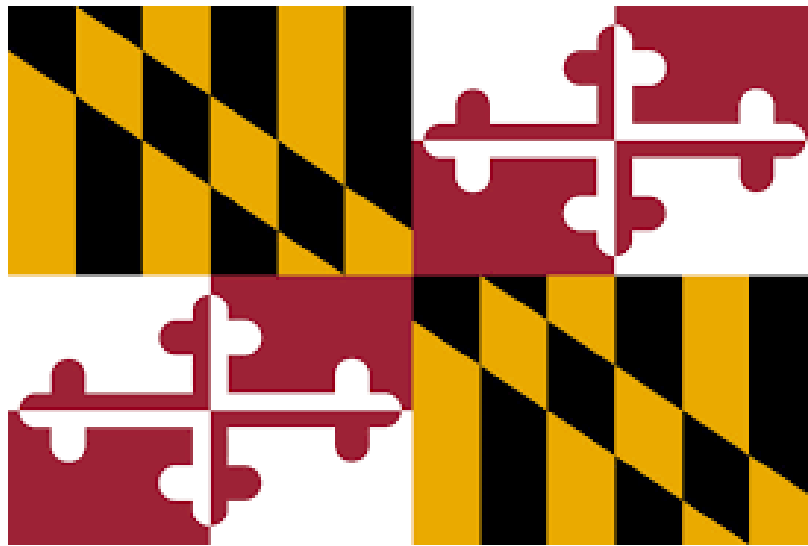


**ORAL HEALTH SURVEY
OF
MARYLAND SCHOOL CHILDREN,
2022-2023**



**Maryland Department of Health
Office of Oral Health
Baltimore, Maryland**

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KEY DEFINITIONS

Decay Experience: Decay experience means a child has had dental decay at some point, either treated (like fillings or extractions) or untreated dental decay.

Untreated decay: Untreated decay is when there is evidence of dental decay (cavities) but no treatment has been received.

Dental sealants: Dental sealants are plastic coatings applied to the chewing surfaces of teeth to protect them from decay. Preventive dental sealant present means at least one permanent first molar has a sealant. Preventive dental sealant needed means a first permanent molar needs a sealant, regardless of others having them.

Urgent Need for Dental Care: This means a child had a toothache, infection, or swelling (abscess) during the dental screening.

Prevalence: Prevalence tells us how common a condition or behavior is in a population. It is the proportion of people affected and can be expressed as a percentage, rate, or frequency. This report presents prevalence estimates for health-related indicators from the Oral Health Survey of Maryland's Children.

Confidence Interval (CI): CIs show the range of values where we expect the true prevalence to be with 95% certainty. It is a way to measure the uncertainty in our estimates. This report uses two-sided 95% CIs, meaning we are 95% confident the true value falls within the interval.

Significance: Significance tells us if a difference between two prevalence estimates is likely due to more than just chance. In this report, we say a difference is significant if the 95% confidence intervals of the two estimates do not overlap. We often compare prevalence within demographic groups or geographic areas.

Socioeconomic Condition: This identifies a child's socioeconomic status based on the percentage of students eligible for the free or reduced-price school meals at their school.

EXECUTIVE SUMMARY

The 2022-2023 Oral Health Survey of Maryland School Children, conducted by the Maryland Department of Health Office of Oral Health (MDH OOH), aimed to assess the oral health status of public elementary school children in Maryland. This survey, conducted every five years, serves as a vital surveillance project to inform public health initiatives and interventions.

Methods

The Oral Health Survey employed a systematic probability proportional to size sampling approach, selecting schools from across Maryland. Data collection involved basic screenings conducted by licensed dentists or dental hygienists using standardized protocols. Weighted prevalence was used to ensure the representativeness of the findings.

Results

We screened 4,950 children at 48 schools from 14 county school districts. Key findings include:

- **Dental Decay Experience**
 - Overall, 43% of surveyed children had experienced dental decay
 - Prevalence was slightly higher among third grade children (47%) compared to kindergarteners (37%)
 - Hispanic children had the highest prevalence of decay (58%)
 - Almost three in five children (59%) from the lowest economic group had dental decay experience
 - Children in Western region had the highest prevalence of decay (47%)
- **Untreated Dental Decay**
 - One in five (21%) children had untreated dental decay
 - Hispanic children had the highest prevalence of untreated decay (30%)
 - One in three children (33%) from the lowest economic group had untreated decay
 - Children in Western region had the highest untreated decay than those of other regions (27%)

- **Sealant on First Permanent Molars**
 - Almost one in three third grade children (29%) had sealants present at the time of screening
 - Black children of third grade had the lowest prevalence of sealants present (27%)
 - Third grade children from Western region had the lowest prevalence of sealant present (24%)
- **Sealant Needed**
 - More than half of Maryland school children (51%) needed sealants
 - Black children exhibited the highest prevalence of sealant need (60%)
 - Children from Western region had the highest sealant need (72%)
- **Early Follow-Up Needed**
 - Almost one in three (30%) children needed early follow-up or urgent care regarding oral health
 - Hispanic children had the highest prevalence of early follow-up or urgent care need (38%)
 - Children from lowest economic groups had the highest prevalence of early follow-up or urgent care need (38%)
 - Almost half of the children (49%) had the need for early follow-up or urgent care need regarding oral health
- **Urgent Care Needed**
 - 6% of children needed urgent care because of pain or infection
 - Hispanic children had the highest need for urgent care (7%)
 - Children from the lowest economic group had the highest urgent care need (9%)
 - The Western region exhibited the highest prevalence of urgent care need (16%)

The survey highlights persistent oral health challenges among Maryland school children, with significant disparities across demographic characteristics and regions. Hispanic children, those from lower socioeconomic backgrounds, and certain regions exhibited disproportionately higher prevalence of decay, untreated decay, and need for urgent care. The findings underscore the need for targeted interventions to reduce barriers to dental care access, promote preventive measures, and address socioeconomic and racial disparities in oral health outcomes.

However, the survey has some limitations which should be considered when interpreting the results and designing future surveillance activities to ensure a more comprehensive understanding of oral health disparities among Maryland school children. Limitations include the exclusion of private school students, which may limit the generalizability of the findings to the broader population of Maryland school children. Additionally, low response rates from some schools could introduce sampling bias. Another limitation is the reliance on school-level data for socioeconomic status, which may not fully capture individual-level socioeconomic disparities. Furthermore, COVID-19 might have affected survey responses due to parental concerns such as in-person activities.

Policy Implications

- Expansion of school-based oral health programs
- Enhancement of Medicaid reimbursement rates for dental services
- Investment in community-based outreach and education programs
- Enactment of comprehensive school oral health policies
- Utilization of oral health surveillance data for evidence-based decision making

In conclusion, the Oral Health Survey of Maryland School Children provides critical insights into the oral health status and needs of Maryland's elementary school children, informing policy interventions aimed at improving oral health outcomes and reducing disparities.

INTRODUCTION

Ensuring good oral health is essential for a child's overall well-being and success in school. When children suffer from poor oral health, such as untreated dental decay or other dental issues, they often experience significant discomfort that can hinder their ability to eat, speak, and learn effectively.¹ Studies have also shown a clear link between poor oral health and lower academic achievement, as well as increased rates of absenteeism from school.²

To address these issues and improve oral health outcomes among Maryland residents, the Office of Oral Health within the Maryland Department of Health (MDH OOH) is actively implementing various oral health initiatives and interventions. One such initiative is the Oral Health Survey of Maryland School Children, conducted every five years with funding from the Centers for Disease Control and Prevention (CDC). This survey serves as a vital surveillance project, assessing the oral health status and needs of children attending public schools across the state.

The MDH OOH has previously conducted five statewide oral health surveillance projects³⁻⁷ and has recently completed the latest cycle of the survey in 2022-2023. These surveys track changes in the oral health status of Maryland's school children and highlight disparities in oral health within specific population segments and regions of the state.

For the 2022-2023 cycle of the survey, the MDH OOH partnered with the Howard University College of Dentistry, Department of Pediatric Dentistry, to conduct survey efforts under the guidance and direction of the MDH.

The primary goal of the survey project was twofold: first, to describe the oral health status of Maryland's public elementary school children, with a focus on those in kindergarten and third grade; and second, to produce oral health surveillance data that can inform the development

of dental public health programs in the state. This data will be instrumental in tracking changes in oral health prevalence rates over time, evaluating existing programs, developing effective interventions, and allocating resources to improve the oral health of Maryland's children, who represent one of the state's most vulnerable populations.

METHODS

The Oral Health Survey of Maryland School Children, conducted between January 15, 2022, and December 30, 2023 (referred to as Oral Health Survey 2022-2023), assessed the oral health status of children in Maryland. The survey was granted 'exempt' status under 45CFR 46.101(b)(1)-(6) via expedited review from the Institutional Review Board (IRB) of the MDH. Additionally, approval was obtained from Howard University, Office of Regulatory Research Compliance, IRB, also via 'exempt' review. These approvals ensured that the survey adhered to ethical guidelines and protected the rights and welfare of the participants.

Sample Design and Selection

The survey sample was chosen using guidelines⁸ provided by the Association of State and Territorial Dental Directors (ASTDD), which outlined a systematic probability proportion to size sampling approach. This method involved stratifying schools based on geographic regions and the percentage of students eligible for the National School Lunch Program (NSLP). The goal was to create a sample that accurately reflected the diversity of Maryland's school population.

Initially, 60 schools were selected from the sampling frame, which consisted of non-virtual public and public charter schools with 10 or more children in third grade. To ensure geographic diversity, the sampling frame was divided into regions – Central Baltimore, Southwest, Eastern, Southern, and Western Maryland. Within each region, schools were ordered

by NSLP eligibility percentage.

The selection process faced challenges, with 30 out of the 60 initially chosen schools refusing to participate. Reasons for refusal varied, including county or school district decisions and administrative hurdles. To maintain the integrity of the sample, replacement schools were randomly selected from the same sampling intervals as the non-participating schools.

Data Collection

Once schools agreed to participate, the data collection process commenced. The project coordinator, responsible for school outreach and scheduling, communicated with the selected schools via phone and email. Detailed information about the survey, including its purpose, procedures, and logistics, was provided to school officials.

On the day of the survey, the screening team arrived at the school ahead of time to prepare for data collection. The team, consisting of licensed dentists or dental hygienists, followed standardized protocols recommended by the ASTDD. Screenings were conducted using non-invasive visual inspections and examination tools such as disposable mirrors and tongue depressors.

Information on oral health status and demographic variables was captured using paper forms. Data collected included presence of untreated decay, presence of treated decay, presence of preventive sealants, need for preventive sealants, urgency of need for restorative dental care, age, grade, race/ethnicity, and sex.

To ensure transparency and accountability, results of the screenings were communicated to parents through result forms provided in take-home bags. These bags also contained oral health care products and educational materials tailored to the child's grade level.

Data Analysis

Data from the paper forms were compiled into an Excel spreadsheet then imported into Statistical Analysis Software (SAS) version 9.4 for analysis. Data cleaning procedures were employed to identify and rectify inconsistencies or data entry errors. This step involved checking for unexpected values in both character and numeric variables.

After data cleaning, unweighted and weighted analyses were performed using PROC SURVEYFREQ in SAS to examine various demographic characteristics of the sample, including sex, race, socioeconomic status, and region. Unweighted frequencies and percentages were determined for categorical variables, while mean and standard deviation were calculated for continuous variables.

Main Outcome Measures: The main outcome measures were the indicators of oral health status, including the prevalence of dental decay experience, untreated dental decay, presence of preventive dental sealants, need for preventive sealants, and the need for follow-up care. These measures were assessed for the entire sample as well as stratified by grade, region, and socioeconomic status.

Weighting: To account for the complex sampling scheme and ensure the representativeness of the findings, all data underwent weighting. Weighting involved assigning weights to individual data points based on their probability of selection and adjusting for non-response. Weighted analysis allowed for the estimation of prevalence percentages, standard errors, and 95% CI, ensuring that the findings accurately represented the population of Maryland's school children. Stratified analysis by grade, region, and socioeconomic status provided valuable insights into variations across different demographic groups. Additionally, 95% CI were used to assess significant differences, particularly across regions and socioeconomic statuses.

Estimates and Confidence Intervals: Throughout this report, estimates and their corresponding CIs were derived using weighted methods appropriate for the complex design of the Oral Health Survey. All CIs were calculated as two-sided 95% CIs, assuming a missing completely at-random scenario.

Significance Determination: Given the multitude of prevalence estimate comparisons in this report, a cautious approach was adopted to ascertain statistical significance. When comparing two prevalence estimates, whether between subgroups or within a subgroup and the population, their respective 95% CIs were evaluated. If the two CIs overlapped, the estimates were deemed "not significantly different". Conversely, if one estimate's 95% CI was entirely higher or lower than the other estimate's 95% CI, it was considered "significantly higher" or "significantly lower", respectively. It's crucial to note that formal statistical testing was not conducted, and true statistical significance requires such testing.

Limitations

There are several limitations to consider when interpreting the findings of the Oral Health Survey. Firstly, the survey only screened students from public and public charter schools in kindergarten and the third grade, excluding students from private schools, as well as students in other grades. Therefore, the prevalence estimates provided in this report may not accurately represent these excluded groups.

Low response rates at some regions/schools and individual levels pose a potential source of bias in the survey findings. Specifically, the Central Baltimore region which was underrepresented due to the refusal of participation from Anne Arundel and Baltimore Counties. In addition, Baltimore City required a Memorandum of Understanding (MOU) after the screening process started. The legal implications and the length of time that this process entails made

impossible to complete this MOU during the duration of the survey. As a result, just half of the schools selected in Baltimore City were screened.

The Southern Region had notably low participation rate, the refusal of participation of Calvert County affected this response as well. These low response rates may not reflect the overall population of elementary school children in those areas. Despite the refusal of participation by Frederick County, the Western Region had a high participation rate at the school level. However, the individual level participation rate was considerably lower. The requirement for active consent in Carroll County led to lower participation rates among children attending schools in that area. This active consent process might also contribute to the observed low individual level participation rate in the Western Region which could affect the representativeness of the sample.

Additionally, it's important to note that the COVID-19 pandemic may have impacted response rates and participation due to various factors such as parental concerns about in-person activities.

Furthermore, the survey lacked individual-level data on socioeconomic status, relying instead on school-level data as a proxy measure. However, not all children attending schools classified as low socioeconomic status may individually fall into that category. Therefore, caution should be exercised when interpreting results based on this variable.

RESULTS

The Oral Health Survey conducted in 2022-2023 covered various county school districts, organized by region. A total of 14 county school districts were included, distributed across five regions: Central Baltimore, Southwest, Eastern, Southern, and Western. These regions

encompassed different counties, with Central Baltimore including Baltimore City and Harford County, Southwest including Howard, Montgomery, and Prince George's Counties, Eastern including Cecil, Queen Anne's, Talbot, and Wicomico Counties, Southern including Charles County, and Western including Allegany, Carroll, Garrett, and Washington Counties.

Response rates were analyzed at both the school and individual levels across these regions. Out of the 60 schools invited to participate, 48 agreed, resulting in an overall response rate of 76%. Response rates varied by region, with Central Baltimore and Southern regions having lower rates of 42% and 67%, respectively, while the Southwest, Eastern, and Western regions had higher rates of 90%, 100%, and 100%, respectively.

At the individual level, out of the 7,230 children enrolled in the participating schools, 69% were screened. Screening rates differed by region and grade level, ranging from 43% to 79%. The lowest individual participation rate was observed in the Western Region, where only 43% of eligible children were screened. Additionally, out of the 5,012 participants who opted in or agreed to participate, data was missing for 62 participants, leading to their exclusion from the sample. Consequently, the final sample included 4,950 child participants with complete data. All subsequent tables and weighted estimates are based on this complete sample of 4,950 children.

Demographic Characteristics of the Oral Health Survey Participants, 2022-2023

The demographic characteristics of participants in the Oral Health Survey are summarized in Table 1. This table presents the unweighted number of respondents, along with the unweighted and weighted sample percentages for each demographic characteristic. The survey shows a balanced representation of sexes, with 51% of participants being male children and 49% being female children. It included children from both kindergarten and the third grade equally, ensuring a comprehensive assessment of oral health at these early educational stages.

The racial composition of participants was diverse, with 32% White, 33% Black, 22% Hispanic, and 12% from other racial groups. This diversity is crucial for understanding oral health across various racial and ethnic communities.

A significant aspect of the survey was evaluating children across different National School Lunch Program (NSLP) categories, which indicate socioeconomic status. A total of 30% children belonged to the 25-49% NSLP category, indicating moderate socioeconomic challenges. In the 50-74% NSLP bracket, representing higher economic challenges, 26% of children were included. The most economically challenged group ($\geq 75\%$ NSLP) comprised 20% of the survey population, highlighting the inclusion of children from lower socioeconomic backgrounds.

The survey also provided insights into the regional distribution of participants. While Central Baltimore and Southwest were prominently represented, with 21% and 47% of children, respectively, it's worth noting that Central Baltimore appears underrepresented considering the population size. The Eastern region accounted for 16% of participants, while the Southern region had the least representation with 6%. The Western region contributed 10% of the survey population.

Table 1. Demographic and regional summary: Oral Health Survey of Maryland School Children, 2022-2023

Characteristic	Number of Children	% of Unweighted Sample	% of Weighted Sample
Sex			
Male	2,525	51.2	51.0
Female	2406	48.8	49.0
Grade			
Kindergarten	2425	49.0	49.6
Third Grade	2525	51.0	50.4
Race			
White	1533	31.4	32.2
Black	1624	33.3	33.4
Hispanic	1079	22.1	22.1
Others*	645	13.2	12.3
Socioeconomic Condition			
< 25% NSLP	1320	26.7	24.0
25% - 49% NSLP	1332	26.9	30.0
50% - 74% NSLP	1154	23.3	25.8
≥75% NSLP	1144	23.1	20.2
Region			
Central Baltimore**	943	19.1	21.3
Southwest	2092	42.3	46.8
Eastern	532	10.7	16.1
Southern	396	8.0	6.3
Western	987	19.9	9.5
Total	4,950	100.0	100

Note. * Others include Asian, Native American, Pacific Islander, Multiple Races, and Unknown; ** Underrepresented; NSLP = National School Lunch Program.

