

## 1) VOHP Goal: Virginians have access to quality, affordable, and comprehensive dental coverage.

	Measure	Data Source	Year	VA	Benchmark	Action	Status	Other Considerations
<b>Do Virginians have access to affordable dental and medical coverage?</b>								
1.1	Adults who reported not having health insurance that included some dental coverage.	VDH Adult Oral Health Access Survey	2014	30.80%	None available at state or national level	Lauren will check to see if it is true that 30.8% of VA adults reported not having any dental coverage in the 2014 Adult Oral Health Access Survey - 69.2% reported having health insurance including dental	<ul style="list-style-type: none"> <li>• Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>• VDH supplied additional data - Lauren updated figures</li> </ul>	<ul style="list-style-type: none"> <li>• Data is weighted for population-level estimates</li> <li>• Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> <li>• Data has no state or national benchmark for comparison.</li> </ul>
1.2	Adults ages 18 and older who put off dental treatment due to costs in the past year.	VDH Adult Oral Health Access Survey	2014	27.10%	None available at state or national level	Lauren will check to see if it is possible to link this information to insurance status, including those who may be underinsured	<ul style="list-style-type: none"> <li>• Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>• VDH supplied additional data - Lauren updated figures</li> </ul>	<ul style="list-style-type: none"> <li>• Data is weighted for population-level estimates</li> <li>• Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> <li>• Data has no state or national benchmark for comparison.</li> </ul>
1.2.1	Adults ages 18 and older with dental insurance who put off dental treatment in the past year.	VDH Adult Oral Health Access Survey	2014	17.40%	None available at state or national level	<ul style="list-style-type: none"> <li>• Discuss with work group</li> <li>• Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>• Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>• VDH supplied additional data - Lauren updated figures</li> </ul>	<ul style="list-style-type: none"> <li>• Data is weighted for population-level estimates</li> <li>• Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> <li>• Data has no state or national benchmark for comparison.</li> </ul>
1.2.2	Adults ages 18 and older without dental insurance who put off dental treatment in the past year.	VDH Adult Oral Health Access Survey	2014	54.70%	None available at state or national level	<ul style="list-style-type: none"> <li>• Discuss with work group</li> <li>• Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>• Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>• VDH supplied additional data - Lauren updated figures</li> </ul>	<ul style="list-style-type: none"> <li>• Data is weighted for population-level estimates</li> <li>• Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> <li>• Data has no state or national benchmark for comparison.</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

