

Lessons Learned from Eight Years of Oral Health Grantmaking



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Introduction

The Oral Health Foundation (Foundation) was formed in January 2000 by Dental Services of Massachusetts* (DSM) to fulfill DSM's public charity mission of making an impact on the oral health status of uninsured, high-risk, vulnerable individuals in the state of Massachusetts. From 2000 to 2007, the Foundation's annual grantmaking increased tenfold, from \$450,000 to \$4 million. During this time, the Foundation provided a total of \$13.3 million in grants directed toward enhancing access, promoting prevention, increasing public awareness, and strengthening the oral health workforce. In 2009, the Oral Health Foundation was renamed the DentaQuest Foundation.

In 2008, the Foundation commissioned a retrospective study of its grantmaking to document the impact of its work and to extract lessons. This document draws on that study and focuses on the implications of Foundation decisions and experiences for other funders, both those working in oral health as well as those engaged in other health sectors. This document examines questions related to a foundation's role, the creation of impact, and the development of strategies that meet the challenges of improving oral health with limited resources. We hope that this document contributes to the growing body of information about philanthropic best practices for improving oral health.

Acknowledgements:

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* Dental Services of Massachusetts is the parent of Delta Dental of Massachusetts.

A Foundation Focused on Oral Health

The Oral Health Foundation was formed at a time when the importance of oral health was gaining greater prominence on the national and state levels. In 2000, the United States Surgeon General issued his report, *Oral Health in America*, arguing that a “silent epidemic of oral diseases is affecting our most vulnerable citizens” and making the case for enhanced attention to oral health as essential for good overall health.¹ The report called for changing perceptions about oral health and disease, building the science and evidence base and applying it effectively, developing an effective oral health infrastructure, removing barriers between people and health services, and using public-private partnerships to improve the oral health of those who suffer disproportionately from oral diseases.

That same year, in Massachusetts, the Special Legislative Commission on Oral Health released its report, *The Oral Health Crisis in Massachusetts*, which concluded, among other things, that low-income and minority children in the Commonwealth bore a disproportionate burden of dental disease and that “the dental care delivery system for MassHealth (Medicaid) members is on the verge of collapse.”² The Commission recommended more public health prevention efforts, preventive dental care and increased access, and adequate funding for MassHealth and the Children’s Medical Security Program’s dental programs.

In response to this growing attention, the Foundation defined its mission—to support and promote optimal oral health in Massachusetts—and identified four key areas of investment: providing access to appropriate dental care; promoting models of preventive care; increasing public awareness;³ and offering needed education and training for oral health professionals serving at-risk populations.

The Foundation’s work from 2000 to 2007 has been evolutionary in response to its growing expertise, the changing context for oral health in Massachusetts, emerging practices in philanthropy, and reflection on lessons from experience. It can be broken down into roughly three phases: Early Grantmaking, Refining the Grantmaking Strategy, and A Systems Approach.

Early Grantmaking (2000–2002)

The first years of the Foundation were viewed as a “pilot” phase—time to implement philanthropic work to determine community needs, what works,

¹ U.S. Surgeon General. (2000). *Oral Health in America: A Report of the Surgeon General*. Washington, DC: Department of Health and Human Services. Page 1.

² *The Oral Health Crisis in Massachusetts: Report of the Special Legislative Commission on Oral Health*. (February 2000).

³ Public awareness became a focus beginning in 2005.

and how to best support projects. Increasing access and promoting prevention were the primary foci in these early years, for several reasons:

- there was great need;
- this direction was consistent with recommendations by the Surgeon General and the Commission;
- the Foundation trustees and DSM had experience doing this work; and
- this work was seen as something that could be handled with a lean staffing structure.

Early grantmaking was responsive and characterized by small grants of short duration. (Median grant size was \$42,000.) Grantmaking totaled about \$500,000 per year. With few exceptions, funded projects focused on the needs of a specific target population—children in a particular school or school district, the undeserved in a health center’s catchment area, or an especially vulnerable group in a community. Grants were awarded to diverse entities including local boards of health, dental and medical schools, community health centers, and school districts. During this time, the Foundation supported expansion of the oral health safety net by funding two new clinics and expanding two existing clinics. The Foundation also established four new school-based prevention programs and expanded two existing programs.

