Our goal is to end dental disease in children and improve lifelong oral health. Prevention is the way. Our grantees and partners are taking the lead.
POLICY
- Oral health is a key component of health policy
- Oral health policy consistent at local, state and federal levels
- Oral health measurement systems in place
- Policy to allow expanded workforce

FINANCING
- Sufficient funding to support care, prevention and training
- Alignment of payment with evidence, prevention, disease management and outcomes

CARE
- Dental workforce sufficient to meet needs efficiently and effectively
- Care based on evidence, prevention, disease management and outcomes
- Oral health integrated into all aspects of health care
- Consumer focused care delivery

COMMUNITY
- Oral health integrated into education and social services
- Optimal oral health literacy
- Strong community prevention and care infrastructure
- Provider base representative of community

Improving the oral health of all

Letter from President & Board Chair
Oral Health 2020
Impact Stories
TeethFirst! Rhode Island
Pennsylvania Opens Doors for Preschool Children
L.A. Trust and L.A. Unified School District
In West Virginia, Data is Creating Opportunities
Get Hip About Oral Health
Oral Health Colorado
Marshfield Clinic
A National Platform For Oral Health
DentaQuest Foundation Grantmaking
Connection Center
About DentaQuest
Board & Staff
Dear Friends,

Whether as consumers, healthcare providers, communities, funders, policymakers or philanthropies, each of us has an opportunity to play a role in addressing the challenges of making good oral health a priority.

Foundations have a unique role. We provide resources, bring people together, encourage collaborative relationships and serve as catalysts for change. We are amplifiers, elevating critical issues for discussion and framing opportunities for engagement. We strive for connected learning and welcome all who are willing to work for common ground solutions.

Since launching a national systems change strategy, the DentaQuest Foundation has seen the evolution of a vibrant national network of community-based change agents. With over 130 grantee partners in 35 states (and growing), supported by strong voices at the national level, that network is elevating the value of dialogue and reshaping the landscape of action on behalf of people who need it the most. Regional Oral Health Coordinators have stepped forward to strengthen connections within and across state boundaries.

Today, we find ourselves at a pivotal moment. There is a movement in place that includes new and bold strides toward people working together, focusing on specific areas of change and acting upon lingering obstacles to progress. Our grantees and partners are leading the way.

The U.S. National Oral Health Alliance, which the DentaQuest Foundation has supported from its beginnings, has framed the national conversation on oral health around six priority areas:

- prevention and public health infrastructure,
- oral health literacy,
- medical and dental collaboration,
- metrics for improving oral health,
- financing models, and
- strengthening the dental care delivery system.

Through our signature Oral Health 2014 Initiative, energetic state-based organizations are taking action to bring about changes in the priority areas identified by the Alliance. Grantees and their extended communities are coming together virtually to share information, increase stakeholder engagement and advocacy, and plan collaboratively.

Health care reform enabled greater access to dental care for some groups. The Strengthening the Oral Health Safety Net initiative is working with the National Association of Community Health Centers, the National Network for Oral Health Access and 16 state primary care associations to improve access to oral care among medically-underserved populations.

People are thinking about oral health. The medical community is adopting a more formal role in oral disease assessment, prevention, and referral for advanced treatment. The National Interprofessional Initiative on Oral Health prioritizes and supports learning as a core element of its work, convening all professions at summits and symposia to share knowledge and solutions. State legislatures are starting to take bold steps to add adult Medicaid dental benefits, many for the first time ever.

This is great progress. But there is more to be done.

As we were first reminded in the 2000 Report of the U.S. Surgeon General, large pockets of our society are left out of improvements. People of color experience nearly twice the amount of untreated tooth decay as their white, non-Latino counterparts. There is a personal cost to this in
lost opportunity and diminished quality of life. There is a societal cost in
the escalating use of hospital emergency departments for dental
interventions and the dollars spent treating a preventable disease. We
have a duty to reach out to those who are marginalized to address unmet
needs and find ways to include them in the improvements that are
occurring around us.

Poor oral health has the potential to impact each of us from childhood,
through our work years, and into retirement. Our task is to build paths to
prevention for all. This is where our present and future meet.

In the spirit of collaborative improvement and a sincere desire for equity,
we propose four bold targets for the next five years. The goal is to put an
end to a preventable disease.

- Even though a healthy majority of children reach age 5 without a
cavity there are still significant populations who don’t do nearly that
well. Let’s work to ensure that at least 75% of all children reach age 5
without a cavity.

- Untreated cavities and dental pain decrease a child’s ability to
concentrate and do well in school. Let’s work to make sure oral health
is part of health services and education in our schools.