1.3	Proportion of the population with dental benefits.	National Association of Dental Plans	2015	70% (5.83 million)	<a href="#">National: 64% [1]</a>	Lauren will check to see if this information can be split by kids vs. adults	<ul style="list-style-type: none"> <li>● Lauren reached out to NADP to see if these figures are available by age group; they are not.</li> <li>● Lauren researched Medical Expenditure Panel Survey (MEPS) data to see if these numbers are available by age group.</li> </ul>	<ul style="list-style-type: none"> <li>● NADP figure cannot be stratified by age group or other demographic variables, cannot view retrospective performance at the state level with NADP data.</li> <li>● Includes all payers (public and commercial)</li> <li>● Demonstrates our performance compared to the nation</li> <li>● After reviewing MEPS data availability, we likely cannot analyze the data with our in-house capacity</li> </ul>
1.4	Licensed, practicing dentists in Virginia who accept Medicaid.	DMAS & DentaQuest	2016	33% (2,028 dentists)	<a href="#">National: 42% [2]</a>	DMAS & DentaQuest can provide an updated number of all of the practicing dentists who accept Medicaid – vs. the number of licensed dentists, some of whom may not be practicing even though their licenses are up-to-date	<ul style="list-style-type: none"> <li>● Lauren requested the number of practicing dentists who accept Medicaid from DentaQuest; awaiting reply</li> </ul>	<ul style="list-style-type: none"> <li>● Data is real-time, can be updated continually</li> <li>● National benchmark may not be directly comparable; data is from 2014 and derived from different sources (ADA Masterfile and CMS Insure Kids Now database).</li> </ul>
<b>How are low-income adults accessing oral health care?</b>								
1.5	Total value of Mission of Mercy dental services provided to underserved individuals in Virginia.	Virginia Dental Association Foundation	2015	\$2,655,422	Statewide, 2014: \$2,700,000	<ul style="list-style-type: none"> <li>● Discuss with work group</li> <li>● Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>● Lauren requested DDS &amp; MOM project data from VDAF for 2015</li> <li>● Lauren requested data from VDAF for 2014 to show trend over time</li> </ul>	<ul style="list-style-type: none"> <li>● Data from further back (to 2000) may be available; year-to-year changes may be minor</li> <li>● Demonstrates need in vulnerable populations - low-income, older adults, I/DD</li> <li>● Value decreased over 1 year - may want to look at prior years</li> <li>● DDS data not included here because it is not totally representative of all charity care provided in private practice settings.</li> </ul>
1.6	Average value of dental care received per patient through Mission of Mercy program.	Virginia Dental Association Foundation	2015	\$849.46	\$X	<ul style="list-style-type: none"> <li>● Discuss with work group</li> <li>● Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>● Lauren requested DDS &amp; MOM project data from VDAF for 2015</li> <li>● Lauren requested data from VDAF for 2014 to show trend over time</li> </ul>	<ul style="list-style-type: none"> <li>● Data from further back (to 2000) may be available; year-to-year changes may be minor</li> <li>● Demonstrates need in vulnerable populations - low-income, older adults, I/DD</li> <li>● DDS data not included here because it is not totally representative of all charity care provided in private practice settings.</li> </ul>
1.7	Total number of patients who received dental care through the Mission of Mercy program.	Virginia Dental Association Foundation	2015	3,126	Statewide, 2014: 3,410	<ul style="list-style-type: none"> <li>● Discuss with work group</li> <li>● Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>● Lauren requested DDS &amp; MOM project data from VDAF for 2015</li> <li>● Lauren requested data from VDAF for 2014 to show trend over time</li> </ul>	<ul style="list-style-type: none"> <li>● Data from further back (to 2000) may be available; year-to-year changes may be minor</li> <li>● Demonstrates need in vulnerable populations - low-income, older adults, I/DD</li> <li>● DDS data not included here because it is not totally representative of all charity care provided in private practice settings.</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

