



HEALTH CARE IN RURAL AMERICA: A FOCUS ON DENTAL CARE

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Introduction

In the latter part of 2020, when the U.S. was nearly nine months into the COVID-19 pandemic, we sought to update our understanding of the state of health in rural America. This report, the third in our series, focuses on the oral and dental care of U.S. adults ages 40 and older who live in rural (nonmetropolitan) parts of the country. It details their experiences in seeking dental care and includes information on recency of — and reasons for — dental visits, delays in seeking care (or forgoing it altogether), and difficulties in paying one's dental bills. These findings are based on our survey of rural adults age 40 and older that was conducted from November 20 to December 18, 2020.

Rural residents often face challenges in maintaining their oral and dental health.

Compared to their urban counterparts, rural residents tend to be older, with higher rates of poverty, often lacking dental insurance (as Medicare currently doesn't provide dental benefits) and dealing with shortages of health care and dental care providers.¹ They often must travel long distances to find a dentist, and those without one often skip needed dental care until the problem becomes severe, leading to a visit to an emergency room or urgent care facility.²

Many rural communities are considered dental shortage areas, with access to primary and specialty care also limited.

Six in 10 dental health professional shortage areas were found in nonmetropolitan areas in 2012, with every state expected to experience a dental shortage within the next decade.³ Rural residents also have a limited access to health care providers, especially for specialty care such as psychiatry, anesthesiology, and dentistry.⁴

Irregular dental care coupled with access issues too often leads to expensive consequences.

While two-thirds (67%) of U.S. adults 65 and older said they had visited a dentist or dental clinic in the previous year, the percentage cited by rural older adults was significantly lower than that noted by their suburban and urban counterparts (61% vs. 70% and 69%, respectively). Relevant to our focus on oral health, an examination of Behavioral Risk Factors Surveillance System data by age and urbanicity found that roughly 15% of U.S. adults 65 and older have had full-mouth teeth extractions, with the highest percentage found among rural older adults (20% vs. 14% for both suburban and urban older adults.)⁵



KEY FINDINGS

Key findings

Nearly all adults 40 and older living in rural areas have access to dental services but vary in the frequency with which they visit a dentist and in the reasons that prompt them to seek dental care.

- Half of rural adults 40 and older have visited the dentist less than a year ago, one-fifth have done so between one and two years ago, and one-quarter went to a dentist more than three years ago. Only 1% of rural adults 40 and older say they've never been to the dentist at all.
- Teeth cleanings and regular check-ups are the main reasons that rural adults 40 and older sought dental care, but those in fair or poor health are more likely to have visited a dentist for a tooth extraction, a denture-related issue, or a dental emergency rather than for a regular check-up.

A sizeable minority of rural adults 40 and older report having delayed a dental visit in the past two years, while one in six have forgone treatment even though they needed dental care.

- Cost is the top concern followed by a lack of dental insurance and safety concerns related to social distancing.

Difficulty in paying dental bills is all too common, resulting in delays in seeking care — or forgoing it altogether.

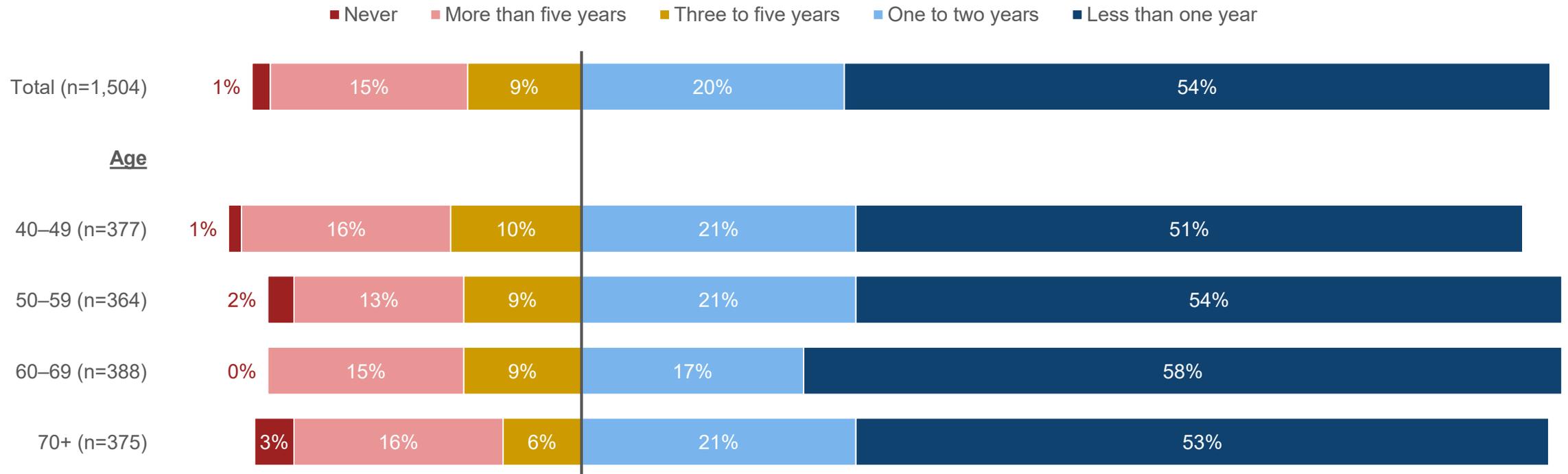
- Rural adults 40-plus who are in fair or poor health and/or whose household income is less than \$50,000 are more likely to have trouble paying their dental bills.
- Generally, those with household incomes of less than \$30,000 are more likely than their more affluent counterparts to both delay and forgo dental care.
- Unfortunately, delaying or forgoing dental care often only exacerbates underlying dental (or medical) conditions.



