

**2023**  
**Downeast Public**  
**Health District**  
**Oral Health Profile**

Funding for this report has been provided by:



## Children's Oral Health Network of Maine

The [Children's Oral Health Network of Maine](#) (COHN) is a network of organizations and individuals united by a common vision: ensuring that all Maine children can grow up free from preventable dental disease. Creating a Maine where no child experiences dental disease will demand bold solutions, collaborative action, and system change on many levels. The goal of COHN is to catalyze collaboration and innovation in order to expand Maine's capacity to ensure that effective prevention, education, and treatment tools reach all Maine children.

## TABLE OF CONTENTS

Introduction .....	4
Downeast Public Health District Demographics: Hancock and Washington Counties.....	5
Dental Insurance Coverage .....	6
Points of Care .....	8
Schools .....	12
Head Start .....	14
Primary Care .....	15
Utilization .....	17
Workforce .....	20
Methods .....	21
Data Sources Referenced .....	22

## Introduction

The Downeast Public Health District is comprised of two counties, Hancock and Washington. Participants in the 2022 Maine Shared Community Health Needs Assessment process of both counties identified oral health as an area of need.<sup>6</sup>

An in-depth analysis was needed to better understand the state of oral health in the Downeast Public Health District, as well as any inequities accessing oral health services.

The results of this oral health profile will guide the development of initiatives to increase access to preventive oral health care for children and reduce the burden of dental disease in the community.



## Downeast Public Health District Demographics: Hancock and Washington Counties

Hancock and Washington counties are home to roughly 86,000 residents,<sup>1</sup> with more than 15,000 children residing in the district<sup>2</sup>, 18% of whom live in poverty.<sup>1</sup> Both counties are rural with a significantly higher percentage of the population living in rural areas than the state average.<sup>3</sup> Hancock County holds one of the smallest populations of children under age 20 in the state and one of the highest percentages of residents without medical insurance.<sup>3</sup>

Washington County has one of the smallest populations in Maine and one of the lowest population densities. Due to the two tribal reservations in the region, the percentage of American Indian residents is higher than in other parts of the state. Washington County also has one of the oldest populations in the state, the largest percentage of residents living below the federal poverty line, and one of the lowest rates of high school graduation.<sup>3</sup> Additionally, the percentage of children living below the poverty line in Washington County is nearly double the state average.<sup>1</sup>

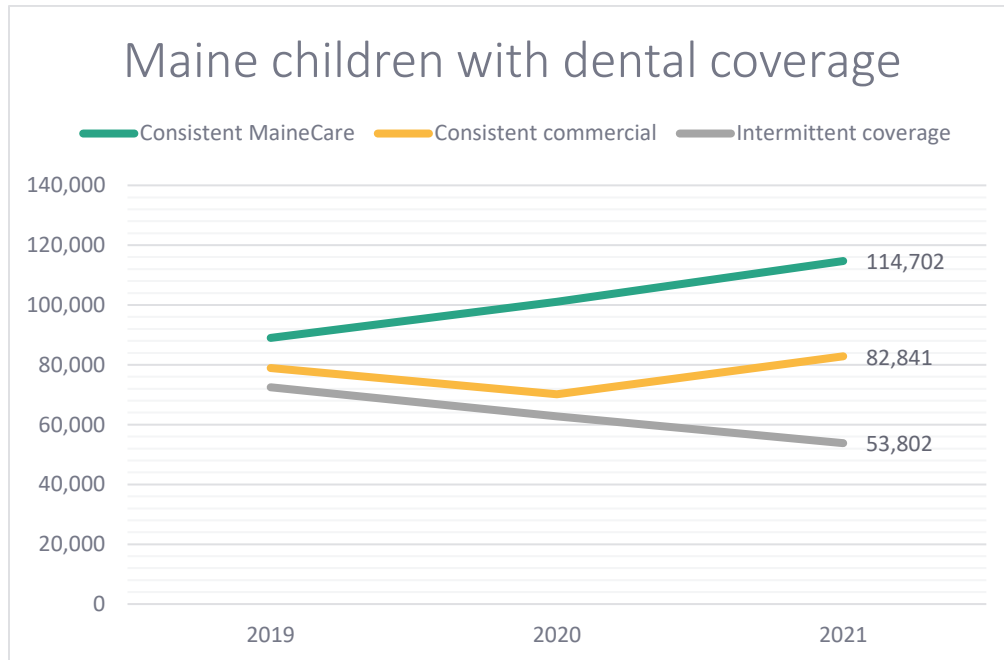
*Table 1. Demographic indicators of the Downeast Public Health District.*

Demographic indicator	Hancock County	Washington County	Downeast Public Health District	State of Maine
<b>Total population<sup>1</sup></b>	54,601	31,491	86,092	1,344,212
<b>Children under age 5, 2020<sup>2</sup></b>	2,250	1,525	3,775	63,380
<b>Children aged 5-17, 2020<sup>2</sup></b>	6,778	4,507	11,285	184,572
<b>Square miles<sup>4</sup></b>	1,522	2,528	4,050	32,215
<b>Population density per sq. mile</b>	34	12	---	43
<b>Percent living in rural areas<sup>3</sup></b>	90%	92%	---	61%
<b>Average annual household income<sup>1</sup></b>	\$57,178	\$41,347	---	\$57,918
<b>Percent of children in poverty, 2021<sup>1</sup></b>	14%	24%	----	13%

## Dental Insurance Coverage

- From 2019 to 2021, the number of children in the Downeast Public Health District covered by Maine’s Medicaid Program, MaineCare, increased. The total number of children with consistent dental coverage, either MaineCare or commercial insurance, for at least 11 months out of the year, grew by about 2,000 children in that period, with a slight decrease in commercial insurance in 2020. There was a 36% decrease in the number of children with intermittent dental coverage from 2019 to 2021. Similar trends were seen across the state.

*Figure 1. Number of children in Maine with dental insurance, by type, either consistently (coverage for at least 11 months out of the year) or intermittently (coverage for less than 11 months out of the year).*



**Figure 2.** Number of children in the Downeast Public Health District with dental insurance, by type, either consistently (coverage at least 11 months out of the year) or intermittently (coverage for less than 11 months out of the year).