1.8	Localities with no safety net dental clinic and services.	Virginia Health Care Foundation	2016	17.7% (24 of 136)	TBD	<ul style="list-style-type: none"> <li>● Discuss with work group</li> <li>● Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>● Lauren can request past-year data if desired by work group</li> </ul>	<ul style="list-style-type: none"> <li>● Need past year data to demonstrate change over time.</li> <li>● Data can be aggregated into clinics within each Health Planning Region.</li> </ul>
1.9	Localities with no safety net dental clinic that have access to a neighboring clinic.	Virginia Health Care Foundation	2016	32.4% (44 out of 136)	TBD	<ul style="list-style-type: none"> <li>● Discuss with work group</li> <li>● Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>● Lauren can request past-year data if desired by work group</li> </ul>	<ul style="list-style-type: none"> <li>● Need past year data to demonstrate change over time.</li> <li>● Data can be aggregated into clinics within each Health Planning Region.</li> </ul>
1.10	Number of volunteer dental providers (dentists, oral surgeons, dental hygienists) providing services to patients in free clinics across Virginia.	Virginia Association of Free and Charitable Clinics	2015	777	Statewide, 2014: 604 (28.6% increase)	<ul style="list-style-type: none"> <li>● Discuss with work group</li> <li>● Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>● Lauren requested most recent dental data from VAFCC.</li> </ul>	<ul style="list-style-type: none"> <li>● The baseline figure (from CY 2014 data) came from a fact sheet from VAFCC.</li> <li>● The number of clinics surveyed in CY 2014 was 54 and in 2015 it was 59.</li> <li>● The CY 2014 # for volunteers includes only dentists and dental hygienists, not oral surgeons (which the CY 2015 data includes).</li> <li>● Data can be aggregated into clinics within each Health Planning Region.</li> </ul>
1.11	Total value of dental services provided at free and charitable clinics in a calendar year.	Virginia Association of Free and Charitable Clinics	2015	13,285,982	Statewide, 2014: \$343,295 (3,770% increase)	<ul style="list-style-type: none"> <li>● Discuss with work group</li> <li>● Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>● Lauren requested most recent dental data from VAFCC.</li> </ul>	<ul style="list-style-type: none"> <li>● The number of clinics surveyed in CY 2014 was 54 and in 2015 it was 59.</li> <li>● Can't explain the huge increase in costs, except perhaps for the discrepancy in the # of clinics reporting or definition of value used in reporting</li> <li>● Data can be aggregated into clinics within each Health Planning Region.</li> </ul>
1.12	Number of dental visits at free and charitable clinics and community health centers in a calendar year.	Virginia Association of Free and Charitable Clinics & Virginia Community Healthcare Association	2015	157,413	151,580 (3.85% increase)	<ul style="list-style-type: none"> <li>● Discuss with work group</li> <li>● Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>● Lauren requested most recent dental data from VAFCC.</li> <li>● Lauren requested most recent dental data from VCHA reported through UDS.</li> </ul>	<ul style="list-style-type: none"> <li>● 2015 calculation: 40,143 dental visits in free clinics + 117,270 dental visits in CHCs = 157,413 total dental visits in CY15</li> <li>● 2014 calculation: 37,567 dental visits in free clinics + 114,013 dental visits in CHCs = 151,580 total dental visits in CY14</li> <li>● Comparing to 2014 benchmark is problematic because the number of free clinics surveyed in CY14 was 54, and in CY15 it was 59; unclear on whether a "dental visit" is classified in the same way</li> <li>● Data can be aggregated at the level of the Health Planning Region.</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

1.13	Number of patients served by free and charitable clinics and community health centers in a calendar year.	Virginia Association of Free and Charitable Clinics & Virginia Community Healthcare Association	2015	79,569	Statewide, 2014: 64,815 (22.8% increase)	<ul style="list-style-type: none"> <li>• Discuss with work group</li> <li>• Vote to include or not</li> </ul>	<ul style="list-style-type: none"> <li>• Lauren requested most recent dental data from VAFCC.</li> <li>• Lauren requested most recent dental data from VCHA reported through UDS.</li> </ul>	<ul style="list-style-type: none"> <li>• 2015 calculation: 19,535 dental patients served in free clinics + 60,034 dental patients served in CHCs = 79,569 total dental patients in CY15</li> <li>• 2014 calculation: 16,052 dental patients served in free clinics + 48,763 dental patients served in CHCs = 64,815 total dental patients in CY14</li> <li>• Comparing to 2014 benchmark is problematic because the number of free clinics surveyed in CY14 was 54, and in CY15 it was 59; unclear on whether a "dental visit" is classified in the same way</li> <li>• Data can be aggregated at the level of the Health Planning Region</li> </ul>
1.14	Proportion of total emergency room visits for dental-related conditions.	VHI All Payer Claims Database	2015	X%	<a href="#">National: 1.58% [3]</a>	Emergency department data is forthcoming pending requests to VHHA & VHI	<ul style="list-style-type: none"> <li>• We identified a subset of 20 ICD-9 diagnosis codes that will consist of a "dental visit" for the most recent complete year of data (2014)</li> <li>• The subset of codes will be used to draft our requests to VHI and VHHA hospitals</li> <li>• VHI providing cost estimate to us this week for report on ED use for dental conditions</li> </ul>	<ul style="list-style-type: none"> <li>• The subset of diagnosis codes used to determine what constitutes a "dental visit," the source of the data, and the time period of data collection varies widely; our measure will not be comparable to other states (although I have a national benchmark listed)</li> <li>• We could request past years of APCD data to examine state-level changes over time</li> <li>• We could look primary diagnosis codes only, or primary and secondary diagnosis codes</li> <li>• Using the APCD we may be able to look at how many people who went to the ED (as a %) also obtained prescription opioids within 30 days of hospitalization.</li> <li>• APCD data estimates of ED use for dental conditions may be lower than actual ED utilization rates for dental</li> </ul>
1.15	Rank of dental-related diagnoses among top 10 primary diagnoses for emergency room use.	VHI All Payer Claims Database	2015	X	X	Emergency department data is forthcoming pending requests to VHHA & VHI	<ul style="list-style-type: none"> <li>• We identified a subset of 20 ICD-9 diagnosis codes that will consist of a "dental visit" for the most recent complete year of data (2014)</li> <li>• The subset of codes will be used to draft our requests to VHI and VHHA hospitals</li> <li>• VHI providing cost estimate to us this week for report on ED use for dental conditions</li> </ul>	<ul style="list-style-type: none"> <li>• The subset of diagnosis codes used to determine what constitutes a "dental visit," the source of the data, and the time period of data collection varies widely; our measure will not be comparable to other states (although I have a national benchmark listed)</li> <li>• We could request past years of APCD data to examine state-level changes over time</li> <li>• We could look primary diagnosis codes only, or primary and secondary diagnosis codes</li> <li>• Using the APCD we may be able to look at how many people who went to the ED (as a %) also obtained prescription opioids within 30 days of hospitalization.</li> <li>• APCD data estimates of ED use for dental conditions may be lower than actual ED utilization rates for dental</li> </ul>

