Advancing Equity Through Oral Health Grantmaking

CareQuest Institute Continuing Education Webinar

March 16, 2023

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Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:
- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, March 24.**
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

**ADA C·E·R·P**® | Continuing Education Recognition Program

The CareQuest Institute for Oral Health is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

*Full disclosures available upon request

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Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.

- We will turn to your questions and comments toward the end of the hour.

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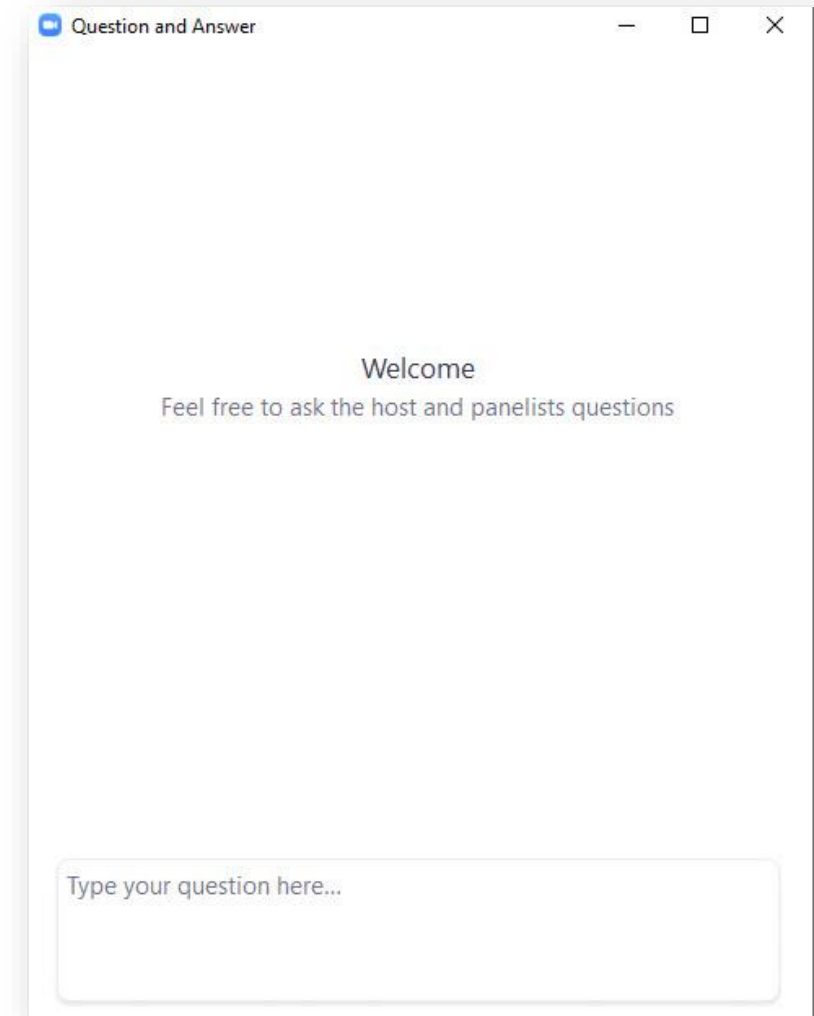
Learning Objectives

At the end of this webinar, you'll be able to:

- Evaluate the importance of equity in philanthropy and its role in addressing oral health disparities and system inequities.

- Synthesize the impact of involving community voices and partnerships in the grantmaking process on promoting oral health equity.

- Review outcomes of funding organizations led by members of marginalized and underserved communities in promoting health equity and justice.

- Discuss one organization's commitment and experience engaging community members to advance oral health equity among marginalized groups in California.

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Our Strategy

Vision

A future where every person can reach their full potential through excellent health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health

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Advancing Equity Through Oral Health Grantmaking

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WEBINAR | Thursday, March 16, 2023 | 1–2 p.m. ET | ADA CERP Credits: 1

MODERATOR & PRESENTER

John Gabelus
Grants and Programs Associate, CareQuest Institute

PRESENTER

Alejandra Valencia, DDS, MPH, MS
Director, Oral Health Forum, Heartland Alliance Health

PRESENTER

Ruqayya Ahmad, MPP
Policy Manager, California Pan-Ethnic Health Network

PRESENTER

Kaz Rafia, DDS, MBA, MPH
Chief Health Equity Officer, Executive Vice President, CareQuest Institute

PRESENTER

Christina Castle
Grants and Programs Associate, CareQuest Institute

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Driving Change Through 5 Areas of Activation

To drive meaningful change, we approach key oral health issues from a variety of perspectives and through a variety of tools.

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Organizational Intended Impact

Improve oral health outcomes for historically marginalized populations through a more **equitable**, **accessible**, and **integrated** oral health care system.

. . . where numbers tell an alarming story

76.5M

An estimated 76.5 million American adults do not have dental insurance.

3x

Black and Hispanic adults report they have never been to a dentist at more than 3x the rate of white respondents.

2M

Each year in the United States, there are approximately 2 million hospital ED visits for nontraumatic dental problems.

56M

More than 56 million Americans live in areas with a shortage of dental professionals.

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Inequities in Oral Health

Individuals identifying as LGBTQ+ were
77% more likely
to report they had **visited an emergency department for dental care within the past year** compared to individuals not identifying as LGBTQ+.

15% of Black and **9%** of Hispanic parents say their children's **teeth or mouth had affected their attendance or performance at school** compared to **2%** of white parents.

17% of Black adults and **16%** of Hispanic adults felt self-conscious or embarrassed because of their teeth, mouth, or dentures compared to **14%** of white adults.
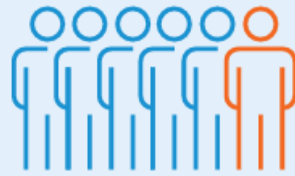
Nearly **1 in 6** Black adults (16%) reported having **lost at least six teeth due to tooth decay or gum disease.**

Individuals in households experiencing disability report visiting the ED for dental care or pain at nearly three times the rate (9.0%) of those not in households experiencing disability (**3.1%**).

