

For California's Rural Seniors, Improving Oral Health Care Could Mean Better Health

To adequately support rural seniors' health, California needs oral health solutions. Nearly one-fifth of America's rural residents are 65 and over, and that proportion is growing.¹ In California, 439,000 seniors lived in rural, geographically isolated areas as of 2010.² 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.

KEY TAKEAWAYS

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 state loan repayment programs, 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.

Rural seniors face dramatic, disproportionate unmet oral health needs

- » Seniors across California and across America face large unmet oral health needs. In rural areas, the needs are even more extreme. Twenty-eight percent of California's rural seniors have not seen a dentist or visited a dental clinic for more than a year. Fifteen percent of California's rural seniors have had *all* of their teeth pulled due to decay or gum disease, as compared to 8 percent of non-rural seniors.³
- » Moreover, oral health screenings conducted in California in 2016 showed that older adults who have lost all their natural teeth in rural counties are two times *less likely* to have dentures as compared to their urban counterparts. Further, older adults are more likely to have untreated caries in rural areas, a problem for nearly more than half (52 percent) of older rural residents.⁴

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. California seniors whose incomes and assets are not extremely low (incomes under \$1,250 per month and assets up to \$2,000 for an individual) often have no dental coverage.
- » Thankfully, Medi-Cal recently expanded to provide more extensive dental coverage—but this coverage is at risk during recessions. California provided no adult dental coverage from 2009 to 2014, and before 2018 coverage was so limited that seniors could not get root canals on back teeth nor partial dentures. Seniors with incomes just above the Medi-Cal guidelines often have no dental coverage.

Unmet oral health needs can exacerbate other health problems common in rural areas

- » A number of studies show strong links between oral health and diabetes⁵—a disease with much higher rates of death in rural areas than in more urban ones.⁶ More than 1 in 6 older adults living in rural California counties have diabetes.⁷ 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.⁸
- » Rural seniors also have high rates of obesity and heart disease,⁹ which are linked to gum infection.¹⁰ Poor oral health 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.
- » These diets are also risk factors for mouth and throat cancers,¹¹ cancers that may not be detected early without regular dental exams. In California, incidence rates of mouth and throat cancer for the 50 and over population are the highest in rural counties.¹²

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TARA

Hoopa, CA



Dental care should be accessible to everyone.

—Tara

Tara, Hoopa, CA, describes her difficulties in 2017 when she did not have coverage for her dental needs: “I may need root canals in the near future. Paying out of pocket is not an option on my limited income. The clinic here

will not do this procedure for me. They will not do standard cleaning either. Finding a clinic that can help will mean a lot of long-distance travel as I live in a very rural area. I have been blessed with mostly healthy teeth

and gums in my 75 years but I am concerned that my dental health may decline if I cannot get the care I need in a timely manner. Dental care should be accessible to everyone.”

DR. ASLANI

Crescent City, CA



If Medicare would reimburse dental services and became a widely accepted dental insurance, more seniors would get their teeth checked.

—Assal Aslani, D.D.S.

Assal Aslani, D.D.S., a dentist at an Open Door Community Health Centers clinic in Crescent City, California, explained the limited options many seniors have for dental care in 2018: “Senior patients opt to have their teeth extracted

because we can’t fully meet their dental care needs. We can only offer new patients extractions or fillings, and our two dentists each serve 14 to 20 patients a day. For more complex care, patients are referred out to a clinic about four to six

hours away. We need more dentists that accept insurance payments, including Medi-Cal. If Medicare would reimburse dental services and became a widely accepted dental insurance, more seniors would get their teeth checked.”

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.¹³ In California, a number of counties include rural Health Professional Shortage Areas for dental health, including Fresno, Kern, Kings, Lassen, Mendocino, Merced, Modoc, Shasta, Siskiyou, and Tehama counties.¹⁴

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 often only addresses pain and not the underlying problem.
- » In 2012, people made approximately 113,000 dental related visits to California hospital emergency departments for conditions that could have been prevented by earlier care in a dental office. The median cost of emergency dental treatment was three times higher than the average cost of a preventive dental visit.¹⁵
- » The highest rate of preventable dental emergency departments visits among older adults were in rural counties including Del Norte, Lake, Modoc, Shasta, and Siskiyou counties. Yet, even emergency care can disappear in rural communities where hospitals have closed.¹⁶

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Endnotes

¹ U.S. Census Bureau. (2017). 2013-2017 American Community Survey 5-year estimates; Gill, J., & Moore, M. (2013). The state of aging and health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Both sources were cited by Rural Health Information Hub. (n.d.). Rural aging. Available online at <https://www.ruralhealthinfo.org/topics/aging>.

² California Department of Aging. (2018). Population demographic projections by county and PSA for intrastate funding formula (IFF). Available online at <https://www.aging.ca.gov/docs/DataAndStatistics/Statistics/IFF/2018%20Population%20Demographic%20Projections.pdf>. Data represents the 60 and older population.

³ California Behavioral Risk Factor Surveillance System Survey Data. (2016 data, unpublished analysis furnished for this paper by the California Department of Public Health in 2018). Sacramento, CA: California Department of Public Health. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing collaborative effort of the California Department of Public Health (CDPH), the Public Health Survey Research Program (PHSRP), and the Centers for Disease Control and Prevention (CDC). The survey is conducted by the Public Health Survey Research Program (PHSRP) of the California State University, Sacramento (Sacramento State). It is supported in part by funds from Cooperative Agreement No. U58/CCU922811-05 from the CDC, U.S. Public Health Service, and in part by funds from the programs who add questions to the survey.

