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State dental report card improves

BY DION LEFLER
Eagle Topeka bureau

Wichita's continued resistance to water fluoridation and Kansas' lack of access to dentists in rural counties were cited by a national organization Wednesday as two of the state's biggest stumbles on the road to dental health.

While Kansas' overall score improved on a five-year oral health report card, "the truth of the matter is, our poor people are not getting adequate dental care," said Sen. Susan Wagle, R-Wichita, chairwoman of the Health Strategies Committee and mother of a dentist.

Rep. Raj Goyle, D-Wichita, said he was pleased that Kansas had raised its overall grade.

But the details of the report card show "we clearly have many more steps to take," said Goyle, the only lawmaker on the board of Oral Health Kansas, which released the report at a Topeka news conference.

The state was graded by Oral Health America, a nonpartisan, nonprofit group that researches and promotes dental health.

Overall, the state scored a B -- up from a D-plus in 2003.

While most comparable grades were slightly better in 2008 than 2003, Kansas benefited heavily from "extra credit" for some programs started since the 2003 scoring, including:

- The Legislature's approval of dental benefits for disabled and elderly people who receive aid from home- and community-based services.
- The extended-care permit process, which allows specially trained dental hygienists to provide treatments usually requiring a dentist when working in underserved communities.
- The "dental hub" program, a public-private-funded program to extend dental care to underserved groups.

But despite the higher overall grade, the state continues to score poorly for its oral health policies and access to care, said Denise Maseman, president of Oral Health Kansas.

Maseman said Wichita is the second-largest city in the nation not to fluoridate its water. The only larger city is Honolulu.

Because Wichita is such a large portion of the state's population, Kansas' policy score would probably rise from a D to a B if the city fluoridated, she said.

"It is a very strong preventive measure in dental decay," Maseman said.

The last time the Wichita City Council seriously considered fluoridation was in 1999.

The proposal, by a coalition of health groups, was swamped by complaints that fluoridation would amount to involuntary medical treatment.

Council members Jeff Longwell and Lavonta Williams, who were not on the council in 1999, said Wednesday they would welcome a discussion of the issue but wanted more information before making a decision.

Council member Paul Gray, who also joined after the last fluoride fight, said he opposes fluoridation.

"I brush my teeth with fluoridated toothpaste," he said. "That's good enough."

He said that while he doesn't think it's harmful, he doesn't see a compelling reason to fluoridate and it would be

a government intrusion on those who don't want it.

"Every little step erodes away choice," he said.

He also questioned why Oral Health America would place so much concern on policy when the state's oral health status earned a C-plus.

"I've got more important things to worry about," he said. "We're not going around and looking at people's teeth falling out of their heads every time you turn around."

Maseman acknowledged that applying fluoride to the outside of teeth, as with toothpaste, has some benefit.

But she said research has shown that the tooth-saving benefits are much greater when the fluoride is ingested and works its way to the teeth systemically.

An effort to mandate fluoridation statewide died in the Legislature in 2004 for largely the same reasons it doesn't get traction in Wichita.

While the Kansas Dental Association strongly believes in its advantages, "fluoridation is a tricky subject" politically, said executive director Kevin Robertson.

He said the association has no plans to raise the issue in the Legislature or Wichita, but added, "If we think the opportunity's there, we'll try again."

Wagle said the benefits of fluoridation are proven.

"I think fluoridation prevents tooth decay and is a good thing to have," she said.

But she said she has opposed a statewide mandate because a lot of people have fears about it that go back to the 1950s, when fluoridation started.

"When we've had hearings, it brings out a lot of people," she said.

Kansas could be closer to improving its other D-level grade, access to dental care.

Kansas has no dental schools and scored poorly on the overall number of dentists and the percentage of counties without a dental provider.

But Wichita State University is developing a program to encourage newly graduated dentists to consider taking up practice in the state.

When the program is up and running, dentists will be able to come to Kansas for a two-year program of continuing education, said Andy Schlapp, executive director of government relations at WSU.

The dentists will split their time serving low-income residents through Wichita-area clinics and underserved areas of rural Kansas, he said.

The university is hopeful that once the new dentists are exposed to Kansas, they will decide to stay and start their own practices.

Both Wagle and Goyle applauded the university's efforts.

"Wichita State is an important component of growing the field of dentistry in Kansas," Goyle said.

Reach Dion Lefler at 785-296-3006.

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