9.0%

3.1%

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Grantmaking in 2023

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Philanthropic Priorities

Work that demonstrates the use of a **health and racial equity** approach.

Work that strengthens capacity and infrastructure through **partnerships and collaboration.**

Work that **engages communities** that are closest to the problems you are trying to solve

Work that seeks to advance local, state, or federal **policy or systems-change.**

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Philanthropic Strategies

Investment in Historically Marginalized Communities
- Any data we can pull here (BIPOC-led orgs or community-driven partnerships)?
- Expanded partnerships with NDA, HDA & SAID

Capacity-Building & Technical Assistance
- Learning communities & informational webinars
- Topic-specific grantee trainings, ex. Health equity with Praxis Project

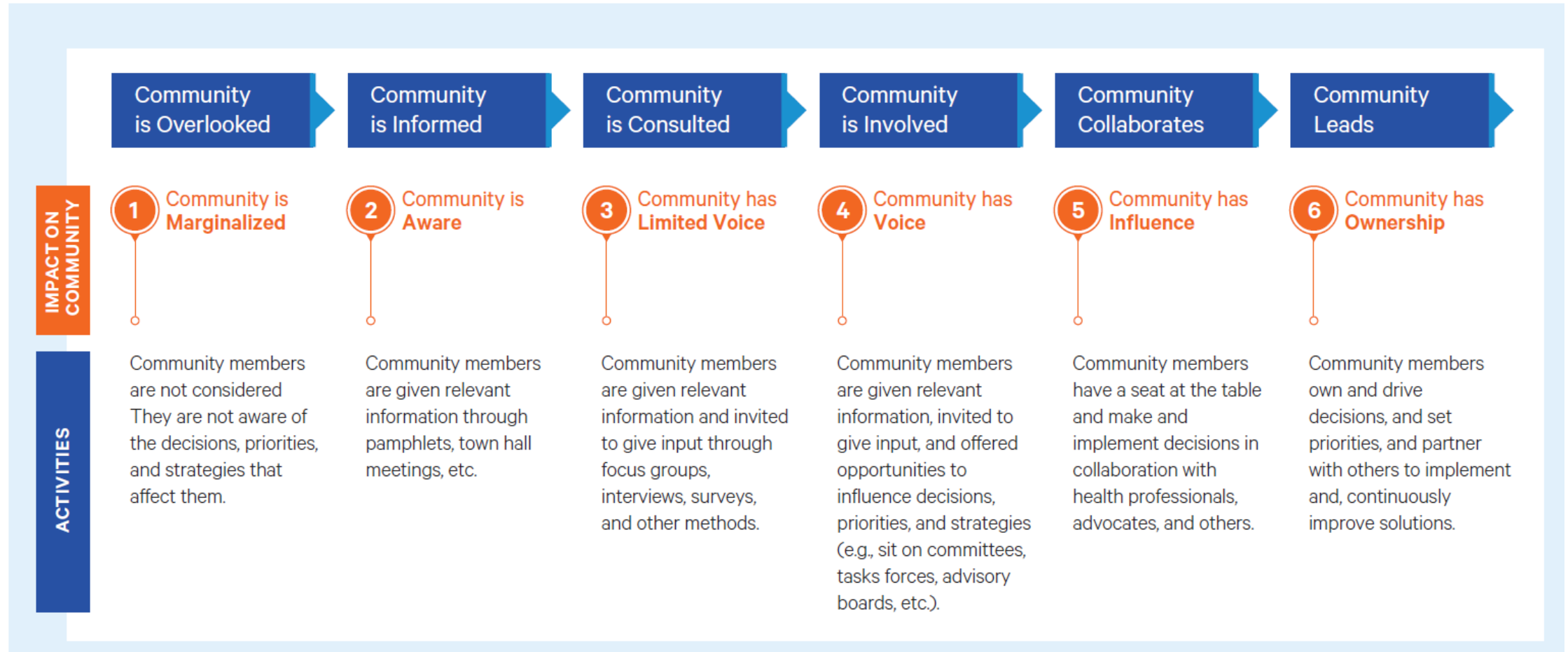**Opportunities for Shared Learning & Networking**
- Oral Health Progress and Equity Network (OPEN) Communities, Network Response Teams, gatherings
- Development of resources to support scalable change

Evaluation & Impact Analysis
- Capturing grantee and network impacts
- Increased emphasis on storytelling and dissemination

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Centering Community Voice Through Authentic Engagement

Exhibit 1. Continuum of Community Engagement

Community is Overlooked	Community is Informed	Community is Consulted	Community is Involved	Community Collaborates	Community Leads
IMPACT ON COMMUNITY					
1 Community is **Marginalized**	**2** Community is **Aware**	**3** Community has **Limited Voice**	**4** Community has **Voice**	**5** Community has **Influence**	**6** Community has **Ownership**
ACTIVITIES					
Community members are not considered They are not aware of the decisions, priorities, and strategies that affect them.	Community members are given relevant information through pamphlets, town hall meetings, etc.	Community members are given relevant information and invited to give input through focus groups, interviews, surveys, and other methods.	Community members are given relevant information, invited to give input, and offered opportunities to influence decisions, priorities, and strategies (e.g., sit on committees, tasks forces, advisory boards, etc.).	Community members have a seat at the table and make and implement decisions in collaboration with health professionals, advocates, and others.	Community members own and drive decisions, and set priorities, and partner with others to implement and, continuously improve solutions.

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Impact of Community Engagement Partner Stories

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California Pan-Ethnic Health Network

Ruqayya Ahmad, MPP

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About Us

The California Pan-Ethnic Health Network (CPEHN) is a multicultural health policy organization dedicated to improving the health of communities of color in California.

CPEHN's mission is to advance health equity by advocating for public policies and sufficient resources to address the health needs of the state's new majority.

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Theory of Change

CPEHN ensures health justice and equity are on the agendas of policymakers and that communities are part of the policymaking process.

We build people power to educate and influence policymakers through lived experience, disaggregated data, and community expertise for better health equity centered policies and systems

We pass, change, and implement policies that reflect community needs for better health

We connect data, stories, partners, and regions to build knowledge, relationships, and understanding across cultures

We invest in communities of color to build leadership, sustainability, and advocacy strength

To create equitable conditions that promote health equity and allow communities of color and all residents to thrive and prosper

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California Has Taken Substantial Strides Toward Oral Health Equity...