⁴ Bhaskara, S. & Barzaga, C. E. (2018, March). A healthy smile never gets old: A California report on the oral health of older adults. Pomona, CA: Center for Oral Health. Available online at <http://archstone.org/docs/resources/Oral-Health-of-Older-Adults.pdf>.

⁵ Slavkin, C. H. (2017, May). A national imperative: Oral health services in Medicare. *Journal of the American Dental Association*, 148(5), 281-283. Available online at [https://jada.ada.org/article/S0002-8177\(17\)30233-7/fulltext](https://jada.ada.org/article/S0002-8177(17)30233-7/fulltext).

⁶ Callaghan, T. H., Towne, S. D. Jr., Bolin, J., & Ferdinand, A. O. (2017, August). Diabetes mortality in rural America: 1999-2015 [Issue brief]. College Station, TX: Southwest Rural Health Research Center. Available at <https://srhrc.tamhsc.edu/docs/srhrc-pb2-callaghan-diabetes.pdf>.

⁷ Durazo, E., Jones, M., Wallace, S., Van Arsdale, J., Aydin, M., & Stewart, C. (2011, June). The health status and unique health challenges of rural older adults in California [Health policy brief]. Los Angeles, CA: UCLA Center for Health Policy Research.

Available online at <https://cloudfront.escholarship.org/dist/prd/content/qt0ds8j0w9/qt0ds8j0w9.pdf?t=lmstee>. In 2007, 18.5 percent of older adults living in rural areas had diabetes.

⁸ Mealey, B. L, Genco, R. J, & Schallhorn, R. A. (2016, January). Best practices for managing the diabetic patient in the dental office. *Compendium of Continuing Education in Dentistry*, 37(1). Available at <https://www.aegisdentalnetwork.com/cced/2016/01/Best-Practices-for-Managing-the-Diabetic-Patient-in-the-Dental-Office>.

⁹ U.S. Centers for Disease Control and Prevention. (2017, January 12). Rural Americans at higher risk of death from five leading causes [Press release]. Available online at <https://www.cdc.gov/media/releases/2017/p0112-rural-death-risk.html>; United Health Foundation (2018, May). America's Health Rankings seniors report 2018. Minnetonka, MN. Available online at <https://assets.americashealthrankings.org/app/uploads/ahrseior18-finalv1.pdf>.

¹⁰ Chia-Chun Yuan, J., Lee, D. J., Afshari, F. S, Galang, M. T. S., & Sukotjo, C. (2012, September). Dentistry and obesity: A review and current status in U.S. predoctoral dental education. *Journal of Dental Education*, 76 (9), 1129-1136. Available online at <http://www.jdentaled.org/content/76/9/1129>.

¹¹ Gadgil, M., Jackson, R., Rosenblatt, N., Aleemuddin, A., Peck, C., & Bates. (2017, April). Status of oral health in California: Oral disease burden and prevention 2017. Sacramento, CA: California Department of Public Health. Available online at https://www.cdph.ca.gov/PROGRAMS/CCDPHP/DCDIC/CDCB/CDPH%20DOCUMENT%20LIBRARY/ORAL%20HEALTH%20PROGRAM/STATUS%20OF%20ORAL%20HEALTH%20IN%20CALIFORNIA_FINAL_04.20.2017_ADA.PDF.

¹² National Cancer Institute. (2015). State cancer profiles: Incidence rate report for California by county, oral cavity & pharynx, ages 50+, 2011-2015. Retrieved from <https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=06&cancer=003&race=00&sex=0&age=136&type=incd&sortVariableName=rate&sortOrder=default#results>. Counties with the highest age-adjusted incidence rate were, in descending order, Plumas, Tehama, Inyo, Shasta, Del Norte, Lassen, Siskiyou, Trinity, Lake, and Humboldt.

¹³ Rural Health Information Hub. (2017, November). Health professional shortage areas: Dental Care [Graphic illustration]. Available online at <https://www.ruralhealthinfo.org/rural-maps/mapfiles/hpsa-dental-care.jpg>; Nelson, J., Thatcher J., & Williams, J. (2018, May). Improving rural oral healthcare access [Policy brief]. Washington, DC: National Rural Health Association. Available online at https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/05-11-18-NRHA-Policy-Improving-Rural-Oral-Health-Access.pdf.

¹⁴ Health Resources and Services Administration. (2018) HPSA Find. Available online at <https://data.hrsa.gov/tools/shortage-area/hpsa-find>. Applied filters for dental health designated geographic health professional shortage areas (HPSAs) in California.

¹⁵ Durazo, op cit. The top five counties with the highest rates of preventable dental emergency department visits were, from highest to lowest, Del Norte, Modoc, Siskiyou, Lake and Shasta.

¹⁶ Seigel, J. (2018, August 8). Rural hospital closures climb quickly to eighty-seven [Blog]. National Rural Health Association. Available online at <https://www.ruralhealthweb.org/blogs/rural-healthvoices/august-2018/rural-hospital-closures-climb-quickly-to-eighty-sev>.

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