Oral Health in Rural America

Challenges:

• Rural residents are less likely than their urban counterparts to have dental insurance.\(^5\)

• Rural counties have lower dentist-to-population ratios; 29 dentists per 100,000 populations versus 62 dentists per 100,000 populations in metropolitan areas.\(^3\)

• Rural adults aged 18 to 64 are nearly twice as likely to be edentulous if they are rural residents.\(^3\)

• Rural adults are more likely than non-rural adults to have untreated dental decay (32.6 percent versus 25.7 percent).\(^3\)

• Of the 2,235 Dental Health Professional Shortage Areas, 74 percent are in rural areas.\(^6\)

*The National Advisory Committee on Rural Health and Human Services, suggest the following factors contribute to the problems in oral health in rural America:*\(^7\)

• Geographic isolation. Rural residents have to travel further to obtain care.

• Lack of adequate transportation. Public transportation, taxicabs, and other transportation for hire are rarely available in rural counties. Most rural residents rely on a private automobile as their resource, often shared by the entire family.

• Lack of fluoridated community water supplies. Fluoride, a basic preventative treatment, is unavailable in many rural communities.

• Higher rates of poverty. Low income status prevents rural residents from seeking care, purchasing insurance, and investing in their oral health. In addition, rural employers are less likely to offer dental insurance for their employees.

• Large elderly population. The percentages of rural Americans who are older and sicker are greater than those of urban Americans, and Medicare does not cover dental needs.

• Lower dental insurance rates. Insurance reimbursement rates (public and private) for dental procedures are lower in rural areas versus urban with costs for providing them being typically higher.

• Provider shortages. As indicated, the ratio of dentists per 100,000 population in non-metropolitan counties is less than half of what it is in metropolitan counties with three-quarters of the nation’s Dental Health Professional Shortage Areas are in rural America. Many dentists are nearing retirement age—especially in rural areas.

• Difficulty finding providers willing to treat Medicaid patients. Due to low reimbursement rates, administrative 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 (many of which are in rural America).
Organizations Addressing Rural Oral Health Issues:

- **3RNet, Rural Recruitment and Retention Network (3RNet) | [http://www.3RNet.org](http://www.3RNet.org)**
  - To improve rural and underserved communities’ access to quality health care through recruitment of health professionals and national advocacy relative to rural and underserved health.

- **American Association for Community Dental Programs (AACDP) | [http://www.aacdp.org](http://www.aacdp.org)**
  - Provides a forum for the exchange of thoughts and ideas among those throughout the country who are dedicated to improving the oral health of all Americans, with an emphasis on at risk populations, through community based programs. These programs may be based within city or county health departments, nonprofit agencies, professional organizations such as local dental societies, hospitals, schools of dentistry, community health centers etc.
  - AACDP places a focus on oral disease prevention and treatment and oral health education.
  - The voice for community based oral health programming with local state and federal public health personnel.

- **American Association of Public Health Dentistry (AAPHD) | [http://www.aaphd.org](http://www.aaphd.org)**
  - A dental specialty group (recognized by the American Dental Association) whose focus is the oral health of the public. AAPHD’s members are administrators of federal, state, and local oral health programs; researchers; educators; and students in dental programs.
  - Collects, evaluates and disseminates data from and between its members; advocates through coalitions; co-sponsors the national oral health program; provides a network where members can collaborate and share their work.

- **Association of State and Territorial Dental Directors (ASTDD) | [http://www.astdd.org](http://www.astdd.org)**
  - To strengthen and support state oral health programs.

- **American Dental Hygienists Association (ADHA) | [http://www.adha.org](http://www.adha.org)**
  - Represents the more than 150,000 licensed dental hygienists and the patients they serve.
  - Engages in a range of activities that relate to oral health – advocacy, communications, education, and data collection, among others.
  - 51 constituent (state) associations and hundreds of component (local) associations that carry out policies and programs to promote the prevention of oral disease and increase access to oral health care services.

  - Funded rural primary care clinics throughout Alaska that incorporate space for dental/oral health services.
  - Financially supports Dental Health Aide programs in Alaska, and other allied health professional training. The Commission’s Federal Co-Chair has been an instrumental member of the Dental Health Aide training task force in Alaska for a number of years.