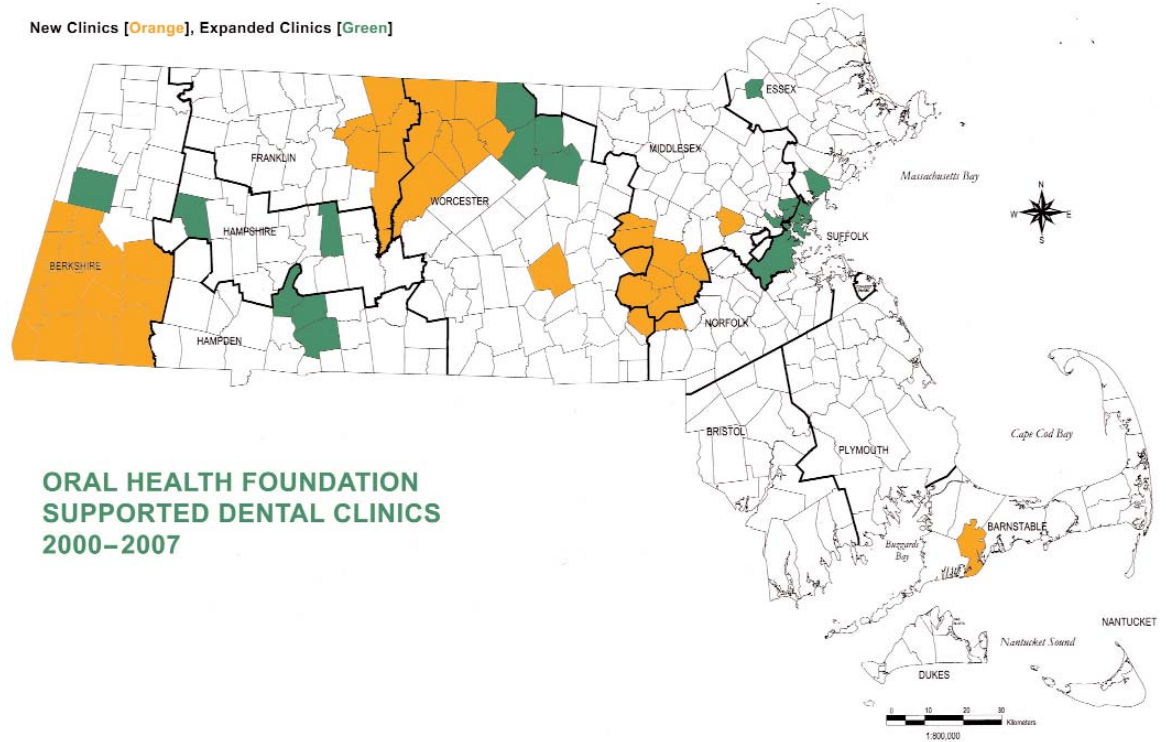
Although most of the Foundation’s grantmaking at this time was in support of projects that were implemented by individual organizations, it did support a few community-based efforts. Most notable was the *Central Massachusetts Oral Health Initiative*, a multi-pronged, multi-partner effort to increase access to dental care and to prevent poor oral health in the Worcester region. This project was initiated in 2001 with substantial support from the Central Massachusetts Health Foundation.

Refining the Grantmaking Strategy (2003–2005)

From 2003 through 2005, the Foundation used lessons from its first few years of grantmaking to refine its approach. DSM increased the Foundation’s endowment and grantmaking grew.⁴ Several external

⁴ Grantmaking was \$1 million in 2003, \$1.5 million in 2004, and \$2 million in 2005.

events helped to inform the Foundation’s direction during this time. First, in 2003, the United States Surgeon General followed up on his 2000 *Report* and issued a *Call to Action* that outlined three goals (promote oral health, improve quality of life, and eliminate health disparities) and five specific actions for those working in oral health: change perceptions of oral health; overcome barriers by replicating effective programs and proven efforts; increase oral health workforce diversity, capacity, and flexibility; increase collaborations; and build the science base and accelerate science transfer.⁵