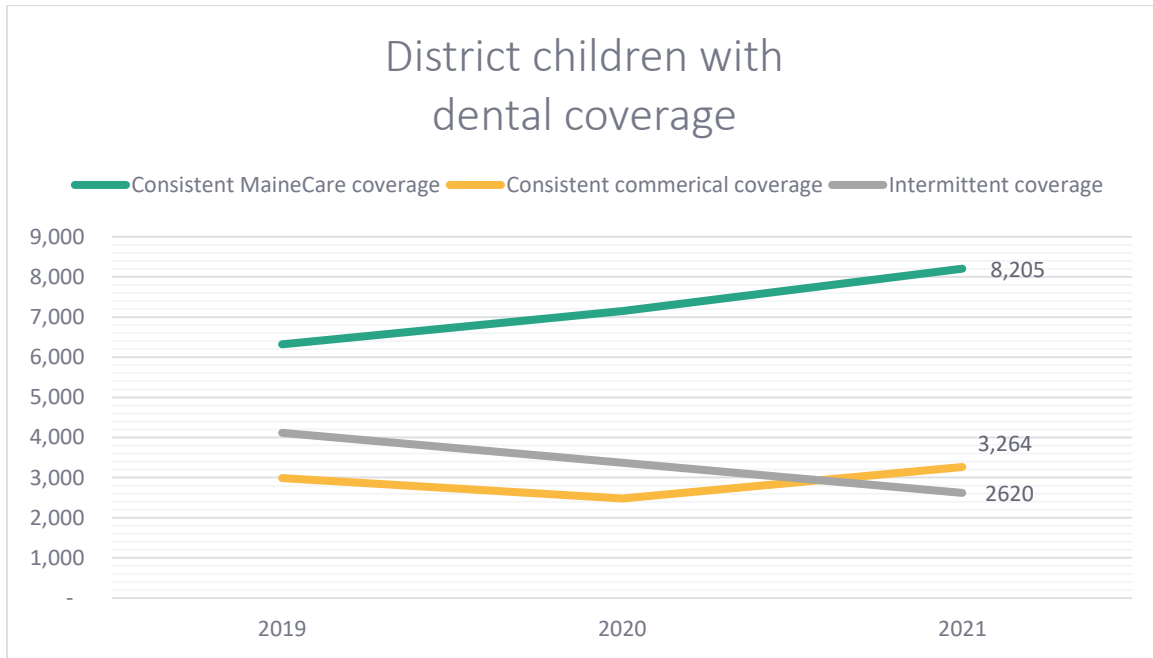


Table 2. MaineCare coverage rates in the Downeast Public Health District <sup>1</sup>				
Access indicator	Hancock County	Washington County	Downeast Public Health District	State average
Percent of children in 2020 enrolled in MaineCare (ages 0-19)	44%	63%	51%	44%

## Points of Care

- There are 32 points of care for preventive and restorative dental care in the Downeast Public Health District, including six federally qualified health centers (FQHCs), two Indian Health Service (IHS) locations, and three independent practice dental hygienist (IPDH) offices. All these points of care are located in 17 of the 82 municipalities in the district. Hancock County holds most of the points of care in this district, with 28% of sites located in Ellsworth alone. With that, the population-to-dentist ratio in Washington County is more than double the state average.<sup>1</sup>

**Table 3. Dental care access indicators in the Downeast Public Health District<sup>1</sup>**

Access indicator	Hancock	Washington	State
Rate (n population: 1 dentist) in 2019	2625	6286	2700

*Figure 3. Points of restorative and preventive dental care in the Downeast Public Health District.*

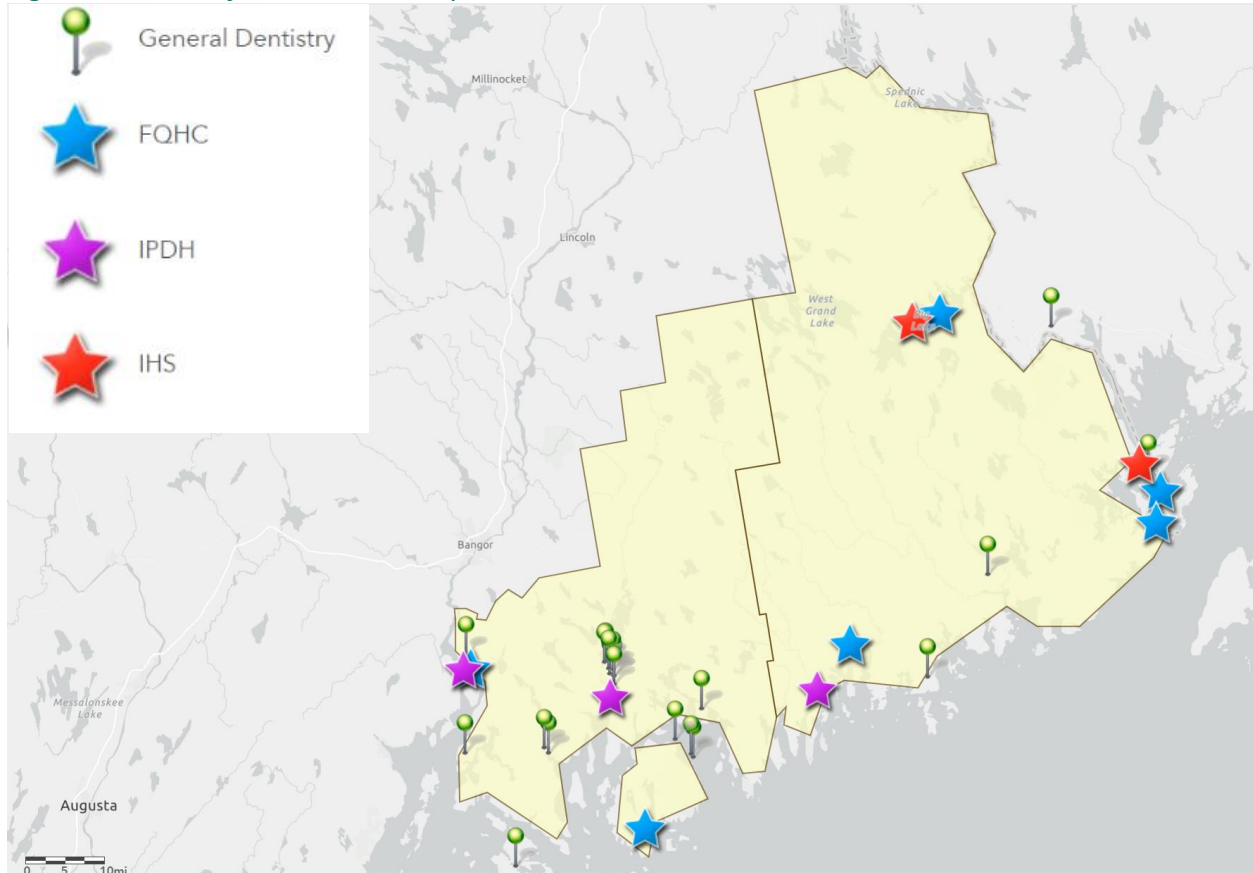
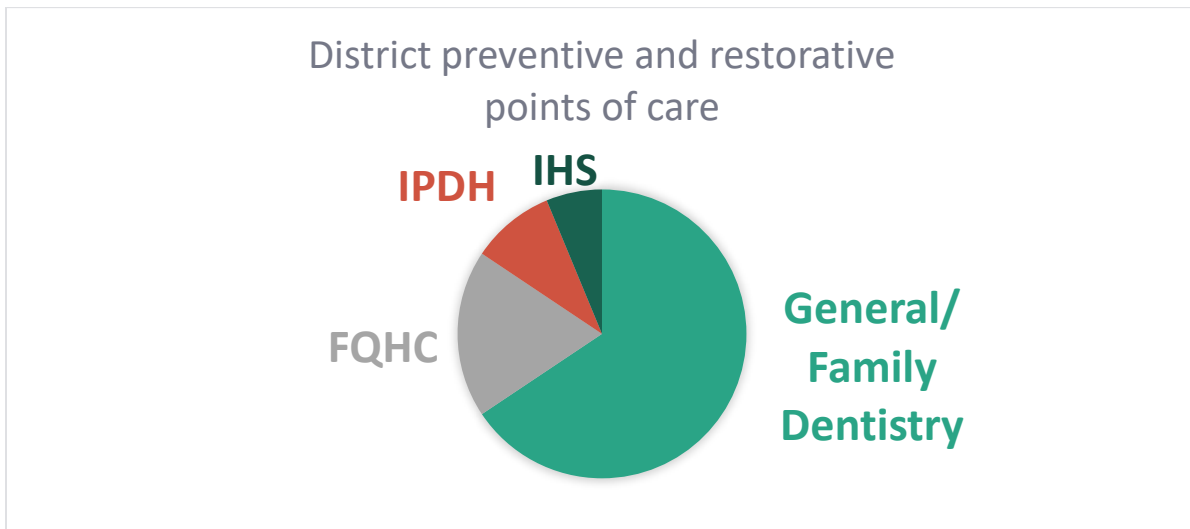




Figure 4. Points of care in the district for preventive and restorative care, by type.



