

# **The Work, Accomplishments, and Lessons Learned from the Endowment for Health’s Seven Year Investment in Improving the Oral Health of the People of New Hampshire**

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## **Summary**

In 1999, the Endowment for Health was formed and staff and Board embarked on a process of identifying the primary focus areas or themes for its work. One of these was oral health. From 2001 to 2007, the Endowment invested \$4.9 million dollars in 68 projects that included new service delivery models, infrastructure strengthening, coalition building, public awareness building, and leadership development. The evolution of the Endowment’s work in oral health in many ways reflects the early growth of the young foundation. It provides many lessons.

### **The Changing Oral Health Landscape in New Hampshire: 2001-2007**

Measuring the impact of any one organization, be it a foundation or a non-profit grantee, on an issue as large as oral health in New Hampshire is a challenge; asserting that any one organization “caused” change in an area as large as oral health is both reckless and disingenuous. However, several oral health measures point to the collective success—and challenges—of those who have worked in oral health over the past seven years:

#### *Access:*

- The number of hospital- and community-based dental programs has increased from 4 in 2001 to 12 in 2006.<sup>1</sup>
- The number of Health Service Areas (HSAs) in the state covered by public dental programs increased from 4 to 13 from 2001 to 2006.
- The number of school-based dental programs expanded from 11 in 2000 to 20 in 2006, covering 264 schools statewide.<sup>2</sup>
- The percentage of adults ages 18+ who reported having visited a dentist or dental clinic increased from 73.3% in 1999 to 77.1% in 2006.<sup>3</sup>
- Challenges to access still remain. Hospital emergency departments (EDs) continue to serve as the dental safety net for a growing number of people, in particular uninsured or self pay patients. ED visits related to non-traumatic oral health emergencies increased from 1999 to 2005. The availability of oral health services for underserved adults lags far

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<sup>1</sup> Source: *NH DHHS, Oral Health Program.*

<sup>2</sup> Source: *NH DHHS, Oral Health Program.*

<sup>3</sup> *Behavioral Risk Factor Surveillance Survey.* Questions related to oral health are asked every two years in the survey rather than annually. Available data and related confidence intervals (CIs) are as follows: 73.3% in 1999 (CI: 70.4-76.2); 77.5% in 2004 (CI: 76.1-78.9); 77.1% (CI: 75.8-78.4) in 2006.

behind service availability for children, due largely to the lack of reimbursement. Finding private dentists and oral health specialists willing to see Medicaid children and uninsured adults for restorative and surgical oral health services remains a tremendous challenge.

#### *Oral Health Status:*

- Among 2<sup>nd</sup> and 3<sup>rd</sup> grade students who participate in the state's school-based dental programs the percentage with cavities experience decreased from 51% in 2002-2003 to 46% in 2005-2006; the percentage with untreated decay decreased from 24% in 2002-2003 to 19% in 2005-2006 and the percentage with sealants increased from 39% in 2002-2003 to 49% in 2005-2006.<sup>4</sup>
- Among adults, the percentage of older adults (65+) who have had all their natural teeth extracted decreased from 25.8% in 1999 to 18.6% in 2006.<sup>5</sup>

#### *Workforce:*

- New Hampshire, like the rest of the nation, faces substantial shortages in the dental workforce as fewer students are choosing dentistry as a profession. The oral health workforce in New Hampshire has increased slightly from 1998 to 2003, although recruiting dentists who are willing to work in more remote parts of the state, in public health dentistry, or who are willing to see Medicaid patients remains a challenge. Additional challenges include the lack of a state dental school and the recent closure of the state's only remaining dental residency program, at the VA in Manchester.

## **The Endowment for Health's Work in Oral Health**

The Endowment for Health's work in oral health from 2001 to 2007 focused on five overarching goals. Accomplishments include:

### ***Leadership Development and Planning***

- *Formation of the New Hampshire Coalition for Oral Health Action.* The New Hampshire Coalition for Oral Health Action was co-convened by the Endowment and the NH DHHS in July 2002 for the purpose of developing a statewide strategic plan for oral health. Coalition members included a variety of stakeholders, both those directly and indirectly involved in oral health. Today, the Coalition is responsible for overseeing the implementation of the plan and is led by a Chairperson elected annually from the membership. In 2007 and for the

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<sup>4</sup> Source: *NH DHHS, Oral Health Program*. The proportion of students with caries experience has steadily declined over this time period: 51% in 2002-2003, 49% in 2003-2004, 47% in 2004-2005, and 46% in 2005-2006. The proportion of students with untreated decay has steadily declined: 24% in 2002-2003, 23% in 2003-2004, 22% in 2004-2005 and 19% in 2005-2006. The percentage of students has steadily increased: 39% in 2002-2003; 39% in 2003-2004; 44% in 2004-2005 and 49% in 2005-2006. Earlier data are unavailable. 2006-2007 data are currently being reviewed.

