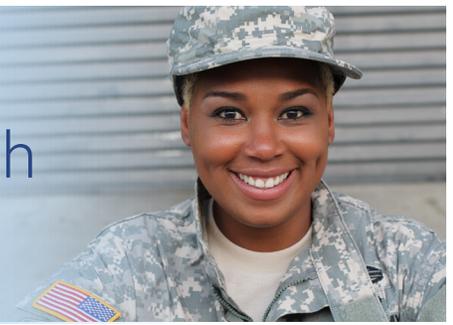


Veteran Dental Care Stimulates the Economy and Improves Overall Health

Insights from the American Institute of Dental Public Health and CareQuest Institute for Oral Health

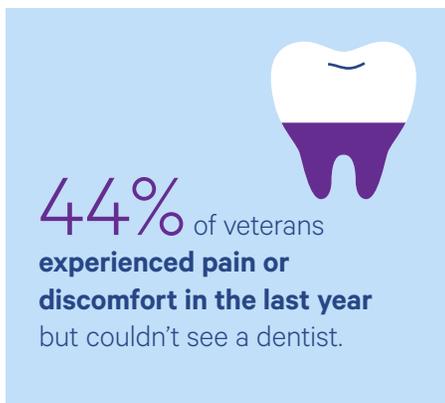
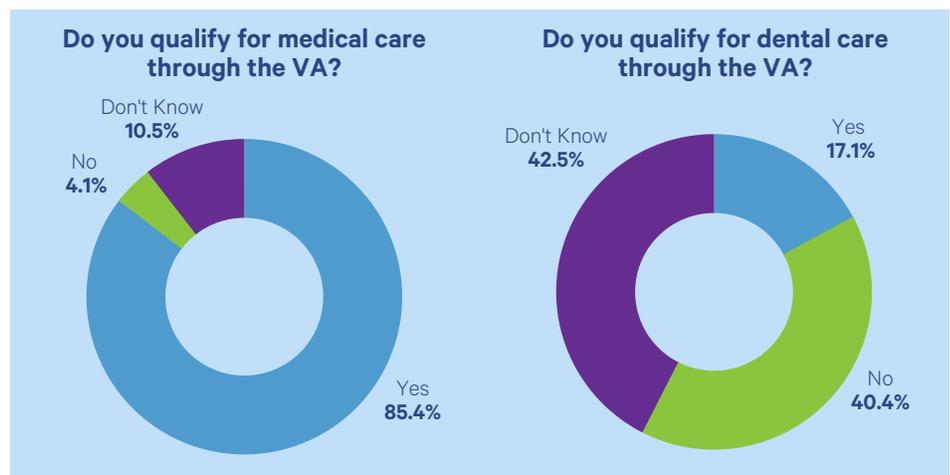


Across the board, veterans are more likely to experience worse oral health outcomes — higher rates of tooth decay, higher rates of gum disease, and an increased need for restorative dental care — compared to nonveterans. Only 15% of veterans are eligible for dental care through the Veterans Health Administration (VHA), with roughly 33% of those utilizing this benefit. CareQuest Institute for Oral Health® and the American Institute of Dental Public Health (AIDPH) recently released a white paper, [Veteran Oral Health: Expanding Access and Equity](#),¹ focused on solutions supporting veteran oral health, physical health, and economic security.

How Do Veterans Currently Access Dental Care?

Our data underscore two clear conclusions: **many veterans do not understand the dental benefits available** to them through the VHA; and veterans **are not accessing dental care effectively**.