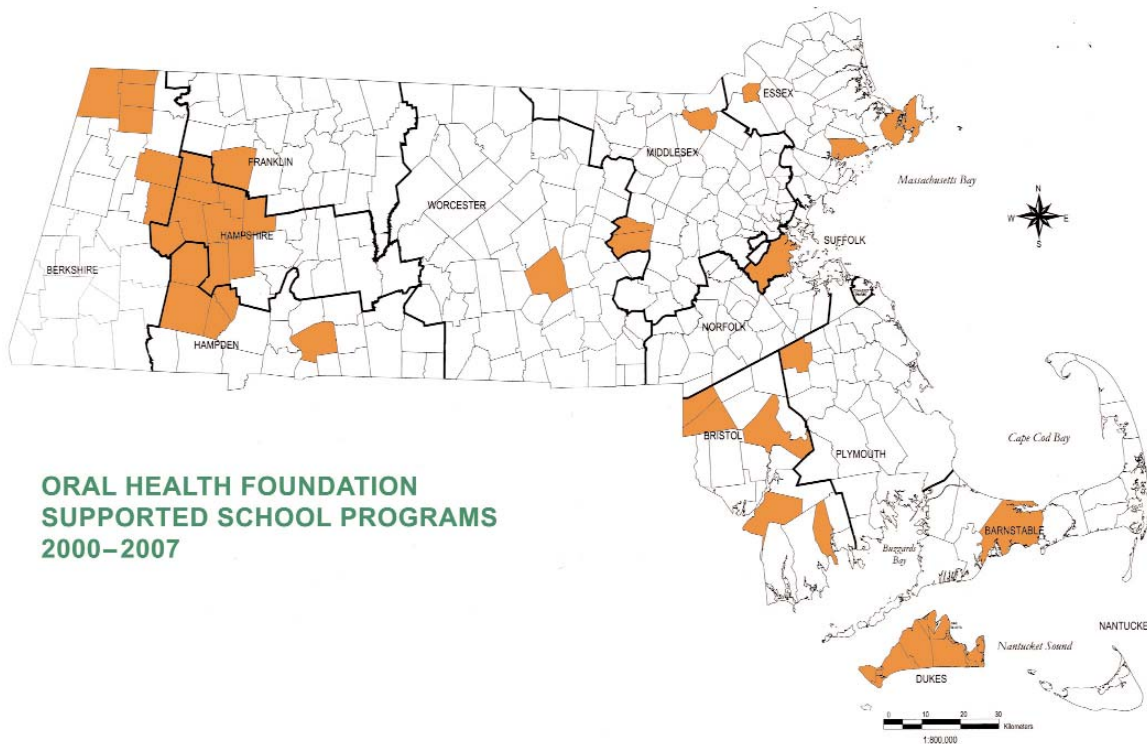


Second, in 2004, budget challenges led Massachusetts Governor Jane Swift to eliminate Medicaid dental benefits for adults, further exacerbating a crisis in access to oral health services. Finally, two reports issued in 2004 painted a bleak picture of the status of the oral health of underserved populations in Massachusetts.⁶

After reviewing the progress made by the Foundation in its first few years, staff and Board concluded that in order to achieve a maximum impact, the Foundation needed to become more strategic in its grantmaking. As a result, it began funding larger, multi-year grants and established “tracks” to

⁵ United States Surgeon General. *National Call to Action to Promote Oral Health*. (2004).

⁶ These reports were *Oral Health* and the *Commonwealth’s Most Vulnerable Children: A State of Decay*, published by the Massachusetts Society for the Prevention of Cruelty to Children and the first *Massachusetts Oral Health Report* released by the Oral Health Collaborative of Massachusetts.



distinguish projects with different goals. Planning Grants, smaller, one-year grants, supported projects that needed extensive initial planning before implementation could be considered. Implementation Grants were two-to-three year commitments that would see a project through to becoming self-sustaining. In 2005, a Clinical Equipment Replacement Track was developed to provide substantial, often one-year, funding to expand and upgrade the dental safety net.⁷ Over this time period, the Foundation supported seven new clinics, two clinic expansions, and two clinic renovations. In the area of prevention, the Foundation supported five new school-based programs including an expansive program in the Boston public schools, and expanded one existing statewide program. The Foundation also funded three projects specifically focused on the oral health needs of particularly vulnerable populations (elders, homeless individuals, refugees and immigrants, and those living with HIV/AIDS).

