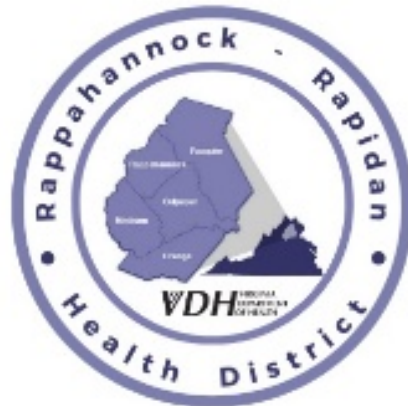




# Rappahannock Rapidan Health District Oral Health Needs Assessment 2024



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# Executive Summary

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*“Dental care is just as important as healthcare and should be available for anyone.”*

*-Survey respondent*

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In 2022, a group of local stakeholders met to talk about strategies related to oral healthcare access in the Rappahannock-Rapidan Health District (RRHD). The workgroup identified a patchwork system across the district with many working on solutions, and the RRHD community health improvement team felt this was an opportunity to strategically assess the oral health of the community, and then collaborate with residents to put identified priorities and goals into action. RRHD contracted with Carter Foundation, LLC to conduct this assessment.

The purpose of this needs assessment is to identify the prevalence of oral health issues, risk factors contributing to poor oral health, and access to oral health care services. The research activities for the study include community insights from three surveys (residents, dental practice leaders, and community health professionals); an analysis of quantitative indicators of oral health; and recommendations developed with community stakeholders and oral health experts.






**Survey Results.** Three surveys were conducted to obtain information regarding oral health needs in the region: one targeted community residents, another focused on community dental practice leaders, and the third was aimed at community healthcare professionals.

In summary:

- **Community Residents (n=167).** Most respondents reported having insurance, a dental provider, and visits in the past year; however, a sizable portion do not have this access and report challenges related to cost and hygiene.
- **Community Dental Practice Leaders (n=22).** Most dental practice leaders in the region observed that residents have difficulty obtaining and affording dental care, and resources to maintain good oral hygiene.
- **Community Health Professionals (n=17).** Most community health professionals in the region observed that residents have difficulty obtaining and affording dental care; and resources to maintain good oral hygiene. Over one-third reported they do not make referrals for dental care.

According to open-ended comments across the survey respondent groups, there are barriers related to affordability; insurance acceptance; provider shortages; lack of transportation and long distances to dental offices; long wait times, and inconvenient hours for appointments.

<b>Key Findings from Survey Results</b>			
	<b>Community Residents (n=167)</b>	<b>Community Dental Practice Leaders (n=22)</b>	<b>Community Health Professionals (n=17)</b>
<b>Services</b> 	59% have a dental provider and have been seen in the last year	100% observed patients with difficulty obtaining dental care	100% observed patients with difficulty obtaining dental care  58% recommend and make referrals for dental care; 35% do not
<b>Hygiene</b> 	65% report community members have trouble with dental hygiene	95-100% observed patients with lack of motivation, knowledge, habits and materials for good hygiene	71-79% observed patients with a lack of knowledge, habits and materials for good hygiene
<b>Affordability</b> 	41% have no insurance  24-31% could not afford dental care for themselves or for their children	95% observed patients with difficulty affording dental care	83% observed patients with difficulty affording dental care
<p><i>*Not every respondent answered every question. Percentages may not equal 100% due to rounding. Please review the full report body and tables in <a href="#">Appendix A</a> for more details.</i></p>			



**Indicators.** This assessment includes a summary analysis of oral health-related data indicators for which there were readily available data to provide broad insight into the oral health status and access to care in the RRHD region. Indicators include social determinants of health; oral health status; oral health services utilization; and oral health workforce.

- **Social Determinants of Health**
  - RRHD is home to 183,955 residents. Of these residents:
    - 18% are seniors aged 65 and above
    - 21% are non-White residents
    - 9% Hispanic individuals
    - 4% have limited English proficiency, and
    - 8% are living in poverty.
  - Compared to Virginia as a whole, the region has a higher rate of seniors age 65+, is less ethnically and racially diverse, has higher income levels, and a higher uninsured rate.

- **Oral Health Status**
  - Oral cavity and pharynx cancer per 100,000 residents: Incidence-RRHD (14.7) vs. Virginia (11.6). Mortality-RRHD (2.7) vs. Virginia (2.4)
  - Adult age 18+ Smokers. RRHD (16%) vs Virginia (12%)
  - Adult age 18+ Smokeless Tobacco Users. RRHD (6%) vs. Virginia (3%)
  - Adult age 18+ Without Dental Insurance. RRHD (31%) vs. Virginia (29%)
  - Adult age 18+ With at least one tooth removed due to decay. RRHD (38%) vs. Virginia (38%)
  - Adults age 65+ Who have lost all teeth. RRHD (avg. 10%) vs. Virginia (11%)
  - Community water system with fluoridation. RRHD (63% of the population, 13% of community water systems vs. Virginia (96% of the population 49% of systems)
  
- **Oral Health Services Utilization**
  - Children with Medicaid dental coverage age 0-20 with at least one dental service. RRHD (64%) vs. Virginia (60%).
  - Adults with Medicaid dental coverage age 21+ with at least one dental service. RRHD (29%) vs. Virginia (29%)
  - Emergency and urgent care visits for non-traumatic dental injury or disease (Total Population) per 100,000. RRHD (641.9) vs. Virginia (895.2).
  - Adults age 18+ with at least one dental visit. RRHD (avg. 68%) vs. Virginia (70%).
  
- **Oral Health Workforce**
  - Dental Health Professional Shortage Area (DHPSA) Designation. RRHD has one designated DHPSA in Orange County.
  - Dentist Workforce Survey. The RRHD region had 42.1 FTE dentists; nearly half expected to retire within 10 years.
  - **Dentist Hygienist Survey.** The RRHD region had 51.4 FTE dental hygienists; 38% expected to retire within 10 years.
  
- **Recommendations**
  - Recommendation #1: Engage in recruitment efforts to increase the local oral health workforce.
  - Recommendation #2: Engage in promising practices to increase access to oral health services.
  - Recommendation #3: Improve the oral health status of RRHD residents through education on smoking cessation and oral hygiene.
  - Recommendation #4: Identify and seek to address health equity issues in the access and delivery of oral health care
  
- **Appendices**
  - Appendix A: Survey Data Tables
  - Appendix B: Indicator Tables

## Introduction

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*“Tooth decay is the most common chronic disease in children and adults in the United States.” Healthy People, 2030. <sup>1</sup>*

Despite oral health disease being the most prevalent chronic condition, oral health is often viewed as secondary to physical health. Multiple studies have identified oral health as a key indicator of overall health, well-being, and quality of life.

According to survey results from the *2023 Community Health Needs Assessment for Planning District 9 (Rappahannock Rapidan Health District region)*:<sup>2</sup>

- 30% of community resident survey respondents reported having difficulty keeping good dental health, and 28% reported difficulty getting dental care since the COVID-19 pandemic.
- 23% of community professional survey respondents reported their clients/patients had difficulty keeping good dental health, and 25% reported their clients/patients had difficulty getting dental care since the COVID-19 pandemic.
- 45% of community resident survey respondents reported local dental care services needed improvement.
- 34% of community professional survey respondents reported local adult dental care services needed improvement, and 26% reported a similar need for pediatric dental care services.

In 2022, a group of local stakeholders met to talk about strategies related to oral healthcare access in the Rappahannock-Rapidan Health District (RRHD). The workgroup identified a patchwork system across the district with many working on solutions, and the RRHD community health improvement team felt this was an opportunity to strategically assess the oral health of the community, and then collaborate with residents to put identified priorities and goals into action.



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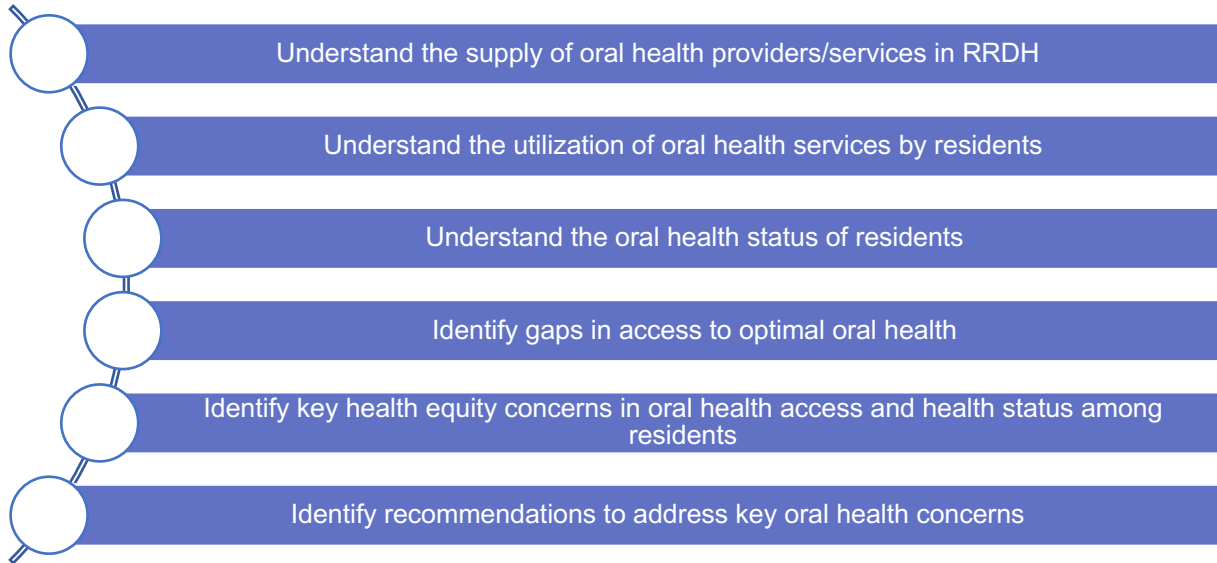
<sup>1</sup> <https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>

<sup>2</sup> <https://www.vdh.virginia.gov/content/uploads/sites/127/2023/09/PD9-Five-Counties-2023.pdf>

## Approach

The purpose of this needs assessment is to identify the prevalence of oral health issues, risk factors contributing to poor oral health, and access to oral health care services. By gathering this information, targeted interventions can be developed to effectively address the community's oral health needs. Furthermore, the assessment provides stakeholder-led recommendations aimed at enhancing oral health outcomes and overall well-being within the community by leveraging existing resources and implementing best practices.

### Study Objectives



**Methods.** The research activities for the study include insights from three surveys (community residents, community providers, and oral health workforce experts), an analysis of quantitative indicators of oral health, and recommendations developed with community stakeholders and oral health experts.



As shown in the map, the study region is defined as the five counties (localities) in the Rappahannock Rapidan Health District.

Throughout the report, the terms localities and counties are used interchangeably. Additionally, for analysis purposes, data in this report are often presented at the total RRHD level, and where available, compared to the southern (Culpeper, Madison, and Orange) and northern (Fauquier and Rappahannock) counties.



## Survey Results

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Three surveys were conducted to obtain information regarding oral health needs in the region: one targeted community residents, another focused on community dental practice leaders, and the third aimed at community healthcare professionals.

It is important to note that this study utilized a convenience sample and is not representative of the broader population.

Outreach efforts were undertaken to include survey responses from residents

residing in rural areas as well as those from racial and ethnic minority backgrounds.

Both paper and electronic survey data collection methods were used with English and Spanish versions.

This section includes summary findings from the following:

- Community Residents Survey
- Community Dental Practice Leaders Survey
- Community Health Professionals Survey

Tables with detailed survey results data can be found in [Appendix A](#).

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*“All populations are struggling in our community for initial dental care. It seems what when someone is connected to a practice, that they are able to maintain visits with that practice as long as there are no changes with their insurance or financial situations. However, it has been difficult for anyone to receive that initial appointment.”*  
-Survey respondent

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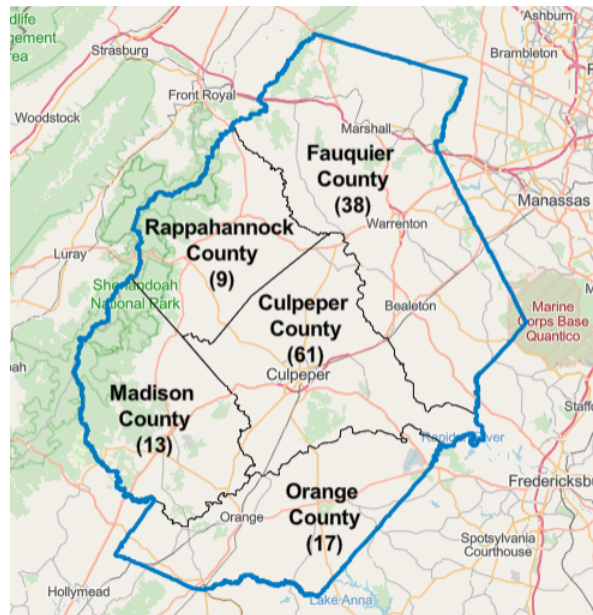
## Community Resident Survey

A total of 167 individuals submitted a response to the community resident survey (although not every respondent completed every item). The respondents provided insights about oral health services utilization, local oral health services, dental hygiene, and ideas for improving oral health hygiene and access to care.

**Respondent Profile.** A total of 167 community resident surveys were received. Responses were assigned to a county based on the self-reported zip code:







- 91 responses were assigned to Culpeper, Madison, or Orange
- 47 responses were assigned to Fauquier or Rappahannock
- 29 were unassigned to a locality in the RRHD region

### ***Exhibit 1A. Community Resident Survey Respondent Profile by Locality\****



- The map shows the number of survey responses received by county.
- Some zip codes have boundaries that overlap with more than one county. In these cases, the zip code was allocated to the county with the most geographic overlap.
- Of the 167 responses received, 21 provided no answer to the zip code question.
- Of the 146 responses with a zip code response, 138 were allocated to one of the five counties in RRHD based on the responses provided. Six responses were allocated to other counties, and two responses could not be allocated to a specific county.
- All 167 responses were included in the survey response tables provided in this report.




*\*29 responses were unassigned (counties outside the region, zip code errors or no zip code was provided). Not every respondent answered every question. Please review the text above and tables in [Appendix A](#) for more details.*

<b>Exhibit 1B. Community Resident Survey Respondent Profile*</b>				
		<b>Culpeper, Madison and Orange (n=91)</b>	<b>Fauquier and Rappahannock (n=47)</b>	<b>All Responses (n=167)</b>
	<b>Age</b>	36% Age 45-64 29% 65+	41% 45-64 42% 65+	34% 45-64 37% 65+
	<b>Race</b>	73% White 27% Non-White	85% White 15% Non-White	74% White 26% Non-White
	<b>Ethnicity</b>	33% Hispanic Ethnicity	11% Hispanic Ethnicity	26% Hispanic Ethnicity
	<b>Income</b>	43% have incomes <\$50K	28% have incomes <\$50K	38% have incomes <\$50K
	<b>Education</b>	36% are college educated 13% had no HS diploma	58% are college educated 2% had no HS diploma	39% are college educated 9% had no HS diploma
	<b>Household</b>	48% live in HH with <3 people	43% live in HH with <3 people	48% live in HH with <3 people
	<b>Children</b>	30% of HH include children	21% of HH include children	25% of HH include children
	<b>Gender</b>	79% Female 20% Male	77% Female 23% Male	79% Female 20% Male
	<b>Sexual Orientation</b>	84% Straight 2% LGBTQIA+ or Other	91% Straight 2% LGBTQIA+ or Other	85% Straight 3% LGBTQIA+ or Other
<p><i>*29 responses were unassigned (counties outside the region, zip code errors or no zip code was provided). Not every respondent answered every question. Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>				




## Experiences receiving Oral Health Services

*“They [community members] can barely afford regular medical care and housing. Dental care comes as an afterthought [except] when you are in pain.”*  
 -Survey respondent

Community residents were asked to share insights from their/their children’s experiences accessing the oral health care system. They also provided input on challenges they, their children, or members of their community faced when accessing oral health services and maintaining good oral hygiene. Dental providers include dentists (DDS) and dental hygienists (DH).



<b>Exhibit 2. Experiences receiving Oral Health Services*</b>			
	<b>Culpeper, Madison and Orange (n=91)</b>	<b>Fauquier and Rappahannock (n=47)</b>	<b>All Responses (n=167)</b>
<b>Dental Services</b> 	56% currently have a dental provider	70% currently have a dental provider	59% currently have a dental provider
	59% seen <1 year	66% seen <1 year	59% seen <1 year
	31% seen >2 years	27% seen >2 years	32% seen >2 years
	72% private dental office	85% private dental office	75% private dental office
	70% served in RRHD	72% served in RRHD	70% served in RRHD
	30% outside RRHD	28% outside RRHD	30% Outside the region
	59% for cleaning and exams	75% for cleaning and exams	63% for cleaning and exams
	36% for a concern 17% multiple visits for a concern	36% for a concern 11% multiple visits for a concern	32% for a concern 15% multiple visits for a concern
<b>Dental Hygiene</b> 	56% receive hygiene advice from DDS/DH 40% online search	62% receive hygiene advice from DDS/DH 29% online search	57% receive hygiene advice from DDS/DH 34% online search
<b>Dental Insurance</b> 	59% have dental insurance 45% no insurance	73% have dental insurance 31% no insurance	62% have dental insurance 41% no insurance
<p><i>*Not every respondent answered every question. Percentages may not equal 100% due to rounding. Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>			

**Oral Health Services Experience of Children in the Household.** Thirty-nine respondents reported living in a household with children under age 18 and were asked to share their experiences obtaining oral health services for their children.

<b>Exhibit 3. Oral Health Services Experience of Children in the Household*</b>			
	<b>Culpeper, Madison and Orange (n=30)</b>	<b>Fauquier and Rappahannock (n=9)</b>	<b>All Responses (n=48)</b>
<b>Dental Services</b> 	66% some/all children currently have a dental provider	78% some/all children currently have a dental provider	65% some/all children currently have a dental provider
	59% private dental office	78% private dental office	62% private dental office
	43% served in RRHD	89% served in RRHD	55% served in RRHD
	57% Outside the region	11% Outside the region	45% Outside the region
	70% for cleaning and exams 26% for a concern 11% multiple visits for a concern	88% for cleaning and exams 50% for a concern 0% multiple visits for a concern	69% for cleaning and exams 29% for a concern 10% multiple visits for a concern
<b>Dental Hygiene</b> 	64% receive hygiene advice from DDS/DH 29% family or friend	78% receive hygiene advice from DDS/DH 44% family or friend	64% receive hygiene advice from DDS/DH 33% family or friend
<b>Dental Insurance</b> 	43% private dental insurance 27% Medicaid 31% no insurance	44% private dental insurance 22% Medicaid 33% no insurance	43% private dental insurance 23% Medicaid 35% no insurance
<p><i>*Not every respondent had children in the home, and not every respondent answered every question. Percentages may not equal 100% due to rounding. Some counts are &lt;30 and should be interpreted with caution. Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>			

**Challenges Accessing Oral Health Services and Good Oral Hygiene.** Respondents were asked about challenges accessing oral health services and maintaining good oral hygiene.

**Exhibit 4. Challenges Accessing Oral Health Services and Good Oral Hygiene \***

	Culpeper, Madison and Orange (n=91)	Fauquier and Rappahannock (n=47)	All Responses (n=167)
<b>Dental Services</b> 	34% could not afford dental care for themselves  30% could not afford dental care for their children  51% report family/neighbors/friends have trouble getting dental care	25% could not afford dental care for themselves  13% could not afford dental care for their children  37% report family/neighbors/friends have trouble getting dental care	31% could not afford dental care for themselves  24% could not afford dental care for their children  43% report family/neighbors/friends have trouble getting dental care
<b>Dental Hygiene</b> 	75% report community members have trouble with dental hygiene	54% report community members have trouble with dental hygiene	65% report community members have trouble with dental hygiene
<p><i>*Not every respondent answered every question. Percentages may not equal 100% due to rounding.            Some counts are &lt;30 and should be interpreted with caution            Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>			

**In their Own Words: Open-ended comments from Community Residents**

Community resident survey respondents were invited to share their thoughts on why there are barriers to accessing oral health care and maintaining good oral hygiene. Full comments are available in [Appendix A](#). The following themes emerged from these comments:




- **Affordability and Accessibility of Dental Care:**
  - Concerns about the high cost of dental care, especially for procedures like fillings, crowns, and root canals.
  - Accessibility issues, such as transportation, long distances to dental clinics, limited availability of dentists accepting certain insurances, and language barriers.
  - Lack of financial resources to afford dental care.
  - Challenges in finding affordable options or dentists who accept insurance, including free dental clinics and more acceptance of Medicaid.
  - Limited availability of appointments, especially at non-work times.
  - Physical disabilities affect oral hygiene practices or make it difficult to access dental care.
- **Insurance Coverage and Costs:**
  - Frustration with dental insurance plans that do not cover necessary procedures or have high out-of-pocket costs.
  - Calls for better dental insurance that covers a wider range of services, including crowns and implants.
- **Quality of Care and Provider Availability:**

- Concerns about the quality of care received, including instances of rude dentists and dissatisfaction with cosmetic results.
  - Desires for extended office hours, more hygienists, and more dentists in the area to reduce wait times and improve access to care.
- Lack of Awareness or Prioritization:
  - Limited understanding of the importance of oral health and dental care.
  - Lack of awareness about alternative locations for dental care.
  - Oral health is perceived as a low priority compared to other needs or financial obligations.