- All 32 points of care were contacted in spring 2023, with 27 responding to the dental access point survey, including 17 general/family private practice dental offices, two IPDH offices, two IHS sites, and six FQHCs. Of those 27 points of care, 19 reported accepting new patients with 12 accepting new pediatric patients with MaineCare insurance, and 10 accepting new adult patients with MaineCare, a notably higher amount than other parts of the state.
- Of the points of care that responded to the survey, 15 locations reported accepting MaineCare but some of those are not accepting new patients. Of the respondents, 26 points of care accept commercial insurance with only 11 reporting being ‘in-network’ with multiple commercial insurance carriers. Ten more reported being ‘in-network’ only with Delta Dental, and five reported not being ‘in-network’ with any dental insurances. Out-of-network care may incur higher out-of-pocket charges for insured patients. One site does not accept insurance at all.
- At the locations that are accepting new patients, wait times for new patient appointments for urgent needs are reported to be a few days to several months, depending on location. There was no significant variation in wait times between offices that are open to new patients with MaineCare and those that are not. The minimum age accepted across the points of care who responded to the survey ranges from 0 to 12 years with the most common minimum being under 1 year of age; this is notable information considering many providers still do not accept children so young despite the long-standing recommendation for early dental visits.
- In addition to the 32 points of care for preventive and restorative dental care, the region also has one orthodontic practice, two denturist offices, and two oral surgery offices. Access information was not collected from these sites. Additionally, one office that responded to the survey trains dental students, operates a mobile dental bus, and travels to the populated, yet remote, islands off the coast of Maine, to provide care.

Figure 5. Percentage of district survey respondents accepting new patients, by patient type.

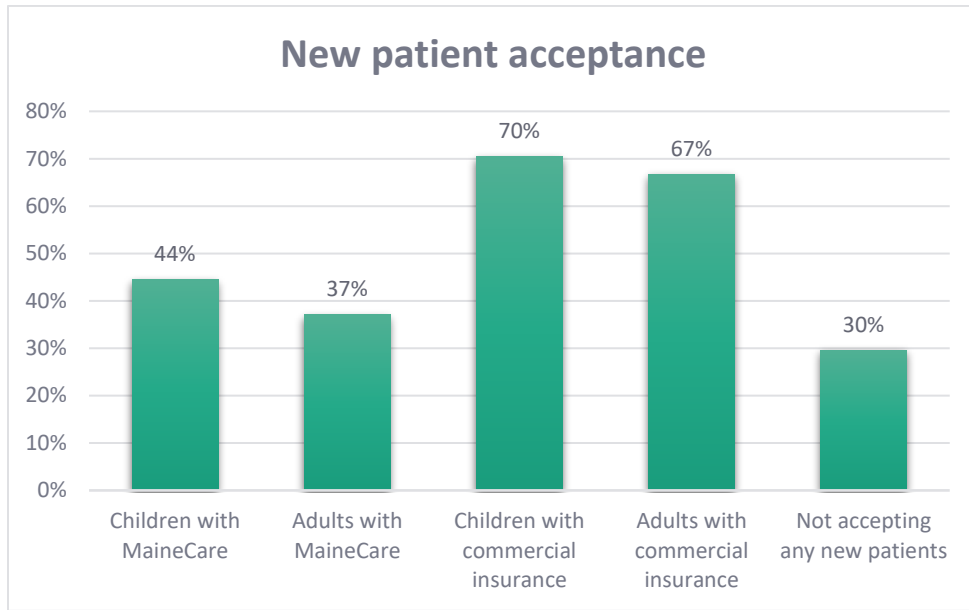


Figure 6. Insurance acceptance among district survey respondents.

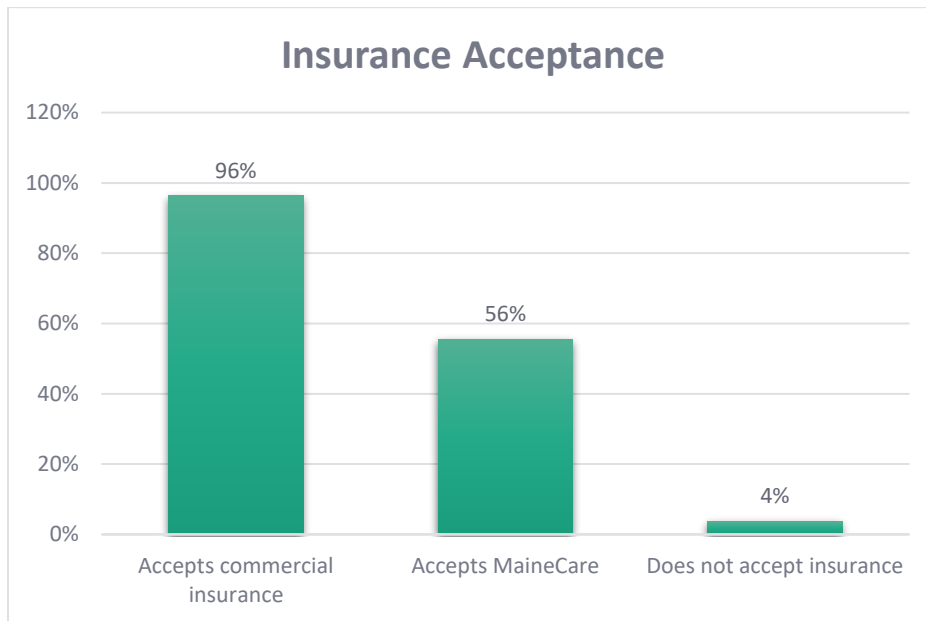


Figure 7. In-network status of district survey respondents that accept commercial insurance.