DETAILED FINDINGS

Three-fourths of rural adults 40-plus have received dental care in the last two years, with little variation across age groups.

Time since last visit to a dentist or dental hygienist for dental care
Among all respondents and by age

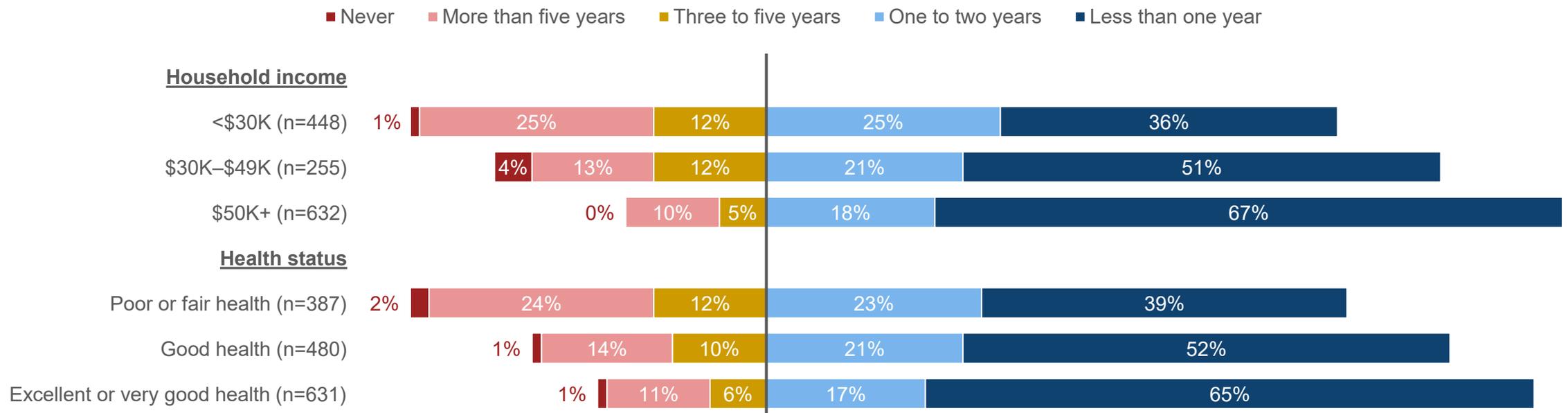


Q13. About how long has it been since you last saw a dentist or dental hygienist for dental care? Base: All respondents (n=1,504)

But the percentage receiving dental care varies by income and health status.

Notably, one-fourth of respondents whose household income is less than \$30,000 as well as those who are in fair or poor health have not been to a dentist in the past five years.