## Community Dental Practice Leader Survey

*"I think there is still a thought that dental care is an "add on" and is not seen as a part of total health, so patients don't always go looking for care until they are in pain or discomfort. I think non-dental health care providers do not see the relationship between oral health and total health and so reciprocal referrals are not made regularly."*  
 -Survey respondent

A total of 22 dental practice leaders submitted a response to the survey (although not every respondent completed every item). The respondents provided insights about the oral health services they provide, populations served, challenges within the dental practice environment, and ideas for improving oral health hygiene and access to care.

<b>Exhibit 5. Community Dental Practice Leader Survey Respondent Profile*</b>		
<b>Total RRHD Region (n=22)</b>		
 Organization Background	59% Served the community for 20+ years 19% Served the community for 11-20 years 45% Community Dental Clinic 41% Private dental office or practice	
 Patient Population	36% Serve Culpeper   50% Madison   50% Orange 77% Serve Fauquier   59% Rappahannock 23% Serve Outside of RRHD	
	95% Age 0-18 100% Age 18-64 95% Age 65+	
	29% Self Pay 25% Medicaid 23% Private Insurance	
 Organization Name (counts denote multiple staff responses)	Amazing Smile Dental Care Culpeper Dental Associates Cville Dentist Family Dental Care Fauquier Free Clinic (7) Germanna Community College Marshall Dental Care	Piedmont Environmental Council Piedmont Regional Dental Clinic (3) Remington Family Dentistry Sentz, Griffin, and Tudor St. James' Episcopal Church Ted Sherwin DDS PC Warrenton Dentistry
<p><i>*Not every respondent answered every question. Percentages may not equal 100% due to rounding.                      Counts are &lt;30 and should be interpreted with caution                      Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>		

**Observations of Patients Accessing Oral Health Services and Maintaining Good Oral Hygiene.** Community dental practice leaders were asked to share insights on patients' barriers to accessing oral health services and maintaining good oral hygiene.

<b>Exhibit 6. Observations of Patients Accessing Oral Health Services and Maintaining Good Oral Hygiene *</b>	
<b>Total RRHD Region (n=22)</b>	
 Dental Services for Pts	100% Have difficulty affording dental care 95% Experience difficulty obtaining dental care 67% With fear/anxiety 67% Have difficulty finding a dental care provider willing to see them 62% Have difficulty getting transportation for dental care 52% Have language barriers
 Dental Hygiene for Pts	100% Lack motivation to practice good dental hygiene 95% Have difficulty with good dental hygiene 95% Lack of knowledge about how to practice good dental hygiene 95% Lack of family experience or habits for practicing good dental hygiene 53% Lack of materials at home for practicing good dental hygiene
<p><i>*Not every respondent answered every question. Percentages may not equal 100% due to rounding.            Counts are &lt;30 and should be interpreted with caution            Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>	

**In their Own Words: Open-ended comments from Community Dental Practice Leaders**

**Patients' barriers to accessing oral health service and maintaining good oral hygiene.** Community dental provider respondents were invited to share their thoughts on why there are barriers to patients accessing oral health care, and maintaining good oral hygiene. Full comments are available in [Appendix A](#). The following themes emerged from these comments:

- Access Barriers and Financial Constraints:
  - Difficulty accessing dental care due to lack of providers accepting Medicaid, limited availability of appointments, and long travel times to dentists who accept their insurance or offer reduced rates.
  - High cost of dental care, lack of insurance coverage for necessary interventions beyond basic services, and prioritization of other expenses over dental care.
- Fear, Stigma, and Lack of Education:
  - Fear and embarrassment as barriers preventing individuals from seeking dental care, particularly among those with undocumented status or mental health issues.
  - The stigma associated with dental problems and perceptions of dental care as unimportant or secondary to other health concerns.
  - Lack of knowledge about the importance of oral health and proper dental care practices, including the belief that dental care is separate from overall health care.
- Issues with Insurance and Provider Acceptance:
  - Challenges with Medicaid reimbursement rates lead to a lack of providers accepting Medicaid insurance, as well as difficulties with insurance coverage and limitations on providers.



- Lack of awareness and education about available resources, such as free dental services for qualifying individuals, contributes to the underutilization of these services.

**Serving patients with Medicaid.** Community dental provider respondents were invited to share their thoughts on challenges, if any, for the organization to provide services to patients with Medicaid. Full comments are available in [Appendix A](#). The following themes emerged from these comments:




- Medicaid dental insurance differs from private dental insurance:
  - Requires pre-authorizations for most services
  - Involves more paperwork
  - Pays less compared to private insurance
- Challenges with patient accountability due to the inability to charge for no-shows.
- Credentialing new clinicians for care provision is slow and difficult.
- Care provided by infrequent volunteers is often not reimbursable.
- Reimbursement rates are generally low, affecting profitability for businesses.
- Providers experience difficulty in getting pre-authorizations for treatments.
- Medicaid reimbursement is low and cumbersome compared to private insurance.
- Concerns about fraud penalties from the federal government for Medicaid claims.
- Higher likelihood of no-show appointments with Medicaid patients.
- Insufficient coverage and low reimbursement rates from Medicaid.
- Some clinics accept all Medicaid patients but may not provide certain treatments.

## Community Health Professional Survey


**Respondent Profile.** A total of 17 community health professionals submitted a response to the survey (although not every respondent completed every item). The respondents provided insights about oral health services needed by the populations they serve, and ideas for improving oral health hygiene and access to care.

*“Many families are not sharing that they are not able to get an appointment for up to 6 months from the time of initial contact. They have also shared there are not enough providers that accept their insurance, and then cannot afford to self-pay.”*



*-Survey respondent*

<b>Exhibit 7. Community Health Professional Survey Respondent Profile*</b>		
<b>Total RRHD Region (n=17)</b>		
 <b>Organization Background</b>	76% Served the community for 20+ years 41% Non-profit 18% School based health program   18% Community Services Board  47% Provide social support 18% Provide behavioral health   18% Provide health education 41% Private dental office or practice	
 <b>Patient Population</b>	59% Serve Culpeper   41% Madison   53 % Orange 59% Serve Fauquier   65% Rappahannock  82% Age 0-18 65% Age 18-64 71% Age 65+	
 <b>Organization Name</b> (counts denote multiple staff responses)	Aging Together Culpeper County Public Schools Culpeper Free Clinic Encompass Community Supports (2) Families First - Healthy Families Culpeper Fauquier Community Action Head Start LOWLINC Mental Health Association of Fauquier	Orange County Public Schools Rappahannock Benevolent Fund Rappahannock County Elementary School Rappahannock Goodwill Industries (2) Virginia Career Works UVA Culpeper Medical Center
<p><i>*Not every respondent answered every question. Percentages may not equal 100% due to rounding.</i></p> <p><i>Counts are &lt;30 and should be interpreted with caution</i></p> <p><i>Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>		

**Oral Health Activities.** Community health professionals were asked to share insights on how they incorporate oral healthcare activities with the patients they serve.

<b>Exhibit 8. Oral Health Activities*</b>	
Total RRHD Region (n=17)	
 Oral Health Activities for Pts	58% Recommend and make referrals for dental care; 35% do not make referrals for dental care  42% Ask when the last time a patient saw the dentist  42% Refer patients to dental care as part of well-child or high risk care  18% Refer patients to dental care as part of well-adult visits
<p><i>*Not every respondent answered every question. Percentages may not equal 100% due to rounding.            Counts are &lt;30 and should be interpreted with caution            Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>	

**Observations of Patients Accessing Oral Health Services and Maintaining Good Oral Hygiene.** Community health professionals were asked to share insights on patients’ barriers to accessing oral health services and maintaining good oral hygiene

<b>Exhibit 9. Observations of Patients Accessing Oral Health Services and Maintaining Good Oral Hygiene *</b>	
Total RRHD Region (n=17)	
 Dental Services for Pts	100% Have difficulty affording dental care 83% Experiencing difficulty obtaining dental care 75% Have difficulty getting transportation for dental care 67% With fear/anxiety
 Dental Hygiene for Pts	79% Lack of knowledge about how to practice good dental hygiene 76% Have difficulty with good dental hygiene 71% Lack of family experience or habits for practicing good dental hygiene 64% Lack of materials at home for practicing good dental hygiene 57% Lack of motivation to practice good dental hygiene
<p><i>*Not every respondent answered every question. Percentages may not equal 100% due to rounding.            Counts are &lt;30 and should be interpreted with caution            Please review the text above and tables in <a href="#">Appendix A</a> for more details.</i></p>	

**In their Own Words: Open-ended comments from Community Health Professionals**  
**Patients’ barriers to accessing oral health services and maintaining good oral hygiene.** Community health professional respondents were invited to share their thoughts on why there are barriers to patients accessing oral

health care, and maintaining good oral hygiene. Full comments are available in [Appendix A](#). The following themes emerged from these comments:

- Access Barriers and Financial Constraints:
  - Difficulty accessing dental care due to lack of providers accepting Medicaid, limited availability of appointments, and long travel times to dentists who accept their insurance or offer reduced rates.
  - The high cost of dental care, lack of insurance coverage beyond basic services, and prioritization of other living expenses over dental care.
- Fear, Stigma, and Lack of Education:
  - Fear and embarrassment as barriers preventing individuals from seeking dental care, particularly among those with undocumented status or mental health issues.
  - Lack of knowledge about the importance of oral health and proper dental care practices, including the belief that dental care is separate from overall health care.
- Issues with Insurance and Provider Acceptance:
  - Challenges with Medicaid reimbursement rates lead to a lack of providers accepting Medicaid insurance, as well as difficulties with insurance coverage and limitations on providers.
  - Lack of awareness and education about available resources, such as free dental services for qualifying individuals, contributes to the underutilization of these services.

**Vulnerable Populations.** Community health professional respondents were invited to share their insights on vulnerable populations or groups that may have barriers to accessing oral health services and maintaining good oral hygiene. Full comments are available in [Appendix A](#). The following themes emerged from these comments:

- Elderly Population:
  - Transportation challenges hinder access to dental care for the elderly.
  - Difficulty in identifying elderly individuals in need of dental care.
  - Older adults with physical, mental, or cognitive limitations struggle to access care.
- Low-Income and Uninsured Individuals:
  - Lack of insurance coverage is particularly prevalent among older adults with Medicare and migrant workers.
  - School-aged children face barriers due to parents' inability to provide dental care.
- Other Vulnerable Groups:
  - Developmentally disabled adults experience challenges in obtaining dental care.
  - Non-English-speaking populations, particularly Spanish-speaking immigrants



## Indicators

Oral health data measures encompass various topics, including but not limited to, the prevalence of dental caries, assessing the adequacy and distribution of the oral health workforce, and examining patterns of oral health service utilization. These measures can collectively identify areas of need, and inform strategies for improving oral health outcomes and access to care. This section includes a summary analysis of oral health-related data indicators for which there were readily available data to provide broad insight into the oral health status and access to care in the RRHD region.



### Social Determinants of Health

Age
Race
Ethnicity
Limited English Proficiency
Income
Disability
Health Insurance



### Oral Health Status

#### Oral Cavity and Pharynx Cancer

##### Adult Prevalence Estimates

- Current Smoker
- Smokeless Tobacco
- Tooth Loss
- Dental Insurance

#### Water Fluoridation



### Oral Health Services Utilization

#### Medicaid Oral Health Services Utilization

- Children Age 0-21
- Adults Age 21+

#### Emergency Department and Urgent Care Visits

#### Adult Prevalence Estimates: Dental Visits



### Oral Health Workforce












#### Dental Care Health Professional Shortage Area Designation

#### Oral Health Workforce -Full Time Equivalency

#### Dentistry and Dental Hygiene Workforce

## Social Determinants of Health

Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, and age, and they play a crucial role in shaping health outcomes, including oral health. Understanding oral health disparities requires considering these SDOH variables for several reasons. SDOH such as socioeconomic status, education level, and employment status influence access to oral health care. Individuals with lower socioeconomic status may face barriers such as lack of insurance coverage, transportation issues, or financial constraints, leading to disparities in accessing preventive and treatment services. Overall, considering SDOH variables is essential for understanding and addressing oral health disparities comprehensively. SDOH highlight the complex interplay of social, economic, environmental, and behavioral factors that contribute to differential health outcomes among populations.



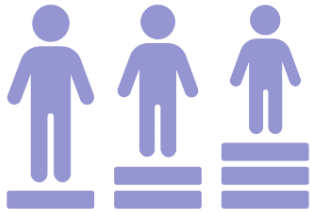
<b>Exhibit 10. Social Determinants of Health, 2018-2022</b>		
<b>Rappahannock Rapidan Health District</b>		<b>Compared to Virginia</b>
Age	 18% Age 65+	VA (16%)
Race	 21% Non-White	VA (37%)
Ethnicity	9% Hispanic Ethnicity	VA (10%)
Limited English Proficiency	 4% of those Age 5+ have Limited English proficiency	VA (6%)
Income	8% of the population lives in Poverty	
	 24% live in Cost Burdened Households	
Disability	 12% have a Disability	
Health Insurance	 6% Uninsured Children Age 0-19 10% Uninsured Adults Age 18-64	
		
<p>Please review the text above and tables in <a href="#">Appendix B</a> for more details.            Source: US Census Bureau, American Community Survey. 2018-22.</p>		

## Oral Health Status

Oral health encompasses the well-being of teeth, gums, and the entire oral-facial system, facilitating functions such as smiling, speaking, and chewing. Predominant conditions affecting oral health comprise cavities (tooth decay), gum (periodontal) disease, and oral cancer.<sup>3</sup>

### Oral Health Status: Oral Cavity and Pharynx Cancer

In the United States, oral cavity and pharynx cancers constitute 3% of all diagnosed cancer cases annually<sup>4</sup>. Risk factors for these cancers include tobacco use, excessive alcohol consumption, and infection with the human papillomavirus.

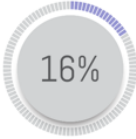

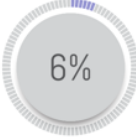

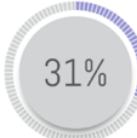

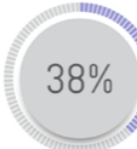


<b>Exhibit 11. Oral Health Status: Oral Cavity and Pharynx Cancer Incidence and Mortality 2016-2020</b>		
<b>Rappahannock Rapidan Health District</b>		<b>Compared to Virginia</b>
Oral Cavity and Pharynx Cancer Incidence	14.7 per 100,000 (age adjusted) (data not available at the locality level)	
Oral Cavity and Pharynx Cancer Mortality	2.7 per 100,000 (age adjusted) (data not available at the locality level)	
	<p>Focusing on equity:</p> <p>The cancer incidence rate was higher among RRHD males than females (24.1 vs 5.8).</p>	
<p>Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard. Please review the text above and tables in <a href="#">Appendix B</a> for more details. Source: Virginia Cancer Registry 1995-2020, 6/2023.</p>		

<sup>3</sup> <https://www.cdc.gov/oralhealth/conditions/index.html>

<sup>4</sup> <https://www.cdc.gov/mmwr/volumes/69/wr/mm6915a1.htm>

## Oral Health Status: Adult Estimates

The following summary is based on utilization estimates derived from survey data. It is important to review notes on weighting and confidence intervals, and use caution when interpreting these data. <sup>5</sup>

<b>Exhibit 12. Oral Health Status: Adult Estimates, 2020/ 2021</b>		<b>Compared to Virginia</b>
Adults Age 18+ in RRHD (data not available at the locality level)		
Current Smoker		
Smokeless Tobacco User		
No Dental Insurance		
Had at least one tooth removed due to tooth decay or gum disease		
Adults Age 65+ in RRHD (data not available at the RRHD level)		
All teeth lost	<ul style="list-style-type: none"> <li>• 10% Culpeper</li> <li>• 11% Madison</li> <li>• 10% Orange</li> <li>• 8% Fauquier</li> <li>• 9% Rappahannock</li> </ul>	
<p><i>Counts and rates are weighted to population characteristics</i>  <i>Please review the text above and tables in <a href="#">Appendix B</a> for more details.</i>  <i>Source: CDC Chronic Disease Indicators, 2020; and Virginia Department of Health Virginia Behavioral Risk Factor Surveillance System, 2020 and 2021.</i></p>		

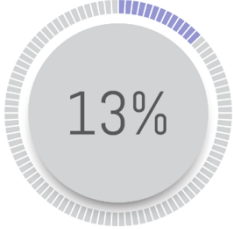


<sup>5</sup> [https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH\\_CDI.ExploreByLocation&rdRequestForwarding=Form](https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form)



## Oral Health Status: Community Water System Fluoridation

Water fluoridation is a crucial public health measure that significantly contributes to a community's oral health status. It is a cost-effective, community-wide way to provide a basic, yet long-term level of protection against tooth decay. This measure is endorsed by the World Health Organization, the Centers for Disease Control and Prevention, the American Dental Association, and others.<sup>6</sup>

**Exhibit 13. Community Water System Fluoridation (CWS) by RRHD Locality, 2023**

	<p>13% of RRHD community water systems are fluoridated, which serves approximately 63% of the population. Rates of community water systems fluoridation vary within the region:</p> <ul style="list-style-type: none"> <li>• 6% Culpepper</li> <li>• 9% Madison</li> <li>• 83% Orange</li> <li>• 9% Fauquier</li> <li>• 0% Rappahannock</li> </ul>				
	<p>Compared to Virginia as a whole, the RRHD region had a lower rate of fluoridated CSWs (13% vs 49%, RRHD vs Virginia, respectively).</p> <p>Compared to Virginia as a whole, the RRHD region had a lower rate of the population served by fluoridated CSWs (63% vs 96%, RRHD vs Virginia, respectively).</p> 				
	<b>Primary Locality*</b>		<b>CWS without Fluoridation</b>		<b>Population served by Fluoridated CWS</b>
		<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Virginia Total (n=1,153)	592	51%	561	49%	95.60%
RRHD (n=75)	65	87%	10	13%	63.10%
Culpeper (n=35)	33	94%	2	6%	74.70%
Madison (n=11)	10	91%	1	9%	36.20%
Orange (n=6)	1	17%	5	83%	99.80%
Fauquier (n=22)	20	91%	2	9%	36.40%
Rappahannock (n=1)	1	100%	0	0%	0.00%
*Some water systems overlap county borders.					
<a href="#">Please review the text above and tables in Appendix B for more details.</a>					
Source: My Water's Fluoride reports-Centers for Disease Control and Prevention.					

<sup>6</sup> [https://nccd.cdc.gov/DOH\\_MWF/Default/WaterSystemList.aspx](https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx)

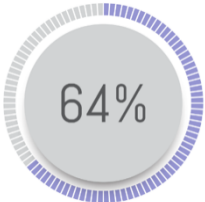


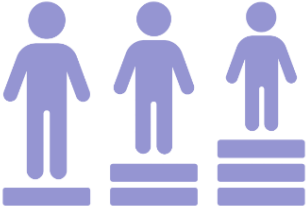
## Oral Health Services Utilization

Millions of Americans suffer pain and disability from oral diseases, which are often linked to other serious health conditions like diabetes, heart disease, and stroke, yet the majority have not visited a dentist in the past year, highlighting the importance of regular dental check-ups for prevention.<sup>7</sup>

### Oral Health Services Utilization: Medicaid Children Age 0-20

Poor oral health among children can lead to issues with play, eating, learning, or speaking. Studies indicate children with oral health concerns experience more absenteeism and poorer academic outcomes than peers with good oral health.<sup>8</sup>

*Smiles for Children*, Virginia’s dental program for Medicaid, FAMIS, or FAMIS Plus; is where children receive comprehensive dental benefits. Under this program, there are no costs or copayments for dental services, and transportation services are available.<sup>9</sup>

<b>Exhibit 14 Oral Health Services Utilization: Medicaid Children Age 0-20, SFY 2021-2023</b>	
	<p>Within the region:</p> <ul style="list-style-type: none"> <li>• 64% Culpeper, Madison, and Orange (combined)</li> <li>• 65% Fauquier and Rappahannock (combined)</li> </ul>
	<p>Compared to Virginia as a whole, children in the RRHD region had a higher utilization rate (64% vs 60%, RRHD vs Virginia, respectively) </p>
	<p>Focusing on equity within the region:</p> <ul style="list-style-type: none"> <li>• All racial groups except American Indian/Alaska Native had utilization rates above the RRHD regional rate</li> <li>• Hispanic children had the highest utilization rate (79%)</li> <li>• American Indian/Alaska Native children had the lowest utilization rate (63%)</li> </ul>
<p><i>Note: Data were not available by age group or service type Please review the text above and tables in <a href="#">Appendix B</a> for more details. Source: DentaQuest via Department of Medical Assistance Services, SFY 2021-2023.</i></p>	

<sup>7</sup> <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care/increase-use-oral-health-care-system-oh-08>

<sup>8</sup> <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

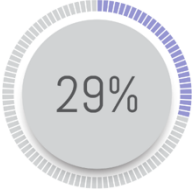


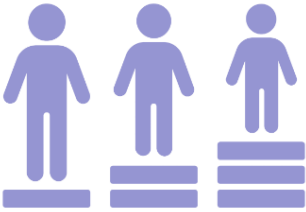
<sup>9</sup> <https://www.dmas.virginia.gov/for-members/benefits-and-services/dental/>

**Oral Health Services Utilization: Medicaid Adults Age 21+**

Oral health is a key part of overall health for adults. The CDC outlines the following oral health concerns among the age 18+ population:<sup>10</sup>

- Chronic diseases (obesity, cardiovascular disease, diabetes, etc.) can exacerbate oral health issues
- Oral cancer
- Periodontal (gum) disease
- Dental caries (cavities)
- Tooth loss
- Poor oral health among pregnant people is linked to birth outcomes such as prematurity and low birth weight.

