

Dental Care Barriers for Children with Disabilities: Challenges and Solutions

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Receiving access to dental care for children with disabilities is a difficult issue that is continuously affecting the lives of many families and healthcare providers. Multiple research articles and studies have been made proving how this demographic experiences a greater rate of dental illnesses than in comparison to others without disabilities. Although knowing these circumstances they repeatedly encounter stubborn obstacles in receiving adequate treatment. Many of these obstacles include sensory/behavioral challenges that typically occur during appointments, expenses for families, and a scarcity of dentists that are qualified and able to treat these patients by accommodating their special needs. Being able to comprehend these difficulties is essential in creating strategies that address the much-needed improvement and advancement in accessibility, it also opens the eyes to others of the realities constantly faced by these children with disabilities. Children with disabilities experience limited access to dental services due to sensory and behavioral difficulties, financial constraints, and providers' training limitations, and addressing this issue requires solutions that directly target each of these barriers while considering both family needs and provider challenges.

To start off, this issue not only affects the kids but majorly the parents of these children as well. Many parents of children with disabilities typically experience great hardship when

trying to obtain proper dental care for their children. A study was conducted by Nowak and Casamassimo (2015) that spoke to parents of these children, they surveyed them and reported that most of them all had similar experiences. They often experience a shortage of accessible clinics, excessive wait times, and a demanding time finding qualified providers. Most of these families feel as if they have no other solutions to obtain secure, effective, and affordable treatment for their family. These findings show the stubborn nature of the barriers presented constantly and how parents are forced to deal with them. On the same note another reporting was made by Alqahtani, Wyne, and Alsharif (2024), they conducted interviews with parents of children with disabilities as well. These parents said how their children experience sensory and behavioral struggles when having to attend appointments. They show how it is more than just the operational challenges but the routine as a whole that makes dental care difficult for all involved. Both of these perspectives illuminate how families are greatly affected by logistical aspects as well as the day to day demands of care for a child with special needs. This supports the argument that access to dental care is not only limited by availability but also by the practical and emotional challenges families face in maintaining consistent treatment.

In addition to familiar challenges, dentists are also facing obstacles in providing proper care to all. Many dentists are not qualified or prepared to treat children with special needs, it was discussed by da Fonseca, Casamassimo, and Seale (2009) that this is due to a lack of specialized training. These insufficient trainings lead to doctors not being able to handle patient behavior management and a scarcity of effective treatment. A shortage of proper education gives providers the feeling of not delivering the highest degree of treatment to all patients. This is supported by The American Academy of Pediatric Dentistry (2022), it highlights the desperate need for more professional training and behavioral management techniques to make sure the

treatment given is accommodated accordingly to patients with special needs. The provider aspect of this issue gives another perspective as to what challenges are continually faced. This reinforces the idea that limited training is a direct barrier to care, as it reduces the number of providers willing and able to treat children with disabilities effectively.

Another contributing barrier is the financial burden families go through when trying to find treatment. The NORC at the University of Chicago (2025) reported that children with special needs typically have higher rates of dental diseases that go untreated. This is partially due to inadequate health insurance integrated with the high cost of specialized care. Many families struggle with the extra expenses that typically come in caring for a disabled person such as specialized equipment, extended appointments and even transportation. All these factors contribute to the limitation of consistent dental care. Adding to these findings the CDC (2023) illuminates the inequities to access in oral health for children with disabilities and proves how structural barriers like limited qualified dentists and economic challenges are all factors to current disparities. Being able to address and manage these financial obstacles is a significant part in creating a more accessible dental care system. Together, these sources support the argument that financial limitations are a major structural barrier that prevents consistent and equitable access to dental care.

There are many suggested strategies from multiple sources for the improvement of care for children with disabilities. A recommendation by Alqahtani, Wyne, and Alsharif (2024) stated that there should be an expansion on professional training for providers, the creation of more accessible clinics and an extension financial support. In equivalent to that the American Academy of Pediatric Dentistry (2022) also adds that implementing behavioral management

techniques and caregiver engagement can increase treatment effectiveness. NORC (2025) believes in strengthening policy level solutions, such as enlarging Medicaid insurance coverage to support families struggling financially to break down this economic barrier. Combining all these strategies directly addresses the key barriers of provider training, financial limitations, and accessibility, creating more effective solutions for both providers and families.

In conclusion, the issue of limited dental care services to children with disabilities has multiple layers and is complex. It impacts families and healthcare providers both. This limited access to dental care has various barriers, from sensory and behavioral issues to financial difficulties and insufficient provider training, as proven by research from Nowak and Casamassimo, Alqahtani, Wyne, Alsharif, da Fonseca and colleagues, the American Academy of Pediatric Dentistry, NORC at the University of Chicago, and the Centers for Disease Control and Prevention. Families have to deal with long wait times, few clinics, and high costs, while dentists are unable to help most children to the standard they require. A solution that is able to address all these urgent needs is necessary and it has to be a collaborated effort in order to achieve this. Moving forward, continued research, policy changes, and expanded training programs will be essential in reducing these disparities. By addressing these barriers directly, the future of dental care can become more inclusive and accessible for children with disabilities.

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