



TAYLOR WEILNAU
SARA FAZIO
ERIN E. SULLIVAN

Mobilization of Oral Health Care to the Remote Communities of Appalachia

Introduction

It was a bright, sunny, and warm April morning in Charleston, West Virginia. Dr. Angela (Angie) Settle drove up to the drive-thru window in her large Chevrolet Suburban truck to pick up her daily Diet Coke. As a mother of six children and the Chief Executive Officer of one of West Virginia's largest free and charitable clinics, the West Virginia Health Right (WV Health Right), she was constantly on the move. As Settle continued her daily commute to the clinic, she thought about what she considered her seventh child, the WV Health Right Mobile Dental Unit. She thought about the number of West Virginians it served in remote Appalachia. As she walked down the halls of the clinic on route to her office, she thought about how much the WV Health Right had grown and changed. But there was one nagging thought that never left her mind. How can the WV Health Right and the Mobile Dental Unit keep growing... and with what funds?

The State of West Virginia

West Virginia was admitted as the 35th state of the United States of America in 1863. West Virginia was formed when Virginia separated from the Confederacy and joined the Union during the American Civil War. The state is 24,230 total square miles along the Appalachian Mountain range. In 2018, West Virginia had a population of 1,805,832. The racial and ethnic demographics of the state were 93.5% white, 3.6% Black or African American, and 1.8% Hispanic or Latino. Additionally, the state had a poverty rate of 19% and an estimated median household income of \$44,000, compared to the national poverty rate of 13% and an estimated national median household income of \$61,000. The state unemployment rate was 4.7% while the national unemployment rate was 3.7%. West Virginia had an estimated rural population of approximately 38%, equaling about 682,651 people in 2019.¹ Although, the majority of the population

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resided in urban areas, with Charleston being the most populous city in the state.^{1,2} Located in Kanawha County of southcentral West Virginia, Charleston is the capital of the state, as well as the center of government, commerce, and industry. Charleston had an estimated population of 47,000 people, with 211,000 people in the entire metropolitan area.

Southern West Virginia, where Charleston is located, was considered a culturally and geographically distinct region of the state, as it was considered the heart of Appalachia and known for its coal mining heritage. After the Civil War and following the Reconstruction Era, West Virginia benefitted from its natural resources more than any other industry. More specifically, during the latter half of the 19th century and throughout the 20th century, bituminous coal mining was a plentiful and profitable resource of West Virginia that fueled the Industrial Revolution and beyond. In the beginning years of the 21st century, West Virginia began to grapple with the environmental dangers of coal mining. From mine collapses to regulation changes due to ecological concerns, the industry waned, and along with it, so did the state's economy. From 2017 to 2018, West Virginia lost approximately 18,000 residents, the highest rate of population decline in any state.³

Free and Charitable Clinics

Free and charitable clinics are organizations that were established, operated, and maintained for the purpose of providing health care to socioeconomically and geographically underserved patient populations. They served as a safety net for under and uninsured community members. As in the case of WV Health Right, most of these clinics were staffed by volunteer physicians, nurses, and other health care professionals. Free and charitable clinics are organized under the Internal Revenue Code (IRC) as 501(c)(3) tax-exempt organizations. The term "charitable" was defined by the IRS to include "relief of the poor, the distress, or the underprivileged, etc."

Free clinics were not required to provide services free of charge to be classified as a charitable entity. They may charge a nominal fee as long as the necessary services are rendered without consideration of a patient's ability to pay. At the WV Health Right services provided were free, patients were not required to pay anything. This was made possible by the numerous funding sources for the WV Health Right, including state funding, grants, and most importantly, charitable donations. Due to the legislation and organization of free and charitable clinics, many free clinics including the WV Health Right, often limited their services to those who did not have insurance, had limited insurance such as Medicare or Medicaid, or had limited or no access to necessary health care services.⁴