Dental Decay Experience

The prevalence of dental decay experience among school children in Maryland during the 2022-2023 period varied significantly across different demographic characteristics and regions (Table 2). Overall, 43% of surveyed children had experienced decay. This prevalence was slightly higher among third grade children, at 47%, compared to kindergarten children, at 38%. However, these differences were not statistically significant.

Compared to all other racial/ethnic groups, Hispanic children had the highest prevalence of dental decay experience at 58%. For Black/African American children the prevalence was 42% while the prevalence for White children was 35%.

Socioeconomic factors also influenced decay prevalence. Children attending lower

income schools (75% or more free or reduced-price lunch) had a significantly higher prevalence of dental decay experience (59%) compared to those in all other socioeconomic groups. Conversely, those attending higher income schools (< 25% free or reduced-price lunch) had significantly lower prevalence (27%) than those of other socioeconomic groups.

Furthermore, the prevalence of decay experiences varied across different regions of Maryland. The Western region had the highest prevalence at 47% followed by Southwest at 46%, Central Baltimore (39%) and Eastern (37%). Conversely, the Southern region had the lowest prevalence at 35%.

Table 2. Prevalence of decay experience by demographic characteristics and region:
Oral Health Survey of Maryland School Children, 2022-2023^a

Characteristic	Kindergarten		Third Grade		Total	
	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)
Total	17073	37.8 (32.8-42.8)	21691	47.2 (41.9-52.5)	38764	42.5 (37.7-47.4)
Sex						
Male	8580	39.0 (33.2-44.8)	11929	49.1 (43.0-55.1)	20509	44.3 (39.0-49.6)
Female	8412	36.6 (31.6-41.5)	9669	45.1 (39.5-50.6)	18081	40.7 (35.8-45.5)
Race						
White	4081	28.3 (22.4-34.3)	5963	41.1 (34.0-48.2)	10044	34.7 (28.8-40.7)
Black	5824	38.9 (33.8-44.1)	6896	45.7 (38.7-52.7)	12720	42.3 (36.8-47.8)
Hispanic	5420	55.0 (48.2-61.8)	6137	61.6 (53.7-69.5)	11557	58.3 (52.1-64.5)
Others*	1699	31.0 (20.2-41.8)	2413	43.1 (34.3-51.9)	4112	37.1 (29.1-45.2)
Socioeconomic Status						
< 25% NSLP	2196	20.8 (13.4-28.3)	3603	31.7 (26.6-36.9)	5799	26.5 (20.6-32.4)
25% - 49% NSLP	5416	38.5 (29.5-47.4)	5682	42.8 (34.7-50.9)	11098	40.6 (32.8-48.4)
50% - 74% NSLP	4883	42.3 (38.2-46.4)	6093	51.0 (45.0-57.1)	10976	46.7 (42.1-51.3)
≥75% NSLP	4578	50.8 (43.5-58.0)	6312	67.5 (62.1-72.8)	10890	59.3 (53.9-64.6)
Region						
Central Baltimore**	3525	35.4 (21.9-48.9)	3963	42.1 (29.1-55.1)	7488	38.6 (25.8-51.5)
Southwest	8779	41.7 (34.1-49.2)	10983	51.0 (42.4-59.6)	19762	46.4 (38.7-54.1)
Eastern	2148	29.4 (18.0-40.8)	3260	44.0 (34.3-53.6)	5408	36.8 (26.6-46.9)
Southern	1010	35.7 (32.7-38.7)	1006	34.5 (24.2-44.8)	2016	35.1 (30.5-39.7)
Western	1610	40.2 (30.8-49.6)	2478	53.2 (40.6-65.8)	4088	47.2 (37.7-56.7)

Note. * Others include Asian, Native American, Pacific Islander, Multiple Races, and Unknown; ** Underrepresented; CI = confidence interval; NSLP = National School Lunch Program. ^a95% confidence intervals were used to determine “significance.” This approach is conservative, so significance testing must be done for a true statement of statistical significance.

Untreated Dental Decay

Table 3 provides an overview of the prevalence of untreated dental decay among Maryland school children for the 2022-2023 period, categorized by various demographic characteristics and regions. Overall, 21% of Maryland school children in kindergarten and third grade had untreated dental decay at the time of screening. The prevalence of untreated decay was slightly higher among kindergarteners compared to third graders (21% vs. 20%, respectively).

Looking at racial demographics, Hispanic children had the highest prevalence of untreated decay at 30%, followed by Black children at 21%. In contrast, White children had the lowest prevalence at 15%, and significantly lower than Hispanic children.

Socioeconomic factors also played a significant role, with children from families eligible

for 75% or more free or reduced-price lunch having the highest prevalence of untreated decay at 33%, and significantly higher than those from less than 50% free or reduced-price lunch. At the same time, those from families with less than 25% free or reduced-price lunch had significantly lower prevalence at 11% than those from any other socioeconomic groups.

Regionally, the prevalence varied, with the Western region exhibiting the highest prevalence of untreated decay at 27%, followed by Southwest at 24%. Conversely, the Southern region had the lowest prevalence at 14%, with Central Baltimore and Eastern regions showing similar rates of 15% and 16%, respectively.

Table 3. Prevalence of untreated dental decay by demographic characteristics and region: Oral Health Survey of Maryland School Children, 2022-2023^a

Characteristic	Kindergarten		Third Grade		Total	
	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)
Total	9681	21.4 (18.2-24.7)	9017	19.6 (16.3-22.9)	18698	20.5 (17.5-23.5)
Sex						
Male	4920	22.4 (18.4-26.3)	4977	20.5 (16.6-24.3)	9897	21.4 (17.9-24.8)
Female	4747	20.6 (17.0-24.3)	4005	18.7 (14.8-22.5)	8752	19.7 (16.5-22.9)
Race						
White	2377	16.5 (11.7-21.3)	1984	13.7 (9.2-18.1)	4361	15.1 (11.0-19.2)
Black	3114	20.8 (15.4-26.2)	3132	20.7 (16.9-24.6)	6246	20.8 (16.7-24.9)
Hispanic	3034	30.9 (25.3-36.3)	2890	29.0 (22.5-35.5)	5924	29.9 (24.9-34.9)
Others*	1120	20.5 (12.1-28.9)	881	15.7 (10.1-21.3)	2001	18.1 (12.6-23.5)
Socioeconomic Status						
< 25% NSLP	1060	10.1 (5.6-14.5)	1298	11.4 (7.4-15.4)	2358	10.8 (7.1-14.4)
25% - 49% NSLP	2963	21.0 (17.7-25.0)	2035	15.3 (11.5-19.2)	4998	18.3 (14.9-21.6)
50% - 74% NSLP	2770	24.0 (18.7-29.3)	2605	21.8 (15.9-27.7)	5375	22.9 (17.9-27.9)
≥75% NSLP	2889	32.0 (26.1-38.0)	3079	32.9 (27.3-38.5)	5968	32.5 (27.8-37.2)
Region						
Central Baltimore**	1410	14.2 (7.9-20.4)	1423	15.1 (8.3-21.9)	2833	14.6 (8.3-20.9)
Southwest	5355	25.4 (20.1-30.7)	5045	23.4 (17.8-29.0)	10400	24.4 (19.4-29.5)
Eastern	1280	17.5 (8.9-26.1)	1001	13.5 (8.3-18.8)	2281	15.5 (9.6-21.4)
Southern	546	19.3 (16.7-21.8)	277	9.5 (1.9-17.1)	823	14.3 (9.6-19.1)
Western	1091	27.2 (17.8-36.7)	1271	27.3 (16.9-37.6)	2362	27.3 (18.0-36.5)

Note. * Others include Asian, Native American, Pacific Islander, Multiple Races, and Unknown; ** Underrepresented; CI = confidence interval; NSLP = National School Lunch Program. ^a95% confidence intervals were used to determine “significance.” This approach is conservative, so significance testing must be done for a true statement of statistical significance.

Sealants on First Permanent Molars

Table 4 provides insights into the prevalence of sealants present among Maryland third grade school children during screening, as observed in the Oral Health Survey conducted during the 2022-2023 period. The overall prevalence of sealants presents among third grade children estimated at 29%.

Analyzing by racial demographics, Others (33%) and White (32%) children had a slightly higher prevalence of sealants present, compared to Black and Hispanic 27%.

Socioeconomic factors also appeared to influence sealant prevalence, with children from families eligible for 25%-49% free or reduced-price lunch exhibiting higher prevalence rates compared to those from families with lower eligibility rates. Specifically, children eligible for 50%-74% free or reduced-price lunch had a significantly lower prevalence of sealants present at 22% than those among 25%-49% free or reduced-price lunch at 35%.

Regionally, there were minor differences in sealant prevalence, with the highest prevalence observed in Central Baltimore (30%), Southwest (30%) and Southern regions (30%) followed by Eastern (28%), and Western (24%).

Table 4. Prevalence of sealant present by demographic characteristics and region: Oral Health Survey of Maryland School Children, 2022-2023^a

Characteristic	Kindergarten***		Third Grade		Total	
	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)
Total			13395	29.2 (25.2-33.1)		
Sex						
Male			7050	29.0 (24.8-33.2)		
Female			6269	29.2 (24.3-34.2)		
Race						
White			4589	31.6 (26.2-37.0)		
Black			4000	26.5 (21.1-31.8)		
Hispanic			2698	27.1 (18.5-35.7)		
Others*			1824	32.6 (25.2-40.0)		
Socioeconomic Status						
< 25% NSLP			3407	30.0 (23.9-36.1)		
25% - 49% NSLP			4596	34.6 (27.5-41.7)		
50% - 74% NSLP			2591	21.7 (16.2-27.2)		
≥75% NSLP			2801	30.0 (20.0-39.9)		
Region						
Central Baltimore**			2861	30.4 (20.8-40.0)		
Southwest			6455	30.0 (23.9-36.1)		
Eastern			2100	28.3 (19.2-37.5)		
Southern			859	29.5 (23.0-35.9)		
Western			1119	24.0 (13.1-35.0)		

Note. * Others include Asian, Native American, Pacific Islander, Multiple Races, and Unknown; ** Underrepresented; CI = confidence interval; NSLP = National School Lunch Program. ^a95% confidence intervals were used to determine “significance.” This approach is conservative, so significance testing must be done for a true statement of statistical significance; *** Kindergarten results are not available because dental sealants are placed in permanent molars and first molar erupts around age 6, usually when children are in first grade.

Sealant Needed

Table 5 summarizes the prevalence of sealant need among Maryland school children, based on demographic characteristics and regional distribution. Overall, more than half (51%) of

the children screened needed a preventive dental sealant.

Examining racial demographics, Black children exhibited the highest prevalence of sealant need at 60%, followed by Hispanic children at 53%. In comparison, White children had a lower prevalence at 43%, and children from other racial backgrounds had a prevalence of 44%.

Socioeconomic factors played a significant role in sealant need, with children from families eligible for 50% - 74% free or reduced-price lunch having the highest prevalence at 67%, while those eligible for >25% NSLP had the lowest prevalence at 36%.

Regionally, substantial variations in sealant need prevalence were observed. The Western region had the highest prevalence at 72%, followed by the Southern region at 54%. In contrast, the Eastern region exhibited the lowest prevalence at 37%, with Central Baltimore and Southwest regions showing prevalence rates of 47% and 53%, respectively.

Table 5. Prevalence of sealant need by demographic characteristics and region: Oral Health Survey of Maryland School Children, 2022-2023^a

Characteristic	Kindergarten		Third Grade		Total	
	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)
Total	17179	38.0 (30.8-45.2)	29204	63.6 (57.8-69.4)	46383	50.9 (45.2-56.7)
Sex						
Male	7631	34.7 (27.5-41.8)	15471	63.6 (57.5-69.7)	23102	49.9 (43.9-55.9)
Female	9432	41.0 (33.2-48.7)	13636	63.6 (56.8-70.3)	23068	51.9 (45.7-58.0)
Race						
White	4480	31.1 (19.2-43.0)	7923	54.6 (45.5-63.7)	12403	42.9 (34.0-51.8)
Black	7196	48.1 (40.0-56.2)	10777	71.4 (65.2-77.6)	17973	59.8 (54.1-65.5)
Hispanic	3489	35.4 (27.1-43.7)	7014	70.4 (61.7-79.1)	10503	53.0 (44.4-61.6)
Others*	1829	33.4 (23.5-43.3)	3070	54.9 (47.6-62.1)	4899	44.2 (38.1-50.4)
Socioeconomic Status						
< 25% NSLP	2583	24.5 (10.6-38.4)	5343	47.1 (34.3-59.9)	7926	36.2 (24.7-47.7)
25% - 49% NSLP	5450	38.7 (28.5-48.9)	8284	62.4 (53.6-71.2)	13734	50.2 (41.6-58.8)
50% - 74% NSLP	6084	52.7 (35.3-70.2)	9672	81.0 (73.0-88.9)	15756	67.1 (55.7-78.5)
≥75% NSLP	3063	34.0 (26.5-41.5)	5904	63.1 (52.6-73.7)	8967	48.8 (41.3-56.4)
Region						
Central Baltimore**	3961	39.7 (24.5-55.0)	5219	55.4 (39.2-71.6)	9181	47.4 (32.4-62.3)
Southwest	7630	36.2 (25.9-46.6)	14763	68.6 (61.4-75.8)	22393	52.6 (44.8-60.3)
Eastern	2066	28.3 (9.4-47.1)	3425	46.2 (28.6-63.8)	5491	37.3 (21.7-52.9)
Southern	1214	42.9 (32.7-53.0)	1885	64.6 (50.1-79.2)	3099	53.9 (41.7-66.1)
Western	2308	57.6 (27.6-87.6)	3912	84.0 (70.8-97.1)	6220	71.8 (53.3-90.3)

Note. * Others include Asian, Native American, Pacific Islander, Multiple Races, and Unknown; ** Underrepresented; CI = confidence interval; NSLP = National School Lunch Program. ^a 95% confidence intervals were used to determine “significance.” This approach is conservative, so significance testing must be done for a true statement of statistical significance.

Early Follow-Up or Urgent Care Needed

Table 6 presents the prevalence of early follow-up or urgent care needs among Maryland school children, categorized by various demographic characteristics and regions, based on data

from the 2022-2023 Oral Health Survey. The overall prevalence of early follow-up or urgent need was estimated at 30%. The prevalence was slightly higher among third graders, with a rate of 31%, compared to kindergarteners, who had a prevalence of 29%.

Analyzing by racial demographics, Hispanic children had the highest prevalence of early follow-up or urgent care need at 38%, followed by Black (31%), children from other racial backgrounds 31%. White children had the lowest prevalence at 24%.

Socioeconomic disparities were evident, with children from families eligible for $\leq 75\%$ free or reduced-price lunch exhibiting the highest prevalence of early follow-up or urgent care need at 38%, followed by those eligible for 50%-74% NSLP at 34%. Conversely, children eligible for $> 25\%$ NSLP had the lowest prevalence at 25%.

Regionally, substantial variations were observed, with the Western region having the highest prevalence of early follow-up or urgent care need at 49%, followed by Southwest at 36% and eastern at 20%. In contrast, the Southern region exhibited the lowest prevalence at 18%.

Table 6. Prevalence of early follow-up or urgent oral health/dental care need by demographic characteristics and region: Oral Health Survey of Maryland School Children, 2022-2023^a

Characteristic	Kindergarten		Third Grade		Total	
	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)
Total	13292	29.4 (24.8-34.1)	14127	30.8 (25.3-36.2)	27419	30.1 (25.6-34.6)
Sex						
Male	6446	29.3 (24.6-34.1)	7714	31.7 (26.2-37.2)	14160	30.6 (26.2-34.9)
Female	6813	29.6 (24.1-35.1)	6378	29.7 (23.5-35.9)	13191	29.7 (24.4-34.9)
Race						
White	3236	22.5 (16.4-28.5)	3777	26.0 (19.3-32.8)	7013	24.3 (18.6-29.9)
Black	4725	31.6 (23.8-39.3)	4641	30.7 (24.7-36.7)	9366	31.2 (25.0-37.3)
Hispanic	3570	36.2 (29.2-43.2)	3854	38.7 (28.0-49.3)	7424	37.5 (29.3-45.6)
Others*	1670	30.5 (21.9-39.1)	1715	30.6 (20.9-40.4)	3385	30.6 (23.5-37.7)
Socioeconomic Status						
< 25% NSLP	2230	21.2 (9.1-33.2)	3154	27.8 (17.3-38.2)	5384	24.6 (13.9-35.3)
25% - 49% NSLP	3785	26.9 (20.4-33.3)	3172	23.9 (15.5-32.3)	6957	25.4 (18.9-32.0)
50% - 74% NSLP	3692	32.0 (23.8-40.2)	4347	36.4 (18.7-54.1)	8039	34.2 (21.8-46.7)
≥75% NSLP	3585	39.8 (30.1-49.4)	3454	36.9 (27.5-46.4)	7039	38.3 (30.1-46.5)
Region						
Central Baltimore**	2136	21.4 (8.7-34.1)	1526	16.2 (9.3-23.2)	3662	18.9 (9.8-28.0)
Southwest	7240	34.4 (27.9-40.8)	8282	38.5 (28.9-48.1)	15522	36.4 (29.1-43.8)
Eastern	1434	19.6 (9.5-29.8)	1484	20.0 (11.8-28.3)	2918	19.8 (12.0-27.7)
Southern	723	25.5 (24.1-26.9)	331	11.4 (0-23.0)	1054	18.3 (12.7-24.0)
Western	1760	43.9 (31.3-56.6)	2503	53.7 (34.0-73.5)	4263	49.2 (34.0-64.4)

Note. * Others include Asian, Native American, Pacific Islander, Multiple Races, and Unknown; ** Underrepresented; CI = confidence interval; NSLP = National School Lunch Program. ^a95% confidence intervals were used to determine “significance.” This approach is conservative, so significance testing must be done for a true statement of statistical significance.

Urgent Care Needed

Table 7 presents the percentage of Maryland school children needing urgent dental care

because of pain or infection by select characteristics. Almost 6% of the children screened were identified as needing urgent dental care. The prevalence was slightly higher among kindergarteners with a rate of 6%, compared to third graders, who had a prevalence of 5%.

Analyzing by racial demographics, Hispanic children had the highest prevalence of urgent care need at 7%, followed by Black children at 6%. In contrast, White children had the lowest prevalence at 5%.

