

Behind the Smile:

How Funders Can Improve Oral Health

There is no question that good oral health is essential to good overall health. More than simply healthy teeth, oral health includes healthy gums, the absence of oral disease and defects, and avoiding unintentional injuries. Not everyone, however, enjoys the benefits of a healthy mouth. Access to dental care is limited, particularly for low-income populations and racial and ethnic minorities.

The consequences of neglecting oral health are significant. Oral disease can interfere with the ability to speak, chew, and swallow. In some cases, painful mouth conditions can result in overuse of emergency rooms and lost productivity, and contribute to low self-esteem. Oral disease, in children alone, is responsible for almost 52 million lost school hours each year. Bacterial infection resulting from untreated oral disease can spread to the rest of the body and affect the cardiovascular and respiratory systems. Seeing a dentist twice a year is not in itself, sufficient. Good oral health also requires avoiding tobacco products and maintaining good nutrition.

Over the past 50 years, the U.S. has experienced major improvements in oral health. The news, however, is not all good. Despite promising advancements in oral health care, disparities in treatment still exist. Low-income populations and racial and ethnic minorities experience the most need. For example, poor children have four times the prevalence of severe dental decay as nonpoor children (U.S. DHHS, 2000). The use of evidence-based practices, such as community water fluoridation and dental sealants, has narrowed the disparity gap, but there is still work to be done.

Since the 2001 release of GIH's *Filling the Gap: Strategies for Improving Oral Health*, there have been several national calls to action to address the problem of inadequate oral health. The *Healthy People 2010* recommendations include a focus on oral health, of which the goal is "to prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services." In *A National Call to Action to Promote Oral Health*, the Surgeon General provides concrete actions and implementation strategies by calling on organizations and individuals to partner to highlight oral health. Suggestions for action include enhancing the public's understanding of the importance of oral health; promoting the use of evidence-based practices, such as community water fluoridation and school-based dental sealants; increasing the oral health workforce capacity and diversity; and working to form collaborations between the public and private sectors.

DID YOU KNOW?

- Dental caries is the most common chronic childhood disease, five times more common than asthma.
- Hispanic children are the least likely group to receive preventive dental care.

Top reasons for not receiving oral health care include:

- No insurance (30.9 percent)
- Too expensive (29.3 percent)
- Cannot get appointment (16.2 percent)

Source: U.S. Department of Health and Human Services, 2005

OPPORTUNITIES FOR GRANTMAKERS

Grantmakers can help repair this broken system. By working in areas affecting oral health, such as policy and advocacy, workforce, and the delivery system, millions of children and adults can reap the benefits of a healthy mouth.

- **Policy and Advocacy** – Over the past decade, foundations have been at the forefront of oral health advocacy and public education. In New England, Maine Health Access Foundation, Oral Health Foundation, and the Endowment for Health are among foundations supporting the *Watch Your Mouth* campaign, based on a model originally funded by The David and Lucile Packard Foundation and Washington Dental Service Foundation. The public information campaign, copyrighted by the FrameWorks Institute, attempts to reframe the issue of oral health through a comprehensive communications strategy in an attempt to recruit and engage new advocates, create visibility for oral health issues, and create a policy agenda for states in New England. Three states – Maine, Massachusetts, and New Hampshire – participate in the campaign and have unique strategies based on the particular needs of each state. Maine's focus is dental sealants and improving the dental workforce in the state. Massachusetts supports preventive measures, such as sealants and fluoride treatments, as well as community water fluoridation projects. New Hampshire places a priority on supporting the state's SCHIP program, enhancing provider education, providing preventive measures, and removing unhealthful snacks and drinks from schools.

The Connecticut Health Foundation has supported oral

health policy issues by funding the Connecticut Oral Health Initiative (COHI). The COHI was first conceived as a committee of the Connecticut State Dental Association in 1993, with the purpose of addressing the *Healthy People 2000* goals on oral health. With funding from the Connecticut Health Foundation, the COHI evolved into an independent, non-profit organization. Its significant accomplishments include assisting in the passage of a bill that simplifies the delivery of dental care within Medicaid; working with the state Department of Public Health to develop an oral health training program for professionals and nonprofessionals; educating the public through presentations, newsletters, and legislative breakfasts; and protecting funds for oral health safety net programs.