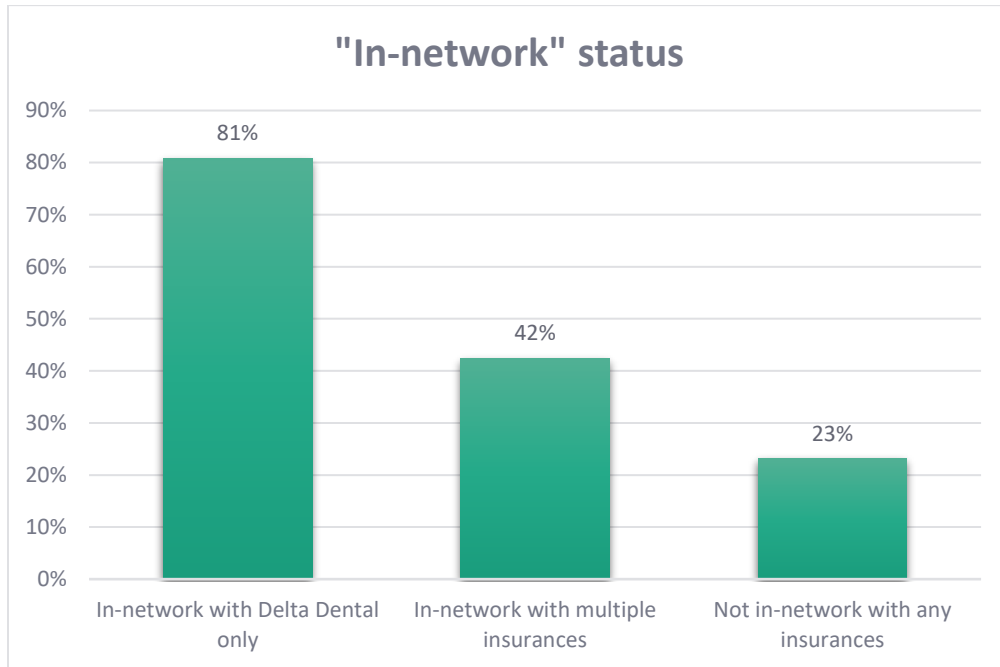
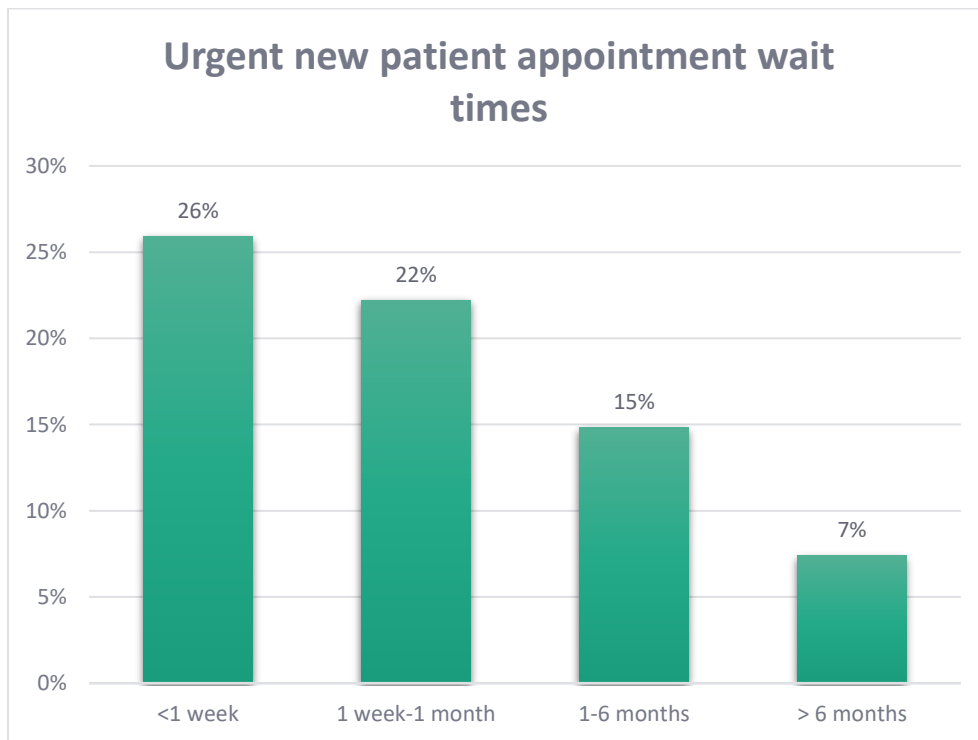


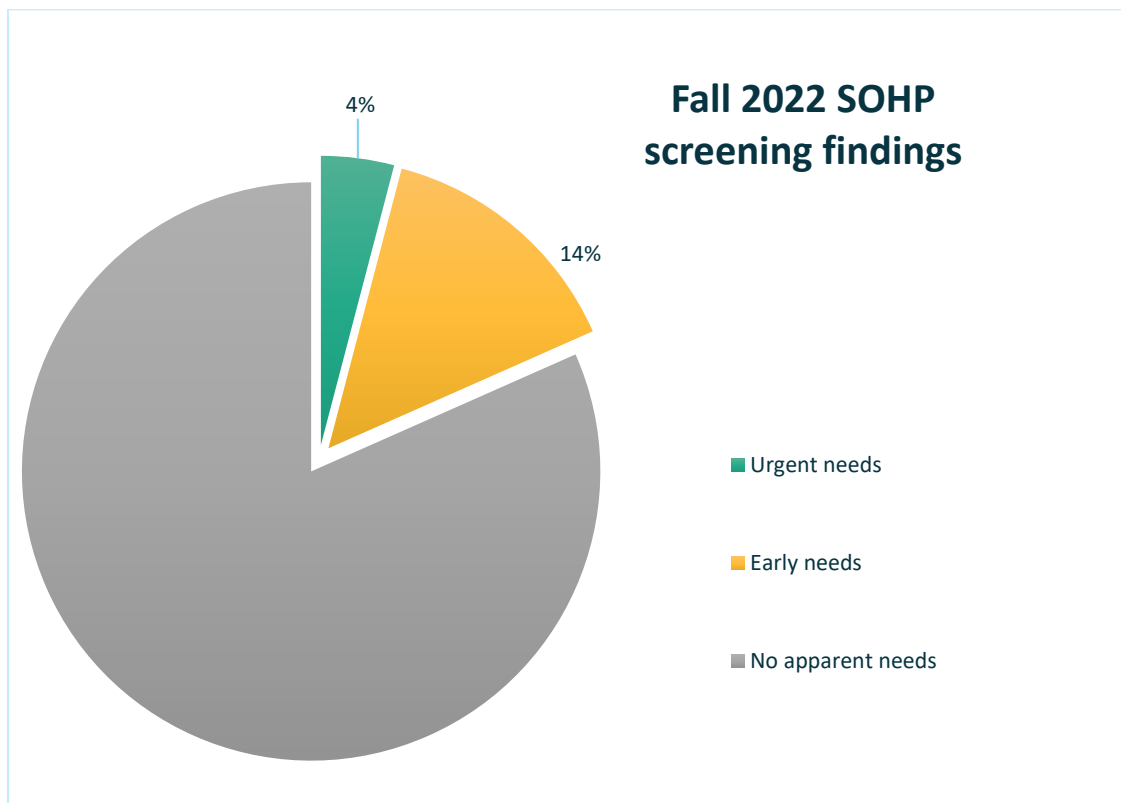
Figure 8. Appointment wait times for urgent needs in those district respondents that are accepting new patients for urgent needs.



