

Carolina Living

HEALTH & FAMILY

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Taking it in the teeth

There's not enough help for low-income people with dental problems in Charlotte

BY DEIA DE BRITO
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Every Friday at sunrise, dozens of people in Charlotte line up at the Urban Ministry Center. They're waiting to take part in a lottery.

The winners get their teeth pulled. This is how dental care works sometimes for people in Charlotte who can't afford a dentist. In this case, the 10 winners of the drawing get a referral to the Charlotte Men's Shelter to get a bad tooth pulled for free.

For the uninsured, dental care is usually not about fillings, cleanings, or fluoride treatments. It's about relief from throbbing, unrelenting pain.

Ron Hood, 58, a formerly homeless veteran, was relieved to finally receive a referral to pull a decaying tooth. He had stood in line several weeks in a row but hadn't been one of the lucky ones. As the days passed, the pain got worse.

One day, he wants to become a certified nursing assistant, a job he hopes will come with medical and dental insurance.

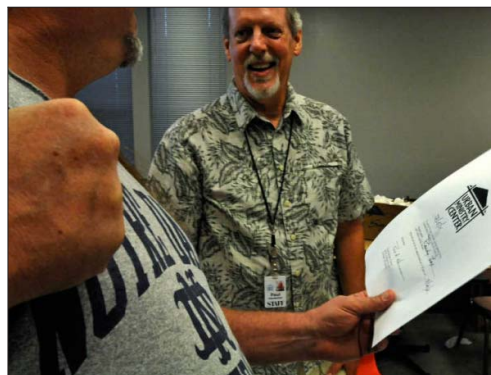
North Carolina ranks among the top states when it comes to programs that help low-income children get dental care. But free or low-cost services for adults are much harder to find.

That's why the N.C. Dental Society is hosting the Missions of Mercy dental clinic that will run Aug. 19-20 at the Charlotte Convention Center and aims to treat up to 4,000 low-



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Dr. William Thomas extracts a tooth from patient Montana Bruno during a clinic at the Men's Shelter. Dentists offer tooth extraction for free for clients with severe tooth problems.



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Paul Hanneman signs up patients for a dental clinic for the homeless at Urban Ministries.

income adults for free. More than 1.3 million adults in North Carolina don't have medical insurance. And national estimates by the federal government suggest that three times as many people may not have dental coverage. And the problem has gotten worse in the tough economy as people lose their jobs and health insurance.

In North Carolina, dental coverage through Medicaid is an option for pregnant women and adults with disabilities, though cuts may be on the way. Dental care is not an

option for S.C. Medicaid recipients.

In addition, only some 45 percent of N.C. dentists treated Medicaid patients last year, said Mark Casey, dental director for the state Department of Health and Human Services. According to the N.C. Dental Society, the state's reimbursement rate is below the national standard.

And Medicare, the government insurance program for senior citizens, doesn't cover dental services.

Carolina Medical Center's dentistry clinic runs one of the few programs that treats low-income pa-

How to volunteer or donate

Ada Jenkins Center Dental Van: Email julie.melchor@adajenkins.org. The dental van is also available for organizations that want to host a mobile clinic.

Charlotte Men's Shelter Clinic: Call the Charlotte Men's Shelter at 704-334-3187.

The Mecklenburg Baptist Nursing Fellowship once hosted a mobile clinic. Now it's trying to establish its own free clinic and is in the hunt for up to \$50,000 in funding. Call Elizabeth Locklare at 704-375-1197

tients in Mecklenburg County.

"We could be open for 24 hours a day doing nothing but treating toothaches and the demand would still far exceed the supply," said Dr. Joel Napeñas, residency director at the clinic.

The numbers of extremely low-income patients has grown since the recession, he said. In 2009, those eligible for free service constituted half of the clinic's patients. In 2010, they made up 70 percent, or 4,300.

Many people who need help with

SEE DENTAL CARE, 3D

YOU MAY QUALIFY

The N.C. Dental Society is hosting the Missions of Mercy dental clinic Aug. 19-20 at the Charlotte Convention Center and aims to treat up to 4,000 low-income adults for free. For more details see page 3D.

DENTAL CARE

■ from 1D

their teeth say it can be tough to get an appointment at the clinic, which turns lots of patients away.

The clinic sees between 15 and 20 patients with toothaches every day. But the phone lines ring with 50 to 60 requests for an appointment.

"It's very difficult to turn people away - I hate it," Napeñas said. "We do what we can and try to see the most urgent cases."

Mobile clinic

Other options for the uninsured include the Davidson-based Ada Jenkins Center's dental van, a mobile clinic that provides care for the homeless in Charlotte once a month.

But it can take many tries for patients to see a dentist. Hood waited in line several months in a row but couldn't get in. The cavity eventually bore a hole in his tooth. By that point, he just wanted it out of his mouth.

Darryl McPhaul, who had two rotten teeth, first tried the CMC emergency room. He couldn't eat on one side and his teeth were becoming more sensitive.

When they come to the ER, they only get temporary help, said Dr. Sidney Fletcher, the medical director of emergency medicine at Presbyterian Hospital. "We drain their abscess, give them pain medication or antibiotics," he said.

"Every day, multiple times a day, we get people coming in for dental pain," Fletcher said. The majority are uninsured or underinsured.

At Carolinas Medical Center, there are between 4,000 and 5,000 visits for emergency dental care annually. Only about 10 percent are referred to the dental clinic.

McPhaul, with medication to tide him over, was able to wait a week to get his two teeth pulled at the Charlotte Men's Shelter. "It's barbaric - they just snatch them out. There's nothing in between," said McPhaul. But it's what he had to do.

