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National Rural Health Association: Rural Oral Health Care Access- A National Policy Perspective

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NRHA...



Improving the health of the 62 million who call rural America home

NRHA is non-profit and non-partisan

NRHA: #ruralhealth

Alan: @Amorganrural



Rural Oral Health Initiative

- Policy: Development of a Special Rural Oral Health Interest Group to provide policy recommendations/analysis that target legislative and regulatory barriers.
- **Communications:** Disseminate rural oral health information and best practices via NRHA avenues.
- Education: Integrate rural oral health related tracks within NRHA conferences, Rural Community Health Worker Training, and within strategies utilized by State Rural Health Associations.
- Research: Advance rural oral health related research and policy.





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www.ruralhealthweb.org/programs/rural-oral-health-initiative

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NRHA National Rural Oral Health Initiative

The National Rural Oral Health Initiative is the combined effort of the National Rural Health Association and the DentaQuest Foundation to improve oral health disparities in rural America through policy, communications, education and research. As oral health issues have long impacted those living in rural communities, the activities included in this initiative are designed to enhance access to quality oral health care.

NRHA is pleased to announce the release of its 2017 Compendium of Rural Oral Health Best Practices.

The specific purpose of the National Rural Oral Health Initiative is to provide leadership on rural oral health care with the intent to establish oral health care as part of primary care, thereby increasing health care access for all rural Americans.

The yearlong initiative will focus on:

- Policy: Development of a special rural oral health interest group to provide policy recommendations/analysis that target legislative and regulatory barriers.
- Communications: Disseminate rural oral health information and a compendium of best practices via NRHA.
- Education: Integrate rural oral health-related tracks within NRHA conferences, rural community health worker training, and within strategies utilized by state rural health associations.



Programs

- State Rural Health
 Associations
- Rural Medical Education
- Rural Health Fellows
- Rural Health Students
- NRHA Student Liaison
 Program
- NRHA Student Resources





NATIONAL RURAL HEALTH ASSOCIATION

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a ruralhealthweb.org



National Rural Health Association Policy Brief

1. In June 2012, Vermont Senator Bernie Sanders introduced "The Comprehensive Dental Reform Act" seeking to address five main components to end the US oral health crisis. These components included: expanding coverage; creating new oral health access points; enhancing the workforce; improving education; and funding new oral health research.1 Senator Sanders' bill has garnered support across the health care spectrum as the realistic dangers of dental disease, as well as the detrimental effects it has on both individuals personally as well as the health care system in general, continue to grow in concern for health care professionals, policymakers and

Rural America's Oral Health Care Needs

- 2. Senator Sander's 2012 bill merely echoes concerns about the lack of oral health access that have been prominent in health care discussions for over a decade. In 2000, the US Surgeon General's Report, Oral Health in America, identified the nation's high prevalence of dental disease as America's "silent epidemic." This seminal report highlighted the distinct connection between oral health and overall physical health bringing attention to the lack of oral health access for a number of underserved populations, including rural America. A decade later, the Department of Health and Human Services (HHS) asked the Institute of Medicine (IOM) to convene a panel of experts to examine the current state of oral health care. Significantly, dental caries, also known as tooth decay or cavities, remained identified as the nation's most common chronic disease - a disease which is predominantly preventable.
- 3. The IOM panel came to several conclusions to address oral health needs, including: 1) the system of oral health must focus on prevention rather than just identification and treatment of existing disease; 2) traditional oral health system model of an isolated, private-practice setting does not serve a large number of the population; rather, an interdisciplinary, team-based approach benefits patients which includes training other health professionals in oral health care as well as expanding the duties of non-dentist oral health providers; 3) increased diversity among oral health professionals is important to expanding care to underserved communities; 4) important for CMS to reexamine alternative payment methods to improve access and coverage; 5) primary and secondary research in oral health is essential to determine evidenced based best practices; and 6) significant benefits can be found in HHS developing oral health quality
- 4. Knowledge concerning the importance of maintaining good oral health has grown among health care professionals and the public alike. However, disparities in oral health - as well as
- ² Senator Bernie Sanders, "The Comprehensive Dental Reform Act of 2012."
- http://www.ada.org/epubs/assets/120530_SandersDentalBill_OnePager.pdf US. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General, 2000



Compendium of Rural Oral Health Best Practices









National Rural Health Association















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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. 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 diabetes³—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

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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

December 2018 Fact Sheet



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Rural Oral Health Interest Group/Policy Focus:

- Support the full scope of practice for oral health practitioners
- Encourage state organizations to engage in rural oral health policy
- Support Medicaid coverage and CHIP authorization

Results



Rural Community Health Worker Training: Rural Oral Health Focus

First certified-oral health curriculum for the state of Texas





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Results

Research:

 Special section on rural oral health within the Journal of Rural Health

The State of Rural America



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Declining Rural Life Expectancy



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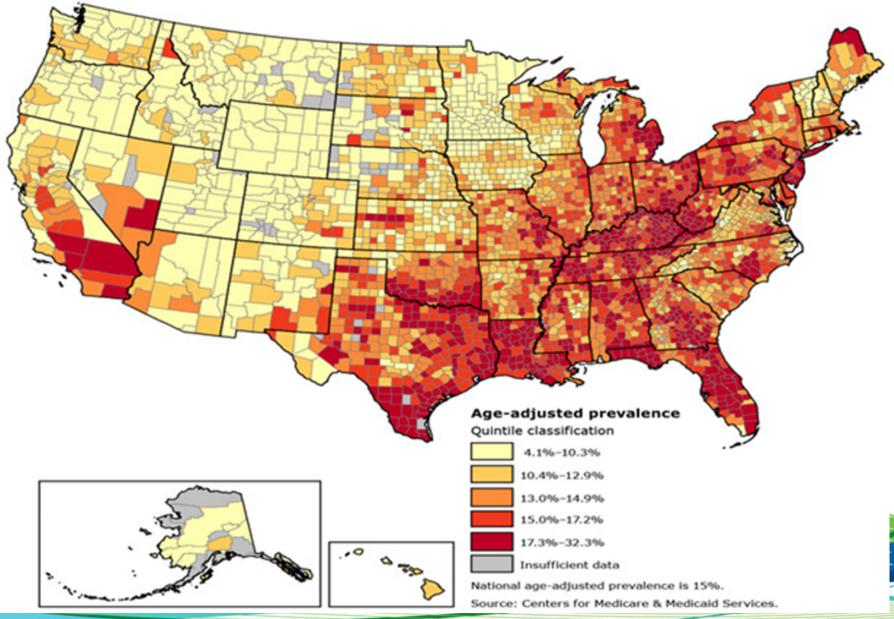






Prevalence of Medicare **Patients** with 6 or more Chronic **Conditions**

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012







National Rural Health Association Membership One Dot Represents One Member (Map shows only members residing in the United States & Puerto Rico)

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Rural has an Older, Sicker and Poorer Population

- The median age of adults living in rural areas is greater than those living in urban:
 - Rural: 51 years
 - Urban: 45 Years
- Rural areas have higher rates of several health risk factors/conditions:
 - Obesity, Diabetes, Smoking

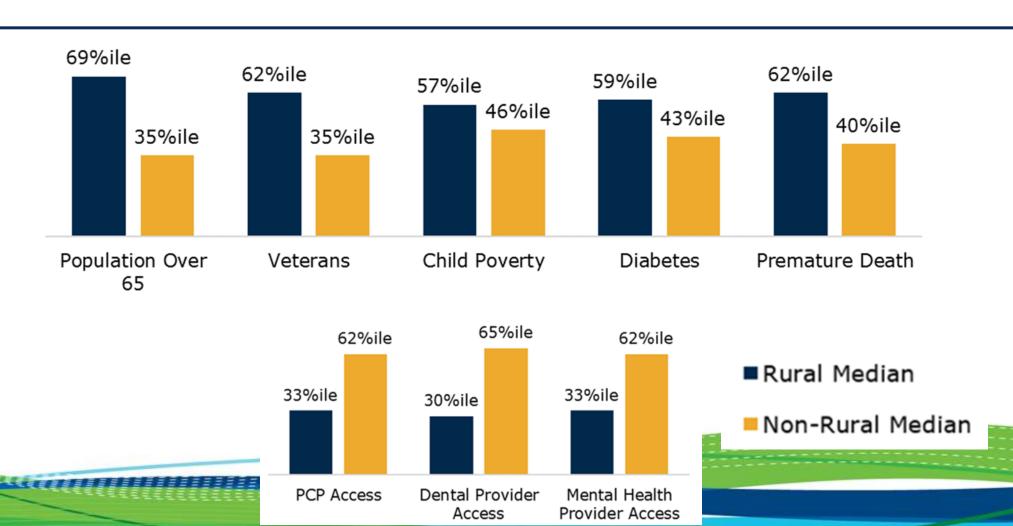


Rural has an Older, Sicker and Poorer Population

- Nationally, rural households had lower median household incomes:
 - -Rural: \$49.9K
 - -Urban: \$66.1K
- 14.7% of rural population is below the federal poverty line, compared with 11.3% of the urban population