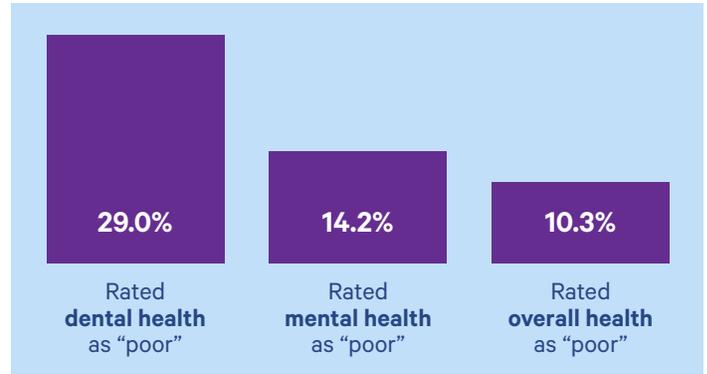
Nearly half of veterans we surveyed did not know about, or understand, the dental benefits available to them through the VHA. AIDPH and CareQuest Institute surveyed over 2,000 veterans nationally in 2021 on their oral health. More than 80% of veterans said they “valued keeping their mouth healthy,” but nearly half couldn’t see a dentist in the past year largely due to cost and inability to find care, despite having oral pain or discomfort.



How Are Veterans' Dental and Overall Health Connected?

Our data clearly show a discrepancy in oral health and other health indicators. Veterans consistently rate their **dental health as “poor” across all conditions.**

Veterans also disproportionately bear burdens of disease and disability related to their overall health — chronic conditions like heart disease, diabetes, and stroke. [These conditions exacerbate their oral health outcomes.](#)²



Nearly one in five veterans has heart disease, **double** the prevalence of nonveterans.

More veterans have diabetes (19.7%) compared to nonveterans (14.8%). When people who have been diagnosed with diabetes are able to access routine dental care, the cost of chronic disease management and total health outcomes [improves drastically.](#)³ Chronic health conditions like diabetes and heart disease can be effectively managed through routine access to dental care — saving billions of dollars in the process.

When you treat dental needs like periodontal disease, you create access points for patients to [manage chronic health conditions.](#)⁴ Our estimates reveal that if veterans have a utilization rate of just 25% for treating gum disease, nearly \$3 billion are saved annually in consequential treatment of heart disease and diabetes. If we increase the utilization rate to 50%, a cost savings of nearly \$6 billion is recognized.

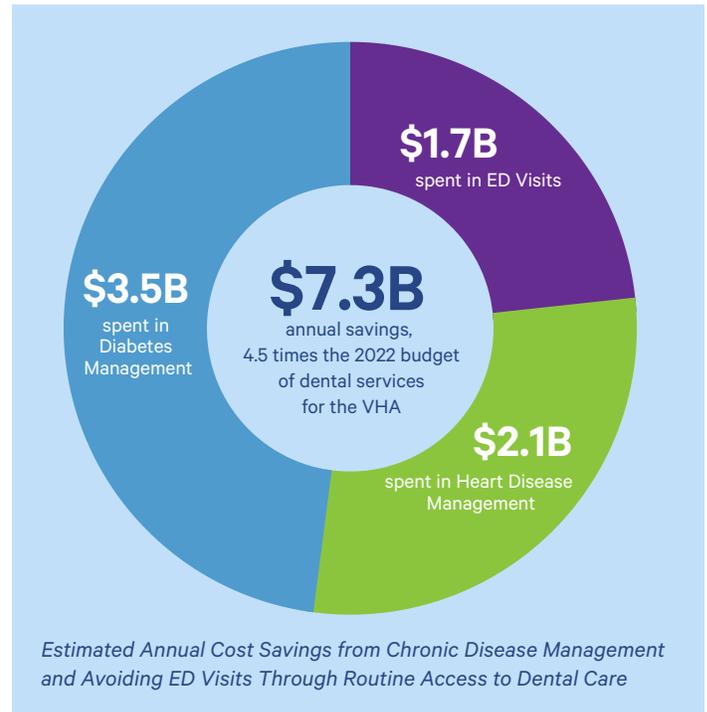
Treating Heart Disease Through Periodontal Care		Treating Diabetes Through Periodontal Care	
Utilization Rate	Annual Cost Savings Estimate	Utilization Rate	Annual Cost Savings Estimate
25%	\$1,087,196,775	25%	\$1,761,218,380
50%	\$2,174,393,550	50%	\$3,522,436,760
75%	\$3,261,590,325	75%	\$5,283,655,140

A Closer Look at the Economic Implications

What happens when veterans **don't** get dental care?

