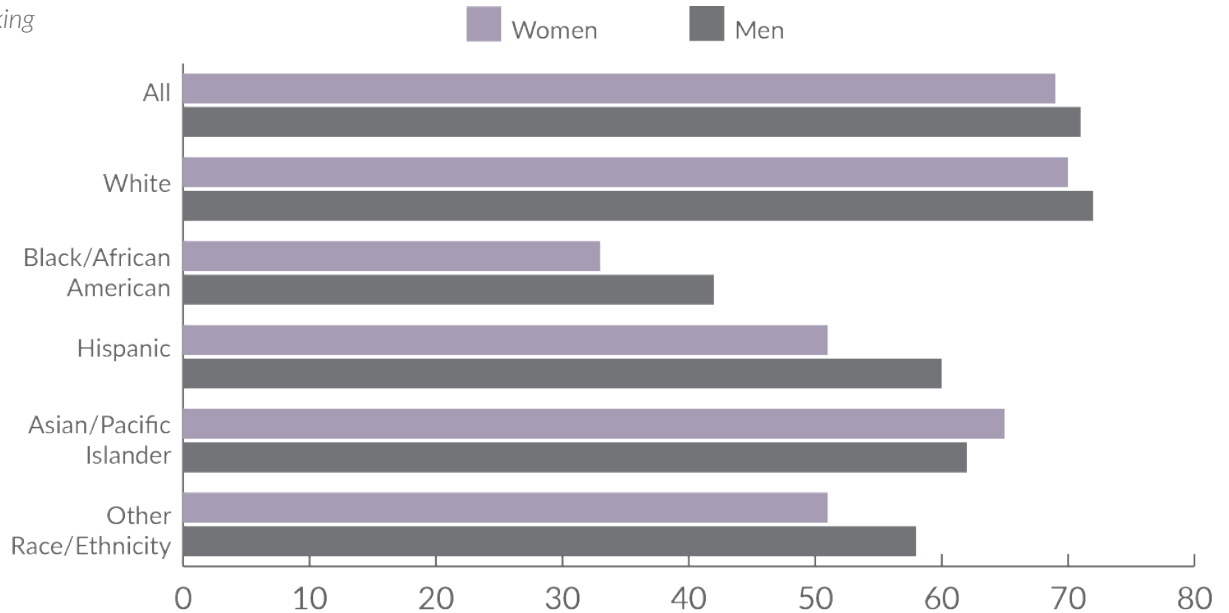
¹² US Dept. of Health and Human Services. (2020). Poverty guidelines by state. Retrieved from <https://aspe.hhs.gov/2020-poverty-guidelines>



EMPLOYMENT, WAGES, & WORKPLACE BENEFITS

Stats Snapshot

Percentage of working Mainers living with economic security.



Women make up approximately half of Maine’s population and half of the workforce,¹³ but experience higher rates of unemployment. Single mothers are almost twice as likely as married men to be unemployed.¹⁴ Maine women have been hit harder than men by unemployment since the onset of COVID-19.¹⁵

In Maine, the average wage gap between a woman’s income and a man’s is \$0.83 (to the man’s \$1.00), for a lifetime loss of \$324,040.¹⁷ **Black women in Maine are paid \$0.66 for every dollar a white man makes, which amounts to a lifetime loss of more than \$692,960.** This means that she has to work until she’s 81 years old to be paid what a white man earns by the time he is 60 years old.¹⁸

Black and Hispanic women and teenagers have experienced greater unemployment than their white counterparts, and employment for these populations has lagged in the last 10 years since the 2008 recession.¹⁶

13 Legislation in Maine. (2020). Retrieved August 3, 2020, from <https://www.nationalpartnership.org/our-work/economic-justice/family-friendly-america/maine.html>

14 In June, Women added 153,000 Payroll Jobs, or 72%, and men added 60,000: Unemployment Increases to 4.0%, But Black and Hispanic Women Have Seen Declines in Past Year (2018). Institute for Women’s Policy Research Fact Sheet. Retrieved August 3, 2020.

15 Maine women and young adults hit hardest by unemployment. (2020, May 19). Retrieved August 3, 2020, from <https://www.mecep.org/maine-women-and-young-adults-hit-hardest-by-unemployment/>

16 Ibid.

17 Lifetime Wage Gap Losses for Women Overall State Rankings: 2018. (2020, March). Retrieved August 3, 2020, from <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2020/03/Women-Overall-Lifetime-Losses-2020-v3-1.pdf>

18 Lifetime Wage Gap Losses for Black Women Overall State Rankings: 2019. (2020, March). Retrieved August 3, 2020, from <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2020/03/Black-Women-Overall-Lifetime-Losses-2020.pdf>



Whether families are ‘economically secure’ varies widely by family type and demographics. The Basic Economic Security Tables¹⁹ from the Wider Opportunities for Women Initiative describe the elements of family economic security: the income that families need meet basic monthly living expenses (housing, food, transportation, and childcare) and to save for emergencies and retirement. **In Maine, while white women are only slightly behind white men in achieving economic security at 70% (versus 72%), only 33% of Black women in Maine are living in economic security.**

30% of businesses in Maine are owned by women (42,067 of 139,570 businesses).²⁰

In Maine 67% of workers do not have access to any family leave whatsoever, paid or unpaid.²¹ Just 32.9% of working adults in Maine are estimated to be eligible for and able to afford to take unpaid leave under the federal Family and Medical Leave Act (FMLA).²² Nationally, only 19% of workers have access to paid family leave through their employers.²³

19 The Basic Economic Security Tables, or BEST, were originally created by researchers at Wider Opportunities for Women (WOW) and the Center for Social Development at Washington University. The BEST information here was accessed through the Institute for Women and Policy Research.

20 Census Bureau. (2019). Retrieved from <https://www.census.gov/quickfacts/fact/table/ME/SBO001212#SBO001212>

21 diversitydatakids.org. (2015). Working Adults Who Are Eligible For and Can Afford FMLA Unpaid Leave. Retrieved August 11, 2020 from Brandeis University, The Heller School, Institute for Child, Youth and Family Policy website.

22 Ibid.

23 Boesch, D. (2019, October 10). Rhetoric vs. Reality: Not All Paid Leave Proposals Are Equal. Retrieved August 11, 2020, from <https://www.americanprogress.org/issues/women/reports/2019/10/10/475625/rhetoric-vs-reality-not-paid-leave-proposals-equal/>

Observations

Women and people of color continue to be affected by the persistent gender identity and race/ethnicity wage gap. This is exacerbated by the fact that women, especially women of color, make up a disproportionate share of workers earning low wages and often work in undervalued, female-dominated occupations, such as home health aides or childcare workers.¹ White men, especially married white men, continue to experience more economic security, both by having access to better wages and higher-quality jobs, as well as by being less affected by unemployment. The reasons for this are many, and the policies to address this will require a range of interlocking solutions.

Every Mainer is part of a family. Family and people-focused workplace practices significantly contribute to economic security and wellbeing. This includes everything from paid sick leave and paid family leave to lactation-friendly workplaces. The more economic instability a family experiences, the less likely they are to have access to these benefits. The ability to care for ourselves or pump breastmilk are critical public health needs, and should be rights, not privileges. While some earned paid leave will become mandatory in Maine in many workplaces in January 2021 (up to 40 hours per year for full-time employees), most seasonal employees and those for businesses with fewer than 10 employees will not be covered, and there are limited protections for accountability.

Women, especially those working in low-wage jobs, are sometimes excluded from programs intended to support economic stability, or are unable to access to protections intended to for all workers. People who are receiving TANF or other public benefits should have the opportunity to make use of programs such as the Maine Enterprise Option, which opens up pathways to plan for and receive training and technical assistance for a business startup. Additionally, although many federal and state laws are designed to provide all working people with basic protections (such as minimum wage and overtime pay),

corporations increasingly manipulate the rules to engage in wage theft, using loopholes that allow them to re-classify workers as exempt from overtime rules even when they don't qualify or shift full-time workers into contractor positions to avoid paying for benefits. As a result, many women are left with fewer means to make ends meet, and fewer resources to reinvest in the local economy.

¹ Ibid.

Recommendations

REDUCE THE GENDER IDENTITY AND RACE/ETHNICITY WAGE GAP. Establish or increase wage transparency. Maine law already prohibits retaliation by employers against employees who share salary information with coworkers, but full transparency allows workers to compare salaries across different organizations, and across job titles and demographics within their own organization. Many states and countries already require public disclosure of salary ranges by position type.

Continue and strengthen the ban on asking salary history in interviews, enacted into law in Maine in 2019.

REDUCE WAGE THEFT. Extend overtime protections and wage and hour oversight, so that every working person is paid for the full amount of their work. More robust oversight can ensure that workers are not inappropriately misclassified as exempt employees or being asked to work additional hours ‘off the clock.’

Enforce existing anti-retaliation measures, by adequately resourcing the Maine Human Rights Commission to allow for increased support and resources for workers who experience discrimination in the workplace.

STRENGTHEN AND EXTEND FAMILY- AND PEOPLE-FOCUSED WORKPLACE POLICIES.

Create a statewide paid family and medical leave system in Maine. Extend earned paid leave for those not covered under the 2019 bill, namely seasonal workers and those employed by businesses with fewer than 10 employees.

Require lactation supports in all workplaces, including retail and service positions.

Incentivize workplaces to offer flexible employment, such as job-sharing and flexible hours.

SUPPORT LABOR UNIONS. Gender and racial bias is minimized in environments where hiring, pay, and promotion criteria are more transparent, such as in businesses with labor unions. Women, and especially women of color, who are either affiliated with a union or whose job is covered by a collective bargaining agreement, earn higher wages and are much more likely to have employer-provided health insurance and retirement benefits than women who are not in unions or covered by union contracts.

To support a women-centered economic agenda, voters, policymakers, and community leaders should:

- Support policies that protect and strengthen collective bargaining and other basic worker protections.
- Work with unions to help organize women and workers of color and encourage their development as leaders.

INTHEIRWORDS

“COVID-19 has highlighted that families can’t afford to work and have their children at home. We need flexible workplace policies that address the realities of working and parenting.” —**Brooke Barron, Maine Breastfeeding Coalition**

“Women make about \$0.80 compared to every dollar that men make in the state of Maine, but we know transgender women and women of color make considerably less.” —**Gia Drew, Equality Maine**

“Paid sick leave and a living wage are also crucially important to address gender disparities.” —**Meagan Sway, ACLU of Maine**

“There are lots of jobs that women do that are care-based or service jobs, and the people in them often do love what they do, because it’s important (education, caregiving, nursing, etc.). But because what they do is important, it’s harder to ask for more, such as paid sick time, weekends. Unions are one way of dealing with that to some extent.” —**Adam Goode, AFL-CIO**

“We see more workplaces and public spaces supporting lactating parents with space and time to pump (or nurse), though this is an area where more growth and improvement is necessary. More workplaces are supporting pumping at work, but those gains are limited to upper/middle-class office-type jobs. We haven’t seen similar gains in service or retail industry, which impact predominantly low-income women of color.”

—**Brooke Barron, Maine Breastfeeding Coalition**

“There’s a staffing shortage and exceedingly low salary for in-home direct care workers. This is in part because of a ‘benefits cliff.’ Most workers don’t have access to benefits that help sustain them. Additionally, there are a lack of clear employment pathways—for example, there’s no way for a personal support specialist or certified nurse assistant to become a registered nurse—and/or there’s no educational opportunities or incentives.” —**Jess Maurer, Maine Council on Aging**



CHILDCARE, DIRECT CARE, & CAREGIVING

Stats Snapshot

1 in 4 working mothers in the U.S. have to return to work two weeks after delivering a baby.²⁴

More than 1 in 5 adult Americans are unpaid caregivers, meaning they are an essential part of the care infrastructure for another family member, often a young child or aging relative.²⁵

68.5% of Maine children under the age of 6 live in households where all parents work.²⁶

The average cost of daycare in 2018 for Maine families ranged from close to \$6,000 a year for school-aged children to over \$11,000 for infants. In comparison, an in-state student at the University of Maine paid \$11,170 a year.²⁷

The cost of childcare in Maine differs based on the age of children, the type of care, and which county a family lives in.²⁸ (chart to the right is same source)

22% of Mainers live in a childcare desert and have no or little access to high-quality childcare.²⁹

Over the past decade, there has been a 37% decrease in the number of childcare facilities in Maine.³⁰ And, if Congress continues to inadequately fund childcare centers in the midst of the pandemic, the Center for American Progress projects that **48% of Maine childcare centers will close.**³¹

Weekly rates for center-based childcare by county.

Weekly rates for center-based childcare, by county	Infants	Toddlers	Pre-school	School-Age
Androscoggin	\$195	\$185	\$155	\$140
Aroostook	\$185	\$150	\$140	\$135
Cumberland	\$303	\$279	\$259	\$150
Franklin	\$202	\$196	\$182	\$118
Hancock	\$218	\$210	\$188	\$125
Kennebec	\$220	\$195	\$267	\$125
Knox	\$185	\$190	\$189	\$80
Lincoln	\$185	\$185	\$189	\$179
Oxford	\$202	\$196	\$182	\$118
Penobscot	\$205	\$195	\$195	\$125
Piscataquis	\$185	\$150	\$140	\$135
Sagadahoc	\$185	\$185	\$189	\$179
Somerset	\$185	\$150	\$140	\$135
Waldo	\$185	\$190	\$189	\$80
Washington	\$218	\$210	\$188	\$125
York	\$245	\$230	\$215	\$125

24 U.S. Bureau of Labor Statistics & Abt. Associates. (2012). Paid Leave Survey. Retrieved August 11, 2020 from <https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/FMLA-Detailed-Results-Appendix.pdf>

25 National Alliance for Caregiving, & AARP. (2020). Caregiving in the U.S.

26 Maine Public Staff. (2019, June 24). Out of Reach: Maine's Child Care Affordability Problem. Retrieved August 5, 2020, from <http://projects.mainepublic.org/child-care-deep-dive>

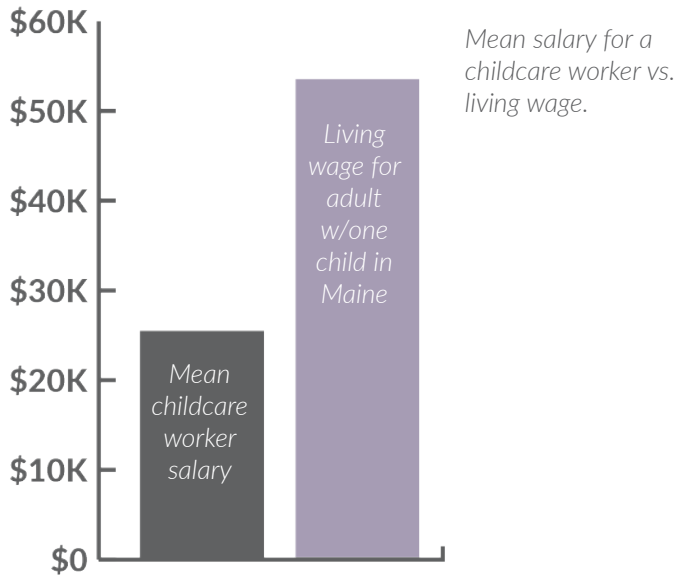
27 Gordon, C. (2019, February 14). Surviving Maine's daycare desert. Retrieved August 5, 2020, from <https://www.newscentermaine.com/article/life/family/97-300cef1e-8183-4f27-9ccb-3d82164d5f46>

28 Maine Department of Health and Human Services, & IFC. (2018, June 22). 2018 Maine Child Care Market Rate Survey (MRS). Retrieved August 5, 2020, from https://www.maine.gov/dhhs/ocfs/ec/occhs/child_care/ME_MRS_2018_Report.pdf#page=16

29 Ibid.

30 Maine Public Staff. (2019, June 24). Out of Reach: Maine's Child Care Affordability Problem. Retrieved August 5, 2020, from <http://projects.mainepublic.org/child-care-deep-dive>

31 Hamm, K., Malik, R., Schochet, L., Novoa, C., Workman, S., & Jessen-Howard, S. (2018, December 6). America's Child Care Deserts in 2018. Retrieved August 13, 2020, from <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/>



The mean salary for a childcare worker in the U.S. is \$25,510 a year.³² The livable wage for an adult with one child in Maine is \$53,302.³³

A 2019 survey of 81 nursing facilities in Maine showed that **60% of those facilities had limited admissions due to staffing shortages in the last 90 days.**³⁴

On average, nursing facility workers in America make \$25,330 a year.³⁵ Without federal hazard pay it is unlikely this number will dramatically change this year, even though working in a nursing home is currently the most dangerous job in the country.³⁶ Maine has the oldest population in the nation, and nursing homes are critical for our elder care infrastructure.

