

# Children's Oral Health in the Maine Highlands: Key Informant Interview Findings

Findings Prepared for:

Helping Hands with Heart  
Partnership for Children's Oral Health  
Maine Community Foundation

By the UMaine Center on Aging

February 2020

## Introduction

In 2019, The UMaine Center on Aging and Helping Hands with Heart received funding from the Partnership for Children's Oral Health and the Maine Community Foundation to research the state of children's oral health in the Maine Highlands. The goal of the study was to uncover community member needs, access barriers, and resources that could set the groundwork for a shared understanding of opportunities and ways forward. Findings from the study will inform community gatherings in the Spring of 2020, where results will be presented from the study and the community will be engaged in a discussion of next steps for improving oral healthcare for children in the Highlands region.

## Methodology

Key informant interviews were conducted with thirteen individuals who directly provide oral health services to children and families in the Maine Highlands, help facilitate access to oral healthcare, or who are knowledgeable about oral health needs in the area. Key informants came from the following backgrounds:

- Primary care (doctors)
- Public health (nurses, program administrators)
- Dental care (dentists and hygienists)
- Grade school education (school nurses, program administrators)
- Emergency medicine (administrator)
- Social services (early childhood program administrators)

Key informant interviews lasted approximately half an hour each. Interviews were transcribed and a qualitative analysis was conducted to identify themes across interviews. An informed consent process was used with participants and IRB approval was obtained by the University of Maine Institutional Review Board for the Protection of Human Subjects.

## Findings

### *Early Childhood*

One of the first times some parents may be exposed to the issue of oral health for their child is through interaction with a public health nurse. Public Health Nursing is a

program administered through the Maine Center for Disease Control and Prevention. There is currently one Public Health Nurse serving Piscataquis County.

A key informant noted that in addition to talking about age-relevant issues such as providing education around teething, Public Health Nurses can also reinforce with parents the importance of oral health care in children, the need to be connected with an oral health provider, and the value of enrolling children in school-based programs when the time comes. The Public Health Nurse can also provide valuable information to parents at this stage of their child's life, such as guidance around limiting certain sugary foods (fruit juices, etc.). However, Public Health Nurses typically work with very young children, and there is a potential gap in connection to formal resources before kindergarten, especially in the case of a child who may not be enrolled in Head Start or Early Head Start. In this case, it would largely be incumbent upon a parent to have their child connected with a dental health home. The role of the Public Health Nurse in setting the foundation for positive oral health practices through the lifespan could be significant by educating parents about oral care best practices and what to expect as a child grows.

Another significant source of oral healthcare in early childhood is through the Early Head Start and Head Start programs based out of the human services agency Penquis CAP, which serves approximately 50 families in Piscataquis County. In terms of oral healthcare services, the Head Start program facilitates dental care that meets Early and Periodic Screening, Diagnosis and Treatment (EPSDT) standards at the state level. The Head Start key informant indicated that oral health care among participants is closely followed, including reviewing records from Well Child and other healthcare visits to ensure that proper screenings and referrals are made. A requirement of the Head Start program is that all participants have a dental home, and staff help facilitate this.

Head Start programs, through Family Support Workers, offer oral health materials to families, including printed brochures and parent newsletters, and Head Start provides their own oral health materials. Family support workers work with families from enrollment to access oral health records, refer for services, and support families in accessing and attending appointments. Penquis can set up appointments, help with cost, and assist with transportation for dental appointments through the Penquis Lynx transportation program. Head Start also promotes brushing teeth in their program every day with the children.

In the state as a whole, Maine Kids Count reports that 40% of children who are 0-5 and meet eligibility requirements are actually enrolled in Head Start, which indicates that

growing enrollment could be a strategy for connecting children with significant oral health supports.<sup>1</sup>

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## KEY CHALLENGES: EARLY CHILDHOOD

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- Supporting caregivers in follow-up with referrals.
- Limited reach of public health and early childhood programs.

### ***School-Based Care***

Maine's School Oral Health Program is targeted at high-need elementary schools that have a reduced or free lunch rate of 40% or more. The current configuration of the program involves enrolled schools having public health hygienists come into the school to provide fluoride varnish and dental screenings to children whose parents agreed to have them to participate. A benefit of the school-based care program is that it is available to all students in a participating school regardless of their insurance status.

This program has been enhanced over the years, with a key informant indicating the that the transition from fluoride mouth rinse to fluoride varnish has resulted in greater usage of the program due to the need to only administer the fluoride varnish twice a year. The use of contracted hygienists instead of school nurses has also increased buy-in to the program by reducing demands on the school.