- Established the California State Dental Director and the Office of Oral Health

- Provided $30 million annually to local public health departments to conduct oral health literacy and prevention work

- Raised the payment levels for dentists serving Medi-Cal members to equal commercial payment rates

- Conducted a statewide public education campaign to make families aware of the dental care available to them through Medi-Cal

- Expanded eligibility for Medi-Cal to include all children and young adults up to age 26, and adults aged 50 and older (regardless of immigration status) providing access to dental care for these Californians

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. . . But **Disparities and Structural Racism** in Oral Health Remain

- Historical roots of US racism

- Intentional distribution of resources, opportunities, power

- False belief that communities of color don't care about their oral health

Condition of Teeth by Race/Ethnicity, 2020

Race/Ethnicity	Excellent, Very Good, or Good	Fair or Poor	Has no Natural Teeth
Two or More Races	77.6%	18.4%	4.0%
Native Hawaiian/Pacific Islander	67.2%	31.3%	0%
Asian	71.2%	26.1%	2.7%
Amerian Indian/Alaska Native	57.9%	23.5%	18.6%
Black	64.6%	32.6%	2.8%
White	77.6%	19.8%	2.6%
Latino	68.3%	30.9%	0.9%

Legend:
- Has no Natural Teeth
- Fair or Poor
- Excellent, Very Good, or Good

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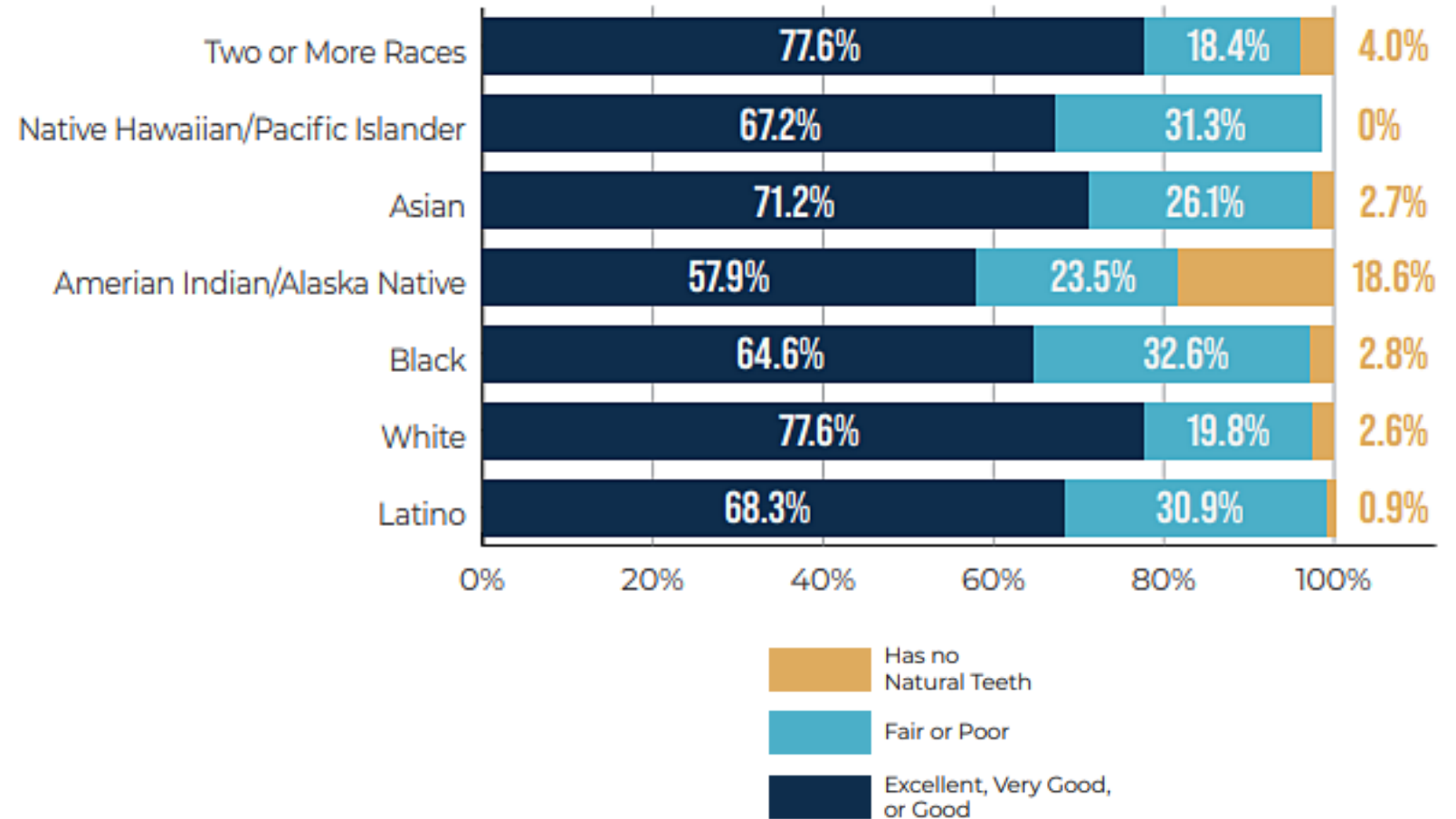
Vision

Develop a community-defined oral health policy agenda, which aims to reduce racial disparities in California.