Summary: Rural Populations are Older, Less Healthy, Less Affluent and Have Limited Access to Multiple Types of Care





Source: iVantage Chartis Health Analytics

Deaths of Despair: The Rural Opioid Crisis

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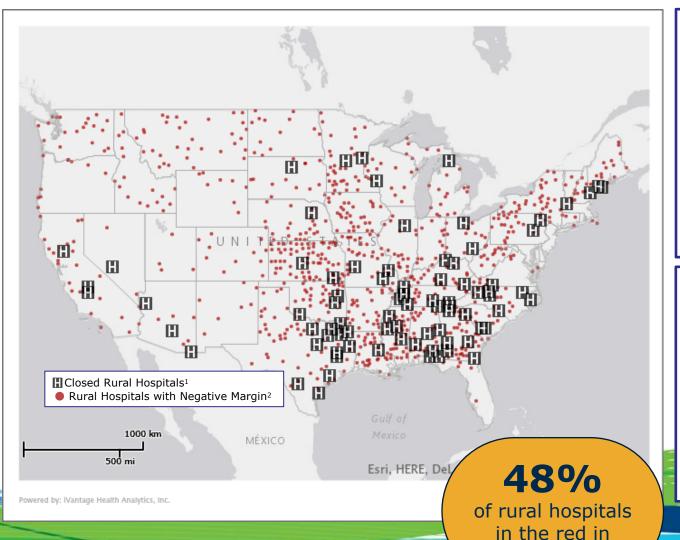
• The federal government has provided over \$2.4 billion in state grants since 2017, in hopes of stemming an opioid epidemic that

killed 47,6600 people in that year alone.

- Most Federal opioid grants cannot be used to treat meth addiction.
- "I don't need more opiate money. I need money that will not be used exclusively for opioids," said a County Commissioner.

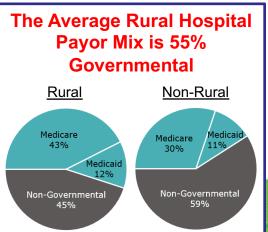
The Rural Health Safety Net is Under Pressure





