

Oral Health in Northern Virginia

A report commissioned by the
Northern Virginia Health Foundation

September 2011



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Oral Health in Northern Virginia

- ▶ First survey of oral health in Northern Virginia shows wide range of residents struggle to obtain dental care.
 - ▶ Low-income families are significantly more likely to report poor oral health and difficulty obtaining access.
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Introduction

Since its inception in 2005, the Northern Virginia Health Foundation has recognized the critical need to expand access to oral health care in Northern Virginia, an area that is considered to be one of the wealthiest in the country. Despite that wealth and proximity to the nation's capital, it is clear that many in Northern Virginia have great difficulty paying for and accessing needed dental care.

In order to determine how best to meet the community's oral health needs, the Foundation commissioned the first-ever survey of oral health in Northern Virginia. What follows is a detailed look at access to oral health care, broken down by income level. The data clearly document that lower-income residents in the area have a far more difficult time obtaining care than higher-income residents.

This report describes the importance of oral health to overall health, details the status of oral health for Northern Virginians and the barriers they face in obtaining needed dental care, and offers specific recommendations for steps that policymakers and other leaders can take to improve oral health in the region.

The report primarily focuses on the oral health status of lower-income adults since so few programs exist to assist them – although it does address how Northern Virginian children at all income levels are doing. Medicaid covers very little in the way of dental care for adults in Virginia and only a patchwork of programs and services exists to meet the oral health needs of lower-income adults.

Unfortunately, for people with limited means and no insurance, the out-of-pocket costs for basic preventive dental care can put it out of reach for many, resulting in severe pain, missed work, hospital emergency room visits, and ultimately higher health care costs.

This report should serve as a basis for understanding the oral health needs of the community and determining the best policies and programs that can be put in place to improve access to oral health for lower-income adults.

Oral Health Across the United States

More than a decade ago, Surgeon General David Satcher released a detailed look at oral health in America, calling oral disease a “silent epidemic.” The landmark report issued a call to action to increase access to oral health care, especially for the disadvantaged and for minority children, since they are at greater risk of developing medical complications related to oral health problems.

Oral health is critical to overall health, yet in the 11 years since the Surgeon General’s report, little progress has been made to solve the problem. As recently as May 2011, a Pew Center on the States report assessing state progress on oral health gave 18 states a C or D grade – with Virginia garnering a C. An additional five states – Florida, Hawaii, Indiana, Montana and New Jersey – received failing scores.

Consider these facts:

- ▶ Close to 100 million Americans lack any kind of dental coverage.
- ▶ Approximately 50 million Americans live in areas where they have little to no access to a dentist – designated as dental professional shortage areas by the federal Health Resources Services Administration.
- ▶ Children in the United States are five times more likely to seek treatment at a hospital emergency department for oral health problems than they are for an asthma attack.
- ▶ Poor oral health is linked to serious health conditions later in life, including heart disease, diabetes and strokes.

In the past year, numerous government, foundation and academic reports have catalogued problems with access to oral health.

- ▶ The U.S. Government Accountability Office (GAO) found that millions of children on Medicaid still cannot access dental care, with almost two-thirds going without that care in 2008.
- ▶ A study released in May 2011 in the journal *Pediatrics* found that dentists are more likely to refuse appointments to patients on Medicaid.
- ▶ A spring 2011 Institute of Medicine report recommended that federal agencies do more to ensure that oral health is considered part of overall health.
- ▶ Congress, in passing the Affordable Care Act, recognized the need for dental care by mandating Medicaid coverage for dental services for an additional 5.3 million children by 2014, and by authorizing demonstration projects for alternative dental providers.

The Northern Virginia Health Foundation has committed \$800,000 over the past several years to respond to oral health needs in the local area.

A Picture of Oral Health in Northern Virginia

While the overall need to expand access to oral health care is well documented, this report details how critical that need is in Northern Virginia. Like the rest of the nation, many adults and children in Northern Virginia face significant oral health challenges due to a lack of dental coverage and access to dental care. And like much of the rest of the nation, family income level can play a significant role in access to dental care, as well as overall health.