In July 2021, *Smiles for Children* Virginia’s dental program for Medicaid expanded to provide comprehensive dental benefits for adult members. Benefits included preventive services (diagnostics, cleanings, etc.) and restorative services (fillings, root canals, dentures, etc.).<sup>11</sup>

<b>Exhibit 15. Oral Health Services Utilization: Medicaid Adults Age 21+, SFY 2021-2023</b>	
	<p>RRHD adults age 21+ had a least one dental service. This rate was the same within the Culpeper, Madison and Orange counties; and Fauquier and Rappahannock counties</p>
	<p>Compared to Virginia as a whole, adults in the RRHD region had a higher utilization rate overall and for preventive and restorative services (29% vs 25%, RRHD vs Virginia, respectively) </p>
	<p>Focusing on equity within the region:</p> <ul style="list-style-type: none"> <li>• All racial groups had utilization rates comparable to/above the RRHD regional rate</li> <li>• Hispanic adults had the highest utilization rate (46%)</li> <li>• Adults age 65+ had the lowest utilization rate (21%)</li> </ul>
<p>Please review the text above and tables in <a href="#">Appendix B</a> for more details.            Source: DentaQuest via Department of Medical Assistance Services, SFY 2021-2023.</p>	

<sup>10</sup> <https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html>

<sup>11</sup> <https://www.dmas.virginia.gov/for-members/benefits-and-services/dental/adults/>

## Oral Health Services Utilization: Emergency and Urgent Care Visits for Non-Traumatic Dental Injury or Disease (Total Population)

The overuse of hospital emergency departments for non-traumatic dental care exacerbates healthcare costs and access issues, with over 2 million annual visits for dental pain alone. Referring such cases to dental clinics could save approximately \$1.7 billion and offer patients more comprehensive treatment, as emergency departments often only provide temporary relief without addressing underlying dental issues, leading to high rates of return visits.<sup>12</sup>

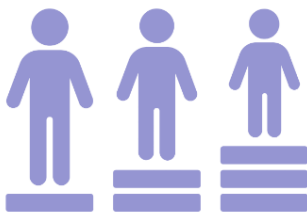
### **Exhibit 16. Emergency and Urgent Care Visits for Non-Traumatic Dental Injury or Disease (Total Population), 2022**

RRHD residents received emergency department or urgent care for non-traumatic dental needs at a rate of 641.9 per 100,000 population. The utilization rate varied across the region:

- 860.6 Culpeper (highest rate in the region, and higher than the Virginia rate)
- 528.3 Fauquier
- 593.4 Madison
- 602.2 Orange
- 440.8 Rappahannock



Compared to Virginia as a whole (895.2), residents in the RRHD region had a lower overall utilization rate for non-traumatic dental related emergency and urgent care visits.



Focusing on equity within the region:

- The age 25-39 had the highest rate by age group (1,328.9)
- Black/African American residents highest utilization rate by race (1,060.4)
- The Hispanic population in Culpeper had a higher utilization rate than the RRHD region and Virginia total.


Please review the text above and tables in [Appendix B](#) for more details.

Source: Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology.

<sup>12</sup> <https://www.ada.org/en/resources/community-initiatives/action-for-dental-health>

**Oral Health Services Utilization: Adult Dental Visits (Estimates)**

The following summary is based on utilization estimates derived from survey data. It is important to review notes on weighting and confidence intervals, and use caution when interpreting these data.

<b>Exhibit 17. Oral Health Services Utilization: Adult Estimates, 2020</b>		
<b>Rappahannock Rapidan Health District</b>		<b>Compared to Virginia</b>
Dental Visits	<p>Adults Age 18+ within the region: (data not available at RRHD level)</p> <ul style="list-style-type: none"> <li>• 66% Culpeper</li> <li>• 66% Madison</li> <li>• 67% Orange</li> <li>• 71% Fauquier</li> <li>• 70% Rappahannock</li> </ul>	
<p><i>Counts and rates are weighted to population characteristics</i></p> <p><i>Please review the text above and tables in <a href="#">Appendix B</a> for more details.</i></p> <p><i>Source: CDC Chronic Disease Indicators, 2020; and Virginia Behavioral Risk Factor Surveillance System, 2020.</i></p>		

## Oral Health Workforce

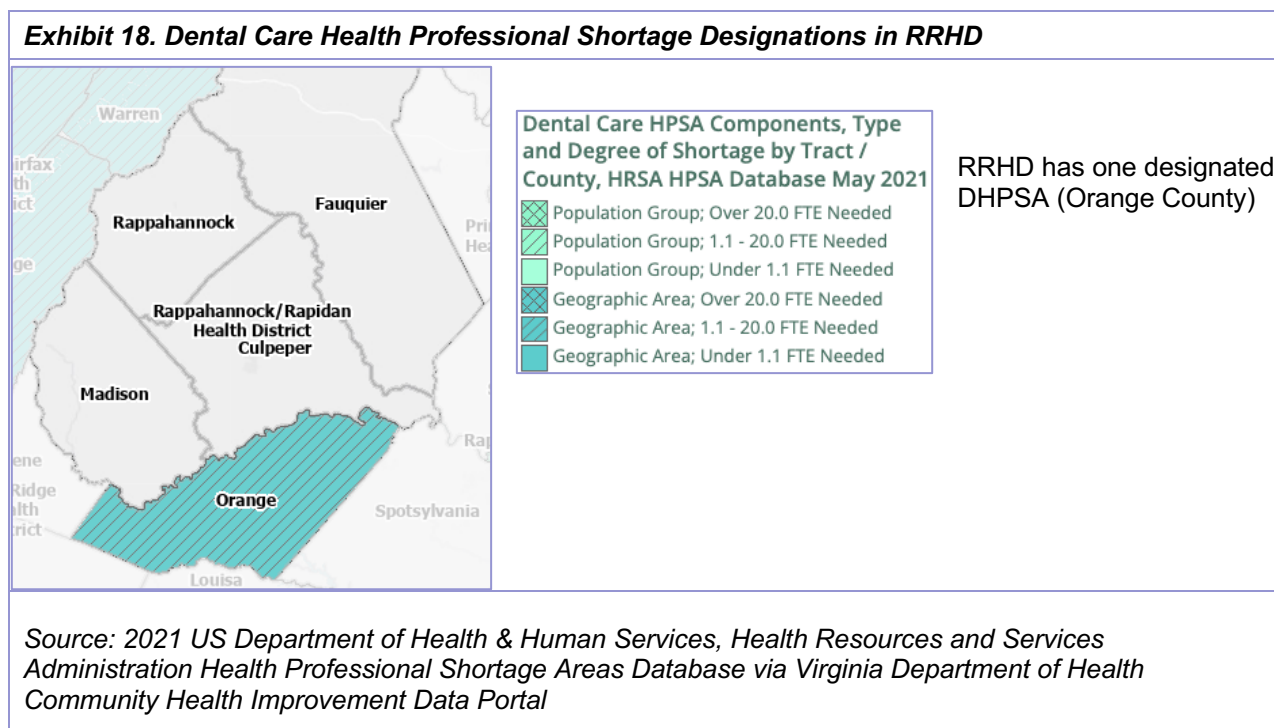
The oral health workforce includes several positions within the field. These positions and their responsibilities vary by state, and may include:

- Dentists: Professionals responsible for diagnosing, treating, and preventing oral diseases and conditions. They perform procedures such as fillings, extractions, and root canals.
- Dental Hygienists: Professionals focusing on preventive oral care, including cleaning teeth, taking X-rays, and educating patients on proper oral hygiene practices.
- Dental Assistants: Support staff who assist dentists during procedures, sterilize equipment, and manage patient records.
- Dental Therapists: Practitioners trained to provide routine dental care, such as fillings and extractions, particularly in underserved areas where access to dentists may be limited.
- Dental Technicians: Professionals who fabricate dental prosthetics like crowns, bridges, and dentures based on dentist prescriptions.

The National Center for Health Workforce Analysis projects a national shortage of dentists and dental hygienists by 2036. Rural areas are predicted to have a 28% national shortage of dentists.<sup>13</sup>

### Oral Health Workforce: Dentist Shortage

**Dental Health Professional Shortage Area (DHPSA) Designation.** This score is determined by the population-to-provider ratio; rate of population in poverty; water fluoridation status and travel time to care outside the area.<sup>14</sup> RRHD has one designated DHPSA in Orange County. Based on Health Resources & Services Administration calculations, 1.1 to 20 full-time equivalency (FTE) additional dentists would eliminate the unmet need in this locality.



### Oral Health Workforce: Findings from Virginia Department of Health Professions Dentist and Dental Hygienist Surveys

The following summary is based on the 2022 Virginia Department of Health Professions survey response

<sup>13</sup> <https://bhwa.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

<sup>14</sup> <https://bhwa.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>

data of oral health professionals. Rates and/or comparisons are not provided where n<30. Any comparisons are instructive, not definitive, and should be interpreted with caution.

*Dentist Workforce Survey.* In 2022, the RRHD region had 42.1 FTE dentists, most of whom work and/or practice in Fauquier County (26.1 FTE). There were no dentist FTEs in Rappahannock County.




- Most RRHD dentists were white; males over the age of 45; working in a solo practice; working full time at one location, and had incomes over \$180K
- 54% saw between 25-74 patients per week
- 73% were 'very satisfied' with their work
- Nearly half expect to retire within 10 years

*Dental Hygienist Workforce Survey.* In 2022, the RRHD region had 51.4 full-time equivalency (FTE) dental hygienists, most of whom work and/or practice in Fauquier County (26.7 FTE). There was one dental hygienist FTE in Rappahannock County and 1.2 FTE in Madison County.

<b>Exhibit 19. Oral Health Workforce -Full Time Equivalency, 2022</b>		
<b>Locality</b>	<b>Dentist FTEs</b>	<b>Dental Hygienist FTEs</b>
RRHD	42.1	51.4
Culpeper County	9.9	13.9
Madison County	2.6	1.2
Orange County	3.5	8.7
Fauquier County	26.1	26.7
Rappahannock County	0	1

Source: 2022 Virginia Department of Health Professions Health Workforce Data Center.  
<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/>

**Exhibit 20. Dentistry (DDS) and Dental Hygiene (DH) Workforce Survey Findings, 2022**

 <p>n=62*</p>	<p>In 2022, DDS who lived and/or practiced in the RRHD region were*:</p> <ul style="list-style-type: none"> <li>• 56% Male</li> <li>• 46% Age 50+</li> <li>• 71% White</li> <li>• 64% had incomes &gt;\$180K</li> <li>• 73% Very Satisfied with Work</li> <li>• 63% Work FT</li> <li>• 80% Work in a Solo Practice</li> <li>• 54% Serve 25-74 patients weekly</li> <li>• 48% expect to retire in 10 years</li> </ul>
 <p>n=67*</p>	<p>In 2022, DH who lived and/or practiced in the RRHD region were*:</p> <ul style="list-style-type: none"> <li>• 97% Female</li> <li>• 54% Under Age 45</li> <li>• 89% White</li> <li>• 59% had incomes &gt;\$60K</li> <li>• 81% Very Satisfied with Work</li> <li>• 57% Work FT</li> <li>• 63% Work in a Solo Practice</li> <li>• 83% Serve 1-49 patients weekly</li> <li>• 38% expect to retire in 10 years</li> </ul>
	<p><b>Compared to DDS and DH in Virginia as a whole:</b></p> <ul style="list-style-type: none"> <li>• The dentist workforce in the RRHD has a higher rate of older providers and job satisfaction. RRHD area dentists less racially diverse, and accept insurance at a slightly lower rate.</li> <li>• The dental hygienist workforce in the RRHD has a higher rate of providers under age 40; providers working in a dental hygiene capacity; providers working less than 40 hours; and higher job satisfaction. The workforce is less racially diverse, and has a lower rate of remote supervision.</li> </ul>

\* Rates and/or comparison are not provided where n<30. Any comparisons are instructive, not definitive, and should be interpreted with caution.

Please review the text above and tables in [Appendix B](#) for more details.

Source: 2022 Virginia Department of Health Professions Health Workforce Data Center.





## Recommendations

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This section of the assessment outlines stakeholder-led recommendations aimed at enhancing oral health outcomes and overall well-being within the community by leveraging existing resources and implementing best practices.

Suggested next steps were developed using the following inputs:

- **Indicators.** The key findings from the analysis of oral health indicators offer valuable data-driven insights that inform targeted, effective strategies to enhance oral health outcomes and address community needs.
- **Surveys.** Community residents, dental practice leaders, and community health professionals were asked to share suggestions for improving community services to help more people get dental care and practice good dental hygiene.
- **In-person workshop with community health professionals.** 14 local community health professionals attended a workshop where they reviewed the findings from the assessment, and engaged in facilitated discussions on recommendations to address challenges.
- **Evidenced-based and promising practices.** A review of evidence-based and promising practices from oral health experts is beneficial for developing recommendations for next steps because it provides validated and innovative strategies community stakeholders can use to effectively address oral health challenges and improve outcomes.

### Recommendation #1:

#### Engage in recruitment efforts to increase the local oral health workforce.

Nearly half of RRHD region dentists and 38% of dental hygienists are expected to retire within 10 years. In all three surveys, respondents suggested an increased workforce was needed in the area. During the community professional workshop, participants identified the following ideas for increasing the oral health workforce in the RRHD region:

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*"[There are] not enough dentists in the area, no one is taking new patients, or very few offices."*

*-Survey respondent*

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- *Apply for dental health professional shortage area (DHPSA) designation.* Currently, only Orange County is designated as a DHPSA. This [Health Resources & Services Administration designation](#) can be helpful in obtaining federal resources such as loan repayment and scholarship programs through the National Health Service Corps, the Rural Health Clinic program, and the Conrad 30/J-1 Physician Visa Waiver program.
- *Promote oral health careers for residents by collaborating with local training programs.* In [Virginia Health Catalyst's 2023 Oral Health Workforce Gap Assessment](#), "dental career and educational training programs should directly connect graduating students with dental clinics including federally qualified health clinics, free clinics, and private solo or group practices in the area." Training assets in the RRHD region include:
  - [Blue Ridge Area Health Education Center \(AHEC\)](#) works to encourage more residents to pursue an oral health career and practice in the region. Virginia AHECs seek to motivate, recruit, train, and maintain a healthcare workforce dedicated to serving Virginians by providing interprofessional and educational resources. Through comprehensive training, strategic partnerships, and initiatives like the [VA AHEC Scholars Program](#), they empower healthcare

- professionals to deliver exceptional care and promote health equity, while increasing access to care for underserved communities.
- [Germanna Community College](#) offers a dental hygienist program and Virginia's only dental assistant II (DAII) program. DAIIs, or enhanced functions dental assistants, can perform all the tasks of a DAI along with additional duties such as pulp capping, packing and carving amalgam restorations, and taking final impressions, all under the supervision of a dentist or dental hygienist. This position can be an asset in expanding the capacity of the dental team.
  - Local private dental and safety net practices may explore the development of On-the-Job Dental Assistant Training Programs in local dental practices. As outlined in the [National Network for Oral Health Access' User's Guide for Implementation of On-the-Job Dental Assistant Training Programs in Community Health Centers](#), Trainees participating in on-the-job training programs often come from the community or existing teams, thereby establishing a local economic resource, strengthening ties between the dental practice and its service area, and promoting economic advancement and health equity.

## **Recommendation #2: Engage in promising practices to increase access to oral health services.**

Access to oral health care was the key concern among residents, dental practice leaders, and community health professional survey respondents. The challenges included affordability (lack of dental insurance, finding providers who take their insurance, cost of out-of-pocket expenses), transportation, language, and cultural barriers. In addition to strengthening the workforce, there are evidence-based or promising practices to expand access:

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*“Currently, I have to drive almost an hour away to find a dental clinic that both accepts Medicaid AND is accepting patients..”*  
 -Survey respondent

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- *Increase the use of remote supervision*-The RRHD region has a lower rate than Virginia as a whole for dentist hygienists who participate in remote supervision. In Virginia, remote supervision expands the capacity of a dental practice as the dental hygienist can provide dental hygiene services offsite; the supervising dentist is available for consultation. As outlined in [Virginia Dental Hygienists' Association](#) resources and the [Code of Virginia](#), there are many logistical details and protocols to be considered. However, once implemented, remote supervision can be an effective strategy to provide place-based care in schools, mobile clinics, nursing homes, and other community settings.
- *Increase the number of providers who take insurance, including Medicaid*-Results from the 2022 Virginia Department of Health Professions survey indicate that dentists in the RRHD region accepted insurance at a lower rate than Virginia dentists as a whole. Resident survey results supported this finding.
  - RRHD stakeholders should consider collaborating with the Department of Medical Assistance Services (DMAS) to increase the number of providers who take Medicaid. Since the inception of the [Smiles for Children program](#), DMAS and its dental benefit manager, [DentaQuest](#) have sought to expand covered services, improve reimbursement, and offer supports to providers. For example, rates for dental services were increased by 30% in state fiscal year 2023<sup>15</sup>. Given the insights shared by dental practice leader survey respondents and the stakeholder workgroup, there may be outdated information and negative perceptions about the dental program. Local trainings on the dental program improvements and other useful information may assist in increasing enrollment.

<sup>15</sup> <https://www.tidewaterdentalassoc.org/news/news-details/2022/06/22/6-22-2022-3-10-PM-Boost-to-Dental-Medicaid-Reimbursement-Rates-in-State-Budget-is-a-Win-for-Oral-Health-in-the-Commonwealth->

- *Increase the use of teledentistry*-With transportation, anxiety, and scheduling mentioned as a key barrier to services in survey results, teledentistry can be an effective mode of care delivery. [CareQuest Institute for Oral Health](#) lists decreased costs, effective triage, scheduling flexibility, reduced emotional concerns, and enhanced accessibility for rural residents and people living with a disability as some of the benefits of teledentistry. In a 2020 study, the overwhelming majority of respondents gave positive results to their teledentistry experience.<sup>16</sup> As noted in the [2022 Teledentistry in Virginia Implementation Toolkit](#), Virginia Medicaid covers teledentistry services.
- *Enhance medical-dental integration*- Oral health is a key component of overall health, and poor oral health can adversely affect physical health. Over one-third of community health professionals reported they do not make referrals for dental care, and a higher percentage reported they do not inquire about a patient’s oral health as part of their services. Efforts to implement bi-directional referral processes, patient education with both medical and dental information, and multidisciplinary collaboration among providers can improve health outcomes as outlined in the [2023 Oral-Systemic Interactions and Medical-Dental Integration: A Life Course Approach](#).

**Recommendation #3: Improve the oral health status of RRHD residents through education on smoking cessation and oral hygiene.**

“Patients wait until their teeth are too far gone to save and then our options are limited..”  
-Survey respondent

Most respondents across all survey groups reported RRHD residents have trouble maintaining good oral health hygiene (65% community residents; 95% dental practice leaders and 76% community professionals). Additionally, the RRHD region had higher incidence and mortality rates of oral cavity and pharynx cancers, smokers, and smokeless tobacco users; and lower rates of fluoridated community water systems and the population served by these systems.

- *Develop a public service approach to support smoking cessation*- Workgroup participants suggested strategies such as additional taxes on tobacco products, the use of explicit images of the effects of tobacco on the lungs, and additional awareness of the environmental impacts of smoking. The [American Dental Hygienist Association's Oral Cancer Fact Sheet](#), [Centers for Disease Control's \(CDC\) Million Hearts Action Guide: Tobacco Cessation Change Package](#), and the [American Dental Hygienist Association and CDC's Tips From Former Smokers®](#) are resources for clinical care teams, public health and community partners.
- *Disseminate education on preventive oral healthcare and good oral hygiene*-Biannual dental visits; healthy diet, fluoridated water consumption, and proper brushing and flossing are self-management practices that can help individuals maintain good oral health. Survey respondents and workgroup participants suggested distributing material on oral hygiene at local health fairs, community events, and through schools. Education resources include [The American Academy of Pediatrics Oral Health Campaign Toolkit](#) and the [Association of State and Territorial Dental Directors \(ASTDD\)'s Older Adult Oral Health Resources for Collaboration](#).

**Recommendation #4: Identify and seek to address health equity issues in the access and delivery of oral health care**

“[We] Need more Spanish language providers and office staff at dental practices”  
—Workshop Participant

- *Ensure all in-person, written, and online communications are developed and delivered in a*

<sup>16</sup> <https://www.carequest.org/system/files/CareQuest-Institute-Teledentistry-Experience-Patient-Survey-Report.pdf>

*respectful and accessible manner to address literacy and language challenges.* Survey respondents reported difficulties communicating with dental providers that included feeling shamed or judged, and language barriers. Respondents and workgroup participants suggested dental practices collect and review provider satisfaction information, and utilize health equity-focused and patient-centered approaches to care (e.g. translation services) as outlined in [Disconnect The Gap between Patient Experience and Provider Assumptions](#) and [The Oral Health Progress And Equity Network's Amplify Consumer Voices Action Items Worksheet](#). [The California Oral Health Technical Assistance Center's Oral Health Literacy Toolkit](#) provides many resources in Spanish.