Socioeconomic disparities were apparent, with children from families eligible for $\leq 75\%$ free or reduced-price lunch exhibiting the highest prevalence of urgent care need at 9.0%, followed by those eligible for 50%-74% NSLP at 6%. Conversely, children eligible for $>25\%$ NSLP had the lowest prevalence at 3%.

Regionally, significant variations were observed, with the Western region showing the highest prevalence of urgent care need at 16%, followed by Central Baltimore at 6%, and Southwest at 5%. The Eastern region exhibited the lowest prevalence at 2%, while the Southern region had the second lowest prevalence at 4%.

Table 7. Prevalence of urgent oral health/dental care need by demographic characteristics and region: Oral Health Survey of Maryland School Children, 2022-2023^a

Characteristic	Kindergarten		Third Grade		Total	
	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)	Weighted Frequency	% (95%CI)
Total	2648	5.9 (4.1-7.6)	2339	5.1 (2.6-7.5)	4987	5.5 (3.6-7.4)
Sex						
Male	1267	5.8 (3.7-7.8)	1240	5.1 (2.8-7.4)	2507	5.4 (3.5-7.4)
Female	1381	6.0 (3.7-8.4)	1094	5.1 (2.2-8.0)	2475	5.6 (3.4-7.7)
Race						
White	871	6.0 (3.5-8.5)	453	3.1 (1.0-5.3)	1324	4.6 (2.5-6.6)
Black	850	5.7 (3.2-8.2)	919	6.1 (1.8-10.4)	1769	5.9 (2.8-8.9)
Hispanic	681	6.9 (4.1-9.7)	660	6.6 (3.6-9.7)	1341	6.8 (4.2-9.4)
Others*	246	4.5 (1.0-8.0)	274	4.9 (1.6-8.2)	520	4.7 (2.1-7.3)
Socioeconomic Status						
< 25% NSLP	251	2.4 (0.7-4.1)	337	3.0 (1.2-4.7)	588	2.7 (1.3-4.1)
25% - 49% NSLP	1017	7.2 (3.8-10.6)	283	2.1 (0.5-3.7)	1300	4.7 (2.4-7.1)
50% - 74% NSLP	620	5.4 (1.3-9.4)	827	6.9 (0.4-13.5)	1447	6.2 (1.1-11.2)
≥75% NSLP	760	8.4 (5.0-11.8)	892	9.5 (2.3-16.8)	1652	9.0 (3.8-14.2)
Region						
Central Baltimore**	532	5.3 (0.8-9.8)	584	6.2 (0-14.5)	1116	5.8 (0-12.0)
Southwest	1069	5.1 (2.8-7.4)	872	4.0 (1.6-6.5)	1941	4.6 (2.5-6.6)
Eastern	219	3.0 (0.2-5.8)	108	1.5 (0-3.1)	327	2.2 (0.7-3.7)
Southern	188	6.7 (0-13.5)	44	1.5 (0-3.3)	232.078	4.0 (0.7-7.4)
Western	639	16.0 (8.0-23.9)	733	15.7 (2.8-28.7)	1372	15.8 (6.3-25.4)

Note. * Others include Asian, Native American, Pacific Islander, Multiple Races, and Unknown; ** Underrepresented; CI = confidence interval; NSLP = National School Lunch Program. ^a 95% confidence intervals were used to determine “significance.” This approach is conservative, so significance testing must be done for a true statement of statistical significance.

DISCUSSION

The Oral Health Survey, conducted every five years by MDH OOH, plays a pivotal role in assessing and addressing the oral health needs of Maryland's school children. This discussion elaborates on the findings of the 2022-2023 survey, highlighting key oral health indicators, demographic disparities, methodological considerations, and potential policy implications.

The results showed that over two-fifths of children had experienced dental decay, with a slightly higher rate among third-grade students compared to kindergarteners. Notably, Hispanic children had the highest prevalence of dental decay, followed by Black children and White children. These disparities were also seen in socioeconomic factors, with children from lower-income schools having a much higher prevalence than those from higher-income schools. Regionally, the Western and Southwest areas had the highest rates of dental decay, while the Southern region had the lowest. These differences suggest that dental decay affects children across Maryland irrespective of specific demographic characteristics or regions.

The prevalence of untreated dental decay among Maryland school children underscores the persistent oral health challenges faced by this population. Our findings reveal that approximately 21% of surveyed children had untreated dental decay, indicative of inadequate access to preventive and restorative dental care services. The disparities in untreated decay prevalence across demographic characteristics are striking, with Hispanic children and those from lower socioeconomic backgrounds exhibiting disproportionately higher rates. These findings emphasize the urgent need for targeted interventions aimed at reducing barriers to dental care access and promoting preventive oral health measures, particularly among vulnerable populations.

Moreover, the prevalence of preventive sealants and the need for their application reflect

both successes and areas for improvement in oral health preventive services. There are differences among racial and socioeconomic groups, with Others and White children having slightly more sealants than Black and Hispanic children, and kids from families eligible for higher percentages of free or reduced-price lunch having less sealants. Regionally, Central Baltimore, Southwest, and Southern areas have the highest rates of sealants. These findings highlight a missed opportunity for early preventive interventions that could mitigate future oral health issues by ensuring all children have access to preventive dental care and education to improve oral health outcomes, especially for those from disadvantaged backgrounds. Efforts to increase awareness about the importance of sealants and expand access to school-based preventive dental services could help bridge this gap and improve overall oral health outcomes.

The findings from this survey highlight significant disparities in the requirement for early follow-up or urgent dental care among Maryland school children, reflecting intricate patterns influenced by both demographic characteristics and regional variations. Notably, third grade students exhibited a higher prevalence compared to kindergarten students, suggesting potential age-related disparities in oral health and access to dental services. Moreover, disparities based on race and socioeconomic status were evident, with Hispanic children and those from lower socioeconomic backgrounds displaying elevated rates of early follow-up or urgent care needs. The notable regional differences, especially between Western and Central Baltimore, underscore the necessity of considering local contextual factors in designing effective oral health intervention strategies. These results stress the importance of targeted public health efforts aimed at addressing the underlying causes of oral health disparities to ensure equitable access to dental care and enhance oral health outcomes for Maryland's school children.

Similarly, the prevalence of urgent care needs underscores the acute dental health challenges faced by certain Maryland school children, particularly those from disadvantaged backgrounds and specific regions. The substantially higher prevalence of urgent care needs among Hispanic and Black children, as well as those from socioeconomically disadvantaged families, highlights the intersectionality of socioeconomic and racial disparities in oral health outcomes. Addressing these disparities necessitates comprehensive approaches that encompass not only enhanced access to affordable dental services, but also culturally sensitive oral health education and community-based interventions tailored to meet the diverse needs of different demographic groups. By addressing these disparities through multifaceted strategies, policymakers and healthcare professionals can work towards improving oral health equity and promoting better oral health outcomes for all Maryland's school children.

However, it is essential to acknowledge the limitations of the Oral Health Survey, which may impact the generalizability and interpretation of the findings. The exclusion of students from private schools, as well as those in grades other than kindergarten and third grade, limits the representativeness of the surveyed population. Additionally, low response rates at both the regional/school and individual levels, compounded by the COVID-19 pandemic's disruptions, raise concerns about potential selection bias and the accuracy of prevalence estimates. Moreover, reliance on school-level data as a proxy measure for socioeconomic status may not fully capture individual-level socioeconomic disparities, necessitating cautious interpretation of findings related to socioeconomic factors.

1. **Expansion of School-Based Oral Health Programs:** Policymakers should prioritize the expansion of school-based oral health programs, including dental health screening,

referral and case management, sealant application clinics, fluoride varnish programs, and oral health education initiatives. These programs should be strategically implemented in schools serving high-need communities to maximize their impact on reducing dental decay and promoting preventive behaviors.

2. **Enhanced Medicaid Reimbursement Rates:** Increasing Medicaid reimbursement rates for dental services can incentivize more dental providers to participate in Medicaid and expand access to dental care for low-income children. By addressing the financial barriers that often deter dental providers from serving Medicaid beneficiaries, this policy measure can help mitigate disparities in access to dental care and improve oral health outcomes among vulnerable populations.
3. **Community-Based Outreach and Education:** Investing in community-based outreach and education programs targeting underserved communities can help raise awareness about the importance of oral health and facilitate access to dental care. These programs should use culturally competent approaches and engage community leaders and stakeholders to address unique cultural and linguistic barriers to oral health care.
4. **School Oral Health Policies:** State and local policymakers should enact comprehensive school oral health policies that promote oral health education, encourage healthy dietary habits, and support the establishment of school-based dental clinics. These policies can create environments conducive to maintaining optimal oral health and empower schools to play a more active role in promoting oral health among students.

5. **Data Driven Decision Making:** Policymakers should use oral health surveillance data, such as that provided by the Oral Health Survey, to inform evidence-based decision making and prioritize resources. By identifying high-need populations and geographic areas with disparities in oral health outcomes, policymakers can target interventions where they are most needed and maximize the impact of limited resources.

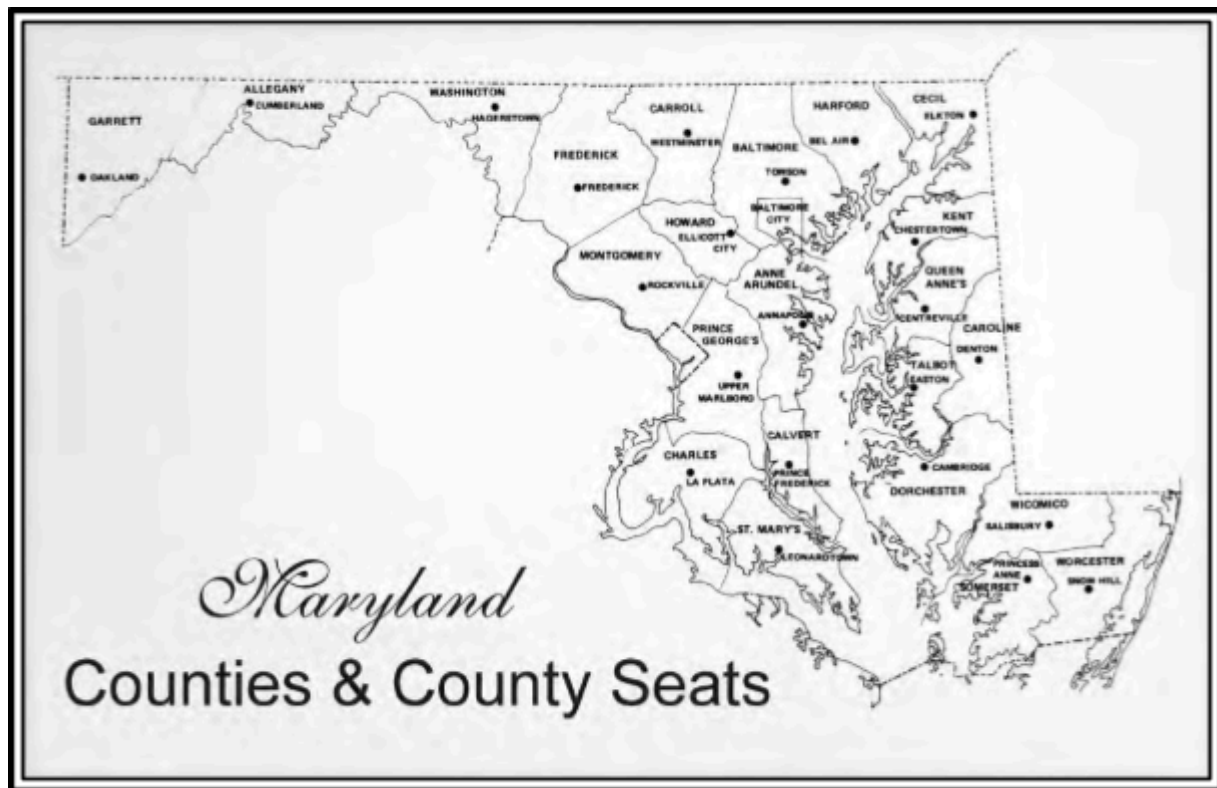
In conclusion, the Oral Health Survey of Maryland school children serves as a valuable tool for monitoring oral health trends, identifying disparities, and informing policy and programmatic interventions aimed at improving the oral health of Maryland's elementary school children. By addressing the identified disparities and implementing evidence-based policy solutions, policymakers can work towards achieving equitable access to quality dental care and fostering optimal oral health for all Maryland residents.

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FIGURES

Figure 1. Map of Maryland County School Districts: Oral Health Survey of Maryland School Children, 2022-2023



APPENDIX

Appendix A:

Maryland Department of Health Institutional Review Board modification approval for the Oral Health Survey, 2022-2023



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

August 2, 2022

Bianca A. Dearing, DDS, MPhil, PhD
MDH
201 W. Preston Street
Baltimore, MD 21201

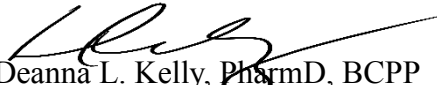
REF: **Protocol #15-31**

Dear Dr. Dearing:

Your request to modify (changed PI and data will be used for the school year 2022-2023) your protocol entitled “Oral Health Survey of Maryland School Children” has been received and reviewed through an expedited process. Your modification(s) has been approved. This modification does not change the exempt status of your protocol.

Thank you for your continued responsiveness to the IRB requirements and we wish you continued success in your efforts. Please refer to the above referenced protocol number in any future modifications or correspondence pertaining to the above named study. If you have any questions, please feel free to contact Gay Hutchen, IRB Administrator at (410) 767-8448.

Sincerely,


Deanna L. Kelly, PharmD, BCPP
Chairperson
Institutional Review Board

cc: IRB Members

Appendix B:

Howard University Office of Regulatory Research Compliance Institutional Review Board
exempt review approval for the Oral Health Survey, 2022-2023



Office of Regulatory Research Compliance
Institutional Review Board

Date: December 13, 2022

To: Bianca Dearing, D.D.S., Ph.D.
HU - DEN - DEN008 - Pediatric Dentistry

From: The Office of Regulatory Research Compliance

Title: IRB-2022-0683: Maryland Oral Health Survey of School Children

Approval Date: 12/13/2022

Action: Exempt Review- *New Faculty Research*

The above-referenced submission was approved via exemption review on 12/13/2022. This study was determined to be exempt based on *45 CFR 46.101(b)(4)* and involves minimal risk.

The HU IRB Federal Wide Assurance number is **FWA00000891**.

Please refer to the above mentioned date and protocol number when making inquiries concerning this protocol.

CC: IRB File
Thomas O. Obisesan, M.D., MPH, AVP of Regulatory Research Compliance
Marline Brown-Walthall, MPH, Sr. Compliance Administrator

Appendix C:

Centers for Disease Control letter of support for the Oral Health Survey, 2022-2023



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30341-3724

March 29, 2022

Debony R. Hughes, DDS
Director, Office of Oral Health
Prevention and Health Promotion Administration
Maryland Department of Health
201 West Preston Street
Baltimore, MD 21201

Dear Dr. Hughes:

The Centers for Disease Control and Prevention (CDC) supports the Oral Health Survey of Maryland School Children conducted by the Office of Oral Health at the Maryland Department of Health (MDH) and in partnership with the Howard University College of Dentistry. This important survey utilizes the Basic Screening Survey (BSS) methodology developed by the Association of State and Territorial Dental Directors with technical assistance from the CDC.

The CDC requires that all states conduct a BSS to obtain oral health status and dental care access data in order to monitor the oral health objectives that will be contained in Healthy People 2030, a collection of evidence-based national objectives for improving the health of all Americans. The Oral Health Survey of Maryland School Children, which occurs every five years, targets school children in kindergarten and 3rd grade. Data from the survey become part of Maryland's surveillance to monitor oral health trends over time and measure progress in achieving the Healthy People objectives.

The BSS methodology includes a non-invasive clinical oral assessment to identify dental cavities and the presence of preventive dental sealants. CDC recognizes BSS surveillance efforts, such as the one being proposed in Maryland, as "non research" since the purpose of the activity is to identify and control a health problem or improve a public health program or service. As such, when representatives of MDH and the Howard University College of Dentistry contact you to participate in this important public health endeavor, we hope that you will cooperate fully with them.

Thank you in advance for your attention to this matter. If you have questions or require more information regarding CDC's support for this project, please do not hesitate to contact us (me) at apalmer1@cdc.gov or 770-488-6013.

Sincerely,

Astrid Palmer, BS, MCHES
Public Health Advisor, Division of Oral Health
National Center for Chronic Disease Prevention and Health Promotion

Appendix D:

The Maryland Department of Health, Office of Oral Health letters to the Superintendents of Maryland Schools (letter for each school district selected to participate in the Oral Health Survey, 2022-2023)



DEPARTMENT OF HEALTH

Dennis R. Schrader, Secretary

STATE DEPARTMENT OF EDUCATIONS

Mohammed Choudhury, Superintendent

October 20, 2021

Dear:

The purpose of this letter is to provide information regarding the upcoming Oral Health Survey of Maryland School Children, to occur in Spring of 2022 and request your support. Since 1995, this Centers for Disease Prevention & Control (CDC) funded survey has been conducted every five years to identify and measure the oral health needs of K and 3rd grade children in Maryland. The Maryland Department of Health (MDH) Office of Oral Health (OOH), sponsors the survey.

The 2021-2022 assessment will be a follow-up to the 2015-2016 Survey. According to the 2015-2016 survey, the oral health status of Maryland's children was generally good, but disparities still existed across socioeconomic status groups.

Approximately 60 schools will be chosen to participate in the oral health assessment across the state. The schools in your County that have been chosen to participate are: Elementary.

The K and 3rd grade children at each school selected will receive a non-invasive, one minute oral assessment, utilizing a light and tongue blade or mirror, to identify dental caries and presence of sealants. Passive consent will be used.

Parents/caregivers will receive Information regarding the oral health assessment, including information to opt-out of the project. Parents/caregivers of children identified with untreated oral disease will receive a list of resources to identify a dentist to provide the needed care.

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I would like to thank you in advance for your support of this project. If you have any questions or need additional information. Please contact Dr. Debonv Hughes, Director, OOH at debonv.hughes@maryland.gov or Ms. Alicia Mezu, Health Services Specialist, Student Services and Strategic Planning Branch. Maryland State Department of Education at alicia.mezu@Marvland.gov.