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Equity Core Group
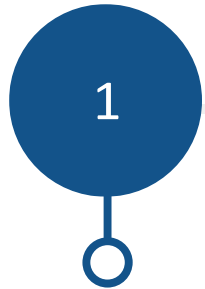
1 — Southside Coalition of Community Health Centers
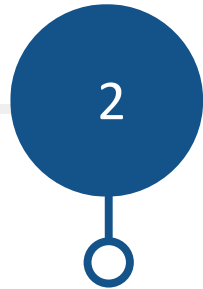
2 — Ravenswood Family Health Network
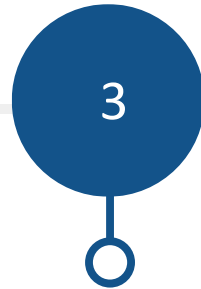
3 — Centro Binacional para el Desarrollo Indígena Oaxaqueño
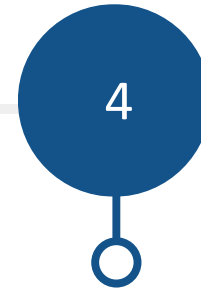
4 — Strategic Concepts in Organizing and Policy Education

5 — Asian Health Services

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Process

Grounding/Envisioning
Develop a shared definition of oral health equity

1:1 Interviews
Better understand barriers to oral health care

Collective Feedback
Narrow down and finalize priorities

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Systemic Barriers

1. Coverage
2. Cultural & Linguistic Access
3. Workforce
4. Data

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Coverage Barriers

- California and the federal government should work together to establish permanent, full-scope dental coverage for adults in Medi-Cal

- Integrate oral health with primary health care

2009
Governor Schwarzenegger **eliminated** adult dental benefits

2014
Governor Brown **partially** restored adult dental benefits

2018
Governor Brown **fully** restored adult dental benefits

2020
Adult benefits were on the chopping block again, but advocates successful campaigned against it
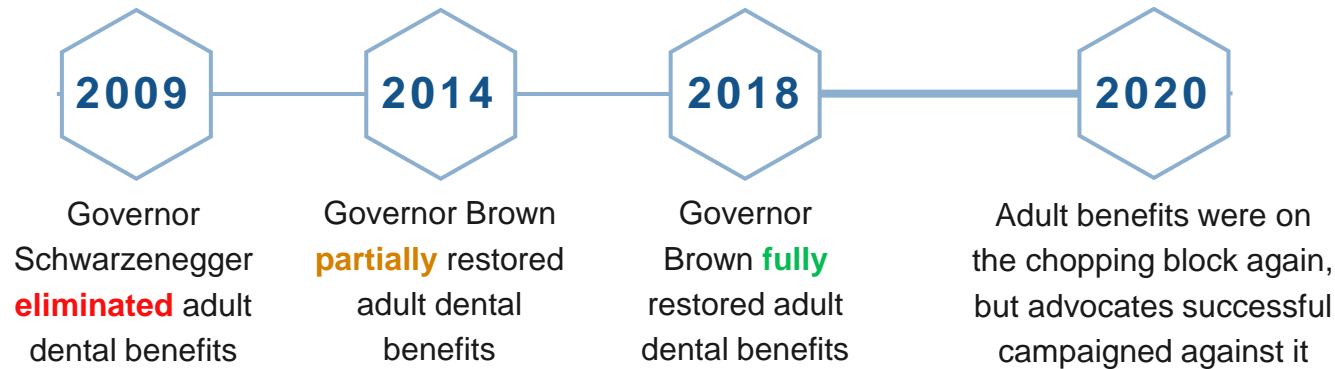
Adults who have no natural teeth
by dental insurance status

4.5% Without dental insurance

1.6% With dental insurance
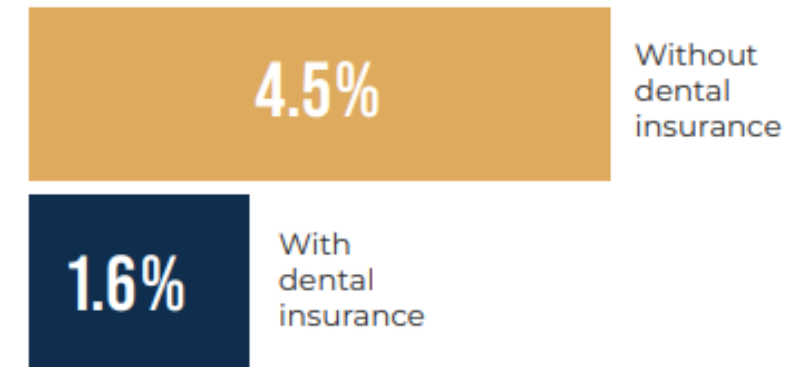
In California, adults who do not have dental insurance are about 3 times more likely to lose all of their natural teeth compared to adults who do have dental insurance

FIGURE 3

Source: California Health Interview Survey, 2019

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Cultural and Linguistic Access Barriers

Approach care with *both* cultural competence and cultural humility

- Each individual has a unique identity, background, and experiences

- Understanding patients' experiences will help to understand their oral health needs

- No one-size-fits-all approach

"There are folks who have said that when they show up to the dental office waiting room with their children after a long day, the children are hungry, tired, and might be a little rambunctious, and because they don't have access to affordable childcare, they feel ashamed for being there with all their children because they know there are assumptions made about their parenting skills."

"Several communities across California do not drink tap water due to distrust in the system... When communities hear news stories on topics such as the lead-contaminated water in Flint, Michigan, coupled with the systemic racism they experience in their lives, it's hard to convince them that their water is safe."

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Cultural and Linguistic Access Barriers

- Improve timely access to quality interpretation and translation services

- Conduct effective community outreach and education through trusted messengers and use of multiple mediums, including visual materials

Workforce Barriers

Support efforts to expand the oral health care team to include dental therapists and community health workers

- Creates opportunities for members of historically underrepresented communities to become involved in the oral health workforce

- Improves access to preventive and restorative care for those disparately affected by oral health service barriers

- When patients have trust in their oral health team, they are more likely to seek out and maintain oral health care regularly

Latino and Black Dentists
Compared to their Racial/Ethnic Distribution in California

Latino ■ Black ■

- Practicing Dentists: 6% Latino, 2% Black
- Low-Income Adults: 53% Latino, 7% Black

