National Funders

In 2014 the DentaQuest Foundation launched Oral Health 2020, a national movement “to eradicate dental disease in children and improve oral health across the lifespan.” In January 2016 the foundation announced that most of its 2016 funding would support the goals and targets of that effort. For example, in April 2016 the foundation awarded $2 million in continuing funding for its Grassroots Engagement Initiative (part of Oral Health 2020). The initiative is working with community-based groups in six states “to equip and empower community members” affected by poor oral health “with the skills and resources needed to develop solutions to eliminate disparities and improve oral health,” according to a press release.

The Santa Fe Group, “a unique group of internationally renowned scholars and leaders from business and the professions” with a common interest in improving oral health, received a $100,170 grant from The John A. Hartford Foundation for the group’s Expanding Oral Healthcare for America’s Seniors Salon (conference), which was held in September 2016. The aim was to develop and execute a multipronged strategy to expand dental coverage under Medicare’s Part B and within Medicare Advantage programs. The foundation—the salon’s primary funder—cites a statistic that “more than 70 percent of the Medicare-aged population has no dental insurance” and notes that lack of insurance can affect not only oral health but also overall health. Oral Health America, the Washington Dental Service Foundation (WDSF), and others also funded this salon.

The Robert Wood Johnson Foundation (RWJF) awarded a two-year grant in 2014 to the Healthforce Center (formerly the Center for the Health Professions) at the University of California, San Francisco, to assess models showing “promising oral health workforce innovation,” according to the center’s newsletter. Joanne Spetz and Dana Hughes have been leading the team evaluating six models for effectiveness at promoting prevention of dental disease in underserved populations and expanding access to preventive services for them. For example, two of the models focus on using entry-level workers who have received special training to provide oral health education, screening, and other preventive services. Barriers to helping the underserved include “lack of a robust evidence base” for many models being used and “regulatory barriers that prevent the exploration of alternative models of care,” the center’s website explains. Researchers will produce a report, to be released in July 2017, that will summarize findings from their data analyses and site visits and make recommendations for the field.

State And Regional Funders

Oral health is one area of interest in the Claude Worthington Benedum Foundation’s Health and Human Services program. In December 2015 a report on the history of the West Virginia Oral Health Initiative was publicly released. It mentions “the expansive role” the Benedum Foundation played in launching this collaborative statewide effort in 2008. The initiative has aimed to improve the oral health status of West Virginians through “public awareness, provider training, dental screenings, and access to dental care.” Among the lessons learned is that “foundations bring credibility to other funders and partners, connections, and pivotal funding to spark public action.” However, much remains to be done before the state turns the corner on its oral health challenges. The report, based on a March 2015 meeting of key stakeholders, states that “major progress” has occurred in child oral health, but little progress for adults has been made. Current constraints include oral health being seen “as an isolated issue” and not part of the broader public
health discussion. The Forbes Funds, a supporting organization of the Pittsburgh Foundation, helped produce the report.

The Duke Endowment awarded a four-year, $336,500 grant to the Foundation for Health Leadership and Innovation for an effort across North Carolina called Brushing Is Fun, Start by Age One, which aims to change oral health behavior in parents and childcare providers. This educational campaign has as its cornerstone “clear, simple guidelines and protocols about brushing infants’ and toddlers’ teeth with a smear of fluoride toothpaste, a proven measure to prevent early childhood caries,” according to a 2016 press release. Cavities at this age “disproportionately” affect low-income and minority children. The program aims “to preempt costly dental treatment by preventing cavities as soon as the teeth erupt” by using fluoride. The North Carolina Division of Public Health leads the work, and both the dental and public health schools at the University of North Carolina are among the program’s collaborators.