[1] National Association of Dental Plans 2016 Dental Benefits Fact Sheet for Virginia.

[2] ADA HPI Fact Sheet, "Oral Health Care System: Virginia," 2014. Available from <http://www.ada.org/en/science-research/health-policy-institute/oral-health-care-system/Virginia-facts>

[3] Wall T, Vujicic M. Emergency department visits for dental conditions fell in 2013. Health Policy Institute Research Brief. American Dental Association. February 2016. Available from: [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0216\\_1.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0216_1.pdf?la=en)

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## 2) VOHP Goal: The oral health workforce in Virginia adequately meets the needs of its citizens by working to the full extent of education and training.

	Measure	Data Source	Year	VA	Benchmark	Action	Status	Other Considerations
	<b>Is the current workforce able to meet the oral health needs of all Virginians?</b>							
2.1	Overall count/% of population residing in a dental health professional shortage area.	American Community Survey 2014, 5-year estimates	2014	22.9% (1.87 million)	X% (n)	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>• Lauren requested the dental HPSA data</li> <li>• VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>• Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>• Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>• VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>• Updated data will be rolled out in July-September</li> </ul>
2.1.1	Proportion of Virginia's population residing within a dental health professional shortage area that experiences poverty.	American Community Survey 2014, 5-year estimates	2014	17.5% (250,469)	Statewide, 2015: 11.5%	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>• Lauren requested the dental HPSA data</li> <li>• VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>• Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>• Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>• VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>• Updated data will be rolled out in July-September</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

2.1.2	Proportion of Virginia's population residing within a dental health professional shortage area that is under the age of 18.	American Community Survey 2014, 5-year estimates	2014	23.5% (386,308)	Statewide, 2015: 15.20%	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>● Lauren requested the dental HPSA data</li> <li>● VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>● Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>● Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>● VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>● Updated data will be rolled out in July-September</li> </ul>
2.1.3	Proportion of Virginia's population residing within a dental health professional shortage area that is uninsured.	American Community Survey 2014, 5-year estimates	2014	13.4% (250,469)	Statewide, 2015: 12.10%	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>● Lauren requested the dental HPSA data</li> <li>● VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>● Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>● Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>● VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>● Updated data will be rolled out in July-September</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

2.1.4	Proportion of Virginia's population residing within a dental health professional shortage area that has less than a high school education.	American Community Survey 2014, 5-year estimates	2014	17.4% (222,678)	Statewide, 2015: 11.60%	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>● Lauren requested the dental HPSA data</li> <li>● VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>● Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>● Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>● VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>● Updated data will be rolled out in July-September</li> </ul>
2.1.5	Proportion of Virginia's population residing within a dental health professional shortage area that is unemployed.	American Community Survey 2014, 5-year estimates	2014	4.7% (69,231)	Statewide, 2015: 6.90%	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>● Lauren requested the dental HPSA data</li> <li>● VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>● Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>● Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>● VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>● Updated data will be rolled out in July-September</li> </ul>