<sup>5</sup> *Behavioral Risk Factor Surveillance Survey*. Questions related to oral health are asked every two years in the survey rather than annually. Available data and related confidence intervals (CIs) are as follows: 25.8% (CI: 19.4-32.2) in 1999; 21.1% (CI: 18.3-23.9) in 2004; 18.6% in 2006 (CI: 16.3-20.9).

foreseeable future, the Coalition's focus will be on implementing the oral health plan through public policy work and enhancing people's understanding of the importance of oral health.

- *Development of a statewide oral health strategic plan.* The absence of a “blueprint” to guide efforts to improve oral health emerged early on as a key gap in realizing the goal of enhanced oral health for the people of New Hampshire. With support from the Endowment and the leadership of a skilled facilitator, the Coalition met for 6 months and in July 2003 published the *New Hampshire Oral Health Plan: A Framework for Action*. In addition to guiding the work of the Coalition, the plan informed the Endowment's investments in oral health. In 2006, the Coalition conducted a review of accomplishments in each of the Plan's goals and such reviews will continue to help the Coalition mark progress and identify priorities. The CDC and other states have used this plan as a prototype for a statewide oral health plan.
- *Education of and stronger connections to the New Hampshire Dental Society (NHDS) around public dentistry and oral health advocacy.* Critical to establishing and advancing a public dentistry infrastructure in New Hampshire was the NHDS. NHDS leadership at the time the Endowment began its investment in oral health was committed to the issue and through member education, support for conferences conducted by the Sealant Project, and active participation in the Oral Health Forum, New Hampshire dentists have become more aware and supportive of public dentistry and have more closely aligned their policy agenda with that of the Coalition.
- *Connection to and leadership around the oral health issue nationally.* Endowment staff have developed and nurtured connections to others working on the issue, starting with the involvement of two national experts in the development of the statewide plan. The Endowment has been and continues to be part of a national funders group on oral health, the National Oral Health Funders Group, which meets quarterly to share lessons learned. The Foundation played a critical role in identifying the need and benefits of collaboration at a national level, the Group's conception, and in recruitment of its membership.

### ***Infrastructure Development***

The Endowment's largest financial investment in oral health was in best practice models focused on service delivery, which helped create new oral health access points, enhance existing ones, and contribute to systems change.

- *Support for new and expansion of existing oral health access points.* The Foundation funded a number of start-up model oral health services programs and expanded others that represented different models of service delivery. These included dental clinics co-located at Community Health Centers (Families First, Avis Goodwin, Dental Resource Center/Laconia, White Mountain), stand-alone community-based dental clinics (Dental Health Works, Nashua Dental Connection, Tamworth Dental Center, Sullivan County Dental Clinic) and other unique models (SeaCare/Portsmouth, The Molar Express, Community Health Services/Derry, and a newly-funded expansion in Manchester).