- *Advance diversity, equity, and inclusion in the development of the oral health workforce and within dental practices.* Representation matters, and inclusive practices help providers deliver effective care. 52% of dental practice survey respondents report language as a barrier, and many respondents reported language and cultural barriers to care. Additionally, only 29% of RRHD dentists and 11% of RRHD dental hygienists were non-White. [Cost, Race, and the Persistent Challenges in our Oral Health System](#) and the [American Dental Association's Health Equity Toolkit and Action Plan 2022-2025](#) outlines research that shows health equity concerns, and provides improvement strategies.

## Appendix A: Survey Data Tables

### Community Resident Survey

Q1. How long it has been since you last saw a dentist/dental hygienist?						
Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	90	100%	47	100%	165	100%
Less than 1 year ago	53	59%	31	66%	97	59%
1 to 2 years ago	10	11%	3	6%	17	10%
2 to 3 years ago	6	7%	3	6%	11	7%
3 to 4 years ago	2	2%	3	6%	6	4%
4 to 5 years ago	5	6%	1	2%	8	5%
More than 5 years ago	14	16%	6	13%	26	16%

Q2. Where did you last see a dental hygienist?						
Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	89	100%	47	100%	164	100%
A private dental office	64	72%	40	85%	123	75%
A community dental clinic	15	17%	2	4%	19	12%
Not sure	7	8%	2	4%	15	9%
Another practice setting (see below)	8	9%	4	9%	13	8%
<ol style="list-style-type: none"> <li>1. VCU Dental School</li> <li>2. Free Warrenton Clinic</li> <li>3. Never been seen any dentist.</li> <li>4. Never</li> <li>5. Other country</li> <li>6. Fauquier free clinic</li> </ol>			<ol style="list-style-type: none"> <li>7. SIERRA LEONE, West Africa</li> <li>8. On a house that one forgiveness was working from Home.</li> <li>9. I never saw a dentist</li> <li>10. N/A</li> <li>11. I do not have a dentist</li> </ol>			

Q3. Where is the county where you last saw a dentist/dental hygienist?						
Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	90	100%	47	100%	164	100%
Culpeper County	32	36%	3	6%	41	25%
Fauquier County	5	6%	31	66%	41	25%
Madison County	11	12%	0	0%	12	7%
Orange County	15	17%	0	0%	19	12%
Rappahannock County	0	0%	0	0%	1	1%
Other (see Q3a)	27	30%	13	28%	50	30%

**Q3a. Where is the county where you last saw a dentist/dental hygienist?  
("Other" responses)**

1. "Affordable Dentures Winchester VA"
2. Charlottesville
3. Richmond
4. Louisa
5. Albemarle
6. Germany
7. Another state
8. Warren County
9. Prince William County, dentist and periodontist
10. Manassas
11. Richmond
12. Prince William County
13. Warrenton
14. lockdown
15. Fairfax, VA
16. Middlesboro, Kentucky
17. Los Angeles County, CA
18. Guatemala
19. Manassas
20. None
21. Prince William county
22. I have never been to the dentist
23. New Mexico
24. Fairfax county
25. Mexico
26. The last time was in the state of Pennsylvania
27. Sierra Leone. WEST Africa
28. None
29. Fredericksburg, VA
30. None
31. LOUDOUN
32. Mexico
33. Clarke county
34. Fredericksburg
35. Remington
36. Have to drive an hour away into a Fairfax County because no local dentists accept our Insurance.
37. Spotsylvania
38. Prince William County
39. They are very far away here at the free clinic we don't have
40. Alexandria city
41. I live in Culpeper county but went to piedmont smiles event last year.
42. Prince William - Nokesville
43. Roanoke City
44. None
45. Fredericksburg
46. Prince William County Virginia

**Q4. Which of the following (if any) has happened to you in the past 2 years? (Check all that apply)**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	87	100%	44	100%	156	100%
Visited dentist/dental hygienist for cleaning and exams	51	59%	33	75%	98	63%
Visited the emergency room because of pain or bleeding with your mouth, teeth, or gums	1	1%	16	36%	50	32%
Could not afford dental care	30	34%	11	25%	48	31%
Dental problems required multiple visits to the dentist/dental hygienist	15	17%	5	11%	23	
Could not find a good time to visit the dentist/dental hygienist	9	10%	1	2%	13	8%
Could not find a dentist/dental hygienist who was able to provide care	7	8%	1	2%	9	1%
Could not find a ride to visit the dentist/dental hygienist	0	0%	0	0%	1	15%
Visited the emergency room because of pain or bleeding with your mouth, teeth, or gums	1	1%	0	0%	1	1%

**Q5. Do you currently have a dentist/dental hygienist?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	90	100%	47	100%	166	100%
Yes	50	56%	33	70%	98	59%
No	39	43%	14	30%	67	40%
Not sure	1	1%	0	0%	1	1%

**Q6. Who/where might you turn to for advice on your mouth, teeth, and gums? (Check all that apply)**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	90	100%	45	100%	162	100%
Ask a dentist/dental hygienist	50	56%	28	62%	92	57%
Search the internet	36	40%	13	29%	55	34%
Ask a family member or friend	20	22%	10	22%	37	23%
Ask a health professional other than a dentist/dental hygienist	13	14%	7	16%	24	15%
Ask a health plan or insurance representative	7	8%	2	4%	11	7%
Other (please describe)	5	6%	3	7%	9	6%
*Other practice setting: 1. I'm a retired dental hygienist 2. Continue at VCU 3. Maybe even contact Kaiser &/or the media. 4. Free clinic			5. Free clinic 6. None 7. Dentist friend but don't want to keep asking for free help for husband and myself. 8. Free clinic 9. Culpeper free clinic			

**Q7. Do you have dental coverage or insurance? (Check all that apply)**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	91	100%	45	100%	165	100%
I have no coverage or insurance for dental care	41	45%	14	31%	67	41%
I have Medicaid for dental care	7	8%	5	11%	16	10%
I have a Medicare supplemental plan for dental care	7	8%	4	9%	15	9%
I have Veteran's Health Care for dental care	1	1%	1	2%	2	1%
I have private insurance for dental care	38	42%	23	51%	70	42%



**Q8. What might make it easier for you to get dental care?**

<ol style="list-style-type: none"> <li>1. I have no issues getting dental care.</li> <li>2. affordable dentures</li> <li>3. Go to free clinic</li> <li>4. If it didn't cost so much</li> <li>5. little more income</li> <li>6. Cheaper dental care</li> <li>7. Affordable dental insurance that pays dentist enough that they will participate.</li> <li>8. Dentists that take employer dental insurance that has openings</li> <li>9. More dentists available with reasonable costs</li> <li>10. Price</li> <li>11. better dental insurance</li>   <li>12. Dental plans that actually cover crowns, broken teeth, implants, or root canals as I already need these services. The plan I belong to and other plans consider that pre-existing conditions and will charge me an exorbitant amount.</li> <li>13. if all dentists were providers for my dental insurance</li> <li>14. get rid of health insurance, replace with health care, no premiums, no deductibles, no copays, all Virginians (legal) pay one set price and go to any provider in Virginia</li> <li>15. Lower costs for care</li> <li>16. more hygienist - I had three appointments cancelled and haven't been able to see a dentist unless it is an emergency.</li> <li>17. More offices that take Medicaid</li> <li>18. n/a</li> <li>19. More affordable prices</li> <li>20. Insurance that covers dental care.</li> <li>21. My private insurance demands that I first go thru Medicare. The dentist advised me to have a spot in the back of my mouth biopsied but the oral surgeon refuses to file Medicare first &amp; demands their money up front. I don't have that kind of cash anymore. My insurance said they would pay it's just that stupid loophole. My private doctor won't touch it. Doctors have the white shield like police have the blue one. Since COVID they have all gotten ridiculous.</li> <li>22. a bad toothache. I really don't like going to a dentist and know my feelings are not correct but...</li> <li>23. I have a dentist and dental hygienist</li> <li>24. Have no problems - still drive</li> <li>25. Free Dental Clinic in Culpeper</li> <li>26. Free dental clinic</li> <li>27. If my insurance was better. Also, like if like procedures were like cheaper. We just can't afford to the dentist or Dr due to the prices. I've been dealing with a shoulder injury for almost a year now. Can't afford the medical bills.</li> </ol>	<ol style="list-style-type: none"> <li>28. Since I have insurance and my dentist is right near my office, really nothing. I wish crowns, etc., were more affordable though - insurance doesn't cover much of certain procedures.</li> <li>29. Free clinic</li> <li>30. Put a free dental clinic in Culpeper</li> <li>31. Free dental clinic.</li> <li>32. More money. Reasonable health insurance.</li> <li>33. Affordable dental care in Culpeper VA</li> <li>34. Having access to dental care closer to home. Currently, I have to drive almost an hour away to find a dental clinic that both accepts Medicaid AND is accepting patients.</li> <li>35. more time</li> <li>36. It's very expensive. I had dental insurance but it never covered any of my visits, so I cancelled.</li> <li>37. No dental problems</li> <li>38. Free Dental Clinic in Culpeper</li> <li>39. Free dental clinic or some help</li> <li>40. If dentists did not charge so much and my insurance actually paid more of the total cost. No one can afford good dental care anymore. Even with insurance I am looking at a few hundred dollars for a filling and over \$1500 for a Root Canal. Extractions are \$500.....who can afford those prices with insurance. The cost without insurance is untouchable.</li> <li>41. Less rude dentists</li> <li>42. Free dental clinic</li> <li>43. Free dentist</li> <li>44. Better access to providers that accept Medicaid and provide quality care. I haven't been back to the dentist since a dentist damaged my tooth and the fix looked terrible cosmetically and was painful.</li> <li>45. Lower prices!</li> <li>46. Free dental clinic</li> <li>47. Extended dental office hours</li> <li>48. Affordability</li> <li>49. There is limited availability, long wait times to schedule appointments</li> <li>50. My dental health is well taken care of by Aylor Family Dentistry</li> <li>51. Lower the cost of fillings/crowns</li> <li>52. It would be nice if Dental Offices did not limit to certain Insurances they accept.</li> <li>53. Low cost</li> </ol>
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**Q9. Do you have any children under 18 in your household?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	85	100%	43	100%	149	100%
Yes	27	32%	8	19%	39	26%
No	58	68%	35	81%	110	74%

**Q10. Where did your child(ren) last see a dentist/dental hygienist? (Check all that apply)**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	32	100%	9	100%	50	100%
A private dental office	19	63%	7	78%	31	65%
A school-based dental clinic	2	7%	0	0%	4	8%
A community dental clinic	3	10%	0	0%	3	6%
Other (see below)	8	27%	2	22%	12	25%
<ol style="list-style-type: none"> <li>1. Not going</li> <li>2. I just have my first 4 month old baby.</li> <li>3. None</li> <li>4. No dentist</li> <li>5. No appt at this time</li> <li>6. They don't go to the dentist</li> </ol>			<ol style="list-style-type: none"> <li>7. I do not have children</li> <li>8. I do not have the resources to be able to take my son to the dentist.</li> <li>9. Name</li> <li>10. We do not have coverage</li> <li>11. My son does not have a dentist</li> </ol>			

**Q11. Where is the county where your child(ren) last saw a dentist/dental hygienist?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	30	100%	9	100%	47	100%
Culpeper County	10	33%	1	11%	13	28%
Fauquier County	2	7%	7	78%	11	23%
Madison County	0	0%	0	0%	0	0%
Orange County	1	3%	0	0%	2	4%
Rappahannock County	0	0%	0	0%	0	0%
Other (see below)	17	57%	1	11%	21	45%
<ol style="list-style-type: none"> <li>1. Winchester</li> <li>2. Fredericksburg</li> <li>3. Charlottesville</li> <li>4. Manassas</li> <li>5. n/a</li> <li>6. None</li> <li>7. Fredericksburg</li> <li>8. Tampico they go</li> <li>9. Fairfax County</li> <li>10. At the moment I don't have grown children.</li> </ol>			<ol style="list-style-type: none"> <li>11. None</li> <li>12. Warrenton Va</li> <li>13. To nobody</li> <li>14. N/A</li> <li>15. None</li> <li>16. Fairfax, have to drive an hour from home to see dentist that accepts our insurance.</li> <li>17. To nobody</li> <li>18. N/A</li> <li>19. None</li> <li>20. Fredericksburg</li> </ol>			

<b>Q12. Which of the following (if any) has happened to any of the children in your household in the past 2 years? (Check all that apply)</b>							
Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents		
Total responses	27	100%	8	100%	42	100%	
Visited dentist/dental hygienist for cleaning and exams	19	70%	7	88%	29	69%	
Visited the emergency room because of pain or bleeding with your mouth, teeth, or gums	7	26%	4	50%	12	29%	
Could not afford dental care	8	30%	1	13%	10	24%	
Dental problems required multiple visits to the dentist/dental hygienist	3	11%	0	0%	4	10%	
Could not find a dentist/dental hygienist who was able to provide care	2	7%	0	0%	2	5%	
Could not find a good time to visit the dentist/dental hygienist	2	7%	0	0%	2	5%	
Could not find a ride to visit the dentist/dental hygienist	0	0%	0	0%	1	2%	

<b>Q13. Do the children in your household currently have a dentist/dental hygienist?</b>							
Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents		
Total responses	27	100%	9	100%	43	100%	
Yes, all of the children	16	59%	7	78%	25	58%	
Yes, some of the children	2	7%	0	0%	3	7%	
No, none of the children	9	33%	2	22%	15	35%	

<b>Q14. Thinking about the children in your household, who/where might you turn to for advice on their mouth, teeth, and gums? (Check all that apply)</b>							
Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents		
Total responses	28	100%	9	100%	45	100%	
Ask a dentist/dental hygienist	18	64%	7	78%	29	64%	
Ask a family member or friend	8	29%	4	44%	15	33%	
Search the internet	4	14%	4	44%	8	18%	
Ask a health professional other than a dentist/dental hygienist	3	11%	3	33%	6	13%	
Ask a health plan or insurance representative	3	11%	0	0%	3	7%	
Other (see below)	3	11%	1	11%	5	11%	
<ol style="list-style-type: none"> <li>1. no children</li> <li>2. Pediatrician</li> <li>3. Family</li> <li>4. N/A</li> <li>5. N/A</li> </ol>							

**Q15. Which of the following are true about children in your household right now? (Check all that apply)**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	26	100%	9	100%	40	100%
One or more children have no health coverage for dental care.	8	31%	3	33%	14	35%
One or more children have Medicaid coverage for dental care.	7	27%	2	22%	9	23%
One or more children have private insurance coverage for dental care.	11	42%	4	44%	17	43%

**Q16. What might make it easier for children in your household to get dental care?**

1. Price	8. Insurance
2. n/a	9. More availability at dental office who accept Medicaid or just more dentist in Culpeper who accepts Medicaid
3. Free dental clinic.	10. Free dental clinic.
4. Affordable care in Culpeper	11. Na
5. Free dental clinic	12. If Dental offices were not so limited on what insurances they accept.
6. Having access to dental care closer to home. I can't find anyone who accepts Medicaid AND is taking on new patients within an hour of our home.	13. Information in Spanish
7. Don't know	14. A dentist at the free clinic

**Q17. How often do your neighbors/family/friends have trouble getting dental care?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	41	100%	22	100%	75	100%
Never	1	2%	3	14%	6	8%
Rarely	2	5%	1	5%	5	7%
Sometimes	4	10%	5	23%	9	12%
Often	17	41%	3	14%	23	31%
Don't know/not sure	17	41%	10	45%	32	43%

**Q18. Why do you think people may need help getting dental care? Please describe in your own words.**

<ol style="list-style-type: none"> <li>1. to high</li> <li>2. Too expensive - not covered by insurance</li> <li>3. Availability of dental care at convenient locations and times and at prices that people can afford. Many offices are booking months out just for cleanings.</li> <li>4. Price</li> <li>5. They do not understand that oral health affects the entire body - blood vessels, brain, digestion.</li> <li>6. Cannot afford. Don't have insurance coverage. They are scared of the dentist.</li> <li>7. Disabilities</li> <li>8. "Not enough providers"</li> <li>9. they can't/don't drive; they are not within walking distance to a dentist; their previous dentist retired and they don't know who to go to now; cost</li> <li>10. They don't have the money to pay for the dental consultation.</li> <li>11. Help to overcome a fear of the dentist and help cover the cost.</li> <li>12. Cost &amp; fear. (&amp; fear of cost)</li> <li>13. It's so hard to become a new patient, they are so full and no room.</li> <li>14. They don't have money</li> <li>15. Lack of money and language</li> <li>16. can't afford it</li> <li>17. "Transportation Fear Assume is too expensive"</li> <li>18. The dental services are too expensive.</li> <li>19. Too expensive, no money. Renting and food more important</li> <li>20. I know families they can't afford dental care in Spanish community here in Culpeper</li> <li>21. We don't have money.</li> <li>22. Affordable dental care is a man stumbling block. Also access to providers.</li> <li>23. A lot of people in my community are uninsured. I work at the Free Clinic for Madison County and most of our patients have dental needs and emergencies</li> <li>24. Price high without insurance</li> </ol>	<ol style="list-style-type: none"> <li>25. Because not all of us are lucky enough to have dental insurance, I don't know.</li> <li>26. Help with cleaning</li> <li>27. Because they ignore brushing their teeth at least 30 seconds, morning and evening.</li> <li>28. They don't offer dental insurance at work oh due to lack of employment</li> <li>29. Dental care is just as important as healthcare, and should be available for anyone.</li> <li>30. Individuals with disabilities who need sedation. They don't get to access providers in our areas because of this.</li> <li>31. Lack of financial resources, lack of money.</li> <li>32. No dentist</li> <li>33. They don't make money.</li> <li>34. Office hours and cost of dental care</li> <li>35. "Number one reason I think people may need help getting dental care is affordability. Most people in the community are not able to afford going to the dentist. The other reason I have noticed is that people in the community do not have reliable transportation."</li> <li>36. They don't qualify for Medicaid but live paycheck to paycheck and can't afford it.</li> <li>37. participating providers; lack of insurance</li> <li>38. Dental Health is Important/ certain offices don't accept Medicaid, Medicare or certain types of private Insurances</li> <li>39. Too expensive. Fear.</li> <li>40. Most of us do not have dental insurance and we have limited resources, which is why we need help</li> <li>41. On Medicaid and needs denture care, which is private pay since few dentists participate w the Smile program.</li> <li>42. I live in an over 55 community. Most residents are well over 70. Many no longer drive. There is no public transportation, so people who cannot drive have to get help from a neighbor.</li> <li>43. Language and money</li> <li>44. They don't prioritize it</li> <li>45. Because here in Culpeper we don't have a dentist and it is extremely important and expensive.</li> <li>46. They can barely afford regular medical care and housing. Dental care comes as an afterthought when you are in pain.</li> <li>47. Preventive dental care is important</li> <li>48. The People do not have money to pay</li> <li>49. A lot of offices don't take Medicaid and the ones who do have a poor reputation.</li> </ol>
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**Q19. How often do you meet people in your community who may have trouble taking care of their mouth, teeth, and gums?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	43	100%	22	100%	77	100%
Never	0	0%	4	18%	5	6%
Rarely	2	5%	4	18%	8	10%
Sometimes	12	28%	6	27%	19	25%

Q19. How often do you meet people in your community who may have trouble taking care of their mouth, teeth, and gums?								
Often	20	47%		6	27%		31	40%
Don't know/not sure	9	21%		2	9%		14	18%

Q20. Why do you think people have trouble taking care of their mouth, teeth, and gums? Please describe in your own words.	
<ol style="list-style-type: none"> <li>1. don't know</li> <li>2. People don't visit the dentist twice a year. Some cannot afford a dentist. The few dentists in the area stay booked up.</li> <li>3. They don't brush</li> <li>4. don't brush teeth</li> <li>5. too much money</li> <li>6. Care is inaccessible for most, especially those who are on fixed incomes</li> <li>7. Availability of appointments that are affordable and at times that work for their schedules</li> <li>8. Price</li> <li>9. Finding dentists that accept insurance</li> <li>10. Not taught importance of oral health early in life.</li> <li>11. Mental disability affecting hygiene practices. Inability to afford dental care or products to care for teeth. Physical disability that makes it hard to floss or brush like arthritis.</li> <li>12. Financial hardships</li> <li>13. they don't understand/know the importance of dental/oral health; they can't afford to see a dentist; they don't know of alternative locations to go to a dentist; it's the lowest thing on their priority list</li> <li>14. They don't brush every day.</li> <li>15. When you are poor (&amp; young) it's the last thing you think about. Some never know it's importance.</li> <li>16. lazy</li> <li>17. painful!</li> <li>18. lazy</li> <li>19. money, time, place</li> <li>20. careless</li> <li>21. Lack of money</li> <li>22. Why do we not have enough money for the dentist?</li> <li>23. can't afford dental care</li> <li>24. Disabled and do not understand Were not trained as children Elderly and becoming forgetful</li> <li>25. Lack of information</li> <li>26. they don't prioritize it</li> <li>27. Lack of economic income</li> </ol>	<ol style="list-style-type: none"> <li>28. It's expensive in addition to all the other things you have no choice but to pay for.</li> <li>29. They do not give importance to dental care because it is expensive</li> <li>30. Lack of information and they don't have money.</li> <li>31. Cost, how far offices are especially specialists</li> <li>32. Lack of information and lack of money</li> <li>33. Lack of information and they don't have enough money to pay the services.</li> <li>34. Not educated on proper carefree</li> <li>35. "Not affordable care In Culpeper "</li> <li>36. Lack of information in Spanish and lack of money.</li> <li>37. Dental care is too expensive or not available.</li> <li>38. Some do not have the money and some do not have the knowledge</li> <li>39. no insurance, no transportation</li> <li>40. Many times it is not enough to pay for a dental clinic</li> <li>41. Some don't like brushing their teeth.</li> <li>42. For lack of money oh lack of information</li> <li>43. Usually because of a disability and not having the proper supports to maintain their dental health. In other aspects, due to limited providers and coverage, it prevents people from going to the dentist.</li> <li>44. Lack of economy</li> <li>45. No dentist accepting adult Medicaid</li> <li>46. I have never been to the dentist</li> <li>47. Misinformation about dental health</li> <li>48. Maybe they were never taught how to properly care about their oral health.</li> <li>49. Either no insurance, no dentist, and the fear of a dentist office. Business Schedules not taking care of oral hygiene</li> <li>50. I have no idea but I know drugs play a big role</li> <li>51. Finances</li> <li>52. Education</li> <li>53. Due to lack of resources</li> <li>54. Elderly and disabled. No family support.</li> <li>55. This is simply NOT a priority for everyone. To some it is important, to some it simply isn't.</li> </ol>