- As we work to strengthen the dental safety net and reduce barriers to
dental care, let’s work to make preventive and restorative dental care
for all adults a priority. Dental coverage for adults has been
decreasing, as many states eliminated adult dental Medicaid benefits.
And, as Baby Boomers retire, many will find they no longer have
employer-sponsored dental insurance.

- Let’s really understand the extent and cost of poor oral health in our
states and our nation with consistent data about the oral health of
residents across the lifespan.

The DentaQuest Foundation will continue to build and support this oral
health network and its progress with resources that bring people
together and encourage the collaborative work that is wearing down
the lingering obstacles to our goal of optimal oral health for all. We
have confidence that the oral health network will carry us forward.

Sincerely,

Ralph Fuccillo
President, DentaQuest Foundation

Caswell A. Evans, DDS, MPH
Chairman, DentaQuest Foundation Board of Directors
Let’s work to ensure that at least 75% of all children reach age 5 without a cavity.
Since launching a national systems-change strategy in 2010, DentaQuest Foundation investments have helped to build a large, interconnected network of national, state and community-based change agents dedicated to improving the oral health of all. As individuals and organizations within this network work together, they are transforming the national dialogue and reshaping the landscape of action on behalf of oral health.

Oral Health 2020 is a multi-year effort to strengthen and unify the network, build upon current initiative strategies, and expand impact. It is an opportunity to bring about lasting systems change through the power of collective action.

The DentaQuest Foundation is engaging grantees and partners around a set of bold, shared goals with specific targets to be achieved by 2020.

Oral Health 2020 investments are structured around the realization of a vision for improved oral health: “to eradicate dental disease in children and improve oral health across the lifespan.”
Our goal is to end dental disease in children and improve lifelong oral health.

- **Eradicate dental disease in young children**
  - TARGETS
    - 75% of children reach age 5 without a cavity.

- **Incorporate oral health into the primary education system**
  - TARGETS
    - 10 largest school districts have incorporated oral health into their systems.

- **Make an adult dental benefit in publicly funded health insurance mandatory**
  - TARGETS
    - At least 30 states have a comprehensive Medicaid adult dental benefit and no states that currently have a Medicaid adult dental benefit roll back or eliminate that coverage.
    - Medicare includes a comprehensive adult dental benefit.
    - Oral health is a component of patient-centered care models.

**Implement a comprehensive national oral health measurement system**
Our TeethFirst! campaign has people saying, “Really? A dental visit at age 1? That’s the recommendation? I never knew that! How can I make that happen?”

Jill Beckwith, DEPUTY DIRECTOR, RI KIDS COUNT

The TeethFirst! campaign grew out of a series of focus groups with dental providers, pediatricians, parents, and community organizations like WIC, Early Head Start, Head Start and child care providers. The organizations found a lot of interest in learning more about preventive dental care for young children, especially the importance of early dental visits.

Only 2% of infants and 1-year-old children in the U.S. have ever visited a dentist. In contrast, 87% have seen a physician (AAP, Profile of Pediatric Visits, 2010). Children who did not see a dentist until age 2 or 3 were more likely to have subsequent preventive, restorative and emergency visits (Pediatric Dentistry, 2006). Advocates for children’s health, from the American Dental Association (ADA), to the American Academy of Pediatric Dentistry (AAPD), and the American Association of Pediatrics (AAP) all recommend a first dental visit six months after the first tooth erupts or by age 1, whichever is first. This early visit is an opportunity to educate parents and prevent disease in the child.
The TeethFirst! campaign is actively targeting parents of very young children and engaging and educating community support organizations and health care providers. The campaign is also encouraging dentists to add more young children to their patient mix. Some dentists feel uncomfortable treating very young children. As a result, too few treat children with special healthcare needs or children who have public insurance. Rhode Island is one of 40 state Medicaid programs that pays for early dental visits.

Primary care providers, including pediatricians, have an important role too. Rhode Island’s Rite Care program reimburses them for preventive services, including oral disease risk assessments, caregiver education, and fluoride varnish application. These are important ways that pediatricians can improve oral health outcomes. Equally important, these early relationships with dentists and doctors help to establish a place and an expectation for regular dental care for the child through his or her life.

The TeethFirst! campaign is the start of a multi-year conversation about what communities are really willing to do to protect and support the young kids of Rhode Island.

The TeethFirst! campaign is advancing the Oral Health 2020 goal of eliminating dental disease in children (75% of children reach age 5 without a cavity).
parents and caregivers so they take the right steps to ensure their children have good oral health as they grow?"

