

Maryland's Children at Risk

Findings from Survey Shows High Prevalence of Tooth Decay

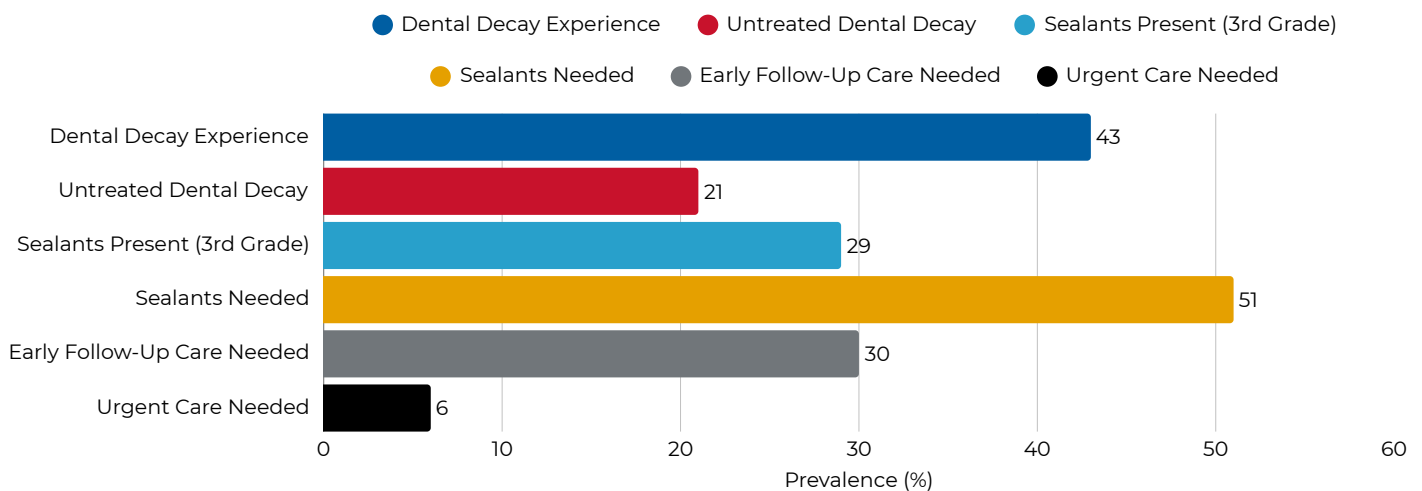


Overview

The **2022–2023 Maryland Oral Health Survey of School Children** reveals persistent oral health disease as well as disparities across racial, economic, and geographic lines. The survey was conducted by the Maryland Department of Health, Office of Oral Health in partnership with the Howard University College of Dentistry between January 15, 2022, and December 30, 2023. It assessed the oral health status of public and public charter school children in kindergarten and third grade. This data brief outlines the survey's most critical findings and provides actionable steps that **dentists and primary care providers (PCPs)** can take—individually and together—to address preventable dental disease and improve long-term health outcomes for Maryland's youngest residents.

Key Findings

Oral Health Indicators Among Maryland School Children (2022-2023)



Groups at Greatest Risk

Dental Decay Experience:	Hispanic (58%), Low-income (59%) and Western MD children (47%)
Untreated Dental Decay:	Hispanic (30%), Low-income (33%) and Western MD children (27%)
Sealants Present (3rd Grade):	African American children (27%), Western MD children (24%)
Sealants Needed:	African American children (60%), Western MD children (72%)
Early Follow-up Care Needed:	Hispanic & Low-income children (38%) Western MD (49%)
Urgent Dental Care Needed:	Western MD (16%), Low-income (9%) and Hispanic children (7%)

Citation: Maryland Childrens Oral Health Survey (2022-2023)

Clinical Implications and Action Steps

Without timely care, tooth decay can have severe consequences, such as pain, infection, missed school, low self-esteem, and possible systemic infection. Children in minority and low-income communities are at increased risk for tooth decay. Addressing these inequities is essential to ensure all children have the opportunity to have healthy smiles and overall well-being.

What You Can Do

Primary Care Providers:

Apply Fluoride Varnish During Well-Child Visits Learn about [Maryland's Mouths Matter Fluoride Varnish and Oral Health Screening Program for Kids](#).

- Reduces the risk of decay in primary teeth.
- Recommended every 3-6 months for children up to age 5 (or longer for high-risk patients).
- Covered by Medicaid by the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

Conduct Oral Health Risk Assessments

- Incorporate using tools like [AAP Caries Risk Assessment](#) into routine exams.
- Identify early signs of decay. Refer to dental resources promptly. Learn more at smilesforlifeoralhealth.org.

Educate Parents

- Promote the first dental visit by age 1 and stress good oral health and dietary habits.
- Explain the importance of dental sealants at age 6+ for molars.

Dental Providers:

Prioritize Sealant Placement

- Apply sealants on first and second molars in children ages 6-13.
- Reach out to families of high-risk children, especially Black and Hispanic children and children in Western Maryland, where sealant use is lowest and need is highest.

Increase Use of Fluoride Varnish

Apply during routine cleanings, especially for children with active decay or limited dental history.

Expand Access in Underserved Areas

Support or participate in school-based/linked sealant programs to reach high-need communities.

Educate

Counsel families on cavity prevention, proper brushing habits with a fluoride toothpaste, benefits of fluoridated tap water, limiting sugar intake, and seeing a dentist regularly.

Working Together: A Call to Action

For too long, siloed care has been the norm. Both medical and dental providers play crucial roles in preventing tooth decay. By working together, we can share information, detect early risk of decay, coordinate care, and align prevention efforts. Let's work together to close the gap and build a stronger safety net for Maryland's children.

For more, visit bit.ly/MDChildhoodOralHealthSurvey.