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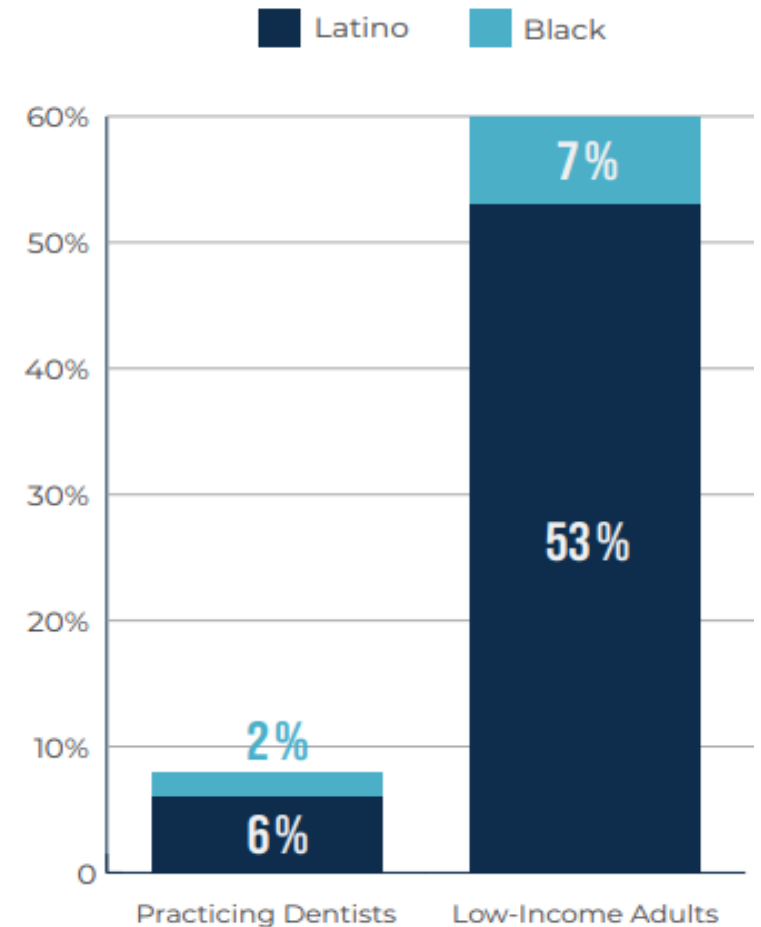
Data Barriers

Collect and report utilization, quality, and outcome data that is disaggregated by race, ethnicity, preferred language, gender identity, sexual orientation, age, disability status, and county

- Data is essential for collecting, reporting, and identifying inequities and reducing disparities

- Data should be publicly posted, user-friendly, and easily accessible

- Measures should include not only utilization but also care quality and outcome measures

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Recommendations

- California and the federal government should work together to establish permanent, full-scope dental coverage for adults in Medi-Cal.

- Integrate oral health with primary health care.

- Approach care with both cultural competence and cultural humility.

- Conduct effective community outreach and education through trusted messengers and use of multiple mediums, including visual materials.

- Improve timely access to quality interpretation and translation services.

- Support efforts to expand the oral health care team to include dental therapists and community health workers.

- Establish incentives to increase the number of diverse dental providers.

- Collect and report utilization, quality, and outcome data that is disaggregated by race, ethnicity, preferred language, gender identity, sexual orientation, age, disability status, and county.

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Community-Centered Initiatives

Aim to improve oral health and well-being of a specific community (population)

- Include different strategies

    – Individual-level (person-centered)

    – Environmental-level (community-centered)

- Incorporation of "community voice"

- Stakeholders' collaboration to address complex social need

    – Leveraging existing community resources

- Health equity approach

Universal Goal Oral Health for ALL

Targeted Strategies

https://health.oregonstate.edu/hallie-ford/heal/practice/community#:~:text=Community%2Dbased%20interventions%20refer%20to,tactics%20to%20achieve%20their%20goals
https://www.uvic.ca/research/projects/elph/assets/docs/KTE%20Resource%204%20-%20HE%20Metaphors%20for%20Effective%20Communication.pdf
https://www.wsha.org/event/health-equity-targeted-universalism-training/

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Leading Chicago Children to Oral Health Improvement

- **Environmental Scan Community Resources**
  Why disparities exist?
  – Data
  – Mapping
    o Schools
    o Dental providers

  – Social Determinants of Health
    o Walking through the community

  – Trusted community organizations

- **Pilot Intervention Funding**
  – DentaQuest Foundation (CareQuest Institute for Oral Health)
  – Otho S.A. Sprague Memorial Institute (local foundation)

Public-Private Collaboration:
- Chicago Department of Public Health
- Chicago Public Schools
- Oral Health Forum

Leading Chicago Children to Oral Health Improvement, cont.

Healthy Oral Health Cycle

1. Oral Health Education
Every year, OHF Oral Health (OH) Educators visit CPS classrooms to provide OH education and send written information and screening consent forms home to parents/caregivers (~24,000 students)

2. Screening & Prevention
All CPS students with a signed consent form receive OH services (fluoride, dental cleaning, sealants, screening) at school and are given an OH score:
① Good oral health ② 1-4 cavities; not urgent ③ Urgent: 5+ cavities/pain/infection

3. Inform Parents/Caregivers
Parents/caregivers receive a letter confirming the OH screening and informing them of the results.

NEW — Case Management Pilot
For all students with an OH score of 2 or 3, a case manager will:
- Identify & address families' needs for additional information & resources
- Help families overcome barriers to accessing needed OH treatment
- Work with community dental providers to ensure that children receive timely treatment
(~5,000 students)

All icons Creative Commons from The Noun Project. Created by Yi Chen (inform parents), Tommy Kuntze (families' needs), Luis Prado (help families), Alex Auda Samora. (community dental provider); others are public domain.

© The Oral Health Forum, Heartland Alliance Health, 2015

OHF: The Oral Health Forum
CDPH: Chicago Department of Public Health
CPS: Chicago Public Schools
OH: Oral Health

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Learning How to Act: Amplify Community Voice

- **Oral Health Champion Schools**
  - Parents' and teachers' breakfast
  - Targeted school outreach events

- **OHF Case Management Notes**
  - Deconstructed to identify trends (qualitative analysis)
  - Captures human moments experienced by our participants

- **Focus Groups and Listening Sessions**
  - Anti-immigrant environment
  - Community violence
  - COVID-19 pandemic

- **Comprehensive and Inclusive Approach**
  - Community dinner with providers
  - Breakfast with public officials

Amplify "Community Voice" in other levels of the system

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Learning How to Act: Amplify Community Voice, cont.