## Schools

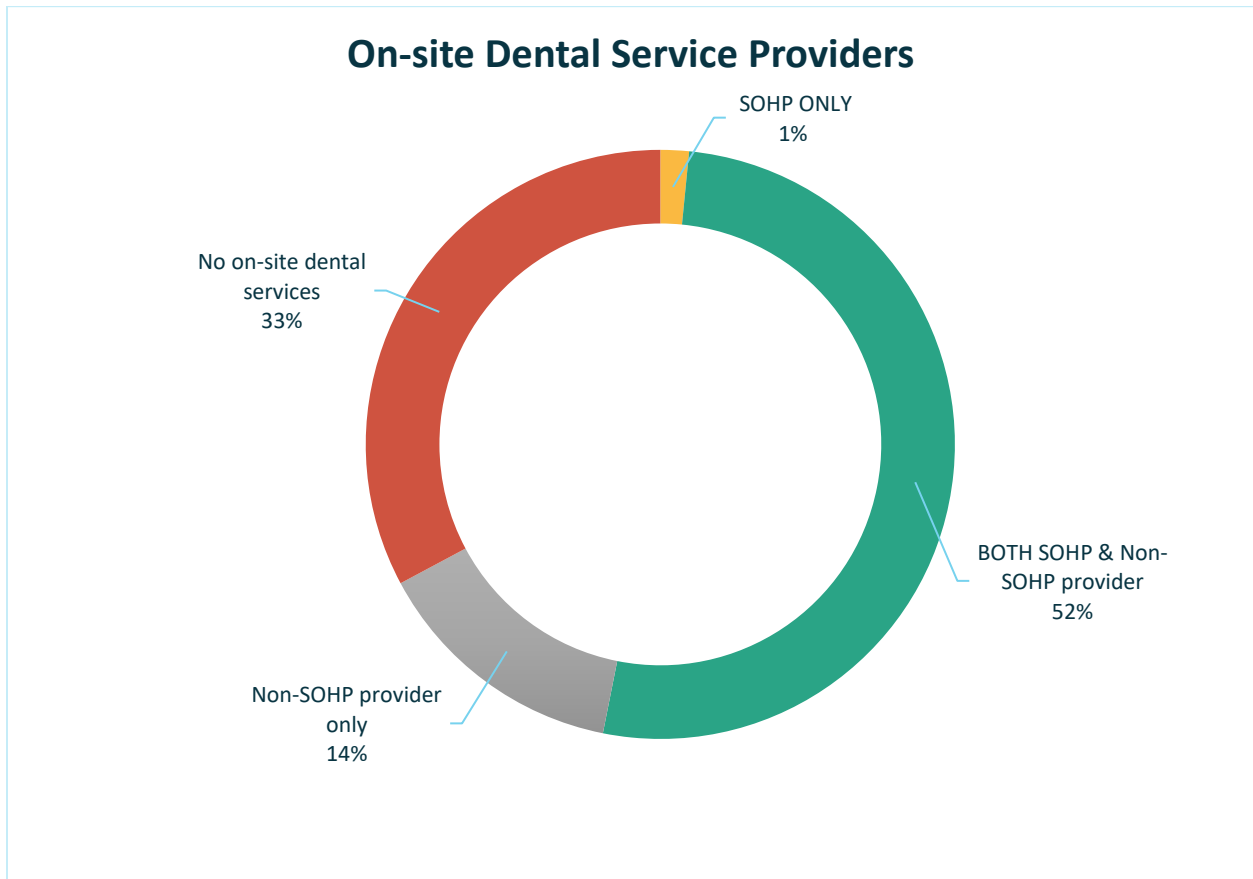
- In 2021, around 10,000 students were enrolled in 64 schools in the Downeast Public Health District, including nine high schools, one middle school, 32 elementary schools, three combined middle and high schools, 18 combined elementary and middle schools, and one K-12 school.
- In collaboration with [Sunrise Opportunities](#), Maine Center for Disease Control and Prevention (CDC)'s [School Oral Health Program](#) (SOHP) served children in 18 schools in the Downeast Public Health District in fall 2022. Trained professionals contracted by the SOHP conducted oral health screenings, applied fluoride varnish, and provided education and referrals for follow-up care as needed. In these 18 schools, 618 children were screened by the SOHP and Sunrise Opportunities. Collected data showed that 18% of children screened had active dental decay. Of those, 23 children were classified as having urgent treatment needs indicating either severe decay or obvious infection.

Figure 9. Fall 2022 SOHP screening findings.



- Of the 64 schools in the Downeast Public Health District, 42 offer on-site dental services beyond the services offered by the SOHP. These services are provided by seven organizations, including two IPDHs, two dental practices, one FQHC, one nonprofit mobile dental clinic led by dental hygienists, and one nonprofit community organization. Services offered by these providers range from screenings and care coordination to a full array of restorative dentistry treatments. Most commonly, preventive services are offered by these providers, including early intervention services to reduce or stop the development of caries. Additionally, one school-based health center in the Downeast Public Health District offers on-site dental services. There are no aggregate data available on the number of children served by these programs. Of these 42 schools, 33 of them also have a relationship with the SOHP.

Figure 10. Type of on-site dental services offered in Downeast Public Health District schools.



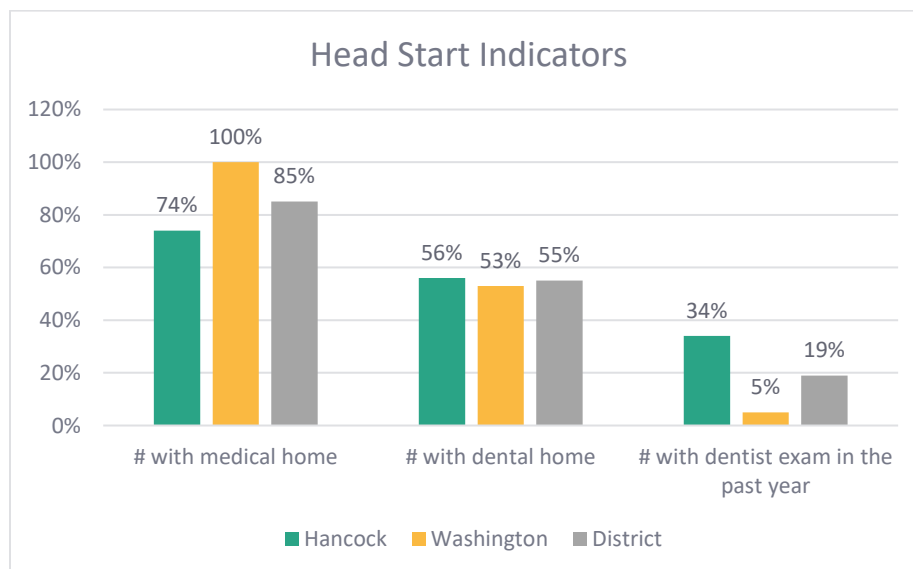
## Head Start

- In April 2023, there were 93 children in the district enrolled in [Head Start](#) programs. Of those, 85% have a medical home, 55% have a dental home, and 19% of children enrolled in Head Start report having had an examination by a dentist in the past year.

There is a federal mandate requiring that Head Start programs ensure that all children establish a [dental home](#) and receive an exam by a dentist within 90 days of enrolling in the program. This is a historically challenging benchmark to achieve, with Head Start officials citing lack of access to a dental home, long wait times for appointments with a dentist, financial barriers, and oral health not rising to the top of the priorities of challenges these families are navigating as key factors in ability to achieve this benchmark. An additional barrier is that many families access preventive dental care from an independent practice dental hygienist, and an assessment by a dental hygienist does not meet the criteria for this benchmark.