IN THEIR WORDS

“Current efforts to expand access to affordable and high-quality childcare are akin to rearranging deck chairs on the Titanic. And, with COVID-19 it will get much worse.” — **James Myall, Maine Center for Economic Policy**

“The absence of paid family leave disproportionately hurts low-income families, single women, women of color, and LGBTQ+ families who are less likely to have the resources to hire a private childcare provider. Without access to affordable and high-quality early childcare, parents are forced into impossible positions.” — **Brooke Barron, Maine State Breastfeeding Coalition**

“The childcare field is almost exclusively women, on average not earning a livable wage. The role is not valued, so they are not valued in their pay.” — **Rita Furlow, Maine Children’s Alliance**

“There is a great disparity in the education profession between the working conditions and compensation of those working in childcare programs and those in elementary schools.” — **Tara Williams, Maine Association for the Education of Young Children**

“The care workforce is mostly all women who are both overworked and underpaid.” — **Jess Maurer, Maine Council on Aging**

“The workers at childcare centers are never addressed in the COVID solutions. How are we treating workers and families as the same constituencies?” — **Arlo Hennessey, Southern Maine Workers’ Center**

“We are concerned about the physical and mental health of women in Maine and a possible exodus from the workforce if our systems and communities don’t work together to support them and their families.”
— **Tara Williams, Maine AEYC**

32 U.S. Bureau of Labor Statistics. (May 2017). Occupational Employment and Wages: Child Care Workers. Retrieved August 11, 2020 from <https://www.bls.gov/oes/2017/may/oes399011.htm>

33 Living Wage Calculator for Maine. (2020). Retrieved August 13, 2020, from <https://livingwage.mit.edu/states/23>

34 2019 Admissions Survey. (2019). Retrieved August 13, 2020, from <http://legislature.maine.gov/doc/3182>

35 U.S. Bureau of Labor Statistics. (May 2018). Occupational Employment and Wages: Home Health Care Workers. Retrieved August 13, 2020 from <https://www.bls.gov/oes/2018/may/oes311011.htm>

36 Haug, O. C. (2020, August 03). Nursing Home and Care Workers Officially the Most Dangerous Job in the U.S. Retrieved August 13, 2020, from <https://msmagazine.com/2020/08/03/nursing-home-and-care-workers-officially-the-most-dangerous-job-in-the-u-s/>



Observations

Expanding access to high-quality childcare and paid family leave are critical measures for Maine families.

Without these policies, families are forced to decrease their hours at work and, therefore, the size of their paycheck, in order to care for their loved ones.³⁷ Mothers are more likely to be pushed out of the workforce because, on average, they earn less than their husbands and are viewed as more responsible for caregiving.³⁸

Finding affordable and high-quality childcare is a struggle for the vast majority of families, but especially those with limited resources.

Based on the interviews we conducted for our 2017 report, “Investing in our Future: How Maine Can Prepare Our Children to Become Tomorrow’s Leaders,” when thinking about childcare options, Maine women are largely concerned with the access, cost, and quality of care.³⁹ Questions about whether childcare centers are located near a parent’s work, if the centers provide infant care, and if there is an open slot for a child are just some of the issues Maine families face.⁴⁰ These concerns are especially pressing for families raising kids in poverty,⁴¹ and 1 in 5 Maine children live in poverty.⁴²

Caregivers—regardless if they care for children, elders, or differently abled people—are largely underpaid and undervalued.

Most of these workers are also women and, nationally, they are more likely to be women of color.⁴³ These workers deserve to be treated with greater dignity and respect as well as compensated for the essential work they perform, especially now during the COVID-19 crisis. As one interviewee noted: “The challenge for the direct care workforce, who are mainly undereducated women caring for older people who are undervalued generally, [is] that the state has never established a system for determining a fair reimbursement rate for services that would allow workers to earn a livable wage, and has never created a clear career pathway that would assist a worker in gaining more education and increasing their earning potential.”⁴⁴ Additionally, unpaid caregivers also contribute significantly to our communities and economy with no compensation. In 2017 Maine had 180,000 unpaid caregivers providing an estimated \$2.2 billion worth of care.⁴⁵

37 A Woman Centered Economic Agenda: 8 Policies that Boost the Economy and Work for Everyone (2019). Institute for Women’s Policy Research Fact Sheet. Retrieved August 13, 2020.

38 Cohen, P., & Hsu, T. (2020, June 03). Pandemic Could Scar a Generation of Working Mothers. Retrieved August 13, 2020, from <https://www.nytimes.com/2020/06/03/business/economy/coronavirus-working-women.html>

39 Maine Women’s Policy Center, & Maine Children’s Alliance. (2017). Investing in our Future: How Maine Can Prepare Our Children to Become Tomorrow’s Leaders. Retrieved August 13, 2020.

40 Ibid.

41 Ibid.

42 Ibid.

43 Institute for Women’s Policy Research, & OXFAM. (2016). Undervalued and Underpaid in America: The Deck Is Stacked against Millions of Working Women. Retrieved August 13, 2020.

44 Jess Maurer. (2020). Private interview.

45 AARP. (2019). Family caregivers by state. Retrieved from <https://www.aarp.org/content/dam/aarp/ppi/2019/11/family-caregivers-data-by-state.pdf>

Recommendations

CREATE CHILDCARE PROGRAMS THAT ARE AFFORDABLE, HIGH QUALITY, AND ACCESSIBLE TO MAINE FAMILIES.

Create childcare programs with a “two-generation” focus, where assistance is given to both the child and the parent. In 2020, LD 1760 aimed to create such a program, based on the demonstrated success of a program in Waterville.⁴⁶

Increase state funding to Head Start by funding slots for the number of eligible children in Maine.⁴⁷

Expand the number of high-quality preschool programs and encourage collaboration with Head Start and local childcare centers.⁴⁸

Close the wage gap between elementary school teachers and early childhood teachers through policies like a wage supplement program, or tax credits for individuals who gain more credentials and stay in the early childhood classroom for a specific number of years.⁴⁹

Develop a statewide program for early childhood teachers that includes on-the-job professional training and continuous quality improvement.⁵⁰

Increase the childcare subsidy reimbursement to the 75th percentile of market rate. The current reimbursement rate is at the 50th percentile, so low that many providers are unwilling to accept the subsidy. The low payment rate, high level of paperwork, and unpredictable timing of payments from the state are all factors leading to some childcare providers declining to accept the childcare subsidy.⁵¹

Increase the incentives to provide high-quality care under the childcare subsidy system by increasing the current “quality bump.” For example, providers at level four of Maine’s quality rating system should receive a 25% quality rate differential as opposed to the current 10% differential. Providers need significant incentives to move up the quality rating system.⁵²

ENSURE THAT DIRECT CARE WORKERS EARN AT LEAST 125% OF THE MINIMUM WAGE AND THAT RATES BE IMPLEMENTED FOR THESE WORKERS TO EARN A LIVABLE WAGE.⁵³

ESTABLISH A STATEWIDE SYSTEM OF PAID FAMILY AND MEDICAL LEAVE. In 2020, LD 1410 aimed to establish a commission to study what paid leave policies would be best for Mainers; such a commission or other plan to develop and implement statewide leave would help Maine to join the eight states and District of Columbia who offer statewide leave.⁵⁴ In particular, paid family and medical leave would alleviate the tremendous demand experienced in parts of the care workforce, especially infant childcare.

46 LD 1760. (2020). Retrieved from <http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280074102>

47 Maine Women’s Policy Center, & Maine Children’s Alliance. (2017). Investing in our Future: How Maine Can Prepare Our Children to Become Tomorrow’s Leaders. Retrieved August 13, 2020.

48 Ibid.

49 Ibid.

50 Ibid.

51 Ibid.

52 Ibid.

53 Mauer, J. (2020). Interview with Jess Mauer [Online interview].

54 LD 1410. (2020). Retrieved August 13, 2020, from http://www.mainelegislature.org/legis/bills/display_ps.asp?id=1410&PID=1456&snum=129

HOUSING & HOMELESSNESS

Stats Snapshot

Maine has an eviction rate of 2.26%, just slightly lower than the national average.⁵⁵

Maine's eviction rates by year, 2000 - 2016.

Year	Eviction filings	Eviction rate (of state population)	Evictions per day
2000	73	0.71	0.18
2001	524	1.09	1.4
2002	1998	1.28	5.02
2003	2199	1.35	5.51
2004	1837	1.11	4.56
2005	2027	1.19	4.96
2006	2575	1.51	6.36
2007	3692	2.11	9.04
2008	3416	1.97	8.45
2009	3106	1.8	7.8
2010	3464	2.02	8.85
2011	3697	2.14	9.6
2012	3758	2.14	9.75
2013	4168	2.31	10.8
2014	4136	2.24	10.7
2015	4286	2.26	11.03
2016	4381	2.26	11.24

“Low-income women, especially poor women of color, have a high risk of eviction. Research has shown domestic violence victims and families with children are also at particularly high risk for eviction.”⁵⁶

On an average day in Maine, 11.24 evictions take place.⁵⁷

As of 2019, there are an estimated 2,106 homeless people in the state of Maine.⁵⁸

At the national level, **the number of women who were homeless increased by 8% overall between 2018–2019 (and 15% for unsheltered women). The number of transgender homeless individuals increased by 30%.**⁵⁹

Though women are a small percentage of people who are homeless in Maine, **women and nonbinary people who are unhoused experience high rates of trauma and violence**, both while they are unhoused and during childhood and youth.⁶⁰

Though Maine has relatively low rates of individuals experiencing chronic homelessness, **Maine is one of five states across the country where the number of chronically homeless individuals has more than doubled between 2007 and 2019 (118% increase).**⁶¹

There were 5 reported hate crimes committed against homeless individuals from 1999–2017 in Maine (and 1,758 across the country).”⁶²

55 Eviction Lab. (2016). Eviction Map & Data: Maine. Retrieved August 4, 2020, from <https://evictionlab.org/map/#/2016?geography=states&-type=er&choropleth=pr&locations=23,-70.627,42.983>

56 Ibid.

57 Eviction Lab. (2016). Eviction Map & Data: Maine. Retrieved August 4, 2020, from <https://evictionlab.org/map/#/2016?geography=states&-type=er&choropleth=pr&locations=23,-70.627,42.983>

58 Henry, M., Watt, R., Mahathay, A., Ouellette, J., Sitler, A. & Associates, A. (2020). The 2019 Annual Homeless Assessment Report (AHAR) to Congress. The U.S. Department of Housing and Urban Development. Retrieved August 4, 2020.

59 Henry, M., Watt, R., Mahathay, A., Ouellette, J., Sitler, A. & Associates, A. (2020). The 2019 Annual Homeless Assessment Report (AHAR) to Congress. The U.S. Department of Housing and Urban Development. Retrieved from <https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf>.

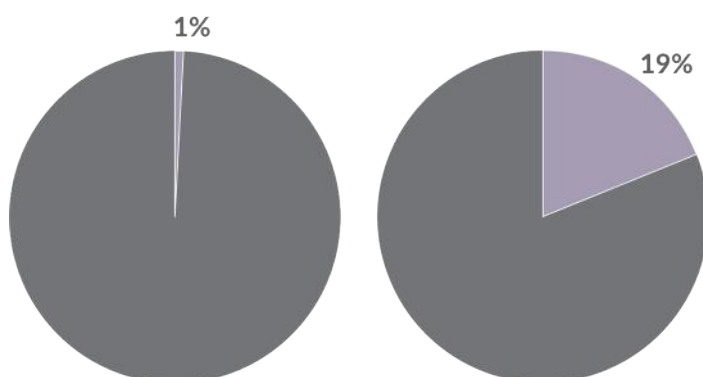
60 E. Riley, et al. (2014). Recent violence in a community-based sample of homeless and unstably housed women with high levels of psychiatric comorbidity. *American Journal of Public Health* 104, no. 9: pp. 1657-1663.

61 Ibid.

62 Leomporra, A., & Hustings, M. (2018). Vulnerable to Hate: A Survey of Bias-Motivated Violence Against People Experiencing Homelessness in 2016–2017. National Coalition for the Homeless. Retrieved August 4, 2020.

Nearly one-third of Mainers experiencing homelessness are under the age of 25; 19% (1,219) are youth under 18 predominantly within families; and 12% (766) are young adults 18-24 in all types of households.⁶³

Public school data during the 2017-2018 school year shows that an estimated 2,443 public school students experienced homelessness over the course of the year. Of that total, 74 students were unsheltered, 596 were in shelters, 295 were in hotels/motels, and 1,478 were doubled up.⁶⁴ 125 unaccompanied young adults (aged 18-24) are currently experiencing homelessness in Maine.⁶⁵



Percent of Maine population who is Black or African American.

Percent of Black or African American people who are experiencing homelessness.

A disproportionate number of Black Mainers are experiencing homelessness. **Maine’s population is 1% Black or African American, as compared to 19% of the homeless population.**⁶⁶ “While unaccompanied youth were much more likely to be white than homeless youth nationally, youth of color were overrepresented [in Maine] as compared to the state’s racial composition.”⁶⁷

Observations

Affordable housing is at the crux of many other social issues, and the inability to access affordable housing increases health disparities, overcrowds domestic violence and homeless shelters, creates public health issues related to overcrowding, and more. Stabilizing the housing market and making housing more accessible to Mainers will have positive cascading benefits. “Today, most poor renting families spend at least half of their income on housing costs, with 1 in 4 of those families spending over 70% of their income just on rent and utilities. Incomes for Americans of modest means have flatlined while housing costs have soared. Only 1 in 4 families who qualifies for affordable housing programs gets any kind of help. Under those conditions, it has become harder for low-income families to keep up with rent and utility costs, and a growing number are living one misstep or emergency away from eviction.”⁶⁸

Rural people and low-income women, especially women of color, are at greater risk for eviction, despite the fact that Maine’s overall eviction rates are on par with the national average.⁶⁹ According to the Eviction Lab, studies also show that eviction causes job loss, as the stressful and drawn-out process of being forcibly expelled from a home causes people to make mistakes at work and lose their job. Eviction also has been shown to affect people’s mental health: one study found that mothers who experienced eviction reported higher rates of depression two years after their move. The evidence strongly indicates that eviction is not just a condition of poverty, it is a cause of it.⁷⁰ COVID-19 is exacerbating the issue that was already there. One interviewee noted that COVID-19 has revealed that there is some evidence that supply in affordable housing was fed by evictions previously. She indicated that a housing program they manage used to have more openings for available units but have had very few since COVID-19 hit, likely because of the eviction freeze. “We may have been counting on evictions to open up units but didn’t know it.”
—Daniella Cameron, Preble Street

63 Homeless Statistics: State Fiscal Year 2018. (2018). Maine State Housing Authority. Retrieved August 4, 2020.

64 Ibid.

65 Maine Homelessness Statistics. (2019). Retrieved August 4, 2020, from <https://www.usich.gov/homelessness—statistics/me/>

66 Ibid.

67 Henry, M., Baker, T., & Associates, A. (2019). Evaluation of the First Place Program in Portland, ME. Housing Stability Among First Place-Involved Youth. Retrieved August 4, 2020.

68 Ibid.

69 Eviction Lab

70 Ibid.

For women (and likely for people of all gender identities), trauma and homelessness are deeply connected. Women who are without homes are much more likely to have experienced sexual violence in the past, and intimate partner violence is a contributing factor to homelessness. Additionally, during homelessness violence is a fact of daily living. “The amount of sexual violence that exists for women in homelessness is unfathomable and probably uncapturable,”⁷¹ reported one interviewee, and we know that people without homes are targeted for hate crimes. (Maine statutes allow judges to consider hate crimes against homeless people as an aggravating factor during sentencing.) For that reason, homeless services are as much about trauma response as a place to sleep. “For vulnerable populations [persons experiencing homelessness, youth aging out of foster care, older adults] housing stability is the first step in addressing other service needs. Collaboration

among housing, social service, and health care providers is necessary to meet the needs of these populations. COVID-19 has dramatically underscored the need for better service integration.”—Denise Lord, MaineHousing

71 Zimmerman, H. (2020). Interview.

IN THEIR WORDS

“Older women living alone are the most vulnerable [to losing their homes]. We see huge spikes in older people taking out second mortgages to be able to meet their living expenses.”

