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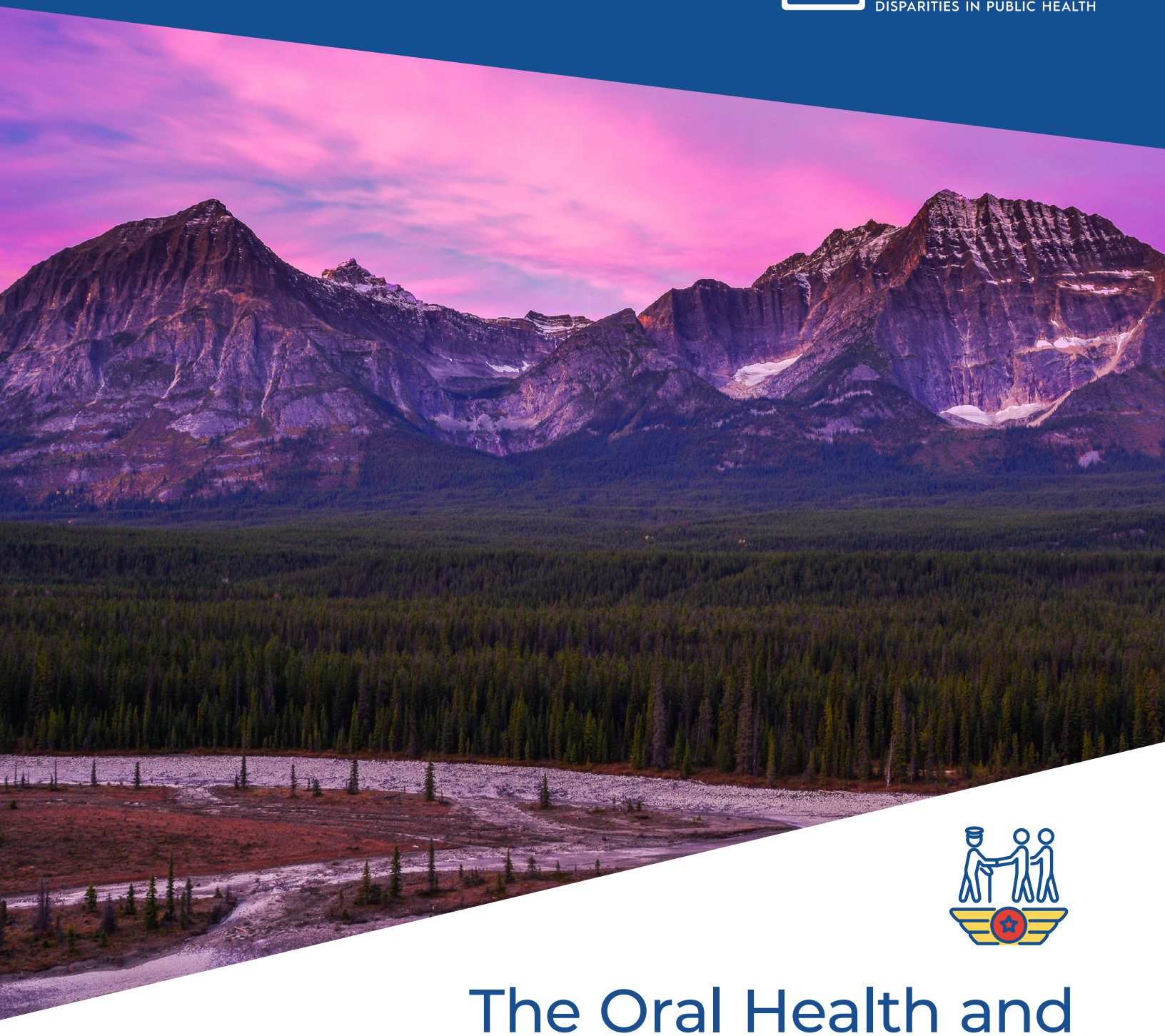