Table 4. Head Start indicators			
Indicator	Hancock	Washington	District
Enrollment	53	40	93
# with medical home	39	40	79
# with dental home	30	21	51
# with dentist exam in the past year	16	2	18

Figure 11. Downeast Public Health District Head Start indicators, school year 2022-23.



## Primary Care

- In Hancock County, there are 22 primary care practices, including one practice dedicated to pediatric patients. There is one FQHC with two locations, Bucksport and Ellsworth, and the Ellsworth location has a co-located dental clinic. There is one school-based health center in Hancock County that offers foundational preventive oral health services, including screenings and fluoride varnish applications, and is exploring expanding services.
- In Washington County, there are 20 primary care practices, including three practices that are dedicated to pediatric patients with two in Machias and one in Calais. There are seven FQHC locations (East Machias, Danforth, Eastport, Harrington, Lubec, Machias, and Princeton) and two IHS sites (Princeton and Pleasant Point). Only one of these nine FQHC and IHS sites does not have a co-located dental clinic. There are two school-based health centers in Washington County, and one provides on-site preventive dental services while the other refers care to local providers.

**Table 5. Primary care indicators<sup>3</sup>**

Primary care indicator	Hancock	Washington	State
Primary care practices	22	20	463
Sites per 10,000 population	4.0	6.1	3.5

- [From the First Tooth](#) (FTFT) is an existing preventive oral health program integrated into many Maine primary care practices. The program focuses on prevention of pediatric oral disease by incorporating oral health risk assessment and application of fluoride varnish into well-child visits from 6 months through 20 years of age.<sup>5</sup> There are 33 primary care practices in the Downeast Public Health District of Maine that treat pediatric patients. Of these, 26 have received training with the FTFT Program and 21 have implemented the program into their practice. Several primary care sites that treat children in the Downeast Public Health District have co-located dental clinics, including two IHS locations, six FQHCs, one dental clinic associated with a hospital, and one dental clinic that is in the same building as the primary care site and shares a close working relationship between practices.

Figure 12. FTFT adoption in the district primary care practices that serve children.

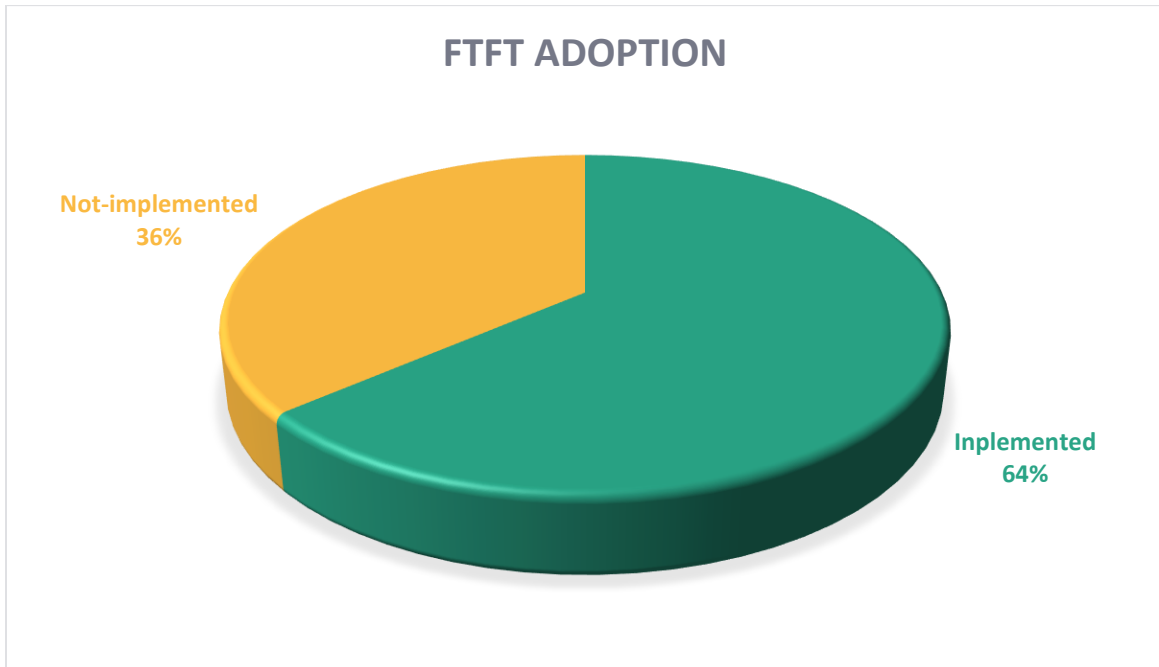
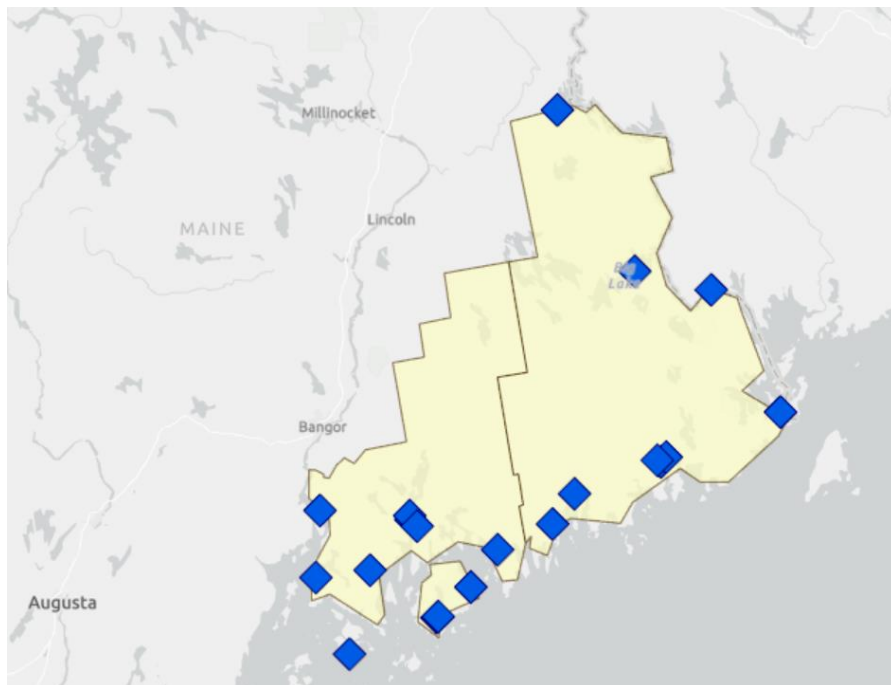


Figure 13. Participation in FTFT in the Downeast Public Health District.