¹ <https://data.ers.usda.gov/reports.aspx?ID=17854>

² <https://www.census.gov/quickfacts/WV>

³ <https://www.pewtrusts.org/en/research-and-analysis/articles/2018/06/20/years-of-slower-population-growth-persisted-in->

[2017?utm_campaign=governing&utm_source=twitter&utm_medium=social&utm_content=2017map](https://www.pewtrusts.org/en/research-and-analysis/articles/2018/06/20/years-of-slower-population-growth-persisted-in-2017?utm_campaign=governing&utm_source=twitter&utm_medium=social&utm_content=2017map)

⁴ <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/ama-foundation/legal-operational-guide-free-medical-clinics.pdf>



Free and charitable clinics largely delivered primary care with some clinics providing additional services. The WV Health Right not only provided primary care but also specialists, dental, pharmacy, vision, substance use disorder care/treatment, behavioral and mental health care, as well as a robust health education program.

The Foundation and Growth of West Virginia Health Right

History of WV Health Right

The WV Health Right was founded in 1982 by a small group of health care professionals who recognized the need for a source of continual health care for the low-income uninsured population in Charleston. In the beginning, services were provided mostly to homeless individuals first those who utilized the St. John's Episcopal Church Manna Meal program and soon expanded when the clinic moved to Covenant House, where it shared space with the homeless shelter. Initially, the clinic operated two nights per week and was staffed on a rotating basis by a volunteer group. In 1983, the Charleston Area Medical Center offered WV Health Right free use of an old hospital building; here, the clinic began to serve more than 60 patients a night, for five days a week, with steadily increasing demand.

In 1989, WV Health Right staff learned that the old hospital building they were in was going to be demolished. Luckily, the community rallied around the WV Health Right and helped locate a 4,000 square foot building on Smith Street in Charleston. With support from surrounding hospitals, businesses, foundations, and individuals, WV Health Right was able to purchase and renovate the building. They operated out of the Smith Street location for a decade as their patient numbers grew threefold. In 1999, WV Health Right moved to a new state-of-the-art 14,000 square foot facility located in Charleston's East End that was designed and built specifically for the WV Health Right.

Mission and Philosophy

The mission of WV Health Right was to provide quality medical, dental, pharmaceutical, vision, behavioral health, and substance use disorder care/treatment as well as health education and mobile dental services to underserved West Virginians. WV Health Right was founded on four philosophies. These philosophies were crucial to the activities, services and function of the clinic, its staff, and its volunteers (see **Exhibit 1** for the WV Health Right philosophies).

Patient Population

In 2018, WV Health Right served more than 28,000 patients. It was estimated that 83% of the patient population were employed or were supported by household employment. Approximately 70% of WV Health Right patients were uninsured, while 22% were covered by Medicaid and 8% by Medicare. Before the Patient Protection and Affordable Care Act (ACA) of 2010, the WV Health Right only served uninsured individuals. After the ACA, the WV Health Right decided to expand to uninsured, Medicaid, and Medicare patients, as many other clinics in the area refused to accept expanded Medicaid or Medicare insurance programs due to fiscal disadvantages, including the slow pace of reimbursement.



Staff, Providers, and Leadership

There were approximately 40 people on staff at WV Health Right. In terms of health care providers, other than the three primary care team nurse practitioner (NP) leads, the health care providers were all volunteers. Over 600 volunteers provided free medical and dental care at WV Health Right annually including approximately 50 primary care clinician volunteers. Additionally, volunteer physicians came from specialty backgrounds such as cardiology, gastroenterology, psychiatry, ophthalmology, and even plastic surgery. Settle explained the benefit of this model, saying, "It might take you six months to get into dermatology. Here, it's going to take a month."

The WV Health Right was governed by a Board of Directors that Settle worked with on a regular basis. A diverse group with 15 members, the WV Health Right board consisted of three physicians, one dentist, two attorneys, one accountant, two retired police officers, and one pharmacist. According to Settle, "It's a good mix of people. A lot of them volunteer here and I think that's important. They really need to know what's going on. Nothing's more frustrating than when your board members do not understand the need for the services you want to offer or understand the plight of the patients you serve."

