

## Giving Voice to Oral Health in Kansas: Benefits of Long-Term Commitment

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Someone recently used the term *philanthropy du jour*, and it was not meant as a positive appellation. As a field, we increasingly see longevity as virtue whether it comes under the guise of general operating support, capacity building, or place-based or strategic grantmaking. The work of the United Methodist Health Ministry Fund in a single field – oral health – began in late 1998. My reflections attempt to capture the results of this extended \$11-million initiative.

### CONVENING THE STAKEHOLDERS

Our overall goal has been “to improve materially the oral health of Kansans.” The original strategies were: 1) increased use of sealants, 2) more Kansans with fluoridation, and 3) understanding barriers to Medicaid dental access and working to reduce them. These strategies reflected our belief that we should “first do no harm” (we needed to learn about the field) and our strong preference to work on prevention – highly proven in the oral health field. We developed an internal advisory committee with a membership of state-level players. This committee had authority to approve grants under sealant and water fluoridation requests for proposals and advised our grants process on all oral health proposals. Meeting frequently from 1998 to 2003, this group became an informal oral health coalition and occasionally implemented solutions to policy issues.

### ADDING THE VALUE OF NEUTRALITY

Our role as convener of the committee resulted in being asked by the Kansas Dental Association (KDA) to facilitate a meeting between KDA and the Kansas Dental Hygienists Association (KDHA). The normal disagreements between these two groups had escalated, and there was a desire to find common work. The facilitated meeting resulted in an agreement to develop a new expanded practice permit for hygienists (legislative action was swift when KDA and KDHA agreed on something) and a decision to develop a free dental clinic to move around Kansas (the Kansas Mission of Mercy program).

### GIVING THE ISSUE VOICE

The United Health Ministry Fund launched a public awareness campaign – quarterly postcards to 6,500 persons, frequent news releases, booths at key state conferences, prepared inserts for organizational newsletters – all using the Healthy Teeth for Kansas imprint. We set quantifiable goals for these communications, which were generally exceeded year after year. Also, we encouraged new visioning by supporting Kansans’ attendance at national meetings such as the 2000 Surgeon General’s Conference and National Oral Health Conferences. Nothing did more to make oral health a concern for Kansas policymakers, however, than the Kansas

### SELECTED FUND ORAL HEALTH PROGRAMS

### RESULTS

Community water fluoridation

10 communities, 130,000 persons

Community sealant projects

58 projects, 9,855 children

Oral health training for childcare providers

1959 childcare providers trained

Screenings by nurses (laser technology)

99 public health/school nurses participated

Oral health training for residential facilities

530 frontline workers trained

Mission of Mercy events. These annual events, open to all comers for free dental care, produced lines in the hundreds and dramatic stories of endured dental pain and suffering. In addition to equipment and operating support, we funded patient exit surveys, sponsored some community follow-up meetings, and issued post-event news releases highlighting the access issues.

### ENCOURAGING CHANGE

As the committee struggled with the potential of fluoride varnish and its possible application by medical providers, we organized a trip to North Carolina for 37 Kansans to see firsthand how oral health assessment, counseling, varnish application, and referrals by trained pediatricians could reduce decay experience for children. This was the start of additional grantmaking to publicize and train medical providers, and advocacy to develop Medicaid/State Children's Health Insurance Program payments supporting medical providers in this oral health work.

### DEVELOPING INFRASTRUCTURE

In 2003 it was apparent the advisory committee was not the right base to advocate for oral health policy change. Members transitioned to an independent organization, Oral Health Kansas (OHK), and continued networking and advocacy there. OHK today claims 1,300 supporters, manages several training and technical assistance projects, and has assisted with key oral health legislation in Kansas. It has been generously supported by Kansas philanthropy. OHK initiated a leadership program styled Dental Champions in 2004 to develop more oral health leaders. Action by the Kansas Legislature re-established an Office of Oral Health inside the state health department. We encouraged this with a grant to provide project support for the office.

### CAPACITY FOR TREATMENT

In 2003 we moved more intentionally into development of treatment capacity for unserved persons. Annual goals with a specified number of sustainable treatment slots and a number of persons served through volunteer efforts drove a third of our available funding. The national expansion of community health centers (CHCs) created opportunities to make grants building on-site dental capacity. The Kansas Association for the Medically Underserved (KAMU), the state primary care association, conceived a new approach called "dental hubs" combining the expanding CHCs as treatment centers with expanded permit hygienists to cover territory as assessment, referral, and prevention providers. This concept to meet geographic access challenges flourished with support from the State of Kansas and health philanthropy. Over three years, \$5.3 million was awarded through a joint decisionmaking process administered by KAMU. Today, eight dental hubs are reaching 65 counties with oral health services, including treatment bases.

### ADDRESSING WORKFORCE ISSUES

Workforce issues have dogged all our efforts. When dentists do not want to cooperate, you will not get much done. Corporate practice laws prevent access through ideas, which otherwise seem great. Dealing directly with these issues is likely to move a foundation out of its neutral convener role. One relatively noncontroversial response to the workforce issue was establishment of an advanced degree in general dentistry residency now completing its first year with seven residents in Wichita. It remains to be seen if this program will deliver more dentists staying in Kansas and practicing where they will be needed – rural areas and areas of low income. Much more controversial, our board, along with other Kansas and national philanthropies, has committed to support dental midlevel professionals to be able to deliver basic treatment and prevention services. This will not be accomplished by consensus as demonstrated by the experience of other states. We have decided there are no other meaningful solutions to the access issues facing Kansas and must step out of our neutral role to support publicly needed professional change.

### STEPPING BACK AND ASSESSING

In describing changes in Kansas (see chart), we recognize the United Health MinistryFund's limited role and the frequent and often greater support of other Kansas health philanthropy: Kansas Health Foundation, Sunflower Foundation, REACH Healthcare Foundation, Health Care Foundation of Greater Kansas City, and Delta Dental of Kansas Foundation. The collegial nature of health philanthropy in Kansas was a critical element in all of this work.

This 12-year experience has been a defining one for us; it literally gave us an identity outside of United Methodism. Our limited dollars were used to produce sustainable change in several ways, including expansion of the dental safety net and increased utilization of proven prevention techniques. Certainly, failures and limitations were experienced. Community water fluoridation is even more difficult than we envisioned. An attempted replication of the successful Access to Baby and Child Dentistry program from Washington State floundered. We failed to establish baseline data and other evaluation methodologies soon enough. Two clear benefits of longevity, however, seem to be the development of an expanded oral health community and a much higher recognition in the Kansas public agenda of oral health as critical to overall health. *Philanthropy pendant douze ans* has had some good results.

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