The Illinois Children’s Healthcare Foundation, located in Oak Brook, has awarded about $3 million total to Southern Illinois University School of Dental Medicine and the University of Illinois at Chicago College of Dentistry to increase “the number of oral health professionals dedicated to serving children in underserved areas” of Illinois, says the funder’s website. Loyola University’s Center for Urban Research and Learning has completed its evaluation of this multiyear Dentistry Pipeline Project initiative and is drafting a report, Bob Egan of the foundation told Health Affairs. Also, the foundation will publicly release a statewide oral health assessment in December 2016.

The WDSF funded “Oral Health Integration in Statewide Delivery System and Payment Reform,” a May 2016 brief. Published by the Center for Health Care Strategies, the brief notes that access to care for Medicaid enrollees can be inadequate. This can lead to untreated dental disease for some enrollees. The brief explores opportunities to integrate oral health into Medicaid benefit design, primary care delivery, and statewide payment reform and highlights approaches of states that have received grants to improve oral health for child and adult enrollees from the federal Center for Medicare and Medicaid Innovation’s State Innovation Models Initiative.

The WDSF, which primarily funds in Washington State, also sponsors a website called Seniors Oral Health, which contains information and resources for older people on maintaining healthy teeth, gums, and mouths. In addition, the foundation has “trained 30,000 paid caregivers to help their older clients care for their teeth and gums,” according to the WDSF website.

The Gary and Mary West Senior Dental Center, dedicated to serving low-income seniors in San Diego, California, opened in October 2016. The Gary and Mary West Foundation provided major funding for the center, which links high-quality and affordable oral health care with nutrition, case management, and wellness services all in one place, according to a press release. The California Wellness Foundation, the County of San Diego, and individual contributions are also funding the center. “If we don’t do something to improve access for seniors, more and more older Americans will seek treatment in emergency rooms” instead of in dental offices or clinics, commented Gary West in the release.

A number of other foundations fund in oral health. REACH Healthcare Foundation funds in Kansas City, Missouri, along with three other counties in the state and three in Kansas. From the start, oral health has been one of REACH’s focus areas. Among its 2016 policy priorities for Kansas is to urge “lawmakers to address widespread oral health care shortages by adopting the dental therapist model,” which could help increase access to care in underserved communities. Among its policy priorities in Missouri is to urge “lawmakers to secure permanent funding for adult dental benefits under Missouri HealthNet [Medicaid] as a top health priority.”

The St. David’s Foundation, located in Austin, Texas, has a mobile dental program, which provides preventive and restorative services to elementary school children across six Central Texas school districts. It is one of the largest school-based, charity dental care programs in the United States. The Sisters Health Foundation (formerly the Sisters of St. Joseph Charitable Fund), which is located in Parkersburg, West Virginia, funds in the mid-Ohio Valley region of the state and includes advocacy of policy changes to improve oral health as part of its program.

Key Personnel Changes

RISA LAVIZZI-MOUREY, president and CEO of the RWJF, announced in a September 2016 press release that she will step down once her successor is in place. She has led “the nation’s largest philanthropy devoted to health” since January 2003. Holding both a medical degree and a master’s in business administration, Lavizzo-Mourey was the first woman and the first African American to head the foundation. Under her leadership, the RWJF has worked to advance its vision of building a Culture of Health, “one that will enable everyone in America to live longer, healthier lives,” the release said. Another focus of her presidency has been the childhood obesity epidemic in the United States.

BARBARA LEONARD is the new president and CEO of the Maine Health Access Foundation (MeHAF). Previously, Leonard was the foundation’s vice president for programs, a position she had held since 2008. In 2015 MeHAF’s previous leader, Wendy Wolf, announced her planned departure.

SUSAN ZEPEDA has stepped down from her position as president and CEO of the Foundation for a Healthy Kentucky. She led the foundation for more than a decade. She was succeeded in September 2016 by a former Democratic congressman from Kentucky’s Sixth District, Ben Chandler, who most recently was executive director of the Kentucky Humanities Council. Zepeda has stayed on temporarily as a consultant. In 2017 she will be “available to assist other foundations interested in pursuing policy change work,” she said in an e-mail.

Compiled and written by Lee L. Prina, senior editor