— **Jess Maurer, Maine Council on Aging**

“The rising costs of rent have displaced our members, such that we have considered moving our Portland offices because our members aren’t able to afford to live there anymore.”

— **Quinn Gormley, Maine TransNet**

“Women especially are often balancing a tremendous amount while experiencing homelessness. They are typically experiencing a lot of trauma and need space to connect with resources to move out of homelessness. If it’s crowded and they can’t keep their belongings nearby—including hygiene products—it’s harder to start reconnecting.”

-- **Heather Zimmerman, Preble Street**

“The Eviction Lab at Princeton University has built the first nationwide database of evictions, and it will show that Maine has high rates of eviction in rural areas.” — **James Myall, Maine Center for Economic Policy**

“It’s not affordable housing we need, it’s low-income housing. Affordable housing is great only if people have section 8 AND a tax credit, one or the other isn’t enough. Stitching together different programs leads to gaps.” — **deedee clarke, Survivor Speak USA**

“We know housing first works. People who move into long-term efficiency apartments have fewer emergency calls, and the need for crisis services drastically drops when people are stably housed.” — **Daniella Cameron, Preble Street**

Recommendations

INVEST IN AFFORDABLE AND LOW-INCOME HOUSING TO INCREASE ITS AVAILABILITY.

Affordable housing requires alignment across more than one policy area: Changing zoning to allow for more compact housing; increasing taxes on expensive and underused land; and expanding housing subsidies to families who are struggling to make ends meet.⁷² At the Federal level, Congress should renew funding for Section 8 vouchers and add additional vouchers to support homeless adults, domestic violence survivors, and adults with disabilities.

EXPAND AND INVEST IN COMPREHENSIVE SHELTER PROGRAMMING THAT IS TRAUMA-INFORMED AND INCLUDES WRAP-AROUND SERVICES.

Wrap-around services keep children and families at the center of the service structure, able to access a comprehensive and holistic set of solutions needed to thrive, rather than engaging with multiple providers or services that each have a different set of needs, timelines, or expectations.⁷³ Housing First programs are typically trauma-informed and include wrap-around services. One such example is the First Place Program at Preble Street. First Place is a long-term supportive housing model for youth ages 16 to 21, which focuses first on basic needs, and includes outreach, individual assessment and service planning, life skills development, educational and vocational support, referrals to community resources, and follow-up for as long as a year after discharge.⁷⁴



⁷² Schuetz, J. (2020, March 16). To improve housing affordability, we need better alignment of zoning, taxes, and subsidies. Retrieved August 4, 2020, from <https://www.brookings.edu/policy2020/bigideas/to-improve-housing-affordability-we-need-better-alignment-of-zoning-taxes-and-subsidies/>

⁷³ For more information on wrap-around services or approaches, the National Wraparound Implementation Center has resources here: <https://www.nwic.org/>

⁷⁴ First Place. (2014, November 20). Retrieved August 4, 2020, from <https://www.preblestreet.org/what-we-do/housing-services/first-place/>

FOOD INSECURITY

Stats Snapshot



One in five children in Maine are food insecure.

Maine ranks 1st in New England for food insecurity, meaning families do not have enough food to meet their family's needs, due to either lack of money or lack of resources.

1 in 5 children are food insecure, and 16% of Maine seniors are food insecure or at risk of becoming food insecure.⁷⁵

Each year from 2015 to 2018, approximately 77,000 Maine households or 13.6% of Maine families, were food insecure.⁷⁶ This is worse than the national average⁷⁷ and approximately as many people as live in Knox and Waldo counties combined.

More than 1 in 10 Maine households goes without suitably nutritious food, while roughly 1 in 20 does not have enough food to meet basic caloric needs.⁷⁸

17,476 Mainers participate in WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children Program Total Participation.⁷⁹

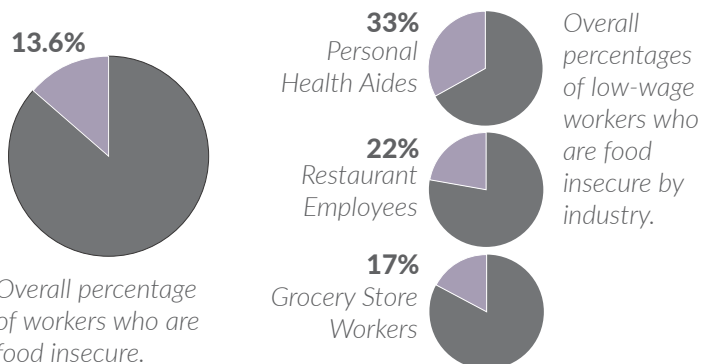
Approximately \$105,835,000 more per year would meet the food needs of hungry Mainers.⁸⁰

33.9% of households receiving SNAP benefits have children.⁸¹

Maine single-parent households have the highest food insecurity rate of any group in the state, at 42%. This is approximately four times higher than the rate among married or cohabiting parents.⁸²

Among households headed by people of color, 28% are food insecure. This is more than twice the rate of households headed by white individuals.⁸³

Workers in low-wage sectors are more likely to be food-insecure, including 33% of personal health aides, 22% of restaurant employees, and 17% of grocery stores workers live in a food-insecure household.⁸⁴



75 Troutman, C. (2019, November 28). Maine Has The Highest Food Insecurity Rate In New England. Here's How 1 Food Bank Is Addressing That. Retrieved August 5, 2020, from <https://www.mainepublic.org/post/maine-has-highest-food-insecurity-rate-new-england-heres-how-1-food-bank-addressing>

76 Myall, J. (2019, December 23). Issue Brief: Food Insecurity in Maine (p.1). Retrieved June 24, 2020 from <https://www.meccep.org/wp-content/uploads/2019/12/MECEP-Hunger-Issue-Brief-2019.pdf>

77 Coleman-Jensen, Alisha, Matthew Rabbit, Christian Gregory & Anita Singh, "Household Food Security in the United States, 2018," US Department of Agriculture, Economic Research Service, Sept 2019, p23. <https://www.ers.usda.gov/publications/pub-details/?pubid=94848>

78 Ibid.

79 WIC Program: Total Participation. (2020). U.S. Department of Agriculture. Retrieved August 5, 2020.

80 Hunger in Maine. (2020). Retrieved August 6, 2020, from <https://www.feedingamerica.org/hunger-in-america/maine>

81 Ibid.

82 MECEP analysis of US Census Bureau, Current Population Survey, Food Security Supplement microdata 2016–18, retrieved by James Myall using Data-Ferrett, <https://dataferrett.census.gov> (November 26, 2019).

83 Ibid.

84 Ibid.

Observations

Hunger and food insecurity is a chronic issue in Maine which undermines the health and wellbeing, education, and all other aspects of the lives of Mainers, and which has been exacerbated by COVID-19. There is both a chronic lack of access to enough calories, but also a lack of nourishing food. According to the Good Shepherd Food Bank, “The high cost of fresh fruit, vegetables, and protein has transformed the hunger problem in Maine from a lack of access to calories to a lack of access to nutritious food. That realization also has turned hunger into a health issue, as poor food choices contribute to obesity, Type II diabetes, and other illnesses.”⁸⁵

Communities thrive when decisions can be made at the community- and household-level. Like almost every other issue, the true burden of hunger is borne more by some populations than others; choice-based programs allow communities and families to make the best decisions for their context. The increase in direct flexible support during the COVID-19 crisis has had some unexpected upsides: as noted by Wabanaki Public Health staff, their community has struggled to access fresh fruits and vegetables but they were able to use COVID-19 benefits specifically to remedy that issue. Another interviewee noted that “The boost in benefits we’ve seen since COVID-19 hit has had an upside for some families. Most families accessing SNAP are now receiving the full allocation, whereas previously that was quite difficult to qualify for. Additionally, the families themselves having the access, instead of only the children being fed at school, has been a stabilizing factor.”⁸⁶

Recommendations

INCREASE THE AVAILABILITY OF NUTRITIOUS FOOD OPTIONS AT THE LOCAL LEVEL, ESPECIALLY THOSE WHICH FOCUS ON FRESH FRUITS AND VEGETABLES. Universal access to breakfast programs and other supports should be ubiquitous and shame-free.

INCREASE AVAILABILITY OF FLEXIBLE AND CHOICE-BASED FOOD PROGRAMMING IN LOCAL COMMUNITIES.

STREAMLINE AND EXPAND ACCESS TO SNAP AND WIC. The Wise Investment in Children (WIC) Act⁸⁷ expands eligibility for children to receive benefits under WIC, specifically allows states to extend eligibility for the program until the period that ends on the earlier of the sixth birthday of a child or when the child enters kindergarten; extends the certification period under the program for infants to two years, instead of the current one year; and authorizes states to increase the certification time under the program for breastfeeding and non-breastfeeding women to two years postpartum.”

IN THEIR WORDS

“We need more recognition of the different ways in which we feed our children.” — Brooke Barron, Maine Breastfeeding Coalition

“Supplemental Nutrition Assistance Program (SNAP) is a tool of healing. Let’s talk about the trauma of not being able to put food on the table for your family. Food is so culturally fraught. The power of food is healthcare, restoring people’s humanity.” — Heather Zimmerman, Preble Street

“Tribal communities lack access to fresh fruits and vegetables. Our communities are eating more fresh fruits and vegetables than ever, because that’s what we decided to purchase for the food pantries [with COVID relief money]. I can celebrate that as a short-term success, but I don’t want to forget the long-term strategies we need in place in terms of public policy measures to eliminate food insecurity.” — Lisa Sockabasin, Wabanaki Public Health

85 Ibid.

86 Heather Zimmerman, interview

87 S.2358 — 116th Congress (2019–2020): Wise Investment in Children Act of 2019. (2019, July 31). Retrieved August 6, 2020, from <https://www.congress.gov/bill/116th-congress/senate-bill/2358>

EDUCATION

Stats Snapshot

“In Maine, 18% of all undergraduates, or 11,647 students, are parents and 5,163 college students are single mothers.”⁸⁸

Student parents, and particularly single mothers, are more likely to live in or near poverty compared with students without children.⁸⁹

More than half of parents in college are students of color, with Black, Native American, and Native Hawaiian or Pacific Islander women students more likely than women from other racial/ethnic groups to be mothers.⁹⁰

Single mothers in Maine who graduate with an associate degree are 30% less likely to live in poverty than a high school graduate. **Single mothers in Maine who graduate with a bachelor’s degree are 67% less likely to live in poverty than a high school graduate.”⁹¹**

Single mothers see an 1,827% return over their lifetime after graduating with an associate degree. In other words, **for every dollar spent on earning an associate degree, single mothers get back \$18.27.**⁹²

In a recent poll, 65% of women responded that they’ve struggled to pay a student loan payment, as compared to 53% of men.” Nearly 1 in 3 of women who responded said that they had been unable to buy basic necessities like food or clothing. That number jumps to 39% for unmarried women.⁹³

“Women borrowers, borrowers who attended a for-profit college and borrowers in Androscoggin, Franklin, and Oxford counties are more likely to be affected by the student loan crisis. **These borrowers’ student loan debt has affected their ability to afford necessities, or even to attend doctor’s appointments or pick up a prescription.”⁹⁴**

Individual single mothers’ lifetime public assistance receipt & reduction in receipt as the result of educational attainment in Maine.

Education Level	Lifetime Public Assistance Receipt	Reduction in Receipt Compared with Single Mothers with Only High School
High school	\$95,018	\$0
Some college, no degree	\$84,756	\$10,262
Associate degree	\$68,164	\$26,854
Bachelor’s degree	\$49,008	\$46,010

Source for chart above: Investing in Single Mothers’ Higher Education in Maine: Costs and Benefits to Individuals, Families, and Society. (2018). Institute for Women’s Policy Research. Retrieved August 4, 2020.

88 Investing in Single Mothers’ Higher Education in Maine: Costs and Benefits to Individuals, Families, and Society. (2018). Institute for Women’s Policy Research. Retrieved August 4, 2020.

89 Ibid.

90 Ibid.

91 Ibid.

92 Ibid.

93 Maine Center for Economic Policy & Lake Research Partners. (2018, October). Banners from a Statewide Phone and Online Survey of 400 Adults with Education Debt in Maine. Retrieved August 5, 2020.

94 New poll: Mainers struggle to pay down student debt, say loan servicers are making matters worse. (2018, November 29). Retrieved August 5, 2020, from <https://www.mecep.org/new-poll-mainers-struggle-to-pay-down-student-debt-say-loan-servicers-are-making-matters-worse/>



Observations

Education is less appropriate, accessible, and affordable for some communities and populations than others. In the words of Fatuma Hussein (Immigrant Resources Center of Maine), “Education is the bedrock of success, and if it’s skewed toward certain populations, it makes a real difference.” For young people who do not speak English as a first language, or who are D/deaf and for whom American Sign Language is a first language, language accessibility is essential to ensuring that the content can be delivered. Culturally responsive and appropriate education can ensure that students from a wide range of backgrounds and experiences access the full benefit of their education, and research indicates they attain higher levels of education as a result.⁹⁵ Removing the biases of racism, sexism, and heteronormative approaches from curriculum and content can create more appropriate learning materials and environments for all youth.

While receiving a degree can increase income, student loan debt significantly increases economic instability for families, especially parenting families. The cost of a higher education has grown substantially in recent years, and the burden on graduates is higher than ever. This interrupts graduates’ abilities to achieve other means of economic stability, such as purchasing a home, having reliable transportation, and avoiding default.

⁹⁵ New America. (n.d.). Understanding culturally responsive education. Retrieved from <https://www.newamerica.org/education-policy/reports/culturally-responsive-teaching/understanding-culturally-responsive-teaching/>

Recommendations

ENSURE THAT MAINE OFFERS AN APPROPRIATE AND HIGH-QUALITY PUBLIC EDUCATION TO ALL.

- **Assess Maine’s ESL programming** to ensure that it is fully available for those who need it, and effectively achieves its goals.
- **Increase availability of public-school curricula which are inclusive** of a range of sexual identities and gender orientations, culturally appropriate, and anti-racist.

INCREASE AFFORDABILITY AND ACCESSIBILITY OF POST-SECONDARY EDUCATION AND TRAINING.

- **Fully implement the Student Loan Bill of Rights** (passed in 2019), which creates a registration procedure for student loan lenders who do business in Maine, requires lenders to comply with federal law, and identifies prohibited acts for lenders, including misleading student loan borrowers and fraud; and allows state officials to investigate student loan lenders who commit prohibited acts.⁹⁶
- **Monitor its implementation** to ensure that all aspects of the Bill of Rights are working for Maine students.

EXPAND OPPORTUNITIES FOR TECHNICAL TRAINING AND EDUCATION FOR WOMEN, SUCH AS THE “BUILDING PATHWAYS MAINE” PRE-APPRENTICESHIP PROGRAM.

CONSIDER FREE TUITION (COST OF TUITION AND FEES) OR FREE COLLEGE (ALL COSTS OF ATTENDANCE, INCLUDING ROOM AND BOARD, BOOKS, ETC.)

- **Free tuition covers a large amount of the total cost and has a more affordable price tag for the state; this benefit may not be sufficient for lower-income students.** While some working families can receive enough federal aid to cover much of tuition, most struggle to pay for the extra, hidden costs of college. Low-income students are significantly less likely to graduate from college, in part because of these extra costs, and free tuition simply does not address those costs. Two such states to consider this are Tennessee (providing free tuition for community colleges) and New York (providing free tuition for any public two- or four-year university).

AT THE FEDERAL LEVEL, SIGNIFICANTLY EXPAND PELL GRANTS FOR LOW-INCOME STUDENTS, AND DEBT FORGIVENESS PROGRAMS.