"We know it is important to go to the dentist, but sometimes we cannot. It is not that we do not want to . . . we cannot.

Because you eat or go to the dentist, or pay the rent or you go to the dentist."

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Community Health Profiles

Tool used by multi-sectoral stakeholders

- Draw meaningful connections between:
  - Oral health
  - Overall health
  - Social determinants of health (SDOH)

- OHF community profiles components:
  - Intersection between community demographics and SDOH
  - Community resources (families)
  - OHF's program outcomes and findings

- Bi-yearly updates

- 13 Chicago community profiles

Oral Health Profile 60620
| 2021-2022 |

Through health equity emphasis, OHF works to maintain and restore good health in communities, creating opportunities so that everyone can live their healthiest life

COMMUNITY HEALTH PROFILE

A Community Health Profile is a tool used by multi-sectoral stakeholders in order to assess and analyze public health and guide future action and policy. This oral health profile works to draw meaningful, evidence-based connections between oral and overall health in order to promote dental integration into primary care. It will be updated bi-yearly to illustrate the oral health progress and current status of resources. It draws on the data of the Oral Health Forum (OHF) as well as local, state, and national datasets. Most indicator data are from the Chicago Health Atlas unless otherwise noted.

FURTHER RESOURCES

Previous resources and editions of OHF's oral health profiles can be found on our website.

THE ORAL HEALTH FORUM

OHF was created to expand equitable access to oral health care in medically under-resourced Chicago communities. Launched in 2008 to bridge an oral health system that often poses a multitude of barriers to families in need of dental care, OHF's mission, "to target inequities in the quality of and access to oral health care; creating more workable and equitable solutions that integrate oral care into primary care," is the foundation that guides OHF's innovative program design. Over the last 10 years OHF has grown into a community-based, grassroots initiative deeply embedded within the communities it serves known throughout the city of Chicago for its programmatic success and systemic impact. For more information on OHF, please visit our website.

" No one should suffer from oral diseases or conditions that can be effectively prevented and treated."
Richard H. Carmona, Surgeon General
2003 National Call to Action to Promote Oral Health

Sustainability and Partnerships

- **Public Officials**
  - Illinois General Revenue Fund

- **Universities and Community Colleges**
  - University of Chicago (PreMed)
  - University of Illinois Chicago

- **Stakeholders' Analysis (interviews)**

Sustainability and Partnerships, cont.

"They are from the community [and giving] back to the community [which] is important — not outsiders trying to be helpful."

"The fact that they are not exclusively dental focused. Dental is a procedure, oral health is the bigger picture . . . the Oral Health Forum is the bigger picture."

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Expansion

- **Year 1 (SY 2014-2015)**
  – 2 Chicago ZIP Codes
  – 39 schools

- **Year 6 (SY 2019-2020)**
  – 6 Chicago ZIP Codes
  – 106 schools

- **Year 10 (SY 2023-2024)**
  – 8 Chicago ZIP Codes
  – +10 schools (new pilot expansion)

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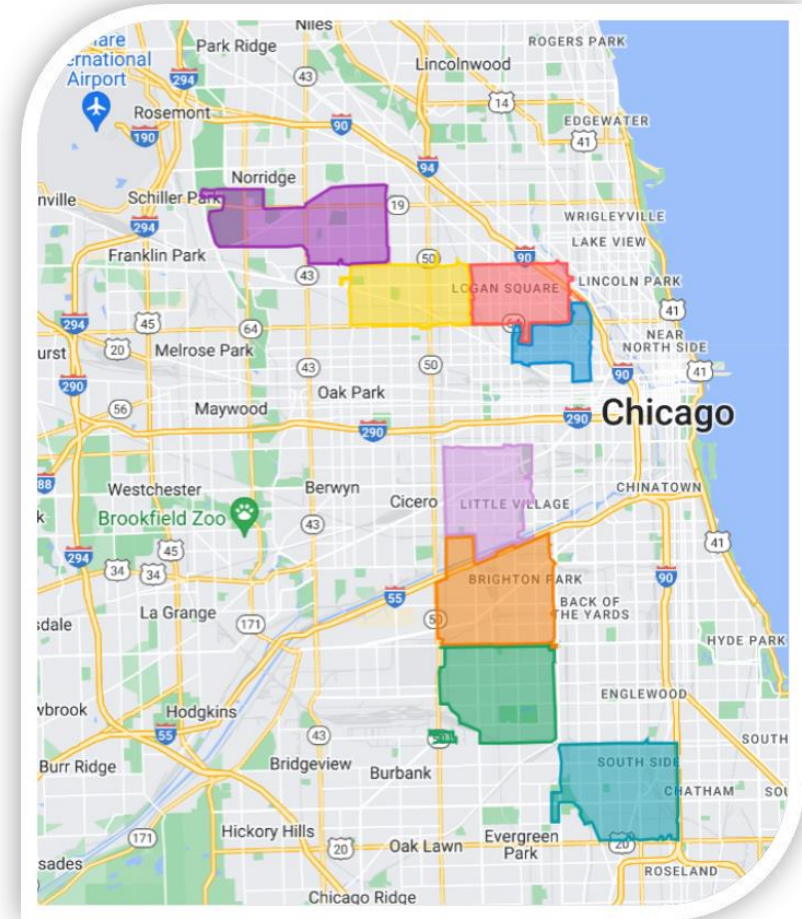
Dental Equity Network of Care: DentEquity Chicago

