

When Good Ideas Aren't Enough: Oral Health Challenges in Rural Public Health

By Dr. Roblen Nieblas (Cohort 5, Kings County)

In 2007, 12-year-old Deamonte Driver died after bacteria from an untreated tooth infection spread to his brain. His death was entirely preventable. Like many children in underserved communities, Deamonte didn't have access to timely dental care.

As a general dentist at an FQHC in rural Central California, I see firsthand how systemic barriers prevent people from receiving even the most basic oral health care. Working in public health in a rural area has taught me a difficult truth: having a good idea is not enough. Even when the intention is right, the need is obvious, and the solution is evidence-based, there are countless obstacles that prevent turning ideas into action.

Together with some members of the King's County Oral Health Coalition and in partnership with UCLA, we recently introduced an initiative to improve access to oral health care for children in our region. Like many underserved areas, King's County has high rates of tooth decay, missed routine dental visits, and children who only see a dentist when they're already in pain. According to the 2018–2019 California Third Grade Smile Survey, 75.9 % of third graders in the Central Valley have experienced tooth decay, and nearly 30 % have untreated decay, which is well above the statewide average.

These children are growing up without access to basic oral health education and preventive care. So, we decided to meet them where they already are--at school.

Our team proposed implementing simple oral health screenings and fluoride varnish applications, done by school nurses. It's quick, evidence-based, and cost-effective. We even explored grants to fund training and pathways for nurses to be reimbursed for their time. Despite our thoughtful presentation and alignment with the best practices, we were met with hesitation. Concerns were raised regarding liability for applying fluoride varnish, a safe, widely used preventive measure that parents can apply themselves at home.

We came with evidence and left with more questions than answers.

Are people really concerned about liability? Or is it just an easier way to say no?

In rural public health, the barriers are rarely just about resources. They're about systems. Every well-meaning idea must pass through layers of approval: the county, the school district, or even a remote administrator far removed from the communities we serve. We often hear, "we want to help," followed by inaction. While stakeholders delay, another child has a tooth pulled that could've been saved.

I became a public health provider because I want to make a difference, not to fight bureaucracy. But it turns out the fight comes with the job.

We need the county and school districts to create a clear, streamlined path for approving and supporting school-based oral health services. That means creating local protocols that empower nurses, clarifying liability, and offering the administrative support needed to get these programs running.

We need to stop making it so hard to help.

The real risk isn't liability—it's inaction.

Dr. Roblen Nieblas is a general dentist and Dental Director at a Federally Qualified Health Center in rural Central California. She serves as adjunct faculty for UCLA School of Dentistry and is passionate about advancing health equity through community-based approaches. As a UCSF Champion Provider Fellow, she focuses on reducing barriers to oral health care for underserved, rural communities.