Sincerely.

Jinlene Chan. MD. MPI-I. FA
Deputy Secretary for Public Health Services

Appendix E:

List of Superintendents of Maryland Schools who received letters from the Maryland Department of Health, Office of Oral Health letters notifying about the Oral Health Survey, 2022-2023

Dr. George Arlotto, Superintendent, Anne Arundel County Public Schools

Dr. Sonja D. Santelises, Chief Executive Officer, Baltimore City Public Schools

Dr. Darryl L. Williams, Superintendent, Baltimore County Public Schools

Cynthia McCabe, Superintendent, Carroll County Public Schools

Dr. Daniel D. Curry, Superintendent, Calvert County Public Schools

Dr. Maria Navarro, Superintendent, Charles County Public Schools

Dr. Jeffrey A. Lawson, Superintendent, Cecil County Public Schools

Dr. Cheryl L. Dyson, Superintendent, Frederick County Public Schools

Mrs. Barbara L. Baker, Superintendent, Garrett County Board of Education

Dr. Sean W. Bulson, Superintendent, Harford County Public Schools

Dr. Michael J. Martirano, Superintendent, Howard County Public Schools

Dr. Monifa B. McKnight, Interim Superintendent, Montgomery County Public Schools

Dr. Monica E. Goldson, Chief Executive Officer, Prince George's County Public Schools

Dr. Patricia Saelens, Superintendent, Queen Anne's County Board of Education

Dr. Kelly L. Griffith, Superintendent, Talbot County Public Schools

Dr. Boyd J. Michael III, Superintendent, Washington County Board of Education

Dr. Donna C. Hanlin, Superintendent, Wicomico. Board of Education

Appendix F:

Correspondence to schools selected to participate in the Oral Health Survey 2022-2023

Good morning,

I am writing to you regarding the **2022-2023 Maryland Oral Health Survey of School Children** sponsored by the *State of Maryland Department of Health & Mental Hygiene*.

Howard University College of Dentistry, Department of Pediatric Dentistry is working with the State of Maryland Department of Health to carry out this project. The project is to provide oral health screenings and collect surveillance data of the oral health status of Maryland school children. The Maryland Department of Health conducts this important survey periodically to assess the oral health status and needs of children throughout the state to positively affect services and policy. The survey is supported by the Center for Disease Control (CDC) and MD Department of Health has informed Maryland State Superintendents of Schools and State Dental directors.

As part of the survey, we would bring our team of dental professionals to provide dental examinations for your kindergarten and third grade students. This non-invasive one-minute oral assessment will consist only of visual inspections using a light, mirror, or tongue depressors to check for the presence of dental cavities, sealants, and to determine the need for follow-up care. Our team will be responsible for set-up and breakdown and will abide by all COVID-19 safety precautions. Children participating in the survey will receive oral health information and oral care products. We are looking to conduct the surveys this Fall/Winter and would like to schedule a time that works for you.

We are seeking your consent to conduct the survey in your school and would appreciate your school's participation in the continuing efforts to achieve optimal oral health in Maryland's children.

Thank you for your time and consideration.

Howard University College of Dentistry, Department of Pediatric Dentistry

Appendix G:

Training and calibration PowerPoint presentation for oral health examiners and staff
participating in the Oral Health Survey, 2022-2023




Maryland Basic Screening Survey (BSS)
Evaluating the Oral Health of Kindergarten & 3rd Grade Children

Introductions




Your Trainer - Kathy Phipps



BSDH – Dental Hygiene

BS – General Science
Public Health Studies





Go Blue!

- MPH – Dental Public Health
- DrPH – Oral Epidemiology

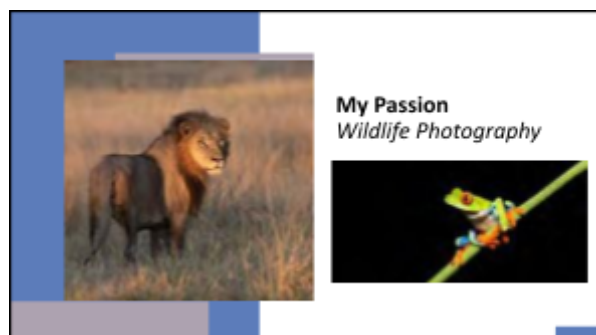


Employment

- 1888-2000: Oregon Health & Sciences University
 - School of Dentistry & School of Medicine
- 2000-present: Consultant
 - Association of State and Territorial Dental Directors
 - Los Angeles County
 - State of West Virginia
 - Indian Health Service
 - Aronson Foundation (Delta Dental of Washington)

Morro Bay, CA






Training Objectives

- Participants will be able to describe
 - Oral health surveillance
 - The importance of "diagnostic" consistency
 - The diagnostic criteria for the oral health survey

Purpose of Survey

- To obtain statewide estimates of the oral health of Maryland's kindergarten & 3rd grade children
- To evaluate and document oral health disparities by...
 - Socioeconomic status
 - Race/ethnicity



How Were Schools Selected?

Probability sample of public schools	63 schools in sample
<ul style="list-style-type: none"> • Stratified by <ul style="list-style-type: none"> • Region • Free/reduced price meal status 	<ul style="list-style-type: none"> • 57 schools – both K & 3rd • 3 schools – 3rd grade only • 3 schools – kindergarten only

- Representative of state

Primary Oral Health Indicators

Collected during screening

- Treated decay (no/yes)
- Untreated decay (no/yes)
- Dental sealants on permanent molars (no/yes)
- Child needs dental sealants on permanent molars (no/yes)
- Need for restorative dental care (no/early/urgent)

Calculated after the screening

- Decay experience - calculated from treated & untreated decay

Demographic Indicators

- Child's state student ID number
 - NOT school ID #
- Grade
- Age – always round down
 - I'll be 6 next week = 5
 - I'm 8 and a half = 8
- Sex

Why Are We Having This Training?

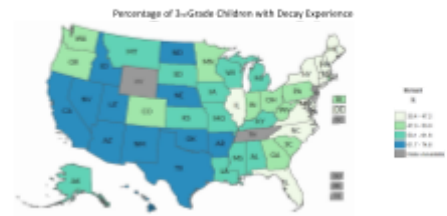


Caries diagnosis varies among clinicians – 10 clinicians, 10 different treatment plans



Purpose of training is to assure consistency

Consistency with Other States



Consistency Versus Perfection

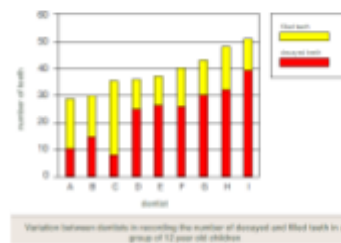
CONSISTENCY

Consistency
is the key to
success.

PERFECTION

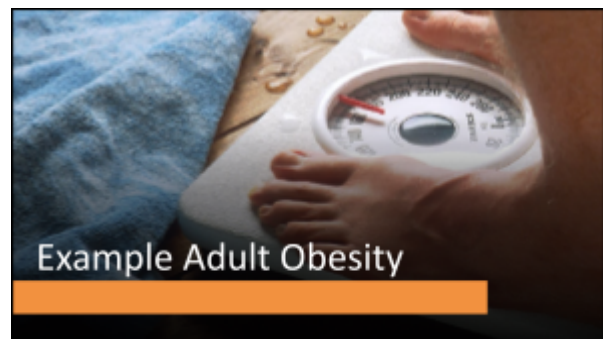
A beautiful
thing is never
perfect.

Consistency Versus Perfection



Importance of Consistency

- With multiple screeners, it is essential that everyone screen children in the same manner
- Set criteria are used
- Everyone must follow the criteria
- Will underestimate disease
- Used in all state and national surveys

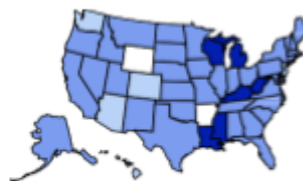


Obesity Among US Adults, 1990



No Data <10% 10%-14% 15%-19% 20%-24% 25%-29% 30%+

Obesity Among US Adults, 1992



No Data <10% 10%-14% 15%-19% 20%-24% 25%-29% 30%+

Obesity Among US Adults, 1994



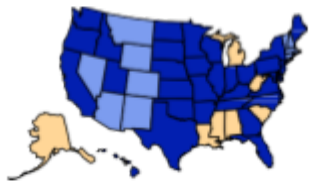
No Data <10% 10%-14% 15%-19% 20%-24% 25%-29% 30%+

Obesity Among US Adults, 1996



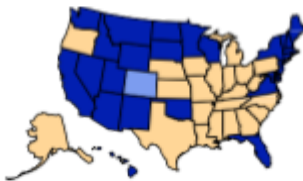
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Obesity Among US Adults, 1998

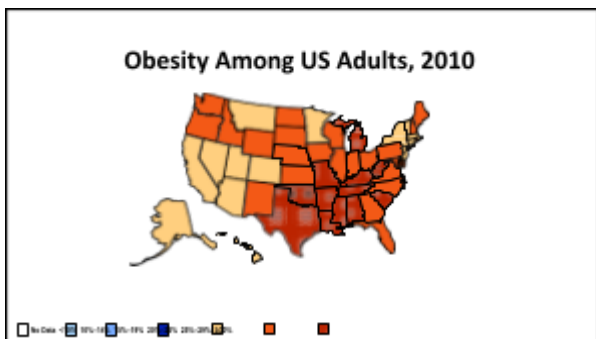
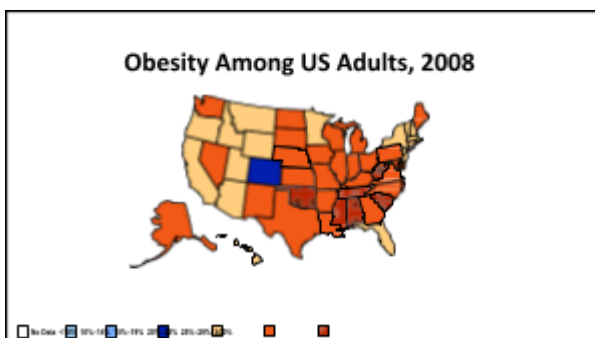
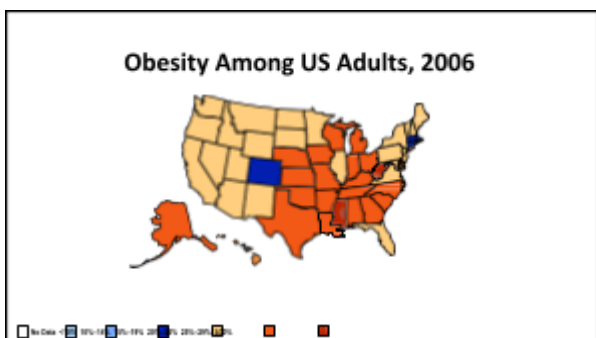
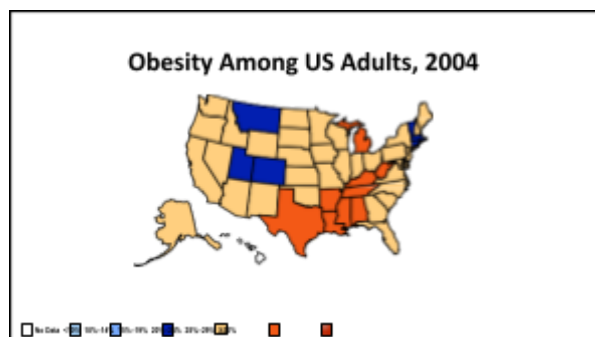
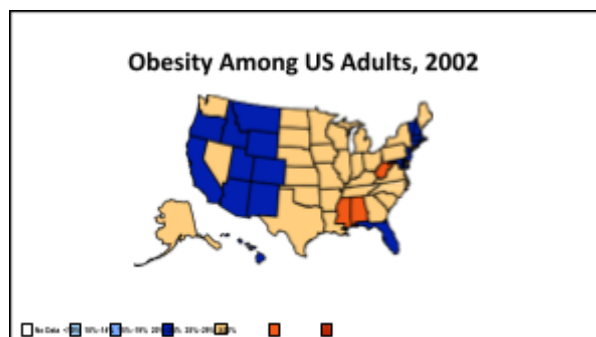


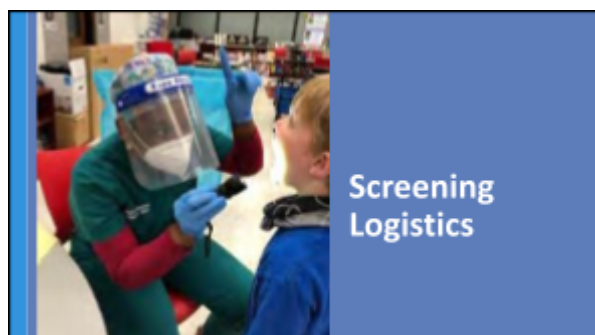
No Data <10% 10%-14% 15%-19% 20%-24% 25%-29% 30%+

Obesity Among US Adults, 2000



No Data <10% 10%-14% 15%-19% 20%-24% 25%-29% 30%+





What is a Dental Screening?

- NOT** a clinical examination with diagnosis and treatment planning
- Quick screening with recording of obvious findings
- About 1 minute per child

Good Lighting is Essential

NEVER rely on natural light.

Lighting Options

- Strong penlight (LED lights are good)
- Small flashlight
- Portable dental light (if available)
- Always carry extra batteries
- DO NOT** use cell phone flashlight

Teeth Should be Clean & Dry

- May need to remove gross debris with
 - Toothbrush
 - Long-handled toothpick or cotton swab
 - Only when absolutely necessary
- Saliva
 - Ask child to swallow


Retraction & Visualization

Tongue Blades

Disposable Mirrors

Instrumentation

- Dental explorers will NOT be used



Damaged Enamel From Explorer



The image displays three radiographic views of a tooth, likely a mandibular premolar, showing significant dental caries. The left image is a periapical radiograph showing a large, deep cavity extending into the pulp space. The middle image is a bitewing radiograph showing the same tooth with a large, deep cavity. The right image is a close-up radiograph of the tooth, showing a large, deep cavity. In all three images, white arrows point to the edges of the cavity, indicating areas of enamel damage or fracture. The cavities are characterized by a dark, radiolucent appearance, indicating a loss of tooth structure.

Photo courtesy of Professor Ekstrand.



What About My Loupes?

DO NOT USE


A close-up photograph of a person wearing dental loupes and a surgical mask. The person is looking through the loupes, which are positioned over their eyes. The background is blurred, showing what appears to be a dental office setting.


Considerations


Resources

Centers for Disease Control & Prevention
www.cdc.gov/healthcare/infection-control/considerations.html

Occupational Safety & Health Administration
www.osha-slc.gov/occupational-safety-and-health/considerations

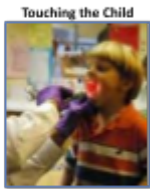
 The BSS is a non-invasive screening – no physical contact with child

 The BSS does not produce aerosols

 Follow infection control guidelines for non-aerosol generating procedures

Source: OIRA, www.eis.noaa.gov/damsearch/cda/damsearch.cfm?id=334331, Apr 9, 2011.

Common Infection Control Mistakes



What About Parental Consent?



Type of Consent May Vary by School

Passive "Opt-Out" Consent

- All children are screened unless parent says "No"

Positive Consent

- Only children that return a form with a "Yes" are screened

Parental Consent

- When obtaining school approval, offer opt-out consent
- Benefits of opt-out...
 - Less work for school staff
 - The highest-risk children are least likely to return a consent form so they will get a dental screening if opt-out is used
 - The screening is non-invasive (like a vision screening)
- Only offer positive consent if school refuses opt-out

Oral Health Indicators

- Treated Decay
- Untreated Decay
- Dental Sealants
- Need for Restorative Dental Care



Treated Decay



Treated Decay – Past Treatment

- Has the child had dental treatment *because of decay?*
- Includes
 - Amalgam and composite restorations
 - Glass ionomer restorations
 - Temporary restorations
 - Crowns placed because of decay
 - Extractions because of decay
- Usually, primary molars



Treated Decay

- Glass ionomer restorations are treated decay



Treated Decay

- Teeth with temporary fillings are classified as treated



Treated Decay

- If a filling has fallen out and decay is not present, code as treated



Treated Decay – Extracted Teeth

- Has a tooth been extracted because of decay?
 - **DO NOT** include teeth extracted for orthodontic reasons
 - **DO NOT** include teeth that have exfoliated naturally



**BEWARE: Some Restorations
Are Hard to Identify**



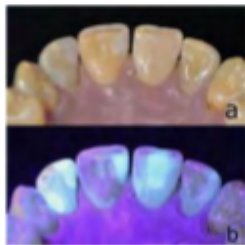
Tooth Colored Crowns



Potential Tool for Identifying Composite/GI Restorations

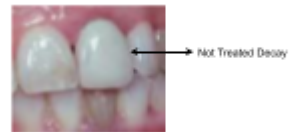


Black Light Example



NOT Treated Decay

- Crowns placed *because of trauma* are not treated decay



Traditional Sealants are NOT Treated Decay

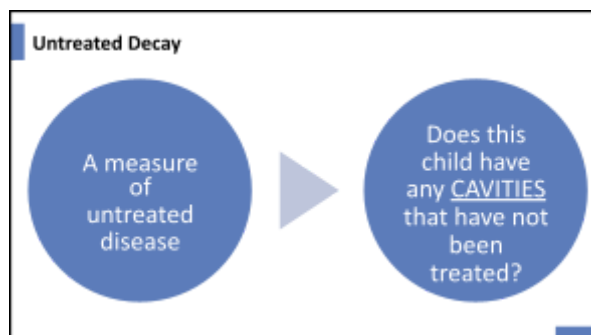
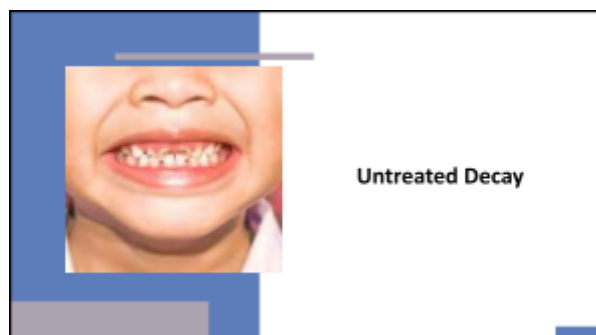


Treated = No

Codes for Treated Decay

No = child has no treated decay

Yes = child has treated decay



Untreated Decay

- A tooth has untreated decay when you can easily see breakdown of the enamel surface
- Only cavitated lesions are considered untreated decay

Untreated Decay

- Reference – detectable using PSR/CPI perio probe
- If you gently moved a hypothetical PSR/CPI perio probe over a lesion, the probe would “catch” a cavitated lesion

Untreated Decay

Pits & Fissures

Smooth Surface

Untreated Decay

- Teeth treated with SDF are coded as untreated decay if there is a break in the enamel surface

Untreated Decay



Untreated Decay

- Retained roots & root fragments = untreated decay



Road Analogy

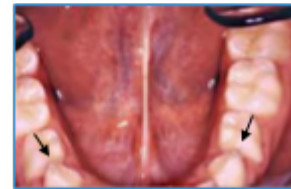


Definitive Hole in Road Surface
Untreated Decay



Road Surface Intact
NOT Untreated Decay

Proximal Surface Decay



NOT Untreated Decay

- Broken fillings without recurrent decay are coded as treated not untreated decay



NOT Untreated Decay


- Teeth with stained pits & fissures and NO enamel break are considered sound



This tooth has stain but NO enamel break,
so it is SOUND.