In Northern Virginia, more than a third of those in lower-income households (making less than \$40,000 per year) rate their oral health as fair or poor, almost five times as high as those in households making over \$40,000 per year.

A recent Pew Center on The States report, *The State of Children's Dental Health: Making Dental Coverage Matter*, gave Virginia a C for its efforts to address children's dental health needs, noting that the state meets only half of the eight benchmarks needed to improve dental care. According to that report, only 45.7% of children enrolled in the state's "Smiles for Children" Medicaid program received dental services. A report by the federal Centers for Medicare and Medicaid noted that the state's Medicaid program helped "dramatically improve dental access and care for Virginia's low-income children." Despite this, more than half of the state's children on Medicaid received no dental services at all in 2009.

That picture is worse for the state's adults. In Virginia, Medicaid only covers "medically necessary oral surgery," not check-ups, root canals, restorative or prosthetic services. Some area dentists volunteer at clinics or provide their services for reduced rates, but the need far exceeds the number of dentists willing to provide those services. Often, the uninsured or underinsured seek emergency dental care in hospital emergency departments or at municipal health departments, which offer limited treatment. Consequently, the underlying problem is often not treated.

In order to adequately meet the need, the Commonwealth of Virginia would need 132 additional dentists (Pew report; HRSA). Although there is a high ratio of dental providers to population in Northern Virginia, many residents still have difficulty accessing that care, primarily due to cost.



In Northern Virginia, few options exist for those who can't pay for dental services. Among a handful of nonprofit safety-net organizations ready to serve the uninsured or under-insured are the Alexandria Neighborhood Health Services, the Greater Prince William Community Health Center, the Hygiene Clinic and Restorative Clinic at the Northern Virginia Community College, the Loudoun Community Health Center and the Northern Virginia Dental Clinic. Often, these clinics carry long waiting lists, as is the case at the Northern Virginia Dental Clinic's Loudoun clinic which, just three months after its opening in October 2010, had a waiting list of 300 patients. (See Appendix for a listing of oral health safety net organizations and programs.)

Those working in such clinics experience firsthand the results of restrictive Medicaid coverage combined with limited and overburdened safety-net organizations: a large population of lower-income residents who have great need for dental care.

First-Ever Survey of Oral Health in Northern Virginia

Conducted by Third Eye Strategies, this survey is the first oral health survey of Northern Virginia. It paints a picture of oral health disparities in a region that is considered to be one of the most prosperous in the nation, with a median household income of \$100,000.

The Northern Virginia Health Foundation commissioned the study to ascertain the oral health needs of Northern Virginians and to illuminate a serious oral health problem that is affecting a significant number of our residents. It is the Foundation's hope that these survey results, coupled with data regarding the importance of oral health, will help leaders understand the depth of the problem and advocate for policies that can ultimately improve the overall health of Northern Virginians.

The Foundation was established in 2005 to improve the health and health care of residents of Northern Virginia. Since its inception, it has placed great emphasis on the health and health care needs of the uninsured lower-income population and has granted more than \$800,000 to organizations providing oral health care for lower-income residents.

Northern Virginia is a region of roughly 2.2 million people living in four counties: Arlington, Fairfax, Loudoun, and Prince William, and the cities of Alexandria, Fairfax City, Falls Church, Manassas and Manassas Park. The region, which neighbors the nation's capital, is one of the most prosperous in the country and, at the same time, one of the most diverse, with about 42% of the population Hispanic, Asian, and African American, among other ethnic groups.

Yet about a fourth of all adults in Northern Virginia live below the federal poverty line, which is a little more than \$27,000 a year for a family of four. Close to half of households (46%) with an income of less than \$40,000 do not have health insurance, and 73% do not have dental insurance. Two-thirds (65%) of this population says they cannot afford to buy dental insurance.

Survey Methodology

Third Eye Strategies, based in Springfield, Va., polled 1,300 adults, ages 18 and older in the summer and fall of 2010. Third Eye Strategies divided those surveyed into two groups: those households earning more than \$40,000, and those earning less than that. In the higher-income group, 46% of the households earned more than \$100,000. In the lower-income group, 57% of the households earned less than \$25,000.