A desire for more strategic grantmaking, as well as growing acceptance among foundations of the role philanthropy could play in policy and advocacy, led the Foundation in 2005 to invest in *Watch Your Mouth* (WYM), a public awareness campaign. The *Watch Your Mouth* campaign, was simultaneously launched in New Hampshire and Maine, with other philanthropic supporters. Its focus is on raising awareness and increasing understanding of oral health, among both the public and policymakers, to

⁷ These were renamed Clinical Equipment Capacity Grants in 2006, and their scope expanded to include technological support to enhance efficiency and sustainability in clinic operations.

promote positive policy change in support of better oral health. In Massachusetts, the campaign was housed at Health Care for All, a Massachusetts statewide advocacy organization with proven experience in health reform and, in particular, oral health. In 2002, Health Care for All formed the Oral Health Advocacy Task Force, a statewide coalition of consumers, advocates, health professionals, academics, and insurers. The active group continues to work to expand access to oral health care. The campaign helped to increase and diversify the membership of the Oral Health Advocacy Task Force.

Shifting to a Systems Approach (2006 to Present)

In 2006, the Foundation hired its first full-time President and under his leadership, the Foundation began to take a more systemic approach to addressing oral health challenges. This direction was supported by a strategic analysis commissioned by the Foundation Board, which concluded that to maximize its impact, the Foundation needed to address the root causes of oral health problems in the Commonwealth.

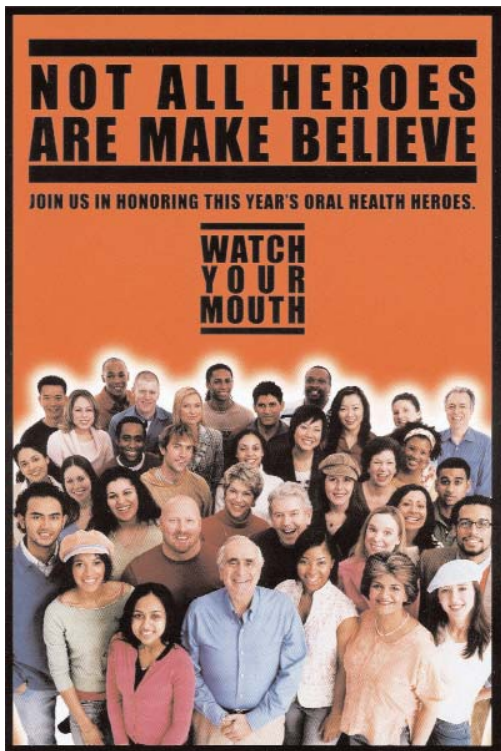
Support for systems change took several forms. First, the Foundation continued funding for *Watch Your Mouth*, enabling the project to continue to support the Oral Health Advocacy Task Force to build a “deep and wide” coalition of advocates able to spread the WYM message and to identify and act on oral health policy opportunities. The Foundation also started its first initiative, the Early Childhood Prevention Partnership, to address the dental home needs of children in Head Start programs across the Commonwealth.⁸

Third, the Foundation began to concentrate its efforts on a limited number of communities in which it could support comprehensive, community-based change. It established the Community-Based Prevention grant track to fund this work. The Foundation also took a more proactive stance in the area of workforce through support for a project to enhance cultural competency in the dental profession.

Finally, in 2006, the leadership of DSM and the Foundation launched a new entity, the Catalyst Institute (now renamed the DentaQuest Institute), to take up the Surgeon General’s challenge to enhance the oral health knowledge base. The Institute’s mission is to create, translate, and transfer knowledge that improves the effectiveness and efficiency of the systems that contribute

⁸ The Initiative was conceived in 2006 but implementation began in 2007.

to improving oral health. Since 2006, the Institute has collected and reported on oral health surveillance data; undertaken quality improvement projects; and launched the Safety Net Solutions program, which is today providing individualized technical assistance and support that enhances the operations and efficiency of community health center dental clinics. Foundation grants provided funding support to individual community safety net dental clinics engaging Safety Net Solutions' advisory services. The Institute provides technical assessment and consultative services. The result is a more stable and viable safety net for ongoing care of the most vulnerable patients.



From 2006 to the present, the Foundation awarded approximately \$4 million in grant funds annually.

Between 2006 and 2007, it supported the establishment of five new dental clinics, expansion of four clinics, renovation of three clinics, and technological improvements to nine clinics. The Foundation also supported two new community-driven, school-based programs. It continued to fund the *Watch Your Mouth* campaign.

