

Children's Access to Dental Services - Maine's Oral Health Program Report

2025 Annual Report

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Required by:

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Prepared by:

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Maine Center for Disease Control and Prevention

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EXECUTIVE SUMMARY

This annual report has been prepared by the Maine Center for Disease Control and Prevention (Maine CDC) to comply with the reporting requirements related to access to dental services for children enrolled in MaineCare, Maine’s Medicaid program. Pursuant to 22 M.R.S. §3174-S(4), this report documents the progress toward increasing school children’s access to dental care in Maine and related program activities for School Year (SY) 2024-2025. Additionally, this report describes strategies for maximizing Medicaid funding, as it relates to school-based preventive oral health services.

The primary objective of Maine’s oral health laws is to ensure that children in all regions of the State, who are enrolled in the Medicaid program, have access to dental care (22 M.R.S. §3174-S(3)). The law allocates funds to expand school-based oral health services, aiming for every child to receive at least one preventive dental visit annually. Furthermore, the law funds an Oral Health Coordinator position within the Maine CDC to lead public health functions specific to oral health. Program funds are used to cover the cost of oral health services conducted in schools and for expanding these school-based services (P.L. 2021 c. 635, part AAA), supporting Maine CDC’s School Oral Health Program (“Program”) efforts toward meeting the Legislature’s goal of expanding preventive oral health services to all schools, all grades by January 1, 2025.

Statewide, as of June 2025, roughly 42 percent of MaineCare-enrolled children received at least one preventative dental visit, reflecting continued improvement in preventive dental care utilization among low-income children, with school-based oral health services supporting early identification and connection to care.¹

Several significant milestones have been achieved regarding school-based service delivery:

- Between SY21-22 and SY24-25, the Program expanded clinical services from 167 schools to 299 schools (from 27.8 percent to 49.5 percent of public schools), representing a net increase of 132 schools delivering school-based oral health services.
- Student utilization of school-based oral health clinics increased by 34 percent from 16,918 student visits in SY21-22 to 23,157 student visits in SY24-25, establishing schools as a consistent and accessible point of entry for identifying children’s oral health needs.

The Program has also made contributions toward tackling Maine’s oral health workforce challenges.

- The Oral Health Navigation Learning Series has been developed to provide oral health skills to a broad array of professionals enabling them to expand the functions of their existing roles in serving their communities (e.g., Registered Nurses, Community Health Workers, Medical Assistants). The Series also includes a youth career path.
- A Workforce Development Grant has assisted in expanding Program staffing.

¹ MaineCare Dental Metrics June 2025; <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Dental%20Metrics%20Report%20June%202025.pdf>

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- The Public Health Educator III and Planning and Research Associate I positions were made permanent via Governor’s Biannual Budget.
 - The Cumberland County School Oral Health Pilot Project demonstrated that coordinated workforce expansion can significantly increase school-based oral health capacity, resulting in more provider partnerships, increased frequency of school clinics, and greater student reach, while supporting delivery of both foundational and advanced preventative services in schools. By strengthening on-site capacity, the model reduced reliance on external dental referrals and allowed more students to continue receiving follow-up care within the school setting.

As participation and service volume have increased, the Program has encountered challenges related to workforce capacity and care coordination. The report outlines how the Program is positioned to build on recent progress while continuing to address these challenges in serving Maine children.

Reporting Period Note: Previous reporting has been done on a calendar year and, moving forward, all subsequent reports will reflect a reporting period that better aligns with Maine’s school calendar. The adjustment to the reporting period enhances the Program’s ability to meet the statutory reporting deadline, while ensuring the effective use of Program data. 22 M.R.S. § 3174-S(4).

I. INTRODUCTION

Oral health is a vital component to overall health and well-being. Good oral health is essential not only for speaking and chewing, but also for preventing various systemic diseases. Growing evidence and research highlight the link between oral health and systemic health conditions such as diabetes, cardiovascular disease, adverse pregnancy outcomes, liver disease, obesity, Alzheimer disease, rheumatoid arthritis, and cancer.²

Among the most significant oral health concerns is tooth decay. Tooth decay, also known as cavities, is the most common chronic disease in children and adults in the United States². Poor oral health can lead to a decrease in overall health and quality of life. By age nine, half of children (50percent) have had cavities in their primary (baby) or permanent (adult) teeth.³ Yearly, approximately 34 million school hours and 92 million work hours are lost due to emergency and unplanned oral health care services.⁴ Additionally, it is estimated that \$46 billion dollars of U.S. productivity is lost yearly due to untreated oral disease and conditions.⁵

Preventive dental care: Regular preventive dental care can reduce the burden of dental disease, and support healthy growth, school attendance, and quality of life in children. National evidence underscores that preventive dental care is effective in reducing dental disease and related complications, yet significant gaps in service utilization persist, particularly among low income and publicly insured populations.⁵

Preventive Dental Care

Routine oral health services and guidance that protect oral health and help prevent cavities and gum disease before they require more complex treatment.

Preventive dental visit rates among Maine children declined during the COVID-19 pandemic and have only partially recovered. Prior to the pandemic, state and national data show higher utilization of preventive dental services. In 2019, an estimated 57 percent of MaineCare-insured children and 69 percent of commercially insured children had at least one preventive dental visit during the year.⁶ Rates fell in 2020 to 40 percent among MaineCare-insured children and 60 percent among commercial-insured children.⁷ Since then, utilization has increased gradually but remains below 2019 levels: in 2023, 42 percent of children with MaineCare and 66 percent of children with commercial dental insurance had at least one preventive dental service.⁸

Access to care: Access to oral health care in Maine continues to be hindered by numerous barriers, especially for underserved communities. Common barriers include financial limitations, lack of transportation, limited access to oral health professionals, general unawareness of the importance of oral health, language and cultural barriers, and fear.⁹ However, the school-based oral health model is demonstrating potential as a sustainable and effective way to overcome these obstacles and ensure equitable access to quality oral health services for all children.