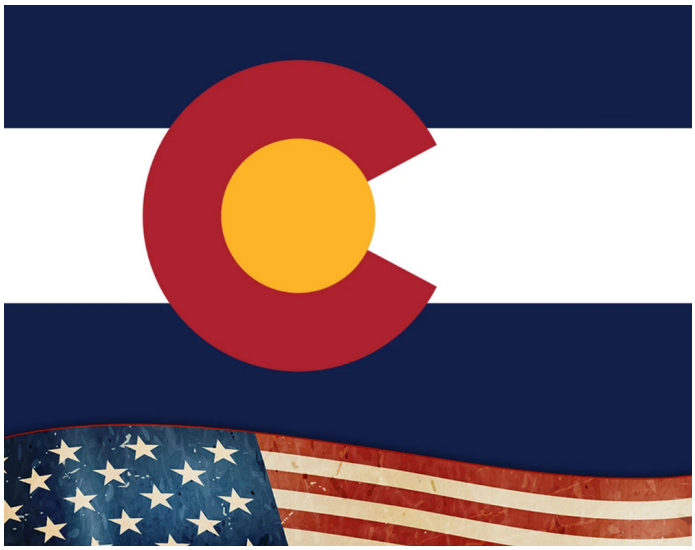
The Oral Health and Wellbeing of Aging Colorado Veterans

AUGUST 2026

Background and Introduction

Oral health is an essential part of overall health, daily functioning, and quality of life. Everyone needs access to oral healthcare, especially as they age, given the complications and risks that influence oral health outcomes. Veterans are at a particular risk of poor oral health as they age due to social risk factors, exposure to negative health experiences during their military career, and perpetual lack of access to care. Approximately 75% of veterans who are eligible for medical care through the VA are not eligible for dental care through the VA as a result of strict guidelines established by Congress. Among those who are eligible, only about one-third use the benefit each year. This gap leaves many veterans dependent on employer-sponsored insurance, private coverage, safety-net providers, charitable care, or out-of-pocket payments. In AIDPH's 2021 national survey of more than 2,000 veterans, 44% reported experiencing oral pain or discomfort but being unable to see a dentist, most often because of cost or difficulty finding care. Nationally, roughly 70% of veterans are aged 50 and over. With this age group representing the majority of veterans, it is important to understand the oral health and well-being of veterans aging in Colorado.

Veterans experience a disproportionate burden of disease and disability compared to nonveterans. Chronic diseases like diabetes and heart disease, which most significantly influence oral health outcomes, are more prevalent among veterans. Poor physical health, chronic disease burden, and



low dental care utilization are more prevalent among veterans living in rural areas, making chronic disease and rurality critical indicators for evaluation. Evidence also suggests that investing in comprehensive access to dental care reduces the medical costs of diabetes, heart disease, and stroke such that for every dollar spent on dental care, a dollar is saved in diabetes management and two dollars are saved in heart disease management.

This report provides an overview of the oral health and well-being of aging veterans in Colorado. To design this report, AIDPH analyzed national surveillance data, then partnered with stakeholders across Colorado to interpret the data and create actionable recommendations to address key disparities within this population.

Methodology

AIDPH analyzed data from the Behavioral Risk Factor Surveillance System (BRFSS), supplemented by state-specific data from the Colorado Department of Public Health and Environment (CDPHE) to understand the oral health, chronic disease, and physical health of aging veterans in Colorado. These data were stratified by age and geography to glean additional insights. The 2024 BRFSS surveyed 10,872 Colorado residents and 1,211 Colorado veterans, of which the weighted estimates were used to statistically analyze and compare data. The small sample sizes limited the available inferential statistics, and therefore this report focuses on descriptive analyses for the subset of aging Colorado veterans. The following indicators were included in this overview:

- **Edentulism**: loss of all natural teeth.
- **Dental visits**: frequency of visiting a dental office, clinic, or hygienist.
- **Rating of Teeth and Gums**: self-reported measure of perceived teeth and gum health.
- **Dental Insurance**: has dental insurance coverage of any kind.
- **Delayed care**: report delaying necessary dental care due to cost.
- **Rurality**: comparisons between veterans living in rural vs. urban areas using the NCHS Urban-Rural Classification.
- **Physical health**: self-reported perception of physical health and well-being.
- **Chronic disease status**: self-reported diagnosis of chronic diseases most connected to oral health outcomes, including diabetes, heart disease, and cancer.