Survey takers called residents on their cell phones and landlines, asking questions about quality of care, access and dental coverage. Two hundred and sixty five interviews were done in Spanish. Calls were weighted by gender, age, income and area to reflect the 2009 American Community Survey estimates performed by the U.S. Census.

Of those surveyed in the upper economic bracket, 66% are white; 68% are married; 37% have completed college; 40% have obtained a graduate or professional degree; and 71% are employed full-time. Thirteen percent of the higher-income group are Hispanic, 11% African American and 6% Asian.

In the lower economic group, 29% are white, 50% Hispanic and 16% African American and Asian. Forty-four percent are married and 21% are living with a partner. A majority (57%) have only attended high school, and of those about half graduated (29% graduated; 28% did not graduate). Only 15% have finished college and 7% have completed graduate school. Forty-one percent are employed full-time.

SNAPSHOT: Oral Health in Northern Virginia

The survey assessed numerous factors affecting the oral health of Northern Virginians, gauging perceptions of residents' oral health as well as documenting factors that limit residents' access to dental care. The picture that emerges is one of a multi-faceted problem with a substantial common denominator: far higher percentages of lower-income residents in Northern Virginia suffer from dental problems, impacting their jobs and their health, than those with higher incomes.

Consider these survey results:

▶ **Adult dental care**

Far fewer numbers of lower-income adults go to dentists regularly. Sixteen percent of lower-income adults have not gone to the dentist in more than five years, compared to only 3% of higher-income adults. Of those lower-income adults who have health coverage, just a quarter (24%) have coverage that includes dental care. For higher-income adults, the percentage with dental coverage is 64%.

▶ **Need**

More than four times as many lower-income adults (26%) say they need to have a tooth pulled as do higher-income adults (6%).

▶ **Impact on daily life**

Lower-income adults are far less likely to receive regular care or rate the care they receive as excellent. They are also more likely to say that they can't work, can't sleep, or can't engage in regular activities because of dental pain.

▶ **Emergency care**

Lower-income residents often seek help in hospital emergency rooms for acute dental problems. Five times as many lower-income residents who have received care in the last two years seek care in the emergency room compared to higher-income residents.

▶ **Satisfaction with care**

Higher-income adults are happier with their dental care. Fifty-eight percent of higher-income adults who have received dental care in the last two years rate their dental care as excellent, while only 20% of lower-income adults describe their recent care as excellent.

▶ **Children**

Forty-five percent of lower-income parents whose children have not received care in the last two years say they can't afford dentist visits for their children. Seventy-nine percent of the higher-income parents have taken their children to a dentist in the last two years, compared to 62% of parents in the lower economic bracket.

The survey found that the most significant factors affecting the ability of residents to improve oral health are: income level, access to dental coverage, and use of preventive dental care.

Quality of Oral Health: Actual and Perceived

Income level significantly impacts how residents in Northern Virginia rate their overall physical and oral health. The majority who earn more than \$40,000 annually feel “very good to excellent” and say they have healthy teeth and gums. They are more satisfied with the dental and health care they receive than lower-income residents, have greater access to regular care, and have insurance to cover dental care.

In contrast, the survey shows that lower-income adults are far less satisfied with their overall health and dental care. More than a third of those with lower incomes think their teeth and gums are in “fair or poor condition” – a rate nearly five times higher than those with higher incomes. At the most fundamental level, 95% of higher-income adults have a more positive outlook about their general and oral health. Nearly a quarter (24%) of lower-income adults believe their health is fair to poor, a rate more than four times greater than higher-income residents.

According to the CDC and a growing body of research, poor oral health early in life is linked to the development of serious disease later in life, including heart disease, diabetes and stroke. Not surprisingly, lower-income adults in this Northern Virginia survey suffer from heart disease at a rate of 6% versus 2% for higher-income individuals. Similarly, they are more likely to report having diabetes (11% lower-income versus 5% higher-income) and asthma and lung disease (10% versus 6%). Lower-income and higher-income adults report suffering equally from hypertension or high blood pressure.