Veterans who don't get dental care face increased health concerns and are more likely to experience prolonged pain, resulting in missed workdays and less productivity. Our survey indicated 55% of veterans had difficulty interviewing for a job because of the appearance of their teeth. Twice as many veterans compared to nonveterans had to take time off work because of the state of their mouth/teeth.

Absorbing costs of emergency visits that could have been avoided with access to routine dental care adds significantly to veterans' personal economic burden. [The average cost⁵](#) of a dental Emergency Department (ED) visit is \$1,520. Just over 6% of veterans visited an ED for dental pain in the past year — 2% more than the national average. Nearly 20% of veterans in our survey visited an ED for dental pain since they left the military. Extrapolated to the entire veteran population, around 3.6 million veterans have visited an ED for pain after leaving the military, costing \$5.4 billion in emergency care. Research shows patients without access to dental care will [return repeatedly to EDs⁶](#) for the same issue, continuing to drive up costs for care.



Rural dentists create local jobs

resulting in

\$340,000

of labor income, including **wages, salaries, and benefits.**

What happens when veterans **do** get dental care?

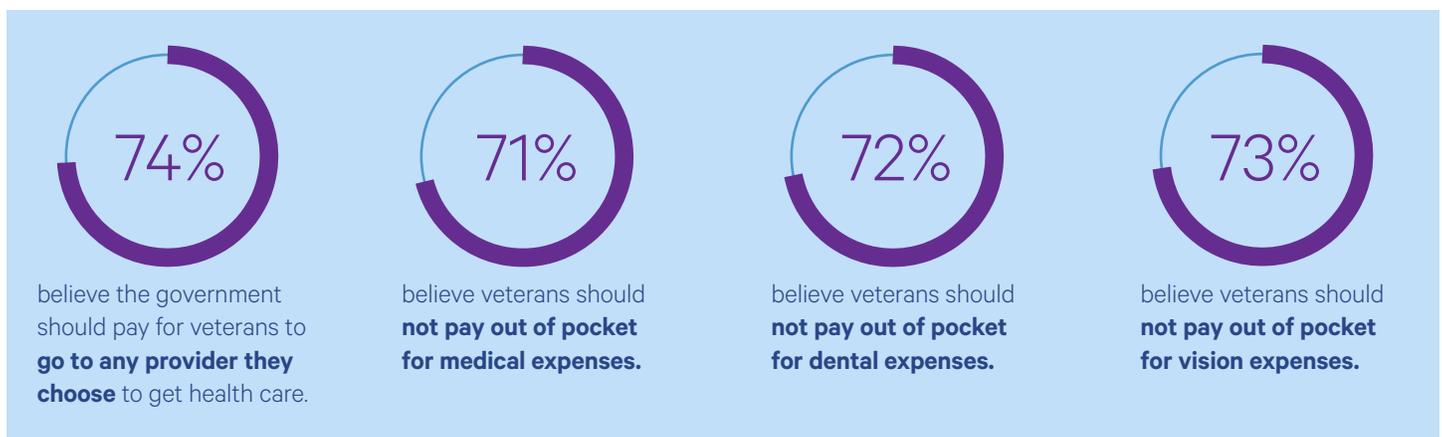
Health care facilities and providers have a tremendous medical and economic impact on the community in which they are located. This is especially true with rural dental clinics. In addition to providing important oral health treatment and prevention, these facilities employ many community members, resulting in a large payroll. Quality jobs that pay well stimulate the local economy as businesses and employees spend locally. [The average rural dentist creates five full-time equivalent \(FTE\) local jobs and \\$340,000 in labor income \(wages, salaries, and benefits\) from their clinic.⁷](#) Secondary average employment impact estimates add two additional FTE jobs, with an additional \$62,300 in labor income within a community.