² [Whole Body Health, FDI World Dental Federation](#)

³ [Oral Health Facts, U.S. CDC](#)

⁴ [About Oral Health, U.S. CDC](#)

⁵ [Recommendations for Improving Oral Health Care Access, Quality, and Outcomes and Advancing Equity in Medicaid and the Children's Health Insurance Program - Medicaid & CHIP](#)

⁶ [Kid Counts Data Center](#)

⁷ [MaineCare Dental Metrics Historical Baseline Data](#)

⁸ [2023 Dental Claims Data Update 2017-2023 Trends- Children's Oral Health Network of Maine](#)

⁹ [Health Disparities in Oral Health, U.S. CDC](#)

School-based oral health programs can offer services ranging from oral health education and nutritional counseling to preventive care and restorative treatments. Schools are an ideal setting to reach students and families, as they are a familiar and safe environment. Benefits of school-based oral health programs include improved oral health outcomes, timelier access to care, elimination of common barriers, positive peer modeling, as well as fewer school days and learning hours missed.¹⁰

II. IMPROVING ACCESS TO ORAL HEALTH SERVICES FOR CHILDREN

A. Statutory Requirements

Maine has established a clear statutory goal of improving children’s access to preventive dental care, with a particular focus on Medicaid-enrolled children and statewide geographic equity. A primary objective of Maine’s oral health laws is to ensure that children in all regions of the state who are enrolled in Medicaid have access to dental care (22 MRSA §3174-S, sub-§3). In 2021, legislative revisions expanded the scope of school-based preventive oral health services by charging the Maine Center for Disease Control and Prevention (the “*Maine CDC*”) School Oral Health Program (the “*Program*”) to support all schools in Maine. The revisions further advanced the Legislature’s goals by appropriating funds and expanding school-based oral health services so that children can receive at least one preventive dental visit annually.

The 2021 revisions also set expectations for implementation, reporting, and financing strategies to sustain and maximize impact. To be compliant with the revisions, the Program is to expand preventive oral health services to all schools by January 1, 2025, on a rolling basis, and report progress annually. In addition, the Department is to report methods for maximizing Medicaid funding related to school-based preventive oral health services (22 MRSA §3174-S, sub-§4). To support this expansion, the law funds an Oral Health Coordinator position within Maine CDC to lead oral health-related public health functions, and Program funds may be used to cover the cost of oral health services delivered in schools and to expand school-based service capacity (P.L. 2021 c. 635, part AAA).

B. Programmatic Strategy

The Program operationalizes Maine’s legislative mandate by delivering and supporting school-based preventive oral health services through partnerships with schools and providers. The School Oral Health Program is part of the Oral Health Program within Maine CDC, Division of Disease Prevention, an office of the Maine Department of Health and Human Services (the “*Department*”). The Department has supported school-based oral health education and the vision of equitable access to oral well-being since the mid-1970s. Today, the Program’s mission is to improve the oral health of Maine’s students by increasing access to preventive dental services, conducting oral health assessments, and providing education to children, families, schools, and health care providers.

The service model includes both direct preventive services and capacity-building supports intended to reduce access barriers and strengthen school-based prevention statewide. The Program supports oral health education, oral health screenings, fluoride varnish, dental sealants,

¹⁰ [Promoting Oral Health In Schools: A Resource Guide \(5th ed\)](#)

silver diamine fluoride, school staff and school nurse support, and provider training. Maine also has mandatory school health education, and the Program continues to support the inclusion of oral health within this curriculum.

This report is submitted in response to statutory reporting requirements and documents Program reach and expansion progress. Maine CDC’s Oral Health Program prepared this report to describe the status of oral health program services in Maine schools and the number of additional schools enrolled in the Program, consistent with 22 MRSA §3174-S, sub-§4.

III. PROGRAM ACCOMPLISHMENTS: SCHOOL YEAR 2024 – 2025

A. Increased Schools’ Engagement and Program Reach Increased Providers

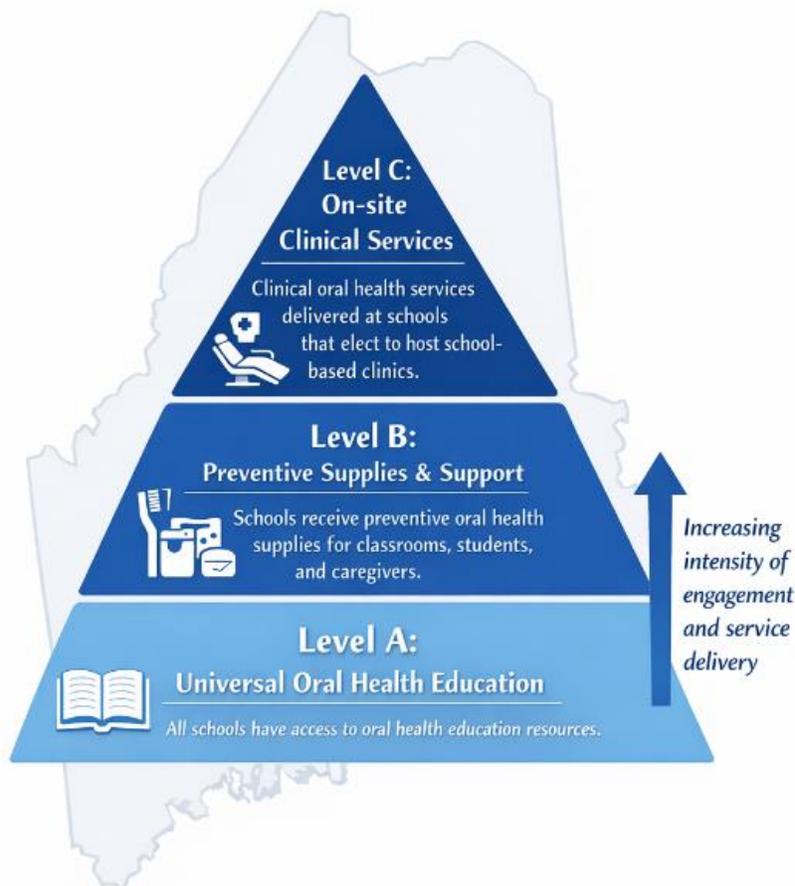
In addition, the Program continued to diversify its partner and consultant pool, ending SY24-25 with 18 service providers, ranging from independent practice dental hygiene organizations to federally qualified health centers and registered nurses.

Developed a three-tiered school engagement framework: The Program developed and implemented an internal three-tiered engagement level framework to define school-level engagement and program participation. This framework is designed to support schools in identifying an appropriate level of engagement, based on community need, capacity, and readiness, while ensuring access to preventive and early intervention services.

During the SY24-25, all Maine schools had access to *Level A* engagement, including oral health educational resources and preventive oral health supplies for classrooms, students, school nurses, and caregivers. Clinical oral health services, *Level C*, represented the highest level of school participation and is measured by student visits and service data.