- **Federal Office of Rural Health Policy (ORHP) | [http://www.hrsa.gov/ruralhealth](http://www.hrsa.gov/ruralhealth)**
  - The Rural Health Outreach Grant Program within ORHP is available to address oral health needs within communities.
  - The Community Health Center Program in the Bureau of Primary Health Care at HRSA provides funding for dental care.
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- The Bureau of Health Professions has programs to support dentistry professions programs.

  - **Health Workforce Information Center (HWIC)** | [http://www.hwic.org](http://www.hwic.org)
    - Provides free access to the most recent resources on the nation’s oral health workforce in one easy-to-use online location. Resources help health providers, educators, researchers and policymakers around the nation develop strategies around oral health to meet future workforce demands.

  - **Health Resources and Services Administration (HRSA)** | [http://www.hrsa.gov](http://www.hrsa.gov)
    - Access to primary oral health care, oral health professional workforce, oral health policy, training oral health professionals, support the dental public health infrastructure.
    - Offers the Oral Health Initiative includes HRSA-sponsored Institute of Medicine consensus studies examining existing oral health activities and programs, regulations, and resources and evaluating policies that could better support oral health care: advancing oral health in America and improving access to oral health care for vulnerable and underserved populations.

  - **Indian Health Service (IHS)** | [http://www.ihs.gov](http://www.ihs.gov)
    - The Indian Health Service (IHS) is the U.S. Public Health Service (USPHS) agency responsible for addressing the health needs of over 1.9 million American Indians and Alaska Natives (AI/AN) in over 230 hospitals and clinics in 35 states.
    - More than 1,800 dentists, dental hygienists and dental assistants work in programs that strive to prevent as much dental disease as possible through organized prevention programs and limit existing disease through active clinical programs.

  - **National Association of Community Health Centers (NACHC)** | [http://www.nachc.org](http://www.nachc.org)
    - Primary focus is access and workforce.

  - **National Network for Oral Health Access (NNOHA)** | [http://www.nnoha.org](http://www.nnoha.org)
    - NNOHA’s HRSA Cooperative Agreement helps support the work at Migrant, Homeless and Community Health Centers. NNOHA coordinates efforts to benefit Health Center oral health programs across the United States, providing a variety of technical assistance to its members.
    - NNOHA has a diverse membership of Health Center oral health providers: dental directors, dental hygienists, and their supporters. NNOHA’s membership represents the diversity of Health Center oral health settings – from novice to experienced dental directors - from 30 days to 30 years; to diverse Health Center settings - from isolated, rural, one dentist clinics, to large urban practices with 20 or more dentists.
    - NNOHA provides peer-to-peer networking, services, and collaboration to help dental providers most effectively operate Health Center dental programs.

  - **National Organization of State Offices of Rural Health (NOSORH)** | [http://www.nosorh.org](http://www.nosorh.org)
    - Partners with NNOHA to assess State Office of Rural Health oral health activities.
    - Conducts webinar series on oral health including; understanding the rural oral health workforce; integrating oral health into the health home; and conducting an oral health assessment.
    - Sponsors an oral health education session at the NOSORH Annual Meeting and coordinates an “Oral Health In Rural America” session at the National Primary Oral Health Conference.
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- Develops an issue brief on oral health needs of rural residents and dissemination of oral health resources
- **Office of Rural Health Policy (ORHP) | [http://www.hrsa.gov/ruralhealth/](http://www.hrsa.gov/ruralhealth/)**
  - Offers the Oral Health Training Programs are designed to increase rural communities’ access to high quality dental health services by increasing the number of oral health care providers, such as dentists and dental hygienists, and improving the training programs for oral health care providers
- **Rural Assistance Center (RAC) | [http://www.raonline.org](http://www.raonline.org)**
  - A rural health and human services "information portal." RAC helps rural communities and other rural stakeholders access the full range of available programs, funding, and research documents on oral health. Key word: Dental Health
- **W.K Kellogg Foundation (WKKF) | [http://www.wkkf.org](http://www.wkkf.org)**
  - Supports vulnerable children in oral health through healthy kids program and education.
  - Offers a multi-pronged approach to oral health through funding mobile dental vans for rural populations, improving public health education, increasing representation of minorities in dental schools and supports community-led projects for new workforce models.

References:


2. The 2004 Report to the Secretary: Rural Health and Human Service Issues, National Advisory Committee on Rural Health and Human Services, April 2004.


6. U.S. Dept. of Health and Human Services, Bureau of Health Professions, Division of Shortage Designation.