The Foundation's Impact on Oral Health

It takes time for a funder to realize impact; thus it is too soon for many of the Foundation's more recent investments in systems change to be evaluated. However, it can be determined that through investments made over the past eight years, the Foundation has realized the following achievements:

- *Increased by 55 the number of undeserved communities with increased access to comprehensive oral health services.* The Foundation supported the creation of 14 new dental clinics with a total of 42 operatories. Together, these clinics expanded access to 37 new communities. The Foundation also supported the expansion of an additional 7 dental clinics by a total of 16 chairs. Its grants enabled the renovation and technological support of another 12 clinics.⁹ In addition, Foundation support helped to address the unique oral health needs of elders, homeless individuals, refugees and immigrants, and those living with HIV/AIDS.
- *Increased the number of undeserved children provided preventive services in 42 communities.* Foundation support created 11 new school-based dental programs reaching students in about 123 schools. The Foundation funded three programs that helped establish school-based clinics and supported the creation of the Sealant Coordinating Center at Boston University School of Dental Medicine. This Center coordinates the implementation of the Smart Smiles sealant program across 75 Boston schools. Many of these programs have expanded their services, their reputations, and their partnerships to become a part of the public health infrastructure for dental services in their communities.



Foundation grants fund the Tufts University Oral Health Across the Commonwealth program, which is delivering sealants and prevention education to children and special needs populations in Boston, Lowell, and Hampden County, Massachusetts. The program engages dentists in these communities to become the ongoing site for regular, comprehensive dental care for the patients insured by MassHealth.

- *Leveraged further expansion of the dental care safety net through public-private funding partnerships and funding partnerships with other foundations.* The Foundation partnered with other funders to leverage resources and reduce duplication of effort. The Foundation and the MassHealth Access Program co-funded several infrastructure efforts. The Foundation also partnered with the Health Foundation of Central Massachusetts and MetroWest Community Health Care Foundation to support

⁹ One clinical expansion was funded through two grants and one clinic renovation was funded through two grants.

additional oral health efforts. The Foundation's collaboration with the DentaQuest Institute has enabled it to efficiently strengthen the operations of oral health safety net providers.

- *Increased public awareness of the importance of oral health through support for a diverse and capable coalition of advocates.* The *Watch Your Mouth* campaign framed children's oral health in such a way that the public would understand the issue as one of public health rather than of individual behavior and, as a result, would seek community-based or public policy solutions to the problem. *Watch Your Mouth* aligned messaging and the public policy agenda of all oral health advocates so its messages are uniform, powerful and resonate with legislators. Through training and advocacy action, oral health messages were shared and adopted by advocates and spokespersons, organizational partners, and, importantly, legislators. The Oral Health Advocacy Task Force grew from 300 to over 1,400 members, and 78 diverse organizations endorsed the campaign. The campaign also worked with three local coalitions to strengthen their ability to advocate. These efforts have resulted in measurable increases in awareness of oral health and support for policy change among Massachusetts residents.
- *Established a foundation for positive policy movement in the oral health arena.* The *Watch Your Mouth* message reached legislators and helped to enlarge and strengthen the Oral Health Caucus in the state legislature. In addition to other factors, WYM efforts have contributed to recent policy changes including restoration of full dental benefits to adults on MassHealth, caseload caps for dentists who accept MassHealth insurance, a funding line item for oral health programs in the state budget, and, most recently, passage of an omnibus bill that expands the functions of dental assistants and creates the position of a full-time Dental Director as well as adding public health dental hygienists to the workforce.
- *Emerged as a leader in oral health in Massachusetts and nationally.* Through its on-the-ground grantmaking and its institutional roots, the Foundation gained expertise as a knowledgeable partner on oral health issues. Nationally, the Foundation helped form the National Oral Health Funders Group, an unofficial association of

Better Oral Health
for Massachusetts
Coalition

Retrospective Study of Oral Health Improvements

foundations supporting improvements in oral health. Most recently, the Foundation co-sponsored a June 2008 statewide summit of oral health stakeholders and the formation of the Better Oral Health for Massachusetts Coalition to begin establishing a comprehensive oral health plan for Massachusetts.

- *Acknowledged as a convener and collaborator on key oral health issues and brought non-traditional “players” into the oral health field.* The Foundation, in conjunction with other partners, sponsored the 2008 Oral Health Summit which brought together a variety of stakeholders in oral health and also brought in new sponsors and partners. In addition, the Foundation has sponsored the last two years of the annual New England Rural Oral Health Conference. At a local, regional, and statewide level, the Foundation has stimulated community-level collaboration and programs.