2019

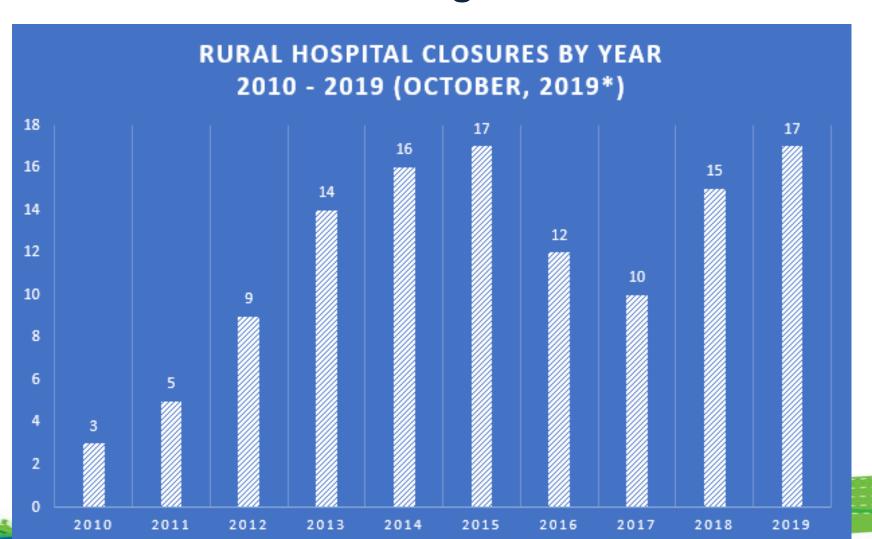
120 Rural
Hospital
Closures
Since 2010



Rural Hospital Closures – 118 and counting



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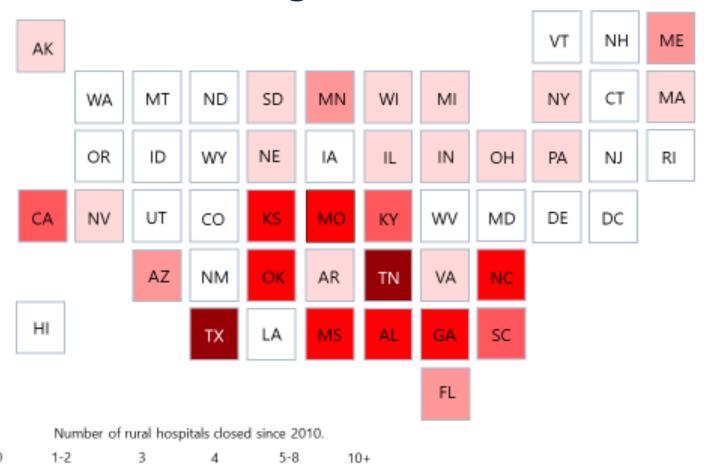


388 Rural Health Clinic Closures between 2012 and 2018

Rural Hospital Closures – 120 and counting



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Source: Sheps Center, UNC

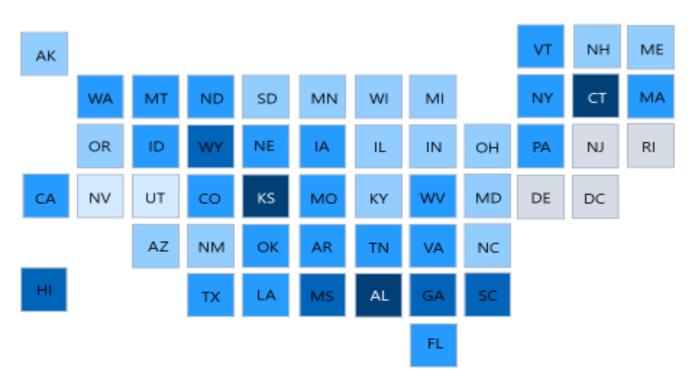
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48% of all Rural Providers have a Negative Operating Margin



State-level percentage of rural hospitals with negative operating margin.

NA.

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20

21-40

41-60

1-80

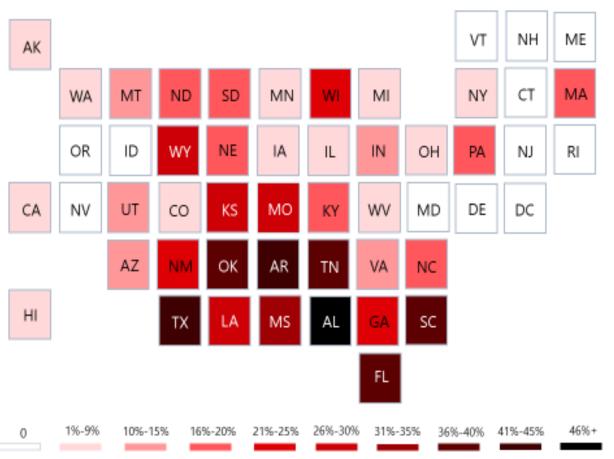
81-100

Source: The Chartis Center for Rural Health, 2019.



Rural Hospital Vulnerability





Percentage of State Rural Hospitals Determined to be Vulnerable

National Media Attention



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Forbes





- 2020 Presidential Election:
 - Campaign platforms; Debate coverage
- Major News Outlets:
 - The Hill, NPR, CNN
 - CBS: New reporting on rural EMS shortages
- National Reports & Surveys
 - National Bureau of Economic Research*
 - Robert Wood Johnson Foundation
 - Bipartisan Policy Center, etc.

The State of Rural America



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U.S. Census show that after a modest four-year decline, the population in nonmetropolitan counties remained stable from 2014 to 2019 at about 46 million. (2014-2019 rural adjacent to urban saw growth.)



Celebrate the greatness of rural health care!



- Rural independence; rural work ethic; rural innovation; rural providers doing more with less.
 - √ Higher quality
 - √ Higher patient satisfaction
 - √ Cost-effective
 - √ Fewer Resources



The Rural Youth Population Is Growing

Although some rural areas are indeed declining in population, this figure obscures the larger overall trend: The number of students in rural school districts is steadily growing, according to data compiled by the National Center for Education Statistics (NCES).

Destination NRHA

Plan now to attend these 2020 events.



Rural Hospital Innovation Summit	May 19-22	San Diego, CA
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Rural Health Clinic Conference	Sept. 22-23	Kansas City, MO
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Visit RuralHealthWeb.org for details and discounts.



National Rural Health Association

Landscape of Rural Health

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