Expanded school participation: To increase school engagement and program participation to all Maine schools, the

Levels of Engagement with Maine Schools



Program worked to strengthen and expand best practice policy and procedural support for school staff, administration, and providers. This support included education on the importance of oral health, clarification of the types and scope of school-based oral health delivery models, and the provision of resources to assist schools in making informed decisions regarding program participation. The Program worked in close collaboration with the Maine Department of Education (Maine DOE) and other partners to promote school and student engagement statewide.

Level C schools encompass all 16 Maine counties. For a complete list of schools that held oral health clinics in SY24-25, please see [Attachment B](#). For a map of currently enrolled schools, please visit [Maine CDC School Oral Health Program Enrollment Mapping](#). Please note, this list is updated frequently and includes schools engaged with the Program at all levels on a rolling basis.

During SY24-25, 299 of 604 Maine schools hosted at least one school-based oral health clinic, representing 50 percent of schools statewide, as compared to 28 percent in SY21-22 (*see Appendix A Figure 1*).¹¹

Expanded volume and scope services: The clinics generated 23,157 student clinical visits, during which students received preventive and early intervention services such as oral health screenings, fluoride varnish, silver diamine fluoride (SDF), dental sealants, and referrals for follow-up care, as appropriate.

Between SY21-22 and SY24-25, the number of student visits with oral health screenings increased from 16,918 to 23,157, and fluoride varnish applications increased from 16,072 to 21,999. Dental sealants were observed during 8,796 student visits in SY24-25, compared to 4,214 visits in SY21-22, reflecting increased clinical assessment and documentation of prior preventive care (*see Appendix A Figure 2*).

Supported students' oral health needs: Clinical data also highlights ongoing oral health needs among participating students. At baseline, SY21-22, the decay rate was approximately 20 percent. This increased in SY24-25 to approximately 28 percent (*see Appendix A Figure 3*). The increase may be understood as a reflection of clinical service expansion into 132 new schools. These findings underscore the importance of early identification and timely intervention and suggest that school-based oral health clinics are reaching students with unmet oral health needs.

Supported follow-up care: School-based clinics served as an important point of connection to ongoing dental care. During the reporting period, 27 percent of clinic visits resulted in a non-urgent referral to a dentist or specialist, while five percent resulted in an urgent referral. Majority of visits, 69 percent, resulted in a routine referral to a dental home, demonstrating the Program's role in supporting appropriate follow-up care and continuity of services (*see Appendix A Figure 4*).

B. Expanded Workforce through Strategic Partnerships

The Program continued to expand access by diversifying the oral health workforce through more strategic partnerships.

¹¹ The denominator includes any school in Maine DOE enrollment database with at least one publicly funded student physically enrolled and attending during the SY24-25, including public schools and private schools receiving 60% or more public funding.

Expanded workforce: Through targeted initiatives in education, mentorship, and support, the Program equipped providers and organizations to deliver equitable, culturally competent care. Collaborations with entities such as school-based health centers, federally qualified health centers, dental practices, and independent practice dental hygiene organizations integrated evidence-based preventive and comprehensive oral health services into accessible, community-based settings. These partnerships allowed reduction of barriers to care, such as challenges related to transportation, affordability, and access to oral healthcare providers, by bringing care directly to students.

Additionally, partnerships with entities such as the [Children's Oral Health Network of Maine](#), [From the First Tooth](#), [MCD Global Health](#), [Maine Chapter American Academy of Pediatrics](#), Maine DOE, and other Maine CDC programs, such as Maternal and Child Health, Rural Health and Primary Care, and Chronic Disease, have been instrumental in programmatic growth and progress. These partnerships and collaborative efforts work to eliminate siloing within healthcare and assist in momentum of medical dental integrative initiatives.

As it relates to strategies to address workforce shortages, several bills were introduced to the 132nd Legislature proposing ways to increase access to dental care in Maine, including offering alternatives to licensure and fiscal incentives. Of note, Resolve 2025, chapter 107, *An Act to Expand Access to Oral Health Care by Creating a New Path for Obtaining a License to Practice Dentistry*, was signed into law as amended, establishing the Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry, on an emergency basis. The Commission was charged with exploring pathways for qualified dental professionals, particularly those trained outside of the United States, to practice in Maine. The Commission was directed to submit recommendations to the Legislature before the end of 2025¹².

C. Increased Staffing

In April 2025, the Maine CDC Oral Health Program grew in permanent staffing infrastructure. The Public Health Educator III and Planning and Research Associate I positions were made permanent via funding allocated within the Governor's Biannual Budget from a Federal Workforce Development Grant.

D. Collaborated with MaineCare

The Maine CDC Oral Health Program continues to collaborate with the Office of MaineCare Services (OMS) through active participation within the Oral Health Subcommittee of the MaineCare Advisory Committee. It has also reviewed options to strengthen private insurance and MaineCare billing for eligible children, with the goal of maximizing the impact of State General Funds allocated to the School Oral Health Program while addressing billing barriers to support access for all children, regardless of payer source.

The Program is working in collaboration with OMS to develop an informational presentation for junior and senior dental hygiene and dental students attending University of Maine-Augusta/Bangor and University of New England. This session will outline the current oral health

¹² Report of the Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry. <https://legislature.maine.gov/doc/12233>

landscape in Maine and provide guidance and support on the process and benefits of becoming a MaineCare provider.

Additionally, the Program participates with MaineCare in the [Medicaid Oral Health Workforce Implementation Learning Series](#). Through this series, the Center of Healthcare Strategies is partnering with 11 states to strengthen the Medicaid oral health workforce.

IV. PROGRAM INITIATIVES

A. Oral Health Navigator Learning Series

The Program continued to work collaboratively with key partners and lead stakeholders, such as MCD Global Health, the Children's Oral Health Network of Maine, and the Maine Department of Labor to expand and promote the [Oral Health Navigation \(OHN\) Learning Series](#). To date, 65 Level 1 Badges and 50 Level 2 Badges have been issued. This brings the total number of [Oral Health Foundations Digital Badges](#) to 115 badges across 65 learners. Learners are from a wide range of organizations, including nonprofit dental centers, community-based organizations, federally qualified health centers, schools, universities, and non-profit partners. In addition, six community health workers from Maine Access Immigrant Network have earned the full micro-credential. Included in the digital badge numbers are 12 staff members from Adoptive & Foster Families of Maine (AFFM), who completed Levels 1 and 2, and two AFFM staff working toward their full micro-credential.

