GRANTWATCH

Foundation Funding In Oral Health: Expanding Access And Prevention

It’s well established that dental problems can affect health elsewhere in the body. Particularly shocking was the 2007 death of Deamonte Driver—a twelve-year-old boy in Maryland—as a result of complications of a tooth infection.

Access to dental care is a problem. For example, a February 2012 report from the Pew Center on the States estimates that the number of visits to hospital emergency departments by Americans with a primary diagnosis of preventable dental conditions increased 16 percent from 2006 to 2009. For many poor children, the emergency department may be the only place to get care as families struggle “to find a dentist who either practices in their area or accepts Medicaid patients,” the report asserts.

The Institute of Medicine published a July 2011 report on oral health, Improving Access to Oral Health Care for Vulnerable and Underserved Populations. The report concluded that many Americans are not receiving dental services because of “persistent and systemic barriers” to access. Those disproportionately affected include children, elders, and minorities.

Coverage gaps and payment levels play a role. All states are required to provide comprehensive dental benefits for children on Medicaid or the Children’s Health Insurance Program (CHIP), but not for adult Medicaid enrollees. Medicaid payments to dentists are often low and thus, only about 20 percent of dentists serve this low-income population, according to the federal Health Resources and Services Administration.

The Institute of Medicine report’s recommendations include changing Medicaid and CHIP reimbursement rates for oral health care and expanding the workforce by training a variety of clinicians to recognize the risks of oral disease. Shelly Gehshan of the Pew Charitable Trusts and David Krol of the Robert Wood Johnson Foundation served on the Institute of Medicine panel authoring the report, which was funded by the Health Resources and Services Administration and the California Healthcare Foundation.

The Affordable Care Act of 2010 includes a number of provisions “to expand dental coverage, increase the number of oral health care professionals, and invest in oral health prevention and public health activities,” the Institute of Medicine points out. Health plans offered to the individual and small-business market, both inside and outside of insurance exchanges, must provide dental coverage for children.

The reform law also, for example, provides for an Alternative Dental Health Care Providers Demonstration Project. The project calls for grants to fifteen eligible entities to set up training programs for alternative providers (such as dental therapists, which are midlevel providers, and even primary care physicians) “to increase access to dental health care services in rural and other underserved communities.”

Foundation Focus

A variety of funders—national, state, and local—support oral health projects. Oral health has been a popular funding area for philanthropies around the United States for the past several years. Areas of focus include preventing oral health disease; supporting research on new—and sometimes controversial—mid-level oral health care providers; and increasing fluoridation of water, which is still opposed in some quarters.

The Funders Oral Health Policy Group, launched in 2005, now has twenty-five member foundations (five are national funders, and the rest are focused on state or regional concerns). Members include the Blue Cross Blue Shield of North Carolina Foundation, Caring for Colorado Foundation, DentaQuest Foundation, Rasmuson Foundation (in Alaska), Robert Wood Johnson Foundation, and Washington Dental Service Foundation.

Members meet three times a year to learn together and advance their thinking about which policy changes are most needed and which are achievable. Joint learning opens up partnering opportunities and also serves to ensure that individual funder actions are mutually reinforcing. Members pay an annual fee for staff support, provided by the DentaQuest Foundation.

The group’s most recent meeting focused on workforce issues, according to Tracy Garland, a Seattle-based consultant who helps coordinate the group. Two particular areas of discussion: creating new types of oral health professionals to increase access to care, and integrating oral health into patient-centered medical homes, particularly in federally qualified community health centers.

Other National Foundation Activity

Launched in November 2011, the Campaign for Dental Health is a network of local children’s and oral health advocates, health professionals, and scientists whose mission “is to share the facts about oral health and preventive strategies like fluoride.” The campaign, a partnership among Voices for America’s Children, the American Academy of Pediatrics, and the Pew Children’s Dental Campaign, calls fluoride one of the least expensive and most effective ways to protect teeth. Water fluoridation, controversial since the 1950s, remains a hot-button issue in some communities. The Health Trust (which funds projects in California’s Silicon Valley), Kansas Health Foundation, United Methodist Health Ministry Fund, and Washington Dental Service Foundation are among the campaign’s partners. Pew, a partner, funds the effort.

The DentaQuest Foun-
dation, based in Boston, has provided planning grants and technical assistance under its Oral Health 2014 Initiative to twenty state groups from Arizona to Maine. These grantees are building community partnerships to address root causes of inadequate access to oral health care, and focusing on such topics as prevention strategies to strengthen the public dental health infrastructure, collaboration between medical and dental providers, and use of culturally competent information to increase oral health literacy.

The Robert Wood Johnson Foundation recently awarded a $650,000 grant to the University of the Pacific’s dental school for establishing a National Dental Pipeline Learning Institute. The project’s aim is to share lessons learned from the foundation’s model Pipeline, Profession, and Practice: Community-Based Dental Education Program, which closed in 2010, and from the California Dental Pipeline Program, which is funded now by the California Endowment. (The Robert Wood Johnson Foundation previously cofunded the California program.) The institute will foster dental school–community partnerships on community-based dental education and student diversity.

The W.K. Kellogg Foundation and the DentaQuest Institute funded Oral Health Quality Improvement in the Era of Accountability, a December 2011 report. Author Paul Glassman of the University of the Pacific details quality-of-care efforts in federal government agencies, national organizations, large-group dental practices, and other sectors. He also discusses future trends in oral health quality measurement and improvement, such as use of electronic health records and diagnostic codes. Glassman notes in his conclusion that few examples exist “of robust quality improvement programs directed at measuring oral health outcomes…and incentivizing providers to alter their activities to improve these outcomes.” In oral health, Kellogg focuses on improving care for vulnerable children and families.