⁹⁶ <https://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280072064>

INTHEIRWORDS

“I think the affordability of postsecondary education and other workforce training is critical so that women of all ages don’t incur enormous student loan debt that affects their ability to manage their finances and accumulate savings and other assets like car, home, or business ownership and retirement savings.” — **Gilda Nardone, New Ventures Maine**

“We are part of a coalition of organizations working to improve the climate for LGBTQ youth, particularly training and providing education to educators, parents, and students about more inclusive schools and curriculum.” — **Gia Drew, EqualityMaine**

“The promise of [the Opportunity Maine Tax Credit] in 5 years isn’t helping low income Mainers go to college in the first place.” — **James Myall, Maine Center for Economic Policy**

“We’re trying to build in the areas of education and growth opportunities, for all of our youth but especially women and girls.” — **Lisa Sockabasin, Wabanaki Public Health**

“Children born here may have a leg up, not because racism doesn’t affect them, because it does, but because they’re starting with the ‘normal’ American school foundation. But within these systems there is still so much inequality. Kids are graduating from high school, but not able to pass the tests for college. They need to take remedial or community college courses to move on to the next step. The gap grows bigger and bigger, so that there is no way you can catch up.” — **Fatuma Hussein, Immigrant Resource Center of Maine**



Health & Wellness

“We’re working really hard to improve the lives of community members, especially trans and gender expansive folks in regard to receiving health care. We are hard at work educating providers in this process [of collecting sexual orientation and gender identity on intake], and some large providers are doing the same, but the majority of clinics, providers, and hospitals across Maine are not.”

– Gia Drew, EqualityMaine

“Two of the five tribes in Maine don’t have adequate water systems, so their water is not suitable to drink. Their water is brown. This was not addressed until recently when we called it out and had legal representation. How does racism impact our women and girls? Well, they drink dirty water, that’s how it impacts them. And how many generations does that impact when we allow that to happen to them?”

– Lisa Sockabasin, Wabanaki Public Health

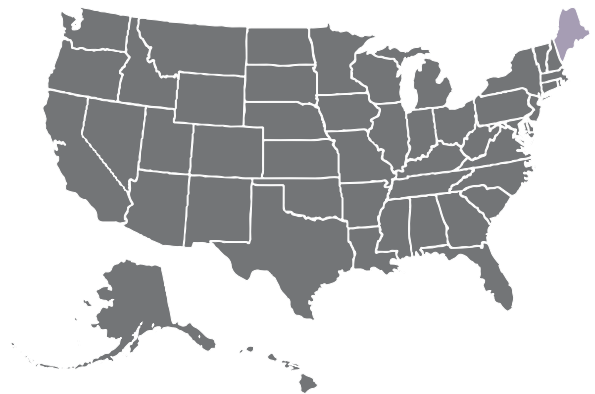
HEALTH & WELLNESS

Observations

The health of our state is dependent on the health of Mainers. Communities are well when their people are well, and too many people in Maine are not getting health services that are high-quality, appropriate, and affordable. From unmet dental care needs across the state, to regional disparities in access, to care that is not gender- or age-responsive, Maine and Mainers suffer because of the lack of universal, comprehensive health care for all. Our current health care system is fragmented and inadequate, an issue thrown into sharp relief by the COVID-19 pandemic, whose effects are felt disproportionately by people of color and low-income workers and families. Among the lessons to be learned from this public health crisis is that the health of individuals is inextricably linked to the overall economic health of our state and nation. Until the inequality in our current health care system is addressed, we will remain vulnerable to the long-term effects of COVID-19 and at risk for similar catastrophic outcomes from future pandemics.

Recommendations

IMPLEMENT UNIVERSAL COMPREHENSIVE HEALTH CARE FOR ALL PEOPLE. **The United States is the only developed country in the world without universal health care.** Investing in the development of universal, comprehensive health care for all will be a significant step toward equality for all people by providing equal access to quality health care.



INTHEIRWORDS

“In rural areas people really struggle to access health care. There’s a lot of discrimination because doctors can’t afford to take MaineCare patients. Further, it’s difficult to attract providers to really rural towns. We need a rural health plan and to create rural healthcare infrastructure. Now.”
— Cait Vaughan, Maine Family Planning

“Ageism has a real impact on health care. Doctors are discounting and dismissing older women’s health concerns as part of the “normal aging process” rather than believing them and taking their health concerns seriously. We need to include ageism in DEI [diversity, equity and inclusion] training.” — Jess Maurer, Maine Council on Aging

“When every baby receives human milk, we’re a healthier Maine.” — Brooke Barron, Maine Breastfeeding Association

HEALTH CARE ACCESS & COVERAGE

Stats Snapshot

Overall, 8% of people in Maine are uninsured, but **among women aged 19-64, the percentage is higher, at 10%.**⁹⁷



Amount more that Mainers spend on health care annually despite earning less than the national average.

While Mainers earn less than the national average, they spend an average \$962 more annually on health care.⁹⁸

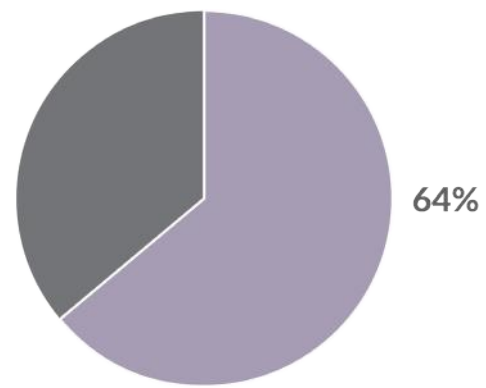
10.8% of Mainers report they needed to see a doctor in the past year but couldn't afford a visit.⁹⁹

The number of people with insurance in the U.S. increased by 1.9 million between 2017-2018, rising from 7.9% of the population to 8.5%,¹⁰⁰ likely as a result of Medicaid expansion.

61,522 people in Maine have received coverage through MaineCare since Medicaid expansion went into effect in early 2019.¹⁰¹

A 2010 study found that **dental disease was the most common reason for an emergency room visit in Maine for people aged 15-44 who receive MaineCare or are uninsured.**¹⁰²

Percent of Mainers who have not seen a dentist in the past year and cite cost as the reason.



According to the American Dental Association, **1 in 5 low-income Mainers say their mouth and teeth are in poor condition and 64% of those who had not seen a dentist in the past year cited cost as the reason.**¹⁰³

97 Women's Issues in Maine. (2020). Retrieved August 3, 2020, from <https://nwlc.org/state/maine/>

98 US Bureau of Economic Analysis, Personal Consumption Expenditures and Personal income data, 2018, accessed by James Myall, using BEA interactive data tables. Accessed November 22, 2019. https://apps.bea.gov/iTable/index_Maine_Center_for_Economic_Policy_|_Page_7_regional.cfm

99 State Health Profile 2018: Maine Shared Community Health Needs Assessment. (2018). Retrieved August 13, 2020.

100 Health Insurance Coverage in the United States 2018. U.S. Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>

101 Maine Department of Health and Human Services MaineCare Update: September 3, 2020. <https://www.maine.gov/dhhs/data-reports/mainecare-expansion>

102 Analysis of Emergency Department Use in Maine, A Study Conducted on Behalf of the Emergency Department Use Work Group of the Maine Advisory Council on Health System Development, January 2010. <http://muskie.usm.maine.edu/Publications/PHHP/Maine-Emergency-Department-Use.pdf>

103 Oral Health and Well-Being in Maine. American Dental Association. <https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealth-Well-Being-StateFacts/Maine-Oral-Health-Well-Being.pdf>

Observations

MaineCare keeps people alive. In an environment where employment is the primary means to health care access, MaineCare creates a path to coverage for Mainers who are unemployed, under-employed, and those who can't access employment due to needs related to health, mental health, disability, caregiving obligations, or other circumstances. Especially since the expansion of MaineCare in early 2019, more Mainers than ever before can access life-saving health supports, such as substance use treatment, emergency care, and preventative care. This expanded access is increasing the overall wellness of Mainers.

Keeping protections in Maine law has been good for Maine. Many of the key protections outlined in the Affordable Care Act have been codified in Maine law. If the Supreme Court overturns the ACA or if ACA provisions are minimized or removed by Congress or the president, these protections will be preserved in Maine. "Many of the key ACA protections were already in Maine law, which is a strengthening factor. Maine law has had nondiscrimination requirements in gender and sexual identity for a long time."—Ann Woloson, Consumers for Affordable Health Care

Many Mainers still cannot access the care they need. Major barriers to accessing quality, affordable care remain across the state. This is especially true of dental care, care for populations who are less mobile, and those in rural communities. Increased access to public transportation and recruitment of more health care providers would go a long way toward addressing that issue.

Recommendations

MAKE MAINECARE WORK FOR MORE MAINERS.

- **In particular: Review the full reimbursement scheme to identify what reimbursement rates should be increased;** Extend coverage to include preventive dental care for adults and post-partum care; and conduct a comprehensive assessment of the MaineCare system to close gaps in coverage.

ADDRESS ACCESS ISSUES BY INVESTING IN PUBLIC TRANSPORTATION, ESPECIALLY IN RURAL AREAS, AND AGGRESSIVELY RECRUITING NEEDED HEALTH CARE PROVIDERS.

INCREASE OPPORTUNITIES FOR TELE-HEALTH (REMOTE, VIDEO-LINKED CHECK-UPS) WHICH, WHEN ACCOMPANIED BY ADEQUATE BROADBAND, CAN EXPAND HEALTH CARE ACCESS FOR RURAL, REMOTE, OR MORE TRANSIENT POPULATIONS.

AT THE FEDERAL LEVEL, STRENGTHEN AND EXPAND THE AFFORDABLE CARE ACT, AND AIM FOR UNIVERSAL COVERAGE.

- **At the Maine level, continue to implement ACA requirements into Maine law** to protect Mainers regardless of the federal movement on the issue.

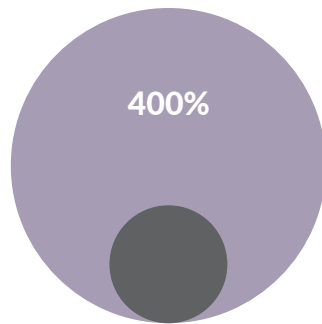
MATERNITY & POST-PARTUM CARE

Stats Snapshot

The CDC released the first report in a decade on maternal mortality earlier this year and the result was worse than expected: **17.4 maternal deaths per 100,000 live births in 2018, placing the U.S. last among the world’s wealthiest nations.**¹⁰⁴

As concerning as the numbers are, researchers say the reality is likely worse, as the new CDC data does not include pregnancy-related deaths that occur more than 42 days after birth or deaths in women over the age of 45.¹⁰⁵

Percent likelihood of Black women in the U.S. dying from pregnancy-related complications than white women.



Black women in the U.S. are nearly four times more likely to die from pregnancy-related complications than white women. Maternal mortality among Black women is at 37.1 deaths per 100,000 live births, as compared to 14.7 in whites and 11.8 for Hispanic women.¹⁰⁶

Maine’s infant mortality rate was 6.0 in 2018, down slightly from the year before,¹⁰⁷ but it had been increasing for a number of years previously.

The rate of Newborn Abstinence Syndrome (NAS) in Maine has increased dramatically, from 19.0 cases per every 1,000 births in 2009 to 31.4 cases per every 1,000 births in 2017, more than four times the national average.¹⁰⁸

The NAS rate in Maine is tied heavily to income. In 2018, the rate among those in the lowest income bracket was nearly 6 times higher than those in the highest income bracket (40.6 vs 7.3). The rate was also significantly higher among Medicaid recipients—nearly 18 times higher—than among those with private insurance (64.0 vs 3.8).¹⁰⁹

Although 85.6% of pregnant people in Maine receive prenatal care during the first trimester—one of the highest rates in the nation—**3.3% of pregnant people receive prenatal care late or not at all.**¹¹⁰

62.6% of African Americans in Maine who are pregnant receive prenatal care compared to 82.5% of white pregnant people.¹¹¹

104 Centers for Disease Control and Prevention. (2020, January 30). National Vital Statistics Report. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-02-508.pdf>

105 ProPublica (2020, February 13). “The New U.S. Maternal Mortality Rate Fails to Capture Many Deaths” <https://www.propublica.org/article/the-new-us-maternal-mortality-rate-fails-to-capture-many-deaths>

106 Centers for Disease Control and Prevention. (2020, January 30). National Vital Statistics Report. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-02-508.pdf>

107 Kids Count, Data Source: Maine Children’s Alliance. Accessed September 21, 2020. <https://datacenter.kidscount.org/data/tables/1583-infant-mortality-5-year-averages>

108 Agency for Healthcare Research and Quality. HCUP Fast Facts—Neonatal Abstinence Syndrome Among Newborn Hospitalizations. <https://www.hcup-us.ahrq.gov/faststats/NASServlet?setting1=IP&location1=ME>

109 Ibid.

110 Centers for Disease Control and Prevention. National Vital Statistics Report, May 30, 2019. https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf

111 Maine Data Research and Vital Statistics. <https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Womens-Health-Data-Sheets-All-012020.pdf>

More than 40% of lower-income people in Maine received no health care in the year prior to their most recent pregnancy.¹¹²

In 2017, 13.4% of people in Maine experienced postpartum depression.¹¹³

Pregnancies among young people in Maine aged 10-17 has fallen by 74% since 2008, from 606 pregnancies in 2008 to just 157 a decade later.¹¹⁴ However, disparities across all major race and ethnic groups persist. **In 2018, the birth rate for Hispanic and Black teens ages 15-19 was almost double the rate among white teens and more than five times as high as the rate among Asians and Pacific Islanders.¹¹⁵**

Observations

Maternal health and mortality in Maine, and the United States, is among the worst in the developed world. As one of the only countries in the world without paid family leave and the only developed country without universal health care, we experience significantly higher rates of maternal and infant mortality and decreased maternal and post-partum health. The burden of this ill health falls disproportionately on women of color, Black and Indigenous women, and low-income and rurally located women. Many women cannot access the care they need before and after giving birth, and this care may include everything from lactation support, to safety referrals for domestic violence, to public benefits navigation. Until the needs of mothers, infants, and families as a whole are

considered essential to community health, this will likely continue to be true.

Mental health services and addiction treatment are life-saving supports before, during, and after pregnancy and birth. The steep declines in mental health (especially among women), and the increase in drug use, including during pregnancy, have serious implications for maternal and infant health. Life-saving mental health services and addiction treatment should be widely available for all pregnant and parenting Mainers, and not just a service that ends at childbirth.

Access to comprehensive sexuality education and access to contraception has supported a dramatic decline in teen pregnancy in Maine. Teen childbearing can carry health, economic, and social consequences for mothers and their children and contribute significantly to dropout rates among high school females, increased health and foster care costs, and a wide range of developmental problems for children born to teen mothers. Maine provides excellent access to contraception, as well as school-based health centers in some areas. While the number of sexually active teens has remained steady since 2002, teens' use of effective contraception has increased significantly, which researchers cite as a primary driver to the decrease in teen pregnancy. 90% of sexually active females and 95% of sexually active males (ages 15-19) used contraception between 2011-2015 (up from 80% and 84%, respectively, in 1988).¹¹⁶ The use of emergency contraception among sexually active female teens has also increased, from 8% in 2002 to 23% in 2011-15.¹¹⁷

¹¹² Ibid.

¹¹³ Maine Data Research and Vital Statistics. <https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Womens-Health-Data-Sheets-All-012020.pdf>

¹¹⁴ Kids Count, Data Source: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics. <https://datacenter.kidscount.org/data/tables/8272-young-teen-pregnancy-state>

¹¹⁵ Livingston G, Thomas D. Why is the teen birth rate falling? Pew Research Center. Aug. 2, 2019. <https://www.pewresearch.org/fact-tank/2019/08/02/why-is-the-teen-birth-rate-falling/>

¹¹⁶ Abma JC, Martinez GM. Sexual Activity and Contraceptive Use Among Teenagers in the United States, 2011-2015. Natl Health Stat Report. 2017 Jun;(104):1-23. <http://www.cdc.gov/nchs/data/nhsr/nhsr104.pdf>

¹¹⁷ Livingston G, Thomas D. Why is the teen birth rate falling? Pew Research Center. Aug. 2, 2019. <https://www.pewresearch.org/fact-tank/2019/08/02/why-is-the-teen-birth-rate-falling/>

Recommendations

EXTEND MAINECARE COVERAGE FOR PREGNANT AND BIRTHING PEOPLE THROUGH THE FIRST YEAR AFTER BIRTH.

SIGNIFICANTLY EXPAND THE AVAILABILITY OF SUBSTANCE USE TREATMENT PROGRAMMING TO SUPPORT PEOPLE STRUGGLING WITH SUBSTANCE USE BEFORE PREGNANCY BEGINS.

CONTINUE TO RESTORE MAINE'S PUBLIC HEALTH NURSING SYSTEM, WHICH PROVIDES UNIVERSAL SUPPORT FOR FAMILIES CARING FOR NEW INFANTS.