Each health indicator was analyzed to compare veterans vs. nonveterans, rural vs. urban veterans, and veterans aged 50+ vs. veterans aged 65+. Age was included in this analysis to consider the influence of Medicare starting at age 65+ while also comparing veterans aged 50+ in alignment with the American Association of Retired Persons (AARP) designation for an aging person.

Oral Health Indicators

AIDPH analyzed multiple indicators intended to provide an oral health snapshot of aging veterans in Colorado. Tooth loss and edentulism are primary indicators of chronically poor oral health, which can be connected to perpetually inadequate access to dental care. The number of natural teeth lost was compared across age groups and veteran status. Across all indicators, veterans had more tooth loss compared to nonveterans in Colorado. While veterans and nonveterans had more tooth loss at age 65+ across the board, veterans consistently experienced more tooth loss, including edentulism, at a higher rate than nonveterans. In every category of tooth loss, veterans reported fewer natural teeth than nonveterans regardless of age. More than 10% of veterans aged 65+ were edentulous in Colorado, with only ⅓ of veterans aged 65+ retaining all of their natural teeth.

Table One: Colorado Veteran Tooth Loss

No Missing Teeth					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
66.1%	58.1%	51.3%	44.7%	45.5%	36.7%
Any Tooth Loss					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
33.6%	41.4%	48.0%	54.5%	53.3%	62.2%
Edentulous					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
3.3%	4.8%	7.0%	7.5%	8.7%	10.4%

Colorado provides supplemental questions to the BRFSS questionnaire, one of which evaluates the perceived state of a respondent's teeth or gums. Responses to this question were aggregated by age and dichotomized between the five categories. Across all ages, veterans self-reported similar perceptions about their teeth and gums compared to nonveterans. Perceptions of teeth and gum health were similar between veterans and nonveterans aged 65 and older. The largest discrepancy was observed between veterans and nonveterans aged 50 and above, such that veterans had lower positive ratings and higher negative ratings of their teeth and gums compared to nonveterans.

Table Two: Teeth and Gum Rating

Self-Rating of Good, Very Good, or Excellent					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
78.3%	79.8%	80.4%	75.1%	81.2%	80.2%
Self-Rating of Fair or Poor					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
21.7%	20.2%	19.6%	24.9%	18.8%	19.8%

Dental Care Utilization and Access

Dental care coverage was assessed through a supplemental BRFSS question from the state of Colorado. Respondents were asked if they had any dental insurance coverage, and results were compared by veteran status and age. Veterans across all age categories reported having dental insurance coverage more frequently than nonveterans, although differences between the categories were minor.

Table Three: Dental Insurance Coverage

Had Any Dental Insurance					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
73.6%	79.7%	73.9%	75.9%	70.4%	72.0%
Did Not Have Any Dental Insurance					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
26.5%	20.3%	26.1%	24.1%	29.6%	28.0%

Self-reported frequency of visiting a dental office, dental clinic, or dental hygienist was assessed and compared across age groups. Results varied by age and visit frequency. In general, the percentage of veterans visiting a dentist within the past year increased with age. The percentage of veterans visiting a dentist in the last year was lower than nonveterans. Time since last visit did not differ significantly between categories until evaluating those who had not visited a dentist in over five years. Older veterans were more likely to report not seeing a dentist in more than five years than nonveterans, with nearly 10% of veterans aged 50+ and 65+ reporting going more than five years without a dental visit.