**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

2.1.6	Proportion of Virginia's population residing within a dental health professional shortage area that is White.	American Community Survey 2014, 5-year estimates	2014	79.5% (1,487,081)	Statewide, 2015: 71.90%	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>● Lauren requested the dental HPSA data</li> <li>● VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>● Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>● Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>● VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>● Updated data will be rolled out in July-September</li> </ul>
2.1.7	Proportion of Virginia's population residing within a dental health professional shortage area that is African American.	American Community Survey 2014, 5-year estimates	2014	16.4% (307,364)	Statewide, 2015: 20.80%	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>● Lauren requested the dental HPSA data</li> <li>● VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>● Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>● Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>● VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>● Updated data will be rolled out in July-September</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

2.1.8	Proportion of Virginia's population residing within a dental health professional shortage area that is Hispanic.	American Community Survey 2014, 5-year estimates	2014	3.4% (63,973)	Statewide, 2015: 8.4%	Lauren will work with VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level	<ul style="list-style-type: none"> <li>● Lauren requested the dental HPSA data</li> <li>● VDH-OHE supplied the data - Lauren updated the figures</li> </ul>	<ul style="list-style-type: none"> <li>● Dental HPSA designations are currently limited in their accuracy because 1) counties must voluntarily request to be designated; 2) re-designations are not performed at consistent time intervals across the state; 3) designations are based on dentist-to-population ratio and other factors which do not sufficiently capture all dimensions of provider supply and accessibility.</li> <li>● Dental HPSA designations are one of the few measures available which address provider distribution.</li> <li>● VDH-OHE is overhauling its HPSA designation process in accordance with new HRSA requirements and creating a new provider database which pairs HPSA data with other valuable workforce information -- this could mean that this information will be even more useful for future report cards.</li> <li>● Updated data will be rolled out in July-September</li> </ul>
2.2	Dental hygiene professional practice index (DHPPPI) composite score based on 1) state regulatory/legal environment, 2) supervision policies by practice setting, 3) dental hygienist tasks allowed under varying levels of supervision, and 4) reimbursement.	Center for Health Workforce Studies, University at Albany, School of Public Health, Oral Health Workforce Research Center	2014	68/100 points	<a href="#">Statewide, 2001: 17/100 points [1]</a>	New addition suggested by Justin Crow at VDH-OHE	Complete	<ul style="list-style-type: none"> <li>● Demonstrates clear improvement in dental hygiene practice policies over time; also able to compare to other states</li> <li>● Unclear how often the DHPPPI score is updated for each state; last update in 2001</li> <li>● This type of score may be difficult to explain in a quick snapshot</li> </ul>

[1] Langelier M, Baker B, Continelli T, Moore J. A Dental Hygiene Professional Practice Index by State, 2014. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; March 2016. Available from: [http://www.oralhealthworkforce.org/wp-content/uploads/2016/03/DH\\_Professional\\_Practice\\_Index\\_By\\_State\\_2014.pdf](http://www.oralhealthworkforce.org/wp-content/uploads/2016/03/DH_Professional_Practice_Index_By_State_2014.pdf)

### 3) VOHP Goal: The prevalence of dental disease is reduced in Virginia through prevention activities and early diagnosis and treatment.