Funding and Community Support

In order to provide free care to all of their patients, the WV Health Right had to seek funding to maintain their ability to provide robust services. Due to state level regulations, free and charitable clinics such as WV Health Right did not receive federal funding. In lieu, WV Health Right received state funding that accounted for 33% of their budget. Settle explained the financial situation:

When the ACA came to be, they funded the clinics, all free clinics in the state shared \$4.1 million, all of them, all six. So (after the ACA passed), our governor at the time said, "Obamacare (ACA) is going to fix everything and we're not going to need free clinics," and they cut it to \$1.9 million, that was drastic. We went up there [to the state house], it was my first year as CEO. I had no idea what I was doing. I'm a provider, I don't know these people. I don't know this political process and I'm up there just telling a story. "There's people, they're still in need. What are we going to do?"... This past year, we finally had a positive year and I was like, "Now is my chance." We were up there, started early and often and they actually did put an extra million back in. So, where are we at right now? So now we're at \$3.75 million.

In addition to state funding, WV Health Right consistently applied for, and received, private grant funding for their various programs, including the mobile dental unit which comprised 15% of their budget. Supplementing their state and grant funds, WV Health Right relied on community and individual donations for 31% of their budget. It was estimated that for every dollar WV Health Right received, they leveraged \$20 of care. Finally, the WV Health Right received reimbursement by Medicaid and Medicare billing as 20% of their budget. (See **Exhibit 2** for the WV Health Right budget breakdown)



WV Health Right Dental Program

In 2001, the WV Health Right added a four chair dental clinic on the second floor of their building, thus beginning West Virginia's first free adult dental clinic. By 2018, it expanded to a six chair clinic that was open 5 days a week with a booked schedule. The dental clinic had a staff of two dental hygienists and two dental assistants, in addition to over 100 dedicated dentists, oral surgeons, hygienists, and assistants who volunteered in the dental clinic. The primary goal of the dental clinic was to eliminate pain and infection in the adult population in Charleston. As the clinic grew, services expanded to include screening exams and X-rays, cleanings, as well as extractions and restorations. The dental clinic also provided medications for infection and pain. Of the 28,000 patients that the WV Health Right served each year, 20-25% of them also visited their dental clinic.

The Angie Settle Years

Dr. Settle arrived at the WV Health Right in 1997 as an RN, shortly before completing her Master of Science in Nursing at Marshall University. Her main role was as a Family Nurse Practitioner until 2006, when she became the Clinical Coordinator. In this position, Dr. Settle supervised all clinical activity within the WV Health Right. In 2014, Dr. Settle became the Chief Executive Officer/Executive Director of WV Health Right. When Settle took over, it was a major change in leadership for the organization, as the CEO previously was an attorney. According to Settle, "For the previous CEO, she was more business, math, money, and I was that (clinical) end. So, when I took this position I kind of had to morph and continue doing the medical policy and oversight."

After becoming CEO, Settle promoted Rhonda Francis, the Pharmacy Coordinator, to her recently vacated Clinical Coordinator position. Settle and Francis became a formidable team as self-described "stubborn Virgos" they worked tirelessly to deliver on WV Health Right's mission with a can do and will do attitude. As Francis explained, "... we've been together for so long, and we kind of mesh well together. So, it's kind of like if we see something... "Let's just do it, you know." You know, before it was kind of like, "Oh no, you can't do that." And I'm the type of person that... if I set a goal, I'm going to achieve it... I don't like no... there are ways around it."

