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For Rural Seniors, Improving Oral Health Care Could Mean Better Health

Nearly one-fifth of America's rural residents are 65 and over, and that proportion is growing.[1] This population faces major barriers to good oral health, including cost, lack of dental coverage, and limited access to providers. Rural seniors suffer many physical and financial consequences as a result. Poor oral health is linked to many health problems that disproportionately affect rural communities, including diabetes and heart disease. To support rural seniors' health, America needs oral health solutions.

Rural seniors face dramatic, disproportionate unmet oral health needs.

Seniors across America face large unmet oral health needs. In rural America, the needs are even more extreme. Twenty percent of rural seniors have not seen a dentist or visited a dental clinic for more than 5 years, as compared to 14 percent of non-rural seniors. Nearly one-fourth of rural seniors (23 percent) have had six or more teeth pulled; an additional one-fifth (20 percent) of rural seniors have had *all* of their teeth pulled due to decay or gum disease, as compared to one-seventh (14 percent) of non-rural seniors without teeth.[2]

Unmet oral health needs can exacerbate other health problems common in rural areas. A number of studies show strong links between oral health and diabetes[3]—a disease with much higher rates of death in rural areas than in more populous ones.[4] Oral health treatment can improve blood sugar control, and diabetics need regular scaling and cleaning to ward off oral health problems that can come with the disease.[5] Rural seniors also have high rates of obesity and heart disease,[6] which are linked to gum infection.[7] Poor oral health also makes healthy eating difficult, forcing many people to favor foods that are easy to chew or swallow, but are often high in cholesterol and fat, and worsens all of these conditions.

Dental coverage is unavailable or extremely limited for many rural seniors, making oral health care unaffordable.

Medicare, the health insurance program for seniors and people with disabilities, does not cover oral health care. While seniors with very low incomes are eligible for Medicaid in addition to Medicare,[8] it is optional for states to provide dental care to seniors (or any adults) in their Medicaid programs.

Access to dental providers is often limited in rural communities.

Geographic isolation and acute provider shortages add further barriers to oral health for rural seniors. About 66 percent of the nation's dental health professional shortage areas are in rural communities.[9]

Without accessible oral health care, our health care system is paying the price.

When dental care is unavailable or unaffordable, rural seniors are forced to forgo care, damaging their health, or to go to a hospital emergency room, where care is more expensive, less effective, and adds burdens to rural hospitals. In 2012, people made more than 2 million dental-related visits to hospital emergency departments nationwide. The cost for this care was about $1.6 billion. Most of the visits were for conditions that could have been prevented by earlier care in a dental office.[10] Even this source of care can disappear in rural communities where hospitals have closed.[11]

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Policymakers have opportunities to address rural seniors' oral health needs.

- **Add comprehensive dental coverage to Medicare.** This coverage would make dental care much more accessible for millions of rural seniors and support the growth of the rural oral health workforce. Seniors and people with disabilities could afford the care they need to stay healthy, and providers would have the reimbursement necessary to serve these communities.
- **Maintain and expand funding for health centers.** Community Health Centers and Rural Health Clinics provide critical, otherwise unavailable dental care in many rural communities. Medicare reimbursement for oral health, in combination with maintaining federal funding for these care sources, would help keep these centers open and able to provide more oral health care.
- **Invest in the rural oral health workforce.** Includes maintaining and expanding funding for Health Resources and Services Administration health workforce programs and the National Health Service Corps. These programs promote oral health training and workforce development, helping to address rural workforce shortages.

Endnotes

[1] American Community Survey 5 year estimates, 2012–2016, Geographic Comparison Tables 0103, cited on Rural Health Information Hub, Rural Aging, https://www.ruralhealthinfo.org/topics/aging.

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[8] State income limits for full Medicaid benefits for seniors generally range from about 73 percent to 100 percent of poverty guidelines, or $750 to $1,011 per month for an individual in 2018.

[9] Rural Health Information Hub, *Health professional shortage areas*: Dental care (2017 map) available at https://www.ruralhealthinfo.org/rural-maps/mapfiles/hpsa-dental-care.jpg, and Nelson, J., Thatcher J., and Williams, J. (2018, May). *Improving rural oral healthcare access.* Policy brief. Washington, D.C.: National Rural Health Association, available at https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/05-11-18-NRHA-Policy-Improving-Rural-Oral-Health-Access.pdf.

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[11] Seigel, J. (2018, August) *Rural hospital closures climb quickly to eighty-Seven*, (Blog) Washington, D.C.: National Rural Health Association, available at https://www.ruralhealthweb.org/blogs/ruralhealthvoices/august-2018/rural-hospital-closures-climb-quickly-to-eight-sev.

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