One key informant described their process in working with parents as sending home a letter with the child to their parent, which states the procedures such as fluoride varnish that were done, as well as the concerns and suggestions for the child's dental needs. The letter also includes several local dentists which parents can call themselves to make an appointment. Hygienists then follow-up with a telephone call to ensure that the parents have received the information and are able to make an appointment with a provider. The key informant notes that some parents already have a dental provider for their child, but may not have been "for 3-5 years." The key informant stated that if the tooth decay is "rampant," they will call parents to follow-up.

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<sup>1</sup> Maine Children's Alliance. 2019 Maine Kids County. Retrieved from: [https://www.mekids.org/site/assets/files/1241/kidscount\\_2019.pdf](https://www.mekids.org/site/assets/files/1241/kidscount_2019.pdf)

If more severe oral health problems are discovered during a dental screening, an effort is made to connect students to dentists that the program has cultivated a referral relationship with. Typically, a school nurse or the public health hygienist will contact a parent to explain the situation and refer to a dentist. The most challenging issue identified by multiple key informants is ensuring that the parent is able to follow-up on the dental care referral, an issue which is closely tied to the affordability of dental care and ability to access MaineCare dental providers.

Teachers and administration initially can have concerns about the value of the program in an academic setting, feeling that it takes too much time away from classes. Staff turnover within schools can result in a situation where there is a need to re-educate staff members about the importance of the program and convince them of the ease of implementation. According to a key informant, students are away from class for ten minutes or less for screenings and fluoride varnish treatments.

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#### KEY CHALLENGES: SCHOOL-BASED CARE

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- Educating school staff about the importance of the School Oral Health Program.
- Getting information to parents about the Oral Health Program and receiving permission slips.
- Supporting caregivers in following-up with oral health referrals.
- The state's School Oral Health Program serves elementary schools, so oral health screenings and fluoride varnish may not be widely available in middle and high schools.

Challenges identified by key informants related to the School Oral Health Program include the fact that marketing of the program can be challenging:

- Typically, parents receive a large volume of correspondence from the school over the course of a year, and it can be difficult to get this program in the forefront of parents' minds.
- Additionally, when permission slips are sent out to parents, they are not always completed in a timely manner, which can impact a child's care.

A key informant indicated that there are strategies that could be taken to make participation in the oral health program easier for schools. For instance:

## MaineCare Provider Access

“You’ve got a lot of providers that don’t want to see patients with that insurance (MaineCare) and that is a big, big, problem.” – Hygienist

- Schools are often short on space and a room in the school typically needs to be blocked off for a day for the dental health hygienist. Examining ways to help facilitate this could increase uptake of the program.
- A second strategy for supporting nurses is to provide support for the administrative component of the program - keeping track of enrollment paperwork, etc.

## Cost and Access

Across all key informant interviews, the issue of MaineCare (Maine’s Medicaid program) was at the forefront. The primary challenge from the perspective of community members seeking oral healthcare for their children is lack of access due to a limited number of providers accepting MaineCare as a method of payment. From the perspective of providers, two key issues were identified as barriers to accepting MaineCare as payment: 1) low reimbursement rates, and 2) cancellations by patients at a higher rate than private insurance which further contributes to financial challenges.

The reimbursement level for MaineCare oral health services was identified as a barrier for broadening the base of providers who are willing to accept MaineCare as a payment source. Restorative work is poorly reimbursed by MaineCare. Because practices, whether they take MaineCare or not, pay similar amounts for labor, supplies, and other costs, lower reimbursements through MaineCare can lead to lower profitability. Although focusing investment in preventative care was advocated by key informants, including dentists, reimbursement for restorative work has implications for being able to successfully treat pre-existing conditions and so is a supplement to preventative care.

Generally, key informants indicated MaineCare providers work to limit overhead costs as much as possible to continue to provide MaineCare reimbursed services. Seeing an extremely high volume of patients is another strategy for making MaineCare a possible payment source, but this is difficult in rural areas such as Piscataquis County.

## Cost

“The biggest barrier I always have to say is them not being able to afford the high cost of healthcare and dental treatment. That is the number one barrier that I always see - cost.” - Dentist

The issue of missed appointments for individuals on MaineCare was raised by multiple key informants as being one of the most challenging aspects for a business model that incorporates MaineCare reimbursement, although one key informant argued that statistics around missed appointments for Medicaid patients are sometimes overstated.