- **The program was slashed by 70% between 2011 and 2017.** A law passed in 2017 required the restoration of the program, but the state must continue to support and monitor the re-implementation.

CONTINUE TO SUPPORT AND IMPROVE UPON MAINE'S STATEWIDE COMPREHENSIVE SEXUALITY EDUCATION FOR ALL AGES.

AT THE FEDERAL LEVEL, PASS THE BLACK MATERNAL HEALTH MOMNIBUS ACT (H.R. 6142/S.3424), NINE INDIVIDUAL BILLS SPONSORED BY THE BLACK MATERNAL HEALTH CAUCUS.

- **The legislation addresses a broad spectrum of issues that influence maternal health outcomes,** such as housing, transportation, nutrition; access to perinatal care, maternal mental health care and substance use disorder treatments; expansion of telehealth care; and implementing education on bias, racism, and discrimination for providers in maternity care settings.

INTHEIRWORDS

"Neonatal abstinence syndrome (NAS) was a crisis in our community a decade and a half ago, if not two decades ago. If you change the policies in support of the most vulnerable, that's protective of all women and girls. NAS is impacting many women and girls in Maine, not just Indigenous women. And if it's impacting any women or girl in the state, it can impact every woman and girl." — Lisa Sockabasin, Wabanaki Public Health.

"We need to dramatically improve how we support pregnant women, not only while they are pregnant but in the months after they give birth. Sometimes support for high-risk pregnancies largely ends after the birth, when actually it needs to increase, through public health nursing, home visitation, paid leave, and other intensive supports. Women of color in particular are not getting the prenatal care they should be getting." — Rita Furlow, Maine Children's Alliance

"We need to strengthen Medicaid programs to extend coverage for three months after giving birth." — Ann Woloson, Consumers for Affordable Health Care

"Although there is a Donor Milk Network in Maine, we see a big issue with stigma around using donor milk. We're seeking to work more closely and support the needs of Maine's immigrant communities and incarcerated mothers as well as LGBTQI+ families. An Act Concerning MaineCare Coverage for Donor Breast Milk¹¹⁸ is a huge win for low-income mothers and parents." — Brooke Barron, Maine Breastfeeding Association

118 LD 1938, An Act Concerning MaineCare Coverage for Donor Breast Milk. 129th Legislature. Carried over. https://legislature.maine.gov/legis/bills/bills_129th/billtexts/HP138201.asp

REPRODUCTIVE HEALTH & JUSTICE

Stats Snapshot

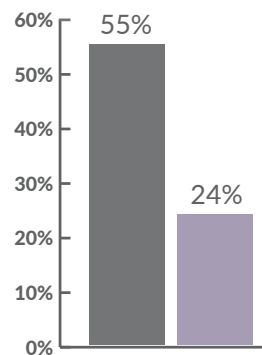
The need for reproductive health care is expansive, lifelong, and affects almost everyone. **For example, in the United States:**¹¹⁹

- There are more than 240,000 new cases of reproductive cancers each year.
- 99% of all sexually active women have used at least one contraceptive method.
- 1 in 4 women have had an abortion.
- 86% of women give birth at least once.
- Half of all sexually active people will develop an STI before the age of 25.
- 1 in 10 people experience infertility.

In 2018, Maine received more than \$2 million in federal Title X funding to support family planning services, which primarily supported contraceptives for 22,727 Mainers. In 2019, the Title X ‘gag rule’ forced providers to withdraw from the program.^{120, 121}

In 2017, 2,040 abortions were provided in Maine, though not all were provided to state residents: Some patients may have traveled from other states, and some Maine residents may have traveled to another state for an abortion.¹²²

There was a 7% decline in the abortion rate in Maine between 2014-2017. Abortions in Maine represent just 0.2% of all abortions in the United States.¹²³



Percent decrease of women in Maine who lived in a county without an abortion-providing clinic in 2017.

The proportion of women in Maine who lived in a county without an abortion-providing clinic decreased from 55% to 24% in 2017. The loss of Title X funds could threaten that advancement.¹²⁴

Maine is one of only 8 states that have a policy that directs Medicaid to pay for all medically necessary abortions.¹²⁵

There were 21 facilities providing abortions in Maine in 2017, with a 300% increase in clinics from 2014. Still, **nearly a quarter of women in Maine live in a county without a clinic providing abortion care.**¹²⁶

Even though emergency contraception (EC) has been available over the counter since 2013, 40% of stores surveyed in 2017 by the American Society for Emergency Contraception did not stock EC on the shelves.¹²⁷ A law enacted in Maine in June 2019 allows for EC and other nonprescription drugs to be sold in vending machines.

119 Sonfield A., Keller L. (2019, February 18). More to Be Done: Individuals' Needs for Sexual and Reproductive Health Coverage and Care. Guttmacher Policy Review. <https://www.guttmacher.org/gpr/2019/02/more-be-done-individuals-needs-sexual-and-reproductive-health-coverage-and-care>

120 Maine Family Planning. <https://mainefamilyplanning.org/title-x/>

121 The Title X ‘gag rule’ required that providers accepting Title X funding for family planning services could not refer patients to abortion care services, and required other restrictions such as separate accounting and physical facilities for abortion care and family planning services. Maine Family Planning was Maine’s Title X administrator.

122 Ibid.

123 Ibid.

124 Jones, R. K., Witwer, E., & Jerman, J. (2020, February 04). Abortion Incidence and Service Availability in the United States, 2017. Retrieved August 13, 2020, from <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>

125 State Funding of Abortion Under Medicaid. (2020, August 1). Retrieved August 13, 2020, from <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicare>

126 Jones, R. K., Witwer, E., & Jerman, J. (2020, February 04). Abortion Incidence and Service Availability in the United States, 2017. Retrieved from <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>

127 Not There Yet: ASEC’s 2017 EC Access Study. American Society for Emergency Contraception. http://americansocietyforec.org/uploads/3/4/5/6/34568220/asec_2017_ec_access_report.pdf



Observations

Abortion restrictions disproportionately hurt women of color. Structural racism and discrimination contribute to significant income inequality among women of color, increasing their likelihood of not having adequate health insurance, utilizing Medicaid, or experiencing barriers such as limited transportation. This is one way the Hyde Amendment, which bans federal funds for abortion care, forces a greater burden on women of color. And similar funding limits apply to Native Americans who receive care through the Indian Health Service.¹²⁸

Access to the full range of reproductive care, including abortion, is essential to economic security and justice. The Center for American Progress found that women living in states with greater access to reproductive health care—such as insurance coverage for contraception and infertility treatments, Medicaid coverage of family-planning services, and state funding for medically necessary abortions—have higher incomes, are less likely to work part-time, are more likely to move from unemployment into employment, and face less occupational segregation than women in states with more limited reproductive health care options.¹²⁹

Increased access to the full range of reproductive care saves lives. Maine has instituted several ground-breaking policies which expand access to reproductive care. This includes comprehensive sexuality education, which increases use of contraceptives and decreases unwanted pregnancies; widespread access to emergency contraception; increased use of telehealth services; and a state requirement that any public or private insurer that covers maternity care must also cover abortion care (which ended the discriminatory practice of limiting abortion access for people on MaineCare). The state will cover the cost of abortions barred from receiving federal reimbursement under the Hyde Amendment, which has exceptions only in cases of rape, incest, or when the patient's life is threatened. Together, this expansion has limited the number of unwanted pregnancies, especially among teens, and helped to decrease disparate barriers on different communities.

128 Mhatre, N. (2019, April 25). Abortion Restrictions Hurt Women of Color. Retrieved August 13, 2020, from <https://www.nationalpartnership.org/our-impact/blog/general/abortion-restrictions-hurt-women-of-color.html>

129 Kugler, A., Bahn, K., Mahoney, M., Corley, D., & McGrew, A. (2017, November 21). Linking Reproductive Health Care Access to Labor Market Opportunities for Women. Retrieved August 4, 2020, from <https://www.americanprogress.org/issues/women/reports/2017/11/21/442653/linking-reproductive-health-care-access-labor-market-opportunities-women/#fn-442653-13>

Recommendations

AT THE FEDERAL LEVEL, OVERTURN THE DISCRIMINATORY HYDE AMENDMENT, WHICH LIMITS ACCESS TO REPRODUCTIVE CARE, AND DISPROPORTIONATELY HARMS BLACK, BROWN, INDIGENOUS, AND LOW-INCOME COMMUNITIES.

AT THE FEDERAL LEVEL, REQUIRE THAT FEDERAL HEALTH INSURANCE PROGRAMS COVER ABORTION CARE, INCLUDING MEDICAID, MEDICARE AND CHIP, INDIAN HEALTH SERVICES, THE FEDERAL BUREAU OF PRISONS, AND THE VETERANS HEALTH ADMINISTRATION.

AT THE FEDERAL LEVEL, BLOCK STATE OR LOCAL GOVERNMENTS FROM RESTRICTING COVERAGE OF ABORTION BY PRIVATE HEALTH INSURANCE PLANS.

AT THE STATE LEVEL, REPLACE THE NEARLY \$2 MILLION IN FEDERAL FUNDING LOST WHEN TITLE X PROVIDERS IN MAINE WERE FORCED TO WITHDRAW FROM THE PROGRAM.

- **A proposal to do this passed out of committee in spring 2020**, but was not acted upon before the Legislature adjourned due to COVID-19.

AT THE STATE LEVEL, MAKE PERMANENT STATE POLICIES THAT WERE ENACTED DURING THE COVID-19 PANDEMIC.

- **From one interview: “For example, prior to COVID-19, Planned Parenthood of Northern New England was working to integrate telehealth into their operations**, but recent policy changes have helped expedite this process and allowed PPNNE to provide patients an alternative option to receive that care safely from their homes. PPNNE also launched additional enhancements to remote clinical services, including mail-in STI testing kits. These structural improvements to the health system support patients in overcoming barriers to care, such as transportation challenges for those in rural areas or with physical disabilities.”—Angelica Katz, PPNNE

IN THEIR WORDS

“Access to reproductive and sexual health care and sexuality education is essential to living a healthy, successful life, but legislators both locally and nationally attempt to create structural barriers to access that care. For example, on the federal and state level, the Trump-Pence administration forced Title X and affiliates across the country to withdraw from the program, which provided affordable birth control, sexually transmitted infection testing, cancer screenings, and other reproductive health care for decades. Nationally, Planned Parenthood was the largest Title X provider, serving 40% of the 4 million people who obtained their health care coverage through the Title X program.” — **Angelica Katz, Planned Parenthood of Northern New England**

“We’re concerned about the Global Gag Rule, especially as it applies to rural areas in Maine, including Piscataquis County, which has no family planning clinic and the worst public health outcomes. We hope that the state restores the money taken by the federal government, although the need is greater than the money that was taken in the first place.” — **Cait Vaughan, Maine Family Planning**

“Expanding MaineCare to bring more women and non-binary people into health coverage has been a huge step toward ensuring people have access to reproductive health care. Additionally, Maine passed two important laws in 2019 to protect and expand access to abortion care; MaineCare and private insurance must cover abortion care, and advanced practice clinicians like nurse practitioners can provide abortion care. These advancements have already increased access for folks in rural areas and for marginalized groups. However, LGBTQ+ people, Black, Indigenous, and People of Color (BIPOC), and people with disabilities, still face too many disparities. We must confront structural racism and other forms of oppression by partnering with BIPOC-led organizations to create community-led solutions.” — **Andrea Irwin, Mabel Wadsworth**

MENTAL HEALTH, SUBSTANCE USE, & WELLBEING

Stats Snapshot

In each of the last 5 years, approximately 1 in 12 babies in Maine was born drug affected. This suggests that during pregnancy, the mother was either undergoing medication-assisted treatment for substance use disorder and that medication was passed on to the fetus, or that the mother was actively using alcohol or drugs during pregnancy.¹³⁰

In 2018-2019, **1 in 6 Mainers ages 18-25 who was eligible for treatment for substance use did not receive the treatment.**¹³¹

In 2015-2017, **the rate of drug-related deaths among Maine women was 24.5 per 100,000 (NCHS).**¹³²

In 2016, 60% of women age 18-44 reported using alcohol, ranking Maine 12th in the nation. Among women who consumed any alcohol, 39.1% were binge drinkers, the 8th highest rate in the U.S.¹³³

More than 1 in 6 Maine women say they experienced 14 or more “mentally unhealthy days” during the past month¹³⁴ and **28% of Maine women have been told at some point that they have depression.**¹³⁵

1 in 5 Maine high school students has experienced 4 or more adverse childhood experiences (ACEs), defined as a traumatic event that occurs before the age of 18. The highest rates were reported in girls, LGBTQ+ individuals, and Hispanics.¹³⁶

63% of Maine high school students who experienced 4 or more ACEs had depression and 37% had considered suicide in the past year, significantly higher than those with fewer than 4 ACEs.¹³⁷

Suicide rates among those aged 10-19 years in the U.S. rose 56% between 2007 and 2016. The increase was greatest among females, doubling between 2007-2015 to a 40-year high.¹³⁸

In Maine, the average number of child and teen suicides increased 50% between 2013-2017, placing Maine well above the national average.¹³⁹

130 Maine Kids Count 2019.

131 Maine State Epidemiological Outcomes Working Group. October 2019. <https://www.maineosew.com/Documents/2019/SEOW%2018-25%20Fact%20Sheet%202019%2010.8.19%20FINAL.pdf>

132 Maine Women’s Health: Mental Health and Substance Use Maternal and Child Health Block Grant Data Brief. Data Source: US Centers for Disease Control, National Center for Health Statistics. <https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Womens-Health-Data-Sheets-All-012020.pdf>

133 Centers for Disease Control and Prevention, State-Level Estimates of Alcohol Use Among Women—2016; Data Source: Behavioral Risk Factor Surveillance System. Accessed September 22, 2020. <https://www.cdc.gov/ncbddd/fasd/data-maps-2016.html>

134 Maine Behavioral Risk Factor Surveillance System 2016.

135 Maine Behavioral Risk Factor Surveillance System 2018.

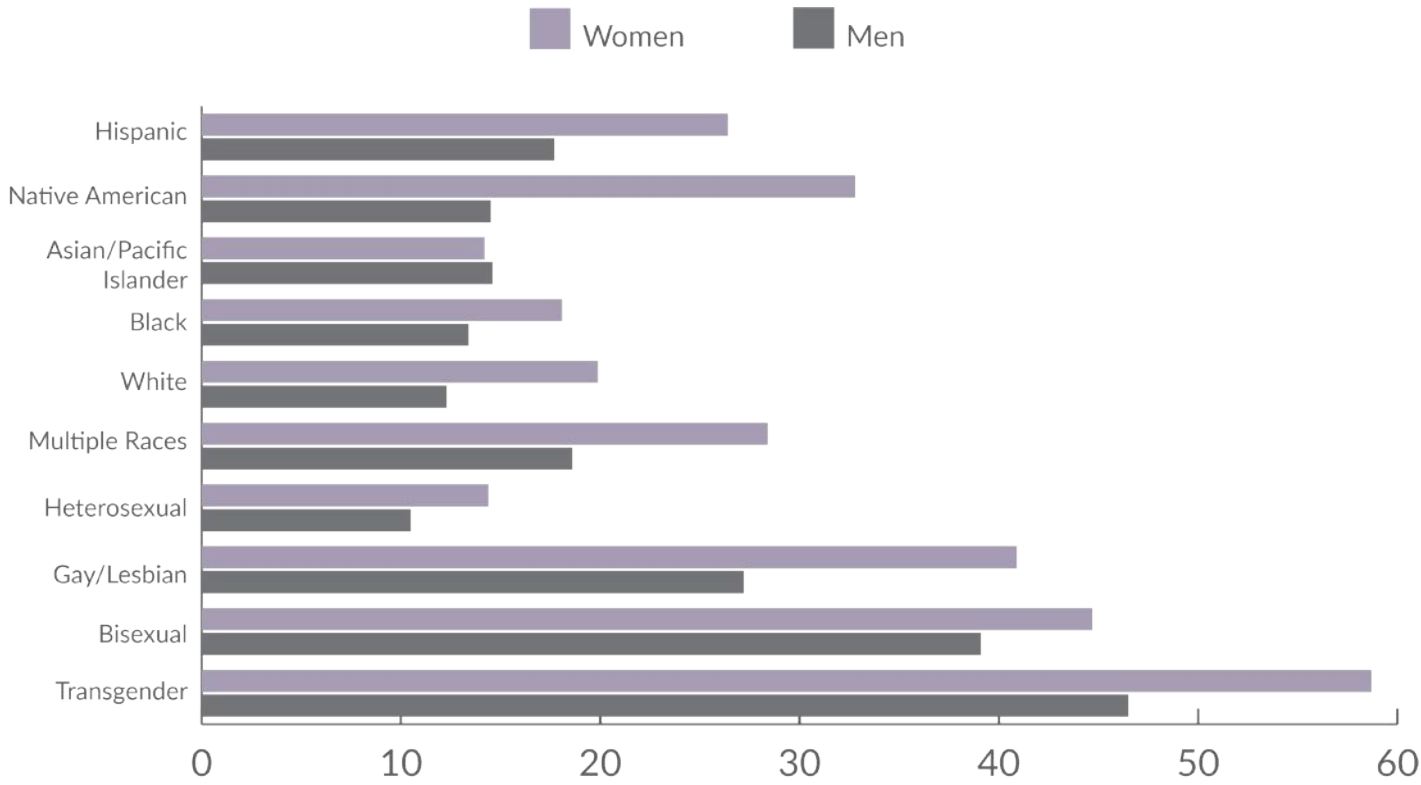
136 2019 Maine Integrated Youth Health Survey. <https://data.mainepublichealth.gov/miyhs/files/Snapshot/2019MIYHSACEsInfographic.pdf>

137 Ibid.

138 Maine Kids Count 2019.

139 Ibid.

Percent of suicide ideation in last 12 months by gender and race/ethnicity.