The Expansion of the Oral Health Program

The West Virginia Flood of 2016

On June 23rd, 2016, a storm hit West Virginia that brought with it torrential rain resulting in up to 10 inches of rain accumulation in a short 12-hour timeframe. The results of the tremendous rainfall were widespread flash floods across the state, the deadliest floods in West Virginia history. It was that June that Settle received a call from a state senator from Clendenin, a town 30 minutes away from Charleston. "He called me, and said, "Angie, we've got people up here, they don't have their insulin, they don't have medicine. We don't have tetanus shots, we don't have anything."



The next day, Settle and a team of fellow WV Health Right employees went to Clendenin in her Suburban with medicine and first aid supplies. "I mean, you have people coming to you and (saying), "Well, I don't have my insulin," and I'd be like, "Well, we don't have that. I don't have it with me today. Let me write that down. We'll go back, we'll fill it, and we'll come back." For days after the fact, Settle and others kept traveling to rural communities to help people during the crisis. As Settle explained:

It was short-term stuff. As a nurse practitioner, I could get away with doing that, you're in a crisis state. There was a shortage of tetanus. It was funny, I had a public health student assigned with me for the semester and we ended up driving to 12 different places together gathering up 10-12 tetanus vaccines at each stop on short term loan to be replaced once our shipment came in. So, we were right on ground zero. ...We went to about four different counties and did the same thing, short-term medications, first aid and tetanus, just trying to get people through. Because, you know, the water came in the middle of the night and they didn't have time to get their medicines, they don't have time to do anything, just get out.

After the crisis, Settle realized there was potential to move beyond the clinic in Charleston. She thought to herself, "Wow, we could really take our reach beyond just our four walls. We already serve people from every county of the state because people will drive here for these services. When people are in need and they don't have the money, they'll drive here to get the care."

The Mobile Dental Unit

One of the greatest needs Settle observed was access to oral health care in remote areas. That need coupled with Settle's experience delivering medical care in rural areas during the flooding, sparked the idea for the mobile dental unit. At first, Settle faced opposition on all fronts to the concept of the mobile dental unit and many did not believe Settle's idea would ever become a reality. She first approached a large university with a dental school to see if they would partner on the program. She asked if they could train student dentists on the unit traveling to rural areas of the state, with the hope they may want to return to practice in these areas after graduation. Settle recalled that initially, "I was told (by potential university partners) that historically mobile dental units do not work, but I told them that's not how I see it and that has not been my experience." Undeterred, Settle then approached Marshall University's Department Chair for their Dentistry, Oral & Maxillofacial Surgery residency, Dr. Raj Khanna, about their dental residents participating in the program. Francis recalled the initial reactions, "Angie approached them (Marshall University) and said... "We'd like to partner, and we have this idea." I remember Dr. Khanna (said), "Well, Angie... that sounds like a really good idea and we would love to participate... But that can't be up and running in less than a year." Well, guess what, now this was in fall, by May, we were cutting the ribbon on that mobile dental unit."

Settle did not accept the negative feedback as a reason to not attempt to get the mobile dental unit idea to come to life, as she explained:



I was having meetings and the Benedum Foundation's Project Director, Kim Tieman, was very instrumental. I met with her and initially, she was like, "I don't know..., it's hard..." So, I said, "Just meet with me. Just listen to me," you know, "Just hear me out." And then the more she heard me, and she was like, "Okay, this might work." So, then she called a couple people in the foundation world. And then we had a meeting with a few foundation representatives in our boardroom and I proposed the mobile dental unit and they all said, "Well, you know, you can send us an application. So, I sent applications. And in the meantime, I went out on faith assuming we're going to get the money we need, and started building the mobile unit. Everything was rolling.

Settle started the process of constructing the unit, and along the way the state granted her some money to buy the equipment. She chose a 38-foot gooseneck trailer to house the clinic, and researched and chose every detail for it, including the wrap that decorated the outside of the trailer Settle explained, "... It was very hands-on from the very beginning just deciding how many chairs, and how much weight we could put on it. How many could we fit in it, size-wise? What would work on the road, wouldn't be too big, wouldn't be too small down to the details of the truck. The truck that you had to pull it with, all of it. I was involved in all of that." The trailer had three chairs, with one chair dedicated for preventative and cleaning services. The trailer also included all of the necessary sterilization equipment, a full X-ray machine, and an onboard electronic dental record software called Dentrrix. The total cost of the unit and all of its parts was \$500,000. (See **Exhibit 3** for images of the mobile dental unit structure.)