Time since last visit to a dentist or dental hygienist for dental care
By income and health status

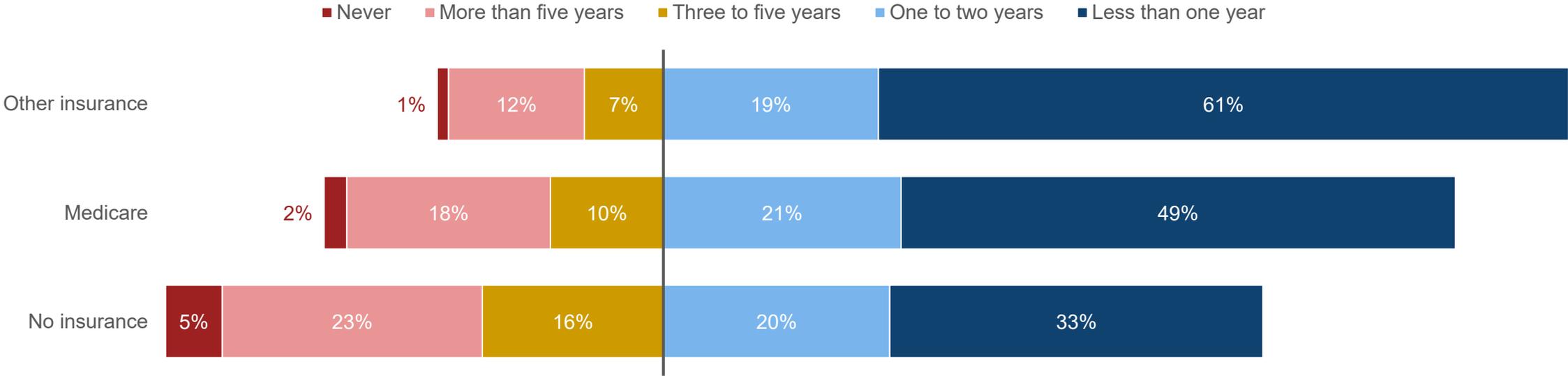


Q13. About how long has it been since you last saw a dentist or dental hygienist for dental care? Base: All respondents (n=1,504)

A smaller share of rural adults on Medicare saw dentists within the last year than did those with other insurances, perhaps because Medicare does not cover dental care.

An even smaller share of those without health insurance saw a hygienist.

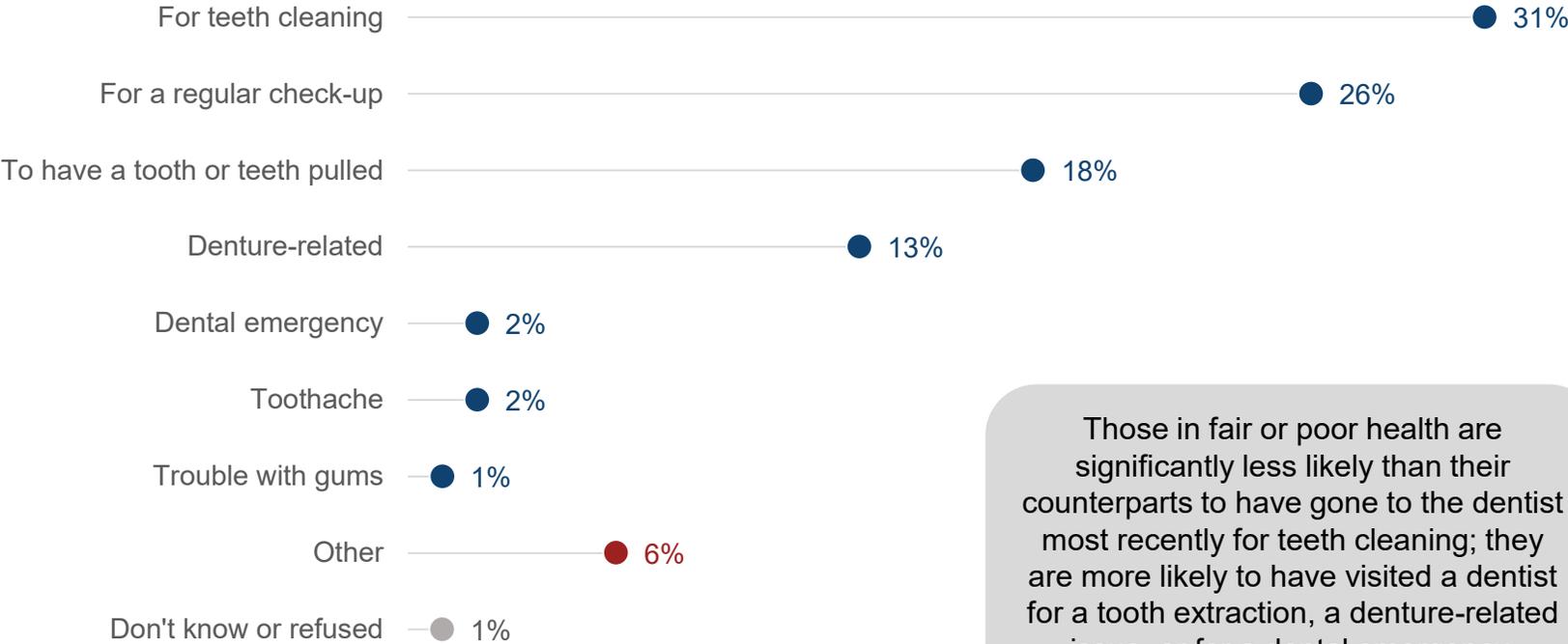
Time since last visit to a dentist or dental hygienist for dental care
By type of health insurance



