

# Meeting Oral Health Care Needs in Rural America

April 2005

National Rural Health Association

## Introduction

For too long, oral health and oral health care have enjoyed far less attention than other aspects of health and health care. As one prominent study put it, “the perception that oral health is in some way less important than and separate from general health has been deeply ingrained in American consciousness.”<sup>1</sup> When they have focused on oral health, policymakers, health care providers, and the general public alike have focused primarily on teeth, rather than the person around the teeth.

Fortunately, recognition of the importance of oral health and its interconnectedness to overall health is growing. In her introductory letter to the report, *Oral Health in America: A Report of the Surgeon General*, then-Secretary of Health and Human Services Donna Shalala wrote, “The terms oral health and general health should not be interpreted as separate entities. Oral health is integral to general health...oral health means more than healthy teeth ...you cannot be healthy without oral health.”<sup>2</sup>

Recognition is also growing of the importance of oral health to self-esteem, employability, and overall well-being. For example, studies have shown that a healthy smile increases the chances that job applicants will receive an offer. Conversely, one study in West Virginia found that the number one obstacle in going from welfare to work is poor oral health.<sup>3</sup>

Out of this growing recognition have come calls for action to improve oral health and oral health care throughout the country. This policy brief is itself a call to action to improve oral health and oral health care in a part of the country that often gets overlooked and underserved when it comes to health care: rural America.

## Oral Health in Rural America

In keeping with its mission to improve the health and healthcare of rural Americans and to provide leadership on rural issues through advocacy, communications, education and research, the National Rural Health Association (NRHA) has undertaken an effort to describe the status of rural Americans with regard to oral health and to recommend ways to improve it. While data on rural oral health and health care are somewhat limited, sufficient evidence exists to suggest a distinct disparity in rural America.

- Even after controlling for population density and income, non-metropolitan counties have lower dentist-to-population ratios (62 dentists per 100,000 population in large metropolitan areas versus 29 dentists per 100,000 population in the most rural counties).<sup>4</sup>
- Rural persons are more likely to have lost all their teeth than their non-rural counterparts; in fact, adults aged 18 to 64 are nearly twice as likely to be edentulous if they are rural residents.<sup>5</sup>
- Rural adults are significantly more likely than non-rural adults to have untreated dental decay (32.6 percent versus 25.7 percent).<sup>6</sup>

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- In 2001, 67.1 percent of urban residents had visited a dentist in the previous year, while only 58.3 percent of rural Americans had done so.<sup>7</sup>
- Rural residents are less likely than their urban counterparts to have dental insurance.<sup>8</sup>
- Of the 2,235 Dental Health Professional Shortage Areas, 74 percent are in non-metropolitan areas.<sup>9</sup>

According to the National Advisory Committee on Rural Health and Human Services, several factors contribute to the problems of rural oral health.<sup>10</sup>

- *Geographic isolation.* People in remote rural areas have farther to travel to obtain care and fewer dentists, hygienists, and other professionals to provide it.
- *Lack of adequate transportation.* In many parts of rural America, private automobiles are the only source of transportation. Public transit is non-existent, as are taxicabs and other transportation for hire. Consequently, many rural residents—especially low-income residents—face great difficulty in going to the dentist or any other service provider.
- *Lack of fluoridated community water supplies.* This most basic preventative treatment against tooth decay is unavailable in countless rural communities.
- *Higher rates of poverty.* Low-income status prevents many people from seeking and obtaining oral health care. It also prevents them from purchasing dental insurance. In addition, rural employers are less likely to purchase or offer dental insurance for their employees due to the smaller average size for most rural employers.
- *Larger percentage of elderly population.* With increasing age come increasing dental and oral health problems. The percentages of rural Americans who are older and sicker are greater than those of urban Americans, and Medicare does not provide dental benefits.
- *Lower dental insurance rates.* Insurance reimbursement rates—both public and private—for dental procedures are typically lower in rural areas than in urban. However, the actual costs of providing the services are often higher in rural areas.
- *Acute provider shortages.* As indicated above, the ratio of dentists per 100,000 population in non-metropolitan counties is less than half of what it is in metropolitan counties. Not surprisingly then, three-quarters of the nation's Dental Health Professional Shortage Areas are in rural America. Worse still, the acute shortage of dentists nationwide is expected to worsen in coming years as dental schools graduate fewer students, despite the fact that dental school applications were up some 18 percent last year. Indeed, with the closing of seven dental schools since 1986, and subsequent opening of only three new ones, more people want to become dentists than there are slots for. On top of that, many dentists are nearing retirement age—especially in rural areas. In addition, it can be predicted that the combination of increasing levels of dental school indebtedness and fee disparities between urban and rural locations will lead to a reduced percentage of the dental school graduates locating in rural locations.
- *Difficulty finding providers willing to treat Medicaid patients.* Because of low reimbursement rates, paperwork burdens, and a perception of a higher percentage of broken appointments, many dentists simply do not accept Medicaid or Children's Health Insurance Program (CHIP) patients—of which there are many in rural America due to the higher proportion of people living in poverty.<sup>11</sup>

As a result of these factors, working individually and in tandem, rural residents in general have a harder time accessing, utilizing, and affording oral health care. That need not be the case. Corrective measures are available. Rural Americans can and should enjoy access to high-quality, affordable oral health care.