The answer to that question is the work of a growing network of early childhood educators, parents, pediatricians and dentists, insurers, and policymakers who are building a system of programming, referrals and handoffs to make sure at-risk children get a good start toward a cavity-free life. Their focus is oral health education for parents and children and collaborative care with a heavy emphasis on prevention.

The collaborative work of these Pennsylvania associations is supporting the Oral Health 2020 goal of helping 75% of children reach age 5 without a cavity. It also demonstrates one model for ensuring oral health is a component of patient-centered care models, another Oral Health 2020 goal.

Our federally qualified community health centers support young families with culturally-sensitive dental (and other health) services, and much more – essential health education, translation services, case management, and even after hours coverage. We’re helping families navigate the complexities of the health system, assisting them in determining eligibility, and even helping with transportation.

Cheryl Bumgardner, RN, Manager, Clinical & Quality Improvement, Pennsylvania Association of Community Health Centers

Children can receive oral screening, risk assessment and fluoride varnish application, if needed, from their pediatrician during well visits. We’re networking with key community partners to make oral health part of overall health for every Pennsylvania child!

Bonnie Magliochetti, RDH, RN, Pennsylvania Chapter of the American Academy of Pediatrics, Healthy Teeth, Healthy Children

Photo: ©MA Head Start Association
Head Start teachers are introducing children under 5 and their parents to oral health basics through the science-based Cavity Free Kids curriculum. We’re developing a model to connect Head Start children to a ‘dental home’ for preventive care and treatment in tandem with networks of primary care providers who will create a place for ongoing health services as they grow.

Amy Requa, MSN, CRNP, PENNSYLVANIA HEAD START ASSOCIATION
This is a huge win/win. Not only are we able to demonstrate a significant impact in the oral health of the students at these schools, we are finding it can be done in a sustainable way for providers. We know kids who miss school are at a significantly higher risk of falling behind, dropping out, and never seeing a graduation cap and gown. We look forward to the day when district-wide, every child in LAUSD has access to preventive and restorative oral health care services. We are definitely on our way.

Maryjane Puffer, executive director, the L.A. Trust

ORAL HEALTH FOR ACADEMIC SUCCESS

L.A. Trust and L.A. Unified School District

The Los Angeles United School District (LAUSD) enrolls over 650,000 students at 1,081 schools and centers, making it the second largest school district in the United States. Of LAUSD’s students, 27% are uninsured and 44% are enrolled in MediCal.

Dental pain is the number one reason children miss school. With the involvement of strong community partners, the L.A. Trust is developing a program model that has teachers, parents and providers thinking differently about oral health in schools.

This work led to two universal screening and fluoride varnish days at two elementary schools in 2013 with many more scheduled for 2014. Over 570 students participated in the first two screening days. 25 children were found to have urgent dental issues, meaning either broken teeth or abscesses in their mouths. Fifty percent of the other children had significant levels of dental decay (caries) and needed dental care within the month. That’s 300 children with an urgent dental need that required attention.
within one month. School district nurses contacted parents and the children were quickly connected with resources for restorative care.

Designed to minimize student time outside of the classroom, the program relies on parent volunteers and dedicated school staff guiding students through various stations in the auditorium. They are given toothbrushes and instruction from LAUSD District Nursing and UCLA Pediatric staff, an individual screening with the dentist, and an oral hygienist-applied fluoride varnish, before returning to class.

The L.A. Trust closely monitors the financials of the screening and fluoride varnish days for sustainability. The data shows that if the school is able to secure sufficient parental consent to screen a large portion of children, the dental care provider can earn enough income to cover the uninsured.

The L.A. Trust is building a working model and a tool kit for bringing oral health into the primary education system of one of the nation’s largest school districts, an Oral Health 2020 goal. The team is engaging a variety of providers, including public health and private practice dentists who would be willing to come to the school campuses just for preventive care. After a second year of demonstrating that there is a way to help the children, cover the uninsured, respond to parents’ needs, not disrupt the school day, and fairly reimburse the provider, the L.A. Trust will have a model that it can sell across the district.

Good population data sets describe the health (or poor health) of a community in quantifiable terms that can be used to identify need, assess costs of care, set prevention targets and evaluate the impact of programs. This data is so useful, the Centers for Disease Control (CDC) National Oral Health Surveillance System (NOHSS) has a recommended data set for each state. Until 2010, the CDC entry for West Virginia didn’t contain any data.

Today, West Virginia is a national leader with one of the most complete pictures of the oral health status of its residents, including preschool children, school-age children, adults and seniors, the oral health workforce, and soon, pregnant women and new mothers.

