Nationally, “children on Medicaid, especially Latinos and African Americans, have high rates of tooth decay, yet they visit dentists less often than privately insured children. Even Latino and African American children with private insurance are less likely than white children to visit dentists” [1]. In North Carolina, children of color have on average twice the amount of decayed, missing, or filled teeth compared to their white counterparts [2]. Furthermore, from 2001 to 2010, the number of emergency department (ED) visits by young adults for dental pain rose 6.1%, which accounted for an estimated 1.27 million ED visits for toothaches nationwide [3]. Likely, those patients received some form of temporary painkiller to relieve dental aches without remediating the source of the pain. In a parallel manner, when we approach oral health disparities from a systems-perspective, we see there are a number of “painkillers” that immediately assuage the inequities, but in the moderate to long-term do little more than temporarily relieve the symptoms.

Yet, when it comes to conversations surrounding health policy, young people have been historically excluded. This is reflected clearly when it comes to conversations around oral health policy and the inequities that exist in both access and health outcomes. The lack of opportunities for youth to engage equates to a failure to recognize that youth bear a relative stake in health equity in comparison to adults. This problem is exacerbated when we intersectionally examine the disparities in oral health not just by age, but also by race.

Youth Empowered Solutions (YES!)—a non-profit organization committed to partnering high-school-aged youth and adults to create policy and systemic change—employed a team of youth staff to shift the conversation and to gain an understanding of both the people and problems behind the statistics. Since 2015, YES! youth have examined and compared 2 different narratives that are used when talking about oral health. One narrative that has driven the conversation of oral health is that the reason people are suffering is because of a lack of personal responsibility. This narrative suggests that poor oral health is primarily the result of a lack of health literacy and people’s inability, or choosing, to not engage in basic health behaviors like brushing and flossing. The other narrative is that poor oral health does correlate with health behaviors and choices but is predominantly influenced by inequitable access to care within a system that is rooted in racism, sexism, and classism.

YES! youth staff acknowledged the lack of humanity behind the statistics that are constantly used to define health equity. To tell this story, YES! youth staff created a digital media advocacy project that built connections to people who are suffering the most so that they would be able share their experiences. Using a community engagement strategy called “photovoice,” YES! youth staff were
able to capture and create images to convey simple and authentic messages. In addition to the photo collection that was built, YES! youth staff traveled throughout North Carolina, visiting the North Carolina Missions of Mercy (NCMOM) clinics and collecting patient testimonies. NCMOM is a volunteer, grassroots effort to host portable dental clinics offering free dental treatment to those who have few or no other options for care. Each clinic attracts hundreds of patients that flock from all over the state into winding lines with the hopes that they will receive care. YES! youth staff spent time with patients who waited a few hours and patients that waited multiple days. The number of patients that were enthusiastic to speak seemed to validate that underserved communities desire an outlet to express their found flaws in the health care system. Regardless of the reason for being in attendance—whether it be the inability to access transportation, the inability to get adequate dental insurance or find a practice that accepts their public health insurance, or the inability to prioritize dental care over the vast number of financial priorities a family has—these patients wanted to be heard. Such conversations were then essential to engaging advocates who are working, as a part of the North Carolina Oral Health Collaborative, to address these structural barriers to equitable oral health.

From there, YES! youth staff developed a training to engage a network of youth across North Carolina in oral health policy advocacy. The training frames community advocacy work around the social determinants of oral health, and YES! is using it to activate a statewide and national network of youth doing community advocacy work that is devoted to oral health equity. Youth provide innovative perspectives as vital stakeholders as they continue to view health care from beyond the vantage point of statistics and recognize the significance of the faces and stories behind them. A successful strategy to address structural barriers to care reflects that youth are a crucial element in promoting health policy conversation in the local community, especially oral health policy. NCMJ

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