Through these efforts, as well as its grantmaking, its own advocacy, and the work of *Watch Your Mouth*, the Foundation has helped expand the types of organizations and individuals who play a role in addressing oral health needs.

Lessons Learned

The Foundation’s experience has led to some important lessons—for both foundations generally and for those investing specifically in oral health.

Working as a Foundation

- A new foundation (or a foundation working in a field it is new to) needs to spend some time on the ground before undertaking systems change work. As institutions with comparatively high resources and flexibility, foundations need to be careful not to overuse these advantages, especially when they are new to a field or a location. As a newly-formed organization, albeit with expertise in oral health through its corporate side, the Foundation found that it needed a few years to learn about the work “on the ground” as well as to understand the system to determine where levers for change were possible.

The Foundation’s early focus on “getting grants out the door” provided the opportunity for it to engage in a variety of efforts,

gain expertise, and learn from successes and mistakes. Through its work to develop and expand the number of dental safety net providers, the Foundation found that clinics needed support in adapting new technologies to enhance their efficiency. This led to the creation and support for Safety Net Solutions as a program of the DentaQuest Institute. Today the Safety Net Solutions team provides critical technical assistance to safety net clinics across the United States around business models and sound practice management solutions. Another Foundation grant is enabling the Massachusetts League of Community Health Centers to document and disperse best practices for dental departments in community health centers across the state. The Foundation's early grantmaking, as well as its collaboration with other funders and its work in public awareness and coalition building, helped it gain the credibility and connections necessary for systems building work. Internally, successful grantmaking work enhanced the Foundation Board's confidence in staff, which was critical when the Foundation sought to launch the more complex and challenging work of systems change.



Safety Net Solutions staff work collaboratively with the administrative and dental leadership of community health center dental clinics to improve their efficiency and effectiveness through sound practice management solutions.

- There are limitations to a project-based approach for lasting impact. Finding a balance between developing systemic solutions to problems and responding to immediate population needs is a challenge for many foundations.¹⁰ Guided by a mission and a set of goals to increase access to services—both restorative and preventive—for the undeserved, the Foundation in its earliest years addressed some very pressing needs of local communities. The Foundation's approach was responsive and successful: these programs reached populations in need, established a solid infrastructure in key localities, and established sustained services. Most important, these projects

¹⁰ Grantmakers in Health. *Filling the Gap: Strategies for Improving Oral Health*. (2001).

provided oral health services to people who were not previously receiving them. However, the Foundation also discovered that given finite resources, a project-based strategy is limited in its ability to generate broader impact over time, especially when larger issues such as lack of reimbursement and lack of an adequate dental workforce constrain progress. It is for this reason that the Foundation has moved toward a focus on changing underlying systems through funding for mobilized coalitions and advocates, by promoting effective programs, through efforts to enhance the efficiency of the safety net, and by engaging multiple key stakeholders for collaborative efforts. The Foundation believes that this approach will enable it to have the greatest impact with its finite resources.

- Having a clear strategy and expected outcomes is important but also evolutionary. As a new organization with a lean staff, the Foundation's initial grantmaking reflected this evolutionary stage and its desire to test the waters. Over time, however, it became more important to choose a specific focus of oral health that the Foundation could address that would generate the most impact. Philanthropic experts believe being strategic is essential to maximize a foundation's impact. According to Porter and Kramer, this requires that foundations identify their unique positioning in a field and engage in those activities that are supportive of this unique positioning.¹¹ Successful strategy, according to Porter and Kramer, by definition, requires trade-offs—in other words, saying no to many interesting opportunities. It also requires an ability to articulate the expected results or changes a foundation wishes to realize and to evaluate progress and achievements. The experience of this Foundation suggests that developing a focused strategy takes time and comes with experience—and that strategy will continue to be refined as needs, knowledge, and foundation expertise evolves.
- Successful foundation work is responsive as well as proactive. The Foundation's work demonstrates the inherent tension many foundations face between being a responsive or a directive grantmaker. This Foundation's initial grantmaking was largely one of funding good ideas submitted in grant proposals. As it refined its agenda and became more strategic in its work, the Foundation has become more proactive in seeking out partners to support, especially in areas related to systems change. The Foundation believes that a funding approach that includes proactive and responsive components makes it possible to be more strategic in its work, while at the same time still able to

¹¹ Porter, Michael, E. & Mark R. Kramer. (Nov-Dec 1999) "Philanthropy's New Agenda: Creating Value". Harvard Business Review.121-130.

solicit good and innovative ideas from on-the-ground players, especially those who may not be on the Foundation's immediate radar screen.

