



VISUAL REPORT

Improving the Oral Health of Rural Veterans

Through Policy, Data Collection, and Care Delivery

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Veterans of Foreign Wars

The Veterans of Foreign Wars (VFW) of the United States is a nonprofit veteran's service organization comprised of eligible veterans and military service members from the active, guard, and reserve forces. Our mission is to foster camaraderie among United States veterans of overseas conflicts, serve our veterans, the military, and our communities, and advocate on behalf of all veterans. We ensure that veterans are respected for their service, always receive their earned entitlements, and are recognized for the sacrifices they and their loved ones have made on behalf of this great country.



National Rural Health Association

The National Rural Health Association (NRHA) is a national nonprofit membership organization with more than 21,000 members. The association's mission is to provide leadership on rural health issues through advocacy, communications, education, and research. NRHA membership consists of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health.

Improving the Oral Health of Rural Veterans

Through Policy, Data Collection, and Care Delivery

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Background

After completing active duty, nearly one-fourth of veterans, or about 4.7 million people, reside in rural areas.¹ Generally, veterans are more highly concentrated in rural areas, with 8.5% residing in non-metropolitan areas versus 6.8% residing in urban areas nationally.² These percentages increase when examining the geographic distribution of veterans who have service-connected disability ratings of 70% or higher.³ The highest concentrations of rural veterans are in Nevada, Oregon, and Washington, followed closely by Maine, Florida, and Montana.³ Given that geographic barriers often exacerbate inequities in care, and that veterans with service-connected disabilities may have multiple comorbidities, it is essential to understand the challenges faced by rural veterans.

Rural veterans are less likely to visit the dentist routinely and more likely to have lost all of their natural teeth.⁴ The Department of Veterans Affairs (VA) Office of Rural Health developed the Veterans Rural Health Resource Centers to provide additional support to veterans living in rural areas.⁵ These satellite offices were opened in Oregon, Utah, Iowa, Florida, and Vermont to assess opportunities for improving care and implementing promising practices. Each location focuses on areas of interest in veteran health, yet, to date, none focus on oral health.

Ultimately, veterans face challenges accessing consistent oral health care regardless of geographic location.⁴ However, the overlapping inequities facing rural veterans are significant.

Data Source

In the summer of 2021, the American Institute of Dental Public Health (AIDPH) and CareQuest Institute for Oral Health collaborated with veteran service organizations and military partners to disseminate a 39-question survey, the 2021 Veteran Oral Health Survey, assessing self-reported oral health and other physical health outcomes among veterans nationally. The final sample consisted of 2,009 veterans, 152 of whom lived in rural areas.

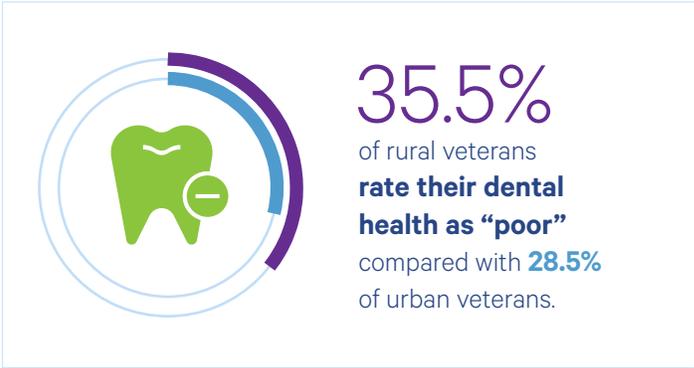
The purpose of this report is to highlight data collected from the 2021 Veteran Oral Health Survey comparing rural and urban veterans. Key objectives include:

1. Explore differences in access to dental care between rural and urban veterans.
2. Highlight oral health and overall health outcomes for rural veterans.
3. Compare the costs of care for rural and urban veterans.
4. Offer data-driven recommendations for improving the oral health and overall health of rural veterans.