Blue Cross Blue Shield of Massachusetts Foundation awarded funding to Boston University's Goldman School of Dental Medicine to develop policy recommendations that will increase access to community water fluoridation, with the goal of decreasing dental decay in all Massachusetts residents, especially the uninsured, low-income, and members of racial and ethnic minority groups. The researchers will use local and national data from multiple sources to determine if there are disparities associated with the fluoridation status of communities and to begin to understand the health impact of these disparities. Investigators will develop a compendium of U.S. state-level fluoridation activities that can be used as best practices groups interested in expanding access to preventive oral health care.

- **Workforce** – Foundations have also worked to improve the capacity of the dental health workforce. In Kansas, the oral health workforce is aging at a rapid pace, and there are no dental schools located in the state. To address this workforce problem, United Methodist Health Ministry Fund joined Delta Dental of Kansas Foundation and Kansas Health Foundation in 2005 to fund a feasibility study to determine whether to establish a one-year Advanced Education in General Dentistry (AEGD) residency program in the Wichita area with the hope of attracting dental graduates to the state. The program involves a twelve-month commitment of didactic and clinical training and is designed to improve and refine the dental resident's skills and knowledge in the practice of general dentistry. The study found that not only would the AEGD program be feasible in Kansas but that it would have great potential for success.

Robert Wood Johnson Foundation's *Pipeline, Profession, and Practice: Community-Based Dental Education* initiative allows schools of dentistry to increase access to dental care for underserved populations. The foundation, along with The California Endowment, provided 15 dental schools with five-year grants to develop community-based clinical education programs that provide care to the most vulnerable populations and to increase recruitment and retention of low-income and minority students. One grantee, the University of North Carolina at Chapel Hill School of Dentistry, places its senior dental students in clinical externships. For 40 days, students

work in community-based sites such as county health departments, American Indian reservations, community health centers, VA clinics, correctional institutions, institutions for those with mental illness or developmental disabilities, and geriatric dental facilities. Loma Linda University's School of Dentistry will use grant funds to expand busing programs and partnerships with community clinics to treat children from remote desert or mountain areas, as well as develop community-based practices in county hospitals, elementary schools, and community health centers.

- **Prevention** – Introducing evidence-based preventive measures such as water fluoridation and dental sealants has been an effective strategy used by foundations and public health programs. Since 2000, Quantum Foundation in Florida has made significant annual grants to the Palm Beach County Health Department to operate a school-based dental sealant protection program in areas with a high percentage of children from low-income families. The Delta Dental of Colorado Foundation provided a grant to the Chopper Toppers Sealant Program, a school-based sealant program in metro Denver. As the first and only program of its kind in Denver, Chopper Toppers focuses on children who have limited access to dental care because of economic and cultural barriers.
- **Systems** – Finally, several foundations have chosen to address the oral health system on a broader level, launching systemwide, multiyear initiatives. For example, the San Francisco Foundation recently awarded \$680,000 in grants to eight projects through its *Oral Health Initiative: Enhancing Prevention, Access, and Community Partnerships*. The five priority areas of the initiative are oral health education and promotion, access to care, provider training, delivery system, and policy and advocacy. The initiative has four components: grantmaking, policy formation and advocacy, public education and communication strategies, and evaluation. Projects receiving grants include Contra Costa Health Access Project, which seeks to increase the number of low-income children receiving dental services through service expansion and case management; Geriatric Oral Health Access Program, which is a collaborative effort to deliver oral health care services to elderly residents of long-term care institutions; and Oral Health Policy Project of the University of the Pacific School of Dentistry, which attempts to advance oral health policy reforms, specifically for the elderly people with special health care needs.

RESOURCES

Grantmakers In Health, *Filling the Gap: Strategies for Improving Oral Health* (Washington, DC: 2001).

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U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, *The National Survey of Children's Health 2003* (Rockville, MD: 2005).