Shelly Gehshan directs the Pew Children’s Dental Health Campaign, which works to make sure that children receive dental care and “benefit from policies proven to prevent tooth decay,” according to the campaign’s website. The group aims to raise awareness, recruit influential leaders who can advocate for change, and showcase states that are “models for pragmatic, cost-effective [oral health] reform.”

The campaign provides useful, monthly e-newsletters on oral health and a “Water Fluoridation: What the Science Says” web page containing quotes from such authorities as Howard Koh and Jonathan Fielding. Pew’s Winter 2012 magazine notes that the campaign’s work on data collection with a senior official at the US Department of Defense helped prompt a decision by the Pentagon to instruct “facilities that operate water systems serving more than 3,300 personnel to provide optimally fluoridated water.” Tooth decay is a big problem in the military, according to the department. Although most military bases have provided fluoridated water for years, this new directive expands fluoridation to more facilities, Pew notes.

Also, in February 2012 Pew held a Capitol Hill briefing, hosted by both a Democratic and a Republican member of Congress, on the fifth anniversary of Deamonte Driver’s death. (Under its designation as a public charity, Pew can advocate for public policy change.)

Examples Of State And Local Activity

KANSAS For several years, the REACH Healthcare Foundation has been funding the University of Missouri–Kansas City’s UMKC Miles of Smiles, a collaborative oral health program with the Olathe (Kansas) School District. (Kansas does not have a dental school.) Under the program, dental hygiene students provide preventive oral health screenings on site at elementary schools that have a high proportion of students meeting federal poverty guidelines. The program introduces dental hygiene students to community-based oral health care and helps them understand telehealth technology. An $88,680 REACH grant announced in January 2012 will expand the program from six to seven elementary schools and fund on-site restorative care, such as fillings, by a dentist one day a month. Other funders have included the Kansas Health Foundation, National Children’s Oral Health Foundation, and multiple dental supply companies.

MAINE The Maine Health Access Foundation, based in Augusta, has awarded grants totaling nearly $90,000 to four safety-net oral health providers to help them implement practice improvement plans that will enhance their organizational and financial stability, according to the foundation’s January 2012 newsletter. The funding aims to help them operate in a more business-like way. Also, in 2012 Maine Oral Health Funders (including the foundation, the Bingham Program, and others) will fund a study of the oral health workforce in the state, specifically examining how oral health professionals, including Independent Practice Dental Hygienists, affect access to care.

NEW JERSEY Rutgers University’s Center for State Health Policy published a September 2011 brief, “New Jersey Children without Dental Services in 2001 and 2009.” The brief draws on data from the New Jersey Family Health Survey in both years to describe the characteristics of children ages three to eighteen who had no dental care within a year. The good news is that the percentage of such children decreased by 11 percent from 2001 to 2009, but gaps remain. Hispanic children had the biggest problem accessing care in both years. The Robert Wood Johnson Foundation funded the brief and the two surveys.

OKLAHOMA The Oklahoma City Community Foundation, Delta Dental of Oklahoma Oral Health Foundation, and E.L. and Thelma Gaylord Foundation are among the funders of an effort to help low-income, uninsured military veterans in the Sooner State who need dental care. The grantee coordinating the program is Dentists for the Disabled and Elderly in Need of Treatment (D-DENT).

The project matches veterans in need with volunteer dentists and dental hygienists in the area; the vets receive comprehensive dental services, educa-
tion on preventing oral health disease, and oral health kits to help maintain dental health, according to an article on the Oklahoma City Community Foundation’s website. Veterans have limited eligibility for dental benefits, they usually cover only one-time services, and the wait for services can be long, D-DENT’s executive director explains in the article.

Key Personnel Changes

LAUREN LEROY, president and CEO of Grantmakers In Health since 1998, will step down from her post in October 2012. Sam Karp of the California HealthCare Foundation, who chairs the organization’s board, commented in a press release that LeRoy “has done a remarkable job making health philanthropy more relevant to the broader health policy, academic, and advocacy communities as a partner, resource, and convener.” According to the release, she expects to remain “actively engaged” in health philanthropy and health policy in the future.

CAROLYN LINK, formerly senior director at the Blue Cross and Blue Shield of Minnesota Foundation, has been promoted to executive director. The foundation, the largest grant-making foundation in Minnesota, aims “to make a healthy difference in people’s lives by improving the community conditions that have an impact on health,” according to a January 2012 press release.

JAMES D. MCDONOUGH JR., a retired United States Army colonel, joined the New York State Health Foundation’s staff in March 2012 as a senior fellow for veterans affairs. In this position, “he will focus on building support in New York State and nationally to meet the health care, mental health, and social service needs of returning war veterans and their families,” according to a February 2012 press release. He will split his time among New York City, Albany, and Washington, D.C. A veteran of the Iraq War, McDonough was previously president and CEO of the Veterans Outreach Center in Rochester, New York. Also, he is a former director of the New York State Division of Veterans’ Affairs.

PAULA VAN NESS has been selected by the board of the Connecticut Community Foundation as its new CEO. She succeeds Ingrid Manning, who led the foundation—the oldest community foundation in that state—for nearly thirty years. Van Ness, who started at the foundation on February 9, 2012, most recently held the position of chief operating officer at the Peter G. Peterson Foundation. A seasoned nonprofit executive, Van Ness was founding president and CEO of the National AIDS Fund (now called AIDS United) from 1988 to 1996.