Measure	Data Source	Year	VA	Benchmark	Action	Status	Other Considerations
<b>What is the current oral health status of Virginians?</b>							
3.1 Adults age 18+ who have had at least one permanent tooth extracted.	Behavioral Risk Factor Surveillance System	2014	40.80%	<a href="#">Statewide, 1999: 55.2%</a> <a href="#">Statewide, 2012: 42.0%</a> <a href="#">National, 2014: 43.4% [1]</a>	Lauren will determine if it's possible to get the # of teeth extracted, as well as the comparison to the national rate and past years	<ul style="list-style-type: none"> <li>• Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>• VDH supplied additional data, including prevalence of teeth extracted (1-5, 6 or more, all, and none) broken down by race, income, disease status (diabetes or cardiac disease); and prevalence of complete tooth loss broken down by those same factors</li> </ul>	<ul style="list-style-type: none"> <li>• BRFSS data is mostly representative at the state level, can be broken down by race/ethnicity, age, gender, education, and household income.</li> <li>• BRFSS tends to oversample high-risk population due to survey design</li> <li>• Cannot be aggregated at the regional level</li> <li>• Can compare to national benchmark or past year data for the state</li> <li>• The number of adults age 18-64 with more than 1 tooth extracted is likely to be small.</li> </ul>
3.2 Adults over age 65 with all of their natural teeth extracted.	Behavioral Risk Factor Surveillance System	2014	15.10%	<a href="#">Statewide, 1999: 29.4%</a> <a href="#">Statewide, 2012: 16.1%</a> <a href="#">National, 2014: 15.1% [1]</a>	Lauren will get comparison to national rate and past years	<ul style="list-style-type: none"> <li>• Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>• VDH supplied additional data, including prevalence of teeth extracted (1-5, 6 or more, all, and none) broken down by race, income, disease status (diabetes or cardiac disease); and prevalence of complete tooth loss broken down by those same factors</li> </ul>	<ul style="list-style-type: none"> <li>• BRFSS data is mostly representative at the state level, can be broken down by race/ethnicity, age, gender, education, and household income.</li> <li>• BRFSS tends to oversample high-risk population due to survey design</li> <li>• Cannot be aggregated at the regional level</li> <li>• Can compare to national benchmark or past year data for the state</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

3.3	Third graders with some dental caries experience (treated decay, untreated decay, or both).	Basic Screening Survey	2015	47.20%	Statewide, 2009: 47.4%	Lauren will try to get the racial breakdown	<ul style="list-style-type: none"> <li>● Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>● Lauren requested VDH to share state or national benchmark for comparison.</li> <li>● VDH supplied the 2014-2015 data that they currently have available, as well as 2009 data for comparison.</li> </ul>	<ul style="list-style-type: none"> <li>● Data is weighted for population-level estimates</li> <li>● Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> </ul>
3.3.1	White, non-Hispanic third graders with some dental caries experience (treated decay, untreated decay, or both).	Basic Screening Survey	2015	44.20%	Statewide, 2009: 45.2%	Lauren will try to get the racial breakdown	<ul style="list-style-type: none"> <li>● Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>● Lauren requested VDH to share state or national benchmark for comparison.</li> <li>● VDH supplied the 2014-2015 data that they currently have available, as well as 2009 data for comparison.</li> </ul>	<ul style="list-style-type: none"> <li>● Data is weighted for population-level estimates</li> <li>● Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> </ul>
3.3.2	Black, non-Hispanic third graders with some dental caries experience (treated decay, untreated decay, or both).	Basic Screening Survey	2015	51.80%	50.30%	Lauren will try to get the racial breakdown	<ul style="list-style-type: none"> <li>● Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>● Lauren requested VDH to share state or national benchmark for comparison.</li> <li>● VDH supplied the 2014-2015 data that they currently have available, as well as 2009 data for comparison.</li> </ul>	<ul style="list-style-type: none"> <li>● Data is weighted for population-level estimates</li> <li>● Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