- Foundations are uniquely positioned to foster collaboration and lead social change efforts. As a result of their perceived neutrality, resources, and connections, foundations are uniquely positioned to bring stakeholders together to address today's difficult challenges. At the same time, foundation resources can give communities the time and space to plan and engage in work to build local systems and address local needs. This Foundation's experience with planning grants and community-based grantmaking points to the role of foundations in bringing diverse players to common commitment. The Foundation's experience to date, although limited, suggests that these planning efforts have enabled groups and communities to come together to identify needs, build coalitions, plan interventions based on best practices, and garner financial and human resource support for implementation and sustainability. This experience is consistent with the view that foundations are uniquely positioned to undertake convening work:

Foundations are natural conveners in their communities. Grantmakers can be a credible source of information on what works and what doesn't, and at what cost. They create friendly settings, unburdened by political baggage, where thoughtful people can seek common ground on contentious issues and join together in common strategies of action.¹²

In this way as well, foundations play a critical leadership role in addressing complex social problems which by their nature require innovation and adaptation by stakeholders rather than simple technical responses.¹³ From their positions of respect, connection to influential people including media, and insulation from political and market forces, foundations can direct attention to problems, frame issues, and bring others together to find solutions. At times they can also take unpopular positions when others cannot.

- A foundation can successfully—and legally—support advocacy work. As many other foundations are learning, this Foundation found that it could have tremendous success at a system level through support for advocacy. The need to support advocacy work became apparent as the Foundation realized that the success of early grantmaking strategies was dependent upon necessary improvements in financing and workforce

¹² Ridings, Dorothy S. (1997) "Philanthropy in Action: Building Community". *National Civic Review*. San Francisco: Jossey-Bass Inc.

¹³ Scholars utilize the term "adaptive challenges" to describe social problems that are not so well defined, for which answers are not known in advance, and in which many different stakeholders are involved, each with their own perspectives. This is in contrast to technical problems which are well defined problems for which solutions are known, the implementation path is clear, and the solution can be undertaken by someone with adequate authority. Discussion of foundation adaptive leadership can be found in the following article: "The Dilemma of Foundation Leadership" by Ronald A. Heifetz, John V. Kania, and Mark R. Kramer. <http://www.cambridge-leadership.com/publications/pdfs/FoundationLeadership.pdf>

regulations, both of which required policy change and therefore advocacy for change. The Foundation's investment in *Watch Your Mouth* enabled it to have a key role in strengthening oral health advocacy in Massachusetts, without engaging in the more controversial and prohibited work of lobbying. The Foundation has learned, however, that for such efforts to be successful, a foundation must have a strong partner able to implement an advocacy and public awareness strategy and be willing to invest in substantial resources needed for this work.

- Staffing patterns must reflect a foundation's strategy and intended impact. Different grant strategies and grantmaking models require different staff talents. A traditional approach focused on making grants primarily to fund services often requires less staff and staff with different expertise than systems change work. The latter requires staff with expertise and time to manage the partnerships, convene groups, and monitor progress. Likewise, systems work also requires new approaches to follow up and assessment along with multi-year evaluations that include shorter-term outcomes to assure that the Foundation is "on the right track."

Working as an Oral Health Foundation

- Increasing and expanding access points should be considered in an oral health strategy focused on systems or policy change. The Foundation's initial work focused primarily on enhancing access and promoting prevention through grants to establish, expand, and support an infrastructure of dental safety net providers and school-based prevention services. The Foundation believes this early investment was critical to both addressing existing unmet need and ensuring that there are access points so that when awareness of the importance of oral health increases or reimbursements change, there is capacity to handle the growth in demand for oral health services. As discussed earlier, the balance between service delivery and systems

change is one many foundations face. This Foundation believes both should be addressed.



At Community Health Programs (CHP) in Great Barrington, MA a multi-year planning process led to the opening of a new dental clinic which is providing affordable, accessible dental care to the rural towns of South Berkshire County. CHP hired the Safety Net Solutions consultants to explore financially appropriate models for dental care. Funds from the Foundation enabled CHP to launch a comprehensive program of oral health outreach and education for southern Berkshire County that included a five-chair fully licensed dental clinic.