**21. Do you have any ideas for how community organizations can help people take care of their mouth, teeth, and gums?  
Please describe in your own words.**

<ol style="list-style-type: none"> <li>1. no</li> <li>2. The need for free dental clinics. Need more help for seniors not base us on our incomes</li> <li>3. Have free dental clinics, similar to healthcare</li> <li>4. Affordable dental care</li> <li>5. More programs with dental accommodations</li> <li>6. Early childhood public education on healthy habits! Plant the seeds of health in young minds. After a few generations it may reduce the cost of healthcare.</li> <li>7. Toothbrush and toothpaste drives. Provider kits too all school children, kids in Pre-K programs, senior programs etc. Set up booths at fairs and other community get togethers. Make more people are of free dental care through the community.</li> <li>8. Mobile Dental clinics to low income neighborhoods</li> <li>9. have more community SMILE days, maybe spread out throughout the calendar year, at the various high schools/schools in the county. Having it at Fauquier HS is great, but doesn't necessarily serve the southern end of Fauquier/Northern end of Culpeper.</li> <li>10. Low-income people who need help can help us through Ayan.</li> <li>11. free service</li> <li>12. none</li> <li>13. do survey</li> <li>14. Let them help set up a free dental clinic</li> <li>15. Provide help in free dentist clinic</li> <li>16. expand the free clinic</li> <li>17. "School education programs, Work with pediatric doctors to enlist their help teaching parents and kids, Community awareness events on a regular basis, Include dental care items in Christmas boxes. Be sure dentists offer stickers, etc. as incentives to kids who receive care. "</li> <li>18. Support setting up a free clinic for the community</li> <li>19. We need dental free clinic in Culpeper.</li> <li>20. Free dental care or supplied help</li> <li>21. Free dental care</li> <li>22. That they give information in Spanish and that they offer a free dental clinic.</li> <li>23. We do our best to take care of them here at the free clinic but we can always use more resources and dental practices who are willing to work with us.</li> </ol>	<ol style="list-style-type: none"> <li>24. Don't know</li> <li>25. To support them by advising them to brush their teeth at least twice. And to brush their teeth at least 30 seconds each time.</li> <li>26. If we can advocate for providers who can work with the population with a disability, it would help!</li> <li>27. Through free clinics</li> <li>28. N/A</li> <li>29. "Information in Spanish and free clinics. And more translators."</li> <li>30. No</li> <li>31. "Maybe offer free classes a once or twice a month to help teach how to properly take care of their oral health. Possibly could hand out information and free samples for them to try out at home. "</li> <li>32. Get the word out!</li> <li>33. Yes, have free dental clinic once every so often where ANYONE can get care regardless of income. I hardly doubt someone who makes a lot of money and has coverage is going to wait in line for literal hours just for free care.</li> <li>34. illustrating connection between oral health and overall health</li> <li>35. No</li> <li>36. I have no idea how they can help us take care of our teeth at this time and I have tried to seek help and have not had any.</li> <li>37. Well-advertised community clinics a few times a year. Lots of advance sign up notice. Sign up by phone, not just online.</li> <li>38. A mobile dental service for large retirement communities would be pretty cool. Otherwise, a "senior day" at the dentist office where they would send a van to the retirement community to pick up six or eight people and then come back for a second load.</li> <li>39. No</li> <li>40. Taking care of your teeth will reduce future pain and bad health</li> <li>41. Well, sending doctors, dentists and more things that are lacking in the clinic.</li> <li>42. Host low cost clinics. They don't have to be free. Just low cost.</li> <li>43. Yes, guiding them</li> <li>44. Providing information and free dental services.</li> <li>45. Provide access to affordable, quality care</li> </ol>
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<b>Respondent Locality</b> <b>Based on Q22. What is 5-digit zip code where you live?</b>		
Total responses to this item	146	100%
<b>Culpeper, Madison, Orange Total</b>	<b>91</b>	<b>63%</b>
Culpeper	61	42%
Madison	13	9%
Orange	17	12%
<b>Fauquier &amp; Rappahannock Total</b>	<b>47</b>	<b>32%</b>
Fauquier	38	26%
Rappahannock	9	6%
Other zip codes	8	5%
Note: Based on zip code allocation in response to survey item: What is your zip code?		

<b>Q22a. Respondent Zip Code Detail</b>				
<b>Zip</b>	<b>Zip Name</b>	<b>County</b>	<b>Number</b>	<b>Percent</b>
22952	Lyndhurst	Augusta	1	1%
22701	Culpeper	Culpeper	53	36%
22713	Boston	Culpeper	1	1%
22724	Jeffersonton	Culpeper	2	1%
22726	Lignum	Culpeper	1	1%
22735	Reva	Culpeper	2	1%
22737	Rixeyville	Culpeper	2	1%
20186	Warrenton	Fauquier	9	6%
22712	Bealeton	Fauquier	8	5%
20187	Warrenton	Fauquier	6	4%
22734	Remington	Fauquier	5	3%
20137	Broad Run	Fauquier	1	1%
20139	Casanova	Fauquier	1	1%
20119	Catlett	Fauquier	1	1%
22642	Linden	Fauquier	1	1%
20115	Marshall	Fauquier	2	1%
22728	Midland	Fauquier	2	1%
20198	The Plains	Fauquier	2	1%
22727	Madison	Madison	4	3%
22715	Brightwood	Madison	3	2%
22709	Aroda	Madison	2	1%
22722	Haywood	Madison	1	1%
22948	Locust Dale	Madison	2	1%
22730	Oakpark	Madison	1	1%
22960	Orange	Orange	7	5%



Q22a. Respondent Zip Code Detail				
Zip	Zip Name	County	Number	Percent
22508	Locust Grove	Orange	4	3%
22942	Gordonsville	Orange	1	1%
22733	Rapidan	Orange	1	1%
22542	Rhoadesville	Orange	2	1%
22567	Unionville	Orange	2	1%
22835	Luray	Page	1	1%
20169	Haymarket	Prince William	1	1%
20106	Amissville	Rappahannock	4	3%
22716	Castleton	Rappahannock	2	1%
22627	Flint Hill	Rappahannock	1	1%
22747	Washington	Rappahannock	1	1%
22749	Woodville	Rappahannock	1	1%
22553	Spotsylvania	Spotsylvania	1	1%
22551	Spotsylvania	Spotsylvania	1	1%
22443	Colonial Beach	Westmoreland	1	1%
Unable to code zip code response			2	1%
<b>Total responses</b>			<b>146</b>	<b>100%</b>
Left blank by respondent			21	

Q23. What is your age group?							
Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents		
	Total responses	90	100%	47	100%	164	100%
18-24	5	6%	2	4%	8	5%	
25-34	7	8%	3	6%	13	8%	
35-44	20	22%	2	4%	24	15%	
45-54	17	19%	13	28%	31	19%	
55-64	15	17%	6	13%	25	15%	
65-74	12	13%	11	23%	27	16%	
75-84	14	16%	8	17%	31	19%	
85+	0	0%	1	2%	3	2%	

**Q24. How do you currently describe yourself?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	91	100%	47	100%	161	100%
Female	72	79%	36	77%	127	79%
Male	18	20%	11	23%	33	20%
Transgender	0	0%	0	0%	0	0%
None of these	0	0%	0	0%	0	0%
Prefer not to answer	1	1%	0	0%	1	1%

**Q25. Which of the following best represents how you think of yourself?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	89	100%	46	100%	157	100%
Straight, that is not gay or lesbian	75	84%	42	91%	134	85%
Bisexual	1	1%	1	2%	3	2%
Gay or lesbian	0	0%	0	0%	0	0%
Other	1	1%	0	0%	2	1%
I don't know	1	1%	1	2%	2	1%
Prefer not to answer	11	12%	2	4%	16	10%

**Q26. Are you of Hispanic, Latino, or Spanish origin?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	87	100%	46	100%	155	100%
Yes, I am of Hispanic, Latino, or Spanish origin	29	33%	5	11%	40	26%
No, I am not of Hispanic, Latino, or Spanish origin	51	59%	40	87%	105	68%
Prefer not to answer	7	8%	1	2%	10	6%

**Q27. What is your race? Select all that apply.**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	88	100%	46	100%	158	100%
American Indian or Alaska Native	1	1%	2	4%	3	2%
Black or African American	11	13%	4	9%	21	13%
Native Hawaiian or Other Pacific Islander	0	0%	0	0%	0	0%
Asian	0	0%	1	2%	1	1%
White	64	73%	39	85%	117	74%
Prefer not to answer	12	14%	2	4%	17	11%
Some other Race (list below)	2	2%	0	0%	6	4%
<ol style="list-style-type: none"> <li>1. Human</li> <li>2. n/a</li> <li>3. Sephardic Jew</li> </ol>			<ol style="list-style-type: none"> <li>4. The race of the Mayans</li> <li>5. No one is "just" Hispanic or "just" one race. This is an insulting question that attempts to lump people into artificial groups.</li> </ol>			

**Q28. How many people live in your household, including yourself?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	90	100%	47	100%	164	100%
1	17	19%	5	11%	31	19%
2	26	29%	15	32%	48	29%
3	13	14%	13	28%	31	19%
4	13	14%	4	9%	19	12%
5	5	6%	4	9%	11	7%
More than 5	14	16%	3	6%	19	12%
Prefer not to answer	2	2%	3	6%	5	3%

**Q29. Do you have school-age children in your household?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	90	100%	47	100%	163	100%
Yes	27	30%	10	21%	41	25%
No	62	69%	36	77%	120	74%
Prefer not to answer	1	1%	1	2%	2	1%

**Q30. What is your estimated annual household income?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	87	100%	45	100%	154	100%
Less than \$25,000	25	29%	5	11%	37	24%
\$25,000-\$34,999	5	6%	2	4%	10	6%
\$35,000-\$49,999	7	8%	6	13%	13	8%
\$50,000-\$74,999	11	13%	1	2%	13	8%
\$75,000-\$99,999	8	9%	5	11%	16	10%
\$100,000+	12	14%	16	36%	30	19%
Don't Know/Not Sure	4	5%	2	4%	8	5%
Prefer not to answer	15	17%	8	18%	27	18%

**Q31. What is the highest degree or level of education you have completed?**

Location	Culpeper, Madison, Orange Respondents		Fauquier, Rappahannock Respondents		All Respondents	
Total responses	89	100%	47	100%	158	100%
Less than high school diploma	12	13%	1	2%	15	9%
High School Diploma or GED	16	18%	6	13%	30	19%
Some College, but no Degree	11	12%	7	15%	25	16%
Associates Degree	6	7%	6	13%	13	8%
Bachelor's Degree	21	24%	14	30%	36	23%
Master's Degree	10	11%	7	15%	18	11%
Professional Degree	0	0%	2	4%	2	1%
Doctorate	1	1%	4	9%	6	4%
Prefer not to answer	12	13%	0	0%	13	8%

## Community Dental Practice Leaders Survey

Q1.a What is the name of your organization?	
1. Amazing Smile Dental Care	12. Germanna Community College
2. Culpeper Dental Associates	13. Marshall Dental Care
3. Cville Dentist	14. Piedmont Environmental Council
4. Family Dental Care	15. Piedmont Regional Dental Clinic
5. Fauquier Free Clinic	16. Piedmont Regional Dental Clinic
6. Fauquier Free Clinic	17. Piedmont Regional Dental Clinic
7. Fauquier Free Clinic	18. Remington Family Dentistry
8. Fauquier Free Clinic	19. Sentz , Griffin , and Tudor
9. Fauquier Free Clinic	20. St. James' Episcopal Church
10. Fauquier Free Clinic	21. Ted Sherwin DDS PC
11. Fauquier Free clinic	22. Warrenton Dentistry

Q2. How would you describe your organization?		
Total	100%	22
Community dental clinic	45%	10
Private dental office or practice	41%	9
Other nonprofit	9%	2
Dental professional training program	5%	1
Another type of structure (please describe)	0%	0
School-based dental clinic	0%	0
Dental service organization	0%	0

Q3. What county or counties does your organization serve?		
Total	100%	22
Culpeper County	36%	8
Fauquier County	77%	17
Madison County	41%	9
Orange County	50%	11
Rappahannock County	59%	13
Other (see below)	23%	5
1. Charlottesville, Albemarle, Greene, Louisa, Fluvanna 2. Albemarle 3. Several other counties outside RRRC 4. Fredericksburg, Stafford, King George, Caroline, & Spotsylvania 5. patients come from all the surrounding counties however we only have one location that is in Warrenton		

<b>Q4. How long has your organization been serving the community?</b>		
Total	100%	22
1 year or less	5%	1
2 to 5 years	5%	1
6 to 10 years	14%	3
11 to 15 years	5%	1
16 to 20 years	14%	3
More than 20 years	59%	13

<b>Q5. Which of the following populations does your organization serve?</b>		
Total	100%	22
Children under 18	95%	21
Adults age 18 - 44	100%	22
Adults age 45-64	100%	22
Adults age 65+	95%	21

<b>Q6. In your experience, how often have you observed or heard from people having difficulty getting dental care?</b>		
Total	100%	22
Often	68%	15
Sometimes	27%	6
Rarely	0%	0
Never	5%	1

<b>Q7. Have you observed or heard from people in the community having difficulty getting dental care for any of the following reasons?</b>		
Total	100%	21
Difficulty affording dental care	100%	21
Difficulty finding a dental care provider willing to see them	67%	14
Fear/anxiety	67%	14
Difficulty getting transportation for dental care	62%	13
Language barriers	52%	11

Difficulty finding an appointment time that works for the patient and the provider	33%	7
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**Q8. Do you have any additional thoughts about why some community members have difficulty obtaining dental care?**

<ol style="list-style-type: none"> <li>1. The other surrounding counties do not have access to a Free Clinic.</li> <li>2. Unable to miss work, travel time to a dentist that takes their insurance (Medicaid) or offers reduced rates, lack of awareness of options</li> <li>3. "From what I've heard in and around the community, people have trouble getting in with a provider that takes their Medicare or Medicaid.</li> <li>4. Affordability and hard to get appointments."</li> <li>5. Dental care is relatively expensive. Families with limited disposable income often prioritize other services over dental care, particularly preventive care.</li> <li>6. Some maybe very humble, and are embarrassed</li> <li>7. Medicaid does not reimburse providers for their valuable time and materials enough. this leads to a lack of providers who will accept Medicaid insurance. For those without insurance, they cannot afford food and shelter, let alone dental care. The FFC is a great place because we have providers who do accept Medicaid and we are able to provide no cost care to those who meet qualifications.</li> <li>8. Not enough dentists in the area, no one is taking new patients, or very few offices.</li> <li>9. The usual, never had a relationship with a dental professional, wait till they get into pain to seek help, lack of appointments post COVID, lack of staff, fear, no insurance, perception that cost is too expensive to pay out of pocket</li> <li>10. I am 72. Most people in my church groups have dental insurance which mainly covers cleaning. When teeth need interventions performed by a dentist, the cost is often so high as to be unattainable. They delay care or don't get the care recommended, or don't have any dental care at all because of the fees dentists charge. DDS's overcharge. People in my socioeconomic group settle for extractions, bridges, and dentures; they cannot afford implants.</li> </ol>	<ol style="list-style-type: none"> <li>11. Main one being fear about undocumented status</li> <li>12. We have offered free dental services to young patients who qualified for Medicaid. We have seen thousands of children for over 30 years. It is always surprising how few take advantage of these free services. I think the reasons are lack of education, fear, transportation, in that order. The Piedmont Clinic has been helpful but the problem is large.</li> <li>13. Most dentists do not accept Medicaid and it will be difficult to appeal to dentists to accept Medicaid.</li> <li>14. I think there is still a thought that dental care is a "add on" and it is not seen as a part of total health. So patients don't always go looking for care until they are in pain or discomfort. I think non-dental health care providers do not see the relationship between oral health and total health and so reciprocal referrals are not made regularly.</li> <li>15. Many dental offices do not participate with insurances that patients may have this makes it more difficult for the patient, however many of the write offs, and such that come with "participating" insurances, make it impossible for dental offices to participate.</li> <li>16. Due to the insurance that they have example not enough providers that take state funded insurance</li> </ol>
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<b>Q9. Based on your experience working or living within the community, how often have you observed or heard from people having problems caring for their mouths, teeth, and gums?</b>		
Total	100%	22
Often	59%	13
Sometimes	36%	8
Rarely	0%	0
Never	5%	1

<b>Q10. Have you observed or heard from people having problems caring for their mouths, teeth, and gums for any of the following reasons?</b>		
Total	100%	19
Lack of motivation to practice good dental hygiene	100%	19
Lack of knowledge about how to practice good dental hygiene	95%	18
Lack of family experience or habits for practicing good dental hygiene	95%	18
Lack of materials at home for practicing good dental hygiene	53%	10

<b>Q11. Do you have any additional thoughts about why some people in the community may have problems caring for their mouths, teeth, and gums?</b>	
<ol style="list-style-type: none"> <li>1. Some of this may stem from mental health issues that then lead to factors like lack of motivation.</li> <li>2. Depression. Drug abuse</li> <li>3. Lack of knowledge about why it is important</li> <li>4. Lack of access or education about caring for teeth. Some people are not taught about how important their teeth are to their overall health.</li> <li>5. It has never been pressed upon to them, or they don't have access or never did some or homeless and don't have the means.</li> <li>6. Folks just do not know how. Dental hygienists must be good educators and instruct pts in how to properly care for their mouth.</li> <li>7. Same as answers given in #8. Ignorance and never realized teeth are attached to the human body and need specialized care taught by dental hygienists (usually in the schools)</li> </ol>	<ol style="list-style-type: none"> <li>8. None of the answers in Question 10 apply. Most people in my groups practice good dental hygiene, but are aging, and when their aging teeth need interventions by dentists the cost is prohibitive.</li> <li>9. For all the reasons above, but the biggest is oral health education and the need for good home care as well as visiting dental office 2X per year.</li> <li>10. Same comment as above. I also think the practice of dentistry is expensive and no one wants to invest in it because of those biases that oral health care is an "added" benefit.</li> <li>11. I think it is because they don't have the knowledge and the upbringing that a lot have had in their childhood and not having insurance etc.</li> </ol>



**Q12. Are you aware of any vulnerable community populations or groups that experience problems getting dental care or practicing good dental hygiene?**

<ol style="list-style-type: none"> <li>1. Yes, those in retirement/nursing homes that lack fine motor skills, materials, transportation, motivation, and knowledge. Also, those with Special needs.</li> <li>2. Lower socio-economic status</li> <li>3. "Recent immigrants from poverty stricken countries</li> <li>4. While not all vulnerable citizens have dental issues, there are many people within each vulnerable population that do (elderly, low-income, new to the country, people with disabilities etc.)"</li> <li>5. "People who are "shut-ins" i.e.: nursing homes, no transportations.</li> <li>6. Also, people who are not part of a community i.e.: live in very rural places and do not get out much, maybe just to shop for food."</li> <li>7. Families with limited English language, low income families, and those without health insurance are most likely to need help.</li> <li>8. People who live in motels or in their cars or in shelters, and a lot of people are embarrassed, and think that a Free Clinic or Free Dental will not treat their needs as would a private practice</li> </ol>	<ol style="list-style-type: none"> <li>9. The Latino community. Many folks who I speak to say they never had dental care nor oral hygiene education growing up. Many also say their parents could not afford to purchase toothbrushes and paste.</li> <li>10. Nursing home residents, extremely limited "traveling" dentists with very poor nursing home staff dental care.</li> <li>11. Young adults with low means to income. Single parents living with one income and older populations with limited budgets.</li> <li>12. Disabled, special needs, geriatric population</li> <li>13. All low income citizens and all fixed income citizens.</li> <li>14. No, not a specific community</li> <li>15. Patients of lower socioeconomic status have no good role models on proper tooth care. They do not come to the dentist regularly or see the need to do so.</li> <li>16. Children, the elderly, those with intellectual and developmental disabilities.</li> <li>17. Yes, patients due to their income, insurances that they have, and their cost of living.</li> </ol>
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**Q13. Do you have any suggestions for improving community services to help more people get dental care and practice good dental hygiene?**