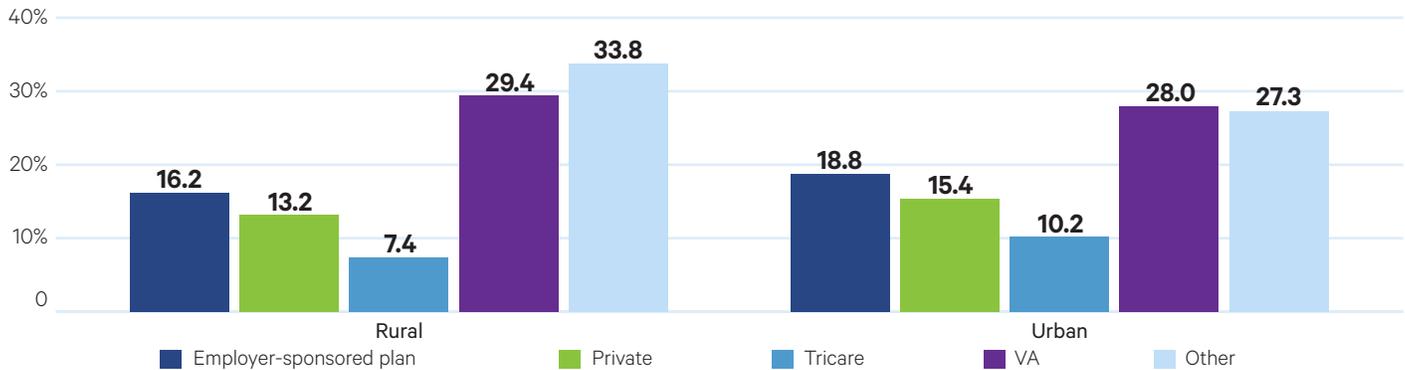
Access to Dental Care

Results from the 2021 Veteran Oral Health Survey reveal that rural veterans struggle with accessing dental care at a higher rate than non-rural veterans. While rural and urban veterans report similar frequencies of dental visits in the last year,⁶ our survey showed more rural veterans rated their dental health as “poor” (35.5%) compared with urban veterans (28.5%), a trend that was not replicated when comparing mental health and overall health ratings. More rural veterans reported that they did not qualify for dental care coverage through the VA (49.3%) compared with urban veterans (39.6%).

Dental insurance coverage varied widely between rural and urban veterans. Fewer rural veterans had employer-sponsored plans or private dental insurance compared with urban veterans. More than one-third of rural veterans selected “other” as their dental insurance type, with the most common response being “none” or “self-pay.” Roughly 72% of rural veterans reported routinely accessing dental care in a private practice clinic, compared with 64% of urban veterans — a noteworthy difference that may reflect greater access by urban veterans to dental care in VA facilities or other settings. Rural veterans reported slightly more emergency department visits for dental issues (6.6%) compared with urban veterans (5.8%). Interestingly, however, fewer rural veterans were unable to see a dentist despite having tooth or mouth pain in the past year (41.2%) compared with urban veterans (44.2%).



Dental Insurance by Rurality



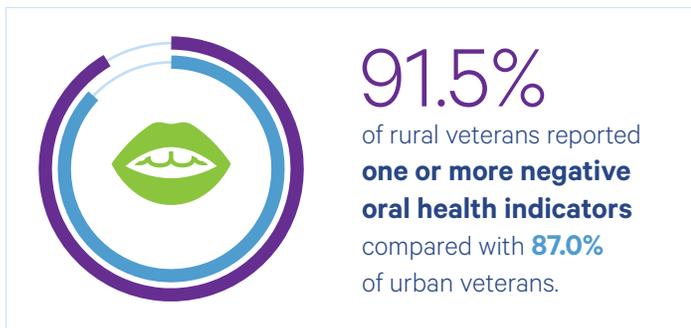
Key Takeaways:

- Rural veterans are less likely to access their dental care in the VA health system due to lack of eligibility, despite being more likely to access other medical care within the VA.
- Rural veterans lack consistent and effective dental insurance coverage.
- The lack of access to affordable routine dental care for rural veterans may be driving increased emergency department visits.
- Rural veterans are aware that their limited access to dental care affects their oral health, leading more rural veterans to rate their oral health as “poor.”

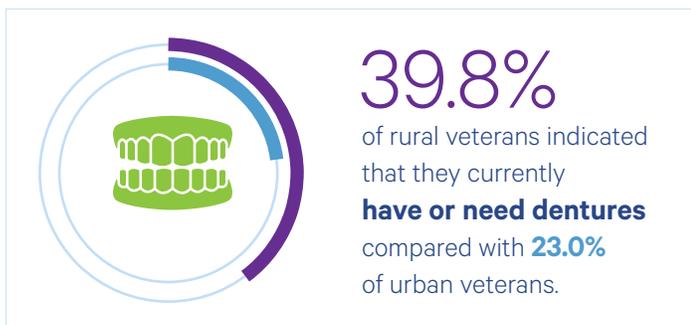
Health Outcomes for Rural Veterans

Oral Health Outcomes

Survey respondents were provided with a list of eight oral health indicators and asked to report which, if any, they had experienced in the past year. These oral health indicators were dry mouth, tooth/mouth pain, cavities, difficulty eating/chewing, bleeding gums, jaw pain, tooth staining, and broken/cracked teeth. More rural veterans reported one or more negative oral health indicators (91.5%) compared with urban veterans (87.0%). When respondents were asked how frequently they struggled with the functioning of their mouth/teeth, more rural veterans (62.5%) indicated “sometimes” or “half the time” compared with urban veterans (52.5%). Over one-third of urban veterans (36.6%) indicated that they “never” struggled with the functioning of their mouth/teeth, while only one-fourth of rural veterans said the same (25.0%).