Observations

Trauma and substance use/misuse are closely linked with incarceration. “The use and overuse of incarceration and policing to address substance use is an enormous barrier to our community and folks with whom we work and serve. We have clients who have barriers to services because of MaineCare restrictions, we have clients who are actively discriminated against when trying to access routine care, and we have clients who live in houselessness and with no support because our systems, structures, and policies are so deeply flawed and continue to push people closer to the margins. Economic security is obviously a concern, though it is difficult for many folks to focus on that when they can’t get any of their needs met at all.”—Whitney Parrish, Health Equity Alliance.

Women and girls are disproportionately affected by depression and suicide ideation, especially queer and trans women and girls. According to one interview, rates are high and rising and it’s clear that, as in other areas, some communities are affected more than others. “Rates of suicide and suicide attempts have increased, especially among girls. Girls are closing the gap with boys on completed

suicide attempts. There are great unmet mental health needs across the state.”—Jean Zimmerman, Maine Integrated Youth Health Survey Coordinator, Maine Centers for Disease Control.

Mental health and substance abuse are inextricably linked. Medicaid expansion is expected to improve women’s access to preventive health, mental health, and substance use treatment services. Still, many Mainers are unable to access the treatment they need, as evidenced by the high rates of drug-related deaths and unfulfilled requests for substance use disorder treatment. Says one interviewee: “There is a lack of access to treatment services people can afford in their communities, lack of access to supported housing for sustaining them living in their community, and lack of these services and housing for women in recovery, especially those trying to stay with their children. The systems are set up for many to end up in the justice system rather than in treatment and recovery.”—Malory Shaughnessy, Maine Association of Substance Abuse Providers



Recommendations

EXPAND GENDER-RESPONSIVE WELLNESS SYSTEMS. THIS INCLUDES:

- **Providing training to health care providers** on the unique health and mental health needs of women, BIPOC, and LGBTQ+ individuals;
- **Continuing to expand gender-responsive health care options** for trans Mainers;
- **Expanding gay-straight-trans alliances in public schools.** According to one report, LGBTQ+ students do not feel safe in Maine schools, and two-thirds report harassment based on their sexual orientation. But LGBTQ+ students in Maine who feel safer in school do better academically and are healthier. These alliances tend to support and expand a range of inclusive practices at all levels of the school,¹⁴⁰ and
- **Enforce Maine’s ban on conversion therapy.**

TREAT TRAUMA, MENTAL HEALTH, AND SUBSTANCE USE TOGETHER, INCLUDING ENCOURAGING PATIENT INTAKE PRACTICES TO ADD QUESTIONS REGARDING PAST OR CURRENT TRAUMA AND SUBSTANCE USE, DEPRESSION, ANXIETY, AND SUICIDE RISK.

INVEST IN THE CONTINUED EXPANSION OF COMPREHENSIVE PHYSICAL AND MENTAL HEALTH CARE ACCESS. THIS INCLUDES:

- **Increasing access to services,** such as expanded use of telemedicine for mental health care, support for transportation to and from clinics, and childcare services available at clinics; and
- **Continue to enroll all eligible people in MaineCare.**

SUPPORT THE AFFORDABLE CARE ACT AND CONTINUE TO WORK TO IMPROVE IT.

140 GLSEN School Climate in Maine, 2017 State Snapshot. Accessed on September 22, 2020. https://www.glsen.org/sites/default/files/2019-11/Maine_Snapshot_2017_1.pdf

IN THEIR WORDS

“Overall, we’re seeing a worsening of young people’s mental health. It’s been rising significantly, every two years, since the [Maine Integrated Youth Health Survey] has been in effect.”
— **Sheila Nelson, Adolescent Health Coordinator, Maine Centers for Disease Control**

“Substance use disorder has been devastating to our communities, and we need to make sure that organizations that provide recovery and treatment services can survive under the current reimbursement rates.” — **Lisa Sockabasin, Wabanaki Public Health**

“Substance abuse has crippled our community.” — **Fatuma Hussein, Immigrant Resource Center of Maine**

“The loosening of rules because of COVID-19 has improved access to naloxone and helped more people because of the ability to mail it to them, but we need additional expanded access to harm reduction supplies. We’re seeing high numbers of overdose deaths.” — **Cait Vaughan, Maine Family Planning**

“We need more research and investment in treatment for women struggling with these challenges, and more programs to support them in keeping and raising their children in positive environments. Many of these people struggle to have economic security and housing, they are endlessly mired in the justice system, and many children (and their families) as well as adults are impacted.” — **Malory Shaughnessy, Alliance for Addiction and Mental Health Services, Maine**

“We need our clients to be seen as full human beings with the right to bodily autonomy, choice, dignity, and the full spectrum of things needed to live: housing, health care, on and on. To be blunt, we do not see our clients who use drugs focused on until they are dead, except through support of our syringe exchanges (we operate 6 at present, with more in the works). The criminal legal system and its contact with people who use drugs is the primary system that is hurting and killing our people.” — **Whitney Parrish, Health Equity Alliance**

Civil Rights & Freedom from Discrimination

"Discrimination [exists] against women through use of non-disclosure agreements; discrimination against employees through use of forced arbitration agreements; [and we have a] lack of enforcement capability at the Maine Department of Labor's employment laws, especially Wage and Hour, and Safety."

- Jeffrey Neil Young, Maine AFL-CIO

CIVIL RIGHTS & FREEDOM FROM DISCRIMINATION

Stats Snapshot

Of 715 discrimination cases filed with the Maine Human Rights Commission in 2019, **35% were related to sex discrimination, while another 3.2% were related to sexual orientation, and 3 cases were filed based on gender identity.**¹⁴¹

In 2019, the Maine Human Rights Commission identified that of all complaints filed, **66.8% were employment related, 13.9% were housing related, 16.8% were public accommodations related, 2.2% were education related and 0.3% were credit extension related.**¹⁴²

Maine sex discrimination cases increased by 35% in 2019, which happened particularly in small firms.¹⁴³

Half (49.2%) of respondents to a recent statewide survey experienced sexual harassment in a Maine workplace. More than half (57.6%) of female respondents experienced sexual harassment, as compared to 18.8% of male employees.¹⁴⁴

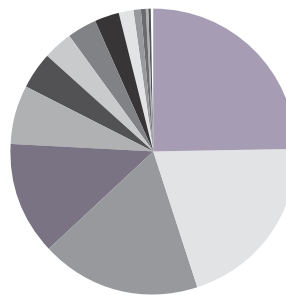
People from marginalized and disenfranchised populations experience higher rates of discrimination across many different systems. For instance:

- Close to 25% of transgender people who had visited a doctor in the past year **reported that the healthcare provider misgendered them or used the wrong name.**¹⁴⁵

- Immigrant and refugee youth experience discrimination in and out of school, **are less likely to have their complaints of harassment taken seriously and are more likely to experience discipline.**¹⁴⁶
- Because of housing discrimination and economic factors, **Black Mainers and Mainers of color are more likely to live in housing conditions which can result in higher rates of preventable illness, including COVID-19 and child lead poisoning.**¹⁴⁷

“Family status” cases (0.7% of cases in Maine in 2019) involving discrimination against working parents -- and mothers in particular -- are increasing nationally.¹⁴⁸

Maine Discrimination Complaints by Type - 2019



ALLEGED BASES	Percentage
Disability	47.3%
Retaliation	38.7%
Whistleblowers'	34.4%
Sex	24.3%
Age	13.1%
Color	7.8%
Race	6.4%
National Origin	6.2%
Religion	5.5%
Sexual Orientation	3.2%
Source of Income	1.4%
Equal Pay	1.0%
Familial Status	0.7%
Gender Identity	0.4%
Workers' Comp	0.3%
CASES FILED	715

141 Maine Human Rights Commission. (2019). MHRC 2019 Annual Report. Retrieved from https://www.maine.gov/mhrc/sites/maine.gov/mhrc/files/in-line-files/MHRC%202019%20ANNUAL%20REPORT_0.pdf

142 Ibid.

143 <https://wgme.com/news/local/sex-discrimination-cases-reach-new-high-in-maine>

144 Pan Atlantic Research. (2018). Report to MaineCanDo on sexual harassment in Maine workplaces. Retrieved from https://www.mecando.org/uploads/1/1/9/0/119005013/par_updated_report_to_maineendo.pptx

145 <https://www.americanprogress.org/issues/lgbtq-rights/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/>

146 https://www.aclumaine.org/sites/default/files/webelonghere_report.pdf

147 Bangor Daily News. (2020). Maine has failed as racial disparities in coronavirus infections grow, immigrant leaders say. Retrieved from <https://bangordailynews.com/2020/06/22/news/state/maine-has-failed-as-racial-disparities-in-coronavirus-infections-grow-immigrant-leaders-say/>

148 <https://www.theatlantic.com/business/archive/2017/01/the-new-glass-ceiling/512834/>

Observations

Discrimination across all sectors and for all protected groups is underreported. Because discrimination occurs against communities and populations which are already disenfranchised or marginalized, individuals may have fewer resources to report discrimination, fear not being believed, or face higher consequences for reporting (such as losing employment and later financial security). For example, sexual harassment in the workplace is underreported because workers fear facing retribution and retaliation.¹⁴⁹ In fact, retaliation is the second-highest claim type at the Maine Human Rights Commission: workers have a reason to fear reporting the discrimination that they experience.

Discrimination occurs at the intersection of different kinds of oppression. Discrimination in systems creates barriers to economic security and personal liberty, and when people have multiple marginalized identities, the likelihood that they must navigate these barriers increases.

The intersectional nature of racism and sexism, along with ableism and ageism, reflects how the combination of race and gender, as well as ability,

are perceived together. Additionally, discrimination disproportionately occurs in settings with lower-wage and less-resourced people (those working in low-wage jobs or seeking low-income housing for instance), which tends to affect women and people of color at higher rates. Dismantling discrimination means addressing the nuance of how oppression works in the lives of Mainers.

Discrimination is pervasive in essential systems. Discrimination occurs in most systems: employment, housing, education, healthcare, and more. According to Quinn Gormley of Maine TransNet, “At best, most physicians and nurses have received an hour of education specifically for LGBTQ+ competency, which leaves them grossly underprepared to serve our patient population.” This pattern is true across systems and communities, which means that marginalized populations face barriers both large and small daily. Yet these are not optional systems – every Mainer must be able to access a living wage, safe housing, and quality education and healthcare.

¹⁴⁹ Bangor Daily News. (2019). Sex discrimination cases reach new high in Maine. Retrieved from <https://wgme.com/news/local/sex-discrimination-cases-reach-new-high-in-maine>



Recommendations

ENSURE CONSISTENCY WITHIN THE MAINE HUMAN RIGHTS ACT. Ensure that protection based on race, age, religion, national origin, sex, color, sexual orientation and gender identity apply to every system that the Act covers and includes carceral systems. At present, gender identity is inaccurately considered a subset of sex or sexual orientation, and incarcerated Mainers only have access to the disability protections.

EXPAND WORKER’S ABILITY TO ADDRESS DISCRIMINATION AND HARASSMENT. Most notably, Maine must ban forced arbitration (which require arbitration or mediation in cases of discrimination or harassment, and prohibit workers from suing an employer); and banning forced non-disclosure agreements (which dictate how and to whom a worker may share details of their experiences of harassment or discrimination). This is also supported by setting employment standards that are transparent and uniform, such as in unionized workplaces.

INVEST IN EDUCATION TO INCREASE SYSTEM COMPETENCY IN THE SHORT-TERM, AND TO CHANGE DISCRIMINATORY SYSTEMS OVER TIME. This includes ensuring that the Maine Department of Education Learning Results aligns with the Maine Human Rights Act, and including education on bias and discrimination across housing, education, healthcare, and public benefits systems.

IN THEIR WORDS

“Unionization provides stability and security, and a clear path to move up, especially for folks who otherwise would experience more discrimination - women and people of color.” - Adam Goode AFL-CIO

*“[We see] ageism and its impact on healthcare -- doctor’s discounting or dismissing older women’s health concerns as part of the “normal aging process” rather than believing them and taking their health concerns seriously.”
- Jess Maurer, Maine Council on Aging*

“We know nationally 46% of adults who are part of the LGBTQ community are not ‘out’ at work. If you feel like you have to hide an important part of your identity at work, how does that affect the quality of your work and your relationships with co-workers?” - Gia Drew, Equality Maine

Freedom from Violence

“What are the most pressing issues impacting Mainers affected by gender disparities over the next two years? The erosion of protections for immigrants who have survived domestic violence, trafficking, or other gender-based persecution puts countless Maine immigrant women in jeopardy.”

— Julia Brown, Immigrant Legal Advocacy Project

“The amount of Indigenous women and girls who are survivors of sexual violence... the numbers are staggering. We must offer opportunities for women and girls to heal. We can offer all the education programming in the world, that’s wonderful, but when they’re accessing them still with wounds of unhealed trauma, often they go home and don’t stay... We have a legacy in this country that isn’t a positive one or one we should be proud of.”

— Lisa Sockabasin, Wabanaki Public Health

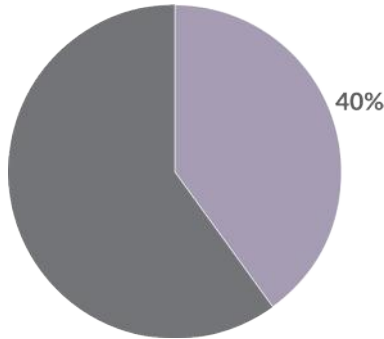
“As we see our economy go into a rut, our social safety net is likely to be decimated again. That will in turn likely lead to increases in substance use issues and other ‘crimes’ of poverty. Defending the safety net—and taking money from police and other repressive state actors that only perpetuate dominance, control, and violence in order to keep the social safety net—are the best ways forward.”

— Meagan Sway, American Civil Liberties Union of Maine

SEXUAL & INTIMATE PARTNER VIOLENCE

Stats Snapshot

Percent of women aged 18 & over in Maine who have experienced sexual violence, physical violence, and/or stalking by a partner in their lifetime.



In Maine, **40% of women aged 18 and older report having experienced sexual violence, physical violence, and/or stalking by a partner at some point in their lifetime.**¹⁴¹

Nearly one-quarter of Mainers have experienced rape or attempted rape in their lifetime, women at more than three times the rate of men (35.7% vs 10.1%).¹⁴²

In 2019, 13,759 survivors in Maine reached out for support from Maine’s domestic violence resource centers, representing more than 1% of Maine’s entire population.¹⁴³ The U.S. falls roughly in the top quarter worldwide for the percentage of women who have experienced physical or sexual violence by an intimate partner.¹⁴⁴

In “Crime in Maine,” nearly 1 in 7 Maine women indicated they had been the victim of stalking behavior. Unpartnered female respondents (single, divorced, or widowed) reported being the recipients of unwanted stalking behaviors more than twice as often as women who were married or in a relationship (23.9% vs 9.3%).¹⁴⁵

Individual rape victims experience an estimated lifetime economic cost of \$122,461.¹⁴⁶ This translates to slightly more than three full years’ of earnings for women working full-time, year-round in Maine.