Increasing problems

Every Thursday afternoon, about 30-40 people with aching mouths sit in the lobby of the Charlotte Men's Shelter. The shelter's free dental clinic - usually staffed by just one dentist and an assistant or two - accepts between 12 and 20 patients a week. It's the only weekly clinic



PHOTOS BY DIEDRA LAIRD - dlaird@charlotteobserver.com

Darryl McPhaul is all smiles as he waits for his appointment in the dental chair at the Men's Shelter. McPhaul was there to get several of his teeth pulled.



Montana Bruno gives a thumbs-up of relief after his tooth extraction session with Dr. William Thomas.

in town that pulls teeth for free, shelter officials said.

"We're there to get the patient out of pain," said Anissa Walls, the clinic coordinator. "Most are in bad shape when they get here. Some need all their teeth pulled out."

The number of people with cavities and abscesses has increased, Walls said. Without more dentists to help, that means more people are turned away each week.

Hood and McPhaul were among those turned away last month. They were told to come back the next week.

But when they returned, the dentist had canceled. It happens as often as once a month, Walls said.

Julie Melchor, the dental van coordinator, said cancellations are rare but that the clinic "always needs more volunteers." But volunteering can be time-consuming for busy dentists with their own practices.

"At a free dental clinic, volunteers are doing a whole procedure," she said. At free medical clinics, "doctors aren't usu-

ally doing surgery."

Starting in the mouth

A growing body of research is showing the connection between dental health and the entire body, according to Institute of Medicine.

Dentists are beginning to look more closely at the mouth for clues to certain illnesses. Signs of heart disease, diabetes, kidney disease, oral cancer, leukemia and osteoporosis can show up in the form of discolored gums and unusual smells.

A person with bad oral health won't be as successful in receiving an organ transplant. Poor oral hygiene means more bacterial infections in their body. Oral disease contributes to heart disease and diabetes, experts agree.

Expectant mothers transfer their oral disease to their children, a problem that can lead to poor oral health later on in life. Expectant mothers with dental problems can also give birth to premature babies.

People with cavities or missing teeth tend to choose starchy and high sugar foods

North Carolina Missions of Mercy (NCMOM)

NCMOM-Charlotte will be held at the Charlotte Convention Center 501 S. College St., Aug. 19-20. Dentists will treat patients from 6 a.m. on Friday to 6 p.m. Saturday. The clinic will treat adults with annual incomes less than 200 percent of the federal poverty level (about \$22,000 for an individual). No appointments are necessary. It's recommended that patients arrive several hours in advance.

What to bring: Food and drink to keep you going through waiting periods. You do not need to bring proof of income but you will be required to sign an income disclosure statement.

What to expect: waiting line, patient registration, health history and blood pressure check, X-ray, dental exam, waiting area for cleanings, fillings, or extractions, partial dentures, treatment and check-out. Only one major service will be performed on each patient. Patients may get multiple extractions or fillings at once, but not both at the same time.

The number of people treated depends on the number of volunteers.

To volunteer, register at <http://bit.ly/nXHJqm>. For questions, email charlottemom@hdcf.info. Non-dentist volunteers are also needed; www.ncmom-charlotte.com.

because they're easier to chew. And there's another problem many never think of.

"How are you going to get a job when your mouth is all tore up?" said Richard Higgins, a homeless shelter resident who has been applying for jobs. "Employers size you up instantly."

When a cap on one of his front teeth broke, he said he visited someone running an underground dental clinic. "It's a shed in a guy's backyard," he said. The replacement cap should have cost \$800, but he only paid \$50. He plans to use superglue to tighten a cap that's loose.

He's hoping it will hold.

TAKING IT IN THE TEETH by Deia de Brito

I had the best time researching and writing this article. I had learned about how access to dental care is a major problem for children in the United States and how many groups have worked hard to fix this problem in recent years. At first, I intended to write about access to dental care in general, but when I visited a homeless services center that refers adults for teeth-pullings, I began to feel that adults and their teeth are being forgotten. For many adults, their only option was getting their teeth pulled – rather than treating the problem, yanking it out by its roots.

In reporting the story, I spent a lot of time in homeless shelters and service centers. I waited in line with two sources and followed them through part of the labyrinthine process that would eventually result in pulled teeth. The story reminded me of the importance of following up with sources – particularly those who are in the thick of a problem. These two sources were struggling financially and not necessarily easy to get a hold of, but I wanted to make sure I followed them through their process and didn't say, "Got my interview, moving on." By following up in person and over the phone, I was able to get a much better understanding of the hoops they had to jump through, of the frustration they were experiencing, and of how deeply bad teeth can affect one's life.

When it came to reporting the numbers, the story was a bit difficult. There simply weren't the kinds of facts and figures on adult dental health that there were about children's dental health. So I ended up relying quite a bit on interviews with people who provide dental care to adults for free and with E.R. doctors. The North Carolina Dental Society – which I would have expected to have produced more studies on adult dental care – hadn't. Trying to understand whether Medicaid dental coverage was good or bad in the region was also complicated. The dental society and Medicaid spokespeople said it was good but E.R. doctors who administer medication to adults with dental pain and the groups that provide free dental services said Medicaid services for dental problems were very limited. Finding a balance between the different points of view was tricky. I think I was able to make the story fair by speaking to lots and lots of people. It wasn't the kind of story I could have written after interviewing five sources or something like that. To feel comfortable with my reporting and my understanding of the dental access issue, I had to talk to lots and lots of sources. I used only a small percentage of them in the end, but they were crucial in telling the story.

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