NOT Untreated Decay

- "White spot" lesions are not untreated decay



These teeth have "white spots" but no break in the enamel surface. Do not code as untreated decay.

-

Rule of Thumb

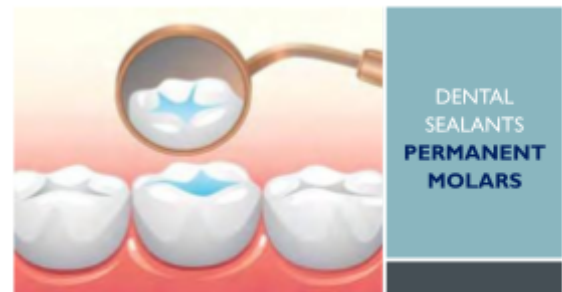
	Primary amenorrhea	Secondary amenorrhea	Menstrual pain	Menstrual irregularity	Menstrual bleeding	Menstrual symptoms
Primary amenorrhea						
Secondary amenorrhea						
Menstrual pain						
Menstrual irregularity						
Menstrual bleeding						
Menstrual symptoms						

57

Codes for Untreated Decay

No = child has no untreated decay

Yes = child has untreated decay



Dental Sealants

- Permanent molars only
- **DO NOT** include primary molars or sealants on non-molar teeth



Transparent



Opaque



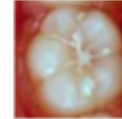
Glass Ionomer

Dental Sealants

- Include both partially and fully retained sealants



Partially Retained Sealant



Fully Retained Sealant

Is it a PRR or a Dental Sealant?

- It can be difficult to determine if a tooth has a preventive resin restoration (PRR) or a sealant
- If you see a definitive cavity preparation, code the tooth as having treated decay. *A PRR is treated decay.*



Preventive Resin Restorations
Treated Decay = Yes

Is it a PRR or a Dental Sealant?

- Can you see evidence of a prep?
- If yes – PRR = treated decay
- If no – sealant



Treated Decay = Yes
Sealant = No

Codes for Dental Sealants

No = child has no sealants on permanent molars

Yes = child has 1+ sealants on permanent molars

Code Each Permanent Molar



Code Each Permanent Molar

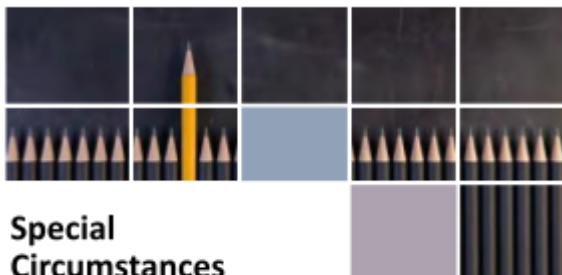


If a child has no permanent molars...
Sealants present = No

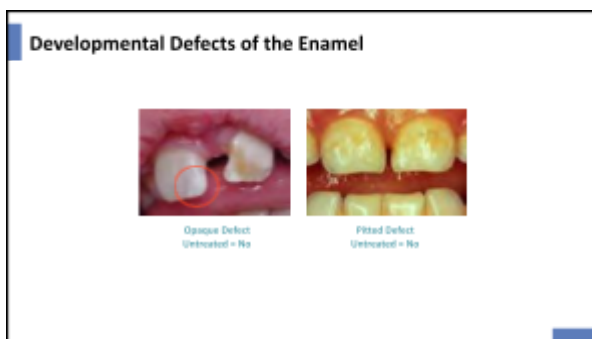
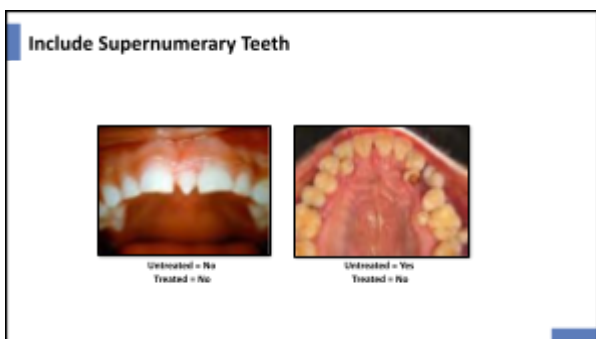
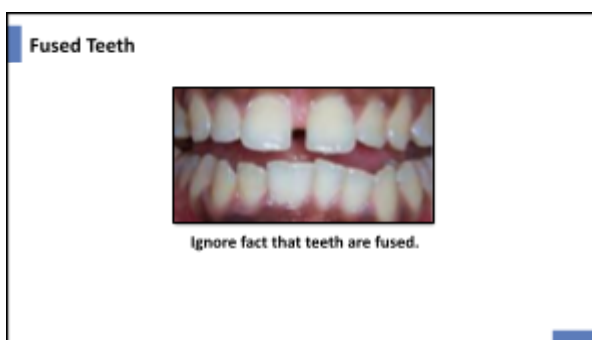
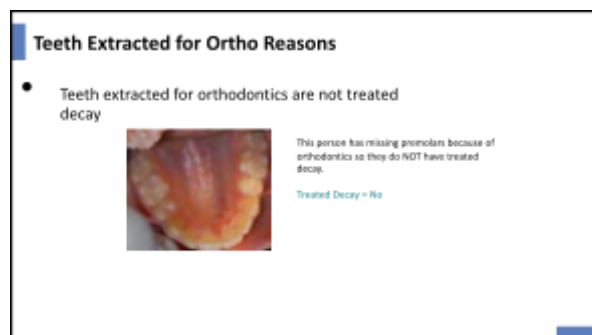
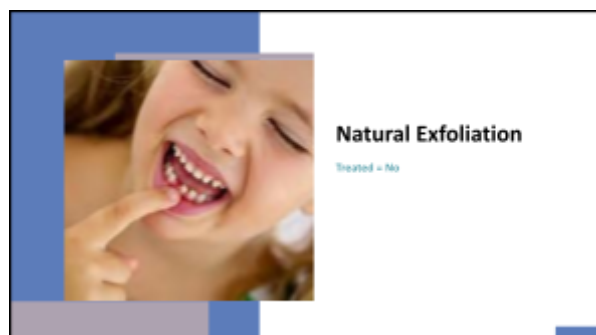
Code Each Permanent Molar



Special Circumstances



Congenitally Missing Teeth
Ignore congenitally missing teeth



Generalized Lack of Enamel



7-year-old
Untreated Decay = No

Pitted Enamel Defect



8-year-old
Untreated Decay = No

Molar-Incisor Hypomineralization



Untreated = No

Source: <https://pubs.aids.org/https://doi.org/10.1093/ajph/102.10.1772>

Enamel Defects & Decay



Untreated Decay = Yes

Enamel Defects & Decay



Linear defect
Untreated Decay = No



Linear defect plus decay
Untreated Decay = Yes

Enamel Defects & Decay





NEED FOR DENTAL CARE (FOLLOW-UP CARE)

Need for Dental Care (Follow-Up Care)

- 3 levels based on how soon a child should visit the dentist for a clinical diagnosis and any necessary *restorative dental care*
- Urgent need
- Early care needed
- No obvious problem (No)

Need for Dental Care (Follow-Up Care)

- Urgent need
 - Needs dental care within the next week because of signs or symptoms that include *pain, infection, or swelling*
 - A child with an abscess should always be coded as urgent
 - Even if the abscess is draining

Need for Dental Care (Follow-Up Care)



This person has an abscess, so they need **URGENT** care

Urgency of Need for Dental Care



This child has a draining abscess and should be coded as **URGENT** care

Need for Dental Care (Follow-Up Care)

- Early dental care
 - Needs to see a dentist because of untreated decay or broken restorations but they do not have pain or an infection
 - Should see a dentist within the next several weeks or before their next regularly scheduled dental appointment
 - *DO NOT INCLUDE CHILDREN NEEDING ONLY A CLEANING OR SEALANTS*

Need for Dental Care (Follow-Up Care)



This child needs EARLY dental care

Need for Dental Care (Follow-Up Care)

- No obvious problems
- Children with no cavitated decay or other dental problems requiring early attention are considered to have no obvious problem, which means that they should receive routine dental checkups
- Decay only on primary teeth about to be exfoliated
- Child can have decayed teeth but not need treatment
- *Children needing only a prophylaxis or another preventive service should be coded as having no obvious problems*

Need for Dental Care (Follow-Up Care)



This child has no obvious need for dental care

Need for Dental Care (Follow-Up Care)



This child has no obvious need for dental care

Codes for Need for Dental Care

No = no obvious need for care

Early = needs early dental care

Urgent = needs urgent dental care

Example



Untreated Yes
= Yes
Treated = No
Sealants = Early
Urgency =

Example



Untreated = No
Treated = Yes
Sealants = No
Urgency =

Example



Untreated = Yes
Treated = No
Sealants = No
Urgency = Depends

Example



Untreated = No
Treated = Yes
Sealants = No
Urgency =

Do not count dental sealants as treated

Example



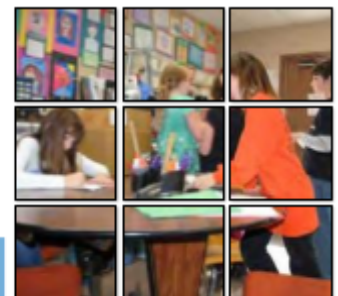
Untreated = No
Treated = Yes
Sealants = No
Urgency =

Example



Untreated = Yes
Treated = No
Sealants = No
Urgency = Depends

Working with Schools



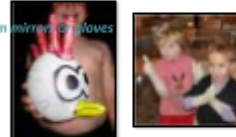
Working with Schools

- Arrive 20-30 minutes early
- Check in at office – introduce yourself to office staff
 - Have government issued photo ID available (some schools require it)
 - Pick up class rosters
 - Put recess/lunch time on class roster
- Ask where they want you to do the screenings
- **BE FLEXIBLE!!**



Working with Schools

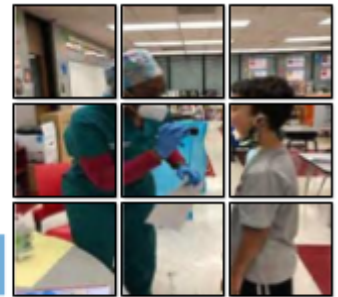
- Set up screening site with available tables/chairs
- Keep wastebasket away from kids
- *Do not give them*  *invited or gloves* 



Working with Schools

- Bring 10-20 kids at a time
 - I like having an entire classroom at a time
 - Ask teacher to lineup children in alphabetical order
 - Ask teacher to give child their consent form (if appropriate)
- Be quick and respectful of class time
 - *Do not chat with each child – "look & leave"*
- Give teacher (or nurse) referral letters & toothbrushes
 - *DO NOT give to children*
- Dispose of garbage before leaving
- Check out at office and thank staff

How to Screen a Child



How to Screen a Child

- Check to make sure child has appropriate permission
- Complete oral health screening
 - **ALWAYS FOLLOW THE SAME PATTERN**
 - Start on tooth #3...
 - Scan upper & lower arch for untreated/treated decay
 - Scan permanent molars for sealants
 - Determine treatment urgency
 - Enter results on screening form
- Complete parent referral letter

How to Screen a Child

- Child can stand or sit
 - *Faster if child stands*
- Screener can stand or sit
 - I stand or sit/lean on edge of table



How to Complete Screening Form

- Before going to school...
 - Enter school code, screener name & screen date on form then make copies
 - Use blue/black ink or pencil
- Every field must be answered!**

Student Name	Grade	Age	Sex	Screened	Screened Date	Screened By	Screened At	Screened On	Screened For	Screened By	Screened At	Screened On	Screened For
John Doe	1	6	M	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y
Jane Smith	2	7	F	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y
Mike Johnson	3	8	M	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y
Sarah Lee	4	9	F	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y
Tom Brown	5	10	M	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y

How to Fix Mistakes

- Cross out incorrect answer
- Circle correct answer in red ink
- If an entire line is incorrect, cross out entire line in red ink

Student Name	Grade	Age	Sex	Screened	Screened Date	Screened By	Screened At	Screened On	Screened For	Screened By	Screened At	Screened On	Screened For
John Doe	1	6	M	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y
Jane Smith	2	7	F	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y
Mike Johnson	3	8	M	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y
Sarah Lee	4	9	F	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y
Tom Brown	5	10	M	Y	10/10/10	J. Doe	School	10/10/10	10/10/10	Y	Y	Y	Y

Parent Results Letter

3 Choices

- Your child has no obvious dental problems ...
- Your child has some teeth which should be evaluated by your family dentist...
- Your child has some teeth which appear to need immediate care...

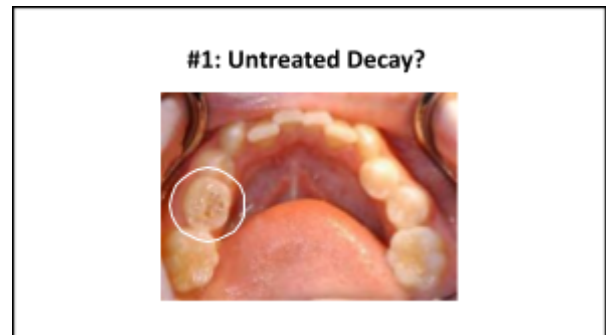
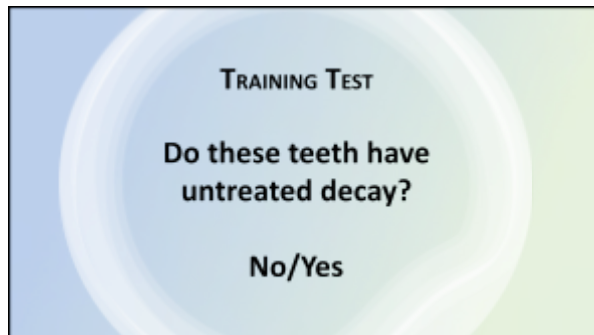
Put Your Clinical Hat On

Parent letter does not need to match screening form.

Parent Results Letter

- Things to avoid when completing letter
 - Do not refer for ortho treatment only
 - Do not refer for a prophylaxis only
 - Do not include a detailed "diagnosis" on the parent letter

Any Questions ?



#6: Untreated Decay?



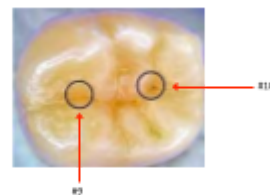
#7: Untreated Decay?



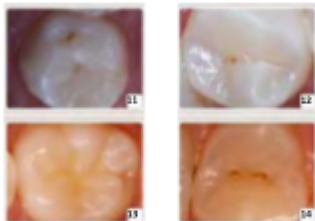
#8: Untreated Decay?



#9 & #10: Untreated Decay?



#11-#14: Untreated Decay?



#15: Untreated Decay?



#16: Untreated Decay?



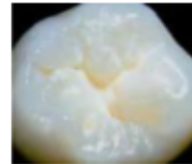
#17: Untreated Decay?



#18: Untreated Decay?



#19: Untreated Decay?



#20: Untreated Decay?



Answer Key

- 1: Enamel defect
- 2: Yes
- 3: No
- 4: Yes
- 5: No
- 11: No
- 12: No
- 13: No
- 14: Yes
- 15: No

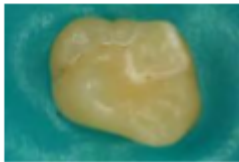
1: Enamel Defect



2: Obvious Break in Enamel



3: Decalcification but no Break in Enamel



4: Break in Enamel & Shadow



5: Fracture Due to Accident - No Decay



6: Abscess but No Decay



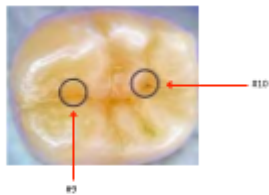
7: No Break in Enamel



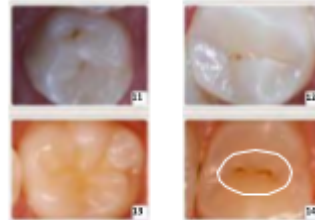
8: Break in Enamel



9 & 10: No Break in Enamel



These are Tricky - Only 14 is Decay



15: Discoloration but No Enamel Break



16: Enamel Break & Discoloration



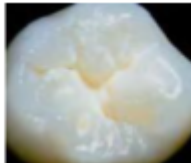
17: No Decay



18: Enamel Break



19: Demineralization But no Enamel Break



20: Discoloration But no Enamel Break



And that's a wrap!



Thank you for participating,
and I wish you luck in your
upcoming oral health survey!

Appendix H:

Passive consent form packet for the Oral Health Survey, 2022-2023
(This document was available in Spanish)



Maryland's Oral Health

Survey

of

School Children,

2022-2023

Sponsored by the Maryland Department of Health

(Encuesta de salud oral de Maryland de niños de escuela,
2022-2023 Patrocinado por el Departamento de
Salud de Maryland)

Please open as soon as possible

(Por favor abra lo antes posible)

MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN, 2023

STATEMENT OF DISCLOSURE

The State of Maryland Department of Health sponsors this project. Participation in this project is voluntary. You can ask questions about this project at any time.