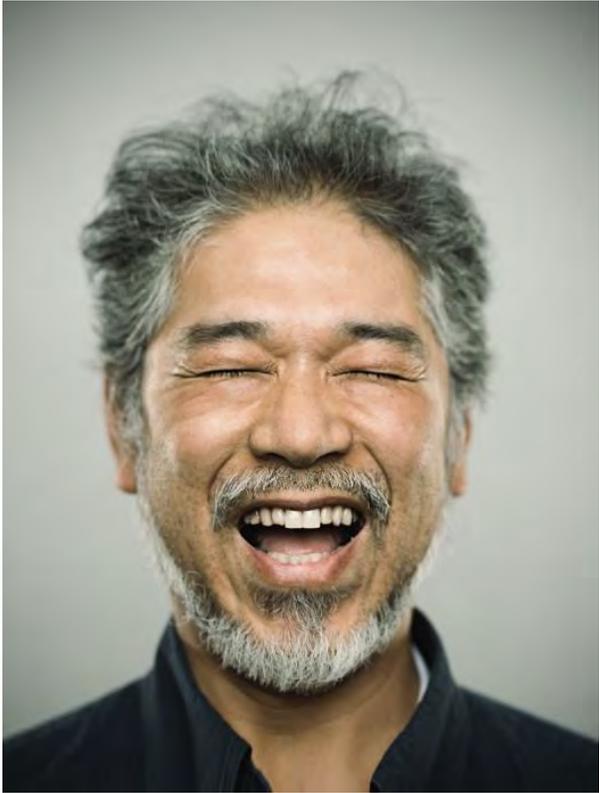
Q13. About how long has it been since you last saw a dentist or dental hygienist for dental care? Base: All respondents (n=1,504)

More than half of rural adults 40-plus who have seen a dentist did so most recently for a cleaning or regular check-up.

Main reason for most recent dental visit
Among all respondents



Those in fair or poor health are significantly less likely than their counterparts to have gone to the dentist most recently for teeth cleaning; they are more likely to have visited a dentist for a tooth extraction, a denture-related issue, or for a dental emergency.

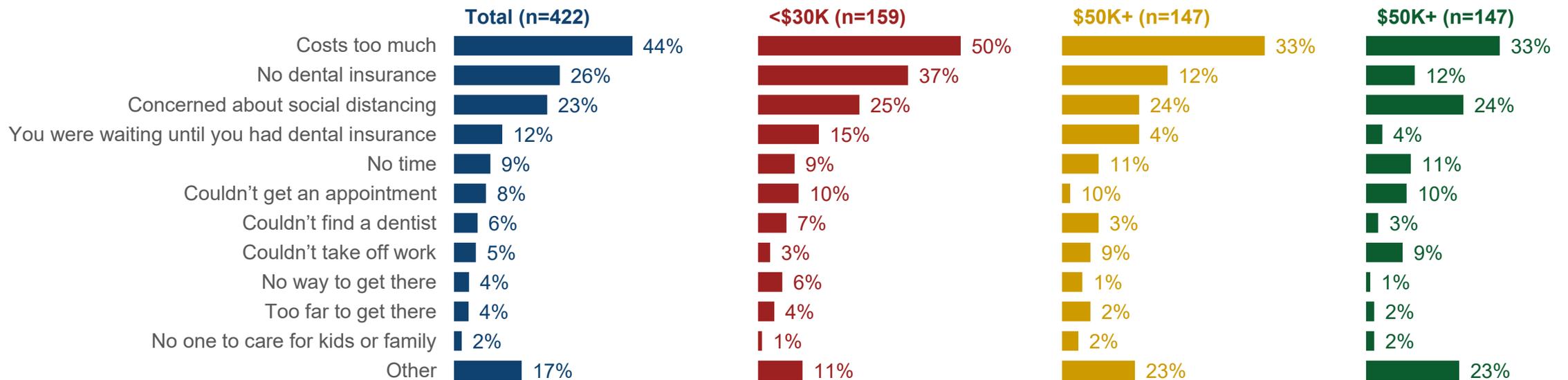


Q14. What was the main reason for your last visit for dental care? (Base: Respondents who have ever received dental care (n=1,473))

Cost and lack of insurance are top reasons for delaying or forgoing care.