A key informant reported that one of the major determinants of whether a patient shows up for an appointment is whether it is covered or not under MaineCare. End-stage procedures such as root canals, which are covered by MaineCare, tend to suffer less from missed appointments, while preventative services, which are not covered, have higher rates of people not showing up at appointments. People may agree to these services at a prior appointment, but when it comes to the day of the appointment, they will cancel because of the financial burden or other reasons.

Providers interviewed acknowledged the significant barriers that patients on MaineCare may face that contribute to these no-show rates. These include:

- Lack of reliable transportation
- Inflexible work schedules and the need to work multiple jobs

Different practices have different policies for patients who do not show up to appointments. Eventually however, when a practice drops a patient from their roster due to missed appointments, this further compounds the access barriers faced by families.

Transportation as a barrier to oral health care services was identified as the top barrier by all the key informants who were interviewed. For patients on MaineCare, restorative dental services in Piscataquis County can be limited, and even more so for services provided under sedation, so referrals to Bangor are common. Because of the distance involved in accessing these services, gas money becomes an issue, as well as the need to take a half day or more off from work to attend an appointment, and the discomfort of a car ride after dental surgery. A key informant who worked as a school nurse stated that they had minimal resources to address transportation challenges and would try to help through informal means such as reaching out to churches to get gas cards, etc.

Another issue with MaineCare is that it only covers dental services for children and young adults up to age 21. Two key informants raised implications of this policy. One key informant who works with young children noted that new parents who are on Medicaid are often struggling with their own oral health issues which can negatively impact their ability to provide care for their children. Another key informant stated that restricting Medicaid oral health services to children is counter-productive, because to go beyond restorative work to really making improvements in preventative oral healthcare, it is necessary to treat the whole family.

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### KEY CHALLENGES: COST AND ACCESS

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- Dental care is too expensive for many people to afford it
- Lack of oral health providers accepting MaineCare
- Low reimbursement rates relative to private insurance and patient missed appointments contributing to reluctance to accept MaineCare
- Lack of comprehensive dental benefit for adults
- Transportation as a serious barrier to access

### ***Generational Attitudes Toward Oral Health***

Generational attitudes towards oral health care were highlighted by multiple key informants as a pervasive barrier toward better oral health in children. Issues were raised, such as:

- The use of sugary food as rewards for children.
- The fact that less healthy prepared foods are often cheaper and more convenient for people.
- Perceptions that oral healthcare for baby teeth is not needed since the teeth are just going to fall out.
- A general lack of understanding of the role of oral health in supporting overall health.

### Generational Attitudes Toward Oral Health

“If the children are being treated, you can do the restorations, you can fix the teeth, but you’re not going to fix the underlying cause. The underlying cause is always with the family. If you don’t change the entire family’s habits, their buying habits, what they’re eating, they’re drinking, how they are taking care of their teeth and how they are viewing healthcare and how they are viewing specifically oral healthcare in particular, it will not change for the child” - Dentist



These are complex issues that emerge at the nexus of how people eat, drink, think about overall healthcare and oral healthcare in particular. These are issues that also directly stem from the challenges faced by people in poverty and reasonable ways of coping with circumstances.

Limited choices due to expense of healthy food and lack of access (significant travel time to grocery stores and lack of transportation, food deserts, etc.) and the impact of toxic stress on biological processes impacting dental health are examples of how poverty can negatively impact oral health.

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#### KEY CHALLENGES: GENERATIONAL ATTITUDES TOWARD ORAL HEALTH

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- Lack of understanding of how oral health can impact overall health.
- Behaviors and attitudes that may not be conducive to a child's oral health.
- Impact of poverty and stress on oral health.

### ***Emergency Care***

One key informant was interviewed who specialized in emergency care. The key informant noted that the vast majority of emergency dental care issues were among adults, with only a “handful” of children presenting with acute dental infection or dental trauma. The key informant theorized this as being because children are able to get coverage through MaineCare, have more resilient teeth, and have fewer accumulated oral health problems. The strategy for addressing oral health emergencies is essentially stabilizing the patient through the use of antibiotics and anti-inflammatory medicines and then referring to dentists.

## **Conclusion**

Clear themes emerged from key informant interviews about challenges faced by families in accessing oral health care in the Highlands. The biggest was cost and the role of MaineCare, followed by transportation, and then generational attitudes toward oral health.