PURPOSE OF PROJECT

The purpose of this project is to measure and quantify the oral health status of children in kindergarten and 3rd grade who attend public schools in Maryland. You and your child are being asked to be in this project because your child's school was selected to participate. All children in kindergarten and 3rd grade from your child's school are being asked to participate. Approximately 11,000 children will take part in the project from a sample of 63 elementary schools in Maryland.

PROCEDURES

The project includes a 1-minute "look and see" dental screening. The dental screening will take place at your child's school. A licensed dental hygienist/dentist will look at your child's teeth with a dental mirror and light. The dental hygienist/dentist will use a new, disposable dental mirror and new disposable dental gloves for each child. During the "look and see" dental screening, the dental hygienist/dentist will look for cavities and fillings. The dental hygienist/dentist will also see if your child needs dental treatment or dental sealants. The dental hygienist/dentist will not take x-rays, and therefore this dental screening is not considered a comprehensive examination. You will get a copy of the results after the "look and see" dental screening. The school nurse will also get a copy of your child's results. Except for the project team and the school nurse, no other person, agency, or organization will see your child's screening results. If your child needs dental treatment, we will provide a list of dentists in your area that treat children and accept Medicaid insurance.

POTENTIAL RISKS/DISCOMFORTS:

- The risk to you and your child for being in this project is minimal. Any risk anticipated in this project is no more than would be expected during a routine dental health screening.
- Children will not be forced to participate. If a child indicates that they do not want to participate or resists the oral screening through their body language, crying or verbal communication, they will not be screened.
- In all studies there is a risk for potential loss of confidentiality. Loss of confidentiality will be minimized in this project by allowing only members of the project team and the school nurse to see your child's "look and see" dental screening results. Findings of the dental screening will be associated with and stored by your child's state student identification number but not their name.
- Loss of confidentiality will also be minimized by storing your child's information in a secure, locked office.

POTENTIAL BENEFITS

- You and your child may or may not benefit from taking part in this project. There is no guarantee that you and your child will receive direct benefit from your participation in this study. The dental screening may identify cavities, and it may identify the need for dental treatment or sealants.
- You need to decide if your child's participation in this project is in your child's best interest.

ALTERNATIVES TO PARTICIPATION

- This is not a treatment study. The alternative to participation is to not take part. If you chose not to take part, your child's healthcare will not be affected.

COSTS TO PARTICIPANTS

- It will not cost you anything to take part in this project.

PAYMENT TO PARTICIPANTS

- You and your child will not be paid to participate in this project.
- If cavities or other need for dental treatment are identified, you will be given a list of dental clinics in your area that can provide dental treatment for your child. The project will not pay for these treatments.

CONFIDENTIALITY

- The dental screening and the health questionnaire contain confidential health information. However, using your child's state student identification number as opposed to name will protect confidentiality. Only members of the project team and school nurse at your child's school will have access to your child's results. Members of the project team will not be able to link the identifier back to a specific participant. The confidential information contained in the "look and see" dental screening will only be used for the purposes of this project.

RIGHT TO WITHDRAW

- Your participation in this project is voluntary. You and your child do not have to take part in this project.
- **If you do not want your child to participate, please check the NO box on the opt-out screening form included in this envelope. If you do want your child to participate, you do not need to return the opt-out screening form.**
- Refusal to take part or to stop taking part in the project will involve no penalty or loss of benefits to which you are otherwise entitled.
- If you decide to stop taking part, if you have questions, concerns, or complaints, or if you need to report an injury related to this project, please contact the Principal Investigators, LaToya Barham, DDS, FAAPD and/or Bianca Dearing, DDS, MPhil, PhD at (202) 806-0307.
- There are no adverse consequences (physical, social, economic, legal, or psychological) of your decision to withdraw from this project.

If you have questions about this research study, please contact the Principal Investigators, LaToya Barham, DDS, FAAPD and/or Bianca Dearing, DDS, MPhil, PhD at (202) 806-0307.



Maryland's Oral Health Survey of School Children 2023

Frequently Asked Questions

***Sponsored by the Office
of Oral Health
State of Maryland Department of Health Baltimore,
Maryland***

***Principal Investigators:
LaToya Barham, DDS, FAAPD & Bianca Dearing, DDS, MPhil, PhD
(202) 806-0307***

Q: What happens if the dental hygienist/dentist finds tooth decay or a serious health problem?

A: Although the main purpose of the Oral Health Survey is to describe the overall dental health of school children in Maryland, the other purpose is to refer children with dental problems to a dentist for care. At the end of the screening, your child will get a letter that describes the results. You will also get a list of dental clinics in your area that can provide treatment services or dental sealants, if needed.

Q: Who will see the results?

A: Information from the dental screening will be kept confidential. Only members of the Oral Health Survey project team and the school nurse at your child's school will have access to the screening information. The child's parent/guardian will receive a report of oral health status. Final reports written by the state health department will contain summary results only. At no time will individual schools or individual school children be identified or described. The project team will follow all rules for maintaining confidentiality defined by the Maryland Department of Education, Maryland Department of Health, and Howard University, Washington, DC.

Q: What if I have additional questions?

A: Members of the Maryland Oral Health Survey team are available and happy to answer any of your questions. Please feel free to contact the Principal Investigators, LaToya Barham, DDS, FAAPD and/or Bianca Dearing, DDS, MPhil, PhD, at (202) 806- 0307

Frequently Asked Questions con't

Q: What is this project?

A: The Maryland Oral Health Survey of School Children, 2022-2023 will describe the dental health of public school children in kindergarten and 3rd grade from a sample of 63 elementary schools

Q: What is the purpose of the project?

A: Maryland must measure the dental health of its public school children every five years so that public health programs and funding can be determined. The survey will show which parts of the state have the highest levels of dental need. It will also show if dental health has improved in Maryland since the last survey in 2015-2016.

Q: Who will conduct the Oral Health Survey?

A: A team of dentists, dental hygienists, and other staff persons under contract with the State of Maryland Department of Health will conduct the survey.

Q: Will all school districts and schools be involved?

A: No, the Oral Health Survey project team does not have the resources to describe the oral health status of all of the school children in Maryland. Instead, the project team will pick a sample of 63 schools that represent all of Maryland public schools.

Q: Who will do the dental screenings?

A: A group of dentists and dental hygienists licensed in Maryland will conduct the dental screenings. Each examining dentist/dental hygienist may also have one or two assistants to help with the paperwork.

Q: Will my child's health benefits be affected if they choose not to participate?

A: No, participation in the Oral Health Survey is completely voluntary. The healthcare benefits of school children who do not participate will not be affected in any way.

Q: How will the dental screening be done?

A: The dentist/dental hygienist will screen each child at your child's school. During the screening, the dentist/dental hygienist will look for tooth decay and dental fillings. The dentist/dental hygienist will also see if any dental treatment or dental sealants are needed. The dental screening will take about 1 minute. The dentist/dental hygienist will use a new pair of disposable gloves and a new disposable dental mirror for each child. The dental hygienist will follow all health and safety rules, at all times.

All children in kindergarten and 3rd grade will be screened unless their parent/guardian chooses not to let them participate.

Q: What are dental sealants?

A: A dental sealant is a thin coating painted on the teeth to protect them from tooth decay. Dentists and dental hygienists can place dental sealants in a dental office. Dental sealants will not be placed during the Oral Health Survey.

Q: Where will the dental screenings take place?

A: The dental screenings will be done in common areas picked by your child's principal or the school nurse. Common areas in the school include places like the cafeteria, library, or gymnasium.

Thank you very much for your ti

Your child's school has been selected to take part in the State of Maryland Department of Health, Maryland's *Oral Health Survey of School Children, 2023*. The purpose of the *Oral Health Survey* is to describe the dental health needs of kindergarten and 3rd grade children in Maryland.

If you choose to let your child participate in the *Oral Health Survey*, a licensed dentist/dental hygienist will do a 1- minute "look and see" dental screening using a dental mirror and light. The dentist/dental hygienist will wear new disposable dental gloves and will use a new, disposable dental mirror for each child. Results of your child's "look and see" dental screening will be kept confidential. Your child will not be named in any health department reports.

As a "thank you" gift, your child will get a new toothbrush. We will also send home a letter telling you if the dentist/dental hygienist found any dental problems and you will get a list of the dental clinics in your area.

This "look and see" dental screening does not take the place of a regular dental check-up done by your family dentist. However, even if your child has a dentist, we encourage you to let your child participate in the *Oral Health Survey*. As you know, a healthy mouth is important for total health. By letting your child take part in the *Oral Health Survey*, you will provide the state of Maryland Department of Health with information that may help all of Maryland's children in the future.

Sincerely,

LaToya Barham, DDS, FAAPD & Bianca Dearing, DDS, MPhil, PhD

Principal Investigators

Maryland Oral Health Survey of School Children, 2023 – Opt-Out Form

If you do not want your child to have the "look and see" dental screening, please check the NO box, sign this opt-out form, and return it to your child's teacher by the end of this week.

☐ NO, I do not want my child to receive a "look and see" dental screening

Child's Name

Grade

Child's Teacher

Appendix I:

Active consent form packet for the Oral Health Survey, 2022-2023
(This document was available in Spanish)



Maryland's Oral Health

Survey

of

School Children,

2022-2023

Sponsored by the Maryland Department of Health

(Encuesta de salud oral de Maryland de niños de escuela,
2022-2023 Patrocinado por el Departamento de
Salud de Maryland)

Please open as soon as possible

(Por favor abra lo antes posible)

MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN, 2023

STATEMENT OF DISCLOSURE

The State of Maryland Department of Health sponsors this project. Participation in this project is voluntary. You can ask questions about this project at any time.

PURPOSE OF PROJECT

The purpose of this project is to measure and quantify the oral health status of children in kindergarten and 3rd grade who attend public schools in Maryland. You and your child are being asked to be in this project because your child's school was selected to participate. All children in kindergarten and 3rd grade from your child's school are being asked to participate. Approximately 11,000 children will take part in the project from a sample of 63 elementary schools in Maryland.

PROCEDURES

The project includes a 1-minute "look and see" dental screening. The dental screening will take place at your child's school. A licensed dental hygienist/dentist will look at your child's teeth with a dental mirror and light. The dental hygienist/dentist will use a new, disposable dental mirror and new disposable dental gloves for each child. During the "look and see" dental screening, the dental hygienist/dentist will look for cavities and fillings. The dental hygienist/dentist will also see if your child needs dental treatment or dental sealants. The dental hygienist/dentist will not take x-rays, and therefore this dental screening is not considered a comprehensive examination. You will get a copy of the results after the "look and see" dental screening. The school nurse will also get a copy of your child's results. Except for the project team and the school nurse, no other person, agency, or organization will see your child's screening results. If your child needs dental treatment, we will provide a list of dentists in your area that treat children and accept Medicaid insurance.

POTENTIAL RISKS/DISCOMFORTS:

- The risk to you and your child for being in this project is minimal. Any risk anticipated in this project is no more than would be expected during a routine dental health screening.
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POTENTIAL BENEFITS

- You and your child may or may not benefit from taking part in this project. There is no guarantee that you and your child will receive direct benefit from your participation in this study. The dental screening may identify cavities, and it may identify the need for dental treatment or sealants.
- You need to decide if your child's participation in this project is in your child's best interest.

ALTERNATIVES TO PARTICIPATION

- This is not a treatment study. The alternative to participation is to not take part. If you chose not to take part, your child's healthcare will not be affected.

COSTS TO PARTICIPANTS

- It will not cost you anything to take part in this project.

PAYMENT TO PARTICIPANTS

- You and your child will not be paid to participate in this project.
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RIGHT TO WITHDRAW

- Your participation in this project is voluntary. You and your child do not have to take part in this project.
- **Please complete the screening consent form included in this envelope to indicate if you want you child to participate or not. If you want your child to participate, please check the YES box on the screening consent form. If you do not want your child to participate, please check the NO box on the screening consent form.**
- Refusal to take part or to stop taking part in the project will involve no penalty or loss of benefits to which you are otherwise entitled.
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Maryland's Oral Health Survey of School Children 2023

Frequently Asked Questions

***Sponsored by the Office
of Oral Health
State of Maryland Department of Health Baltimore,
Maryland***

***Principal Investigators:
LaToya Barham, DDS, FAAPD & Bianca Dearing, DDS, MPhil, PhD
(202) 806-0307***

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Q: Where will the dental screenings take place?

A: The dental screenings will be done in common areas picked by your child's principal or the school nurse. Common areas in the school include places like the cafeteria, library, or gymnasium.

Thank you very much for your time

Dear Parent or Guardian:

Your child's school has been selected to take part in the State of Maryland Department of Health, Maryland's *Oral Health Survey of School Children, 2023*. The purpose of the *Oral Health Survey* is to describe the dental health needs of kindergarten and 3rd grade children in Maryland.

If you choose to let your child participate in the *Oral Health Survey*, a licensed dentist/dental hygienist will do a 1- minute "look and see" dental screening using a dental mirror and light. The dentist/dental hygienist will wear new disposable dental gloves and will use a new, disposable dental mirror for each child. Results of your child's "look and see" dental screening will be kept confidential. Your child will not be named in any health department reports.

As a "thank you" gift, your child will get a new toothbrush. We will also send home a letter telling you if the dentist/dental hygienist found any dental problems and you will get a list of the dental clinics in your area.

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Sincerely,

LaToya Barham, DDS, FAAPD & Bianca Dearing, DDS, MPhil, PhD

Principal Investigators

Maryland Oral Health Survey of School Children, 2023 – Consent Form

If you want your child to have the "look and see" dental screening, please check the YES box, sign this consent form, and return it to your child's teacher by the end of this week.

If you do not want your child to have the "look and see" dental screening, please check the NO box, sign this consent form, and return it to your child's teacher by the end of this week.

- ☐ YES, I do want my child to receive a "look and see" dental screening
- ☐ NO, I do not want my child to receive a "look and see" dental screening

Child's Name

Grade

Child's Teacher

Appendix J:

Student participant data capture form for the Oral Health Survey, 2022-2023

MARYLAND ORAL HEALTH SURVEY OF SCHOOL CHILDREN
Student Participant Data Capture Form

Examiner Initials: _____

School ID#: 1

Grade: Kindergarten / 3rd grade

Instructions: Please fill in state student identification number, age, and circle the appropriate choice for each of the following questions

State Student ID#	Age	Sex	Race	Decayed Teeth	Treated Teeth	Sealants Present	Sealants Needed	Follow-up Care
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U
#		M F	W B H A AI PI M U	N Y	N Y	N Y	N Y	N E U

Sex: M= Male F= Female; **Race:** W= White B= Black H= Hispanic A= Asian AI= American Indian PI= Pacific Islander M= Multiple U= Unknown

Dental Conditions: N= No Y= Yes; **Follow-Up Care:** N= No E = Early Care U= Urgent Care

Appendix K:

Results of dental screening form for the Oral Health Survey, 2022-2023
(These results were sent in Spanish as well)

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~
2022-2023

Dear Parent or Guardian:

RESULTS OF DENTAL SCREENING

A licensed dentist/dental hygienist screened your child, , at his/her school, today, /
/ . The dentist/dental hygienist looked at your child's teeth with a dental
mirror and a light but **did not** take x-rays. The dentist/dental hygienist found:

A dental infection or abscess. Please, take your child to a dentist as soon as possible.

Tooth decay. Please, take your child to a dentist soon to determine whether treatment is needed.

Dental sealants are recommended. Please, ask a dentist about dental sealants.

No obvious dental problems. Great job! Your child should continue seeing a dentist every 6 months.

This dental screening examination does not take the place of a full dental examination. Since the dentist/dental hygienist did not take x-rays, the results may not agree with the results of a full dental examination that is conducted in a dental office.

If you need help finding a dentist, we have given your child a list of dental clinics in your area. These dental clinics treat children, and they take Medicaid dental insurance (also known as *The Maryland Healthy Smiles Program*). Please, let us know if you have any questions.

Sincerely,

LaToya Barham DDS, FAAP (latoya.barham@howard.edu)

Bianca Dearing, DDS, MPhil, PhD

(bianca.dearing@howard.edu) Project Directors (202) 806-0307

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~
2022-2023

Dear Parent or Guardian:

RESULTS OF DENTAL SCREENING

A licensed dentist/dental hygienist screened your child, , at his/her school, today, /
/ . The dentist/dental hygienist looked at your child's teeth with a dental
mirror and a light but **did not** take x-rays. The dentist/dental hygienist found:

A dental infection or abscess. Please, take your child to a dentist as soon as possible.

Tooth decay. Please, take your child to a dentist soon to determine whether treatment is needed.

Dental sealants are recommended. Please, ask a dentist about dental sealants.

No obvious dental problems. Great job! Your child should continue seeing a dentist every 6 months.

This dental screening examination does not take the place of a full dental examination. Since the dentist/dental hygienist did not take x-rays, the results may not agree with the results of a full dental examination that is conducted in a dental office.

If you need help finding a dentist, we have given your child a list of dental clinics in your area. These dental clinics treat children, and they take Medicaid dental insurance (also known as *The Maryland Healthy Smiles Program*). Please, let us know if you have any questions.

Sincerely,

LaToya Barham DDS, FAAP (latoya.barham@howard.edu)

Bianca Dearing, DDS, MPhil, PhD

(bianca.dearing@howard.edu) Project Directors (202) 806-0307

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~
2022-2023

Dear Parent or Guardian:

RESULTS OF DENTAL SCREENING

A licensed dentist/dental hygienist screened your child, , at his/her school, today, / / . The dentist/dental hygienist looked at your child's teeth with a dental mirror and a light but **did not** take x-rays. The dentist/dental hygienist found:

A dental infection or abscess. Please, take your child to a dentist as soon as possible.

Tooth decay. Please, take your child to a dentist soon to determine whether treatment is needed.

Dental sealants are recommended. Please, ask a dentist about dental sealants.

No obvious dental problems. Great job! Your child should continue seeing a dentist every 6 months.

This dental screening examination does not take the place of a full dental examination. Since the dentist/dental hygienist did not take x-rays, the results may not agree with the results of a full dental examination that is conducted in a dental office.

If you need help finding a dentist, we have given your child a list of dental clinics in your area. These dental clinics treat children, and they take Medicaid dental insurance (also known as *The Maryland Healthy Smiles Program*). Please, let us know if you have any questions.