Additionally, one-fourth cited concerns about social distancing/staying safe during the pandemic. Rural adults with incomes of less than \$50,000 were significantly more likely than those with incomes above that mark to cite reasons related to cost and lack of dental insurance.

Reasons for delaying or not getting dental care
Among all respondents and by household income

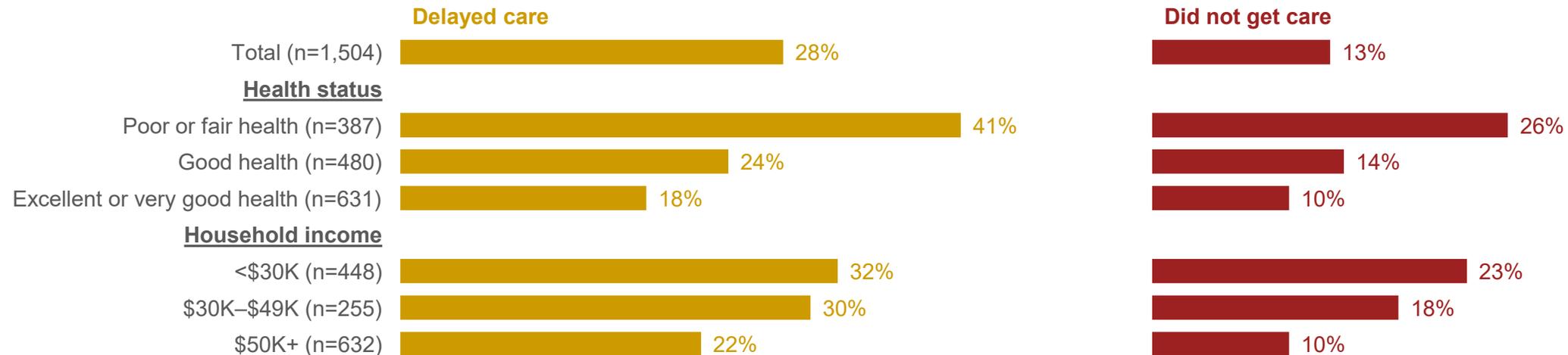


Q17. Why did you delay getting or not get the dental care you needed? Base: Respondents who delayed getting or did not get needed dental care (n=422)

More than one-quarter have delayed needed dental care in the last two years, a pattern which is more common among those in fair or poor health.

Rural adults 40-plus with incomes of \$30,000 or less are more likely than those with incomes of \$50,000 or more to delay seeking dental care. And those with incomes of less than \$50,000 are more likely than those with incomes above that mark to forgo dental care altogether.

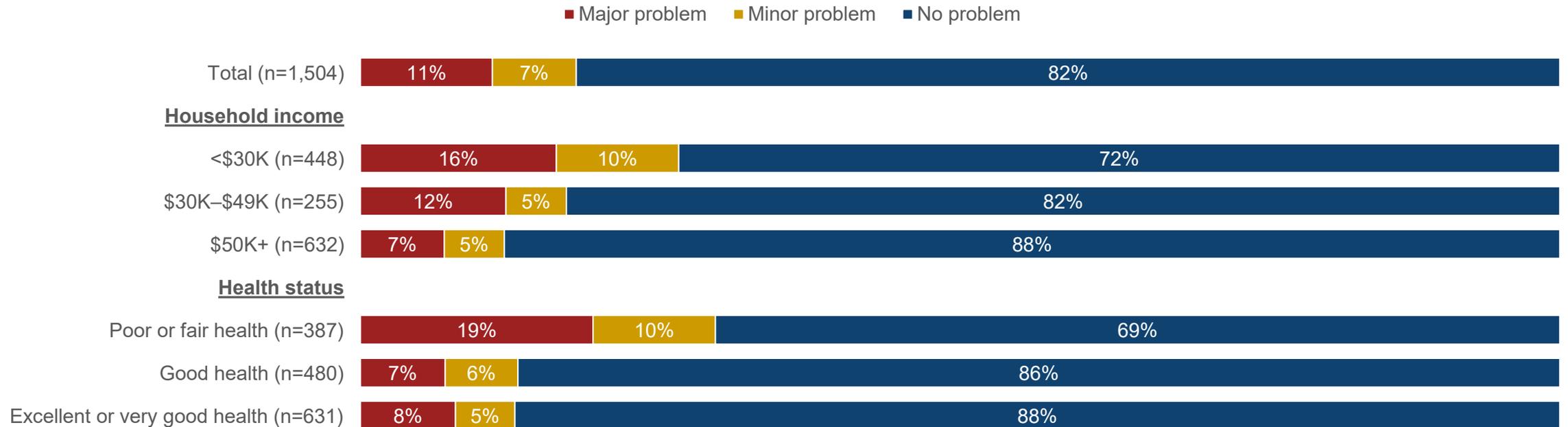
Percent who have **delayed** or **did not get** dental care in the past two years
Among all respondents and by health status and household income