B. Educational Support for Schools

In SY24-25, the Program developed a new [Maine CDC School Oral Health Program Educational Series](#) for classroom use, featuring the oral health mascot, Spruce the Moose, as the central guide. The early elementary series supports not only educators, but also school nurses and students, in learning foundational oral health concepts, including proper oral hygiene techniques, and the relationship between nutrition and oral health.



This series is designed to align with and complement the [Dental Steps for ME](#) video series, with consistent messaging and language translations used across Dental Steps for ME and WIC programming. The development of the middle and high school educational video series is currently underway.

C. Silver Diamine Fluoride and Minimally Invasive Care

To expand access to preventive and early intervention oral health services, the Program incorporated [Silver Diamine Fluoride \(SDF\)](#) into its services to improve access to [Minimally Invasive Care \(MIC\)](#) for students during the SY24-25. SDF is an evidence-based antimicrobial topical medicament used to prevent, slow, and arrest dental caries in both primary and permanent teeth. Its ease of application and cost efficiency make it a practical option for school-based and community settings, particularly where access to traditional dental care is limited.

MIC emphasizes preservation of tooth structure and prevention of disease progression through early intervention and prevention-focused strategies. MIC approaches include fluoride applications, dental sealants, antimicrobial therapies such as SDF, and other preventive interventions. Some MIC services may be delivered by non-dental health professionals,

including registered nurses and primary care providers, when permitted by scope of practice and supported through appropriate training and clinical partnerships. Effective implementation of MIC relies on coordination among schools, health care providers, public health organizations, and community partners to support prevention, early identification, and referral for oral health conditions.

To support the expansion of MIC, including SDF use, the Program developed educational materials, best-practice guidance, and training resources for schools, school nurses, oral health providers, partner organizations, parents and caregivers, and students. In partnership with MCD Global Health, the Program participated in a School Nurse Pilot Project to assess the feasibility of training school nurses to deliver selected preventive and minimally invasive oral health services in school settings, with emphasis on rural and under-resourced communities.

The pilot demonstrated that trained school-based health care providers can support expanded access to preventive oral health services, including SDF application, within defined parameters. Through a hybrid training model and practical implementation tools, the pilot established a replicable approach for building providers' confidence and competency. Participant feedback emphasized the value of hands-on training and clear clinical guidance. Six school nurses and one federally qualified health center participated in the pilot, providing the Program with an initial foundation to inform future training efforts. Based on these findings, the Program plans to train additional school nurses in the upcoming academic year, subject to funding and capacity.

D. Cumberland County School Oral Health Pilot Project

The Program is an active partner in the Cumberland County School Oral Health Pilot Project, a three-year (2023-2026) collaborative initiative supported by the Cumberland County Public Health Department with federal funding from the American Rescue Plan Act. The aim of the pilot is to develop a coordinated and sustainable school-based oral health service infrastructure across Cumberland County via collaborative partnerships of local providers, the Cumberland County Public Health Department, Partnerships For Health, the Children's Oral Health Network, and the Program. This project addresses inequities in oral health care and enhances capacity of both schools and providers to close existing access gaps, particularly for low income, uninsured, and MaineCare insured students. It aims to deliver comprehensive oral health services, ranging from preventive and early intervention to full restorative care through a coordinated public health district approach.

The Program actively participates by providing financial support and resources to school-based oral health providers, supporting them to expand foundational services into additional schools across Cumberland County.

The Project has expanded both the reach and depth of school-based oral health services in Cumberland County. Outcomes thus far have reduced inequities in access to care, expanded access to both foundational and advanced preventive oral health services, and provided a dental home for students. A total of three dentists and 11 hygienists were recruited. At the beginning of the Project (SY22-23), 30 percent of Cumberland County schools had an oral health provider. As of SY24-25, 65 percent of schools have an oral health provider. During this same period, the Project initially reached 27 schools with 3,327 visits and expanded to 54 schools with 5,077 visits. Access to foundational services (oral health screenings, fluoride varnish, and oral health

education) expanded from 27 to 54 schools, and the availability of advanced preventive services (cleanings, sealants, SDF, and x-rays) grew from nine to 25 schools.

Strategies that resulted in the expansion include strategic school outreach, collaborative coordination, financial modeling to support sustainability, and provider capacity building. Results of this pilot offer positive implications should similar projects be replicated in other Maine counties.

V. PROGRAM CHALLENGES

A. Program Staffing

Sustaining adequate staffing capacity continues to be a challenge for the Maine CDC Oral Health Program. Two key positions, Public Health Educator III and Planning and Research Associate I, have been made permanent and are now fully integrated into Program operations. This has significantly strengthened the Program's ability to support expansion, data-informed planning, and statewide outreach.

However, both positions are currently funded through a federal grant scheduled to expire in 2027. While this funding provides critical stability in the short term, the time-limited nature of grant funds and the uncertainty of the federal funding landscape presents a potential future funding risk. The existing capacity is essential to maintaining programmatic momentum, preserving institutional knowledge, and ensuring consistent delivery of school-based oral health services across Maine.

B. Variability in School Participation and Engagement

A primary barrier to statewide consistency is the absence of standardized expectations or requirements for school participation in school-based oral health programs. Because participation is voluntary, schools demonstrate a wide variation in their level of engagement, prioritization of oral health, and familiarity with the Program's purpose and benefits. This variability affects the Program's ability to plan, implement, and sustain services equitably across districts. Additionally, the variability contributes to inconsistent communication, delays or irregularities in consent collection and scheduling, reliance on individual school champions rather than institutional commitment, and difficulty integrating oral health services alongside competing school priorities.

To mitigate these challenges, the Program offers flexible, capacity-based support for schools and works closely with Maine DOE Nurse Leads to reinforce consistent messaging and continuity.

C. School Staff Turnover

Frequent staff turnover within schools, particularly among school nurses, continues to disrupt communication and Program engagement. Often, the school nurse serves as the primary contact for health initiatives. These transitions interrupt programmatic onboarding and implementation, as well as erode institutional knowledge of Program processes and benefits.

Without stable staffing, schools struggle to maintain oral health as a sustained priority or to implement services reliably. Similar to school variability (Challenge B), the Program works to mitigate these impacts by employing adaptable engagement strategies, providing ongoing training, and maintaining a strong collaboration with the Maine DOE School Nurse Leads.

