



Dental Public Health in NC

A State of Affairs

Association of North Carolina Boards of Health

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- Prior Roles
 - State Dental Director, Grants Administrator, Programs Supervisor – NCDHHS Division of Public Health, Oral Health Section
 - Director of Research – North Carolina Oral Health Collaborative
 - Dental Director – Raphael Health Center (IN)

Tonight's Topics

- NCIOM oral health report
- Buprenorphine and oral health
- Community water fluoridation
- How BOH can support

Transforming Oral Health Care in North Carolina April 2024

A report of the NCIOM Oral Health Transformation Task Force

<http://www.nciom.org/publications>



- August 2022 – August 2023
- 70 members
 - Dentistry, medicine, public health, policy, advocacy, payors, philanthropy
 - Clinicians, academicians, legislators, administrators
- 14 Recommendations, 32 Strategies
 - Payment and benefit reform
 - Integrated health care system
 - Dental workforce growth and retention
 - Consumer satisfaction

Payment and Benefit Design: Improving Access and Patient Experience

- NC Medicaid expansion – 600,000 additional beneficiaries, largely adults
- Insufficient dental provider network
- **No increase in dental reimbursement rates since 2008**
- Bi-partisan legislative activity
 - 2024 – HB1010 failed
 - 2025 – HB60 introduced February 4, 2025, referred to Committee

RECOMMENDATION 2

Improve access to care, including care for patients with special health care needs, by retaining providers, supporting innovative care, and enhancing access to specialty services.

Strategy 3: The NC General Assembly should establish a Medicaid Oral Health Payment Reform Task Force to:

- a. Align compensation for oral health providers with state goals of improved access to care for current and future NC Medicaid beneficiaries.
- b. Support NC Medicaid in increasing and expanding payment rates by:
 - i. Developing a strategy to provide technical assistance on emerging and existing practices that will expand services reimbursed through Medicaid.
 - ii. Prioritize increasing access to specialty care by increasing reimbursement for specialty providers.

← [Home](#) / [Safety](#) / [MedWatch: The FDA Safety Information and Adverse Event Reporting Program](#) / [Medical Product Safety Information](#)
/ [Buprenorphine: Drug Safety Communication - FDA warns about dental problems with buprenorphine medicines dissolved in the mouth to treat opioid use disorder and pain](#)

Buprenorphine: Drug Safety Communication

– FDA warns about dental problems with buprenorphine medicines dissolved in the mouth to treat opioid use disorder and pain

- Only applies to **tablet** and **film** formulations
- Creates **acidic environment** in the mouth → promotes tooth decay
 - Typically multiple doses per day = prolonged environment ripe for tooth decay process
- **Benefits far outweigh risks**
 - Refer for dental exam prior to or immediately after prescribing
 - Patients counseled to take extra preventive steps at home
 - Regular dental checkups, possibly more frequent based on risk for tooth decay

Key Consideration

Patients w/ SUD often have greater dental disease than the general population, but less likely to have access to or receive dental care.

Community Water Fluoridation (CWF) and North Carolina

TOOTH DECAY

Most common chronic disease among **children and adults** in the U.S.