## Utilization

- Based on data from insurance claims,<sup>7</sup> half of Maine children covered by MaineCare insurance for at least 11 months out of the year in 2021 did not receive a dental service, and more than half did not have a preventive dental claim. The district followed state trends with a drop in services seen at the start of the COVID-19 pandemic; however, claims for children covered by MaineCare insurance in Hancock County recovered even slower than the state trend which shows minimal recovery. In 2019, children in Washington County with MaineCare insurance were more likely to have a dental claim than children with commercial insurance, contrary to most other Maine counties, and children with MaineCare coverage in both counties were more likely than the State average to have a dental claim. In 2021, children with MaineCare coverage in Washington County continued to have dental claims at rates above the state average, but Hancock County has fallen below the average.
- As a combined public health district, this region relies on the emergency room (ER) for dental care at a rate well above the state average; however, the rate is much lower in Hancock County. From 2016–2018, the rate of ER care for dental needs in children in Washington County was 21 per 10,000 population and 283 in adults, more than double the state average for adults.<sup>1</sup>

<b>Indicator</b>	<b>Hancock County</b>	<b>Washington County</b>	<b>Downeast Public Health District</b>	<b>State average</b>
<b>2016–2018 dental emergency department rates for children per 10,000 population</b>	14	31	21	18
<b>2016–2018 dental emergency department rates for adults per 10,000 population</b>	12q	283	178	137

Figure 14. Percentage of commercially insured children with at least one dental claim of any kind.<sup>7</sup>

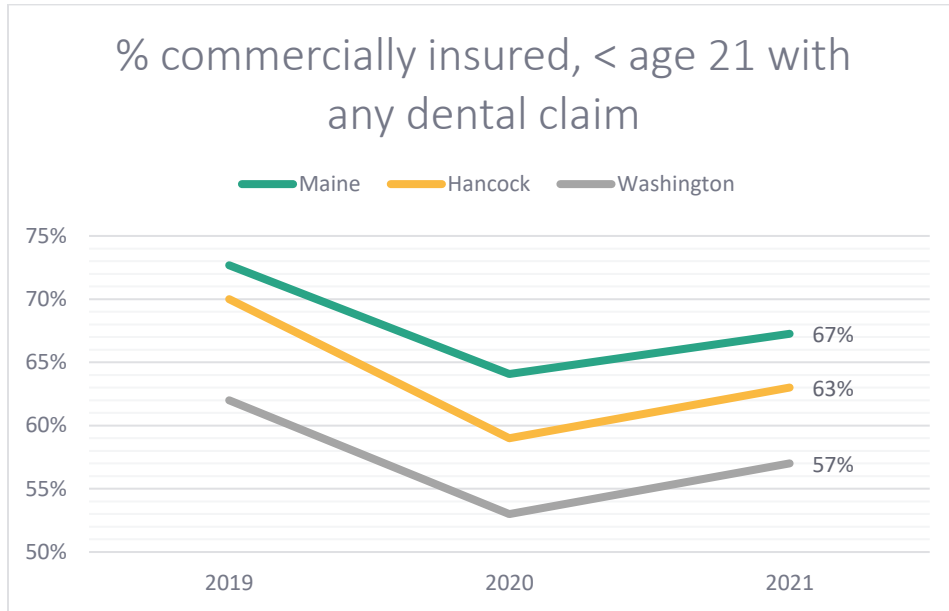


Figure 15. Percentage of MaineCare insured children with at least one dental claim of any kind.<sup>7</sup>

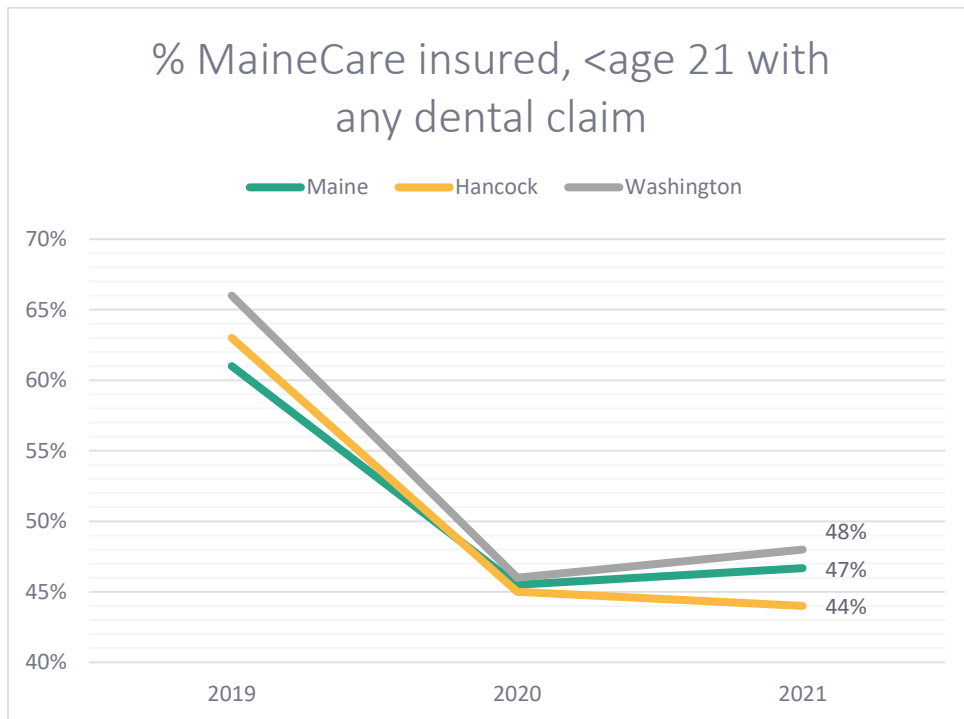
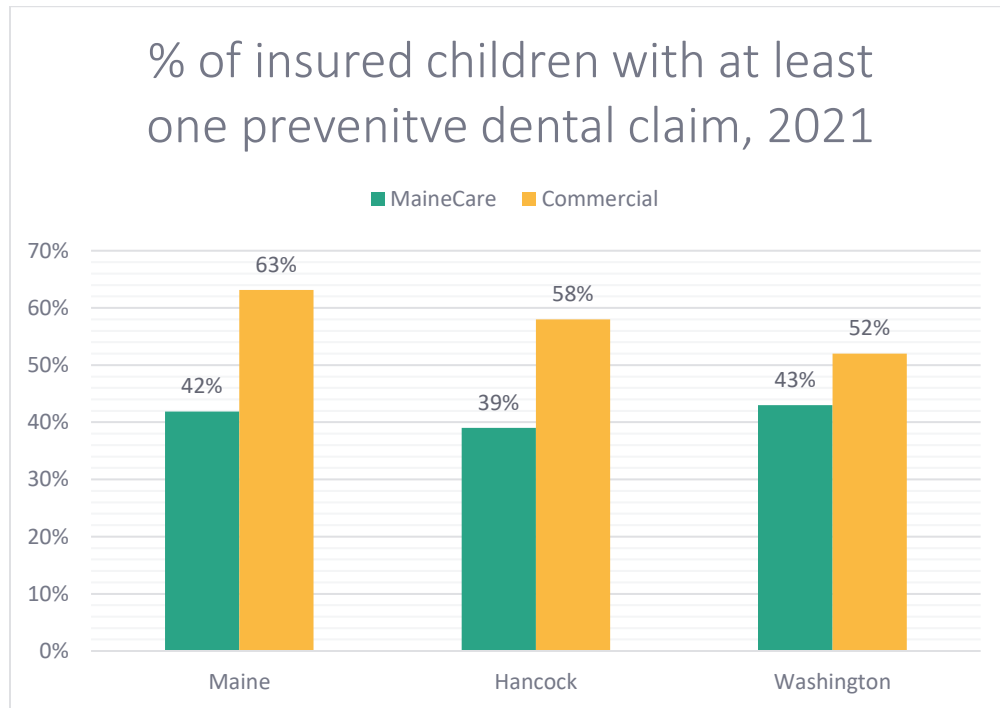


Figure 16. Percentage of insured children with at least one preventive dental claim by insurance type.<sup>7</sup>



- Source for Figures 14-16: Maine Health Data Organization, All-Payer Claims Database.
- Analysis by USM Cutler Institute for the Children’s Oral Health Network.
- “Insured children” includes children under age 21 who are residents of Maine/the identified county and who were enrolled in either MaineCare or a commercial dental plan for at least 11 months of the identified year.