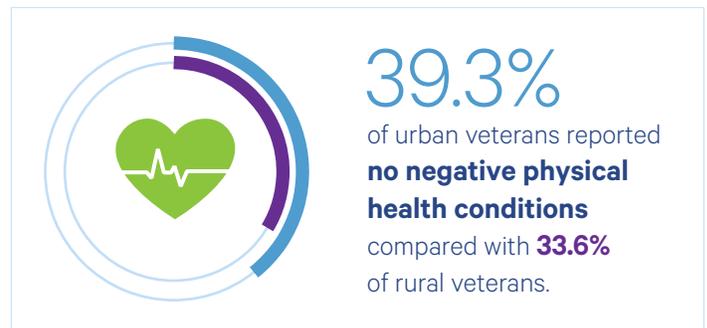


Rural veterans indicated that they value their oral health but acknowledged that they are likely to experience poor oral health outcomes. Rural veterans were more likely to agree (62.5%) that they will “lose some teeth” compared with urban veterans (51.7%). This trend matches the number of rural veterans who indicated that they currently have or need dentures (39.8%), compared with urban veterans (23.0%). These data reinforce trends from the Behavioral Risk Factor Surveillance System, which found that rural veterans are more likely to be edentulous (missing all natural teeth) — particularly rural veterans who also experience a chronic disease condition such as heart disease or diabetes.⁶



Physical Health Outcomes

Survey respondents were provided with a list of seven physical health indicators and asked to report which, if any, they had experienced in the past year. These health indicators were mouth cancer, diabetes, heart disease, depression/anxiety, post-traumatic stress disorder (PTSD), asthma, and dementia/Alzheimer’s. A higher proportion of urban veterans reported no negative physical health conditions (39.3%), compared with 33.6% of rural veterans. Similarly, more rural veterans had one or more negative physical health condition (66.5%), versus 60.7% of urban veterans. These data reinforce results from the Behavioral Risk Factor Surveillance System, which found that rural veterans have a higher prevalence of diabetes and heart disease.⁶



Key Takeaways:

- Rural veterans report similar frequencies of dental visits as urban veterans; however, rural veterans experience a higher number of negative oral health indicators and poorer oral health outcomes than urban veterans.
- Rural veterans are aware of the impact of negative oral health indicators and seem to recognize that they will have poorer oral health outcomes as a result.
- Rural veterans have a higher prevalence of chronic diseases that exacerbate poor oral health. These conditions, coupled with inadequate access to dental care, likely contribute to poorer oral health outcomes in rural veterans.