Having good data has led to oral health improvement. In 2011, for the first time ever, hygienists examined the mouths of approximately 1,000 West Virginia children at 18 schools across the state, noting the child’s age.
West Virginia went from having no statewide oral health plan, no infrastructure, and some of the poorest oral health statistics in the nation to having a very complete picture of oral health across the state.

Bobbi Jo Muto, DENTAL SEALANT COORDINATOR, WV DHHR ORAL HEALTH PROGRAM (MARSHALL UNIVERSITY)
and ethnic background, untreated decay, fillings and sealants, and whether urgent treatment was needed. The survey data revealed children were getting restorative care but not preventive care. West Virginia applied to CDC for funds to implement a grade 3 school sealant program statewide.

A survey of oral health providers across the state, done in partnership with the West Virginia Board of Dental Examiners, warned of a shrinking workforce. Having that data enabled the state to apply for an HRSA grant for student loan repayment. This is an important survey that will be repeated every other year.

Good data on key indicators is also informing state policy. Recent legislative action led to the creation of public health hygienists, and today they are able to apply sealants to children in schools.

There is more to be done. While nearly all children have dental coverage through private insurance or CHIP, most adults do not. With the high rate of edentulism across the adult population of the state, there are discussions about instituting a mandatory dental exam in the final years of high school so young adults leave public school with a baseline of good oral health. And the hope is that a better understanding of the perinatal population will justify state legislation for oral health services for pregnant women.

The West Virginia Department of Health and Human Resources Oral Health Program is demonstrating the value of having good state-based measurement systems in place to identify opportunity and highlight progress in population oral health, an Oral Health 2020 goal.

**HEALTH EQUITY: RAISE THE BAR, CLOSE THE GAP**

**Get Hip About Oral Health**

Blacks, Latinos, and Mexican Americans experience nearly twice the amount of untreated tooth decay as their white, non-Latino counterparts. There are stark racial and ethnic inequities that characterize almost every area of life – from education and housing to development and health. Bostonians face very different opportunities and futures depending on their skin color, language proficiency, country of origin, and neighborhood of residence due to structural and institutional racism (*Boston Public Health Commission, 2013)*.

At Southern Jamaica Plain Health Center in Boston, a team of 18- to 24-year-old young men of color has stepped forward as community leaders with the mission of educating their peers about the systems which help to perpetuate oral health inequities in Boston. They did their research on both the prevalence of oral disease in communities of color, and how things like racialized income and employment inequity, community resources, and other factors rooted in the social determinants of health lead to stark health inequalities in all chronic disease, including oral health outcomes.
If you’re going to target youth, they need to be involved. We lead with race and talk about the inequities that we see. Southern Jamaica Plain Health Center wanted to provide a space for young people to feel empowered, that they had a voice in health promotion. It’s been great to see the curiosity and the interest in this topic, especially because oral health is not something that’s talked about very often.

Abigail Ortiz, MSW, MPH, Director of Community Health Programs, Southern Jamaica Plain Health Center
What we’ve seen in Colorado is a real shift in legislators understanding the importance of oral health and being able to advocate among themselves. It took our entire oral health coalition working together, testifying in front of the legislature, and bringing key groups of people together to say this is important for our state. We worked together to make sure that oral health is a priority for Coloradans.

Karen Cody Carlson, Executive Director, Oral Health Colorado (OHCO)
battles. With the governor’s leadership, there was a willingness in the legislature to consider a bill to add adult dental benefits for Medicaid recipients. Oral Health Colorado had been preparing for an opportunity like this, expanding and deepening a statewide network of partners and critical stakeholders.

The work of Oral Health Colorado gets us one state closer to the Oral Health 2020 goal of having an adult dental benefit in publically funded health insurance in 30 states by 2020.

Across the health care community, it is acknowledged that gum disease is linked to diabetic complications. Oral inflammation can lead to increased blood sugar levels. Poor blood sugar control can cause swelling in the gums. Patients who improve their oral health could see an improvement in skin ulcers and foot problems. Family Health Center of Marshfield, Inc., in partnership with Marshfield Clinic, is making sure patients understand that oral health is an important component of their diabetes management program.

Success in this project is reaching patients who’ve not been able to, or who wouldn’t think to come in for oral health care as a diabetic, and getting more patients to be seen for diabetic care by a primary care physician who normally wouldn’t because they were diagnosed through a dental channel. These connections are critical to early diagnosis and disease management. What makes this practical is Marshfield Clinic’s integrated medical and dental electronic health record. This allows for a level of unmatched, holistic care. If diabetic patients are due for oral health exams, reminders pop up on the Clinic’s providers’ computers, along with reminders...
for other important diabetic screenings such as eye exams. Care teams are prepared to check the status of the patient’s mouth as part of routine visits, looking for things such as bad breath, swollen gums and loose teeth.