3.3.3	Hispanic third graders with some dental caries experience (treated decay, untreated decay, or both).	Basic Screening Survey	2015	51.00%	54.00%	Lauren will try to get the racial breakdown	<ul style="list-style-type: none"> <li>● Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>● Lauren requested VDH to share state or national benchmark for comparison.</li> <li>● VDH supplied the 2014-2015 data that they currently have available, as well as 2009 data for comparison.</li> </ul>	<ul style="list-style-type: none"> <li>● Data is weighted for population-level estimates</li> <li>● Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> </ul>
3.3.4	Asian or Pacific Islander third graders with some dental caries experience (treated decay, untreated decay, or both).	Basic Screening Survey	2015	46.54%	51.80%	Lauren will try to get the racial breakdown	<ul style="list-style-type: none"> <li>● Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>● Lauren requested VDH to share state or national benchmark for comparison.</li> <li>● VDH supplied the 2014-2015 data that they currently have available, as well as 2009 data for comparison.</li> </ul>	<ul style="list-style-type: none"> <li>● Data is weighted for population-level estimates</li> <li>● Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> </ul>
3.3.5	Third graders of unspecified or multiple races with some dental caries experience (treated decay, untreated decay, or both).	Basic Screening Survey	2015	48.10%	44.50%	Lauren will try to get the racial breakdown	<ul style="list-style-type: none"> <li>● Lauren met with VDH partners to discuss their survey data and submit additional data request.</li> <li>● Lauren requested VDH to share state or national benchmark for comparison.</li> <li>● VDH supplied the 2014-2015 data that they currently have available, as well as 2009 data for comparison.</li> </ul>	<ul style="list-style-type: none"> <li>● Data is weighted for population-level estimates</li> <li>● Data from this survey is available by region, race/ethnicity, age group, insurance status, sex, and SES.</li> </ul>

<b>What percent of children utilize prevention services?</b>								
3.4	Children ages 1-20 enrolled in Medicaid or FAMIS receiving preventive dental services.	DMAS & DentaQuest	2014-2015	50.83%	Statewide, 2010-2011: 43.93%	Exclude <1 age group	<ul style="list-style-type: none"> <li>● Lauren corrected figures to account for exclusion of &lt;1 age group</li> <li>● Utilization of preventive services has steadily increased over time; we can look at the rate as far back as 2011 with the data VaOHC has</li> </ul>	<ul style="list-style-type: none"> <li>● Data available by region, race/ethnicity, age group</li> <li>● Can compare to past year data for the state</li> <li>● Valuable for understanding preventive service use among high-risk children</li> </ul>
3.4.1	Children ages 1-3 enrolled in Medicaid or FAMIS receiving preventive dental services.	DMAS & DentaQuest	2015	23.66%	Statewide, 2010-2011: 17.73%	VaOHC team opted to include this as a measure of the very young age group; BSB data on tooth decay was eliminated	<ul style="list-style-type: none"> <li>● Lauren corrected figures to account for exclusion of &lt;1 age group</li> <li>● Utilization of preventive services has steadily increased over time; we can look at the rate as far back as 2011 with the data VaOHC has</li> </ul>	<ul style="list-style-type: none"> <li>● Data available by region, race/ethnicity, age group</li> <li>● Can compare to past year data for the state</li> <li>● Valuable for understanding preventive service use among high-risk children</li> </ul>
3.4.2	Children ages 1-5 enrolled in Medicaid or FAMIS receiving preventive dental services.	DMAS & DentaQuest	2015	42.73%	Statewide, 2010-2011: 35.63%	This figure is updated to only include ages 1-5, eliminating the <1 category – previously the percentage was 37.15% including the <1 age group	<ul style="list-style-type: none"> <li>● Lauren corrected figures to account for exclusion of &lt;1 age group</li> <li>● Utilization of preventive services has steadily increased over time; we can look at the rate as far back as 2011 with the data VaOHC has</li> </ul>	<ul style="list-style-type: none"> <li>● Data available by region, race/ethnicity, age group</li> <li>● Can compare to past year data for the state</li> <li>● Valuable for understanding preventive service use among high-risk children</li> </ul>
3.5	Children ages 1-17 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	21.50%	<a href="#">Statewide, 2007: 21.0%</a> <a href="#">National, 2012: 22.8% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

3.5.1	Children ages 0-5 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	47.20%	<a href="#">Statewide, 2007: 46.8%</a> <a href="#">National, 2012: 45.7% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.2	Children ages 6-11 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	12.50%	<a href="#">Statewide, 2007: 8.6%</a> <a href="#">National, 2012: 12.4% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.3	Children ages 12-17 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	9.70%	<a href="#">Statewide, 2007: 11.8%</a> <a href="#">National, 2012: 14.9% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.4	Children of Hispanic race/ethnicity ages 1-17 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	31.20%	<a href="#">Statewide, 2007: 27.0%</a> <a href="#">National, 2012: 26.1% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