Cloud-based referral system (IRIS) integrating community dental providers
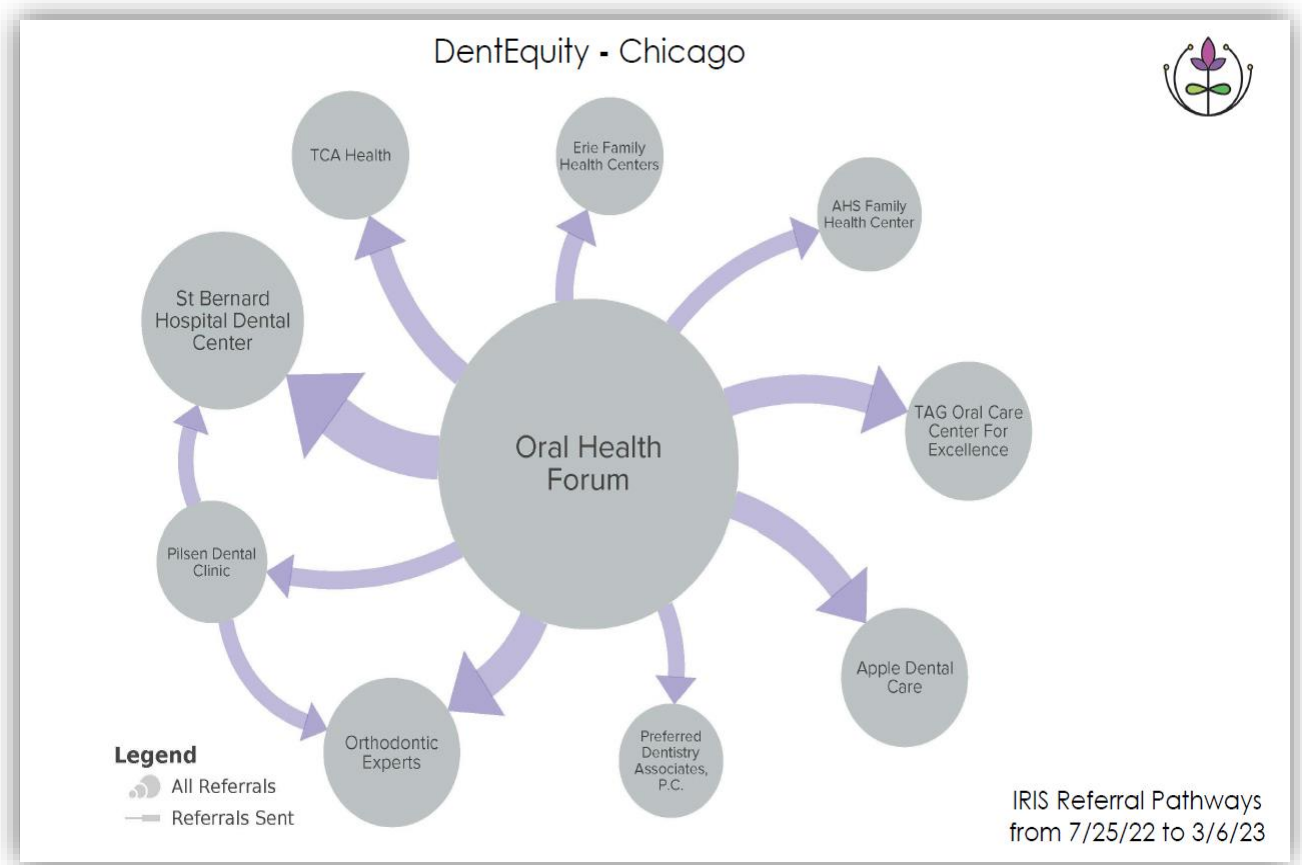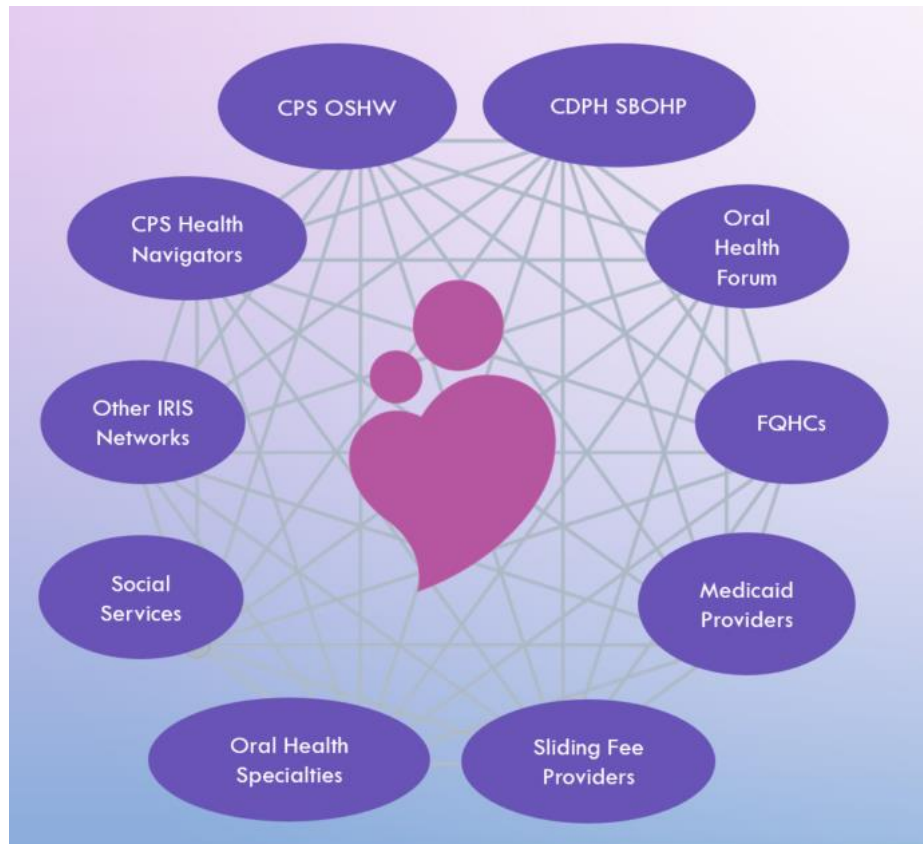
Thank you!