Dental Pain Affects Ability to Work, Sleep

Toothaches, infections, and other oral health problems are far more likely to hamper a lower-income person from getting or reporting to work than a higher-income worker. In fact, 6% of lower-income Northern Virginians report that they have difficulty obtaining work because of the state of their teeth, while another 16% say that they miss work for the same reason. In contrast, 99% of the higher-income adults say their teeth do not affect their ability to get a job, and only 3% say the condition of their teeth stops them from working.



	General Health			Oral Health		
	All	<\$40K	\$40K+	All	<\$40K	\$40K+
Excellent	28%	11%	33%	24%	8%	28%
Very good	31	21	36	27	16	33
Good	31	44	26	34	38	32
Fair	6	14	4	8	15	7
Poor	3	9	1	5	17	0
Neither good nor poor	0	1	0	1	5	1
Excellent/Very Good	59%	32%	69%	51%	24%	61%
Good	31	44	26	34	38	32
Fair/Poor	10	24	5	13	37	8

Percentages in red are statistically significantly higher than percentages in italics. That is, in 95 cases out of 100, the differences between the two percentages would not occur from chance or normal statistical variation. (Because of rounding, some totals do not = 100%)

Overall, 22% of lower-income adults say that dental pain keeps them from being able to do one of three things: work, sleep or perform regular activities. In fact, oral health problems keep 18% from sleeping, and 15% from performing regular activities. The corresponding numbers for higher-income residents are significantly less: 4% can’t sleep, and 3% can’t do their regular activities.

Lower-Income Residents Likely to Defer Needed Dental Procedures

Lower-income adults are in greater need of dental implants and dentures and suffer more dental pain since they often cannot afford treatment. As a result, they put off needed procedures such as getting a tooth pulled. In fact, 26% of lower-income adults report that they need to have a tooth pulled, compared to just 6% of higher-income adults.

Once teeth are compromised, there are a number of procedures patients in both economic groups face: dentures, dental implants and crowns. Poor residents are more likely to lose their teeth and five times as likely to

Possession and Need for Various Dental Treatments									
	Dentures			Dental Implants			Crowns		
	All	<\$40K	\$40K+	All	<\$40K	\$40K+	All	<\$40K	\$40K+
Currently Have									
Yes	9%	20%	4%	8%	11%	8%	40%	28%	46%
No	91	80	96	91	88	92	59	71	54
Will Need in Next Year									
Yes	9%	22%	4%	9%	21%	5%	14%	21%	12%
No	89	72	95	88	75	94	82	75	83

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report needing or wearing dentures. Twenty percent of lower-income people have dentures compared to 4% of higher-income people. Furthermore, 95% in the higher-income group say they will not need dentures next year. That is not the case for those with lower incomes; 22% say they will need them.

Few in either group have dental implants: 11% lower-income and 8% higher-income. However, 21% in the lower economic group say they will need them next year, while only 5% in the upper group say they will. Crowns, on the other hand, present another story: 46% of the higher-income adults surveyed have crowns and 12% say they will need them next year. Twenty-eight percent of lower-income adults have them, but 21% say they will need them.

Cost and Dental Insurance Affect Access to Dental Care

Lower-income residents report seeing a dentist on a regular basis far less frequently than higher-income residents. While 91% of higher-income adults report seeing a dentist in the last two years -- with 76% of these adults saying that they go at least twice a year for a check-up -- only 63% of lower-income adults have gone to the dentist in the last two years. Of that 63%, less than half (44%) of lower-income residents get regular dental check-ups twice a year. And 16% haven't been for more than five years.

Lack of insurance and the high cost of dental care are among the largest impediments to lower-income residents seeking dental care in Northern Virginia. In fact:

- ▶ 24% of lower-income adults who have not had recent care report that they put off dental treatment because they did not have the money to pay for it. Just 11% of higher-income adults say that they have put off their care for this reason.
- ▶ For higher-income adults with health insurance coverage, the percentage that has dental coverage (64%) is triple that of those who have insurance coverage but no dental care (24%).