## Dental Hygienist Shortages

“We have a handful of dental hygienists that travel all over the state to different areas. I would love to be able to pay them a little bit more money for their time, but they understand that this is a public health setting. We’re not charging for services. Everything is grant funded, so they’re doing this out of the goodness of their heart. Basically they could be making more money elsewhere but they choose to devote their time to this program because they feel so strongly about it. So again, the financial aspect comes into play.” – Program Administrator

if there were more MaineCare reimbursable services, dentists would be able to do more services within a particular appointment. There are efforts underway in the Maine legislature through the bill LD1955 titled, *An Act To Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children*, which would address the issue of more expansive oral health benefits to adults, which may have spillover effects that impact children’s care.

As preventative oral health care can result in significant societal cost savings, key informants also suggested greater investment in public health hygienists as a strategy for expanding access. Better rates of pay for public health dental hygienists could assist in boosting the supply of hygienists working in the Highlands-area. It was also suggested that the development of a public health dental hygienist track in local dental hygiene academic programs could be valuable in boosting the pool of dental hygienists who could practice in the Highlands.

First, the issue of lack of access to MaineCare oral health providers was overwhelmingly identified as a barrier to access. Based on key informant feedback, there are policy, practice, and other changes that can be made to begin to address lack of MaineCare providers as a barrier to access.

### ***Policy Solutions***

For all oral healthcare providers interviewed, reimbursement rates for services provided to individuals with MaineCare compared to private insurance were the prime issue identified in why some practices don’t accept MaineCare as a form of payment. Although legislatively challenging, improved reimbursements need to be considered as a means of ensuring viable models for delivering universally available preventive care (and restorative care when prevention fails).

Securing an expanded MaineCare oral health benefit for adults could increase chances private providers are willing to accept MaineCare. Providers may not be able to totally rely on these patients as a sole source of income, but they could help to supplement private pay clients. Additionally,

Public Health Nursing occupies a unique position in being able to support children and families very early in a child's life, setting a strong foundation for a child's health. A potential strategy for expanding the program's impact on oral health could be engaging public health dental hygienists who could work with Public Health Nurses to expand support around oral health.

Additionally, incentivizing hygienist participation in school-based programs such as the School Oral Health Program can be a strategy for serving more individuals in this important setting. As one key informant suggested, "when a hygienist goes to a school under public health status and sees these patients in school, they should be rewarded. Some extra money should be thrown to the hygienists to incentivize them to see these kids in the school and reward them for doing it."

Additionally, from the parent perspective, a strategy for boosting participation in the program could be the use of an incentive structure for parents to submit permission slips for their child's participation in the School Oral Health Program.

### ***Practice Changes***

Practice changes were also suggested that could increase the effectiveness oral health provision that would likely not require large-scale legislative changes to MaineCare:

- Maine is a state that allows dental hygienists to prescribe certain fluoridated toothpastes for children age 6 and over, although a key informant felt this is not highly utilized currently. Greater education among hygienists and increasing the use of this toothpaste as an intervention could help to support preventative care in children.
- As a service of MaineCare, mailing flossers, toothbrushes, and toothpaste to children in the MaineCare program on a regular basis. If a child had been given a prescription, MaineCare could provide fluoride enhanced toothpaste as well.
- Greater use of silver diamine fluoride application, which has been shown to slow tooth decay and may help to support oral health for children that don't have ready access to restorative treatment.
- Providing flexible funds for school nurses so that they can provide toothbrushes/toothpaste and other oral healthcare supplies to students in need.
- Work with the Public Health Nursing Program to provide oral healthcare tools for Nurses that can be used to teach parents how to support the oral health of their child, as well as their own oral health.

- Development of a mobile oral health platform that recognizes the rural nature of Piscataquis County and the transportation challenges this presents to families.
- Building openness of private dental healthcare providers to work with “alternative” programs such as the School Oral Health Program and work to overcome fears that these programs may be “poaching” patients.
- Working with dental health providers to examine models that, while still focusing on an individual patient’s oral health, do not lose sight of the broader context of the child’s oral health such as the role family plays.
- Examine the effectiveness of telehealth models that attempt to address service access barriers. For example, a nonprofit clinic is being developed in Monson that will be taking MaineCare patients. The clinic plans to use a model that pairs independent practice dental hygienists with tele-dentistry. While the dental hygienist will provide preventative care, the need for other services will be diagnosed via tele-dentistry. Patients in need of restorative care will be scheduled in a particular time period to make it feasible for a dentist to come and work with patients.

## Oral Health Resources for School Nurses

“I’ve had a lot of questions from school nurses asking if we could provide toothbrushes, toothpaste, dental floss, for kids in need and I have reached out to some third parties and seen if they could donate some and I do have some that I will distribute, but if we were able to get more out to the schools that way so the school nurses” – Program Administrator