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Philanthropic Investment Areas

Advancing Equity through Oral Health Fund
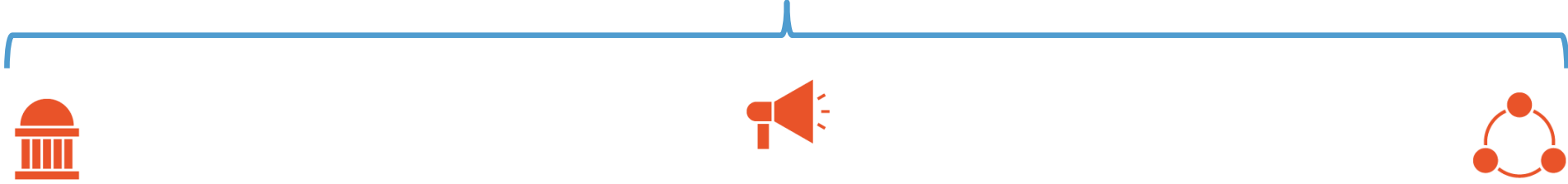
Drive Federal Oral Health Policy

Strengthen Community Voice and State Advocacy

Spread Learning Models to the Broader Safety Net

Emergent and Relief Fund

Drive innovation within oral health care or support short-term projects that improve oral health outcomes for marginalized communities.

Requests for Proposals

Expand avenues for intentional impact focused on high-need populations through targeted RFPs.

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Grant Submission Process
Concepts and Full Proposals

Registration
- Create an account in the online grants management system, Fluxx

Concept
- 500-word description of your proposed project
- Based on the concept, you may be invited to submit a full proposal

Full Proposal
- Complete full proposal, workplan, organizational demographics, and budget
- Opportunity for feedback on drafts during process

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Shift to Quarterly Cadence in Grantmaking Cycles

Full Proposal Deadline	Grant Review Meetings	Final Determinations Anticipated
January 31, 2023	*February 15, 2023*	*Early March*
April 21, 2023	May 25, 2023	Early June
July 21, 2023	August 23, 2023	Early September
October 18, 2023	November 16	Early December

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Accounting for Equity

In 2023, to keep ourselves accountable for advancing equitable policies and systems, we will respectfully request the following items as part of the proposal submission process. This information supports our efforts to regularly assess our grantmaking impact on target populations, measure progress toward our goal of engaging historically marginalized communities on the topic of oral health and articulate our grantmaking impact to internal stakeholders and external audiences alike.

- Non-identifiable demographic data related to race/ethnicity, gender, sexual orientation, disability status.

Submitting this data is strongly encouraged. This data is considered during review process.

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Question and Answer

To Explore More Industry-Leading Research

www.carequest.org/resource-library

Webinar Evaluation

Complete the **evaluation by Friday, March 24** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

March 30: American Indian and Alaska Native Oral Health: Challenges and Opportunities at 1–2 p.m. ET

Sign up to receive our newsletter to get more information on future webinars!

Sign up for News and Updates

Email*

CareQuest Institute for Oral Health uses the information you provide to share updates on work and offerings to improve the oral health of all. You may unsubscribe at any time (See Privacy Policy).

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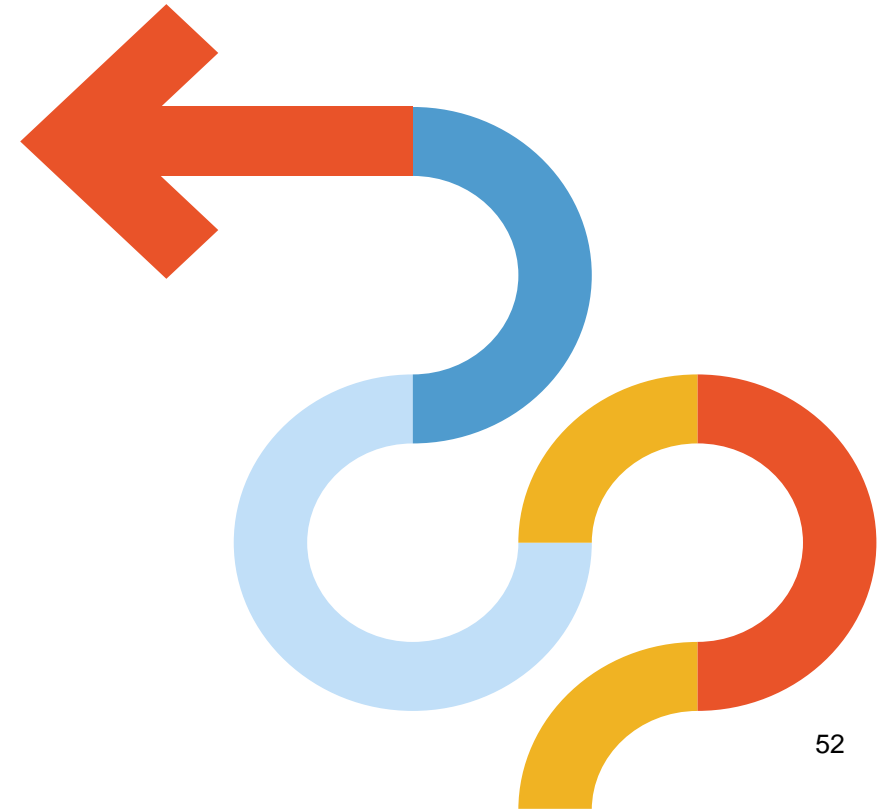
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Appendix

CareQuest Institute Proposal Submission Timeline

Phase 1: Concept

Concept Submit Date	Concept Review Date
January 18, 2023 – February 28, 2023	March 7, 2023
March 1, 2023 – March 28, 2023	April 4, 2023
March 29, 2023 – June 6, 2023	June 13, 2023
June 7, 2023 – July 4, 2023	July 11, 2023
July 4, 2023 – August 31, 2023	September 7, 2023
September 1, 2023 – September 26, 2023	October 3, 2023
September 27, 2023 – December 31, 2023	2024

Phase 2: Full Proposal

Full Proposal Deadline	Grant Review Meetings	Final Determinations Anticipated
January 31, 2023	Mid-February	Early March
April 21, 2023	Mid-/Late May	Early June
July 21, 2023	Mid-/Late August	Early September
October 18, 2023	Mid-/Late November	Early December