When it comes to paying out-of-pocket costs, both lower-income and higher-income adults are not immune. In fact, a similar percentage (19% lower-income and 15% higher-income) reports paying more than \$500 in out-of-pocket expenses for dental care.



► Only 63% of lower-income adults in Northern Virginia had received dental care in the past two years, compared to 91% of higher-income adults.

Some respondents even cited high costs as a reason to seek treatment outside of the United States. Specifically, 16% of lower-income adults who have had recent care received it internationally. Of those who sought care internationally, 84% of lower-income adults say it is less expensive overseas and 65% say they can't afford dentists in the U.S. In addition, 58% of lower-income patients say they are more comfortable seeing dentists in their home countries.

Barriers to Care Beyond Cost and Insurance

In addition to cost and dental coverage, lower-income adults cite several other reasons that have kept them from obtaining dental care in the last two years.


Fifteen percent say they didn't have the transportation to get to the dentist, a rate almost four times as great as the rate for higher-income residents. And 10% of lower-income respondents said that they needed to find child care in order to go to the dentist.

Reasons for Not Seeing a Dentist			
	All	<\$40K	\$40K+
Only get health or dental care in emergencies	51%	53%	55%
Take care of my teeth fine and do not have problems	51	53	53
Do not have dental insurance coverage	50	73	19
Not able to afford it	47	66	30
Don't have time	24	18	32
Afraid or nervous	13	10	13
Don't have transportation	12	15	4
Dentist stopped taking my health insurance	11	13	7
Need child care in order to go	10	10	5
Couldn't get an appointment	7	7	3

Percentages in red are statistically significantly higher than percentages in italics. That is, in 95 cases out of 100, the differences between the two percentages would not occur from chance or normal statistical variation.

In addition, both economic groups (7%) say they or someone in their household could not see a dentist because the dental office was not handicapped-accessible. Seven percent of lower-income residents report having a condition that makes it difficult for them to receive dental care.

Having a dentist who doesn't treat people with special needs is more of a problem for lower-income residents – 6% report having this issue compared to just 1% of higher-income adults.




► 66% of lower-income adults report not seeing a dentist because they can't afford it, compared to 30% of higher-income adults. In addition, 15% of lower-income adults say they didn't have transportation to get to the dentist, compared to 4% of higher-income adults.

The Health of Children

While the survey focused on oral health for adults, it did address access to oral health for children in the region as well. Given that oral health can have a significant impact on overall health later in life, the importance of improving access to dental care for children should not be overlooked.

The survey showed that both lower-income and higher-income households have similar levels of dental coverage for their children (80% compared to 88%). And lower-income children appear to fare better than their parents in accessing dental care. Yet, disparities in care do exist in the two income groups even prior to birth.



► 52% of lower-income parents report that they only seek dental care for their children in emergencies, compared to 21% of higher-income parents.

Two thirds (67%) of higher-income women went to the dentist or dental clinic for a cleaning or check-up during their pregnancy, almost twice the percentage (35%) of lower-income women who saw the dentist while pregnant. Furthermore, 23% of lower-income women say they had problems with their gums and teeth during the pregnancy, but did not seek help. Just 3% of higher-income women report this difficulty.

Of the adults surveyed, 44% have a child or stepchild, 18 or younger, still at home. According to the survey, more than eight in 10 children (84%) have visited a dentist in the last two years. Specific findings include:

- Of the parents surveyed, 75% say that their only child or all of their children have received care.
- However, lower-income parents are more likely to report that only some of their children have gone to the dentist in the last two years (16% lower-income versus 7% higher-income).
- 82% of higher-income parents say their children receive dental care twice a year or more, while 73% of lower-income parents say their children receive biannual or more frequent visits.

Those who reported that their children did not see a dentist in the last two years offered a variety of reasons, ranging from not being able to afford care, to seeking care only in emergencies, to not having dental insurance for their children.