Table Four: Colorado Veteran Dental Care Utilization

Visited a Dentist, Dental Hygienist, or Dental Clinic Within the Last Year					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
67.8%	69.5%	74.5%	70.8%	76.2%	72.5%

Visited a Dentist, Dental Hygienist, or Dental Clinic Within the Last Two Years					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
12.5%	11.4%	9.9%	9.7%	9.4%	9.7%

Visited a Dentist, Dental Hygienist, or Dental Clinic Within the Last Five Years					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
9.4%	9.3%	7.6%	8.1%	6.5%	6.7%

More than Five Years Since Visiting a Dentist, Dental Hygienist, or Dental Clinic					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
8.6%	8.7%	7.1%	9.8%	6.9%	9.9%

The last supplemental BRFSS question asked respondents if they had delayed necessary dental care in the last twelve months due to cost. Responses were stratified by age and veteran status. Across all ages, nonveterans reported fewer delays in necessary care due to cost compared to veterans. In general, delaying care due to cost decreased as Coloradans aged, but differences between veterans and nonveterans were not substantial.

Table Five: Delayed Dental Care Due to Cost

Delayed Care in the Last 12 Months Due to Cost					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
28.5%	24.3%	20.4%	21.0%	16.6%	15.0%
Did Not Delay Care in the Last 12 Months Due to Cost					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
71.5%	75.7%	79.6%	79.0%	83.4%	85.0%

Rurality and Oral Health

Rurality influences how veterans are able to access dental care, and the resulting outcomes from dental care utilization. Roughly 10% of veterans in Colorado live in a rural county. Rurality could not be evaluated with state-sponsored BRFSS questions due to low sample size. Across all ages, rural veterans had poorer oral health outcomes compared to urban veterans. A staggering 21% of rural veterans are edentulous in Colorado.

Table Six: Oral Health Indicators by Rurality

No Tooth Loss					
All Ages		Ages 50+		Ages 65+	
Urban	Rural	Urban	Rural	Urban	Rural
59.7%	36.6%	46.3%	28.7%	38.0%	25.7%
Edentulous					
All Ages		Ages 50+		Ages 65+	
Urban	Rural	Urban	Rural	Urban	Rural
4.3%	11.1%	6.9%	14.4%	9.2%	21.0%
Visited a Dentist, Dental Hygienist, or Dental Clinic in the Last Year					
All Ages		Ages 50+		Ages 65+	
Urban	Rural	Urban	Rural	Urban	Rural
70.2%	60%	72.2%	56.5%	73.5%	64%
Did Not Visit a Dentist, Dental Hygienist, or Dental Clinic in the Last Year					
All Ages		Ages 50+		Ages 65+	
Urban	Rural	Urban	Rural	Urban	Rural
29.8%	40%	27.8%	43.5%	26.5%	36%

KEY TAKEAWAYS: THE ORAL HEALTH OF AGING COLORADO VETERANS

1. Colorado veterans across all age categories were more likely to have tooth loss, the most profound negative oral health outcome. Veterans aged 65 and older had the most significant tooth loss.

2. Veterans aged 50 and older had the most negative perception of their gums and teeth compared to other age categories.

3. Veterans reported having dental insurance coverage more frequently than nonveterans, but dental care coverage did decrease for both veterans and nonveterans at age 65 and older.

4. Veterans were less likely to report having a dental visit in the last year and more likely to report not having a dental visit in more than five years.

5. Veterans and nonveterans both reported delaying care due to cost in similar frequencies, but the percentage decreased across all groups as age increased.

6. Rural veterans struggle with accessing care, and oral health outcomes get worse as they age. Shockingly, 21% of rural Colorado veterans have lost all of their natural teeth.

Self-Report of Physical Health

AIDPH analyzed self-reported physical health for aging Colorado veterans to create a whole-veteran health profile. Self-report of physical health status was assessed by asking respondents to classify their overall physical health, and then how many of the last 30 days were considered "not good." Across all age groups, Colorado veterans classified their physical health as slightly worse compared to nonveterans. As veterans aged, the proportion that classified their physical health as good, fair, or poor increased slightly.

