

# Investing in Childhood Oral Health Equity

## The Promise

All children deserve to be free from the pain and lasting impacts of dental disease. Families should have easy and affordable access to preventive and treatment services to maintain good childhood oral health.

## The Challenge

Children's oral health has improved in recent decades, but dental caries remains the most common chronic disease of childhood and notable oral health disparities persist.<sup>1</sup> Improvements have not been uniform, with oral health problems disproportionately impacting young children, uninsured children, children living in poverty, non-Hispanic Black children, children from non-English-speaking households including immigrants and refugees, and children with special health care needs—all of whom are less likely to receive needed preventive oral health care.<sup>2</sup>

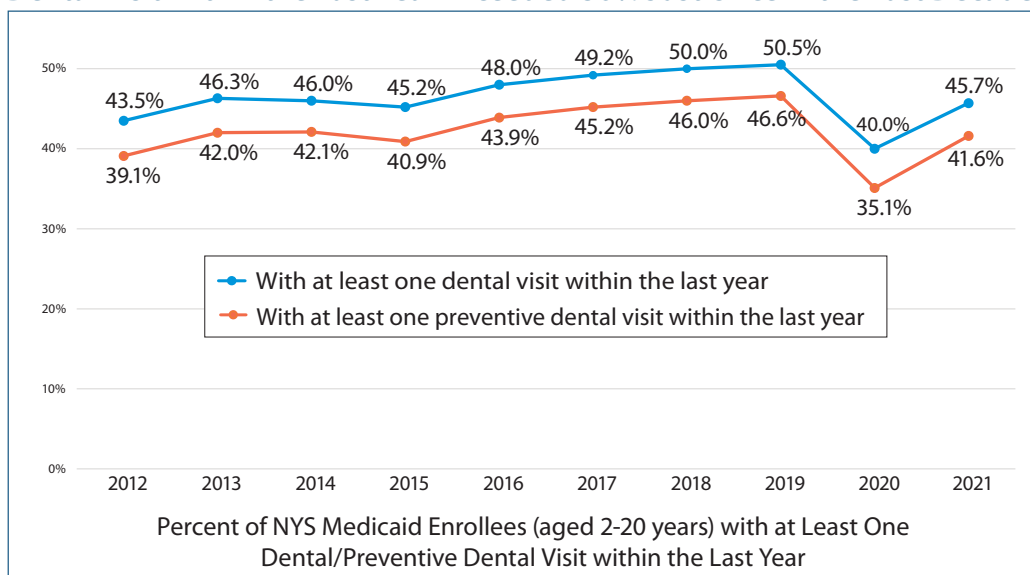
These disparities relate to many of the same social and economic factors that drive other health disparities.<sup>3</sup> Access to medical and dental care, along with factors such as poverty, racism, education, access to healthy foods, culture, and physical environment, influence oral health status in the same way these factors influence overall health.<sup>4</sup> The lack of providers with language and cultural proficiency can pose a significant barrier for immigrant and refugee populations.<sup>5</sup>

Tooth decay is largely preventable. Investing in prevention by increasing access to services, promoting the integration of dental care into primary care, implementing public health programs such as community water fluoridation, and educating families and communities about oral health, will result in better oral health for New York children.

## What We Know

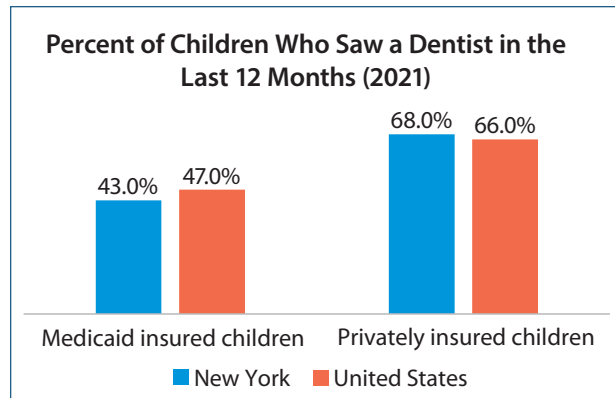
Having dental insurance—public or private—improves access to dental care.<sup>6</sup> Yet utilization of dental services among children covered by Medicaid and Child Health Plus was only 50% before the pandemic and, post-pandemic, has not recovered to even that rate. Among the reasons for low utilization is a lack of dental providers in some geographic areas and a shortage of dental providers accepting Medicaid.<sup>7</sup>