Reasons for Children Not Receiving Dental Care (Among Those Who Have Not Visited in Last Two Years)			
	All	<\$40K	\$40K+
Children take care of their teeth fine and do not have problems	39%	47%	41%
Only get health or dental care in emergencies	32	52	21
Do not have dental insurance coverage	28	39	25
Not able to afford it	24	45	15
Don't have time	23	8	31
Couldn't get an appointment	13	12	13
Dentist stopped taking my health insurance	8	4	8
Don't have transportation	6	11	0

Percentages in red are statistically significantly higher than percentages in italics. That is, in 95 cases out of 100, the differences between the two percentages would not occur from chance or normal statistical variation.

Among lower-income parents whose children have not received recent care, 45% say their child had not had a visit in the past two years because they could not afford it, compared to 15% of higher-income parents. And 52% of lower-income parents report that they only seek dental care for their children in emergencies, compared to 21% of higher-income parents.

Conclusion

Over the years, we have all heard stories of people who cannot afford dental care and of children who suffer through school with untreated toothaches.

This survey goes beyond anecdotal evidence and represents the first hard look at oral health in Northern Virginia to show the depth of the problem.

The data in this survey clearly show that income level and access to dental coverage are significant factors affecting one's ability to obtain oral health care. The survey tells us that:

- ▶ Lower-income adults are far more likely to seek dental care on an emergency or as-needed basis.
- ▶ Lower-income adults often defer treatment due to cost or lack of dental coverage and do not regularly access routine, preventive care.
- ▶ Only 7% of all adults in Northern Virginia are aware of any programs that help pay for dental visits for adults.

In addition, while the Commonwealth has made progress in expanding access to dental care for children, close to half of Virginia's lower-income children still do not receive dental services. This is particularly troubling because lower-income children have access to dental care through Smiles for Children, the dental program for children enrolled in FAMIS (Family Access to Medical Insurance Security), Virginia's Medicaid program for children.

The effect of inadequate dental care on residents goes far beyond the pain of a toothache or a dental infection. Poor oral health can impact overall health for years to come and is clearly linked to serious health conditions such as heart disease, diabetes and stroke. Furthermore, oral health problems can affect the ability of people to work, sleep or even go about their daily activities.

We can solve this problem, but to do so, we must acknowledge the importance of oral health to the overall health, well-being and productivity of residents.

Too many North Virginian adults and children are suffering unnecessarily. There are steps we can take right now to make oral health care more accessible to those who need it.

New Oral Health Coalitions

The findings from this survey point out the disparities in utilization of and access to oral health care between lower- and higher-income residents of Northern Virginia. They also suggest recommendations to assure that every Northern Virginian enjoys good oral health. Recently, two organizations have emerged that we believe will help lower-income Northern Virginians access quality oral health care.

Northern Virginia Oral Health Services Coalition

The Northern Virginia Oral Health Services Coalition was formed officially in July 2011 to build a high quality, accessible and outcome-driven oral health services delivery system to support the needs of lower-income, uninsured or underinsured individuals in Northern Virginia.

Made up of public, private nonprofit and private providers delivering direct services to lower-income Northern Virginians, it will:

- ▶ Serve as a planning body for facilitating access to oral health services;
- ▶ Provide a forum to collaborate and problem-solve regarding major issues in developing and expanding oral health services;
- ▶ Increase public awareness of the importance of oral health as a component of overall well-being;
- ▶ Support sharing of resources (data, physical and human), ideas, and knowledge to expand availability of and access to oral health services;
- ▶ Support the development of an integrated system of oral, physical and behavioral health, when and where opportunities exist;
- ▶ Identify funding opportunities to support expansion and integration of oral health services; and
- ▶ Stimulate the creation of a coordinated oral health service delivery system across all jurisdictions in Northern Virginia.

The Foundation began convening these providers in 2008 and will continue to provide technical assistance to this group as it moves forward in its efforts.

