CORRESPONDENCE

Being There: Presence, Trust, and Rural Health in North Carolina

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To the Editor—My father was born in the coal fields of eastern Kentucky. As a child, he watched neighbors' lives cut short by diseases we now know how to prevent. He carried the scars of inadequate dental care for the rest of his life, a reminder of what it meant to grow up poor in rural America. Those experiences shaped his calling to pediatrics and his lifelong advocacy for children who, because of financial, physiological, or behavioral limitations, were too often on the short end of the stick.

He worked both through and around the system. Among his proudest accomplishments was creating the Tooth Bus, a mobile dental clinic that brought care into remote mountain communities where families otherwise went without. He also worked with the region's largest hospital system to grant pediatric dentists access to operating rooms, ensuring that children who needed dental surgery could receive it safely within a hospital setting.

What I remember most was his belief that health care is built on trust. He understood that showing up matters, being physically and emotionally present in the communities that need care most. When patients resisted medical advice, he never blamed them. He saw misunderstanding as something to be treated with listening, compassion, and persistence.

The clinicians serving rural communities today carry that same spirit, often under extraordinary pressure. About one-third of North Carolinians live in rural areas, many in counties facing persistent shortages of doctors, dentists, and other health professionals. Rural health faces real headwinds, including workforce shortages, hospital closures, the high cost of care, and a growing erosion of trust fueled by misinformation. Still, many continue to show up and do the quiet, steady work of care in the places where it is needed most.

My father's example feels more relevant than ever. He would have been frustrated by today's misinformation but not surprised by it. He would have understood that fear and confusion take root when there is a lack of trust—when institutions are absent, information is unclear, and people don't feel a steady presence or consistent care in their lives. And he would have continued to find creative ways to be in those communities, meeting people where they are and earning trust, one relationship at a time.

If we are serious about improving rural health, we must pair innovation and policy reform with human connection. North Carolina has the knowledge, the talent, and the resources. What is needed now is the collective will to bring them closer to the communities where trust and consistent care are often hardest to sustain.

Declaration of interests

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