Low-income, minority and rural communities **disproportionately affected**

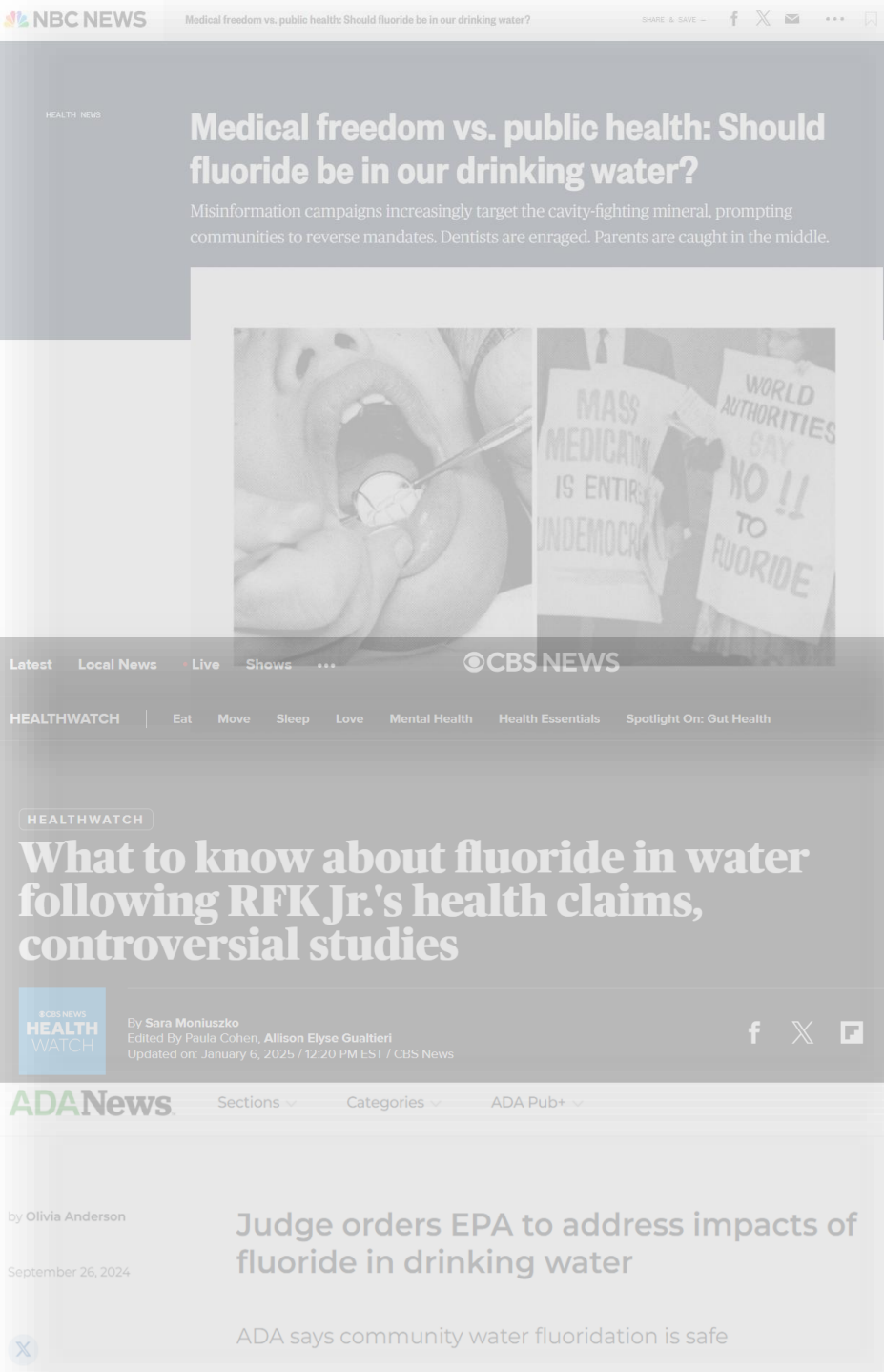
CWF reaches **everyone** regardless of socioeconomic status

Nearly **40%** of NC kindergarteners have **experienced tooth decay**

5 of 10 LHD regions have a slightly **higher rate**

88% of NC residents on public water systems **receive fluoridated water**

65% of rural versus **97%** of urban communities



2024 In Review....

- **February:** Union County Board of Commissioners voted to prohibit the addition of fluoride to water at water treatment plants owned and operated by the county.
- **February – March:** Stanly County’s board of health and county commissioners heard a presentation from a CWF opponent. Neither group had the authority to remove fluoride from local water supplies and the discussion moved to the county’s cities/towns.
- **April – May:** Albemarle City Council (Stanly County) heard a presentation from a CWF opponent. No further action has been taken, and no discussion has occurred in the Town of Norwood.
- **August:** City of Thomasville (Davidson County) Public Services Committee discussed a request to cease fluoridation. No further action has been taken.
- **October:** City of Kings Mountain (Cleveland and Gaston Counties) heard a proposal to remove fluoride from the public water system. No further action has been taken.
- **December:** City of Shelby (Cleveland County) had planned to vote on fluoridation cessation. No action has been taken.