Americans Want Expanded Veteran Dental Care

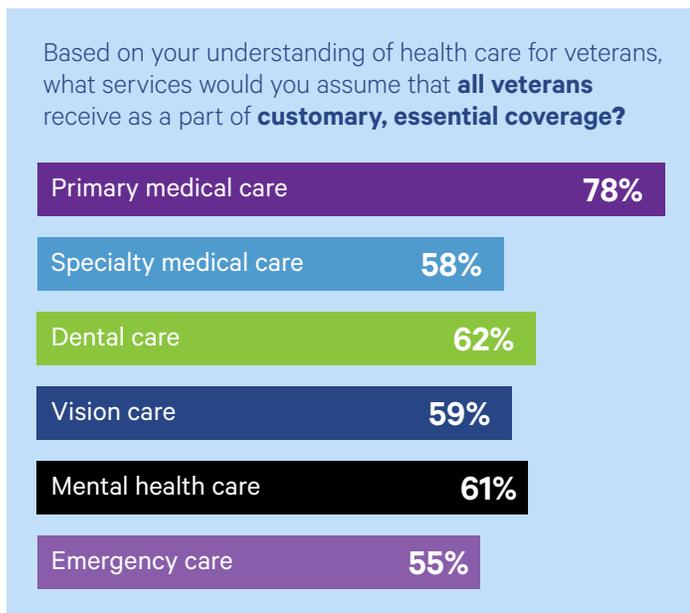
Ongoing market research conducted by CareQuest Institute and AIDPH indicates broad and strong support for veteran oral health within the general US population. More than half (55%) of Americans sampled responded, “I would pay a small increase in taxes if it meant that all veterans could receive free dental care.” This was the same with vision and medical care.

Moreover, Americans believe that veterans should be accessing dental care in a sustainable, equitable way that reduces their personal out-of-pocket costs.

More than 1.1 million veterans are spending thousands of dollars a year out of pocket on dental costs — a total estimated projection of \$2.2 billion.



In fact, most Americans sampled believe veterans are **already getting dental care** as part of essential, customary coverage.



In follow-up questions, respondents indicated that veterans not only had most health care covered by the government but, in most cases, were paying relatively small out of pocket costs for their health care. Most Americans sampled (71%) believed veterans were paying less than \$500 a year for primary medical care, vision care, and dental care. Juxtaposed with veterans we surveyed, fewer than 60% were spending \$500 or less, with 6% spending more than \$2,000 a year. Extrapolated to the entire veteran population, more than 1.1 million veterans are spending thousands of dollars a year out of pocket on dental costs — a total estimated projection of \$2.2 billion.

Veteran Quotes from Our Survey Research

“VA dental care is a 3.5-hour drive each way. I don’t know anything about dental benefits except for 100% [disabled] benefits.”

— 100% disabled, 78-year-old veteran living in **Arkansas** with heart disease, diabetes, and PTSD

“The VA doesn’t do appointments, walk-ins only. The dentists seem overworked and genuinely do not care for the veterans coming to see them.”

— 100% disabled, 42-year-old veteran living in **Washington State** with chronic jaw pain, difficulty eating/chewing, depression, and PTSD

“I haven’t been to a dentist in 5 years. I simply don’t have the money for it as a single father not working. I live off 80% disability from the VA. I have halitosis pretty bad and pretty much gave up on my teeth because I know I just can’t get oral care. Please help. I do not qualify for [a] VA dentist.”

— Working-age veteran living in **Maryland** who is still unable to afford care even after VA DIP coverage

“COVID [prevented me from seeing a dentist] because I was unable to travel to Mexico [for dental care]. I need my dentures updated to fit.”