Q15/Q16. In the last 2 years, has there been a time when you needed dental care but you [delayed/did not get] it? Base: All respondents (n=1,504)

One-fifth of rural adults 40-plus have had difficulty paying dental bills in the past two years, a situation also more common among those in fair or poor health.

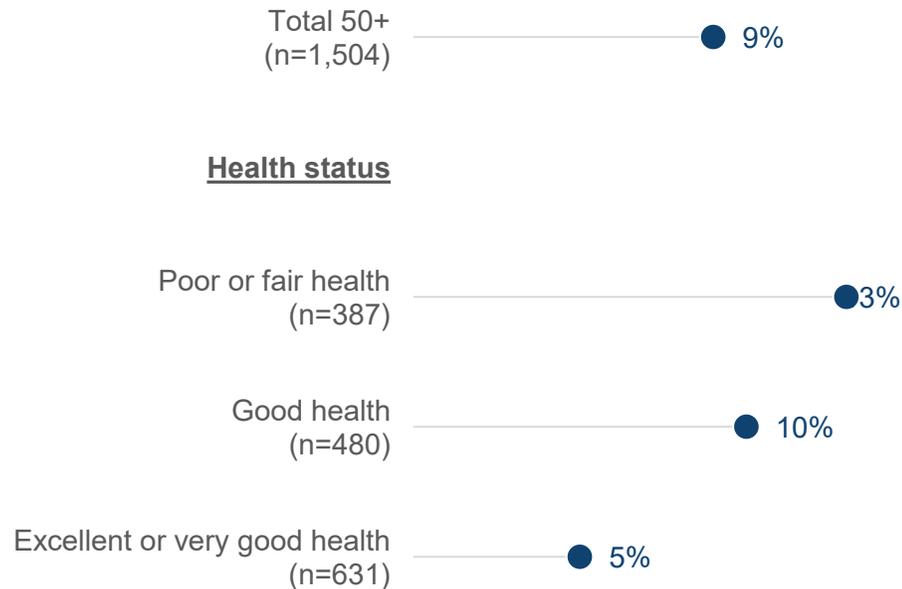
Percent who have had a **major** or **minor** problem paying for dental bills in the past two years
Among all respondents and by household income and health status