What's the debate?

Does fluoride lower IQ?

- Serious limitations of recent studies/reviews suggesting negative effect, including Aug. 2024 NTP monograph:
 - Majority of included studies deemed low quality and high risk for bias (even by monograph authors)
 - Nearly all included studies were from countries with levels of fluoride **much higher** than the level recommended for CWF in the U.S. (0.7mg/L)
 - **No significant association found at levels used for CWF**

Medical and personal freedoms

- Fluoride is a naturally-occurring mineral, not a medication; courts have reaffirmed this fact.
- Courts have recognized the right of community leaders to make fluoridation decisions.
- Individuals are free to use filters or buy non-fluoridated bottled water.

Is fluoridation still effective and necessary?

- While less of a benefit amidst other sources of fluoride, CWF continues to show reduction in new tooth decay for both baby & adult teeth.
- Shown to substantially reduce socioeconomic disparities in new tooth decay.
- 2011- Calgary discontinued CWF; 2021 - voted to restart due to significantly increased decay rates.



Related NC Administrative Codes of Interest

CHAPTER 46 - LOCAL STANDARDS

10A NCAC 46 .0207 DENTAL PUBLIC HEALTH

(a) A local health department shall provide, contract for the provision of, or certify the availability of dental public health services for all individuals within the jurisdiction of the local health department. A local health department shall establish, implement, and maintain written policies which shall include:

- (1) A description of the procedures for dental public health services provided by the local health department, a copy of a contract for the provision of dental public health services, or a certification of availability of dental public health services. These dental public health services shall include:
 - (A) Approved preventive dental health services for targeted children and adults.
 - (B) Dental screening and referral services for targeted children and adults.
 - (C) Cooperation with the Division in promoting and obtaining fluoridation of community and school water systems, including keeping records of all water systems within the jurisdiction of the local health department which are fluoridated.
- (2) A description of the target population for dental public health services, provided by the local health department, including eligibility criteria.
- (3) A description of fees, if any, for dental public health clinical treatment services provided by the local health department.

(b) A local health department shall establish, implement, and maintain written policies for the provision of community and client dental public health education services within the jurisdiction of the local health department. The policies shall include a description of the scope of dental health educational services, to include nutrition and dietary information, to be provided to the target population.

Related NC Administrative Codes of Interest

SUBCHAPTER 18C - WATER SUPPLIES

SECTION .1400 - FLUORIDATION OF PUBLIC WATER SUPPLIES

15A NCAC 18C .1406 CONTROL OF FLUORIDE PROCESS

(h) Discontinuation of Fluoridation. Prior to the discontinuation of fluoride addition, a supplier of water shall provide to the Department and the Department of Health and Human Services, Oral Health Section, copies of documentation by the unit of local government or the governing body operating the community water system that:

- (1) the resolution provided in the formal application to add fluoride has been rescinded or replaced; and
- (2) the local board of health has been notified.

Building Rural NC Capacity for CWF Education & Advocacy

~Pending private funding~

PRIMARY OBJECTIVE

Develop a workshop to improve the readiness of public health jurisdictions to respond to local CWF inquiries and challenges.

Statewide survey: understand general public's attitudes, beliefs and behaviors around tap water safety and consumption

Public health campaign: promote drinking water, specifically fluoridated tap water