Table Seven: Self-Categorization of Physical Health

Excellent Physical Health					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
17.3%	15.4%	15.3%	12.1%	13.8%	11.5%
Very Good Physical Health					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
34.3%	32.3%	34.2%	29.7%	33.3%	30.6%
Good Physical Health					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
33.3%	35.0%	31.6%	38.1%	33.9%	36.7%
Fair or Poor Physical Health					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
15.1%	17.2%	18.9%	20.1%	19.1%	21.1%

Colorado veterans also self-reported the number of days in which they had poor physical health in the past month. Veterans reported more days with poor physical health compared to nonveterans, and were more likely to have more than 14 days in the past month with poor physical health. The number of poor physical health days increased slightly with age, and veterans reported slightly more poor days than nonveterans.

Table Eight: Number of Poor Health Days in the Past Month

Zero Poor Health Days					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
60.0%	58.7%	61.9%	60.8%	61.4%	61.4%
1-13 Poor Health Days					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
28.3%	27.2%	22.7%	23.0%	22.7%	22.3%
14+ Poor Health Days					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
11.7%	14.1%	15.4%	16.2%	15.9%	16.2%

Chronic Disease

Chronic diseases like heart disease and diabetes impact oral health within the oral-systemic connection. AIDPH analyzed self-reported chronic disease indicators including heart disease, diabetes, or any form of cancer. Veterans reported substantially higher prevalence of diabetes and heart disease, regardless of age. However, the number of veterans with these chronic conditions increased with age and was much higher compared to nonveterans. Veterans of all ages also had a higher prevalence of cancer compared to nonveterans in Colorado, which also increased with age.

Table Nine: Chronic Disease and Cancer Indicators

Diagnosis of Diabetes					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
7.7%	14.1%	13.9%	21.6%	15.7%	27.2%
Diagnosis of Heart Disease					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
3.1%	7.9%	6.4%	12.4%	9.6%	15.7%
Diagnosis of Heart Disease or Myocardial Infarction					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
4.9%	11.9%	9.6%	18.4%	13.9%	23.9%
Diagnosis of Cancer					
All Ages		Ages 50+		Ages 65+	
Nonveterans	Veterans	Nonveterans	Veterans	Nonveterans	Veterans
8.1%	13.8%	16.2%	21.3%	22.5%	27.7%

KEY TAKEAWAYS: THE PHYSICAL HEALTH OF AGING COLORADO VETERANS

1. Colorado veterans across all age categories were less likely to report excellent physical health. Conversely, veterans were more likely to report having fair or poor physical health, although not substantially different from nonveterans.

2. The number of poor physical health days per month was higher across all ages of veterans, and increased with age, but veterans did not differ substantially from nonveterans.

3. Diagnosis of diabetes was significantly higher among Colorado veterans compared to nonveterans, and the prevalence increased notably with age. Colorado veterans aged 65 and older had a 75% higher prevalence of diabetes compared to nonveterans.

4. Heart disease was also significantly higher among Colorado veterans compared to nonveterans, with veterans aged 65 and older nearly doubling the prevalence of heart disease compared to nonveterans of all ages. Nearly one in four veterans aged 65 and older had heart disease or a history of a heart attack compared to one in seven nonveterans of the same age.

5. Cancer prevalence was very high among Colorado veterans compared to nonveterans across all ages; however, more than one in four veterans aged 65 and older were diagnosed with cancer compared to one in five nonveterans of the same age.

Strategic Recommendations for Aging Colorado Veterans

AIDPH engaged Colorado stakeholders to respond to the data presented in this report, determine how to mobilize to improve the oral health of aging veterans, and create a series of strategic recommendations for target audiences. Multiple strategic forums were held with clinicians, oral health advocates, veteran service officers, coalition members, aging community organizers, and academicians. AIDPH synthesized recommendations from these forums and created a set of action items for Colorado stakeholders.

