

Improving Access to Dental Care Remains a Priority of One of North Carolina's Largest Philanthropies

John H. Frank

For more than a decade, improving access to dental care has been a priority for the Health Care Division of the Kate B. Reynolds Charitable Trust. Since 1995, the Trust has awarded more than 130 grants totaling \$21.2 million in support of programs addressing multiple facets of the issue. Yet, in meetings, workshops, and consultations, front-line professionals in every corner of the state continue to list dental access as one of the top three healthcare concerns facing their communities.

With funding provided by the Kate B. Reynolds Charitable Trust and The Duke Endowment, the North Carolina Institute of Medicine Task Force on Dental Care Access began a study of the issue in 1998. Results of the study, which were released in 1999, showed that North Carolina ranked 47th in the supply of dentists to serve state residents, with only 3.8 dentists per 10,000 population—far below the national rate of 6.0 dentists per 10,000. Uneven geographical distribution of practicing dentists intensified the shortages, particularly in rural areas. At that time, four counties had no

dental practice; another 36 counties had no dental practice that offered services to Medicaid patients. Although a significant number of private dentists regularly volunteer their time at free clinics and community or rural health centers, the number of Medicaid- and uninsured- or underinsured-patients exceeds the

number that can be served by available providers. Following the study, the task force issued 23 recommendations intended to lay the foundation for delivering adequate preventive and curative dental care to all residents across the state.

Even before the dental access study was undertaken, the Health Care Division of the Trust had begun funding programs to establish and expand existing dental services around the state, and that emphasis continues today. The programs funded

by these grants typically rely on cooperative programming among existing organizations and generally fit one of four structural categories: hospital-based, health department-based, community or rural health center-based, and free-clinic-based.

Many of the expansion programs target children and other special needs groups, in which dental disease often remains untreated. At the time of the Task Force report, 25% of all of North Carolina's kindergarten children exhibited untreated dental disease, and a large number of those were from low-income populations living in rural areas.

In an effort to extend dental care to these children, the Trust has awarded several grants for providing mobile dental services. An example is a 1996 grant to Mission St. Joseph's Hospital in Asheville for a dental van, called the ToothBus. Although it began as a stand-alone unit, a second ToothBus was soon

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John H. Frank is Director of the Health Care Division of the Kate B. Reynolds Charitable Trust, one of the state's largest private foundations with assets of more than \$500 million. The Trust was established solely for the benefit of the people of North Carolina. The Health Care Division, which awards three fourths of the Trust's funding each year, supports healthcare programs directed to the financially needy in communities across the state. Mr. Frank can be reached at john@kbr.org or 128 Reynolda Village in Winston-Salem, NC 27106. Telephone: 336-723-1456.



The ToothBus is a 40-foot dental office on wheels that serves children who have no other access to dental care. It is a program of the Billy Graham Children's Health Center at Mission St. Joseph's Hospital in Asheville.

added, and within four years, ToothBus vans were delivering services to 46 elementary schools in ten counties. The ToothBus and numerous other mobile clinics around the state reach thousands of children each year.

Table 1.
Grantees by Region

	Grants	Amount*
Western	35	\$5.5
Eastern	32	\$5.2
Northern Piedmont	23	\$3.6
South Piedmont	21	\$3.7
North Central	12	\$1.9
South Central	11	\$1.3
TOTAL	134	\$21.2

* Grant in millions.

Another area of emphasis for the Trust is manpower development. Grants awarded in support of manpower development are intended to increase the overall number of dental professionals in the state, with particular focus on reducing shortages in underserved areas. A majority of these education grants have been awarded to community colleges for expanded training programs for dental hygienists and dental assistants. Grants have also been made to the University of North Carolina at Chapel Hill (UNC-Chapel Hill) School of Dentistry to support student internships served in rural North Carolina counties.

As part of our commitment to improving dental access, the Trust hosted a Promising Practices Meeting in September 2003 in Winston-Salem for representatives from public and private agencies across the state.

During the day-long meeting, the North Carolina Institute of Medicine presented a progress report on the implementation of its Task Force recommendations. The Trust also selected panelists from successful dental programs to discuss features of their programs with attendees. The event was intended to disseminate information while encouraging innovation and collaboration in addressing dental access at the community level.

Although significant dollars have been invested since 1995, the Trust continues to include improving dental access for the financially needy among its priorities. In reviewing grant requests, the Trust is particularly receptive to applications that address the following issues:

- A plan for ensuring adequate staffing,
- A back-up plan for dealing with "no shows,"
- Evidence of support for the program from dentists practicing in the community, and
- A financial plan that includes Medicaid reimbursement numbers adequate to sustain the program over the long term.

Please visit our Web site (www.kbr.org) to learn more about the types of programming that fall within Trust grantmaking guidelines and the procedures for submitting an application. **NCMedJ**

Table 2.
Dental Grantees

	Grants	Grantees	Amount*
Health Departments	54	37	\$7.8
Rural/Community Health Centers	37	23	\$6.1
Hospitals	10	7	\$2.2
Community Colleges	9	8	\$1.9
Gree Clinics	11	5	\$1.6
Others	13	13	\$1.6
TOTAL	134	93	\$21.2

* Grant in millions.