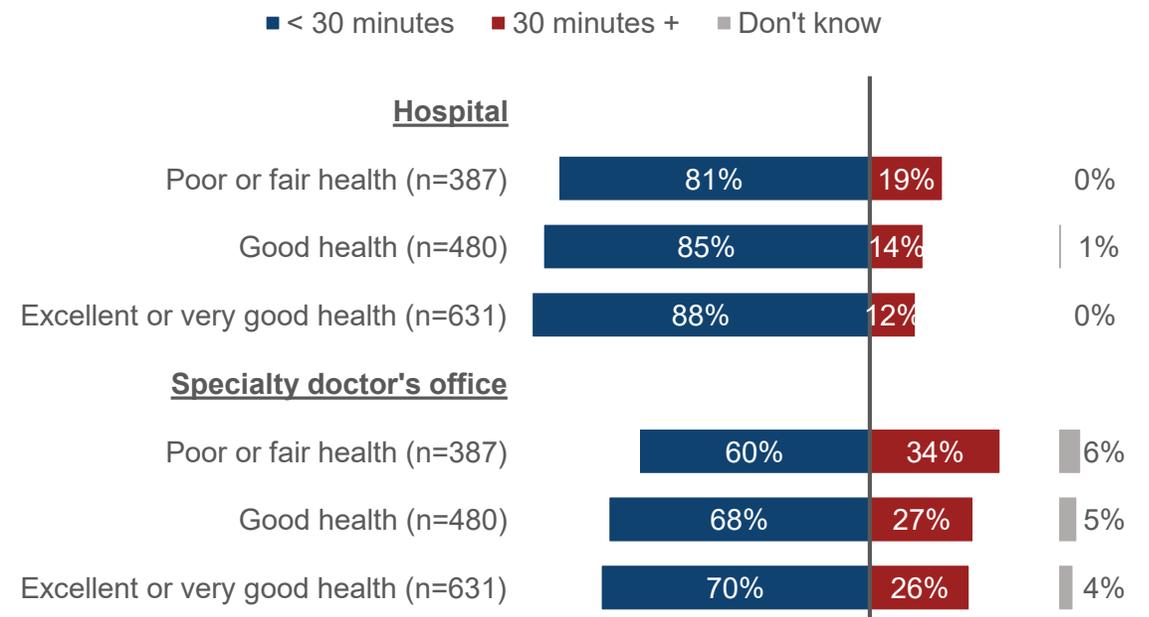
Q18. Within the past two years, have you or anyone in your family had a problem paying for your dental bills? Was that a major problem or minor problem for you? Base: All respondents (n=1,504)
 Q12. Within the past two years, have you or anyone in your family had a problem paying for your medical bills? Was that a major problem or minor problem for you? Base: All respondents (n=1,504)

Rural adults 40-plus who are in fair or poor health are most likely to lack community access to dental care and to travel farther for certain services.

Percent who lack access to dental care
Among all respondents and by health status



Distance (in minutes) to a hospital and speciality doctor's office
By health status

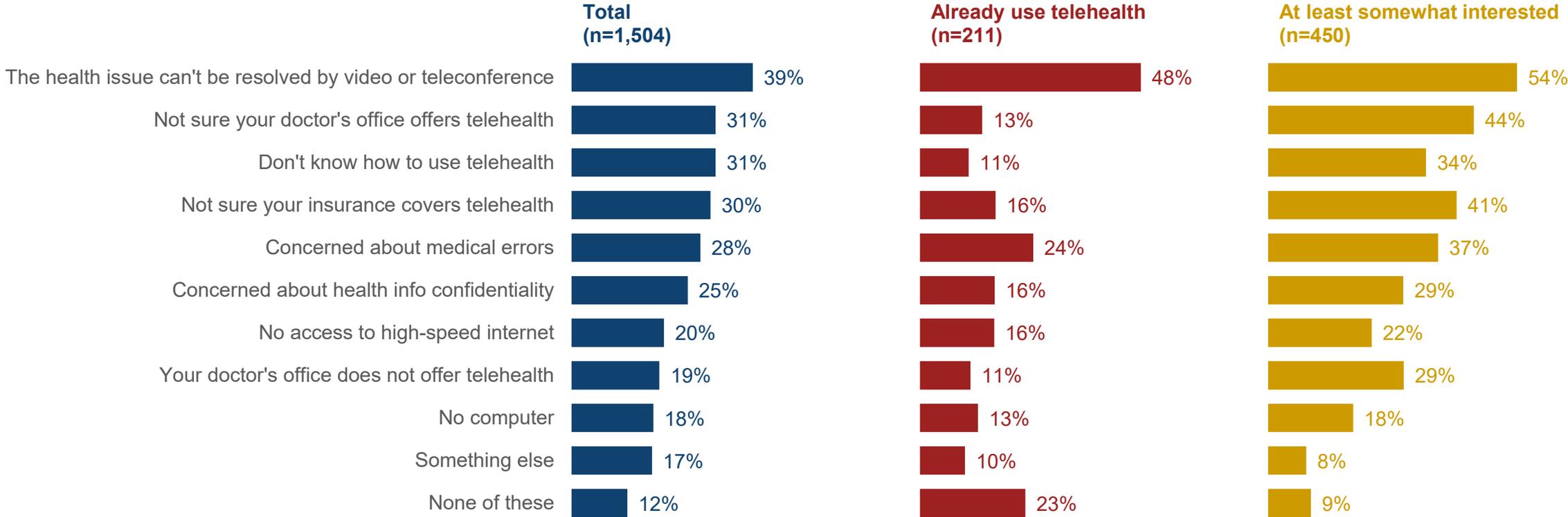


Q22. Do you have access to the following health care services in your community? Base: All respondents (n=1,504)

Q31. About how long would it take you, in minutes, to get to...? Base: All respondents (n=1,504)

Concerns about health issues (such as dental) that cannot be resolved using telehealth may be the biggest impediment to use.