### **Improving Oral Health in Rural America**

Improving rural Americans' access to high-quality, affordable oral health care cannot be achieved overnight, nor with the stroke of a pen. It will require in-depth analysis and careful crafting of legislation, regulations, policies, and programs to meet the needs and bridge the gaps. Most of all, it will require dedication and political will from policymakers at all levels of government, from faculty and administrators in oral health programs around the country, and from oral health providers themselves. If implemented, the recommendations presented here can help further that process and hasten the day when rural Americans have the oral health care they need and deserve.

### **Recommendations**

#### *Access to oral health care in rural America*

- The National Health Service Corps should place more emphasis on loan repayment and scholarships for oral health providers.
- State loan repayment programs should cover dentists and other allied health professionals that provide oral health care.
- Dental schools should create a residency or externship requirement for dental students to increase their practical experience and their service to underserved communities, including those in rural America. Such a requirement would increase the number of residents providing care by some 3,000 per year, and increase the number of people getting care by several million. Delaware and New York have already instituted such a requirement.
- Congress should allow foreign-trained dental students who complete their residency in the US to obtain US license in return for work in underserved areas.
- Congress should create and fund capital improvement programs that invest in rural oral health care by helping private practices remodel and update, purchase equipment, etc.
- Congress should provide dental schools and residency programs with financial incentives to rotate students and faculty through private practices and health centers in rural areas.
- Congress should increase support for public health infrastructure aimed at providing oral health care.
- Federal support should be increased to encourage community health centers to more fully integrate oral health care.

#### *Reimbursement for rural oral health services*

- Congress and the states should expand Medicaid coverage as a mandatory service for oral health services to eligible adults, including the elderly in long term care settings and the disabled. While Medicaid mandates some dental care for children, very few programs in Medicaid mandate dental care for adults.
- Congress and the states should require that Medicaid cover preventive and basic restorative oral health care, not just emergency care and include transportation as a covered ancillary service.
- Congress and the states should require Medicaid reimbursement for oral health screening and treatment during pregnancy.
- Congress should add dental services as a rural health clinic reimbursable service as well as allowing rural health clinics to contract with local providers for these services.
- Congress and the Centers for Medicare and Medicaid Services should provide Medicare reimbursement for dental care.
- Congress and the states should require Medicaid reimbursement for medical practitioners for doing oral health exams.

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- Congress should encourage oral health care within school-based clinics and within programs such as Head Start aimed at low-income children.

### ***Oral health training programs***

Dental and dental hygiene education institutions should:

- Orient the admissions process to encourage applications from students with rural backgrounds and those with demonstrated service to the underprivileged and minority populations.
- Ensure that adequate dental student and dental faculty slots are filled so to lessen the expected shortage of providers due to retirement.
- Emphasize serving as a safety net provider in the training of oral health care providers
- Increase dental student rotations through rural settings
- Create a rural residency or externship program
- Mandate that family practitioners and pediatricians as well as mid-level providers have training in oral health assessment
- Make scholarships available for practicing dentists, dental hygienists and students to do fellowships in geriatric oral health care.

### ***Rural oral health research***

The NRHA calls for a national rural oral health initiative including all stakeholders to look at a comprehensive way of improving rural oral health. In addition, Rural health research centers should:

- Synthesize rural-specific data from existing public and private sources.
- Conduct a comprehensive study of the functions and utilization of allied health professionals, differences among state practice acts and the supply of personnel in these fields, to explore the expanded use of so-called mid-level or allied health providers such as dental assistants, hygienists, and others.
- Study, catalogue, and promote the adoption of best practices among state practice acts that enhance the rural oral health care workforce.
- Study the issue of licensure reciprocity for dentists.

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- 1) A National Call to Action to Promote Oral Health, U.S. Department of Health and Human Services, May 2003, p. 12.
  - 2) Ibid.
  - 3) The 2004 Report to the Secretary: Rural Health and Human Service Issues, National Advisory Committee on Rural Health and Human Services, April 2004.
  - 4) National Rural Health Association, Policy Brief: Oral Health in Rural America, June 2001.
  - 5) Ibid.
  - 6) Ibid.
  - 7) National Center for Health Statistics, Health, 2001, September, 2001.
  - 8) Ibid.
  - 9) U.S. Dept. of Health and Human Services, Bureau of Health Professions, Division of Shortage Designation.
  - 10) The 2004 Report to the Secretary: Rural Health and Human Service Issues, National Advisory Committee on Rural Health and Human Services, April 2004.
  - 11) Nationally, approximately one-fifth of dentists participate in Medicaid.

*Questions in regard to this policy brief should be directed to the NRHA Government Affairs Office at 703/519-7910*

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