D. Limited Coordination and Oversight of School-Based Oral Health Providers

Another significant challenge is the absence of regulatory requirements for school-based oral health providers and organizations to coordinate with or report to the Program. As a result, provider participation, service delivery models, and alignment with evidence-based practices vary widely across the state.

This lack of structure creates several issues, including limited statewide visibility into providers and services operating in schools, reluctance among some providers and organizations to share data or collaborate, inconsistencies in care delivery and clinical calibration, and challenges for schools in identifying reliable, high-quality providers.

Provider turnover further exacerbates these concerns. Uncoordinated changes in provider involvement can leave schools without services or require them to manage transitions independently, reinforcing the participation and continuity challenges described in Challenges B and C.

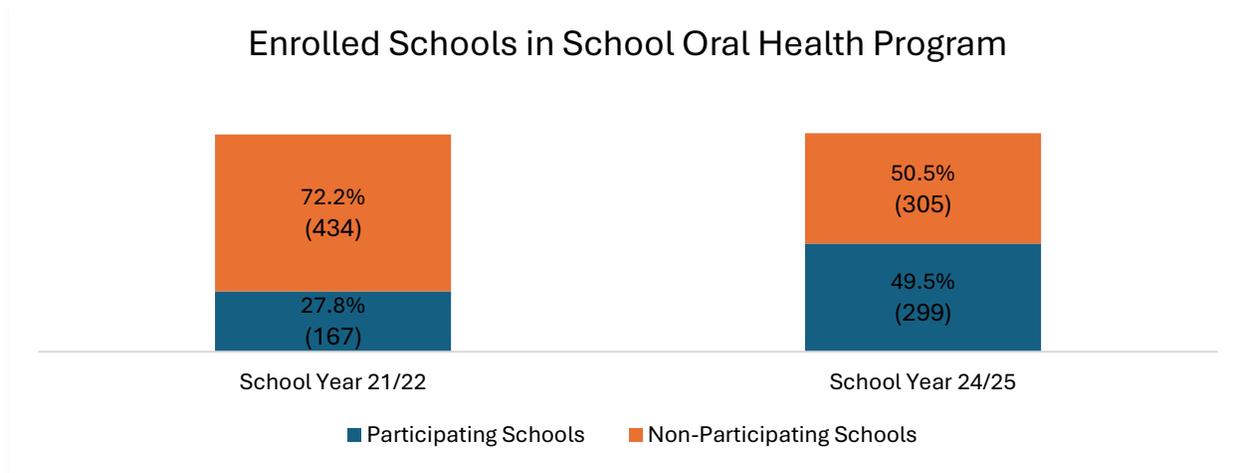
To address these concerns, The Program is piloting a district level public health model within the Cumberland County Oral Health Project to improve alignment, communication, and calibration among school-based oral health providers. This data-informed, collaborative approach is intended to reduce service disparities, assist with best practice guidance, and strengthen consistency across the state.

VI. CONCLUSION

Maine's School Oral Health Program continues to make great strides. As discussed in the report, we continue to see progress toward increasing preventive dental care utilization among low-income children, with school-based oral health services supporting early identification and connection to care. School participation in school-based oral health services has nearly doubled from 167 to 299, and student utilization has increased by 34 percent. The program continues to identify and work to address challenges head on to achieve its mission of expanding access to dental care for Maine children.

ATTACHMENT A: FIGURES

Figure 1. School Enrollment: SY2021-2022 vs SY2024-2025

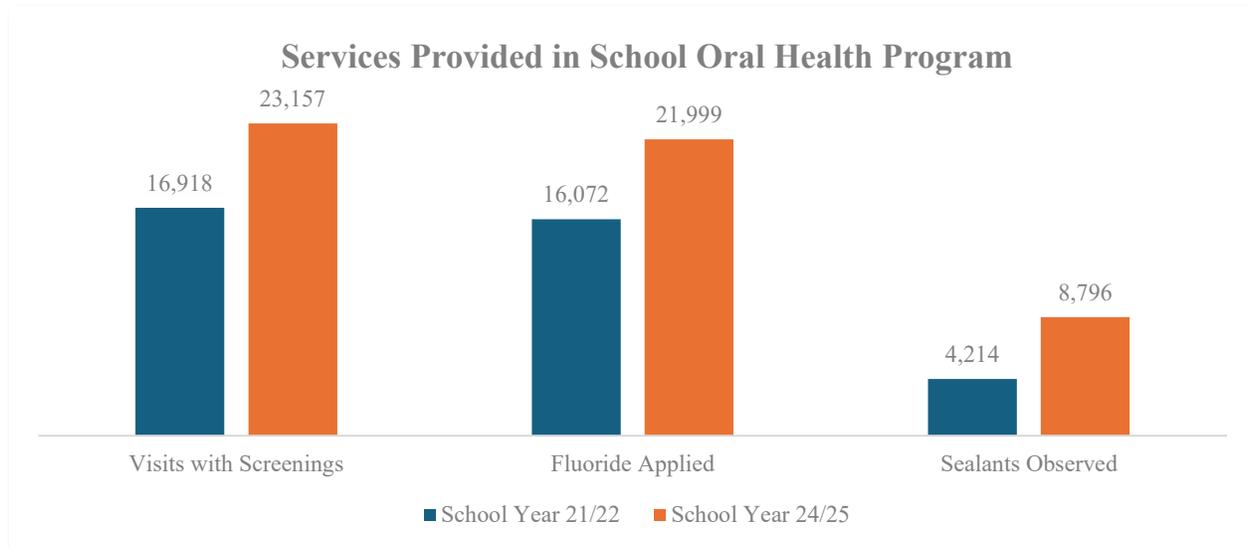


Source: Maine CDC School Oral Health Program Database.

Note: The denominator includes any school in Maine DOE enrollment database with at least one publicly funded student physically enrolled and attending during the SY21-22 and SY24-25, including public schools and private schools receiving 60 percent or more public funding.

Interpretation: Schools hosting oral health clinics increased from 167 (27.8 percent) in SY21-22 to 299 (49.5 percent) in SY24-25.