Food and housing insecurity are strongly correlated with experiencing intimate partner and sexual violence, even when controlling for age, family income, race/ethnicity, education, and marital status.¹⁴⁷

In a recent survey of Mainers experiencing intimate partner violence, 62% reported that their abusive partners made it difficult for them to continue working at their current place of employment, and nearly all of the respondents reported that the abuse they experienced affected their ability to meet their daily needs (food, shelter, clothing). 8 in 10 reported that the economic abuse committed by their partners while in the relationship made it difficult to separate from their abusive partners.¹⁴⁸

141 Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

142 Dumont, Robyn MPPM and Shaler, George MPH (2015). 2015 Maine Crime Victimization Survey: Informing Public Policy for Safer Communities. Maine Statistical Analysis Center. Retrieved from https://digitalcommons.usm.maine.edu/maine_statistical_analysis_center/5

143 Maine Coalition Against Sexual Violence. (2020). Statewide service statistics.

144 OECD (2020), Violence against women (indicator). doi: 10.1787/f1eb4876-en (Accessed on 25 July 2020)

145 Dumont, Robyn MPPM and Shaler, George MPH (2015). 2015 Maine Crime Victimization Survey: Informing Public Policy for Safer Communities. Maine Statistical Analysis Center. Retrieved from https://digitalcommons.usm.maine.edu/maine_statistical_analysis_center/5

146 Peterson, Cora; et al. (2017). Lifetime Economic Burden of Rape Among U.S. Adults. American Journal of Preventive Medicine. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0749379716306158>

147 Breiding, Matthew J.; et al. (2017). Economic Insecurity and Intimate Partner and Sexual Violence Victimization. American Journal of Preventive Medicine. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0749379717302118?via%3Dihub>

148 Maine Coalition to End Domestic Violence. (2019). A report on the impact of economic abuse on survivors of domestic violence in Maine. Retrieved from https://www.mcedv.org/wp-content/uploads/2019/02/Economic-Abuse-Report_FINAL.pdf

Observations

Sexual violence, intimate partner violence, and stalking are public health crises in Maine which disproportionately affect women and children. 4 in 10 women in Maine have experienced sexual violence, physical violence, and/or stalking by a partner at some point in their lifetime—nearly as many as every person in Maine living north of Augusta. These experiences result in significant disparities across every aspect of physical, emotional, and financial well-being. These costs—tangible and intangible—are borne by both the individuals as well as the community and state, and nearly every state system, from mental health to criminal justice to social services, shares the burden of this violence.

There is an undeniable link between experience of violence and economic security and the ability to access services and support systems. Low-income Mainers and those who experience food and housing instability are more likely to experience domestic violence. Once they do, they face greater barriers in accessing services. According to Maine Coalition to End Domestic Violence (MCEDV), 98% of domestic violence resource center providers have worked with a survivor who has experienced barriers to transportation. According to their report, “The data from this survey demonstrates a reciprocal relationship between domestic violence and economic instability—abuse creates economic instability. And, in turn, economic instability reduces safety options for survivors and makes them more vulnerable to continued violence and isolation. The ability to access safety often hinges on access to economic resources, and while abuse can occur in any income bracket, people in poverty are nearly twice as likely to experience domestic violence.” Staff at Maine Coalition Against Sexual Assault (MECASA) reiterate this point: “Survivors’ access to transportation is a majorly overlooked factor in whether they can access healthcare, services, resources, or even engage in the legal system.”¹⁴⁹

There are dramatic disparities in the experience of violence across different populations, especially sexual violence. The Maine Integrated Youth Health Survey, conducted every other year by the Maine Centers for Disease Control, is perhaps Maine’s best resource for Maine-specific data broken out by gender, race, and sexual orientation. The data on high school students who report experiencing forced sexual intercourse is especially revealing: 7.5% of all high school students report this; for girls, that number rises to nearly 11%. For American Indian/Native Alaskan girls, it rises to over 21%; for trans boys, it is a full 31%. Looking at the data in the aggregate hides the real impact of violence on specific communities.

We also know that the data is not typically available to show the true extent of the impact on disenfranchised populations. In the words of Heather Zimmerman of Preble Street, “The amount of sexual violence that exists for women in homelessness is unfathomable and probably uncapturable.” This is true for any population that is not readily visible to mainstream systems, not only homeless Mainers, but those who are incarcerated, who live in residential facilities, who are experiencing sexual exploitation, and more. Increasingly, there are programs specifically for and by affected communities, but as Lisa Sockabasin of Wabanaki Public Health notes, “Our system is not set up to support those organizations that are most effective to do the work.”

The criminal justice system is an inadequate route to justice for many survivors. Many survivors of intimate partner and sexual violence do not choose to report to law enforcement, and in many cases law enforcement is not able to effectively respond to these crimes. For example, approximately 400 sexual assaults are reported to Maine law enforcement in any given year,¹⁵⁰ out of approximately 14,000.¹⁵¹ Of these, very few results in prosecution. Elizabeth Ward Saxl of the Maine Coalition Against Sexual Assault, notes: “One of the priorities we have committed ourselves

149 Jess Bedard, MECASA Director of Program Planning and Performance. Interview, July, 2020.

150 The Uniform Crime Report tracks these numbers. Retrieved from https://www.maine.gov/dps/cim/crime_in_maine/cim.htm

151 Dumont and Shaler.



to is increasing access to alternative paths to justice and healing for survivors. This was an explicit acknowledgment that only a very small minority of survivors will make a report to law enforcement and engage with the criminal justice systems. And for those who do, the final outcomes rarely reflect their hopes and expectations. As a result, survivors often face an all-or-nothing response. We are committed to supporting victim-centered efforts to explore alternative paths like restorative justice as well as approaches like deferred disposition.”

Additionally, alternative forms of justice are especially supportive of victims and survivors from oppressed communities. For example, Black or trans victims and survivors may be less likely to report crimes they experience to the criminal justice system, as they have been disproportionately harmed by this system.¹⁵²

INTHEIRWORDS

“When peers, the press, and public institutions focus on what the person harmed could or should have done to avoid being harmed, accountability for the harm moves away from the person who did it to the person they have harmed.... This failure to appropriately ascribe responsibility frames widespread ‘victim blaming’ rather than meaningful efforts to change the deeply rooted beliefs that cause gender-based violence and all forms of oppression.”
— Francine Garland Stark, Maine Coalition to End Domestic Violence (MCEDV)

“The amount of sexual violence that exists for women in homelessness is unfathomable and probably uncapturable.” — **Heather Zimmerman, Preble Street**

¹⁵² Bureau of Justice Statistics Special Report, Hart & Rennison, 2003. U.S. Department of Justice.



Recommendations

SUPPORT POLICIES AIMED AT ENHANCING THE ECONOMIC STABILITY OF SURVIVORS, INCLUDING INCREASED WORKPLACE PROTECTIONS, AFFORDABLE CHILDCARE, AND EASE OF ACCESS TO PUBLIC BENEFITS AND SAFETY NET PROGRAMS.

INCREASE ACCESS TO ALTERNATIVE FORMS OF JUSTICE.

- **Update Maine’s Protection From Abuse statute to better support victims of sexual violence.** Though the statute has been updated to include victims of sexual violence, it continues to be hard to read for even those who are engaged in the work of implementing these laws, and access to the critical protections which hinge on this statute remains elusive to many.
- **Support policies and resources to expand restorative justice programming.** For example, a pilot partnership between the Restorative Justice Institute of Maine and Maine Coalition Against Sexual Assault (MECASA) is demonstrating some success in offering less criminalization and more community connection and accountability in some circumstances.

INCREASE STATE FUNDING FOR MAINE’S SEXUAL AND DOMESTIC VIOLENCE SERVICE PROVIDERS, INCLUDING COMMUNITY-LED ORGANIZATIONS.

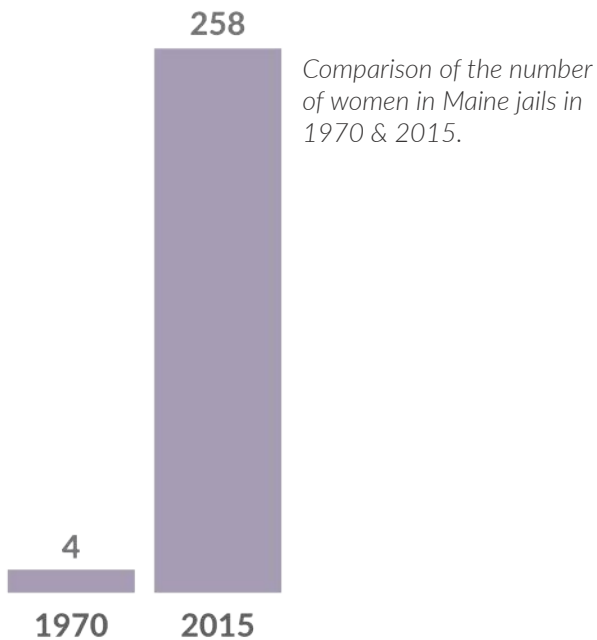
- **In 2019, Maine’s sexual assault support centers and domestic violence resource centers received the first increase in state dollars in nearly 20 years.** Unfortunately, the appropriation was only for the two-year budget period and not part of the ongoing state budget. These funds must be made permanent to respond to the ongoing needs in our communities. Additional resources can support providers to overcome barriers such as access to transportation or to establish new and innovative programming, such as video conference or text/chat with survivors. These services are increasingly available, but only on a limited scale. Additional resources can increase access to healing services and relieve disparities by region.

SUPPORT COMMUNITY-SPECIFIC AND COMMUNITY-LED ORGANIZATIONS AND SOLUTIONS.

- **Community-led organizations can provide accessible, appropriate, and high-quality services to survivors who are disproportionately affected by sexual and domestic violence.** Examples of the ways that community-led organizations are offering community-specific, culturally appropriate services include the Immigrant Resource Center of Maine, the member providers of the Wabanaki Women’s Coalition, and the new sexual and domestic violence program hosted by Maine TransNet.

CARCERAL & STATE VIOLENCE

Stats Snapshot



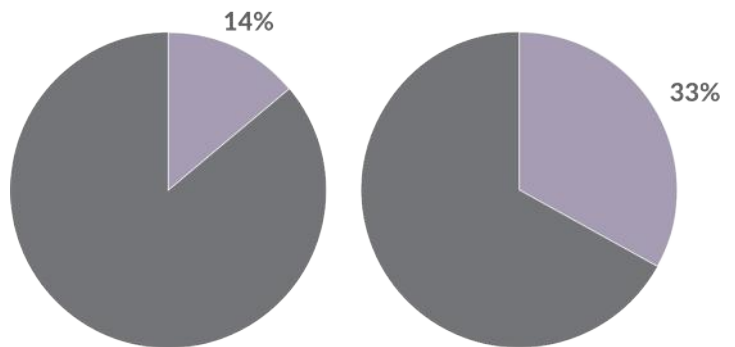
The number of women in Maine’s jails has increased more than 64-fold, from 4 in 1970 to 258 in 2015, while the number of women in Maine’s prisons has increased more than 15-fold, from 10 in 1978 to 152 in 2017. Women now make up almost 1 in 4 jail admissions, up from fewer than 1 in 10 in 1983. At the same time, men’s jail admissions have declined by 26% since 2008.¹⁵³

Maine’s Department of Corrections reports that **72% of women in its prisons in 2018 were there on drug and theft charges.**¹⁵⁴

The annual cost per inmate in 2017 was \$43,773.¹⁵⁵

Overall, Maine leads our regional peers in incarceration.¹⁵⁶ Maine has an incarceration rate of 363 per 100,000 people (including prisons, jails, immigration detention, and juvenile justice facilities), meaning that it has a higher percentage of incarcerated than many wealthy democracies.¹⁵⁷

Percent of African-American girls (nationally) in the general population (14%) compared to who are detained or committed (33%).



Women and girls from communities who are already oppressed or disenfranchised are more likely to be incarcerated. For example, the highest rates of prison admissions in Maine are in rural counties.¹⁵⁸ **Nationally, African-American girls are 14% of the general population nationally but 33.2% of girls detained and committed.**¹⁵⁹ One study showed that LGBTQ+ and gender non-conforming (GNC) girls are significantly more likely to be system-involved: 40% of girls in the juvenile justice system are LGBTQ+/GNC compared to 14% of boys.¹⁶⁰

153 Vera Institute of Justice. (2019). Incarceration trends in Maine. Retrieved from <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-maine.pdf>

154 Neuman, D. (2019). 72% of women in Maine's prisons are there on drug-related charges. Maine Beacon. Retrieved from <https://mainebeacon.com/72-of-women-in-maines-prisons-are-there-on-drug-related-charges/>

155 National Institute of Corrections. (2017). 2017 Statistics; Maine 2017. Retrieved from <https://nicic.gov/state-statistics/2017/maine-2017>

156 Vera Institute of Justice. (2019). Incarceration trends in Maine. Retrieved from <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-maine.pdf>

157 Wagner, P., and Sawyer, W. (2018). States of Incarceration: The Global Context 2018. Prison Policy Initiative. <https://www.prisonpolicy.org/global/2018.html>

158 Vera Institute of Justice. (2019). Incarceration trends in Maine. Retrieved from <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-maine.pdf>

159 Saar, M., et al. (2015). The sexual abuse to prison pipeline: the girls' story. Human Rights Project for Girls; Georgetown Law Center on Poverty and Inequality; and Ms. Foundation for Women. Retrieved from https://rights4girls.org/wp-content/uploads/r4g/2015/02/2015_COP_sexual-abuse_layout_web-1.pdf

160 Irvine, A. (2015). Time to Expand the Lens on Girls in the Juvenile Justice System. National Council on Crime and Delinquency. Retrieved from <http://www.nccdglobal.org/blog/time-to-expand-the-lens-on-girls-in-the-juvenile-justice-system>.

According to the Maine Department Of Corrections, **the majority of incarcerated women in Maine have a history of trauma.**¹⁶¹

Incarcerated women are 30 times more likely to have experienced rape than women outside of prison.¹⁶²

White women who were formerly incarcerated face an unemployment rate of 23.2% compared to the 4.3% unemployment rate of white women who have not been imprisoned.¹⁶³ Additionally, **43.6% of formerly incarcerated Black women are unemployed while 6.4% of Black women who have not been imprisoned are unemployed.**¹⁶⁴

Observations

Women in Maine who are in the criminal justice system are overwhelmingly victims of previous trauma (especially sexual and domestic violence) and more likely to have committed nonviolent crimes that are likely related to that trauma. Expansion of early services, such as children’s advocacy centers, sexual and domestic violence services, mental health services, and substance use treatment, is a better use of public resources than incarceration, and a more holistic approach. As one interviewee noted: “Several years ago, Through These Doors, the domestic violence resource center in Cumberland County, conducted a study which found that 95% of incarcerated women were currently or previously in an abusive intimate relationship. Last year, this program worked with more than 330 women incarcerated at the facilities in Windham. Advocates from domestic violence resource centers across the state observe survivors intersecting with the criminal justice system as defendants—often for crimes that can be traced back, directly or indirectly, to their abusers’ conduct.” (Andrea Mancuso, Maine Coalition to End Domestic Violence)

The criminal justice system itself perpetuates violence. Women experience violence while incarcerated, and incarceration and subsequent criminal records increase the barriers to employment, housing, safety net services, and education. Incarceration also disrupts family connections, inflicting trauma on another generation. “I believe it’s like 78% of the women that are incarcerated right now in Maine are moms,” said state Rep. Charlotte Warren (D-Hallowell), House chair of the legislature’s Criminal Justice and Public Safety Committee. “That for me ensures that we’re going to see another generation of this, if we understand that substance use disorder is completely related to trauma.”¹⁶⁵

The criminal justice system is often seen as a means of accountability for gender-based violence. However, the data is clear that this is often not victim-centered, and many victims and survivors report desiring more holistic forms of accountability, as noted in the section above.

Recommendations

DECREASE CRIMINALIZATION OF NONVIOLENT CRIMES. THIS INCLUDES:

- **Reducing classes of drug related crimes;**
- **Reducing criminalization of other nonviolent crimes, such as sex work/prostitution;**
- **Reducing the impact of criminal records on future opportunities,** by allowing records to become confidential, or allowing people with certain criminal records to access housing and employment opportunities (such as ‘ban the box’ legislation, which was passed by the Legislature but vetoed in 2018).