In July of 2017, as the launch of the mobile dental unit became a reality, Settle had to carefully map out areas with an identified need and call the appropriate community contacts. Settle explained the process, "I had to vet every one of these areas and make sure that the dentists understood why we wanted to be there, what our role was, (and that) we weren't coming to take their business." In addition, she considered the distance for same-day travel from the Charleston clinic to rural areas to keep the unit cost effective. Ultimately, after extensive conversations with community stakeholders, Settle decided that the mobile unit would attend to six different counties. There were three in the north, Clay, Harrison, and Roane counties, as well as three in the south, McDowell, Logan, and Boone counties. In each county, the WV Health Right formed a relationship with a community partner. Each one of the community partners agreed to provide the mobile dental unit a place to park, a power plug, and internet access. Initially, the mobile unit would visit each of these places for one day, completing roundtrip travel to and from Charleston on the same day.

In year two, Settle and the team changed their travel and service strategy. They shifted to visit each location for two or four days at a time, leaving the mobile unit parked overnight near their community partner for those days. It was much more cost effective, saving on gas and decreasing the wear and tear on the truck. The team schedule included four days in a row in Boone County, Logan County, and Roane County. McDowell, Clay, and Harrison counties were two-day visits (see **Exhibit 4** for a map of the counties served by the mobile dental clinic). This schedule was mostly dependent on the need and resources available to each county; funding was provided by community-based grants and additional



resources were in-kind support provided by county community partners. (See **Exhibit 5** for grant funding sources).

Community Partnerships

The success of the mobile dental unit program depended upon maintaining strong community partnerships at each of its sites. (See **Exhibit 6** for each county's community partner) In addition to providing functional resources for the mobile dental clinic, some of the community partners went one step further and helped recruit local patients.

One of the many advantages of the mobile dental clinic was its ability to alleviate emergency room visits for oral infection and pain. This was a significant area of need, as emergency rooms were one of the only places for residents in rural areas with limited health access to receive this type of care. Settle explained, "People go into the ER with decay, they get a prescription, they get a pain pill, and they come back 3 weeks later... So, we'll help break that cycle of prescribing and having people come into the ER." In some of the counties the mobile unit served, it was protocol that if anyone arrived to the ER with a complaint of oral pain or infection, they were sent straight out to the mobile dental clinic (when it was available). This not only reduced health care cost, but helped interrupt the cycle of obtaining controlled substance pain medications by treating the problem directly. According to Settle, "I mean, I've had patients that leave abscesses so they can keep getting pain pills... So, it's one of the problems that can lead to opioid use, so that's one way to kind of curtail that and give people a source to fix the problem." Emergency rooms and community health services reported a decrease in requests for narcotic prescriptions since the implementation of the mobile unit.

The Mobile Dental Clinical Team

One of the quintessential aspects of the mobile dental unit that led to its success was the clinical team delivering care from the mobile unit. WV Health Right partnered with Marshall University to staff the unit with a dentist, Dr. Malav Shah. He was on the mobile dental unit for four days of the week, and taught students at Marshall each Friday. "It is his full-time job, as faculty he can bring different residents onboard. It kind of morphed into that because he loves it. He's just perfect" said Settle. Joining Shah on the unit was Greta Nelson, the dental hygienist, Cindy Mills, the dental assistant, and Mark Oldaker, the driver and technical coordinator for the unit. According to Settle, "You got to have the right team dynamic, you know. So, I mean they did fine all along, but we've tweaked it to make sure that it's right. ... That dynamic, when you're working in close quarters, you have to make sure that it is a good mix."