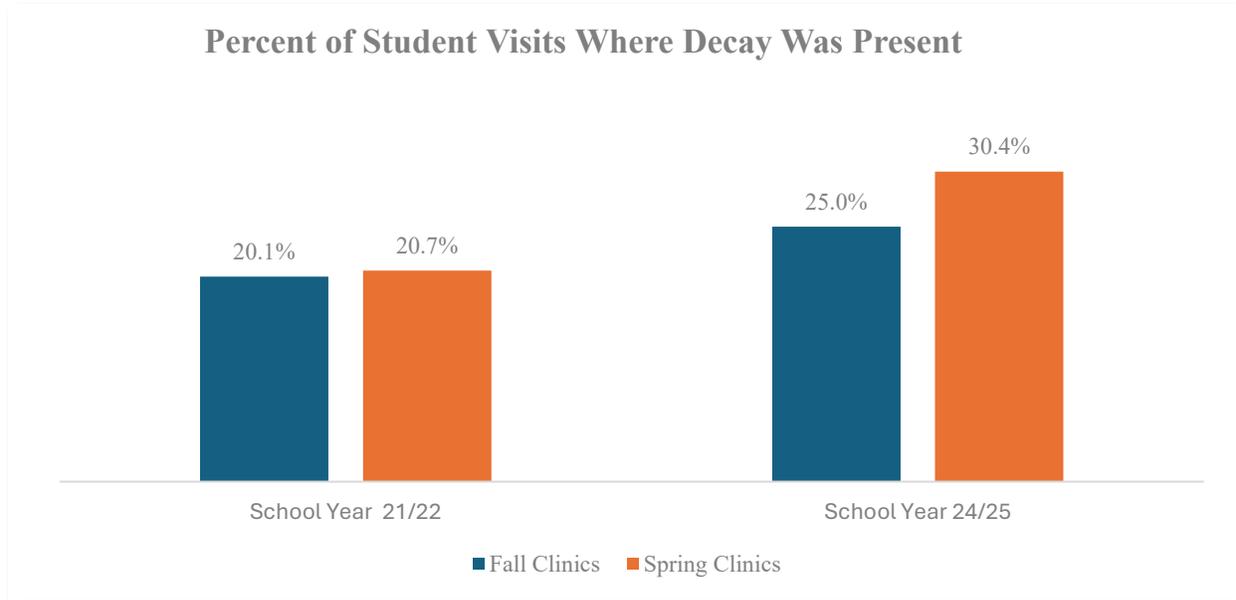
Figure 2. Services Provided SY2021-2022 vs SY2024-2025



Source: Maine CDC School Oral Health Program Database.

Interpretation: Program scale and intensity increased meaningfully. Oral health screenings increased from 16,918 to 23,157. Fluoride applications increased from 16,072 to 21,999. Sealants observed increased from 4,214 to 8,796. This shows growth in clinic volume, consistent delivery of prevention during visits and improved documentation and clinical assessment.

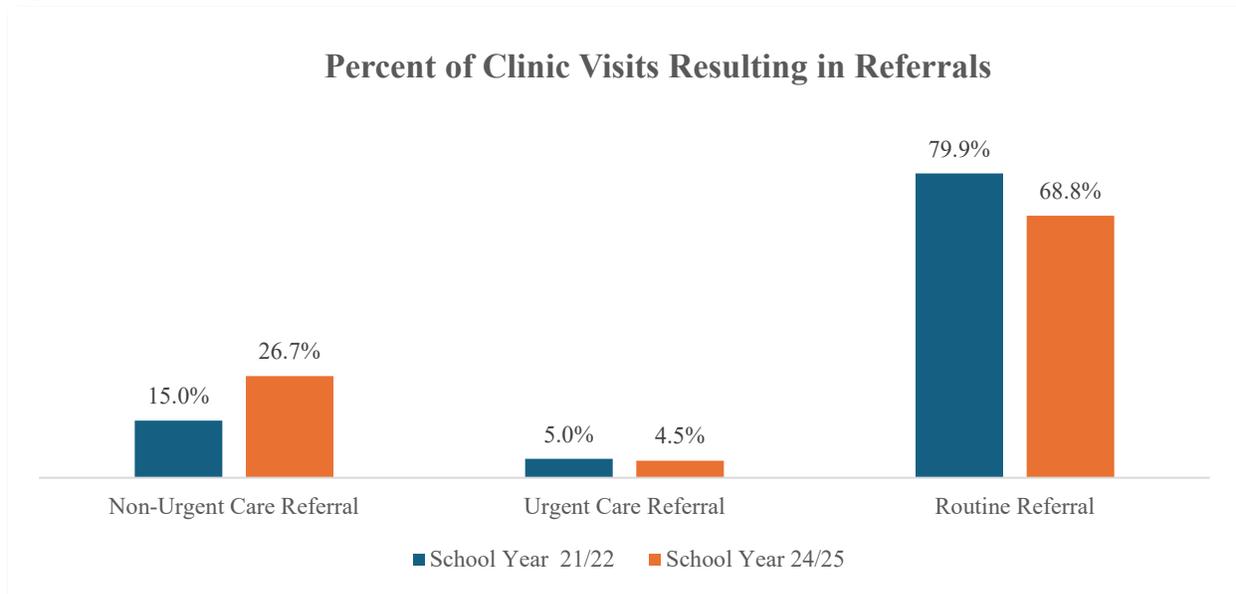
Figure 3. Students Oral Health Status



Source: Maine CDC School Oral Health Program Database.

Interpretation: Overall decay presence increased. Spring clinics consistently show higher decay rates than fall clinics. This does not mean oral health is worsening because of the Program. It means students with unmet needs are being reached, better targeting, and more complete screenings. This is exactly what school-based oral health clinics are supposed to do.

Figure 4. Referral Status



Source: Maine CDC School Oral Health Program Database.

Interpretation: The referral system is functioning and appropriately triaged. Non-urgent referrals increased 15 percent to 26.7 percent. Urgent Referrals remained low and stable ~5 percent. Routine referrals to a dental home remain the majority. Data suggests students are connected to care.