## Workforce

- Among the 27 points of care that responded to the survey, the existing clinical workforce includes 33 practicing dentists, 41 dental hygienists, and 50 dental assistants. In addition to these filled positions, survey respondents reported an additional 55 vacant clinical positions (12 dentists, 25 dental hygienists, and 18 dental assistants).

Figure 17. Existing oral health workforce in district survey respondents.

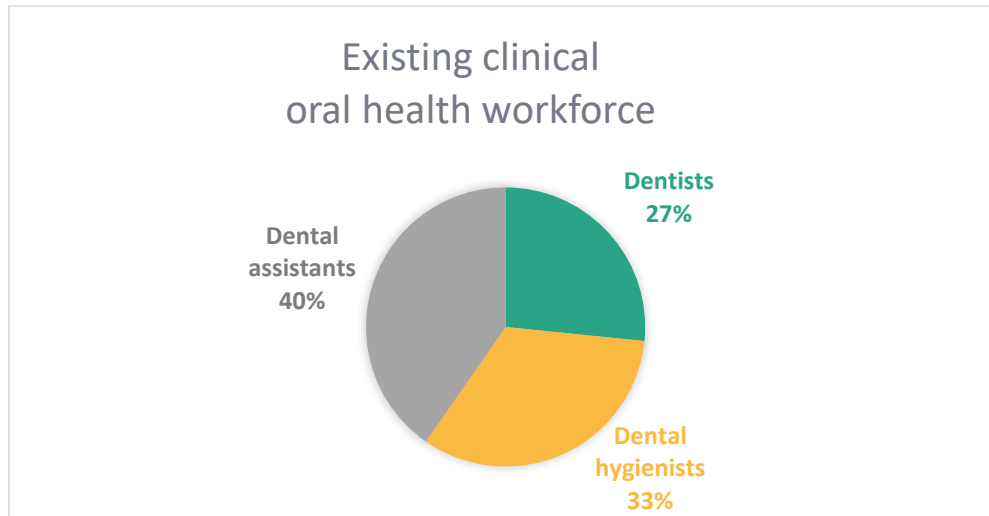
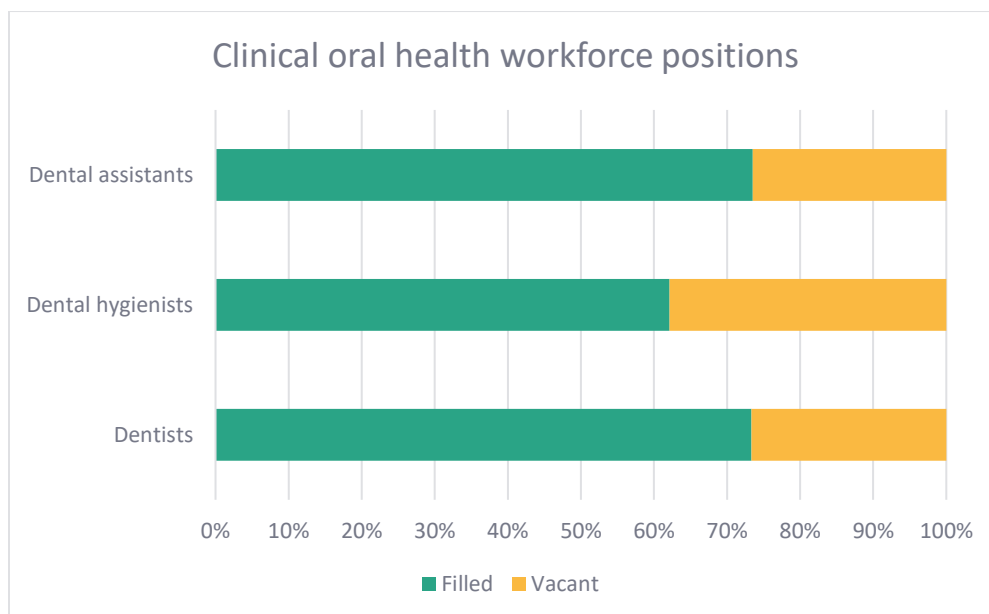


Figure 18. Filled versus vacant clinical oral health workforce positions among dental access survey respondents in the Downeast Public Health District.



## Methods

Methods of data collection for this descriptive report included review of existing reports (see resource list), distribution of a dental access point survey, and telephone/email communication with primary care practices, schools, and dental providers. The surveys included questions regarding workforce and access and were distributed in spring 2023 with data collection efforts continuing through June 2023. Each site was contacted multiple times via telephone, email, and social media prior to classifying them as non-responsive. The Children's Oral Health Network of Maine researchers contacted schools, school-based dental providers, and Head Start agencies in spring 2023. The SOHP and FTFT program provided current county level data from their respective programs in spring 2023.

Utilization and insurance data was obtained from the Maine Health Data Organization (MHDO)'s All Payer Claims Database (APCD) per the data release requirements defined in 90-590 C.M.R. ch. 120, Release of Data to the Public. The MHDO is a state agency that collects health care claims data from payors, including Medicaid, commercial insurance carriers, and dental benefit administrators, per the requirements in 90-590 C.M.R. ch. 243, Uniform Reporting System for Health Care Claims Data Sets. Please refer to the MHDO website for more details regarding data restrictions and participating insurers.

This data was analyzed by the USM Cutler Institute for the Children's Oral Health Network of Maine. For more information, visit <https://www.mainecohn.org/assets/stock/2021-COHN-Data-Brief.pdf>

## Data Sources Referenced

1. Maine CDC. 2021. Health Profiles. Maine Shared Community Needs Assessment. <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/health-profiles.shtml>
2. Maine Children’s Alliance. 2022 County Data Profiles. 2022. <https://www.mekids.org/priorities/kids-count/2022maine-county-profiles/>
3. Kahn-Troster S, Burgess A, Coburn A, et al. Maine Rural Health Profiles. Portland, ME: University of Southern Maine, Muskie School, Maine Rural Health Research Center; September, 2016. [https://mehaf.org/learning\\_resource/maine-rural-health-profiles](https://mehaf.org/learning_resource/maine-rural-health-profiles)
4. Info for ME. Maine Counties. 2019. <https://www.maine.gov/sos/kids/government/counties>
5. From the First Tooth. <https://www.fromthefirsttooth.org/>
6. Maine CDC. 2022. Maine Shared Community Health Needs Assessment. Final CNHA Reports. <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/final-CHNA-reports.shtml>
7. Maine Health Data Organization, All-Payer Claims Database. Analysis by USM Cutler Institute for the Children’s Oral Health Network of Maine.