- Funding for the dental safety net should include capital investment but also technical assistance and support to improve operations and efficiency. This Foundation made a substantial contribution to establishing, expanding, and renovating the dental safety net through capital investments. This has enabled the safety net to reach more of the undeserved in critical need communities. In the process, the Foundation and its grantees have learned that capital must be complemented by systems to ensure efficient operations. A funder investing in dental clinics must be prepared to support grantees to operate efficiently and effectively when they are housed in community health centers and integrated into the medical system.

For the Foundation, the creation of a “one-stop shop” (Safety Net Solutions) to support the dental safety net in establishing efficient and sustainable clinics appears, at this point, to be a promising approach. Prior to the development of Safety Net Solutions, individual community health center dental clinics worked through technological issues on their own, often “retro-fitting” existing medical billing and scheduling systems for dental services. They hired their own technical consultants (or did without); researched software and hardware options; and worked with vendors to install equipment and technology and train staff. The Foundation and clinics found this to be ineffective and inefficient. Collaborations with Safety Net Solutions helped ensure that health center clinics are able to benefit from the most appropriate dental IT infrastructure; that IT was integrated into the medical system; and that staff were trained in its use. Results thus far indicate that this approach has led to enhanced efficiency, productivity, and quality improvements within participating dental clinics.

- Addressing workforce and financing constraints should be a component to any strategy to increase access to oral health services. While the Foundation’s experience demonstrates that investments in infrastructure and clinic efficiency and productivity can enhance access for the dentally undeserved, no level of investment in expansion and increased efficiency of the infrastructure will be sufficient without policy changes that address financing and workforce constraints. The shortage of dental professionals working in the public arena, private dentists willing to take on Medicaid patients, and the lack of adequate reimbursement for dental services through public programs are systems issues that cannot be addressed through a grant to a single clinic. They must be worked on at a statewide level through analysis, advocacy, policy support, and partnership.

- Connecting children to restorative care (dental homes) is a difficult but key component to school-based prevention programs. Because they are on the front lines, school-based programs play a critical role in identifying children who do not have a dental home and ensuring that children who need restorative and emergent services get them in a timely way. Doing so successfully is difficult for many school-based programs, in part due to the issues of access identified above. An additional challenge is convincing parents of the importance of oral health care so they will sign and return permission slips for in-school services and follow up on treatment referrals and regular prevention visits. Although the ability to make comparisons is difficult due to the small number of programs and the relative newness of some of the Foundation's larger programs in this area, it does appear that programs with on-site restorative services, either on-site dental clinics or portable or mobile programs, might be a promising approach to overcoming barriers to access for children. School-based clinics and portable models make accessing dental care for children easier for parents. This is particularly valuable in rural areas where dental clinic appointments require substantial travel.



The Massachusetts Head Start Association used its grant to train Head Start administrators and teachers throughout the region on oral disease, prevention and to educate staff, the children and their families. In collaboration with the American Academy of Pediatric Dentistry, the Consortium is reaching out to private practice dentists to make sure that every child in a Massachusetts Head Start program has access to a dental home.

- Private dental practitioners need to be engaged. Success in increasing access to oral health services for the underserved requires the participation of private dentists. The Foundation has found that engaging dentists in planning at the local and state levels has been critical to making progress. Often dental professionals are champions for community solutions when they understand that they are a required and important part of the

solution. Some communities have encountered opposition from private practitioners when developing new oral health programs to meet the needs of the community (or a subset of the community). In these instances, the private practitioners were mostly unaware (and doubtful) that the community was experiencing dire oral health disparities. Therefore, engaging dentists and hygienists in private practices in the development of a community program is a proactive and productive strategy for the success of the solution devised.

- Nontraditional players need to be looked to and integrated into oral health work. The Foundation has found that casting the net widely to identify and partner with those who have a stake in the oral health of residents, particularly children, has been an important component to success. While schools, day care centers, and pediatricians are natural allies in oral health initiatives, the Foundation's work with youth-serving organizations (such as Boys & Girls Clubs), faith-based organizations, and school health centers has shown that the circle can be expanded further. Success in doing so requires the ability to support community-based planning work that helps local players identify and connect with those who may not see themselves as having a direct stake in oral health. Success also requires public-awareness-raising efforts like *Watch Your Mouth*, whose messaging helps communities understand that good oral health is critical to good overall health, rather than simply an aesthetic luxury.



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