Patient Perspective

The most important aspect of the Mobile Dental Unit was the patients it served day in and day out. Dr. Shah shared a specific patient story about a middle-aged white man named David, which illustrated the impact of the mobile unit:

David came to the Mobile Dental Unit in Logan County in need of full mouth extractions due severe caries and fractures. He was polite and appreciative. Initially, I recall him saying that he



was very anxious about needles and he has severe toothache. Even though we wanted to help him that day, his blood pressure (BP) was too high due to a needle phobia. Our protocol is to wait and repeat BP readings if the reading is high initially. Greta pointed out that his BP rose higher the longer he waited and she recommended that we do not allow him to wait and recommended that we see him as soon as he arrives to the site. That plan worked, and his BP was low enough for us to proceed with extractions. It took us several visits to finish the treatment plan of full mouth extractions. He always said, “Doc, I don’t like needles” but also said, “It is the funniest thing. I take my blood pressure at home and it is alright. And as soon as I see the Burger King, I can feel my pressure going up.” (There is a Burger King next to our site in Logan County.) We finished all of the extractions and he was in tears as he was leaving and he said “I will not have that toothache again”. It was a very emotional moment for all of us.

According to Nelson, who also helped in the treatment of this patient, “David faithfully returned for one appointment after the next, still afraid but always grateful. He would always say “I thank God for you folks” as he exited the mobile unit.” Eventually, David received dentures as a part of his treatment. David was certainly not the only patient who benefitted from the services of the Mobile Dental Unit. Settle recalled a hand written note she received from a 23-year old mother from Roane County (see **Exhibit 7** for the note). Settle remembered “After reading her letter, we got her an appointment the very next day.” There were many restorative stories of the Mobile Dental Unit. (Please see **Exhibit 8** for additional patient images.)

Coverage and Funding of Oral Health Services

As a part of Medicaid coverage, states were required to provide dental benefits to children but not necessarily to adults. It was a state-level decision to provide dental benefits for adult beneficiaries, since there are no minimum requirements for adult dental coverage. While most states provided minimum coverage of emergency dental services for adults, less than half of states provided comprehensive dental care.⁵ Similarly to Medicaid, Medicare did not cover most dental care. Medicare Part A would pay for certain dental services that are required during hospital admission or inpatient hospital care.⁶ In the state of West Virginia, Medicaid only covered the extraction of a tooth for emergency purposes while preventative and restorative services were excluded. This led many adults to pay for oral health care out of pocket. The average cost for an in-office biannual check-up and teeth cleaning without insurance was approximately \$250-300. The cost for restorative services such as tooth fillings, crowns, and root canals without insurance ranged from \$50-780.

With the limited Medicaid and Medicare dental coverage for adults, funding the mobile dental unit was a challenge. There were the community-based grants that ran the mobile dental unit program that had to be renewed every year, in addition to funds from a private donor for the care of McDowell County. As Settle said, “You know how it is with grants. It's like you do great work but it's almost like you're like you have to do cartwheels and a back flip the next year and make it something different to keep getting funded.”

⁵ <https://www.medicaid.gov/medicaid/benefits/dental/index.html>

⁶ <https://www.medicare.gov/coverage/dental-services>



Conclusion

The WV Health Right Mobile Dental Unit conducted over 2,800 appointments, and provided over 1,000 teeth cleanings and 5,000 procedures in 2018-2019. The unit also served approximately 2,500 patients, and maintained a 90% rate of retention of scheduled appointments. Since WV Health Right was a patient centered medical home with comprehensive health care services, approximately 8% of the mobile dental unit patients were referred and then considered WV Health Right their medical home. The mobile dental unit did not just provide these patients with oral health care, but also educated and referred patients to the WV Health Right's other health care services.