**ATTACHMENT B: MAINE CDC SCHOOL ORAL HEALTH PROGRAM
SY24-25 ENROLLMENT LIST (JUNE 2025)**

Maine CDC School Oral Health Program Enrollment Mapping

	COUNTY	SCHOOL NAME
1	Androscoggin	Acadia Academy School
2	Androscoggin	Bruce M Whittier Middle School
3	Androscoggin	Elm Street School-Mechanic Falls
4	Androscoggin	Minot Consolidated School
5	Androscoggin	Oak Hill High School
6	Androscoggin	Oak Hill Middle School
7	Androscoggin	Poland Community School
8	Androscoggin	Poland Regional H S
9	Androscoggin	Sabattus Primary School
10	Androscoggin	Washburn School
11	Aroostook	Ashland District School
12	Aroostook	Caribou Community School
13	Aroostook	Connor Consolidated School
14	Aroostook	Dawn F Barnes Elementary School
15	Aroostook	Easton Elementary School
16	Aroostook	Easton Junior-Senior High School
17	Aroostook	Eva Hoyt Zippel School
18	Aroostook	Fort Fairfield Elementary School
19	Aroostook	Fort Fairfield Middle/High School
20	Aroostook	Fort Kent Community High School
21	Aroostook	Fort Kent Elementary School
22	Aroostook	Fort Street School
23	Aroostook	Hodgdon Middle/High School
24	Aroostook	Houlton Elementary School
25	Aroostook	Houlton High School
26	Aroostook	Houlton Southside School
27	Aroostook	Limestone Community School
28	Aroostook	Madawaska Elementary School
29	Aroostook	Madawaska Middle/High School
30	Aroostook	Mapleton Elementary School
31	Aroostook	Mill Pond School
32	Aroostook	Pine Street Elementary School
33	Aroostook	So Aroostook School
34	Aroostook	Van Buren District Secondary School
35	Aroostook	Van Buren Elementary School
36	Aroostook	Washburn District High School
37	Aroostook	Wisdom Middle High School

	COUNTY	SCHOOL NAME
38	Aroostook	Woodland Consolidated School
39	Cumberland	Amanda C Rowe School
40	Cumberland	Blue Point School
41	Cumberland	Bonny Eagle Middle School
42	Cumberland	Brunswick High School
43	Cumberland	Brunswick Jr High School
44	Cumberland	Burchard A Dunn School
45	Cumberland	Casco Bay High School
46	Cumberland	Congin School
47	Cumberland	Crooked River Elementary
48	Cumberland	Deering High School
49	Cumberland	Dora L Small Elementary School
50	Cumberland	Dyer Elementary School
51	Cumberland	East End Community School
52	Cumberland	Edna Libby Elementary School
53	Cumberland	Eight Corners Elementary School
54	Cumberland	Falmouth Elementary School
55	Cumberland	Frank H Harrison Middle School
56	Cumberland	Frank I Brown Elementary School
57	Cumberland	Freeport High School
58	Cumberland	Freeport Middle School
59	Cumberland	George E Jack School
60	Cumberland	Gerald E Talbot Community School
61	Cumberland	Gray-New Gloucester Middle School
62	Cumberland	Harpswell Community School
63	Cumberland	Harrison Lyseth Elem School
64	Cumberland	Howard C Reiche Community School
65	Cumberland	James Otis Kaler Elementary School
66	Cumberland	Kate Furbish Elementary School
67	Cumberland	King Middle School
68	Cumberland	Lake Region High School
69	Cumberland	Lake Region Middle School
70	Cumberland	Lincoln Middle School
71	Cumberland	Longfellow School-Portland
72	Cumberland	Lyman Moore Middle School
73	Cumberland	Manchester School
74	Cumberland	Memorial School
75	Cumberland	Ocean Avenue
76	Cumberland	Oxford-Cumberland Canal School
77	Cumberland	Pleasant Hill School
78	Cumberland	Portland High School
79	Cumberland	Presumpscot School

	COUNTY	SCHOOL NAME
80	Cumberland	Raymond Elementary School
81	Cumberland	Russell School
82	Cumberland	Saccarappa School
83	Cumberland	Scarborough High School
84	Cumberland	Scarborough Middle School
85	Cumberland	Sebago Elementary School
86	Cumberland	Songo Locks School
87	Cumberland	South Portland High School
88	Cumberland	South Portland Middle School
89	Cumberland	Steep Falls Elementary School
90	Cumberland	Stevens Brook School
91	Cumberland	Waldo T Skillin Elementary School
92	Cumberland	Wentworth School
93	Cumberland	Westbrook High School
94	Cumberland	Westbrook Middle School
95	Cumberland	William H Rowe School
96	Cumberland	Windham Middle School
97	Cumberland	Yarmouth Elementary School
98	Cumberland	Yarmouth High School
99	Franklin	Academy Hill School
100	Franklin	Cape Cod Hill Elem School
101	Franklin	Cascade Brook School
102	Franklin	Day Mountain Regional Middle School
103	Franklin	Gerald D Cushing School
104	Franklin	Kingfield Elementary School
105	Franklin	Mt Abram Regional High School
106	Franklin	Mt Blue High School
107	Franklin	Mt Blue Middle School
108	Franklin	Phillips Elementary School
109	Franklin	Rangeley Lakes Regional School
110	Franklin	Stratton Elementary School
111	Franklin	W G Mallett School
112	Hancock	Brooklin School
113	Hancock	Dedham School
114	Hancock	Deer Isle-Stonington Elementary School
115	Hancock	Deer Isle-Stonington High School
116	Hancock	G Herbert Jewett School
117	Hancock	Miles Lane School
118	Hancock	Mt Desert Island High School
119	Hancock	Pemetic Elementary School
120	Hancock	Sedgwick Elementary School
121	Kennebec	Albert S Hall School

	COUNTY	SCHOOL NAME
122	Kennebec	Albion Elementary School
123	Kennebec	Benton Elementary School
124	Kennebec	Carrie Ricker School
125	Kennebec	Clinton Elementary School
126	Kennebec	Cony
127	Kennebec	Cony Middle School
128	Kennebec	Farrington School
129	Kennebec	Fayette Central School
130	Kennebec	Gardiner Area High School
131	Kennebec	Gardiner Regional Middle School
132	Kennebec	George J Mitchell School
133	Kennebec	Hall-Dale Elementary School
134	Kennebec	Hall-Dale Middle and High School
135	Kennebec	Helen Thompson School
136	Kennebec	Laura E Richards School
137	Kennebec	Libby-Tozier School
138	Kennebec	Lillian Parks Hussey School
139	Kennebec	Lincoln School
140	Kennebec	Manchester Elementary School
141	Kennebec	Maranacook Community High School
142	Kennebec	Maranacook Community Middle School
143	Kennebec	Monmouth Academy
144	Kennebec	Monmouth Memorial School
145	Kennebec	Mt Vernon Elementary School
146	Kennebec	Phillips Exeter Academy School
147	Kennebec	Pittston-Randolph Consolidated School
148	Kennebec	Readfield Elementary School
149	Kennebec	River View Community School
150	Kennebec	Sylvio J Gilbert School
151	Kennebec	Vassalboro Community School
152	Kennebec	Wayne Elementary School
153	Kennebec	Winslow Elementary School
154	Kennebec	Winslow Junior High School
155	Kennebec	Winthrop Grade School
156	Knox	Ash Point Community School
157	Knox	Camden Hills Regional H S
158	Knox	Camden-Rockport Elementary School
159	Knox	Camden-Rockport Middle School
160	Knox	Cushing Community School
161	Knox	Friendship Village School
162	Knox	Oceanside High School
163	Knox	Oceanside Middle School