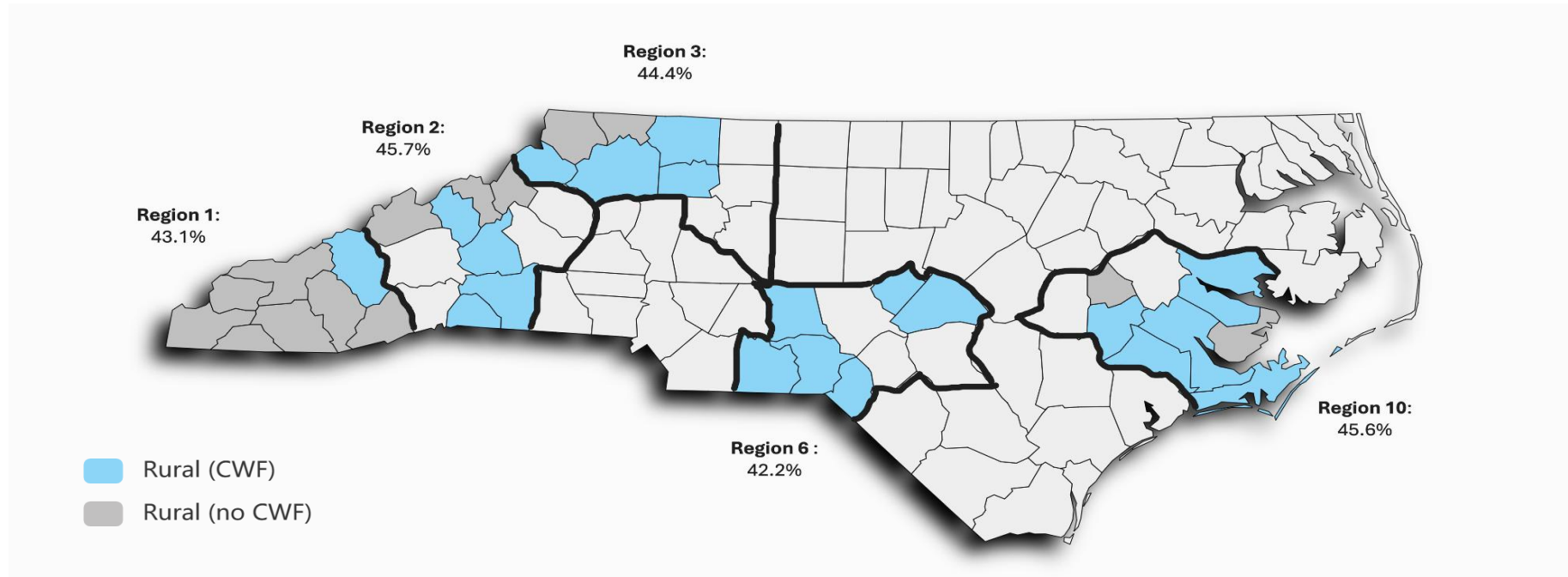
- Listening and educational sessions with communities
- Multi-media communications campaign

NC Administrative Code: require advance notice to the state health department when discontinuation of fluoridation is under consideration

Initial Project Period:
July 1, 2025 – June 30, 2030

TARGET AUDIENCE

Health and public health leaders and general community members in **rural fluoridated counties in western, south-central and eastern NC** regions with **above average rates of tooth decay experience** among kindergarteners.