— 70-year-old veteran living in **Arizona** and making less than \$30k per year who visits Mexico for dental care and VA facilities for other primary care

“I couldn’t see a dentist because the dental referrals [from the VA] are a year backlogged.”

— 100% disabled, 53-year-old veteran living in **Arkansas** with depression, PTSD, heart disease, and diabetes who rates their mental, dental, and overall health as “poor”

“Every dentist says I need \$35K–\$50K of implants. I have dentures made but I cannot eat or speak with them.”

— 61-year-old college-educated veteran living in **Rhode Island** who has diabetes and PTSD and who struggles with staying employed as a result of his oral health

Key Takeaways

Veterans are not effectively accessing dental care. As a result, both veterans and taxpayers are supporting costly care through ED visits and inadequate chronic disease management. Loss of work productivity and the inability to remain employed as a result of untreated dental needs underscores the economic impact of inequitable dental care. Providing veterans with access to affordable, high-quality dental care will improve their overall health and well-being while reducing immediate and long-term costs.

References:

1. Annaliese Cothron, Sean Boynes, Chelsea Chokas, Lisa Heaton, and Amber Shaver, “Veteran Oral Health: Expanding Access and Equity” (Boston, MA: The American Institute of Dental Public Health and CareQuest Institute for Oral Health, December 2021), https://www.carequest.org/system/files/CareQuest_Institute_Veteran-Oral-Health.pdf.
2. See “Behavioral Risk Factor Surveillance System Survey,” Centers for Disease Control and Prevention (CDC), last reviewed August 26, 2021, <https://www.cdc.gov/brfss/questionnaires/index.htm>; “National Health and Nutrition Examination Survey: NHANES 2017–2018 Overview,” Centers for Disease Control and Prevention (CDC), 2018, <https://www.cdc.gov/nchs/nhanes/continuousnhanes/overview.aspx?BeginYear=2017>; and “BRFSS Prevalence & Trends Data,” Centers for Disease Control and Prevention (CDC), September 13, 2017, <https://www.cdc.gov/brfss/brfssprevalence/index.html>.
3. Kamyar Nasseh, Marko Vujicic, and Michael Glick, “The Relationship between Periodontal Interventions and Healthcare Costs and Utilization. Evidence from an Integrated Dental, Medical, and Pharmacy Commercial Claims Database,” *Health Economics* 26, no. 4 (April 2017): 519–27, <https://doi.org/10.1002/hec.3316>.
4. “Improved Health and Lower Medical Costs,” Cigna, 2016, <https://www.cigna.com/assets/docs/business/large-employers/dental-white-paper.pdf>.
5. CareQuest Institute for Oral Health, *Spotlight on Arizona: Adult Use of Emergency Departments for Non-Traumatic Dental Conditions* (Boston, MA; September 2021), https://www.carequest.org/system/files/CareQuest_Institute_Spotlight-On-Arizona-Adult-Use-of-Emergency-Departments-for-Non-Traumatic%20Dental%20Conditions.pdf.
6. Brian G. Darling, Astha Singhal, and Michael J. Kanellis, “Emergency Department Visits and Revisits for Nontraumatic Dental Conditions in Iowa,” *Journal of Public Health Dentistry* 76, no. 2 (Spring 2016): 122–28, <https://doi.org/10.1111/jphd.12120>.
7. Gerald Doeksen, Fred C. Eilrich, and Cheryl F. St. Clair, “The Economic Impact of a Rural Dentist,” *National Center for Rural Health Works*, August 2014, <https://ruralhealthworks.org/wp-content/uploads/2018/04/Economic-Impact-Rural-Dentist.pdf>.

Suggested Citation:

The American Institute of Dental Public Health and CareQuest Institute for Oral Health. *Veteran Dental Care Stimulates the Economy and Improves Overall Health*. Boston, MA: April 2022.

Copyright © 2022 The American Institute of Dental Public Health and CareQuest Institute for Oral Health, Inc.