In the words of Settle, "If you really enjoy your work and you believe in it, you will go the extra mile, the extra step to see it through." Settle reflected on these numbers as she sat down at her desk after her normal morning routine. She thought continually about the strides the organization has made, and where it will go next. She considered how she can expand and grow the mobile unit program to reach more vulnerable populations. Taking another sip of her Diet Coke, she opened a grant application she had just started the day before. She jumped right in to where she left off.



Exhibit 1: Core Philosophies of the West Virginia Health Right

1. Each person is viewed as having inherent uniqueness, value, and worth, and is therefore worthy of the respect of others.
2. There are certain fundamental rights belonging to all persons. Basic health care is one of these fundamental rights.
3. With these rights there are corresponding responsibilities. Patients who receive services at WV Health Right have the individual responsibility to participate in their care.
4. Members of a society have the responsibility to care for the most weak and vulnerable among them. Poverty, illness and other social and environmental factors often create a vulnerable population.



Exhibit 2: WV Health Right Budget by Funding Sources

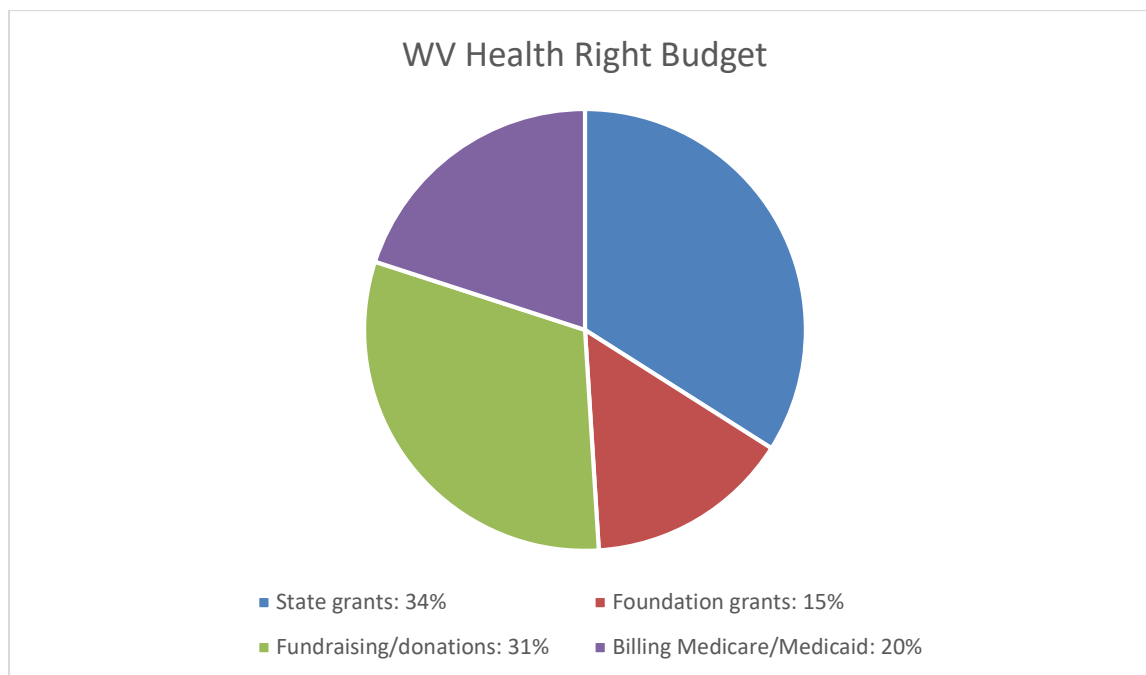




Exhibit 3: Images of the Mobile Dental Unit





Exhibit 4: Counties Served by the West Virginia Health Right Mobile Dental Unit

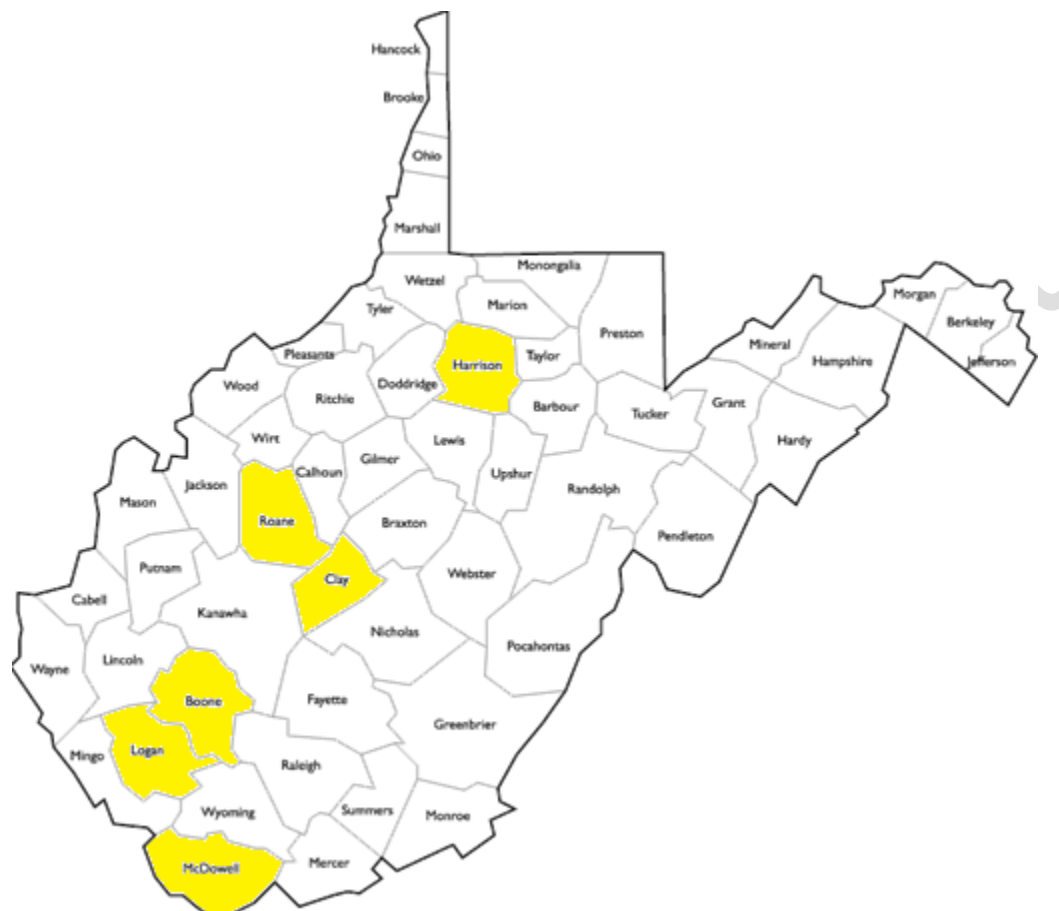




Exhibit 5: Community Grant Funding Sources for the Mobile Dental Unit Program

Grant Funding Sources for WV Health Right Mobile Dental Unit
Benedum Foundation
The Greater Kanawha Valley Foundation
The Logan Healthcare Foundation
The McDonough Foundation
The Sisters Health Foundation
The United Way of Central West Virginia
Boone Community Foundation
Parkers Area Community Foundation

Exhibit 6: Community Partnership Sites by County

County	Community Partner
Roane	Roane General Hospital
Harrison	Health Access Inc. Free and Charitable Clinic
Clay	Community Care West Virginia
McDowell	Welch Community Hospital
Boone	Boone Memorial Hospital
Logan	Coalfield Health Center



Exhibit 7: Handwritten Note from a Mobile Dental Unit Patient

I AM 23 years old, I
have two baby Girls, 4 + 6 ^{months old}
I need my teeth fixed
my baby Girl asks wat
happened to your teeth mummy
I Just want my Smile
back. PLEASE HELP me.

Exhibit 8: Progress Images from a Mobile Dental Unit Patient Case