INCREASE INVESTMENT IN PROGRAMMING WHICH PREVENTS AND RESPONDS TO TRAUMA, as suggested in the previous section.

161 Maine Dept. Of Corrections. (n.d.) Retrieved from <https://www.maine.gov/corrections/Evidence-based-Programming-Treatment.htm>

162 Bureau of Justice Statistics National Crime Victimization Survey, Truman & Langton, 2012. U.S. Department of Justice.

163 Bureau of Justice Statistics National Former Prisoner Survey, 2008. U.S. Department of Justice.

164 Ibid.

165 Neuman, D. (2019). 72% of women in Maine’s prisons are there on drug-related charges. Maine Beacon. Retrieved from <https://mainebeacon.com/72-of-women-in-maines-prisons-are-there-on-drug-related-charges/>

THE MAINE DEPARTMENT OF CORRECTIONS SHOULD ENSURE THAT INCARCERATED PARENTS AND CAREGIVERS HAVE VISITATION WITH MINOR CHILDREN THAT PRIORITIZES THE MENTAL AND EMOTIONAL WELL-BEING OF THE CHILDREN.

ENSURE THAT PROGRAMMING IN CARCERAL SETTINGS IS GENDER-RESPONSIVE AND SUPPORTS CONNECTIONS WITH FAMILIES AND COMMUNITIES.

- **This includes being responsive** to the needs of trans individuals in incarceration.
- **Maine’s Department of Corrections should be required to address the specific health care needs of women** housed in Maine’s correctional facilities.

- **The Board of Visitors should be required to review** health care facilities and services for this purpose.

MAINE LAW SHOULD ENSURE THAT INCARCERATED PEOPLE SHOULD BE HOUSED ACCORDING TO THEIR GENDER IDENTITY, TO ALIGN WITH THE FEDERAL PRISON RAPE ELIMINATION ACT.

TRANS-SPECIFIC HEALTH CARE SHOULD BE INCLUDED AS REQUIRED HEALTH CARE IN MAINE CARCERAL SETTINGS.

IN THEIR WORDS

“We are over-incarcerating women at extraordinary rates, mostly connected to substance use. We have been for years. It is devastating our families, our communities, and the outcomes of so many people who deserve so much more and so much better. The use and overuse of incarceration and policing to address substance use is an enormous barrier to our community and folks with whom we work and serve.”
— **Whitney Parrish, Health Equity Alliance**

“There is a growing understanding of mental illness and substance use disorder as something that is not a ‘moral failing’ but grounded in both physiology and sometimes circumstances or trauma. New policies are starting to provide better treatment and harm reduction, new investments in housing (still not enough), and pilot programs for specialized treatment (again, not enough). There is a growing sense that the jail or prison is not the place to give help and support to people with these challenges.”
— **Malory Shaughnessy, Maine Association of Substance Abuse Programs**

“Women of all races, but mostly poor and disproportionately Black and Indigenous, are the fastest growing segment of Maine’s prison population. Drug decriminalization would address not only race but also gender disparities—women are the fastest growing incarcerated group and they are disproportionately being pulled in for drug crimes. This is important because state actors rely on demonizing Black men ‘from away’ to justify the harsh laws, but women from Maine are getting caught up in that punishment system in increasing frequency, and with devastation for whole families and communities as a result.” — **Meagan Sway, ACLU of Maine**

“A lack of crisis services for families and people with intellectual and developmental disabilities has caused out-of-state placements and more interactions with the judicial system than necessary.” — **Monique Stairs, Speaking Up for Us**

“A criminal history creates a ton of barriers for people to be housed and to maintain employment.” — **Daniella Cameron, Preble Street**

Representation in Government Systems

“We are very focused on voting access education and information for people with disabilities to make informed choices and feel confident casting their ballot during elections.”

— Monique Stairs, Speaking Up For Us

REPRESENTATION IN GOVERNMENT SYSTEMS

Stats Snapshot

Maine ranks is ninth in the nation for legislative representation, with 37.6% of the Legislature being female. While this is good progress, women make up 51% of the overall population. More work is needed to reach parity.

Women make up between 25% and 33% of judges in Maine (across district courts, superior courts, and the Maine supreme court).¹⁶⁶

Only 25% of federal judicial nominees under the Trump administration identify as female, and 73.5% of appointments under this administration are white men.¹⁶⁷

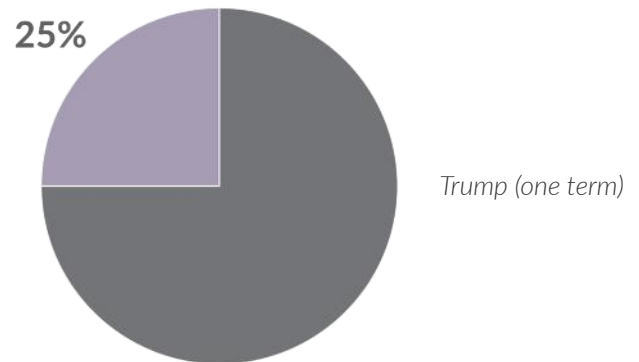
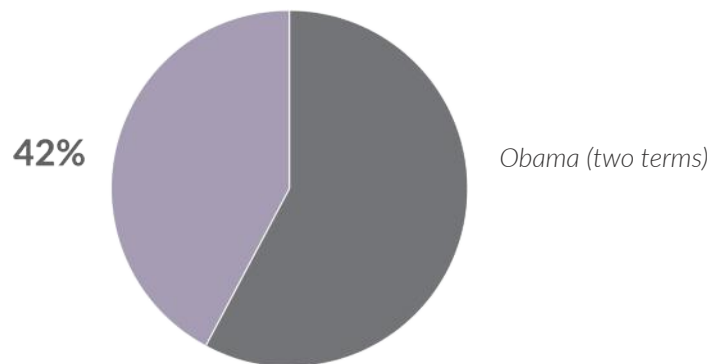
75% of federal judicial nominees under the Trump administration are white, as opposed to 64% of previous administration appointees.¹⁶⁸

A record 4% of the Trump administration's nominees are rated "Not Qualified" by the American Bar Association. In comparison, President Obama's nominees were all rated as either "Qualified" or "Well Qualified."¹⁶⁹

67.7% of eligible female voters in Maine cast a ballot in the 2018 election, as compared with 63.4% of male voters.¹⁷⁰

National data indicate that on average, **Black female voters have to wait twice as long to vote as white voters (overall).**¹⁷¹

Percent of judicial appointments who were women in the two most recent federal administrations.



166 Supreme Court Justices. Retrieved August 2, 2020 from https://www.courts.maine.gov/maine_courts/supreme/justices.shtml; Superior Court Justices. Retrieved August 2, 2020, from https://www.courts.maine.gov/maine_courts/superior/justices.shtml; District Court Justices. Retrieved August 2, 2020, from https://www.courts.maine.gov/maine_courts/district/justices.shtml

167 Johnson, Carrie. "Trump's Impact On Federal Courts: Judicial Nominees By The Numbers." NPR, 5 Aug. 2019, www.npr.org/2019/08/05/747013608/trumps-impact-on-federal-courts-judicial-nominees-by-the-numbers.

168 Ibid.

169 Johnson, Carrie, and Renee Klahr. "Trump Is Reshaping The Judiciary. A Breakdown By Race, Gender And Qualification." NPR, 15 Nov. 2018, www.npr.org/2018/11/15/667483587/trump-is-reshaping-the-judiciary-a-breakdown-by-race-gender-and-qualification.

170 Kaiser Family Foundation. (n.d.) Number of voters as a share of the population, by gender, November 2018. Retrieved from <https://www.kff.org/other/state-indicator/number-of-individuals-who-voted-in-thousands-and-individuals-who-voted-as-a-share-of-the-voter-population-by-gender/?currentTime-frame=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>

171 Stewart, C. (2013). Waiting to Vote in 2012. Journal of Law and Politics. Retrieved August 2, 2020.



Maine government representation by gender in 2020.

Government Representation by Gender	Total	Men	Men %	Women	Women %
Total Population ¹	1,344,212	658,664	49	685,548	51
Maine House of Representatives ²	151	93	61.5	58	38.5
Maine Senate ³	35	23	66	12	34
Maine Delegates to United States Congress	4	2	50	2	50
Maine Executive Cabinet Members ⁴	16	7	44	9	56
Maine Supreme Court ⁵	6	4	67	2	33
Maine Superior Court ⁶	16	12	75	4	25
Maine District Court ⁷	37	25	68	12	32
Casting a Vote ⁸	65.6% of population	329,000	63.4	364,000	67.7

1 United States Census Bureau. (n.d.) Maine quick facts. Retrieved on July 26, 2020.

2 Retrieved from <https://legislature.maine.gov/house/house/MemberProfiles/ListAlpha>

3 Retrieved from <https://legislature.maine.gov/senate/senators/9536>

4 Retrieved from <https://www.maine.gov/governor/mills/about/cabinet>

5 Supreme Court Justices. Retrieved August 2, 2020 from https://www.courts.maine.gov/maine_courts/supreme/justices.shtml

6 Superior Court Justices. Retrieved August 2, 2020, from https://www.courts.maine.gov/maine_courts/superior/justices.shtml

7 District Court Justices. Retrieved August 2, 2020, from https://www.courts.maine.gov/maine_courts/district/judges.shtml

8 Kaiser Family Foundation. (n.d.) Number of voters as a share of the population, by gender, November 2018. Retrieved from <https://www.kff.org/other/state-indicator/number-of-individuals-who-voted-in-thousands-and-individuals-who-voted-as-a-share-of-the-voter-population-by-gender/?currentTime-frame=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Observations

Although women are half the population, they have historically not been represented in government at rates even close to parity. Our three branches of government have a direct effect on nearly every aspect of our lives, making equal representation in all government systems important simply as a matter of equity. But additionally, research indicates that as women increase as a proportion of parliamentary bodies, there is an increase in the passage of policies that reflect the priorities of families, women, and people of color.¹⁷² In 35 years of research, the National Institute of Democracy has found that women as leaders in democratic bodies are more likely to work across party lines; be highly responsive to constituent concerns; help secure lasting peace; encourage citizen confidence in democracy through their own participation; and prioritize health, education, and other key development indicators. “Women members’ impetus to give voice to the voiceless cannot be wholly separated from women’s historical marginalization from political power.”¹⁷³

While gender equity in the Legislative branch is improving, the federal courts are becoming less equitable. In an era of partisan gridlock, the federal courts play an outsized role in shaping policy. In the past decade, decisions at the Supreme Court have stripped campaign finance law and the Voting Rights Act. Federal judges have made gay marriage legal, while also upholding religious objections to deny their employees access to contraception.¹⁷⁴ In Maine, the Courts have protected voter-driven policy-making such as rank choice voting. However, at every level the Courts are even less representative than the Legislative branch, and the representation gap is widening. From 2017 through 2020, the Trump administration appointed more than 1 in 4 federal circuit judges for lifetime appointments. These judges were younger (with an average

age of 49, as compared with 51 for both Obama and G.W. Bush appointees), more white, and more male than over the previous two administrations.¹⁷⁵ With half of the U.S. population being female-identified and nearly half being non-white, nearly 3 in 4 appointees being white males is a serious structural problem.

Women vote at higher rates than men in Maine and across the nation. Women are dedicated voters, and vote at higher rates than men—Black and brown women even more so. Yet in many cases, they experience more barriers to the franchise, especially women from marginalized or disenfranchised communities.

172 Volden, C., Wiseman, A., Wittmer, D. (2010). The Legislative Effectiveness of Women in Congress. Retrieved from <https://www.vanderbilt.edu/csdi/research/files/CSDI-WP-04-2010.pdf>

173 Dittmar, Kelly, Kira Sanbonmatsu, Susan J. Carroll, Debbie Walsh, and Catherine Wineinger. (2017). Representation Matters: Women in the U.S. Congress. New Brunswick, NJ: Center for American Women and Politics, Eagleton Institute of Politics, Rutgers, The State University of New Jersey.

174 Millhiser, I. (2020, February 4). “What Trump has done to the courts, explained.” Vox Media <https://www.vox.com/policy-and-politics/2019/12/9/20962980/trump-supreme-court-federal-judges>

175 Wheeler, Russell. “Judicial Appointments in Trump’s First Three Years: Myths and Realities.” Brookings, Brookings, 18 Feb. 2020, www.brookings.edu/blog/fixgov/2020/01/28/judicial-appointments-in-trumps-first-three-years-myths-and-realities/.

Recommendations

CONTINUE TO SUPPORT MAINE'S CLEAN ELECTIONS LAW, WHICH ENSURES MAINERS FROM MANY BACKGROUNDS CAN RUN FOR LEGISLATIVE OFFICE.

CONSIDER INCREASING THE STIPEND FOR LEGISLATORS TO SUPPORT THE PARTICIPATION OF CANDIDATES FROM A WIDE RANGE OF BACKGROUNDS AND EXPERIENCES.

IN MAINE, CONTINUE THE RECENT COMMITMENT TO INCREASING THE GENDER REPRESENTATION OF THE STATE JUDICIARY.

IN MAINE AND AT THE FEDERAL LEVEL, POLICY MAKERS MUST COMMIT TO SUPPORTING NOMINATIONS THAT ARE REPRESENTATIVE OF THE COMMUNITIES THEY SERVE AND REFUSE TO CONSIDER NOMINATIONS OF NOMINEES WHO DO NOT RECEIVE QUALIFIED RATINGS FROM THE AMERICAN BAR ASSOCIATION.

MAINE MUST CONTINUE TO PRIORITIZE ACCESSIBLE, OPEN, FREE AND FAIR ELECTIONS. THIS INCLUDES:

- **Preserving same-day in-person voter registration.**
- **Creating an online voter registration option** for people who are elderly, less mobile, have multiple jobs or caretaking responsibilities, who are at higher health risk as a result of crowds, and more.
- **Standardize voter education** on registration, absentee, and in-person voting at the statewide level.

- **Include postage-paid return envelopes** for absentee ballots.
- **Maintain ballot tracking systems for absentee ballots**, as established in 2020.
- **Host secure drop-boxes at municipal offices** as well as at polling places on election day.
- **Establish a meaningful early voting system** (in addition to absentee voting).

IN THEIR WORDS

"I think looking at who is representing our community, especially in terms of gender in elected office, is important. Currently 40% of elected state officials are women but make up more than 50% of the population. Improving the stipends for elected officials would allow more women, including trans women and women of color to consider running for office."

—Gia Drew, EqualityMaine



Special thanks to all who were interviewed or completed a survey for this report, including:

American Civil Liberties Union of Maine: Meagan Sway

AFL-CIO: Adam Goode

Equality Maine: Gia Drew

Family Values @ Work: Gayle Goldin

Health Equity Alliance: Whitney Parrish

Immigrant Legal Advocacy Project Maine: Julie Brown

Immigrant Resource Center of Maine: Fatuma Hussein

In Her Presence: Micki Bondo

Mabel Wadsworth: Andrea Irwin

Maine Association for the Education of Young Children: Tara Williams

Maine Association of Substance Abuse Providers: Malory Shaughnessy

Maine Breastfeeding Coalition: Brooke Barron

Maine CDC Adolescent and School Health Program: Sheila Nelson

Maine CDC Integrated Youth Health Survey Program: Jean Zimmerman

Maine Center for Economic Policy: James Myall

Maine Children's Alliance: Stephanie Eglinton

Maine Coalition Against Sexual Assault: Elizabeth Ward Saxl

Maine Coalition to End Domestic Violence: Francine Stark and Andrea Mancuso

Maine Consumers for Affordable Health Care: Ann Woloson and Kate Ende

Maine Council on Aging: Jess Maurer

Maine Employment Lawyers Association: Jeffrey Neil Young

Maine Family Planning: Cait Vaughan

Maine Housing: Denise Lord

Maine KIDS Count: Helen Hemminger

Maine TransNet: Quinn Gormley

Mano en Mano: Ian Yaffe

New Ventures Maine: Gilda Nardone

Planned Parenthood Maine Action Fund: Angelica Katz

Preble Street: Heather Zimmerman and Daniella Cameron

Southern Maine Workers' Center: Arlo Hennessey

Speaking Up For Us: Monique Stairs

Survivor Speak: Dee Clark

Wabanaki Public Health: Lisa Sockabasin

Wabanaki Women's Coalition: Jane Root