

Oral Health: Just as Important as Ever

Allen J. Smart

To the Editor—Our experience at the Kate B. Reynolds Charitable Trust mirrors much of what was communicated in the March/April 2012 issue on oral health. From 1995-2005, the Trust funded 108 safety net oral health programs with over \$16 million in grant dollars. Of these grants, 18 programs were specifically for mobile/portable units intended to better meet the needs of rural or otherwise place-bound clients.

The oral health issue reminds us that very little has changed since we were a major funder of dental treatment in the state. North Carolina still ranks 47th of 50 states in proportional numbers of dentists and the initiation of the ECU dental school will only help us make sure we don't slip further down the list. The lack of availability of dentists to serve low-income rural communities was, in fact, one of the major reasons that we moved away from being a funder of safety net dental services. No amount of grant money can seemingly entice a stable dental workforce to serve financially disadvantaged residents. The ECU model of training dentists in rural settings is a good example of some creative thinking around the issue.

Without a major infusion of dental workforce into the state anytime in the foreseeable future, we need to look at system changes that better respond to the overall oral health needs of low-income persons. One system change should include removing a prior exam by a dentist as a prerequisite before sealants can be placed. North Carolina is one of 20 states that require an exam—thus making school-based pro-

grams very difficult to administer. Sealants and fluoridated water are the 2 major low-cost public health measures for setting a baseline for good dental health. Another necessary change is better integration of oral health and primary care. North Carolina has made significant strides in the integration of primary care and behavioral health services. Oral health needs to be brought into this type of innovative thinking. Finally, there needs to be a better place for oral health emergencies than a hospital emergency room. No one believes that the current system of hospitals serving as the after-hours oral health treatment facility is good for the patient or the system.

Thanks to the NCMJ for highlighting this important issue. Too often oral health gets segregated as a health care service rather than an integral part of whole person health and wellness. **NCMJ**

Allen J. Smart director, Health Care Division, Kate B. Reynolds Charitable Trust, Winston-Salem, North Carolina.

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Address correspondence to Dr. James McGrath, Yadkin Valley Community Physicians, 624 W Main St, Yadkinville, NC 27705 (James.McGrath@yadkinhospital.com).

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