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| <ol style="list-style-type: none"> <li>1. It would help so much if free access could be given to all of the surrounding counties.</li> <li>2. Culpeper needs a functioning free clinic. Piedmont Regional is not meeting some of the community member's needs.</li> <li>3. Improve awareness about available services, make services more accessible (location, hours, reduced rates or free), improve oral health education</li> <li>4. "I wish I did!"</li> <li>5. Maybe if there was a way to send a flyer with information if there is knowledge of someone who may be in need."</li> <li>6. Oral health programs need better community outreach and communication. Funding for oral health care needs should be available, particularly for those with Medicare or the uninsured.</li> <li>7. The 'Free' really turns people off as much as they know, and they need help. It makes them feel as if they have no dignity, and would rather go untreated than to come to a Free Clinic. As crazy as that sounds, I have heard that time and time again.</li> <li>8. Community health fairs and increasing how many Medicaid providers there are in the area.</li> <li>9. More dentists in the area, more willingness to visit hospitals/nursing homes.</li> <li>10. One suggestion that has been discussed with the hospital foundation is the construction of a clinic connected to the resources of the hospital with a full-time staff.</li> <li>11. I've done my share in public health, teaching in schools, health fairs, and indigent care. This problem will never go away until dental hygienists are put into every school to educate and give preventive care to children's teeth will take 2 generations to see a change in the oral health of Americans if this structure could be implemented, otherwise the downward cycle continues as the population of underserved increases.</li> </ol> | <ol style="list-style-type: none"> <li>12. This survey has a bias; are you aware of it? The bias is that interventions by dentists can be avoided with good dental hygiene by the dental patient. This is not true for senior citizens. What is needed is universal health care that includes price caps of overpriced dental procedures.</li> <li>13. It has to start with education and then possibly a dental facilitator like a CHDC (Community Dental Health Coordinator). This can be a very helpful professional who can connect those how don't get care and the dental resources they need.</li> <li>14. Maybe more reminders/demonstrations for young patients during school or after school programs?</li> <li>15. Consider medical/dental integration. Dental assistants and hygienists should be working in pediatrician offices where they get oral health care along with their well-child visits. Put dental offices in nursing homes, schools, etc. This would make the life of a dentist and dental hygienist so less stressful and make it more likely that they would work in areas that address the underserved. If they have to work with dilapidated equipment or non-ergonomic conditions, they would rather open their own business and make it nice. Use technology like tele dentistry to make these programs less cost prohibitive. Maximize the regulations to work under remote and general supervision.</li> <li>16. I think our Free Dental Clinic does an excellent job of attempting to help our community for those that qualify â€. but there is still a gap between that population and those that cannot afford private practices - We are also now providing the Mission of Mercy program once a year - that has no restrictions - So getting the word out early for that day would be beneficial.</li> <li>17. More dental providers need to except the state insurance as for General Dentist, Specialist Oral Surgeons, Endodontist, We are the only office within like a 75 Mile area that takes Medicaid it is hard getting patients in for other specialty appts due to nobody takes the insurance.</li> </ol> |
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**Q14. What do you see as the most important enablers or supports for providing dental care in the communities served by your organization? Please describe:**

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| <ol style="list-style-type: none"> <li>1. Being able to overcome language barriers (even if it is something more than Spanish), gaining even an ounce of their trust, treating them with respect.</li> <li>2. We run the free clinic at a loss and it is incredibly important to have community donations, NGO grants, Government grants in order to pay our staff and operate. We find we can provide a high value of dental care for people who would not be able to afford it otherwise.</li> <li>3. Spanish speaking staff, reduced rates or free care, quick access to appointments, compassionate staff who are eager to serve vulnerable populations</li> <li>4. "First, the providers and team. Second, transportation to and from clinic. Third, the clinic itself. It is handicap accessible and has 7 operatories."</li> <li>5. Cooperation with schools and primary medical care providers to communicate and connect to care are effective. Funding and volunteer support is also critical and effective.</li> <li>6. Other Dentists, Doctors and Resource Councils.</li> <li>7. Enablers set them up for appointments get rides for them or even sometimes take them there and they never follow up or follow through.</li> </ol> | <ol style="list-style-type: none"> <li>8. Community donations and grants our clinic goes and gets.</li> <li>9. Strongly encourage buying and using a Water Pick since virtually no one LIKES to floss.</li> <li>10. Patients themselves must seek care and have the means to pay for it...even private practice right now is struggling with patients requiring so much care and having no means to pay.</li> <li>11. Fauquier Free Clinic and the yearly free dental care day.</li> <li>12. Having a dental practice that supports and nurtures, who develops long term relationships of trust. Who builds the education over time and then supports the next generation who now has a higher dental IQ.</li> <li>13. The Fauquier Free Clinic serves a vulnerable population that otherwise cannot be seen. We are lacking this for residents outside of Fauquier and Rappahannock County.</li> <li>14. facilities, funding, school nurses and teachers, PTO's,</li> <li>15. "Fauquier Free Clinic</li> <li>16. Mission of Mercy</li> <li>17. We take Medicaid Insurance and I feel it helps a lot of patients in this community to help with their dental care needs.</li> </ol> |
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**Q15. What do you see as the most important obstacles or challenges for providing dental care in the communities served by your organization? Please describe:**

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| <ol style="list-style-type: none"> <li>1. Convincing them to follow through with their at home care and to return for follow-up visits, regular hygiene care visits, transportation,</li> <li>2. Patient population is difficult to serve as they have many other issues which makes it difficult for them to come to appointments. Transportation is a problem as well as work schedules. Language barrier slows us down and makes it difficult to provide care. We try to have translators available but there are gaps.</li> <li>3. The distance many people need to travel for care; limited free services due to cost and little town/county funding, frequent no shows, lack of follow through with referrals</li> <li>4. "Even with an awesome team and 7 operatories, we have a full schedule.</li> <li>5. Volunteer clinicians who speak Spanish are a particular need. Transportation to care is also challenging.</li> <li>6. Lack of sufficient funds and fear.</li> <li>7. Transportation, confusion, or not knowing that they will not have to pay anything, and on the other hand, not wanting to come because it's a</li> </ol> | <ol style="list-style-type: none"> <li>8. The biggest obstacle is having providers who can volunteer during day time hours 8 to 4. There are a growing number of patients who need care and having another consistent volunteer dentist during these hours would greatly help us serve more patients.</li> <li>9. Not enough providers available</li> <li>10. The need is outpacing the supply of dentists who are willing to volunteer to provide services at free or reduced rates.</li> <li>11. As noted in #14</li> <li>12. Affording best-practice dental procedures.</li> <li>13. Lack of affordable insurance</li> <li>14. " First is dental education and what is needed to maintain good oral health.</li> <li>15. Second, is building relationships that foster trust and reduces fear."</li> <li>16. Patient's wait until their teeth are too far gone to save and then our options are limited. Dentures are difficult to adjust to and uncomfortable.</li> <li>17. Facilities, funding, lack of knowledge or appreciation of oral health and their providers, sustainability</li> </ol> |
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<b>Q15. What do you see as the most important obstacles or challenges for providing dental care in the communities served by your organization? Please describe:</b>	
Free Clinic and they feel they would not get the excellent care the so desperately need and deserve.	18. Not having offices to refer my patients to if they need care beyond our scope of work

<b>Q16. Does your organization provide dental care for patients with any of the following payment sources?</b>		
Total	100%	52
Private insurance	23%	12
Medicare	13%	7
Medicaid	25%	13
Veteran's Health	6%	3
Self-Pay/ Uninsured	29%	15
Other (please describe)	4%	2
Other: <ul style="list-style-type: none"> <li>As a dental assistant, I am unsure how to answer</li> <li>Not applicable</li> </ul>		

<b>Q17. Focusing on Medicaid in particular, are there particular elements of the way Medicaid services are structured or financed that make it more difficult or challenging for your organization to serve Medicaid patients?</b>	
<ol style="list-style-type: none"> <li>Medicaid dental insurance does not act like private dental insurances. It requires pre-authorizations for most services. It requires more paperwork. Medicaid does not pay as well as private insurances.</li> <li>The inability to charge patients for no shows - no opportunity to require patients to be accountable</li> <li>As a dental assistant, I am unsure of how to answer</li> <li>Credentialing new clinicians to provide care is slow and difficult. Care provided by infrequent volunteers is not usually reimbursable for this reason.</li> <li>Not my expertise</li> <li>I don't believe it impedes the organization. The reimbursement rates need to be increased in general, however. This would make other providers more willing to participate/accept Medicaid.</li> <li>The fee schedules are impossibly low, bordering on charity.</li> <li>"The reimbursement is very low and profitably becomes almost impossible for our business model.</li> <li>Approval of treatment is also a hurdle for providing care."</li> </ol>	<ol style="list-style-type: none"> <li>Not enough reimbursement to run a for profit at break-even level.</li> <li>I don't know.</li> <li>"Yes.</li> <li>When pts check out, if claim selection is not checked, we have to manually check it in order to send it for reimbursement.</li> <li>Difficulty in getting preauthorizations for straight forward cases."</li> <li>Medicaid notoriously underpays. The way you file Medicaid insurance is different and more cumbersome than other private insurances. The federal government will throw you in jail if you defraud Medicaid (I don't necessarily disagree with this). The patient population you get with Medicaid will no show your appointments more frequently.</li> <li>They don't cover enough and their reimbursement rates are still too low.</li> <li>We take all Medicaid Patients we just don't do some of the treatments that some patients need.</li> </ol>

**Q18. Do you have any additional ideas about what could be done to support or enhance the community practice environment for dental care?**

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| <ol style="list-style-type: none"><li>1. Short of hiring more providers, I am not sure.</li><li>2. Promote dental care in medical clinic settings. Coordinate provider enrollment. Grant funding support for the capital investments needed to provide care would help. Vouchers or support for lab fees, denture fabrication, implant procedures, and other high cost interventions.</li><li>3. Again, this may not seem like a big deal to a lot of people, but unfortunately the word 'Free' Clinic is a real turn off for a lot of people</li><li>4. Find the preventive specialists and offer preventive services free of charge.</li><li>5. Expand free dental care days to more than once a year. Support universal health care that includes caps on dental procedures.</li><li>6. No</li></ol> | <ol style="list-style-type: none"><li>7. Culpeper needs a free clinic.</li><li>8. I would love for the VCCS to figure out a way to bill for Medicaid so that the educational programs could get compensated for the care they provide. This would help to offset the costs of our educational programs.</li><li>9. Again - we have an amazing Free Dental Clinic where all local dentists can and most do , participate - Otherwise , I think many private practices do a lot of dentistry at a reduced price when cost becomes a factor . I think our community works hard at taking care of the less fortunate.</li></ol> |
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## Community Health Professional Survey

Q1. What is the name of your organization?	
1. Aging Together	9. Mental Health Association of Fauquier
2. Culpeper County Public Schools	10. Orange County Public Schools
3. Culpeper Free Clinic	11. Rappahannock Benevolent Fund
4. ECS	12. Rappahannock County Elementary School
5. Encompass Community Supports	13. Rappahannock Goodwill Industries
6. Families First - Healthy Families Culpeper	14. Rappahannock Goodwill Industries/ Virginia Career Works
7. Fauquier Community Action Head Start	15. UVA Culpeper Medical Center
8. LOWLINC	

Q2. How would you describe your organization's structure?		
Total responses	100%	17
Not-for-profit organization	41%	7
Another type of structure (please describe)	18%	3
School-based health program	18%	3
Community services board	18%	3
Community clinic	12%	2
Health system or hospital	6%	1
Private practice organization	0%	0
Urgent care center	0%	0
Public health agency	0%	0
Pharmacy organization	0%	0
Home health agency	0%	0
Other:		
<ul style="list-style-type: none"> <li>• Head Start Early Childhood Development Program</li> <li>• Public School</li> <li>• Maternal and Early Childhood Home Visiting Program</li> </ul>		

<b>Q3. How would you describe your organization's scope of practice?</b>		
Total responses	100%	17
Social support	47%	8
Behavioral health care	29%	5
Health education	29%	5
Primary care	18%	3
Another type of care (please describe)	12%	2
Dental care	12%	2
Pharmacy care	12%	2
Hospital-based care	6%	1
Urgent care	6%	1
Medical specialty care	0%	0
Other: <ul style="list-style-type: none"> <li>• Early Childhood Development</li> <li>• Multifaceted, including behavioral health, seniors, children, housing, intellectual disability, etc.</li> </ul>		

<b>Q4. What County or Counties does your organization serve?</b>		
Total responses	100%	17
Culpeper County	59%	10
Fauquier County	59%	10
Madison County	41%	7
Orange County	53%	9
Rappahannock County	65%	11

<b>Q5. For how long has your organization been serving the community?</b>		
Total responses	100%	17
1 year or less	0%	0
2 to 5 years	6%	1
6 to 10 years	6%	1
11 to 15 years	6%	1
16 to 20 years	6%	1
More than 20 years	76%	13

<b>Q6. Which of the following populations does your organization serve??</b>		
Total responses	100%	17
Children under 18	82%	14
Adults age 18-44	65%	11
Adults age 45-64	65%	11
Adults age 65+	71%	12

<b>Q7. In your experience, how often have you observed or heard from people having difficulty getting dental care?</b>		
Total responses	100%	17
Often	71%	12
Sometimes	12%	2
Rarely	18%	3
Never	0%	0

<b>Q8. Have you observed or heard from people in the community having difficulty getting dental care for any of the following reasons?</b>		
Total responses	100%	16
Difficulty affording dental care	100%	16
Difficulty getting transportation for dental care	75%	12
Difficulty finding a dental care provider willing to see them	69%	11
Fear/anxiety	38%	6
Language barriers	38%	6
Difficulty finding an appointment time that works for the patient and the provider	31%	5



<b>Q9. Do you have any additional thoughts about why some community members have difficulty obtaining dental care?</b>	
<ol style="list-style-type: none"> <li>1. This is not a topic that typically comes to us.</li> <li>2. Not on their needs list. Dental care seems to be a luxury in our clients' minds.</li> <li>3. Difficulty getting insurance for those born out of the country.</li> <li>4. They don't know where they can get affordable dental care.</li> <li>5. Lack of resources: insurance, transportation/proximity, fear, poverty, education level, language barrier.</li> <li>6. It seems that many providers do not accept Medicare/Medicaid and if there is private insurance, the co-payments are so high that it is just not affordable with the cost of dental care now.</li> </ol>	<ol style="list-style-type: none"> <li>7. Practices that accept Medicaid are slim.</li> <li>8. Lack of understanding of how to access available care, where to look, who can provide the type of care needed</li> <li>9. Many families are sharing that they are not able to get an appointment for up to 6 months from the time of initial contact. They have also shared there are not enough providers that accept their insurance, and then cannot afford to self-pay.</li> <li>10. Many dentists do not accept Medicaid. The Free Clinic relies on local private dentists to donate their time to serve our patients. Appointments are few.</li> </ol>

<b>Q10. Based on your experience, how often have you observed or heard from people having problems practicing good dental hygiene?</b>		
Total responses	100%	17
Often	41%	7
Sometimes	35%	6
Rarely	18%	3
Never	6%	1

<b>Q11. Have you observed or heard from people having problems caring for their mouth, teeth, and gums for any of the following reasons?</b>		
Total responses	100%	14
Lack of knowledge about how to practice good dental hygiene	79%	11
Lack of family experience or habits for practicing good dental hygiene	71%	10
Lack of motivation to practice good dental hygiene	64%	9
Lack of materials or implements at home for practicing good dental hygiene	57%	8

<b>Q12. Do you have any additional thoughts about why some people in the community may have problems practicing good dental hygiene?</b>	
<ol style="list-style-type: none"> <li>1. In and out of homelessness.</li> <li>2. Low income or not working, they are not able to afford going to the dentist or dental insurance</li> <li>3. physical, mental health and cognitive challenges</li> <li>4. living situation is not good - difficult to have time</li> <li>5. None at this time</li> <li>6. They never learned good dental habits growing up, so as adults, they do not practice good oral hygiene either.</li> </ol>	<ol style="list-style-type: none"> <li>7. Some have never been to a dentist in their lives due to cost. "</li> <li>8. Cost</li> <li>9. Primarily lack of understanding of importance of good dental care and secondarily how to perform good dental care, not realizing / accepting that it really is important to see a dental professional</li> <li>10. Addiction has contributed to many people's lack of good dental hygiene practices.</li> </ol>

**Q13. Are there any vulnerable community populations or groups that experience problems getting dental care or practicing good dental hygiene?**

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| <ol style="list-style-type: none"> <li>1. Elderly due to transportation challenges.</li> <li>2. We know many older adults struggle to get good dental care, but it is difficult to identify who they are.</li> <li>3. uninsured</li> <li>4. Seems significant with persons 40+</li> <li>5. School aged children, due to the parents not being able to provide dental care</li> <li>6. older adults with limiting physical health, mental health and/or cognitive conditions</li> <li>7. migrant workers, low and middle income families/economic challenges</li> <li>8. Families that are born out of the country.</li> <li>9. Yes, developmentally disabled adults.</li> <li>10. Yes, our non-English speaking population as well as our low income families</li> <li>11. "Spanish Speaking</li> <li>12. Low income/poverty"</li> </ol> | <ol style="list-style-type: none"> <li>13. The elderly who are on a fixed income with Medicare. They don't have money or transportation to go to a dentist and it is too difficult to find an affordable dentist.</li> <li>14. Children, Older Adults, People with Disabilities"</li> <li>15. children, poverty, minorities especially Hispanics</li> <li>16. All populations are struggling in our community for initial dental care. It seems that when someone is connected to a practice that they are able to maintain visits with that practice as long as there are no chances with their insurance or financial situations. However, it has been difficult for anyone to receive that initial appointment.</li> <li>17. Spanish-speaking immigrants. It seems that dental care is inaccessible to them in their countries, possibly because many of our immigrants come from more rural, remote areas where jobs are scarce. By the time they come here, their teeth are in pretty bad shape, even if they come as children.</li> </ol> |
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**Q14. Do you have any suggestions for improving community services to help more people get dental care and practice good dental hygiene?**

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| <ol style="list-style-type: none"> <li>1. Mobile dental clinics or more "free" dental clinics</li> <li>2. Start at free clinic. Distribute toothbrushes and toothpaste. While waiting, or at vitals, have them brush teeth. Offer feedback/praise. Distribute toothbrushes/paste to nonprofits so we can give to our clients. Our organization helps folks get work. We can encourage oral hygiene into preparing for an interview and dressing for work. Also, create a network of free appts via Medicaid that nonprofits can connect clients to make appts. At least have a website in each county that has links with dentist offices. Do ads and billboards. Create YouTube cartoon instruction video.</li> <li>3. Bring a mobile dental clinic to the area for a weekend</li> <li>4. mobile clinic</li> <li>5. More outreach with supplies and information about places to go for service</li> <li>6. Very satisfied with the dental community in Fauquier County</li> <li>7. Just getting the word out about where there is affordable dental care- like the Fauquier Free Clinic and Affordable Dentures in Winchester.</li> <li>8. Advertise more in areas where out Spanish speaking communities work/shop. Give urgent cares, and ER info about dental programs so they can refer patients</li> </ol> | <ol style="list-style-type: none"> <li>9. More programs in schools</li> <li>10. Access to dental care in school</li> <li>11. "I would suggest having something similar to the Free Clinic for dental services. There are so many people who have such tooth decay that most of their teeth are rotten or falling out. They need extractions and dentures... and if they do still have their teeth, they need cleanings and fillings to save the teeth.</li> <li>12. Even those who are gainfully employed and have insurance cannot afford to go to the dentist to have major work done because it is thousands of dollars. A filling that used to cost \$60 is now over \$400 and insurance is only paying a miniscule amount of that. "</li> <li>13. outreach education in schools and health care offices / facilities</li> <li>14. Providing support to a dental clinic in the community, working with schools and other child/family organizations, holding a community wide oral health awareness event.</li> <li>15. "Establish a sliding-scale dental clinic here in Culpeper. Continue the great relationship between the school system and the Piedmont Dental Clinic.</li> <li>16. Assist PDC in obtaining grants to offer low-cost dental services for undocumented migrants who are ineligible for Medicaid.</li> </ol> |
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<b>Q15. Does your organization engage in any of the following activities with patients that you serve?</b>		
Total responses	100%	12
Ask if they have a dental home (regular source of dental care)	25%	3
Ask when they last saw a dentist	42%	5
Conduct oral health examinations	25%	3
Talk about connections between oral health and chronic disease (e.g., diabetes, hypertension, Alzheimer's, others)	33%	4
Talk about connections between oral health and healthy pregnancy	8%	1
Recommend and make referrals for dental care	58%	7
Talk about connections between oral health and mental health	25%	3
Other activities (describe)	25%	3
Other: <ul style="list-style-type: none"> <li>• Dental services do come to the school</li> <li>• not that I am aware of</li> <li>• I don't know.</li> </ul>		