Sincerely,

LaToya Barham DDS, FAAP (latoya.barham@howard.edu)

Bianca Dearing, DDS, MPhil, PhD

(bianca.dearing@howard.edu) Project Directors (202) 806-0307

Appendix L:

Name of Schools Participated in the Oral Health Survey of Maryland School Children, 2022-2023.

Central Baltimore Region

Wolfe St. Academy
Mary Ann Winterling
Northwood Elementary
Magnolia Elementary
Forest Lake Elementary
Emmorton Elementary
Church Creek Elementary
Harve de Grace

Eastern Region

Grantsville Elementary
Pangborn Elementary
Cascade Elementary
Winfield Elementary
Freedom District Elementary
Eldersburg Elementary
Ebb Valley Elementary
William Winchester Elementary
South Penn Elementary

Southern Region

William A Diggs (Charles William Diggs)
Elementary
Malcolm Elementary
Mary Matula Elementary
Dr. Gustavus Brown

Southwest Region

Mary Harris Elementary
Bradbury Heights Elementary
Brook Grove Elementary
James H. Harrison Elementary
Paint Branch Elementary
Melwood Elementary
William Beanes Elementary
Sargent Shriver Elementary
Judith A. Resnick Elementary
Bellow Springs Elementary
Northfield Elementary
College Garden Elementary
William Tyler Page Elementary
Thunder Hill Elementary
Germantown Elementary
Highland View Elementary
Stedwick Elementary

Western Region

Fruitland Intermediate
Fruitland Primary
Conowingo Elementary
Thompson Elementary
Easton Elementary
Leeds Elementary
Glen Avenue Elementary
Charles H. Chipman
Kennard Elementary
Centerville Elementary

Appendix M:

County specific oral health resources documents for the Oral Health Survey, 2022-2023

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~ ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR ALLEGANY COUNTY ~

Allegany County Health Department provides comprehensive dental services for children and pregnant women and extractions for adults

Location & Contact:

12503 Willowbrook Road SE
Cumberland, MD 21502
(301) 759-5030

Hours of Operation:

8:30 a.m. - 4:00 p.m. Monday-Friday
By appointment

Eligibility:

Allegany County residents
Children up to 20 years enrolled in MD Healthy Smiles Dental Program
Adults with private insurances or self-pay
Pregnant women with Maryland Medical Assistance
Extractions for all ages, sliding fee
Dual eligible adults with active Healthy Smiles coverage
Health Right referrals

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de ALLEGANY~

El Departamento de Salud del Condado de Allegany brinda servicios dentales integrales para niños y mujeres embarazadas y extracciones para adultos.

Ubicación y contacto:

12503 Willowbrook Road SE
Cumberland, MD 21502
(301) 759-5030

Horas de operación:

8:30 a. m. - 4:00 p. m. Lunes - Viernes
Solo con cita

Elegibilidad:

Residentes del condado de Allegany
Niños de hasta 20 años con el programa dental MD Healthy Smiles
Adultos con seguros privados o de pago propio
Mujeres embarazadas con Asistencia Médica de Maryland
Extracciones para todas las edades, tarifa móvil
Adultos con doble elegibilidad con cobertura activa de Healthy Smiles
Referencias de derechos de salud

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR BALTIMORE CITY ~

Baltimore City Health Department provides basic and emergency dental care.

Location & Contact:

Druid Dental Clinic
1515 North Avenue
Baltimore, MD 21217
(410) 396-0840
Website: <https://health.baltimorecity.gov/node/89>

Eastern Dental Clinic
1200 E. Fayette St.
Baltimore, MD 21202
(443) 984-3548

Eligibility:

Baltimore City residents
Children ages one through 20 years, pregnant women
Medicaid eligible
Low income/uninsured

Hours of Operation:

8:30 a.m. to 4:30 p.m. Monday through
Friday

Chase Brexton Health Services, Inc. provides comprehensive pediatric, pregnancy, adult, and emergency dental services.

Location & Contact:

1111 North Charles Street

Hours of Operation:

10:30 a.m. to 7:00 p.m. Monday

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA BALTIMORE CITY ~

El Departamento de Salud de la Ciudad de Baltimore brinda atención dental básica y de emergencia.

Ubicación y contacto:

Druid Dental Clinic
1515 North Avenue
Baltimore, MD 21217
(410) 396-0840
Website: <https://health.baltimorecity.gov/node/89>

Eastern Dental Clinic
1200 E. Fayette St.
Baltimore, MD 21202
(443) 984-3548

Elegibilidad:

Residentes de la ciudad de Baltimore
Niños de uno a 20 años, Mujeres embarazadas
elegible para Medicaid
Bajos ingresos/sin seguro

Horas de operación:

8:30 am a 4:30 pm De Lunes a Viernes

Chase Brexton Health Services, Inc. Brinda servicios integrales de pediatría, embarazo, adultos y servicios dentales de emergencia.

Ubicación y contacto:

1111 North Charles Street

Horas de operación:

10:30 a.m. a 7:00 p.m. Lunes

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Baltimore, MD 21201

(410) 837-2050

Website: <https://chasebrexton.org/services/dental-care>

8:30 a.m. to 5:00 p.m. Tuesday – Friday

Eligibility:

Maryland residents

Sliding fee scale with proof of income required

Adults, children, and pregnant women

Medicaid accepted

Family Health Centers of Baltimore provides preventive, restorative, periodontal, pediatric, prosthetic, and emergency dental services.

Location & Contact:

631 Cherry Hill Road

Baltimore, MD 21225

(410) 354-2000

Website: <https://fhcb.org>

Hours of Operation:

9:00 a.m. to 5:00 p.m. Monday

8:30 a.m. to 5:00 p.m. Tuesday – Friday

Eligibility:

Maryland residents

Medicaid accepted

Some private insurances accepted

Sliding fee scale with proof of income and family size required

Adults, children age one and up

Pregnant women

Park West Medical Center provides comprehensive dental services.

Location & Contact:

3319 W. Belvedere Avenue

Baltimore, MD 21215

(410) 542-7800

Website: <https://www.parkwestmed.org>

Hours of Operation:

9:00 a.m. to 5:30 p.m. Monday,

Tuesday, Thursday, Friday

11:00 a.m. to 7:30 p.m. Wednesday

Eligibility:

Adults, children age one and up

Medicaid accepted

Sliding fee with proof of income

University of Maryland School of Dentistry provides comprehensive dental services.

Location & Contact:

650 W. Baltimore Street

Baltimore, MD 21201

(410) 706-7101

Website: <https://www.dental.umaryland.edu>

Hours of Operation:

9:00 a.m. to 5:00 p.m. Monday

8:30 a.m. to 5:00 p.m. Tuesday - Friday

Eligibility:

Adults and children

Medicaid accepted

Relatively lower fees for service

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Baltimore, MD 21201

8:30 a. m. a 5:00 p. m. Martes - Viernes

(410) 837-2050

Sitio web: <https://chasebrexton.org/services/dental-care>

Elegibilidad:

Residentes de Maryland

Adultos, niños y mujeres embarazadas

Se acepta Medicaid y Escala móvil de tarifas con prueba de ingresos requerida

Family Health Centers of Baltimore brinda servicios dentales preventivos, restaurativos, periodontales, pediátricos, protésicos y de emergencia.

Ubicación y contacto:

631 Cherry Hill Road

Baltimore, MD 21225

(410) 354-2000

Sitio web: <https://fhcb.org>

Horas de operación:

9:00 a. m. a 5:00 p. m. Lunes

8:30 a. m. a 5:00 p. m. Martes - Viernes

Elegibilidad:

Residentes de Maryland Adultos, niños de un año en adelante

Se acepta Medicaid Mujeres embarazadas

Se aceptan algunos seguros privados

Escala móvil de tarifas con prueba de ingresos y tamaño de la familia requerida

Park West Medical Center brinda servicios dentales integrales.

Ubicación y contacto:

3319 W. Belvedere Avenue

Baltimore, MD 21215

(410) 542-7800

Sitio web: <https://www.parkwestmed.org>

Horas de operación:

9:00 a. m. a 5:30 p. m. Lunes, Martes,

Jueves, Viernes

11:00 am a 7:30 pm Miércoles

Elegibilidad:

Adultos, niños de un año en adelante

Medicaid aceptado

Tarifa móvil con comprobante de ingresos

University of Maryland School of Dentistry brinda servicios dentales completos.

Ubicación y contacto:

650 W. Baltimore Street

Baltimore, MD 21201

(410) 706-7101

Sitio web: <https://www.dental.umaryland.edu>

Horas de operación:

9:00 a. m. a 5:00 p. m. Lunes

8:30 a. m. a 5:00 p. m. Martes - Viernes

Elegibilidad:

Adultos y niños

Medicaid aceptado

Tarifas relativamente más bajas por el servicio

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~ ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The ***Maryland Healthy Smiles Dental Program*** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR CARROLL COUNTY ~

Access Carroll provides preventive, diagnostic, restorative, and emergency dental services.

Location & Contact:

10 Distillery Drive, 2nd floor
Westminster, MD 21157
(410) 871-1478

Hours of Operation:

8:30 a.m. - 5:00 p.m. Monday-Friday

Eligibility:

Carroll County residents
Children and Adults
Special need patients accepted
Medicaid accepted
Sliding fee scale

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de CARROLL ~

Access Carroll brinda servicios dentales preventivos, de diagnóstico, restaurativos y de emergencia.

Ubicación y contacto:

10 Distillery Drive, segundo piso
Westminster, Maryland 21157
(410) 871-1478

Horario de atención:

8:30 a. m. - 5:00 p. m. Lunes - Viernes

Elegibilidad:

Residentes del condado de Carroll
Niños y Adultos
Se aceptan pacientes con necesidades especiales
Medicaid aceptado
Escala móvil de tarifas

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~ ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR CECIL COUNTY ~

West Cecil Health Center (Conowingo) provides preventative care, exams, extractions, fluoride treatment, cleanings, sealants, fillings and emergency dental services.

Location & Contact:

49 Rock Springs Road
Conowingo, MD 21918
(410) 378-9696
(877) 378-9696

Hours of Operation:

7:30 a.m. – 4:30 p.m. Monday, Wednesday,
Thursday
7:30 a.m. – 6:30 p.m. Tuesday
7:30 a.m. – 2:00 p.m. Saturday once per month

Eligibility:

Children and adults
Medicaid and Medicare accepted
Sliding fee scale based on income and family size required
Most major private insurances accepted
Uninsured and under-insured

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de CECIL ~

West Cecil Health Center (Conowingo) brinda atención preventiva, exámenes, extracciones, tratamiento con flúor, limpiezas, selladores, empastes y servicios dentales de emergencia.

Ubicación y contacto:

49 Rock Springs Road
Conowingo, MD 21918
(410) 378-9696
(877) 378-9696

Horario de atención:

7:30 a.m. - 4:30 p.m. Lunes Miercoles,
Jueves
7:30 a.m. - 6:30 p.m. Martes
7:30 a.m. - 2:00 p.m. Sábado una vez al mes

Elegibilidad:

niños y adultos

Se acepta Medicaid y Medicare

Se requiere una escala móvil de tarifas basada en los ingresos y el tamaño de la familia

Se aceptan la mayoría de los principales seguros privados

Sin seguro y con seguro insuficiente

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~ ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR CHARLES COUNTY ~

Charles County Health Department Dental Clinic provides preventive, restorative, emergency, and pediatric dental services.

Location & Contact:

4545 Crain Highway
White Plains, MD 20695
(301) 609-6844

Hours of Operation:

8:00 a.m. - 5:00 p.m. Monday-Friday

Eligibility:

Maryland residents
Children 6 months to 20 years, adults, and pregnant women
Special need patients accepted
Medicaid accepted
Uninsured and Under-insured
Sliding fee scale
Some private insurance accepted

Health Partners, INC provides preventive, restorative, extractions, endodontics, prosthodontics and pediatric dental services.

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de CHARLES~

Charles County Health Department Dental Clinic brinda servicios dentales preventivos, restaurativos, de emergencia y pediátricos.

Ubicación y contacto:

4545 Crain Highway
Llanuras Blancas, MD 20695
(301) 609-6844

Horario de atención:

8:00 a.m. - 5:00 p.m. Lunes - Viernes

Elegibilidad:

Residentes de Maryland
Niños de 6 meses a 20 años, adultos y mujeres embarazadas
Se aceptan pacientes con necesidades especiales
Medicaid aceptado
Sin seguro y con seguro insuficiente
escala móvil de tarifas
Se aceptan algunos seguros privados

Health Partners, INC brinda servicios dentales preventivos, restaurativos, extracciones, endodoncia, prostodoncia y pediátricos.

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Location & Contact:

3070 Crain Highway, Suite 101
Waldorf, MD 20601
(301) 645-3556

Hours of Operation:

8:00 a.m. - 4:30 p.m. Monday-Friday

Eligibility:

Maryland residents
Children, adults, and pregnant women
Medicaid & Medicare accepted
Uninsured

Calvert Community Dental Care provides preventive, restorative, emergency, and pediatric dental services.

Location & Contact:

11840 HG Trueman Road
Lusby, MD 20657
(301) 609-6844

Hours of Operation:

8:00 a.m. - 4:00 p.m. Monday-Friday

Eligibility:

Calvert, St. Mary's, and Charles County residents
Children, adults, and pregnant women
Special need patients accepted
Medicaid accepted

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Ubicación y contacto:

3070 Crain Highway, Suite 101
Waldorf, MD 20601
(301) 645-3556

Horario de atención:

8:00 a.m. - 4:30 p.m. Lunes - Viernes

Elegibilidad:

Residentes de Maryland
Niños, adultos y mujeres embarazadas
Se acepta Medicaid y Medicare
sin seguro

Calvert Community Dental Care brinda servicios dentales preventivos, restaurativos, de emergencia y pediátricos.

Ubicación y contacto:

11840 HG Trueman Road
Lusby, MD 20657
(301) 609-6844

Horario de atención:

8:00 a.m. - 4:00 p.m. Lunes - Viernes

Elegibilidad:

Residentes de los condados de Calvert, St. Mary's y Charles
Niños, adultos y mujeres embarazadas
Se aceptan pacientes con necesidades especiales
Medicaid aceptado

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR GARRETT COUNTY ~

Garrett County Health Department provides preventive, restorative, endodontic, emergency, and pediatric dental services.

Location & Contact:

1025 Memorial Drive, Room 203
Hagerstown, MD 21740
(301) 745-3777

Hours of Operation:

8:00 a.m. - 5:00 p.m. Monday-Thursday
By appointment only on Friday

Eligibility:

Garrett County residents
Children up to 21 years with MD Physicians Care/eligible for MD Healthy Smiles Dental Program
Adults with private insurances or self-pay
Pregnant women
Special needs patients
Medicaid accepted
Sliding fee scale for uninsured

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de GARRETT ~

El Departamento de Salud del Condado de Garrett brinda servicios dentales preventivos, restaurativos, de endodoncia, de emergencia y pediátricos.

Ubicación y contacto:

1025 Memorial Drive, Salón 203
Hagerstown, MD 21740
(301) 745-3777

Horas de operación:

8:00 a. m. - 5:00 p. m. Lunes - Jueves
Solo con cita los viernes

Elegibilidad:

Residentes del condado de Garrett

Niños de hasta 21 años con MD Physicians Care/elegibles para el programa dental MD Healthy Smiles

Adultos con seguros privados o de pago propio

Mujeres embarazadas

Pacientes con necesidades especiales

Medicaid aceptado

Escala móvil de tarifas para personas sin seguro

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR HARFORD COUNTY ~

Harford County Health Department provides basic and emergency dental care. Services are provided to Baltimore City residents only.

Location & Contact:

Dental Clinic
2204 Hanson Road
Edgewood, MD 21040
(443) 922-7670

Website: <https://harfordcountyhealth.com>

N. Main Family Health Center
1 N. Main Street
Bel Air, MD 21014
(410) 638-3060

Hours of Operation:

8:00 a.m. to 4:30 p.m. Monday through Friday

Eligibility:

Harford County residents

Children ages one through 20 years

Pregnant women

Medicaid eligible

No private insurance, reduced fee or sliding fee scales

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de HARFORD ~

El Departamento de Salud del Condado de Harford brinda atención dental básica y de emergencia. Los servicios se brindan únicamente a los residentes de la ciudad de Baltimore.

Ubicación y contacto:

Clínica Dental
2204 Hanson Road
Edgewood, MD 21040
(443) 922-7670
Sitio web: <https://harfordcountyhealth.com>

N. Main Family Health Center
1 N. Main Street
Bel Air, MD 21014
(410) 638-3060

Horas de operación:

8:00 am - 4:30 pm de lunes a viernes

Elegibilidad:

Residentes del condado de Harford
Niños de uno a 20 años
Mujeres embarazadas
elegible para Medicaid
Sin seguro privado, tarifa reducida o escalas móviles de tarifas

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~ ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR HOWARD COUNTY ~

Chase Brexton Health Services, Inc. provides preventive, prosthetic, restorative, emergency, and pediatric dental services.

Location & Contact:

Dental Clinic
5500 Knoll North Drive #400
Columbia, MD 21045
(410) 884-7831

Hours of Operation:

8:30 a.m. – 5:00 p.m. Monday, Tuesday,
Thursday, Friday
10:30 a.m. – 7:00 p.m. Wednesday

Eligibility:

Maryland resident
Adults, children, and pregnant women
Medicaid accepted
Sliding fee scale, proof of income required

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de HOWARD~

Chase Brexton Health Services, Inc. brinda servicios dentales preventivos, protésicos, restaurativos, de emergencia y pediátricos.

Ubicación y contacto:

Clínica Dental
5500 Knoll North Drive #400
Columbia, MD 21045
(410) 884-7831

Horas de operación:

8:30 am – 5:00 pm Lunes, Martes,
Jueves, Viernes
10:30 a. m. a 7:00 p. m. Miércoles

Elegibilidad:

Residente de Maryland
Adultos, niños y mujeres embarazadas.
Medicaid aceptado
Escala móvil de tarifas, se requiere prueba de ingresos

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The ***Maryland Healthy Smiles Dental Program*** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. A benefits management company, Skygen, runs the program for Medicaid. There are no premiums, deductibles, or copays for covered services. There is no maximum benefit amount each year. MHSDP members should never pay for covered services out of pocket.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR MONTGOMERY COUNTY ~

The ***Dental Services Program*** aims to prevent oral disease and trauma, to promote healthy dental behaviors, and to improve access to related treatment resources in the community. Services are provided to low income and uninsured/underinsured Montgomery County residents.