Virginia Oral Health Coalition

The newly formed Virginia Oral Health Coalition, of which the Foundation is a member, is a statewide coalition of individuals and organizations committed to bringing excellent oral health care to all Virginians. The Coalition drives the Virginia Oral Health Plan, which has the following objectives:

- ▶ To utilize advocacy, public awareness, and innovative new programs to change perceptions of oral health;
- ▶ To remove known barriers between people and oral health services;
- ▶ And to build an effective oral health infrastructure by ensuring that dental providers and future dental providers are prepared to meet the needs of the underserved in Virginia.

The complete Virginia Oral Health Plan can be found on the Coalition's website: www.vaoralhealth.org.

Recommendations

To ensure that Northern Virginians enjoy good oral health, local, regional and state efforts must explore short-term and long-term strategies that:

- ▶ Reinforce the link between oral and overall health among health professionals and the general public. Increasing understanding of the link is important for the oral and overall health of all populations.
- ▶ Foster integration of oral health and primary care. Several safety-net clinics in Northern Virginia already provide integrated primary, oral and behavioral health care, and new models of integration should be explored.
- ▶ Increase the number of providers who offer children a dental home.
- ▶ Increase the number of providers who offer reduced-cost oral health care to lower-income adults.
- ▶ Include comprehensive dental services for all who are Medicaid eligible.
- ▶ Ensure that dental hygienists and other dental professionals are able to practice to the full extent of their education and training.
- ▶ Work to ensure that reimbursement for dental services through Medicaid is at least at the 65th percentile of the American Dental Association rate survey. Reimbursing dental services for Medicaid-eligible patients at a higher rate could increase the number of providers willing to see patients.

Oral health is crucial to overall health. Yet thousands of Northern Virginia residents do not have access to needed dental care. Before another decade ends, we must pursue innovations and programs to ensure better oral health for all residents, not just those who can afford it.

APPENDIX

Oral Health Safety Net Resources in Northern Virginia

The following organizations and programs comprise the oral health safety net in Northern Virginia:

Alexandria Neighborhood Health Services

Alexandria Neighborhood Health Services utilizes the dental operatories at the Alexandria and Arlington Health Departments to provide oral health services to children and adults. Services provided include cleanings, x-rays, fillings and extractions.

Greater Prince William Community Health Center

The Greater Prince William Community Health Center offers a range of oral health services to patients of all ages at its facility in Woodbridge. There are no eligibility requirements and a sliding fee scale is available for uninsured patients.

Loudoun Community Health Center

The Loudoun Community Health Center works directly with the Northern Virginia Dental Clinic to provide services to those in need of care and also refers Loudoun County patients directly to dentists who will treat them at a reduced fee.

Mission of Mercy

Mission of Mercy is a three-day annual event that provides volunteer dentists, dental assistants and dental hygienists who treat low-income patients referred from local health department clinics or social service agencies.

Northern Virginia Community College Dental Restorative Clinic

Northern Virginia Community College provides restorative dental care to adult residents (16 years and older) of Northern Virginia at its Medical Education Campus in Springfield. There is a fixed fee for the first visit and fees for subsequent visits are based on a sliding scale, based upon income.

Northern Virginia Dental Clinic

The Northern Virginia Dental Clinic offers comprehensive oral health services to residents Arlington, Fairfax, Loudoun, or Prince William Counties, and the Cities of Alexandria, Fairfax, and Falls Church to adults age 18 or older who have an annual income at or below 200% of the Federal Poverty Guidelines. Patients are seen at the Clinic's facilities in Falls Church and Loudoun.

Northern Virginia Dental Society's Give Kids a Smile Day

Organized by the Northern Virginia Dental Society, this one-day event provides volunteer dentists who provide free care to uninsured children in Northern Virginia.

Northern Virginia Dental Society's Mission of Mercy

A two-day event at which volunteer dentists, hygienists, assistants, dental students, hygiene students and general volunteers provide dental care to low-income uninsured adults.

Northern Virginia Family Service Oral Health Access Program

The Oral Health Access Program at Northern Virginia Family Service refers clients seeking dental care to dentists across Northern Virginia who agree to offer their services at a discounted fee.

Northern Virginia Health Departments

Local public health departments offer limited dental services to income-eligible residents of their respective jurisdictions. The types of services vary by health department.



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