<b>Q16. Which of the following describes referral activities at your organization?</b>		
Total responses	100%	17
We don't make referrals for dental care	35%	6
We refer children to dental care as part of well-care visits	24%	4
We refer patients at high risk to dental care (e.g., high risk due to chronic disease, pregnancy, other clinical factors)	24%	4
We refer adults to dental care as part of well-care visits	18%	3
Other activities (describe)	24%	4
Other: <ul style="list-style-type: none"> <li>• we refer some patients out that need specialty care when we are not able to do so in our clinic.</li> <li>• Dental services come to the school for the students to use.</li> <li>• We provide health &amp; wellness education and would consider including dental care as a topic</li> <li>• we share information about the Fauquier Free Clinic</li> </ul>		

**Q17. Does your organization experience particular challenges when trying to make referrals for dental care?**

<ol style="list-style-type: none"> <li>1. Medicaid and affordable non-insured options</li> <li>2. sometimes, however, we have found that we are part of a wonderful community with providers who want to help!</li> <li>3. We don't refer. It's a sensitive subject with a vulnerable population. I'd love to learn techniques to discuss this topic with my clients.</li> <li>4. Fauquier Free Clinic is the only one we know about</li> <li>5. The only issues that occur is when a child is born out of the country and does not have insurance. These children may sometimes need extensive dental care and have to be sedated.</li> <li>6. Mostly transportation and distance to dental care</li> <li>7. N/A</li> </ol>	<ol style="list-style-type: none"> <li>8. Yes, insurances accepted or prices of self-pay, transportation or location, availability of first appointments. Reliable practices for long term care.</li> <li>9. Limited pro bono appointments available</li> <li>10. The only issues that occur is when a child is born out of the country and does not have insurance. These children may sometimes need extensive dental care and have to be sedated.</li> <li>11. Mostly transportation and distance to dental care</li> <li>12. N/A</li> <li>13. Yes, insurances accepted or prices of self-pay, transportation or location, availability of first appointments. Reliable practices for long term care.</li> <li>14. Limited pro bono appointments available.</li> </ol>

**Q18. Does your organization operate or participate in any type of care model integrating medical care and dental care?**

<ol style="list-style-type: none"> <li>1. Yes, we are working on that at the Free Clinic</li> <li>2. No.</li> <li>3. No</li> <li>4. N/A</li> <li>5. IDK</li> </ol>	

**Q19. Do you have any additional ideas about what could be done to support or enhance access to oral health care for community members?**

<ol style="list-style-type: none"> <li>1. Give us a poster that says ask your job coach about getting linked to oral hygiene care.</li> <li>2. mobile clinics</li> <li>3. Not at this time.</li> </ol>	<ol style="list-style-type: none"> <li>4. School based programs and education.</li> <li>5. A Free and/or low income dental practice on the same level as the Free Clinic.</li> <li>6. I tried to describe them earlier in survey.</li> </ol>

## Appendix B: Indicator Tables



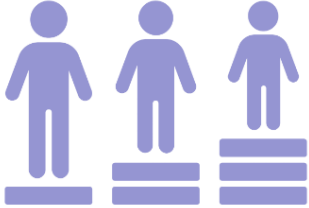
<b>Table 1. Social Determinants of Health</b>							
<i>Source: US Census Bureau, American Community Survey, 2018-22 and US Census Bureau, Small Area Health Insurance Estimates, 2021.</i>							
	Culpeper County	Fauquier County	Madison County	Orange County	Rappahannock County	RRHD	VA
<b>Counts (#)</b>							
Total Population	52,822	73,290	13,828	36,593	7,422	183,955	8,624,511
Population Age 0-17	12,962	16,946	2,768	7,731	1,335	41,742	1,876,826
Population Age 18-64	31,329	44,082	7,843	21,578	4,119	108,951	5,366,679
Population Age 65+	8,531	12,262	3,217	7,284	1,968	33,262	1,381,006
White	37,713	60,832	11,849	28,571	6,479	145,444	5,473,610
Black	7,070	4,844	1,087	4,488	327	17,816	1,630,355
Asian	381	1,318	98	544	16	2,357	591,088
American Indian / Alaska Native	168	171	4	17	18	378	23,728
Native Hawaiian / Pacific Islander	60	21	0	0	0	81	6,185
Some Other Race	3,576	1,127	73	502	335	5,613	303,247
Multiple Races	3,854	4,977	717	2,471	247	12,266	596,298
Hispanic or Latino Population	6,546	7,224	475	2,206	318	16,769	865,015
Population Age 5+	49,557	69,187	13,094	34,560	7,126	173,524	8,130,363
Population Age 5+ with Limited English Proficiency	2,324	3,056	116	831	44	6,371	477,552
Total Population (for whom poverty status is determined)	51,171	72,837	13,612	35,955	7,393	180,968	8,379,773
Population in Poverty	3,752	4,241	1,083	4,670	565	14,311	836,686
Total Households	18,188	26,011	5,324	14,309	2,823	66,655	3,289,776
Cost-Burdened Households	4,847	6,326	1,338	3,093	568	16,172	927,674
Total Population (For Whom Disability Status Is Determined)	51,409	72,976	13,687	36,002	7,419	181,493	8,398,580
Population with a Disability	6,428	7,012	2,116	5,573	1,017	22,146	1,017,014
Total Population Age 0-18 (for whom insurance status is determined)	13,909	18,052	2,898	8,099	1,282	44,240	1,950,906
Pop. Age 0-18 w/o Insurance	850	1,016	210	407	120	2,603	84,941
Total Population Age 18-64 (for whom insurance status is determined)	30,472	44,328	7,966	21,644	4,105	108,515	5,161,656
Pop. Age 18-64 w/o Insurance	3,509	4,096	872	2,187	471	11,135	481,061

**Table 1. Social Determinants of Health**

Source: US Census Bureau, American Community Survey, 2018-22 and US Census Bureau, Small Area Health Insurance Estimates, 2021.

	Culpeper County	Fauquier County	Madison County	Orange County	Rappahannock County	RRHD	VA
<b>Rates (%)</b>							
Population Age 0-17	25%	23%	20%	21%	18%	23%	22%
Population Age 18-64	59%	60%	57%	59%	56%	59%	62%
Population Age 65+	16%	17%	23%	20%	27%	18%	16%
White	71%	83%	86%	78%	87%	79%	63%
Black	13%	7%	8%	12%	4%	10%	19%
Asian	1%	2%	1%	1%	0%	1%	7%
American Indian or Alaska Native	0%	0%	0%	0%	0%	0%	0%
Native Hawaiian or Pacific Islander	0%	0%	0%	0%	0%	0%	0%
Some Other Race	7%	2%	1%	1%	5%	3%	4%
Multiple Race	7%	7%	5%	7%	3%	7%	7%
Hispanic or Latino Population	12%	10%	3%	6%	4%	9%	10%
Population Age 5+ with Limited English Proficiency	5%	4%	1%	2%	1%	4%	6%
Population in Poverty	7%	6%	8%	13%	8%	8%	10%
Cost-Burdened Households	27%	24%	25%	22%	20%	24%	28%
Population with a Disability	13%	10%	15%	15%	14%	12%	12%
Pop. Age 0-18 w/o Insurance	6%	6%	7%	5%	9%	6%	4%
Pop. Age 18-64 w/o Insurance	12%	9%	11%	10%	11%	10%	9%

**Table 2. Oral Health Status: Oral Cavity and Pharynx Cancer Incidence and Mortality**

Rappahannock Rapidan Health District		Compared to Virginia
Oral Cavity and Pharynx Cancer Incidence (2016-2020)	14.7 per 100,000 (age adjusted) (data not available at the locality level)	
Oral Cavity and Pharynx Cancer Mortality (2016-2020)	2.7 per 100,000 (age adjusted) (data not available at the locality level)	
	<p>Focusing on equity:</p> <p>The cancer incidence rate was higher among RRHD males than females (24.1 vs 5.8).</p>	
<p><i>Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.</i></p> <p><i>Please review the text above and tables in <a href="#">Appendix B</a> for more details.</i></p> <p><i>Source: Virginia Cancer Registry 1995-2020, 6/2023.</i></p>		

**Table 3. Oral Health Status: Adult Estimates**

*Limitations and Notes:*

- Data were not available by locality for all estimates
- Counts and rates are weighted to population characteristics
- Confidence intervals were not available for dental insurance estimates

Source: CDC Chronic Disease Indicators, 2020; and Virginia Department of Health Virginia Behavioral Risk Factor Surveillance System, 2020 and 2021.

	Culpeper County	Fauquier County	Madison County	Orange County	Rappahannock County	RRHD	VA
<b>Current Smoker adults age 18+ (2021)</b>							
Age Adjusted Prevalence %	N/A	N/A	N/A	N/A	N/A	16%	12%
Low Confidence Limit	N/A	N/A	N/A	N/A	N/A	8.3	11.5
High Confidence Limit	N/A	N/A	N/A	N/A	N/A	24.3	13.4
<b>Smokeless Tobacco User 18+ (2021)</b>							
Age Adjusted Prevalence %	N/A	N/A	N/A	N/A	N/A	6%	3%
Low Confidence Limit	N/A	N/A	N/A	N/A	N/A	0.0	2.9
High Confidence Limit	N/A	N/A	N/A	N/A	N/A	12.0	4.0
<b>All teeth lost among adults aged &gt;=65 years (2020)</b>							
Age Adjusted Prevalence %	10.0%	11.2%	10.4%	7.9%	8.8%	N/A	11%
Low Confidence Limit	6.7	7.3	6.8	4.8	5.3	N/A	9.8
High Confidence Limit	13.9	15.7	14.4	11.5	13.4	N/A	12.9
<b>Had at least one tooth removed due to tooth decay or gum disease adults aged 18+ (2020)</b>							
Age Adjusted Prevalence %	N/A	N/A	N/A	N/A	N/A	38%	38%
Low Confidence Limit	N/A	N/A	N/A	N/A	N/A	30.1	36.4
High Confidence Limit	N/A	N/A	N/A	N/A	N/A	46.3	39.0
<b>No dental insurance adults aged 18+ (2020)</b>							
Age Adjusted Prevalence %	N/A	N/A	N/A	N/A	N/A	31%	29%
Low Confidence Limit	N/A	N/A	N/A	N/A	N/A	N/A	N/A
High Confidence Limit	N/A	N/A	N/A	N/A	N/A	N/A	N/A



**Table 4. Community Water System Fluoridation by RRHD Locality, 2023**

Limitations and Notes: \*Some water systems overlap county borders.  
 Source: My Water's Fluoride reports-Centers for Disease Control and Prevention.  
[https://nccd.cdc.gov/DOH\\_MWF/Default/WaterSystemList.aspx](https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx)  
[https://nccd.cdc.gov/DOH\\_MWF/Reports/Summary\\_Rpt.aspx](https://nccd.cdc.gov/DOH_MWF/Reports/Summary_Rpt.aspx)

Primary Locality*	Community Water System Name	ID	Fluoridated?	# and % of Population Served
<b>Culpeper County</b>				
Culpeper	ASHMORE ACRES	VA-6047010	No	16,344 (74.7%)
Culpeper	BAILEYS TRAILER PARK	VA-6047015	No	
Culpeper	BRENDRIDGE SUBDIVISION	VA-6047490	No	
Culpeper	CATALPA SUBDIVISION	VA-6047025	No	
Culpeper	CEDARBROOKE SUBDIVISION	VA-6047038	No	
Culpeper	CHILDHELP	VA-6047030	No	
Culpeper	CHURCHILL SUBDIVISION	VA-6047041	No	
Culpeper	CLAIRMONT MANOR	VA-6047040	No	
Culpeper	CLEVENGERS VILLAGE	VA-6047035	No	
Culpeper	COFFEEWOOD CORRECTIONAL CENTER	VA-6047016	No	
Culpeper	CULPEPER MOBILE HOME PARK	VA-6047050	No	
Culpeper	CULPEPER, TOWN OF	VA-6047500	Yes	
Culpeper	DOVE HILL WATERWORKS	VA-6047062	No	
Culpeper	DUTCH HOLLOW SUBDIVISION	VA-6047065	No	
Culpeper	ERINBROOK	VA-6047075	No	
Culpeper	FAIRVIEW ACRES	VA-6047100	No	
Culpeper	FOREST VIEW SUBDIVISION	VA-6047230	No	
Culpeper	GIBSON MILLS SUBDIVISION	VA-6047250	No	
Culpeper	GLENDALE SUBDIVISION	VA-6047255	Yes	
Culpeper	HAZEL RIVER	VA-6047260	No	
Culpeper	HERITAGE ESTATES	VA-6047300	No	
Culpeper	KAVANAUGH MEADS	VA-6047318	No	
Culpeper	MERRIMAC SOUTH	VA-6047330	No	
Culpeper	MOUNTAIN VIEW TRAILER PARK	VA-6047340	No	
Culpeper	NORMAN ACRES SUBDIVISION	VA-6047355	No	
Culpeper	NORTHTOWN VILLAGE	VA-6047360	No	
Culpeper	OVERLOOK HEIGHTS COMBINED	VA-6047391	No	
Culpeper	PELHAM MANOR	VA-6047400	No	
Culpeper	PONDEROSA MOBILE HOME PARK	VA-6047415	No	
Culpeper	RANDLE RIDGE	VA-6047431	No	
Culpeper	SPRINGWOOD SUBDIVISION	VA-6047475	No	
Culpeper	WESTLAKES SUBDIVISION	VA-6047851	No	
Culpeper	WESTOVER ESTATES	VA-6047865	No	
Culpeper	WESTVIEW TRAILER PARK	VA-6047950	No	
Culpeper	WILDWOOD FOREST	VA-6047955	No	

**Table 4. Community Water System Fluoridation by RRHD Locality, 2023**

Limitations and Notes: \*Some water systems overlap county borders.  
 Source: My Water's Fluoride reports-Centers for Disease Control and Prevention.  
[https://nccd.cdc.gov/DOH\\_MWF/Default/WaterSystemList.aspx](https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx)  
[https://nccd.cdc.gov/DOH\\_MWF/Reports/Summary\\_Rpt.aspx](https://nccd.cdc.gov/DOH_MWF/Reports/Summary_Rpt.aspx)

Primary Locality*	Community Water System Name	ID	Fluoridated?	# and % of Population Served
<b>Madison County</b>				
Madison	ACHSAH ACRES	VA-6113100	No	692 (36.2%)
Madison	COPELEY FIELDS SUBDIVISION	VA-6113115	No	
Madison	HAPPY HILLS SUBDIVISION	VA-6113160	No	
Madison	HARTLAND INSTITUTE	VA-6113165	No	
Madison	MADISON, TOWN OF	VA-6113200	No	
Madison	MEADOWBROOKE ASSISTED LIVING	VA-6113188	No	
Madison	MOUNTAIN VIEW NURSING HOME	VA-6113265	No	
Madison	OAK PARK SUBDIVISION	VA-6113170	No	
Madison	ROLLING BROOK MOBILE HOME PARK	VA-6113195	No	
Madison	VALLEY VIEW	VA-6113500	No	
Madison	WOODBERRY FOREST SCHOOL	VA-6113300	Yes	
<b>Orange County</b>				
Orange	GORDONSVILLE, TOWN OF	VA-6137400	Yes	18,915 (99.8%)
Orange	ORANGE, TOWN OF	VA-6137500	Yes	
Orange	RSA ROUTE 15	VA-6137300	Yes	
Orange	RSA ROUTE 20	VA-6137120	Yes	
Orange	WILDERNESS WTP	VA-6137999	Yes	
Orange	WOLFTRAP WOODS	VA-6137900	No	
<b>Fauquier County</b>				
Fauquier	AUBURN CROSSING	VA-6061008	No	12,107 (36.4%)
Fauquier	BALDWIN RIDGE	VA-6061020	No	
Fauquier	BEALETON REGIONAL	VA-6061129	No	
Fauquier	BETHEL ACADEMY SUBDIVISION	VA-6061050	No	
Fauquier	BOTHA SUBDIVISION	VA-6061057	No	
Fauquier	CATLETT SUBDIVISION	VA-6061120	No	
Fauquier	DRYSDALE SUBDIVISION	VA-6061125	No	
Fauquier	FAUQUIER SPRINGS	VA-6061114	No	
Fauquier	GREEN MEADOWS SUBDIVISION	VA-6061134	No	
Fauquier	MARSH RUN MOBILE HOME PARK	VA-6061150	Yes	
Fauquier	MARSHALL WATERWORKS	VA-6061200	No	
Fauquier	MEADOWS, THE	VA-6061505	No	
Fauquier	NEW BALTIMORE REGIONAL	VA-6061318	No	
Fauquier	OPAL REGIONAL	VA-6061117	No	
Fauquier	PARIS	VA-6061400	No	
Fauquier	PLAINS, THE	VA-6061450	No	

**Table 4. Community Water System Fluoridation by RRHD Locality, 2023**

*Limitations and Notes: \*Some water systems overlap county borders.  
 Source: My Water's Fluoride reports-Centers for Disease Control and Prevention.  
[https://nccd.cdc.gov/DOH\\_MWF/Default/WaterSystemList.aspx](https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx)  
[https://nccd.cdc.gov/DOH\\_MWF/Reports/Summary\\_Rpt.aspx](https://nccd.cdc.gov/DOH_MWF/Reports/Summary_Rpt.aspx)*

<b>Primary Locality*</b>	<b>Community Water System Name</b>	<b>ID</b>	<b>Fluoridated?</b>	<b># and % of Population Served</b>
Fauquier	REMINGTON, TOWN OF	VA-6061500	No	
Fauquier	TURNBULL	VA-6061575	No	
Fauquier	VINT HILL	VA-6061595	No	
Fauquier	WARRENTON, TOWN OF	VA-6061600	Yes	
Fauquier	WATERLOO ESTATES	VA-6061665	No	
Fauquier	WHITEWOOD FOREST	VA-6061666	No	
<b>Rappahannock County</b>				
Rappahannock	WASHINGTON, TOWN OF	VA-6157400	No	0 (0%)

**Table 5. SFY 2021-2023 Oral Health Services Utilization Among Medicaid Members: Children Age 0-20**

*Limitations and Notes:*

- This indicator is defined as the rate of children enrolled in Medicaid/FAMIS aged 0-20 who received dental services of the total children enrolled in Medicaid/FAMIS aged 0-20 with 90-day continuous enrollment.
- Data were not available by service type and age group
- Data were not available for children with commercial insurance or who are uninsured
- Age, race, and ethnicity categories differ from the SDOH estimates

Source: DentaQuest via Department of Medical Assistance Services, SFY 2021-2023.