Region 1:
Haywood

Region 2:
Polk
Rutherford-McDowell
Yancy

Region 3:
Surry
Watauga
Wilkes
Yadkin

Region 6:
Anson
Harnett
Lee
Montgomery
Richmond
Scotland

Region 10:
Beaufort
Carteret
Craven
Jones
Lenoir



NORTH CAROLINA
DENTAL SOCIETY

ADA



NC ORAL HEALTH
COLLABORATIVE



Jacob Strategies
*Communication strategies
that drive change*



**AMERICAN
FLUORIDATION
SOCIETY**



UNC

**ADAMS SCHOOL
OF DENTISTRY**



ECU

School of Dental Medicine



North Carolina Public Health
Collaboration



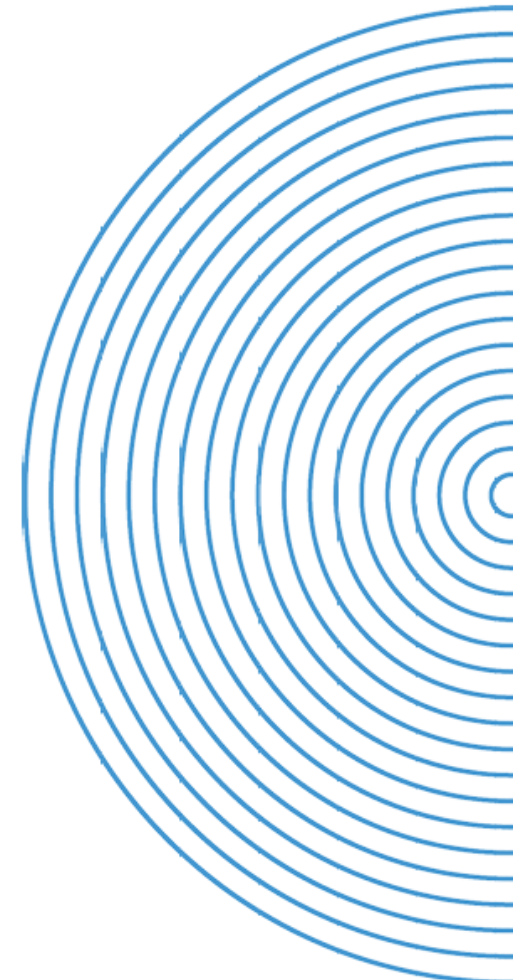
UNC

**GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH**

Boards of Health

How to support Dental Public Health in NC

- **Engage your LHD dental programs (or contracted service providers).** Learn about their programs and services. Inquire about the top challenges they face in meeting community oral health needs. Ask how you can help.
- **Encourage inclusion of oral health in community health assessments** to understand the basic needs within the community.
- **Advocate for increased Medicaid dental reimbursement rates.** Better rates will improve the financial viability of your LHD dental program and and safety net dental clinics and their capacity to provide care. May also increase access among private dental practices in your community.
- **Encourage and seek balanced information** when public policy and programs are at stake.



Additional Resources

[A quality appraisal of economic evaluations of community water fluoridation: A systematic review. Community Dental Health \(2024\) 41, 95–105](#)

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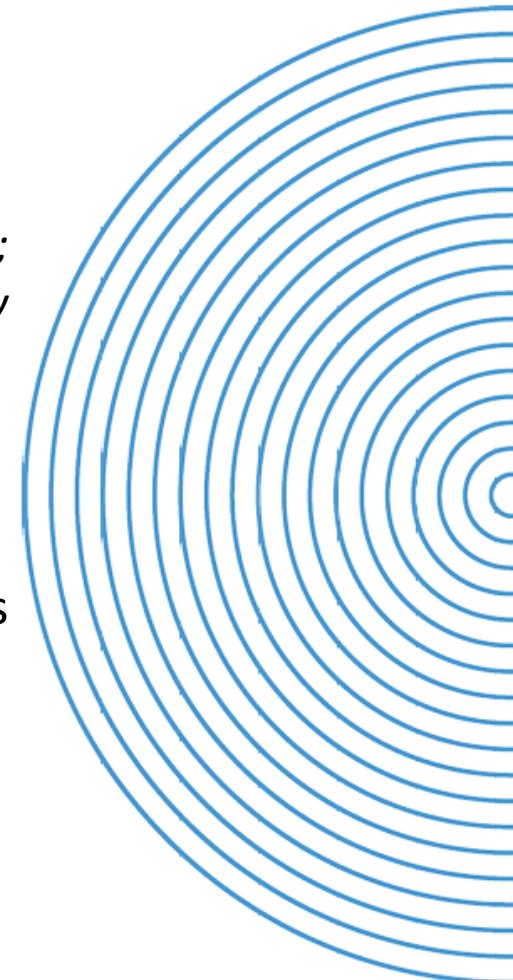
[Economic Evaluation of Community Water Fluoridation: A Community Guide Systematic Review. Am J Prev Med 2016;50\(6\):790–796](#)

Tao Ran, PhD, Sajal K. Chattopadhyay, PhD, and the Community Preventive Services Task Force

[Costs And Savings Associated With Community Water Fluoridation In The United States](#)

Joan O’Connell, Jennifer Rockell, Judith Ouellet, Scott L. Tomar, and William Maas
Health Affairs 35, NO. 12 (2016): 2224–2232

SL Buprenorphine and Dental Risk: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3907320/>



Thank You! Questions



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