Strategic Recommendations for Advocates, Policymakers, and Government Agencies

Expand the Colorado Veterans Trust Fund's ability to address dental needs. State leaders can evaluate the Colorado Veterans Trust Fund's infrastructure and costs to expand beyond emergency and medically necessary dental care, extending coverage above the $2,000 lifetime cap or carving out an expansion for aging veterans. An expanded dental component could follow the Iowa Veteran Trust Fund as a model for program funding and scale, covering out-of-pocket costs for veterans who need it the most.

Advocate for broader federal VA dental eligibility. Expanding dental care eligibility within VA through federal action creates systemic policy change. Colorado advocates know their veterans best. Stakeholders can share stories, data, and recommendations with federal legislators to encourage votes for federal policies that expand access to dental care for aging veterans. Advocacy can emphasize the high burden of tooth loss and chronic disease among aging veterans, the extreme edentulism observed among rural veterans, and the limitations of relying on emergency or charitable care for this demonstrated gap in access.

Create a Colorado veteran oral health access plan. Colorado can develop a defined strategy that establishes measurable goals for reducing tooth loss, increasing annual dental utilization, improving rural access, and connecting veterans with chronic disease to preventive dental care. Stakeholders can identify responsible agencies and partners, specify data needs, include an implementation timeline, and align with Colorado's broader oral health, aging, rural health, and chronic disease priorities. Codifying approaches and action items allows advocates to select tactics and topics that align with their mission, are strategically timed, and support a common goal.

Consider an oral health benefit-navigation system for veterans approaching retirement or separation from military service. Military installations, transition assistance programs (TAPs), state veteran agencies, and community organizations can provide oral health education before service members retire or separate. Educating families about oral healthcare within the existing transitioning programs, explaining the coverage for VA dental care, what VADIP and other insurance options provide, and where veterans can obtain care in Colorado is crucial to longer term benefit access.

Consider Rural Health Transformation Funding for aging rural veterans. As Rural Health Transformation Program dollars are provided to each state over the next five years, the disparities experienced by rural veterans should be considered in Colorado program planning. Rural veterans in the report experienced substantially worse outcomes than urban veterans, including an edentulism rate of 21%. State funding could support mobile dental units, portable services in residential settings, transportation assistance, teledentistry-supported triage, and rotating clinics at trusted aging community locations.

Explore Medicaid dental coverage for rural and aging veterans. Veterans who aren't old enough to qualify for Medicare face dental coverage barriers that affect their access to and use of dental care. Oregon has successfully carved out healthcare coverage for veterans, which could be replicated in states like Colorado. Dual coverage options for Medicaid and Medicare give aging veterans the best opportunity to address oral healthcare disparities.

Develop a statewide veteran advocacy network connecting aging communities, veterans, and oral health professionals. Coalescing around advocacy priorities not only increases the chances of successful policy change, but also creates a long-term collaboration for resources. The Colorado Oral Health Coalition brings together oral health professionals to improve the oral health of Coloradans. The United Veterans Coalition of Colorado has been leading advocacy efforts statewide for many years, alongside local veteran coalitions like Larimer County Veteran Coalition. Veteran Service Officers also provide resources and support to veterans, particularly in connection to VA benefits. Connecting veteran stakeholders to aging, oral health, and rural health organizations provides a diverse advocacy strategy where solutions become sustainable and multifaceted.

Strategic Recommendations for Clinicians and Oral Healthcare Providers

Ask patients about veteran status and incorporate a veteran-informed protocol into clinical care. Capturing veteran status during intake allows clinicians and front office staff to assess for eligibility for VA dental benefits, ask about relevant service-related experiences, and provide trauma-informed care when prior military or dental experiences affect the patient's comfort with treatment. Practices should also maintain referral information for county veteran service officers, aging community care organizations, and other entities that can help patients navigate benefits and community resources.