		Culpeper County, Madison County and Orange County	Fauquier County and Rappahannock County	RRHD	VA
<b>Count (#)</b>					
Total	Age 0-20 with 90-day continuous enrollment	12,910	6,454	19,364	989,607
Members who received dental services	Age 0-20 with at least one dental service	8,275	4,197	12,472	592,359
Members who received dental services by Race/Ethnicity	American Indian or Alaskan Native	35	15	50	2,804
	Asian or Pacific Islander	303	136	439	36,460
	Black/African American	1,662	631	2,293	201,491
	Caucasian/White	5,990	3,229	9,219	331,815
	Hispanic Ethnicity	67	55	122	5,215
	Race/Ethnicity Not Provided	193	131	349	14,574
<b>Rate (%)</b>					
Members who received dental services	Age 0-20 with at least one dental service	64%	65%	64%	60%
Members who received dental services by Race/Ethnicity	American Indian or Alaskan Native	70%	63%	68%	53%
	Asian or Pacific Islander	71%	72%	71%	66%
	Black	66%	66%	66%	59%
	Caucasian	64%	66%	65%	61%
	Hispanic Ethnicity	88%	79%	84%	65%
	Race/Ethnicity Not Provided	42%	44%	43%	48%

**Table 6. SFY 2021-2023 Oral Health Services Utilization Among Medicaid Members:  
Adults Age 21+**

*Limitations and Notes:*

- This indicator is defined as the number of adults age 21+ enrolled in Medicaid who received dental services of the total adults age 21+ enrolled in Medicaid with 90-day continuous enrollment.
- Data were not available for adults with commercial insurance or who are uninsured
- Age, race, and ethnicity categories differ from the SDOH estimates

Source: DentaQuest via the Department of Medical Assistance Services (July 1, 2021-June 30, 2023)

		Culpeper County, Madison County and Orange County	Fauquier County and Rappahannock County	RRHD	VA
<b>Count (#)</b>					
Total (with 90-day continuous enrollment)	Total Age 21+	13,399	7,173	20,572	1,223,507
Total by Age Group	Age 21-29	3,155	1,734	4,889	300,734
	Age 30-49	5,639	2,881	8,520	515,157
	Age 50-64	2,996	1,731	4,727	268,087
	Age 65+	1,609	827	2,436	139,529
Members who received dental services	Total Age 21+ with at least one dental service	3,869	2,055	5,924	300,629
Members who received dental services by Age Group	Age 21-29 with at least one dental service	909	474	1,383	73,631
	Age 30-49 with 90-day continuous enrollment	1,656	919	2,575	129,701
	Age 50-64 with at least one dental service	933	511	1,444	70,213
	Age 65+ with at least one dental service	371	151	522	27,084
Members who received dental services by Race/Ethnicity	American Indian or Alaskan Native	26	18	44	1,876
	Asian or Pacific Islander	81	70	151	24,260
	Black/African American	885	394	1,279	105,386
	Caucasian/White	2,710	1,445	4,155	150,307
	Hispanic Ethnicity	2	6	8	443
	Race/Ethnicity Not Provided	171	120	14,935	941,235

**Table 6. SFY 2021-2023 Oral Health Services Utilization Among Medicaid Members:  
Adults Age 21+**

*Limitations and Notes:*

- This indicator is defined as the number of adults age 21+ enrolled in Medicaid who received dental services of the total adults age 21+ enrolled in Medicaid with 90-day continuous enrollment.
- Data were not available for adults with commercial insurance or who are uninsured
- Age, race, and ethnicity categories differ from the SDOH estimates

Source: DentaQuest via the Department of Medical Assistance Services (July 1, 2021-June 30, 2023)

		Culpeper County, Madison County and Orange County	Fauquier County and Rappahannock County	RRHD	VA
Members who received dental services by select service type	Preventive Services (D1000-D1999)	1,686	1,028	2,714	159,150
	Restorative Services (D2000-D2999)	3,157	1,623	4,780	233,555
<b>Rate (%)</b>					
Members who received dental services	Total Age 21+ with at least one dental service	29%	29%	29%	25%
Members who received dental services by Age Group	Age 21-29	29%	27%	28%	24%
	Age 30-49	29%	32%	30%	25%
	Age 50-64	31%	30%	31%	26%
	Age 65+	23%	18%	21%	19%
Members who received dental services by Race/Ethnicity	American Indian or Alaskan Native	34%	35%	34%	23%
	Asian or Pacific Islander	30%	38%	33%	37%
	Black/African American	32%	35%	33%	26%
	Caucasian/White	29%	29%	29%	24%
	Hispanic Ethnicity	17%	46%	32%	35%
	Race/Ethnicity Not Provided	17%	14%	16%	16%
Members who received dental services by select service type	Preventive Services (D1000-D1999)	13%	14%	13%	13%
	Restorative Services (D2000-D2999)	24%	23%	23%	19%

**Table 7. Oral Health Services Utilization: Emergency and Urgent Care Visits for Non-Traumatic Dental Injury or Disease (Total Population), 2022**

**Limitations and Notes:**

- “–” indicate a suppressed count or rate where the number/rate is too small for analysis or data are unavailable.
- This indicator is defined as visits with mention of dental, tooth or teeth in the chief complaint or discharge diagnosis or with ICD-10 codes related to non-traumatic dental injury or disease.
- Data provide information on health trends rather than exact measure of dental visits in the community. You are encouraged to review the limitations of syndromic surveillance data: <https://www.vdh.virginia.gov/surveillance-and-investigation/syndromic-surveillance/limitations/>
- Values where age or ethnicity were unknown were excluded from those groups but included in the total row. Race and ethnicity data quality improved from 2018 to 2022 and may affect interpretation of trends. Other race includes those with a race of Other, American Indian or Alaska Native, or Middle Eastern or North African
- Age, race, and ethnicity categories differ from the SDOH estimates. Race and ethnicity were assigned based on the race and ethnicity values provided by the treating facility. Asian or Pacific Islander includes persons who identify as "Asian" or "Native Hawaiian or Pacific Islander"; "Other Race" includes persons who report "Other Race", "American Indian or Alaska Native", or "Middle Eastern or North African"
- Population estimates used to calculate rates per 100,000 were obtained from the Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS): 2018-2020 population rates are based on the corresponding NCHS year estimates. 2021 and 2022 population rates are based on 2020 estimates.
- Population estimates were not available for "Other" or "Unknown" race, facility, or facility type. As a result, rates per 100,000 population are not presented for those groups. This is denoted by a “--”.
- Geographic location is assigned based on the patient’s residential zip code provided. A single zip code may span multiple city and county localities in Virginia. If a patient resides in a spanning zip code, the visit is assigned to the locality where the majority of the population resides.

Source: Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology, Virginia Department of Health. <http://www.vdh.virginia.gov/surveillance-and-investigation/syndromic-surveillance/>

		Culpeper	Fauquier	Madison	Orange	Rappahannock	RRHD	Virginia
<b>Count (#)</b>								
Total		461	377	79	227	32	1,176	76,902
Age Group	Age 0-17	64	39	6	26	6	141	9,466
	Age 18-24	55	36	15	17	--	126	8,162
	Age 25-39	167	135	28	86	12	428	28,904
	Age 40-64	135	130	24	80	7	376	23,920
	Age 65+	40	37	6	18	--	105	6,447
Race	Asian or Pacific Islander	--	5	--	--	--	7	1,414
	Black/African American	107	67	13	42	--	231	30,113
	Other	71	24	--	12	--	108	4,802
	Unknown/Not Reported Race	--	7	--	--	--	12	1,385
	White	279	274	65	171	29	818	39,188
Ethnicity	Hispanic Ethnicity	52	17	--	7	--	77	4,129
	Non-Hispanic Ethnicity	407	347	78	212	30	1,074	70,676
Sex	Female	231	188	46	99	16	580	41,263
	Male	230	189	33	128	16	596	35,634
Facility Type	Emergency Department	445	311	79	200	26	1,061	58,205
	Urgent Care	16	66	--	27	6	115	18,697

**Table 7. Oral Health Services Utilization: Emergency and Urgent Care Visits for Non-Traumatic Dental Injury or Disease (Total Population), 2022**


**Limitations and Notes:**

- “--” indicate a suppressed count or rate where the number/rate is too small for analysis or data are unavailable.
- This indicator is defined as visits with mention of dental, tooth or teeth in the chief complaint or discharge diagnosis or with ICD-10 codes related to non-traumatic dental injury or disease.
- Data provide information on health trends rather than exact measure of dental visits in the community. You are encouraged to review the limitations of syndromic surveillance data: <https://www.vdh.virginia.gov/surveillance-and-investigation/syndromic-surveillance/limitations/>
- Values where age or ethnicity were unknown were excluded from those groups but included in the total row. Race and ethnicity data quality improved from 2018 to 2022 and may affect interpretation of trends. Other race includes those with a race of Other, American Indian or Alaska Native, or Middle Eastern or North African
- Age, race, and ethnicity categories differ from the SDOH estimates. Race and ethnicity were assigned based on the race and ethnicity values provided by the treating facility. Asian or Pacific Islander includes persons who identify as "Asian" or "Native Hawaiian or Pacific Islander"; "Other Race" includes persons who report "Other Race", "American Indian or Alaska Native", or "Middle Eastern or North African"
- Population estimates used to calculate rates per 100,000 were obtained from the Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS): 2018-2020 population rates are based on the corresponding NCHS year estimates. 2021 and 2022 population rates are based on 2020 estimates.
- Population estimates were not available for "Other" or "Unknown" race, facility, or facility type. As a result, rates per 100,000 population are not presented for those groups. This is denoted by a "--".
- Geographic location is assigned based on the patient's residential zip code provided. A single zip code may span multiple city and county localities in Virginia. If a patient resides in a spanning zip code, the visit is assigned to the locality where the majority of the population resides.

Source: Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology, Virginia Department of Health. <http://www.vdh.virginia.gov/surveillance-and-investigation/syndromic-surveillance/>

		Culpeper	Fauquier	Madison	Orange	Rappahannock	RRHD	Virginia
<b>Rate (per 100,000 population)</b>								
Total		860.6	528.3	593.4	602.2	440.8	641.9	895.2
Age Group	Age 0-17	483.9	238.0	227.8	332.6	496.7	341.6	507.2
	Age 18-24	1,337.2	660.9	1,628.7	610.2	--	916.7	1,021.0
	Age 25-39	1,691.5	1,095.6	1,290.9	1,263.2	1,159.4	1,328.9	1,623.9
	Age 40-64	770.1	522.7	531.8	643.8	280.6	608.0	871.8
	Age 65+	453.3	300.1	195.1	229.1	--	307.6	460.2
Race	Asian or Pacific Islander	--	305.1	--	--	--	188.7	210.6
	Black/African American	1,285.0	1,076.3	935.9	766.6	--	1,060.4	1,671.6
	Other	--	--	--	--	--	--	--
	Unknown/Not Reported Race	--	--	--	--	--	--	--
	White	642.0	434.3	551.9	543.8	428.8	522.6	646.3
Ethnicity	Hispanic Ethnicity	797.8	252.9	--	322.3	--	477.3	482.8
	Non-Hispanic Ethnicity	865.0	536.8	605.3	596.8	430.7	642.9	913.7
Sex	Female	859.4	521.4	667.7	512.0	437.8	624.9	945.7
	Male	861.7	535.3	513.8	697.2	443.8	659.4	842.9
Facility Type	Emergency Department	--	--	--	--	--	--	--
	Urgent Care	--	--	--	--	--	--	--



<b>Table 8. Oral Health Services Utilization: Adult Estimates</b>		
<b>Rappahannock Rapidan Health District</b>		<b>Compared to Virginia</b>
<b>Dental Visits</b>	<p>Adults Age 18+ within the region:</p> <ul style="list-style-type: none"> <li>• 66% Culpeper</li> <li>• 66% Madison</li> <li>• 67% Orange</li> <li>• 71% Fauquier</li> <li>• 70% Rappahannock</li> </ul>	
<p><i>Counts and rates are weighted to population characteristics</i></p> <p><i>Please review the text above and tables in <a href="#">Appendix B</a> for more details.</i></p> <p><i>Source: CDC Chronic Disease Indicators, 2020; and Virginia Behavioral Risk Factor Surveillance System, 2020.</i></p>		

<b>Table 10A. Oral Health Workforce -Full Time Equivalency, 2022</b>		
<p><i>Source: 2022 Virginia Department of Health Professions Health Workforce Data Center.</i>  <a href="https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/">https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/</a></p>		
<b>Locality</b>	<b>Dentist FTEs</b>	<b>Dental Hygienist FTEs</b>
RRHD	42.1	51.4
Culpeper County	9.9	13.9
Madison County	2.6	1.2
Orange County	3.5	8.7
Fauquier County	26.1	26.7
Rappahannock County	0	1

**Table 10B. Dentistry Workforce Survey Findings, 2022**

*Limitations and Notes:*

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
- *Total (n): Italicized Numbers are the total numbers for each group/indicator requested. Some indicators/categories have different numbers due to different questions asked in the survey.*
- *RRHD: The total number of dentists and dental hygienists includes any professional who reported either their primary or secondary location in RRHD.*
- *Establishment Type:*
  - *Primary Location in RRHD refers to the number of dentists or dental hygienists who reported a primary establishment in the respective category and has a primary location in RRHD.*
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  - *Primary Location refers to the number of dentists who reported their primary establishment in the respective category.*
  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

Category	Response Options	RRHD	Virginia
Total	<i>(n)</i>	62	7,607
	Renewing Practitioners	58	6,598
	New Licensees	3	515
	Non-Renewals	1	494
	FTEs per 1,000 residents	0	0
	Licensees per FTE	1	2
	Workers per FTE	1	1
	Not in the VA workforce	-	1,885
	Licensees in VA Workforce	62	5,720
By Gender	<i>(n)</i>	61	4,547
	Male	34	2,522
	Female	26	1,855
By Age	<i>(n)</i>	61	4,377
	Under 30	1	179
	30 to 34	5	578
	35 to 39	11	636
	40 to 44	7	593
	45 to 49	8	556
	50 to 54	10	469
	55 to 59	1	367
60 +	17	999	
By Race/ Ethnicity	<i>(n)</i>	62	4,383
	White	44	2,587
	Black	5	268
	Asian	7	1,015
	Other Race	1	269
	Hispanic	5	244
	<i>(n)</i>	62/61	4157/4126

**Table 10B. Dentistry Workforce Survey Findings, 2022**

*Limitations and Notes:*

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
- *Total (n): Italicized Numbers are the total numbers for each group/indicator requested. Some indicators/categories have different numbers due to different questions asked in the survey.*
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  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

<b>Category</b>	<b>Response Options</b>	<b>RRHD</b>	<b>Virginia</b>
By Current Work Status	Employed, capacity unknown	0	5
	Employed in a dentistry related	61	4,113
	Employed, NOT in a dentistry related	0	19
	Not working, reason unknown	0	0
	Involuntarily unemployed	0	13
	Voluntarily unemployed	0	58
	Retired	1	73
	Full-time	39	2,914
	2 or More Positions	12	569
	40 to 49 Hours	23	1,222
	60 or more Hours	0	116
	Less than 40 Hours	10	2,574
Income	<i>(n)</i>	41	3,331
	Median Income	\$150,000-\$159,999	\$150,000-\$159,999
	Volunteer Work Only	0	37
	Under \$150K	6	1,313
	\$150-\$179K	0	411
	Over \$180K	24	1,567
Job Satisfaction	<i>(n)</i>	62	4,153
	Very Satisfied	45	2,810
	Somewhat Satisfied	16	1,147
	Somewhat Dissatisfied	1	157
	Very Dissatisfied	0	39
Accepted Forms of Payment	<i>(n)</i>	52	3,819
	Cash/Self	50	3,696
	Medicare	5	678
	Private Insurance	47	3,616
	Medicaid	13	1,183

**Table 10B. Dentistry Workforce Survey Findings, 2022**

*Limitations and Notes:*

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
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  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

Category	Response Options	RRHD	Virginia
Work Locations Now	<i>(n)</i>	62	4,125
	0	1	139
	1	38	3,087
	2	18	601
	3 or more	5	297
Establishment Type (primary location)	<i>(n)</i>	<i>Primary Location in RRHD (n=40)</i>	<i>Primary Location (n=3779)</i>
	Solo Practice	25	2,373
	Group Practice	10	855
	Dental/Health Clinic	5	312
	Dental School (including Combined Dental/Dental Hygiene)	0	58
	Hospital/Health System	0	58
	Corrections	1	31
	Public Health Program	0	16
	Nursing Home/Long-Term Care Facility	0	9
	--plier Organization	0	7
	Dental Hygiene Program (Community College)	0	4
	K-12 School or Non-Dental College	0	3
	Insurance	0	2
	Other	0	50
Did Not Have a Location	0	72	
Specialty Training	General Practice Residency	10	699
	Advanced Education in General Dentistry (AEGD)	11	601
	Orthodontics	3	304
	Pediatric Dentistry	2	248
	General Practice Residency -2 (GPR-2)	4	157

**Table 10B. Dentistry Workforce Survey Findings, 2022**

*Limitations and Notes:*

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
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  - *Primary Location refers to the number of dentists who reported their primary establishment in the respective category.*
  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

Category	Response Options	RRHD	Virginia
	Oral and Maxillofacial Surgery	6	150
	Endodontics	1	147
	Periodontology	0	139
	Prosthodontics	1	100
	Dental Public Health	0	18
	Oral and Maxillofacial Pathology	0	9
	Oral and Maxillofacial Radiology	6	7
Patient Seen per Week (primary location)	<i>(n)</i>	59	3,868
	None	0	117
	1 to 24	6	453
	25 to 49	17	887
	50 to 74	15	830
	75 to 99	6	568
	100 to 124	6	443
	125 to 149	2	217
	150 or More	6	353
Retirement Expectations	<i>(n)</i>	50	3,496
	All Dentists		
	Under 65	26	1,692
	Under 60	11	795
	Dentists 50 and over		
	Under 65	8	392
	Under 60	2	89
	Within 2 years	6	285
	Within 10 years	18	990
	Do not intend to retire	1	163
	<i>Decrease Participation (n)</i>	24	2,050
	Leave Profession	1	84

**Table 10B. Dentistry Workforce Survey Findings, 2022**

*Limitations and Notes:*

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
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  - *Primary Location refers to the number of dentists who reported their primary establishment in the respective category.*
  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

<b>Category</b>	<b>Response Options</b>	<b>RRHD</b>	<b>Virginia</b>
Future Plans (2 years from now)	Leave Virginia	2	102
	Decrease Patient Care Hours	4	596
	Decrease Teaching Hours	0	26
	<i>Increase Participation (n)</i>	62	5,720
	Increase Patient Care Hours	7	654
	Increase Teaching Hours	4	243
	Pursue Additional Education	5	660
	Return to Virginia's Workforce	0	35

## Exhibit 10C. Dental Hygiene Workforce Survey Findings, 2022

### Limitations and Notes:

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
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  - *Primary Location refers to the number of dentists who reported their primary establishment in the respective category.*
  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

Category	Response Options	RRHD	Virginia
Total	<i>(n)</i>	67	6,390
	Renewing Practitioners	67	5,686
	New Licensees	0	302
	Non-Renewals	0	402
	FTEs per 1,000 residents	0.0046	0.3965
	Licensees per FTE	1.54	1.86
	Workers per FTE	1.54	1.54
	Not in the VA workforce	-	1,101
	Licensees in VA Workforce	67	5,290
By Gender	<i>(n)</i>	65	4,547
	Male	1	102
	Female	63	4,445
By Age	<i>(n)</i>	65	4,547
	Under 30	13	656
	30 to 34	11	652
	35 to 39	7	625
	40 to 44	4	590
	45 to 49	9	486
	50 to 54	5	444
	55 to 59	7	438
	60 +	9	656
By Race/ Ethnicity	<i>(n)</i>	66	4,570
	White	59	3,496
	Black	1	266
	Asian	0	355
	Other Race	2	168
	Hispanic	4	285

## Exhibit 10C. Dental Hygiene Workforce Survey Findings, 2022

### Limitations and Notes:

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
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  - *Primary Location refers to the number of dentists who reported their primary establishment in the respective category.*
  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

Category	Response Options	RRHD	Virginia
By Current Work Status	<i>(n)</i>	67	4,536
	Employed, capacity unknown	0	0
	Employed in a capacity related to dental hygiene	63	4,074
	Employed, NOT in a capacity related to dental	1	171
	Not working, reason unknown	0	0
	Involuntarily unemployed	0	11
	Voluntarily unemployed	1	218
	Retired	1	60
	Full-time	38	2,589
	2 or More Positions	7	507
	40 to 49 Hours	3	564
	60 or more Hours	0	41
	Less than 40 Hours	63	3,760
Income	<i>(n)</i>	58	3,650
	Median Income	\$60,000-\$69,999	\$60,000-\$69,999
	Volunteer Work Only	1	39
	Under \$60K	20	1,484
	\$60-\$70K	16	699
	Over \$70K	21	1,427
Job Satisfaction	<i>(n)</i>	64	4,429
	Very Satisfied	52	2,714
	Somewhat Satisfied	11	1,490
	Somewhat Dissatisfied	1	174
	Very Dissatisfied	0	51
Work Locations Now	<i>(n)</i>	66	4,401
	0	2	162
	1	52	3,372



## Exhibit 10C. Dental Hygiene Workforce Survey Findings, 2022

### Limitations and Notes:

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
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- *No data available for requested item.*

Category	Response Options	RRHD	Virginia
	2	10	599
	3 or more	1	268
	<i>(n)</i>	65	4,113
Remote supervision	Primary Location Public Health Dentistry-Yes	2	256
	Primary Public Health Dentistry-No	63	3,857
	Primary Location Dentistry-Yes	2	163
	Primary Location Dentistry-No	62	3,936
	<i>(n)</i>	64	4,099
	Secondary Location Public Health Dentistry-Yes	0	31
	Secondary Public Health Dentistry-No	11	777
		<i>(n)</i>	<i>Primary Location in RRHD (n=60)</i>
Establishment Type (primary location)	Solo Practice	48	2,788
	Group Practice	5	674
	Dental/Health Clinic	5	360
	Dental School (including Combined Dental/Dental Hygiene)	1	64
	Hospital/Health System	0	25
	Corrections	0	14
	Public Health Program	0	18
	Nursing Home/Long-Term Care Facility	0	2
	--plier Organization	0	5
	Dental Hygiene Program (Community College)	-	-
	K-12 School or Non-Dental College	0	7
	Insurance	1	11
	Other	0	65
Did Not Have a Location	0	221	

## Exhibit 10C. Dental Hygiene Workforce Survey Findings, 2022

### Limitations and Notes:

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  - *Primary Location refers to the number of dentists who reported their primary establishment in the respective category.*
  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

Category	Response Options	RRHD	Virginia
Patient Seen per Week (primary location)	(n)	64	4,124
	None	5	195
	1 to 24	27	1,088
	25 to 49	26	2,530
	50 to 74	6	244
	75 to 99	0	25
	100 to 124	0	16
	125 to 149	0	12
	150 to 174	0	4
	175 to 199	0	2
	Retirement Expectations	(n)	58
All Dental Hygienists			
Under 65		38	2,639
Under 60		25	1,553
Dental Hygienists 50 and over			
Under 65		7	554
Under 60		6	164
Within 2 years		5	245
Within 10 years		17	1,043
Do not intend to retire	5	131	
Future Plans (2 years from now)	<i>Decrease Participation (n)</i>	28	
	Leave Profession	0	177
	Leave Virginia	0	158
	Decrease Patient Care Hours	7	729
	Decrease Teaching Hours	1	12
	<i>Increase Participation (n)</i>	67	

**Exhibit 10C. Dental Hygiene Workforce Survey Findings, 2022**

*Limitations and Notes:*

- *County Level Breakdown: Sample sizes for both dentists and dental hygienists were too small to provide information at the county level.*
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  - *Primary Location refers to the number of dentists who reported their primary establishment in the respective category.*
  - *Secondary Location refers to the number of dentists who reported their secondary establishment in the respective category.*

- *No data available for requested item.*

<b>Category</b>	<b>Response Options</b>	<b>RRHD</b>	<b>Virginia</b>
	Increase Patient Care Hours	7	654
	Increase Teaching Hours	4	243
	Pursue Additional Education	5	660
	Return to Virginia's Workforce	0	35