Percent who cite the following barriers to using telehealth
 Among all respondents, those who **already use telehealth**, and those who are **at least somewhat interested in telehealth**



Q37. What are some things that might prevent you from using telehealth services? (Base: All respondents)



IMPLICATIONS

Implications

Although most rural adults 40-plus in our study are doing well when it comes to their oral and dental care — with recent dental visits, community access to dental services, and little difficulty in paying their dental bills — the dental health of a sizeable minority is negatively affected by their health status and household income. All rural adults, regardless of their current dental health, could benefit from the following:

Educating on the importance of oral/dental health

Many individuals (not just those living in rural areas) could benefit from an enhanced understanding of the important connection between dental health and overall health. Preventive dental care such as daily brushing and flossing and regular check-ups can help to stave off oral bacteria, gum disease, and tooth decay, potentially reducing the likelihood of ailments such as osteoporosis, heart disease, and respiratory disease, all of which are linked to poor oral health.

Finding ways to reduce cost of care

With dental insurance often unavailable or prohibitively expensive, many rural adults postpone or forgo care. Finding ways to reduce cost barriers could give older rural adults increased access to preventive dental care and needed dental services.

Increasing access to dental services

Rural residents could benefit from increased use of telehealth *provided that their concerns about the inability of the technology to address dental and other health issues are allayed*. Using a hybrid in-person/virtual option wherein dentists and dental hygienists share patient records and consult on treatment options via technology while also bringing direct, in-person care to rural residents in their communities through a visiting dentist or dental therapist service could help to meet their dental needs in the short-term.



METHODOLOGY

Methodology

- **Objectives:** To take a deeper look at the health attitudes, behaviors, and concerns of United States (U.S.) adults ages 40 and older who are living in rural areas of the country
- **Methodology:** Phone survey (40% landline and 60% cell phone)
- **Qualifications:** Age 40 or older; resident of U.S. living outside a Metropolitan Statistical Area (MSA)
- **Sample:** Aristotle (n=1,504)
- **Interviewing Dates:** November 20 – December 18, 2020
- **Weighting:** The data are weighted by age, gender, race/ethnicity, and education according to 2019 five-year Census Bureau National ACS statistics
- **Questionnaire length:** 22 minutes on average
- **Confidence Interval:** Total sample: $\pm 2.5\%$
- **Note:** Throughout the report, statistics representing survey responses are reported in percentages which may not add up to 100% due to rounding and nonresponse. Also, due to rounding, the percentages reported in the text may vary slightly from those in the annotation or in the graphs.

Sources

1. Health Resources and Services Administration, *Oral Health in Rural Communities*, Rural Health Information Hub, Washington, DC: Health Resources and Services Administration, U.S. Department of Health and Human Services, March 22, 2019, <https://www.ruralhealthinfo.org/topics/oral-health>, Accessed: June 23, 2021; Braswell, Anne, and Nalo Johnson, *Rural America's Oral Health Care Needs, National Rural Health Association Policy Brief*, Washington, DC: National Rural Health Association, February 2013; Skinner, Erik, "Boosting Oral Health Care in Rural Communities," *National Conference of State Legislators (NCLS) LegisBrief*, 28(24), July 2020; Health Resources and Services Administration, *Designated Health Professional Shortage Areas Statistics*, Health Resources and Services Administration, U.S. Department of Health and Human Services, July 1, 2021.
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5. *America's Health Rankings: Senior Report 2018*, Minnetonka, MN: United Health Foundation, May 2018.

About AARP

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With nearly 38 million members and offices in every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, AARP works to strengthen communities and advocate for what matters most to families with a focus on health security, financial stability and personal fulfillment. AARP also works for individuals in the marketplace by sparking new solutions and allowing carefully chosen, high-quality products and services to carry the AARP name. As a trusted source for news and information, AARP produces the nation's largest circulation publications, AARP The Magazine and AARP Bulletin. To learn more, visit www.aarp.org or follow @AARP and @AARPadvocates on social media.

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