

The Impact of Medical – Dental Integration on Rural Oral Health

The Issue:

The separation of dental coverage from primary medical coverage has created a significant disconnect in oral healthcare, leading to gaps in dental services and posing substantial barriers to health outcomes, particularly in rural communities. This issue is exacerbated by the widespread lack of oral healthcare among Americans, especially older individuals who are overrepresented in rural populations. According to the CDC, 29% of all Americans and 62% of older Americans [lack oral health coverage](#), further exacerbating the problem. Additionally, children living in rural areas face higher rates of having no dental insurance, 41.1% compared to 34.7% in urban areas, and [unmet dental needs](#), 7.5% compared to 5.6% in urban areas. It is important to recognize that [oral healthcare significantly impacts overall healthcare](#), despite the existing separation enforced by current coverage models. Primary Medical-Dental Integration would reduce disparities and bridge the health equity gap between urban and rural communities.

Barriers to Access:

Rural Americans face significant barriers to accessing dental care. From lack of access to ineffective coverage models the barriers can be wide ranging by boiling down to not having the opportunity to seek care. [According to the CDC](#), rural Americans are less likely (57.6%) than their urban counterparts (65.5%) to have had a dental visit in the last 12 months, indicating disparities in dental care utilization. Furthermore, rural Americans are less likely to receive preventive dental care and more likely to require restorative care, underscoring [the detrimental effects of limited access to care](#).

To address these barriers, the integration of medical and dental care has emerged as a comprehensive approach to treatment. Studies and pilot programs support this approach. [A pilot study conducted by the CDC](#), following programs in six states, showed an increase in collaboration, training oral health and medical professionals, was able to deliver clinical preventive education to patients, and deliver education via media campaigns. Additionally, [A report](#) by the University of Colorado School of Dental Medicine demonstrates a bi-directional relationship between oral and general health, further emphasizing the need for integration.

In terms of effectiveness, a study published in [Frontiers in Dental Medicine](#) evaluated the impact of medical dental integration on closing patient care gaps. The findings indicated that integrative care was more effective than non-integrative care in closing both preventive and disease management gaps. Notably, medical dental integration has shown promising results in promoting children's health equity. A [pilot program](#) highlighted by the AMA Journal of Ethics demonstrated that children were more likely to receive preventive oral care after the implementation of the integrated care model. These findings underscore the potential benefits of integrating medical and dental care to improve oral health outcomes for children and address health disparities. Overall, the evidence overwhelmingly supports the urgent need for medical dental integration to address the barriers facing rural Americans.

Policy Recommendations:

NRHA and [the CareQuest Institute for Oral Health support the integration](#) of Medical and Dental Practices. Many community health programs and Federally Qualified Health Centers (FQHCs) are already working toward medical-dental integration but only by necessity, not by choice. NRHA supports collaborative approaches to educate patients about the connections between oral health and overall well-being, through broader and more comprehensive education models and a priority approach to rural rotations. These models can support a [strong rural safety net](#).

To address the health needs of rural America, stable and sufficient oral health models are essential. While bolstering public programs is undoubtedly important, investment in community-centered projects may prove to be even more beneficial. The attached resources provide information about specific programs that can help improve the state of rural oral health.

Resources and Studies:

- [NRHA's National Rural Oral Health Initiative](#) is the combined effort of the National Rural Health Association and the CareQuest Partnership for Oral Health Advancement to improve oral health disparities in rural America. Efforts focus on policy, communications, education, and research.
- [Case study of Medical Dental Integration in a rural environment](#). Through a rural community health center, this article speaks to the barriers to implementation and impact when there is successful Medical Dental Integration.
- The [Health Resources & Services Administration](#) summary and information about implementation of integration of oral and general healthcare.
- [Review of 30 studies](#) regarding the relationship between oral and general health, showing a bidirectional relationship. Highlights the need to consider oral healthcare in general healthcare.
- [The Journal of Dental Education](#): A review of 118 referrals to a rural dental practice showed 62% (73 patients) of referred patients not arriving for their referred appointment, with 25 of the 73 providing a reason (32% cost, 24% time, 20% frustration with the referral process), demonstrating the real cost of barriers to access
- [North Dakota Department of Health Guide](#) for models of care involving medical-dental integration.
- The [Delta Dental Institute](#) white paper on the impact and importance of Dental Integration models.
- [National Network for Oral Health Access](#) resources page regarding medical and dental integration.

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