**The Percentage of Medicaid-Enrolled New York Children Who Had at Least One Dental Visit Within the Last Year Exceeded 50% Just Once in the Last Decade**



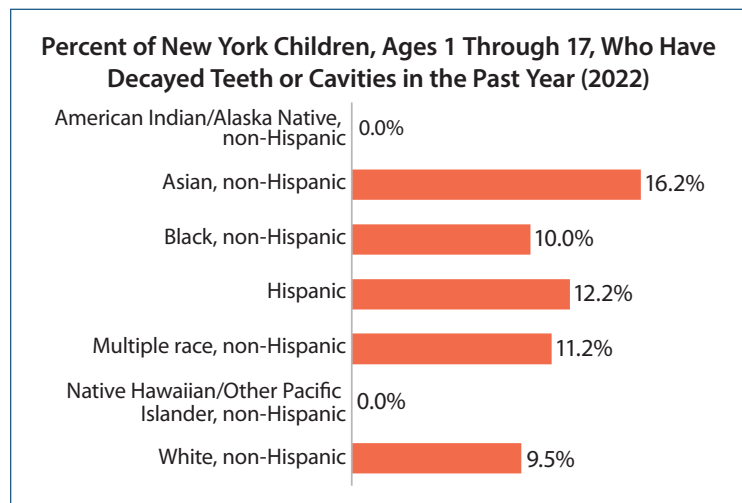
Source: NYS Department of Health. New York State Community Health Indicator Reports (CHIRS) Dashboard

## Children With Commercial Coverage Are More Likely to Have a Dental Visit Than Children Covered by Medicaid



Source: American Dental Association. Dental Care Utilization Among Children Dashboard.

## Disparities in Dental Disease Exist by Race and Ethnicity, but New York Does Not Have the Necessary Data to Understand Which Specific Population Groups Are Most Impacted and Why the Disparity Exists



Source: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH) Data Query.

The results of an inadequate dental delivery system for children covered by Medicaid and Child Health Plus can partially explain the inequity in care. Other factors could include low oral health literacy in families, as well as language and cultural barriers.<sup>8</sup>

## Policy Solutions

Most oral health problems are preventable, and many preventive services are covered by Medicaid and commercial health insurance. To improve children's oral health, New York should:

- ▶ Expand/strengthen the oral health workforce and consider: 1) strategies to increase the number of dentists in the Medicaid program; 2) expanding the scope of practice for dental hygienists; and 3) licensing dental therapists.
- ▶ Increase funding for school-based programs, mobile dental, and tele-dental services.
- ▶ Dedicate additional funding in the NYS Department of Health to provide technical assistance, training, and resources on oral health to early childhood programs.
- ▶ Reimburse community health workers and community dental health coordinators to provide oral health education and care coordination.
- ▶ Allow additional practitioners to administer fluoride varnish and allow parents to apply fluoride varnish under instruction of a dental provider.
- ▶ Continue to provide resources for community water fluoridation.

<sup>1</sup> Crall J.J., & Vujicic M. (2020) *Children's Oral Health: Progress, Policy Development, And Priorities For Continued Improvement*. *Health affairs (Project Hope)*, 39(10),1762-1769.

<sup>2</sup> Corr, A., Wenderoff, J. (2022). *Inequitable Access to Oral Health Care Continues to Harm Children of Color Analysis of outcomes among third-graders highlights gaps in data*.

<sup>3</sup> National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*. US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.

<sup>4</sup> Krol, D.M., & Whelan, K. (2023). *Maintaining and Improving the Oral Health of Young Children*. American Academy of Pediatrics.

<sup>5</sup> Le, H., Hirota, S., Liou, J., Sitlin, T., Le, C., & Quach, T. (2017). *Oral Health Disparities and Inequities in Asian Americans and Pacific Islanders*. *American Journal of Public Health*, 107(S1), S34–S35.

<sup>6</sup> National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*. US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.

<sup>7</sup> National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*.

<sup>8</sup> National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*.

\* For all sources and computations, go to <https://bit.ly/NYSchildren>