Integrate oral health assessment and referral into diabetes, cardiovascular disease, cancer, and healthy-aging programs. Colorado veterans experience substantially higher rates of diabetes, heart disease, and cancer than nonveterans, with the greatest burden among veterans aged 65 and older. Colorado's practice act allows dental hygienists to screen for diabetes during dental treatment, which could be emphasized for aging veterans who are at higher risk of diabetes and heart disease. Conversely, medical providers and chronic disease programs could incorporate basic oral health questions and visual screening when appropriate for aging veterans for referrals into geriatric dental treatment. Dental clinicians should likewise screen for chronic disease risk, communicate concerning findings to medical providers, and reinforce the relationship between oral health and chronic disease management.

Develop closed-loop referral systems between dental, medical, veteran, nutrition, and aging-service providers. Colorado healthcare organizations can establish referral agreements that flow into the natural network of aging communities. Dental professionals can refer patients with chewing limitations, oral pain, tooth loss, or medically necessary dietary restrictions to programs such as Nourish Meals on Wheels and other community nutrition services. Nutrition and aging-service providers can, in turn, have a clear process for referring clients with oral health issues to appropriate dental care. Similarly, county Veteran Service Officers should have a network of dental care providers available for aging veterans seeking care, alongside support systems to offset out-of-pocket costs.

Adopt trauma-informed approaches for all veterans, but particularly aging veterans who have delayed or avoided dental care. Nearly one in ten Colorado veterans aged 50 and older reported going more than five years without a dental visit. For some veterans, avoidance may reflect cost or geographic barriers, while for others, it may be connected to prior painful treatment, military background, loss of control during care, or negative experiences reported by family members. Trauma-informed practices include explaining procedures before beginning treatment, obtaining consent throughout the encounter, offering reasonable pacing and accommodation, avoiding judgment about the condition of a patient's teeth, and creating treatment plans that prioritize urgent needs without overwhelming the patient. Clinicians should prioritize trauma-informed training as best practice in their offices or clinics.

Leverage Federally Qualified Health Centers and other safety-net clinics as veteran access points. Many veterans are not eligible for comprehensive VA dental care, do not live near a VA dental clinic, or may not identify the VA as their usual source of dental care. FQHCs and other community clinics can be trained to identify veterans, assess their VA, Medicare, or Medicaid coverage and benefit options, provide preventive and restorative services, and refer eligible patients to VA or community-care resources when appropriate. FQHCs should also explore partnerships with county veteran service offices, Area Agencies on Aging, and local veteran coalitions to improve outreach and reduce missed referrals.

Conduct a statewide clinical oral health assessment of aging veterans. The current analysis relies largely on self-reported, limited surveillance data and does not include important indicators such as untreated decay, periodontal disease, denture status, experience of dental pain, functional limitations, or treatment urgency. Colorado researchers can conduct a representative clinical assessment of veterans aged 50 and older, with sufficient sampling to evaluate rural and frontier communities, age groups, disability status, and other demographic differences. Both self-report and clinical assessments should continue studying the links between oral health, chronic disease, nutrition, cognition, and social isolation among aging veterans. Entities like the Colorado Health Institute's Colorado Health Access Survey (CHAS) can serve as a hub for data connection and dissemination alongside the Colorado Department of Public Health and Environment.

Request data from Congressional offices to inform dental access and unmet need among veterans enrolled in Colorado's VA healthcare systems. Colorado's state government, federal legislators, and veteran agencies can jointly request information from the VA regarding disability rating, dental eligibility, utilization, wait times, geographic access, Community Care Network use, and chronic disease burden among aging Colorado veterans. The request should seek age-, disability-, race and ethnicity-, sex-, and county-level data when legally and statistically feasible. Better information would allow state and federal partners to distinguish between veterans who are eligible but not using benefits and veterans who are excluded from comprehensive VA dental care. Investigate the exceptionally high rate of edentulism among rural Colorado veterans. Twenty-one percent of rural veterans aged 65 and older in the report were edentulous, more than twice the percentage observed among urban veterans of the same age. Future research should evaluate the relative influence of workforce shortages, transportation, income, insurance, VA eligibility, disability, tobacco use, chronic disease, and delayed treatment over the lifespan to inform preventive strategies and earlier intervention for aging Colorado veterans.