Location & Contact:

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. Una empresa de administración de beneficios, Skygen, ejecuta el programa de Medicaid. No hay primas, deducibles ni copagos por los servicios cubiertos. No hay una cantidad máxima de beneficios cada año. Los miembros del MHSDP nunca deben pagar de su bolsillo los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ PUBLIC HEALTH DENTAL SERVICES FOR MONTGOMERY COUNTY ~

Dental Services Program tiene como objetivo prevenir enfermedades y traumas orales, promover comportamientos dentales saludables y mejorar el acceso a recursos de tratamiento relacionados en la comunidad. Los servicios se brindan a residentes del condado de Montgomery de bajos ingresos y sin seguro o con seguro insuficiente.

Ubicación y contacto:

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Silver Spring Health Center
8630 Fenton Street, 10th floor
Silver Spring, MD 20910
240-777-3135

UpCounty Regional Services Center
12900 Middlebrook Road
Germantown, MD 20874
240-777-3290

Hours of Operation:

8:00 a.m. to 4:00 p.m. Monday through Friday, excluding holidays

Eligibility:

- ☐ Family income no greater than 250% of federal poverty guidelines
- ☐ Uninsured or have no dental insurance
- ☐ Pregnant women must be enrolled in the Maternity Partnership program before seeking dental treatment.
- ☐ Children (aged 18 or younger) must be enrolled in the Care for Kids program before seeking dental treatment.
- ☐ Seniors (aged 60 and older) enrolled in the Seniors program

~ HOWARD UNIVERSITY COLLEGE OF DENTISTRY ~ **Pediatric Dentistry Clinic**

The Howard University College of Dentistry operates a comprehensive oral health care clinic that provides quality, affordable care to the general public. The Howard University Pediatric Dentistry Clinic provides dental services to infants, children, adolescents, and individuals with special healthcare needs. Our pediatric dental clinic provides quality, comprehensive oral health services in a child-friendly environment including routine dental check-ups and cleanings, preventive dentistry services, restorative dentistry, oral sedation dentistry, dental treatment under general anesthesia (hospital dentistry), and orthodontic treatment.

Location:

600 W St. N.W.
Washington, DC 20059
(202) 806-0307

Hours of Operation:

9:00 a.m. to 5:00 p.m. Monday through Friday throughout the year.

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Silver Spring Health Center
8630 Fenton Street, 10th floor
Silver Spring, MD 20910
240-777-3135

UpCounty Regional Services Center
12900 Middlebrook Road
Germantown, MD 20874
240-777-3290

Horas de operación:

8:00 am a 4:00 pm Lunes a viernes, excepto festivos

Elegibilidad:

- ☐ Ingreso familiar no superior al 250% de las pautas federales de pobreza
- ☐ Sin seguro o sin seguro dental
- ☐ Las mujeres embarazadas deben estar inscritas en el programa Maternity Partnership antes de buscar tratamiento dental.
- ☐ Los niños (de 18 años o menos) deben estar inscritos en el programa Care for Kids antes de recibir tratamiento dental.
- ☐ Mayores (mayores de 60 años) inscritos en el programa Mayores

~ HOWARD UNIVERSITY COLLEGE OF DENTISTRY ~ **La Clínica de Odontología Pediátrica**

Howard University College of Dentistry opera una clínica integral de atención de la salud bucal que brinda atención asequible y de calidad al público en general. La Clínica de Odontología Pediátrica de Howard University brinda servicios dentales a bebés, niños, adolescentes y personas con necesidades especiales de atención médica. Nuestra clínica dental pediátrica brinda servicios de salud bucal completos y de calidad en un entorno acogedor para los niños, incluidos controles y limpiezas dentales de rutina, servicios de odontología preventiva, odontología restauradora, odontología de sedación oral, tratamiento dental bajo anestesia general (odontología hospitalaria) y tratamiento de ortodoncia.

Ubicació:

600 W St. N.W.
Washington, DC 20059
(202) 806-0307

Horas de operación:

9:00 am a 5:00 pm Lunes a viernes durante todo el año.

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The ***Maryland Healthy Smiles Dental Program*** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. A benefits management company, Skygen, runs the program for Medicaid. There are no premiums, deductibles, or copays for covered services. There is no maximum benefit amount each year. MHSDP members should never pay for covered services out of pocket.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR PRINCE GEORGE'S COUNTY ~

The ***Dental Health Program*** provides comprehensive dental treatment with an emphasis on oral health education and early intervention to prevent early childhood caries and to ensure quality access to services for uninsured residents of the County. ***Fees are based on a sliding scale.***

Location & Contact:

Cheverly Health Center
Prince George's County Health Department
3003 Hospital Drive, Suite 1048
Cheverly, Maryland 20785
Phone: 301-583-5900
Email: <https://www.princegeorgescountymd.gov/1992/Dental-Services>

Hours of Operation:

8:00 a.m. to 4:30 p.m. Monday through Friday, excluding holidays

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. Una empresa de administración de beneficios, Skygen, ejecuta el programa de Medicaid. No hay primas, deducibles ni copagos por los servicios cubiertos. No hay una cantidad máxima de beneficios cada año. Los miembros del MHSDP nunca deben pagar de su bolsillo los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ PUBLIC HEALTH DENTAL SERVICES FOR PRINCE GEORGE'S COUNTY ~

Dental Health Program brinda tratamiento dental integral con énfasis en la educación sobre la salud bucal y la intervención temprana para prevenir las caries en la primera infancia y garantizar el acceso de calidad a los servicios para los residentes del condado que no tienen seguro. ***Las tarifas se basan en una escala móvil.***

Ubicación y contacto:

Cheverly Health Center
Prince George's County Health Department
3003 Hospital Drive, Suite 1048
Cheverly, Maryland 20785
Teléfono: 301-583-5900

Correo electrónico: <https://www.princegeorgescountymd.gov/1992/Dental-Services>

Horas de operación:

8:00 am a 4:30 pm Lunes a viernes, excepto festivos

Eligibility:

- ☐ Children ages 0 to 20 enrolled in the Maryland Healthy Smiles Program through Medicaid,
- ☐ Uninsured children ages 0 to 18 years,
- ☐ Maternity patients who have Medicaid,
- ☐ Those referred by the Prince George's County Health Department Maternal Health and Family Planning Program, and
- ☐ HAP patients

Covered Services:

Comprehensive dental care includes preventive and restorative dental services, with an emphasis on prevention and early intervention. Referrals for appropriate specialty care are provided along with case management to assist families with finding a dental home.

~ HOWARD UNIVERSITY COLLEGE OF DENTISTRY ~
Pediatric Dentistry Clinic

The Howard University College of Dentistry operates a comprehensive oral health care clinic that provides quality, affordable care to the general public. The Howard University Pediatric Dentistry Clinic provides dental services to infants, children, adolescents, and individuals with special healthcare needs. Our pediatric dental clinic provides quality, comprehensive oral health services in a child-friendly environment including routine dental check-ups and cleanings, preventive dentistry services, restorative dentistry, oral sedation dentistry, dental treatment under general anesthesia (hospital dentistry), and orthodontic treatment.

Location:

600 W St. N.W.
Washington, DC 20059
(202) 806-0307

Hours of Operation:

9:00 a.m. to 5:00 p.m. Monday through Friday throughout the year.

Elegibilidad:

- ☐ Niños de 0 a 20 años inscritos en el Programa de Maryland Healthy Smiles a través de Medicaid,
- ☐ Niños sin seguro de 0 a 18 años,
- ☐ Pacientes de maternidad que tienen Medicaid,
- ☐ Aquellos referidos por el Programa de Prince George's County Health Department Maternal Health and Family Planning, y
- ☐ Pacientes con HAP

Servicios cubiertos:

La atención dental integral incluye servicios dentales preventivos y restaurativos, con énfasis en la prevención y la intervención temprana. Se brindan referencias para la atención especializada adecuada junto con la administración de casos para ayudar a las familias a encontrar un hogar dental.

~ HOWARD UNIVERSITY COLLEGE OF DENTISTRY ~
La Clínica de Odontología Pediátrica

Howard University College of Dentistry opera una clínica integral de atención de la salud bucal que brinda atención asequible y de calidad al público en general. La Clínica de Odontología Pediátrica de Howard University brinda servicios dentales a bebés, niños, adolescentes y personas con necesidades especiales de atención médica. Nuestra clínica dental pediátrica brinda servicios de salud bucal completos y de calidad en un entorno acogedor para los niños, incluidos controles y limpiezas dentales de rutina, servicios de odontología preventiva, odontología restauradora, odontología de sedación oral, tratamiento dental bajo anestesia general (odontología hospitalaria) y tratamiento de ortodoncia.

Ubicación:

600 W St. N.W.
Washington, DC 20059
(202) 806-0307

Horas de operación:

9:00 am a 5:00 pm Lunes a viernes durante todo el año.

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~ ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit **member.mdhealthysmiles.com** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR QUEEN ANNE'S COUNTY ~

Choptank Community Health Systems, Inc. provides comprehensive dental services and emergencies.

Contact:

(410) 745-5020

Website: <https://www.choptankhealth.org>

Locations:

Bay Hundred Dental Center
933 Talbot Street, Unit 4
St. Michaels, MD 21663

Cambridge Dental Center at the Fassett Magee Health Center
503-A Muir Street
Cambridge, MD 21613

Federalsburg Dental Center
215 Bloomingdale Avenue
Federalsburg, MD 21632

Hours of Operation:

8:00 a.m. – 4:30 p.m. Monday - Friday

7:30 a.m. - 6:00 p.m. Monday - Thursday
8:00 a.m. - 4:30 p.m. Friday

7:30 a.m. - 5:30 p.m. Monday
7:30 a.m. - 4:30 p.m. Tuesday - Thursday
8:00 a.m. - 4:30 p.m. Friday

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de QUEEN ANNE'S ~

Choptank Community Health Systems, Inc. proporciona emergencias y servicios dentales completos.

Contacto:

(410) 745-5020

Sitio web: <https://www.choptankhealth.org>

Ubicaciones:

Bay Hundred Dental Center
933 Talbot Street, Unit 4
St. Michaels, MD 21663

Horas de operación:

8:00 a.m. - 4:30 p.m. Lunes - Viernes

Cambridge Dental Center at the Fassett Magee Health Center
503-A Muir Street
Cambridge, MD 21613

7:30 a.m. - 6:00 p.m. Lunes - Jueves
8:00 a.m. - 4:30 p.m. Viernes

Federalburg Dental Center
215 Bloomingdale Avenue
Federalburg, MD 21632

7:30 a.m. - 5:30 p.m. Lunes
7:30 a.m. - 4:30 p.m. Lunes - Jueves
8:00 a.m. - 4:30 p.m. Viernes

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Goldsboro Family Dental Center
316 Railroad Avenue
Goldsboro, MD 21636

8:00 a.m. - 4:30 p.m. Monday - Friday

Eligibility:

Age one year and up and pregnant women
Medicaid accepted
Sliding fee scale
Private insurances accepted

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Goldsboro Family Dental Center
316 Railroad Avenue
Goldsboro, MD 21636

8:00 a.m. - 4:30 p.m. Lunes - Viernes

Elegibilidad:

Edad de un año en adelante y mujeres embarazadas

Medicaid aceptado

escala móvil de tarifas

Se aceptan seguros privados

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR TALBOT COUNTY ~

Choptank Community Health Systems, Inc. provides comprehensive dental services and emergencies.

Location & Contact:

Bay Hundred Dental Center

933 Talbot Street, Unit 4

St. Michaels, MD 21663

(410) 745-5020

Website: <https://www.choptankhealth.org>

Hours of Operation:

8:00 a.m. - 4:30 p.m. Monday - Friday

Eligibility:

Children age one year and up and pregnant women

Medicaid accepted

Sliding fee scale

Private insurances accepted

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de TALBOT ~

Choptank Community Health Systems, Inc. proporciona emergencias y servicios dentales completos.

Ubicación y contacto:

Bay Hundred Dental Center
933 Talbot Street, Unit 4
St. Michaels, MD 21663
(410) 745-5020

Sitio web: <https://www.choptankhealth.org>

Horario de atención:

8:00 a.m. - 4:30 p.m. Lunes - Viernes

Elegibilidad:

Niños de un año en adelante y mujeres embarazadas
Medicaid aceptado
escala móvil de tarifas
Se aceptan seguros privados

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- ☐ Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit **member.mdhealthysmiles.com** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR WASHINGTON COUNTY ~

Family Healthcare of Hagerstown provides comprehensive dental services.

Location & Contact:

201 S. Cleveland Avenue
Hagerstown, MD 21740
(301) 745-3777

Hours of Operation:

8:00 a.m. - 4:30 p.m. Monday-Friday

Eligibility:

Maryland residents

Children and adults

Sliding fee scale for uninsured and under-insured with proof of income required

Most private insurances accepted

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar ***member.mdhealthysmiles.com*** para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de WASHINGTON ~

Family Healthcare of Hagerstown brinda servicios dentales integrales.

Ubicación y contacto:

201 S. Cleveland Avenue
Hagerstown, MD 21740
(301) 745-3777

Horario de atención:

8:00 a.m. - 4:30 p.m. Lunes - Viernes

Elegibilidad:

Residentes de Maryland
niños y adultos

Escala móvil de tarifas para personas sin seguro y con seguro insuficiente con prueba de ingresos requerida

Se aceptan la mayoría de los seguros privados

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~ ORAL HEALTH RESOURCES

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

The **Maryland Healthy Smiles Dental Program** (MHSDP) provides dental care to eligible Medicaid members. Medicaid covers a wide range of dental services. There are no premiums, deductibles, or copays for covered services.

Eligibility:

- Children under 21 years old are eligible for the program.

Covered Services:

Covered benefits and services include regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, sealants, orthodontics, fluoride varnish, and anesthesia.

Contact:

For more information you can contact (855) 934-9812 (phone), Maryland Relay dial 711 (TTY), or outreachcoordinator@skygenusa.com (email). You can visit ***member.mdhealthysmiles.com*** to find a Medicaid dentist near you.

~ PUBLIC HEALTH DENTAL SERVICES FOR WICOMICO COUNTY ~

Wicomico County Health Department, Village Dental Center provides comprehensive dental services.

Location & Contact:

705 North Salisbury Boulevard
Salisbury, MD 21804
(410) 334-3401

Hours of Operation:

8:00 a.m. - 4:30 p.m. Monday - Friday

Eligibility:

Wicomico, Worcester, and Somerset County residents
Children up to age 20 and pregnant women
Special needs patients
Medicaid accepted

Chesapeake Health Care Dental provides comprehensive dental services.

Locations & Contact:

Princess Anne Clinic
12165 Elm Street
Princess Anne, MD 21853
(410) 651-5151

Hours of Operation:

7:00 a.m. - 5:00 p.m. Monday - Friday

Services: Preventative, comprehensive, and pediatric dental services including conscious sedation

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

RECURSOS de SALUD ORAL

~ MARYLAND HEALTHY SMILES DENTAL PROGRAM ~

Maryland Healthy Smiles Dental Program (MHSDP) brinda atención dental a miembros elegibles de Medicaid. Medicaid cubre una amplia gama de servicios dentales. No hay primas, deducibles ni copagos por los servicios cubiertos.

Elegibilidad:

- ☐ Los niños menores de 21 años son elegibles para el programa.

Servicios cubiertos:

Los beneficios y servicios cubiertos incluyen chequeos regulares, limpieza dental, tratamientos con fluoruro, radiografías, empastes, tratamientos de conducto, coronas, extracciones, selladores, ortodoncia, barniz de fluoruro y anestesia.

Contacto:

Para obtener más información, puede comunicarse al (855) 934-9812 (teléfono), Maryland Relay marcar 711 (TTY) o outreachcoordinator@skygenusa.com (correo electrónico). Puede visitar member.mdhealthysmiles.com para encontrar un dentista de Medicaid cerca de usted.

~ SERVICIOS DENTALES DE SALUD PÚBLICA PARA CONDADO de WICOMICO ~

Wicomico County Health Department, Village Dental Center brinda servicios dentales integrales.

Ubicación y contacto:

705 North Salisbury Boulevard
Salisbury, MD 21804
(410) 334-3401

Horario de atención:

8:00 a.m. - 4:30 p.m. Lunes - Viernes

Elegibilidad:

Residentes de los condados de Wicomico, Worcester y Somerset
Niños hasta 20 años y mujeres embarazadas
Pacientes con necesidades especiales
Medicaid aceptado

Chesapeake Health Care Dental brinda servicios dentales completos.

Ubicaciones y contacto:

Clínica Princesa Ana
12165 Elm Street
Princess Anne, MD 21853
(410) 651-5151

Horario de atención:

7:00 a.m. - 5:00 p.m. Lunes - Viernes

Servicios: Servicios preventivos, integrales, y servicios dentales pediátricos que incluyen sedación consciente

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Salisbury Clinic
1615 Tree Sap Lane, Suite A
Salisbury, MD 21804
(443) 944-9600

7:00 a.m. - 5:00 p.m. Monday - Friday

Services: Comprehensive dental
services for children and pregnant
women

Eligibility:

Wicomico, Worcester, and Somerset County residents
Children up to age 18, adults, and pregnant women
Special needs patients
Medicaid accepted
Sliding fee scale available
Some private insurances accepted

~ MARYLAND'S ORAL HEALTH SURVEY OF SCHOOL CHILDREN ~

Clínica de Salisbury
1615 Tree Sap Lane, Suite A
Salisbury, MD 21804
(443) 944-9600

7:00 a.m. - 5:00 p.m. Lunes - Viernes

Servicios: Atención dental integral
servicios para niños y embarazadas
mujeres

Elegibilidad:

Residentes de los condados de Wicomico, Worcester y Somerset

Niños hasta 18 años, adultos y mujeres embarazadas

Pacientes con necesidades especiales

Medicaid aceptado

Escala móvil de tarifas disponible

Se aceptan algunos seguros privados

Maryland Department of
Health Office of Oral Health
Baltimore, Maryland