3.5.5	Children of White, non-Hispanic race/ethnicity ages 1-17 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	19.20%	<a href="#">Statewide, 2007: 19.8%</a> <a href="#">National, 2012: 20.3% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.6	Children of Black, non-Hispanic race/ethnicity ages 1-17 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	13.70%	<a href="#">Statewide, 2007: 19.3%</a> <a href="#">National, 2012: 24.1% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.6	Children of other, non-Hispanic race/ethnicity ages 1-17 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	31.40%	<a href="#">Statewide, 2007 (also had multiracial category): 33.3%</a> <a href="#">National, 2012: 26.5% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.7	Children without health insurance ages 1-17 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	59.20%	<a href="#">Statewide, 2007: 44.0%</a> <a href="#">National, 2012: 52.3% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>



**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

3.5.8	Children with health insurance ages 1-17 who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	19.40%	<a href="#">Statewide, 2007: 22.0%</a> <a href="#">National, 2012: 21.0% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.9	Children whose household income is 0-99% of the federal poverty line (FPL) who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	28.60%	<a href="#">Statewide, 2007: 26.9%</a> <a href="#">National, 2012: 32.0% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.10	Children whose household income is 100-199% of the federal poverty line (FPL) who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	20.60%	<a href="#">Statewide, 2007: 31.5%</a> <a href="#">National, 2012: 27.0% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.11	Children whose household income is 200-399% of the federal poverty line (FPL) who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	22.90%	<a href="#">Statewide, 2007: 21.1%</a> <a href="#">National, 2012: 20.3% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>

**Virginia Oral Health Report Card**  
**Draft Measures Status Report**

3.5.12	Children whose household income is 400% of the federal poverty line (FPL) or more who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	18.10%	<a href="#">Statewide, 2007: 13.7%</a> <a href="#">National, 2012: 15.0% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.13	Children whose parent's highest educational attainment was less than high school who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	32.40%	<a href="#">Statewide, 2007: Unavailable</a> <a href="#">National, 2012: 32.6% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.14	Children whose parent's highest educational attainment was high school who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	26.60%	<a href="#">Statewide, 2007: Unavailable</a> <a href="#">National, 2012: 27.7% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
3.5.15	Children whose parent's highest educational attainment was greater than high school who received no preventive dental care such as check-ups and cleanings in the past year.	National Survey of Children's Health	2012	18.70%	<a href="#">Statewide, 2007: Unavailable</a> <a href="#">National, 2012: 19.6% [2]</a>	Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.	<ul style="list-style-type: none"> <li>● Lauren obtained data via NSCH website on the demographic breakdown of this figure</li> </ul>	<ul style="list-style-type: none"> <li>● Representative data available by race/ethnicity, age group, insurance status, household income, parent education level</li> <li>● Provides a snapshot of preventive care utilization for all children rather than just Medicaid</li> <li>● Data cannot be aggregated at the regional level</li> <li>● Can compare to national benchmark or past year data for the state</li> <li>● Limitation: Self-report data</li> </ul>
<b>What is the status of community water fluoridation in Virginia?</b>								
3.6	Percentage of population on community water systems receiving fluoridated water.	VDH Water Fluoridation data and CDC Website	2014	96.30%	National: 74.7%	None required	No update	<ul style="list-style-type: none"> <li>● Demonstrates our performance compared to the nation</li> <li>● Same statistic has been used in other fact sheets and report cards on oral health</li> </ul>

[1] Behavioral Risk Factor Surveillance System, Prevalence and Trends Data. Available from: <a href="http://www.cdc.gov/brfss/brfssprevalence/index.html">http://www.cdc.gov/brfss/brfssprevalence/index.html</a>
[2] National Survey on Children's Health, 2007-2012. Available from: <a href="http://childhealthdata.org/browse/survey">http://childhealthdata.org/browse/survey</a>

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