Establish clinical rotations and externships serving aging veterans. The University of Colorado School of Dental Medicine, VA healthcare facilities, community health centers, and veteran-serving organizations should explore formal rotations that expose predoctoral students to the oral health needs of aging veterans to create exposure, awareness, and sustained interest in treating this population post-graduation. Rotations and externships can occur within VA facilities, community clinics serving large veteran populations, mobile programs, long-term-care settings, or veteran outreach events. These experiences would increase student familiarity with veteran needs while expanding supervised care capacity. Students can learn interprofessionally from VA facilities like the Eastern Colorado Geriatric Research, Education and Clinical Center, which approaches healthcare from a comprehensive, whole-veteran plan.

Add aging veteran oral health to Colorado's existing rural workforce pipeline. The CU Anschutz Rural Oral Health Track already coordinates participating dental students in rural and frontier clinics for extended community-based training and seeks to increase the number of dentists practicing in underserved areas. Veteran health competencies, veteran-specific community partnerships, and placements in communities with large aging veteran populations could be incorporated into this existing infrastructure to build exposure and connection to veteran oral health among the current and future workforce.

Leverage Colorado's geriatric dental training infrastructure to develop veteran-specific expertise. The CU Anschutz Geriatric Dental Medicine Fellowship provides multidisciplinary clinical and community-based training focused on medically complex and vulnerable older adults. The fellowship and related geriatric programs can incorporate veteran-focused clinical experiences, research projects, and partnerships with VA and community veteran organizations. Inviting veteran coalitions, aging advocates, and other community-based network members can also train students for public policy advocacy and research.

Moving from Evidence to Action

Improving oral health for aging Colorado veterans will require systemic change in public policy, clinical practice, and sustained data collection. The barriers identified in this report cross multiple systems, including veteran benefits, dental care, chronic disease management, rural health, aging services, transportation, and community support. Progress will depend on these systems working together and treating oral health as an essential part of veteran health, independence, and quality of life.

While systems transformation is necessary over time, incremental changes can begin immediately. Clinicians can begin asking about veteran status and strengthening referrals. Veteran service officers, aging organizations, and community coalitions can add oral health to the resources and guidance they already provide. Dental and medical programs can create stronger connections between oral health, nutrition, diabetes, heart disease, cancer, and healthy aging. Researchers can incorporate indicators in existing surveillance systems, while policymakers and advocates pursue longer-term changes to coverage, benefits, and rural access.

The next step should be to bring these groups together around a small number of shared priorities. Colorado stakeholders can establish a coordinated veteran oral health network, develop a clear resource and referral pathway, improve the collection and exchange of relevant data, and select communities in which to test practical approaches to navigation and care. Particular attention should be given to rural and frontier areas, where the burden of tooth loss is most severe and traditional clinic-based solutions may be insufficient.

The recommendations in this report generated by Colorado leaders provide both short- and long-term calls to action, with many entry points to addressing aging veteran oral health. Colorado has an opportunity to build on its existing veteran, oral health, aging, academic, and rural health resources. By coordinating these assets and committing to clear next steps, stakeholders can increase dental care utilization, connect veterans to care earlier, and ensure that oral health remains part of Colorado's broader commitment to supporting veterans as they age.

ACKNOWLEDGMENTS & SUGGESTED CITATION

The American Institute on Disparities in Public Health is a nonprofit organization empowering our community to eliminate health disparities through research, education, and advocacy. AIDPH operates at the intersection of health issues, communities, and systems change. Our framework reflects the belief that health disparities emerge where health systems, social drivers, and community experiences intersect. We recognize that issues like oral health, mental health, chronic disease, and women's health are shaped by policy environments, care delivery structures, workforce capacity, and the lived experiences of the communities most affected. AIDPH would like to thank the Colorado Oral Health Coalition, the Colorado Health Institute, and the Colorado Department of Public Health and Environment for contributing to this effort. A special thanks to the community members, veteran service officers, aging advocates, clinicians, policy experts, and educators who attended community strategy sessions to inform recommendations for this report.

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