- *Support for efforts to integrate oral and primary health care.* Endowment support helped to train medical providers to conduct oral health screenings and provide education, with a focus on ensuring that medical providers in CHCs were able to provide oral health assessment, education, and referral, in particular for children and prenatal women. Oral health was also integrated into the Dartmouth Medical School curriculum. Endowment support for integration efforts led to the development of a curriculum to train Licensed Nursing Assistants in nursing homes to provide mouth care and a successful effort to train dentists to integrate an anti-smoking message into the care of their patients who smoke.
- *Enhancement of school-based oral health programming.* Endowment support to school-based programs such as the Healthy Grins Program at Families First, Strafford Smiles at Avis Goodwin, the School-Based Preventive Dental Care Program at Lamprey Health Care, Molar Express, and the White Mountain Dental Services program has enabled more school children to obtain cleaning, education, and treatment services. Endowment support for the New Hampshire Statewide Sealant Project enabled that program to reach students in 20 school-based and school-linked programs, contributing to the improvements in oral health among school-age children cited earlier.
- *Development of a technical assistance resource for public dental programs.* Foundation support to the Community Health Access Network (CHAN) resulted in education of a variety of oral health and non-oral health providers in oral health topics, development of comprehensive manuals for oral health program operation and service delivery, and technical support to several public dental programs in the state.
- *Establishment of a state recruitment center for dental workforce.* Endowment support led to expansion of Bi-State's current primary care provider recruitment center to include dental workforce recruitment. While the Center has faced challenges in recruiting new dentists to the state, in part due to the national decline in dental students and to the fact that New Hampshire does not have a dental school or residency program, it has recently been working with distance dental education programs to enhance the number of dental externs and residents in the state, important first step to attracting dentists to the state. It is also working to reestablish the dental residency program at the Manchester VA.
- *Establishment of the annual New Hampshire Oral Health Forum.* In 2003, the first Oral Health Forum was convened to enable clinicians and administrative staff of public dental programs to meet, network, and share information. The Forum has been held annually since and has taken on a greater role in supporting good practice and performance in these programs as they age.

### ***Public Awareness***

The Endowment's efforts in policy change in the oral health theme to date can best be described as "setting the groundwork" for later policy efforts.

- *Implementation of Watch Your Mouth!, a public awareness campaign.* The Endowment supported the development and implementation of *Watch Your Mouth!* (WYM) a three-state

public awareness campaign designed to increase public understanding of the importance of oral health to children's overall health. Pre/post public survey results of WYM indicate that there were some gains in awareness among the New Hampshire public and that the campaign was successful in stabilizing public priority of children's oral health.

- *Start of policy change efforts.* The work of Endowment staff and many others led to the inclusion of oral health into the *New Hampshire Prevention Guidelines* posted in pediatricians' offices beginning in 2006. Investments in service programs has led to early efforts to institutionalize and support integrated oral-primary health services, to support reimbursement to primary care physicians for fluoride varnish, and to expand Medicaid coverage for prenatal patients to those over 21 years of age. Fluoride, however, continues to remain a controversial issue. A recent report on use of hospital emergency departments for oral health services conducted by CHAN is being widely disseminated and has the potential to foster greater awareness of this serious issue and prompt action.

## **Lessons Learned**

As the Endowment's first "completed" theme, oral health provides many lessons for the Endowment's future theme work as well as for the work of other foundations. It is important to note that many of the lessons learned have already been incorporated into the Endowment's work as its grantmaking and direction evolved in the early years of its growth.

### ***Overall Lessons Learned***

- *The Endowment's investment priorities in the theme were the appropriate strategy for this theme given the state of oral health in New Hampshire and the Foundation's own development.* The Endowment's focus in oral health primarily focused on building a public dentistry infrastructure. This appears to have been the right strategy given where New Hampshire was with respect to public dentistry in 2001 and given that the Endowment was a new foundation. Investing in infrastructure as a first line strategy allowed the creation of systems of care that would be necessary to respond when advocacy and policy initiatives directed at improving access for the uninsured and underinsured succeeded. In addition, at the time it began its work in oral health, the Endowment did not have public policy tools. At the same time, however, public policy change holds the greatest promise for addressing in a sustainable way some of the issues that still challenge the state: access for uninsured adults, adequate reimbursement of providers, and the equitable distribution of accessible providers. The important groundwork that has been laid over the past few years will now help to realize some of these goals. A recent Endowment public policy grant is expected to support advancement of the policy priorities of the Oral Health Coalition.
- *The Endowment plays a critical role in supporting planning and convening, both statewide and in communities.* The Foundation's ability—through its stature and its resources—to bring people together has been critical in the oral health arena. The Endowment's partnership with NH DHHS to support the Oral Health Coalition in the development of a statewide strategic plan led to the creation of a plan that has guided efforts in oral health for nearly 5 years. In

addition, based on experience in oral health, the Endowment began emphasizing the importance of solid planning efforts before the implementation of large projects and today, most implementation grants the Endowment funds are preceded with a 6-12 month planning period underwritten by an Endowment planning grant. Convening is another area where the Endowment plays a much needed role and one particularly suited to a foundation. By underwriting efforts that bring people together—whether a Coalition to plan, an annual Forum to share practices and knowledge among stakeholders, or supporting the efforts of others to promote their messages through conferences and meetings—the Endowment has been successful in promoting these connections.

