

COMMUNITY-BUILDING BRIEF

Last year, CDHP asked Kara Williams, a program officer at the Health Foundation for Western and Central New York, to blog about how her foundation makes funding decisions. However, we found her observations so informative that we asked her to expand on them; this brief is the result. We're calling it a "community building brief" because building effective partnerships and securing philanthropic support are an ongoing focus for oral health advocates.



During the past few years, CDHP has worked in a broad partnership in New York State to examine strategies for reducing Early Childhood Caries (ECC)—tooth decay among children under age 6. This initiative has involved private foundations, the state health department, policy-research organizations and the Centers for Disease Control and Prevention (CDC). The CDC and the Health Foundation helped fund a simulation model that assessed the impact and cost of various prevention strategies.

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Why We Invest

An Oral Health Funder's Point of View

By Kara Williams, Program Officer, Health Foundation for Western & Central New York

Decision-Making

If you've ever pondered the mystery of how funders make decisions about what and whom to fund, you are not alone. We don't do it on purpose, but there does seem to be an inscrutable veil surrounding private foundations and their funding choices. Or so I'm told. In my previous life as a program director, I remember the struggle to find program funding and my frustration at some funders' rules. ("You'll only support a program if it's new—and therefore untested? But my program is *already* effective!")

Now that I've crossed over to the other side, I can assure you that funders try to be as transparent as possible about priorities, decisions, and even their funding culture. But I understand that we can appear a bit mysterious, so here's a quick primer on "How Foundations Think" and why we choose to fund oral health. One disclaimer: the foundation community is diverse, so while this is not a universal truth, the lens we use at my Foundation will give you a sense of the space in which funders operate, particularly health funders.

At the Health Foundation for Western and Central New York, we do not consider funding as charity. Instead, we use an investment framework, trying to build capacity, improve systems and increase health in the long term for the communities we serve.

We consider the following criteria to determine where to focus:



Here's roughly how we ran through these criteria for oral health:

- **First**, is there credible data demonstrating the impact of the **public health problem** on the community or population we care about? Yes. In 2011, in Upstate New York, 52 percent of second graders and 54 percent of third graders had experienced dental caries. Among those with caries, more than 33 percent were untreated.
- **Second**, is it a **preventable** problem—and can we actually do something about it? Yes, we learned—tooth decay in children is entirely preventable.
- **Third**, are there **evidence-based strategies** used elsewhere to effectively address the problem that we can learn from and possibly adapt or implement? Again, yes.

In some ways, these are the easy questions. What comes next is trickier, and gets into what we call the “art” of grant making. It’s the squishy side of things, which draws on intuition, historical knowledge, circle of influence and an indefinable gut instinct of what might work.

We’re more than “the money”

In our investment model of grant making, our Foundation directly engages and partners with the community to address challenges. We take our role as stewards of the funding very seriously. The funds do not belong to our staff—they belong to the people and communities we’re here to support. So we do our own research and roll up our sleeves and learn right along with our partners about what works and what doesn’t.

That can be a paradigm shift for grantees. While I understand the tendency to want to only share successes with a funder, I often remind grantees that funders have many resources, and we can help fix problems and learn from them *only if we know about them*. It takes a while to shift the “forget the bad news” paradigm. But in my experience, when our grantees and partners start thinking of us as collaborators and not just “the money,” we can collectively break down barriers, find creative and effective solutions, and adjust our strategies where necessary.

Given that framework, we have to carefully gauge the potential *impact* of every investment.

The “art” of funding

Early on we heard a compelling case for oral health investments from Head Start teachers. They were highly concerned about the lack of dental providers available to treat their pre-K students and witnessed daily how poor oral health negatively impacts a child’s ability to learn. Their passionate descriptions of the barriers faced by families in poverty led us to look at how the topic of oral health

may fit our criteria. In the long run, this information also hugely informed the design of our programs. In addition, these Head Start centers had data and could tell us exactly how many children needed dental exams or treatments.

Their stories became part of a comprehensive community needs assessment, which included a review of oral health data in our communities; interviews with oral health professionals, parents and early childhood experts; and a scan of programs and services that we might build upon.

So now we had information. But here's where the "art" of funding comes in. Analyzing what we've learned, the Foundation program staff considered these four "yes/no" questions:

- Is the community ready to address the problem with us and make change(s)?
- Are there potential champions and well-positioned partners?
- If we do a good job implementing the policy or programmatic change, will those improvements be sustainable, for long-lasting gain?
- And can those improvements be measured?

Every answer was "yes" for oral health. And that led to...

CHOMPERS! and sustainable impact

In 2010, we launched a three-year, three-pronged, \$1.3 million initiative called CHOMPERS! Bringing Dental Care to Kids. Designed as a comprehensive approach to improving children's oral health, the organizing principle is to bring dental prevention, education and treatment to places where children are already found.

We chose three strategies that were effective in other communities and would be sustainable beyond the initial grant funding.

1. Engaging pediatric primary care providers to incorporate a basic dental screening in their practice to identify at-risk children and to apply fluoride varnishes as appropriate to prevent or reverse tooth decay.
2. Educating children and families about good dental health and the importance of preventive care by implementing Cavity Free Kids (CFK), a best practice oral health curriculum, in early childhood programs, including Head Start.
3. Providing preventive services and restorative care (fillings, etc.) to young children by bringing portable dental care to preschools and other community sites. This model is meant to help safety-net dental clinics develop a new, sustainable line of business, improve access to high-quality dental services, and create a permanent dental home for young children and their families.

As it turns out, the first strategy—engaging pediatric primary care practices—was not very successful. There was interest, but at the time, the health plans in upstate New York did not consistently reimburse for oral health screening and varnish application.

But in strategies 2 and 3, the Health Foundation and the communities we serve call the CHOMPERS! initiative a significant success:

- More than 600 teachers have been trained in to use the Cavity-Free Kids curriculum in almost 400 classrooms. The curriculum addresses how to work with children and parents.
- Parental oral health knowledge increased. In post-training surveys, 97 percent of parents agreed that oral health and proper dental care are family priorities.
- In coordination with safety net dental clinics, mobile dental operations have provided needed dental care to nearly 1,000 young children. Childrens' day-to-day oral health practices have improved and most now receive regular dental care.

Given the strong evaluation outcomes for both strategies, the Health Foundation has recently expanded these programs to reach about 125 additional preschools or other sites that serve approximately 5,000 more children. We see strong evidence of sustained impact. Cavity-Free Kids trainings are formally incorporated into Head Start programs and they've expanded train-the-trainer efforts. Dental clinics have found they can sustain the portable clinics through Medicaid billing revenue. Best of all, parent evaluations suggest that CHOMPERS! is helping families adopt good oral health habits as a value.

We're proud of our funding in oral health. CHOMPERS! responds directly to community needs, uses evidence based strategies, has a measureable impact on health behaviors and outcomes, builds capacity in the community to better serve oral health needs of young children and is sustained beyond the grant funding.

When organizations work with grantmakers to meet those objectives, we all win.



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