Ensuring Oral Health Care for All Children

The Promise

All children should have the opportunity to grow up free from the pain and long-term consequences of dental disease, regardless of income, race, or country of origin. Families require accessible and affordable preventive care and treatment to support optimal oral health throughout childhood. Expanding access to oral health care will improve childhood health and wellbeing overall and set New York children on a path to be healthier as adults.

The Challenge

Although children's oral health care has improved over recent decades, cavities remain the most common chronic condition of childhood.[1] One key reason the prevalence of dental caries persists is a persistent shortage of dental providers. When families cannot find a dentist that accepts their insurance or is located in their area, they often postpone preventive and surgical dental care, which can result in the need to eventually seek care in an emergency room.[2]

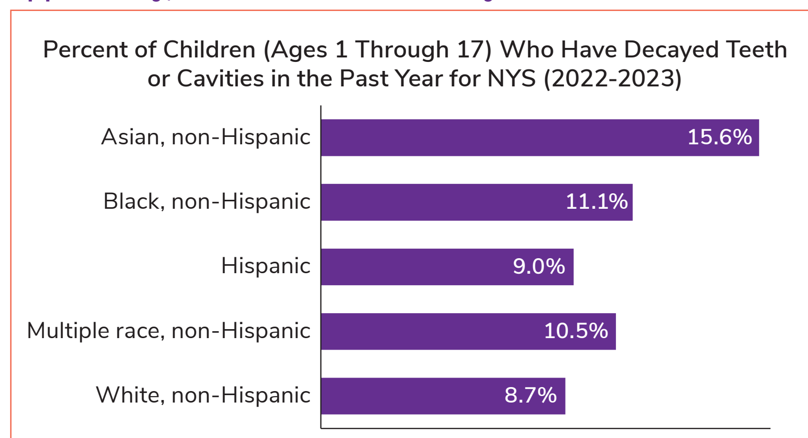
Insurance coverage is also crucial for accessing oral health care. Looking ahead, impending cuts to Medicaid funding and imposition of work reporting and other requirements for adults, are expected to result in thousands of children losing coverage. Studies have shown that parental health insurance continuity is integral to maintaining children's insurance coverage.[3]

What We Know

Disparities in dental disease are significant, stemming from the same social and economic determinants that drive broader health inequities, including poverty, racism, education, access to nutritious food, cultural norms, and environmental conditions.[4]

A persistent shortage of dental providers—particularly those who accept public coverage—contributes to poor oral health outcomes for children.

Disparities in dental disease exist by race and ethnicity driven by factors such as poverty, racism, unequal educational opportunity, lack of access to healthy foods

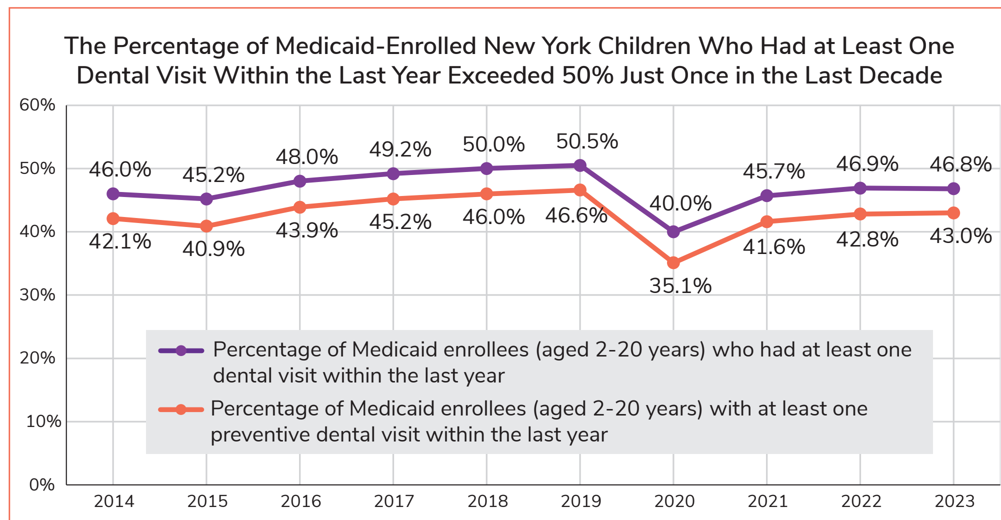


Source: Child and Adolescent Health Measurement Initiative. (n.d). 2022-2023 National Survey of Children's Health (NSCH) data query.

One significant barrier to ensuring broad access to oral health care—including to those groups traditionally underserved—is the shortage of dental providers who accept public insurance and the limited availability of providers in low-income and rural areas.[5] In addition, gaps in language access and cultural competence restrict care for immigrant and refugee populations.[6]

Most oral health conditions in children are preventable, and preventive services for children are covered by both Medicaid and commercial insurance. However, insurance coverage does not guarantee access when local provider capacity is insufficient or when providers decline to accept public coverage.[7] For example, in

most years over the last decade, less than half of New York children enrolled in Medicaid received a dental service annually.



Source: NYS Department of Health. (2024). New York State Community Health Indicator Report Dashboard (CHIRS).

Pregnant individuals experience unique risks but limited access.

Physiological changes during pregnancy increase vulnerability to oral disease, and inadequate care during this period can adversely affect both maternal and infant health.[8] Yet, many pregnant people encounter difficulty obtaining timely and appropriate oral health services. In 2022, 18.8% of pregnant women reported needing dental care for a problem and just 14.4% reported going to a dentist or dental clinic for a problem during pregnancy.[9]

State Policy Solutions

- Permit parents/caregivers and medical assistants in primary care, clinic, and other settings to apply fluoride varnish under the guidance of a licensed provider.
- Create a teledental task force to promote services and expand care in underserved areas.
- Sustain and strengthen community water fluoridation.
- Establish pilot programs in pediatric and obstetric/gynecologic settings to integrate oral health screening, preventive care, and referral to dental providers.
- Authorize dental therapists, a mid-level provider, to practice in New York.
- Create an oral health training program for community health workers so they may become members of oral health teams.

> “[I would like to see] more providers that reflect the communities that they work in or that they are living in. We need a lot more representation and we need to also break those barriers that make it very, very hard for diverse communities to enter those fields because of financial reasons or just...systemic biases.
>
> —Medicaid Beneficiary and Advocate”

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[6] Le, H., Hirota, S., Liou, J., Sitlin, T., Le, C., & Quach, T. (2017). Oral Health Disparities and Inequities in Asian Americans and Pacific Islanders.
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[8] Hartnett, E., Haber, J., Krainovich-Miller, B., Bella, A., Vasilyeva, A., & Kessler, J. L. (2016). Oral Health in Pregnancy.
[9] New York State Department of Health. (2022). Pregnancy Risk Assessment Monitoring System.

*For all sources and computations go to: https://scaany.org/sonyc-sources-2026/