To overcome persistent disparities in oral health access and status, it is vital we adopt a paradigm shift from addressing symptoms to also addressing root causes. This article delineates why an equity lens and a collaborative systems change approach are essential elements.

In the early 1970s, Dr. Ralph Lobene expressed his exasperation with the existing dental system in America stating, “The outdated philosophy that this health service is a privilege to be enjoyed only by people affluent enough to afford it has long been tacitly accepted by the dental profession. As a result, American dentistry’s manpower, educational facilities, and styles of practice are geared to meet the needs of, at best, half the population” [1]. Unfortunately, much of this still rings true today. Poor oral health disproportionately affects low-income adults, who typically have limited access to dental providers and receive fewer oral health care services than high-income adults. This is particularly true for racial and ethnic minority groups.

The release of the Surgeon General’s report on the state of Oral Health in the United States on May 25, 2000 spurred national conversations on this disparity of access and treatment that causes dental pain, diminished function, and reduced quality of life [2]. One of the important highlights of the report was that oral health and its related diseases and conditions can affect a person’s overall health and well-being, including physical, psychological, social, and economic well-being [2]. More importantly, research over the last 17 years has proven even stronger relationships between oral health and health conditions such as cardiovascular disease, adverse birth outcomes, diabetes, oral human papillomavirus infections, and oropharyngeal cancer [3].

Understanding the specific barriers that give rise to and perpetuate oral health inequities is essential to creating effective oral health programs and policies. According to Jones and colleagues, health disparities arise on 3 levels: differences in quality of care, differences in access to care, and differences in underlying exposures and opportunities that create inequalities in baseline health status [4]. The latter is fundamental in the rise of disparities because most health outcomes are the result of experiences outside the health sector, making some individuals and communities sicker than others.

Oral Health as a “Series of Doors”

Earlier this year, the FrameWorks Institute released a report titled, “Unlocking the Door to New Thinking: Frames for Advancing Oral Health.” The report encourages us to understand oral health as a “series of doors.” Examining oral health through this lens means considering the upstream factors that impact a person’s access to care. This includes oral health literacy, but it goes far beyond individual and professional responsibility. It also considers a person’s ability (or inability) to find a dentist whose location and office hours work for the patient, to find a provider who they can communicate with, to have insurance or adequate resources to pay for needed care, and to purchase nutritious food to support overall health. These are all vital elements in achieving equity [5].

Equity and Social Justice

A clarification of 2 important terms—health equity and social justice—is required before understanding the upstream factors that contribute to oral health inequities. According to the Oral Health 2020 network, health equity is about eliminating health disparities and achieving the highest level of health for all people. At the heart of the concept of health disparities is a concern about social justice—that is, justice with respect to the treatment of more advantaged versus less advantaged socioeconomic groups when it comes to health and health care. Social justice is the view that everyone deserves equal economic, political, and social rights and opportunities [5].

Studies, like that of Sankar and colleagues, have shown that although genetics broadly influences nearly all aspects of health, the direct contribution of genetics to the current...
pattern of health disparities in the United States is only secondary to social and environmental influences [6]. Hence, the reality is that nearly all causes of health disparities are manmade. The “series of doors” metaphor delineated above provides a clear example of this. Most of these are issues created by our society—how we have structured ourselves politically, economically, socially, and environmentally. The great news is if these barriers are largely manmade, then they can also be undone.

The concept of social justice, applying an equity lens to the work of eliminating health disparities, requires a paradigm shift from the traditional ways of only addressing symptoms to also addressing root causes. Charity responds to immediate needs; justice responds to long-term needs. In previous years, North Carolina has invested significant amounts of financial resources and energy to address the oral health epidemic at the charity level. Yet, inequities in access to care are unacceptably pervasive. It is time to shift our gaze further upstream.

Understanding the Implications of Systems Change

If systems change is to become our rallying cry for transformative and sustainable change, then we must first develop a collective understanding of what this means. Systems change is about interrupting the status quo: a system of oral health care that is inequitable and inaccessible for far too many North Carolinians. Systems change also means questioning the existing power structures that have been heavily invested in ensuring the status quo remains intact. This precarious and challenging work can only be done through collaboration of dedicated individuals with a diverse skill set who share a commitment to effecting real change.

This type of systems change requires that we include the voices of both content experts (researchers, academics, providers, dentists, hygienists, dental assistants, and other health-related professionals) as well as context experts (community advocates and community members). This past
fall/winter, the North Carolina Oral Health Collaborative (NCOHC) worked with 7 community partners to conduct 13 focus groups across the state. Among the demographically and geographically diverse groups, there were some resounding common themes around barriers to care. These include cost/payment/coverage issues, finding a provider/clinic, and provider responsiveness to the needs of specific communities.

In April of this year, the NCOHC hosted North Carolina’s 1st Oral Health Day at the Legislature. Over 100 advocates, providers, and students gathered to highlight that finding a dentist who will see them in a timely manner, who they can afford and can communicate with, is difficult—if not impossible—for many North Carolinians. This type of community engagement and convening across lines of difference must continue if we are invested in opening doors to oral health for individuals and families across our state.

**Let’s Use Our Resources Wisely and Act Now**

One of the keys to increasing oral health for all North Carolinians is to bring affordable preventive services to people where they are. An essential component of this is to engage various types and numbers of providers offering oral health care in community settings. Some examples include encouraging primary care providers to connect patients in need of treatment to a dentist and to provide preventive services to those at low risk; giving children access to preventive services in school or day care from a provider specialized in prevention and early stage treatment; increasing the Medicaid participation rate among private dentists; allowing hygienists to do more and provide preventive services in high-risk populations and community settings such as nursing facilities, schools, and day cares; and exploring teledentistry as a vehicle for extending the reach of oral health care providers into community settings.

With so many changes happening in the health care arena and the growing attention to oral health on a national scale, it is an opportune moment to work to transform the oral health landscape of our state. When it comes to oral health, many of the issues that arise are entirely preventable, thereby compelling us to use our state’s resources efficiently and effectively. One clear way to reduce costs is by stopping problems before they even start. We need to invest more in prevention efforts so that people don’t end up with unnecessary problems that can become serious and much more expensive to treat. A concrete example of this type of prevention effort is to make dental sealants readily available for all elementary school children in our state. According to the Centers for Disease Control and Prevention, dental sealants—plastic coatings placed on the chewing surfaces of teeth—can reduce decay by 80% in the 2 years after placement and continue to be effective for nearly 5 years [7-8].
Recent decades of experience make it clear we have everything we need to completely transform the oral health care system in North Carolina: the technical solutions, the resources, the science, the educational institutions, and the brilliant minds. Now it’s time to call on our own leadership and that of our elected officials to have the political will to make oral health care accessible and oral health achievable for all.

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Acknowledgments
The NCOHC consists of 120 individuals and organizations who are committed to achieving oral health for all North Carolinians. The purpose of the NCOHC is to convene diverse stakeholders to identify and resolve consumer-level and systemic barriers to good oral health and to accelerate implementation of policies and practices that reduce oral health disparities and promote improved oral health for all North Carolinians.

Potential conflicts of interest. E.Y.O. and M.Z.S. have no relevant conflicts of interest.

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