- *Endowment investment creates visibility. The challenge is creating and maintaining ownership among others.* The Endowment’s work in oral health created visibility both for the issue and for the new Foundation. Highlighting issues through financial investment is a key role for a foundation. Visibility also came in the form of support for new leaders—Coalition members, those responsible for implementing new dental programs, from the NH Dental Society, from the family practice and pediatric areas, and from organizations for which oral health may not have been an area of interest or knowledge such as the Department of Education and hospitals—who became advocates for the issue. The Endowment also found a willing funder partner in Northeast Delta Dental which, among other things, helped to support the WYM campaign and most recently, helped underwrite the Coalition and public policy work.

At the same time, however, while a foundation has tremendous leverage to create a large “table” for an issue and generate interest in an issue even among those who are not the usual players, it is important that there be true ownership. This is key to long-term sustainability. A key challenge for the Endowment during its investment in oral health was engaging State leadership (specifically in DHHS) to play a more active role on the issue of oral health. While the Endowment did have a very productive partnership with the DHHS Oral Health Program and together advanced school-based programs, the Endowment was less successful in engaging other departments with a role in advancing oral health. Reasons for this included DHHS staffing changes, the Department’s attention on responding to a consent decree resulting from a 1999 lawsuit related to oral health care access filed by a parent on behalf of her Medicaid-eligible children, and New Hampshire’s perennial public funding crisis. Fortunately, some barriers to change are lessening and involvement with the State on policy issues may be more possible.

- *Having a structure of goals and strategies is important to guide the Endowment’s work in the theme.* The Endowment’s goals and strategies framework was beneficial. It gave the Program Director a way to think about and organize the work in the theme and provided parameters for making decisions about which types of project ideas to fund and which were outside the scope of what the Endowment was hoping to achieve in oral health. The framework also gave a framework for talking with grantees about what the Endowment was trying to achieve in oral health, of which their work was a critical part. However, the goals and strategies were broad and not clear enough in their description of what the Endowment specifically wanted to accomplish through its work in oral health and did not include benchmarks that could be

used to measure progress in achieving the goals of the theme. This structure is being improved on for the Endowment's work in the new children's mental health theme.

- *The Endowment's approach to its work requires substantial engagement from Endowment staff.* Endowment staff play a strong leadership role in the issues the Foundation prioritizes and also do much "behind the scenes" work to ensure grantees as well as larger partnership efforts are successful. Such intense involvement may not always be the norm among philanthropies or even welcome and the Foundation must sometimes walk a fine line between leading and following the direction of others. And this is time consuming and exhausting work although experience suggests that it is essential for success and to ensure that the Foundation is a responsible steward of its resources.
- *The Endowment's exit from this theme is a good model for others. However, clearer benchmarks by which to assess when to exit a theme would be helpful.* The Endowment's initial expectation to end work in this theme after five years was extended to seven years based on the experiences of other foundations as well as the fact several opportunities presented themselves toward the end of the theme for which the Endowment could play a critical role. The experience of oral health suggests that while having a rough timeframe for a foundation's involvement in an initiative is important, more important is the establishment of benchmarks by which to both gauge progress and by which to determine when a foundation's work can be considered "done." The process of the Endowment's exit from oral health can serve as a model for others in terms of the level and type of communication about its exit from the theme, continued funding for new opportunities, and celebratory closing.

### ***Lessons Learned Specific to Coalition Building and Public Awareness***

Because the Endowment's work in oral health included its first efforts at coalition building and public awareness, lessons learned specific to these endeavors were examined separately:

- *The transition from planning to implementation of a plan needs to be managed carefully and in some cases, two different entities might be desirable.* It was challenging to manage the transition of the Oral Health Coalition from a planning entity to an implementation one. The planning process had high momentum and participation from a variety of people who clearly understood their charge and had committed to see it through. Those involved in the planning process tended to be those in leadership positions in their organizations and the Coalition had the support of a consultant who not only led the process but also ensured that the day-to-day work got done. After the release of the plan, the Coalition lost momentum, membership and direction. Those staying with the Coalition were a core group of those with most direct engagement in oral health. Over time, this group has expanded. In retrospect, managing this transition from planning to implementation would have made it more clear what the charge for each was.
- *Planning for the long-term leadership of a Coalition is critical and leadership among members needs to be cultivated to carry on the work.* The Foundation supported the statewide oral health planning process by funding a consultant who both developed the plan and served in a leadership capacity for the Coalition. Leadership of the Coalition transitioned

after the planning process from the consultant to Coalition members, for whom Coalition work was one of many things to do. From this experience, the Endowment learned to better manage the transition of leadership and to clarify the roles earlier in the process. This experience also pointed to the need to perhaps re-adjust expectations: a Coalition with paid consultant support to lead a process (be it planning or implementation) and handle the details necessary to make sure the work gets done (the logistics of calling meetings, taking notes, sharing minutes, etc.) can be expected to accomplish more than one led by leadership that is essentially unpaid and has many other commitments. If a funder has higher expectations of a Coalition and believes it plays a critical role in moving an agenda forward, then it is important to recognize that it may have to underwrite this work.

- *To run an effective campaign of this scale, “ownership” of the campaign must be clear and agreed to and expertise in advocacy, communications, public policy, coalition development, and leadership development is needed.* In New Hampshire, the WYM campaign was intended to be “owned” by the Oral Health Coalition. However, in actuality, ownership was largely taken on by the Project Director, an independent consultant, with support from a small WYM subcommittee of the Coalition. In part, this reflected perhaps greater interest and enthusiasm for the campaign on the part of the Endowment than on the part of others. In part, this was an issue of capacity. While New Hampshire had developed a strong new network of oral health advocates through the Coalition during the three years prior to the WYM campaign, it had no experience conducting a public awareness campaign or any large-scale advocacy initiative. Furthermore, constraints on the time of task force members limited their ability to participate actively in the campaign and lack of strong momentum at the Coalition at the time meant fewer people than expected participated in spreading the WYM message. Finally, there was little funding for the administrative help needed to support the campaign.

Clear ownership if a public awareness campaign is critical for both leadership and logistics reasons. If future public awareness campaigns are considered, ensuring a strong organizational home will be essential; in lieu of that, the Foundation should consider whether it is sufficiently committed to a campaign to house it. Wherever a campaign is housed, it will be important to identify and sufficiently fund an organization with the expertise needed to run an effective campaign. In addition, in the future, the Endowment may want to consider stipends to underwrite the participation of key organizations to help spread the message in any future public awareness campaigns it supports.

- *Efforts to increase awareness, especially where levels of awareness are already high, need to be connected to a relevant and immediate call to action.* New Hampshire started WYM with high levels of baseline awareness about oral health issues and support for specific policies. This may have been in part due to the work already underway in oral health by the Endowment and its partners. However, while New Hampshire had a strong state oral health plan, a fully detailed policy agenda had not been developed at the time WYM started. As a result, WYM in New Hampshire was not able to capitalize on the high awareness and support by focusing on specific legislative initiatives or policy changes during the campaign period. In future efforts, if public awareness of an issue is already relatively high, it will be important to articulate a more direct “call to action” relative to policy goals.

## **Conclusions and the Look Ahead**

The oral health theme was chosen because there was urgency to the issue, a growing groundswell of interest, opportunity, and the ability to make change as a foundation in a time limited way. While challenges remain, there has been positive movement in key indicators, especially for children. The Endowment has supported key efforts that have developed a strong foundation upon which to build: a Coalition, a statewide plan, an infrastructure of service models, convening structures, a recruitment center, and a public awareness campaign. Efforts were less successful in getting the State involved in the issue, especially in terms of funding, and making substantial inroads to address workforce shortages, although recent efforts to address the workforce issue show promise. Emerging from the experience of oral health, the Endowment's first theme to have been "completed," are some important lessons, lessons that have already been incorporated into the Endowment's other activities.

The next step for oral health is to focus on policy work. The Endowment's grant to support a public policy coordinator to the Coalition will be essential to this work, and essential to ensuring that the financial investments and the hard work and dedication to the issue of oral health by the Endowment and its partners are sustained and improved on over time. It is important to note that as well that as a theme emeritus and its first theme as a new Foundation, the issues of oral health will always have a special place in the work of the Endowment.

*The Endowment for Health would like to thank all of its grantees and partners for their commitment to enhancing the oral health of the people of New Hampshire.*