	COUNTY	SCHOOL NAME
164	Knox	Prescott Memorial School
165	Knox	South School
166	Knox	St George School
167	Knox	Thomaston Grammar School
168	Knox	Vinalhaven School
169	Knox	Warren Community School
170	Lincoln	Boothbay Region Elem School
171	Lincoln	Boothbay Region High School
172	Lincoln	Medomak Middle School
173	Lincoln	Medomak Valley High School
174	Lincoln	Miller School
175	Lincoln	Wiscasset Elementary School
176	Oxford	Brownfield Denmark Elementary School
177	Oxford	Crescent Park School
178	Oxford	Dirigo Elementary School
179	Oxford	Dirigo High School
180	Oxford	Guy E Rowe School
181	Oxford	Hartford-Summer Elementary School
182	Oxford	Meroby Elementary School
183	Oxford	Mountain Valley High School
184	Oxford	Mountain Valley Middle School
185	Oxford	Oxford Hills Comprehensive H S
186	Oxford	Oxford Hills Middle School
187	Oxford	Paris Elementary School
188	Oxford	Rumford Elementary
189	Oxford	T W Kelly Dirigo Middle School
190	Oxford	Telstar High School
191	Oxford	Telstar Middle School
192	Oxford	Woodstock School
193	Penobscot	Brewer Community School
194	Penobscot	Brewer High School
195	Penobscot	Central Community Elementary School
196	Penobscot	Central High School
197	Penobscot	Central Middle School
198	Penobscot	Dexter Regional High School
199	Penobscot	Earl C McGraw School
200	Penobscot	George B Weatherbee School
201	Penobscot	Glenburn Elementary School
202	Penobscot	Helen S Dunn Elementary School
203	Penobscot	Lee/Winn School
204	Penobscot	Mt Jefferson Jr High School
205	Penobscot	Ridge View Community School

	COUNTY	SCHOOL NAME
206	Piscataquis	Brownville Elementary School
207	Piscataquis	Piscataquis Community Elementary
208	Piscataquis	Piscataquis Community Secondary School
209	Piscataquis	Se Do Mo Cha Elementary School
210	Sagadahoc	Bowdoin Central School
211	Sagadahoc	Bowdoinham Community School
212	Sagadahoc	Marcia Buker School
213	Sagadahoc	Mt Ararat High School
214	Sagadahoc	Richmond High School
215	Sagadahoc	Richmond Middle School
216	Sagadahoc	Williams-Cone School
217	Somerset	Athens Community School
218	Somerset	Bloomfield Elementary School
219	Somerset	Canaan Elementary School
220	Somerset	Carrabec Community School
221	Somerset	Garret Schenck School
222	Somerset	Lawrence High School
223	Somerset	Lawrence Jr High School
224	Somerset	Mill Stream Elementary School
225	Somerset	Moscow Elementary
226	Somerset	North Elementary School
227	Somerset	Skowhegan Area High School
228	Somerset	Skowhegan Area Middle School
229	Somerset	Solon Elementary School
230	Somerset	Upper Kennebec Valley Middle/Senior High School
231	Waldo	Edna Drinkwater School
232	Waldo	Leroy H Smith School
233	Waldo	Monroe Elementary School
234	Waldo	Morse Memorial School
235	Waldo	Mt View Elementary School
236	Waldo	Mt View High School
237	Waldo	Samuel L Wagner Middle School
238	Waldo	Searsport District High School
239	Waldo	Searsport District Middle School
240	Waldo	Troy Central School
241	Waldo	Unity Elementary School
242	Waldo	Walker Memorial School
243	Washington	Alexander Elementary
244	Washington	Bay Ridge Elementary
245	Washington	Beals Elementary School
246	Washington	Calais Elementary School
267	Washington	Cherryfield Elementary

	COUNTY	SCHOOL NAME
248	Washington	Daniel W Merritt School
249	Washington	East Grand School
250	Washington	East Range II CSD School
251	Washington	Eastport Elementary School
252	Washington	Edmunds Consolidated School
253	Washington	Ella Lewis School
254	Washington	Elm Street School-East Machias
255	Washington	Fort O'Brien School
256	Washington	Harrington Elementary School
257	Washington	Jonesboro Elementary School
258	Washington	Jonesport Elementary School
259	Washington	Jonesport-Beals High School
260	Washington	Lubec Consolidated School
261	Washington	Milbridge Elementary School
262	Washington	Pembroke Elementary School
263	Washington	Perry Elementary School
264	Washington	Princeton Elementary School
265	Washington	Rose M Gaffney School
266	Washington	Sipayik Elementary School
267	Washington	Whiting Village School
268	Washington	Woodland Elementary School
269	York	Acton Elementary School
270	York	Biddeford High School
271	York	Biddeford Intermediate School
272	York	Biddeford Middle School
273	York	Biddeford Primary School
274	York	Buxton Center Elementary School
275	York	Carl J Lamb School
276	York	Dayton Consolidated School
277	York	Eric L Knowlton School
278	York	Governor John Fairfield School
278	York	H B Emery Jr Memorial School
280	York	Hanson School
281	York	Hollis School
282	York	Horace Mitchell Primary School
283	York	Jameson Elementary School
284	York	Lebanon Elementary School
285	York	Margaret Chase Smith
286	York	Noble High School
287	York	Noble Middle School
288	York	North Berwick Elementary School
289	York	Robert W Traip Academy

	COUNTY	SCHOOL NAME
290	York	Saco Pre-K
291	York	Sanford High School
292	York	Sanford Middle School
293	York	Sanford Pride Elementary School
294	York	Shapleigh School
295	York	Thornton Academy
296	York	Wells Elementary School
297	York	Wells High School
298	York	Wells Junior High School
299	York	Young School