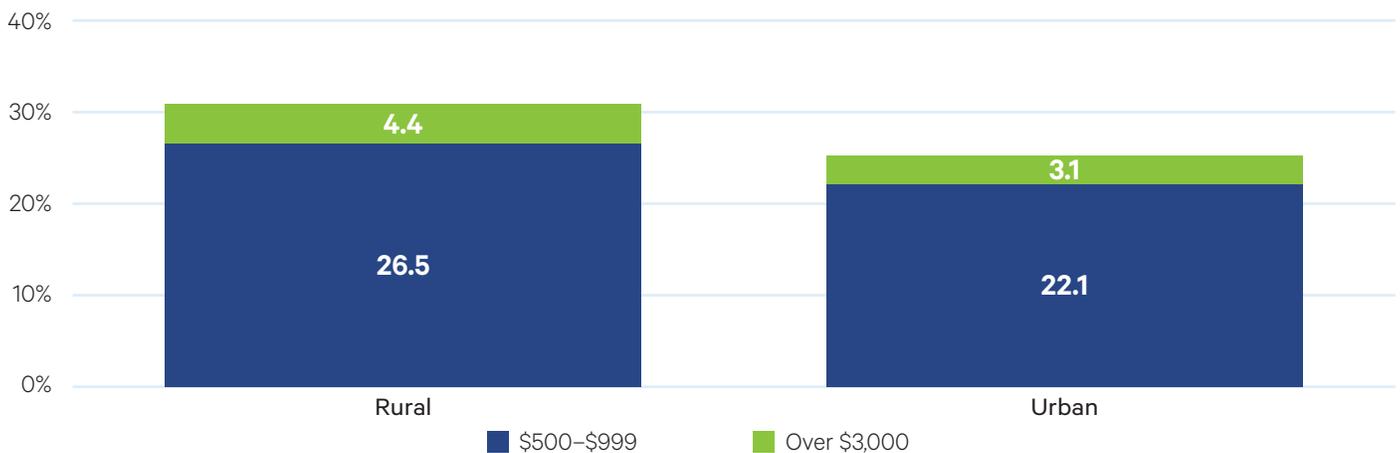
Cost of Care

Rural veterans reported higher out-of-pocket costs for dental care than did urban veterans. A higher proportion of rural veterans (26.5%) paid \$500–\$999 annually in dental care, compared with urban veterans (22.1%). Furthermore, a slightly higher percentage of rural veterans paid over \$3,000 annually (4.4%), compared with urban veterans (3.1%). Similar patterns emerged in the State of Oral Health Equity in America Survey. According to that survey, a higher proportion of rural veterans (19%) paid \$1,000–\$1,999 annually out of pocket than did urban veterans (16%).⁷

Key Takeaways:

- ➔ On average, rural veterans are paying higher out-of-pocket costs for dental care compared with urban veterans.
- ➔ The lack of available data, couple with a lower proportion of rural veterans consistently accessing dental care, makes it difficult to examine other trends.

Annual Out-of-Pocket Costs for Dental Care



Opportunities to Improve Rural Veteran Oral Health

Insights gathered through this data analysis indicate several opportunities for oral health professionals and other stakeholders to support rural veterans.

Recommendations for Policy Changes

- Expanding eligibility for veterans to receive dental care through the VA is crucial. In our survey, rural respondents indicated that they access their medical care in a VA facility but not their dental care, likely due to limited eligibility. Increased eligibility for dental care would allow these veterans to receive dental care where they are already receiving medical care.
- Strengthening the Community Care Program implemented through the MISSION Act can multiply care delivery location options for rural veterans who currently lack access to a VA facility. Providers should register for this program, and reimbursement rates should remain competitive to expand and sustain this network.
- Prioritizing shifts toward a value-based financing model can foster an integrated care experience and reduce costs in higher-risk populations, such as rural veterans, over time.

Recommendations for Data Collection

- Stakeholders should engage in systematic approaches to collecting data from veterans living in rural areas. The lack of representative oral health data results in an incomplete understanding of the barriers faced by veterans and thereby limits the ability to develop data-driven solutions.
- Community-engaged research creates a deeper connection to marginalized communities, enabling more effective data collection and resulting in more robust interventions. Stakeholders should prioritize partnerships with community members, such as veteran service organizations, to improve data collection.

Recommendations for Care Delivery

- While telehealth and teledentistry do not solve access issues entirely, they can be an effective tool for improving rural oral health care, depending on broadband infrastructure. Insurers should cover telehealth as part of essential dental care, and the VA should expand its use of telehealth methods to ensure that providers working with rural veterans can use this tool effectively.
- Ensuring that all dental providers are practicing at the top of their scope maximizes care delivery options, particularly in rural areas. Giving providers and their staff the flexibility they need to adapt in rural communities expands opportunities to access dental care.
- Social service supports, such as transportation and child care, can remove common barriers to care experienced by veterans living in rural communities. Care providers should explore partnerships with organizations that can work collectively to coordinate care, and benefit providers can explore coverage for services as part of essential dental care.

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CareQuest Institute for Oral Health

CareQuest Institute for Oral Health® is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in grantmaking, research, health improvement programs, policy and advocacy, and education as well as our leadership in dental benefits and innovation advancements. We collaborate with thought leaders, health care providers, patients, and local, state, and federal stakeholders to accelerate oral health care transformation and create a system designed for everyone. To learn more, visit carequest.org.

The American Institute of Dental Public Health

The American Institute of Dental Public Health (AIDPH) is a 501(c)(3) nonprofit centering health equity as a cornerstone of oral health education and training. We offer educational training for oral health professionals, support student growth and career development in dental public health, and serve as conveners of stature to facilitate systems change in the oral health community. AIDPH was established to pursue our mission of fostering professional excellence and advancing innovation in the education and practice of dental public health. Join us in pursuing our vision: an equity-oriented oral health workforce prepared to lead. To learn more, visit aidph.org.

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