Patients at risk for diabetes based on age and body mass index are flagged for a blood sugar screening at the dental office and can be referred to a medical provider if necessary. Dental providers share screening information with medical providers using the integrated electronic health record and will contact the patient’s dentist, even if he or she is outside the Marshfield Clinic system.

Patient education staff is developing new ways to connect with diabetic patients. The goal is to be sure they understand how oral health contributes to their ability to manage their disease. An important part of that is to be sure to make and keep dental appointments. The Clinic’s dental informatics scientists and researchers are measuring how patients’ diabetic screenings, such as hemoglobin A1c levels, pocket size and need for restorations change as a result of these interventions.

The Marshfield Clinic system provides patient care, research and education in more than 50 locations in northern, central and western Wisconsin, making it one of the largest comprehensive medical systems in the United States. Marshfield Clinic sees about 4,000 to 5,000 diabetic patients who could be impacted by this protocol. The results of this study will be available in about three years.

This project has received financial support from Marshfield Clinic’s Division of Education, Security Health Plan, Inc., Family Health Center of Marshfield, Inc., and the DentaQuest Foundation.

This project is creating practical knowledge about best practices for including oral health in patient-centered care models, an Oral Health 2020 goal.

As we looked at quality and care management measures for chronic diseases (diabetes, hypertension, coronary heart disease) under an ACO model, it became evident that improvement efforts were going to hit a ceiling because dentistry and oral health had not been included in the equation. In caring for diabetic patients, for example, the standard is to do a diabetic eye exam and a diabetic foot exam. We know gum health affects hemoglobin levels but there’s no routine diabetic oral health exam, even though it’s recommended in care guidelines.

Joseph Kilsdonk, Aud, MS, Education Division Administrator

We hope we can help people better understand the importance of oral health when they’re looking at ways to control their diabetes. This needs to be considered with all other risk factors. We know if diabetic patients get proper dental treatment, where plaque is scraped off teeth and inflammation of the gums is controlled, blood sugar levels go down. We are working to get more diabetic patients the dental care they need to live healthy lives.

Dr. Amit Acharya, MCRF Dental Informatics Scientist and Principal Investigator
The year 2000 served as a wake-up call for those involved in oral health. The first report about oral health in America by a U.S. Surgeon General called attention to a “Silent Epidemic” of dental disease among certain underserved populations. In 2003, a new Surgeon General issued a National Call to Action to Promote Oral Health. A decade later, in 2011, the Institute of Medicine issued its report, Advancing Oral Health in America, which encouraged similar actions to promote oral health, beginning with collaboration across the health professions. Each report generated pockets of activity but did not result in the hoped-for national consensus-building that stakeholders knew had to happen for oral health to be a healthcare priority.

The U.S. National Oral Health Alliance is making progress against that goal as a platform for common ground on key priorities: consumer literacy, prevention, financing models, the oral health workforce, the public health infrastructure, metrics for improving oral health, and medical and dental collaboration. Through Alliance colloquia, people are learning from one another about the challenges, opportunities, and current work related to achieving progress. They are finding new colleagues to join them in their work. The Alliance’s colloquium model is being used in multiple settings, from state dental association convenings to the ADA Prevention Summit, as a framework for collaborative action reinforced by the strength of multi-stakeholder engagement.

As the network of networks, the Alliance will continue to link organizations, associations and individuals across programs and backgrounds and bring them together to think, plan and collaborate. People who had not previously considered oral health are finding ways to incorporate it into their programming and advocacy. Oral health is health. This process is expanding the sphere of oral health engagement and activating a new generation of oral health leaders who understand the power of shared leadership and who are applying a collaborative framework and model for engagement to foster and facilitate Alliance work in their regions.
First Leadership Colloquium
Medical and Dental Collaboration
Washington, DC, November 7–8, 2011
- Stay focused on the overall health of the individual
- Strengthen interprofessional and patient education
- Integrate delivery and financing systems
- Examine the role for medical and dental records in patient-centered care
- Expand the dialogue on oral health

Second Leadership Colloquium
Prevention and Public Health Infrastructure
Chicago, IL, March 13–14, 2012
- Create an expectation for wellness and health
- Assure a system that is equitable and just
- Engage the public and increase awareness about oral health
- Implement a financing strategy to support prevention

Third Leadership Colloquium
Oral Health Literacy as a Pathway to Health Equity
San Francisco, CA, June 6–7, 2012
- Develop trust together
- Direct attention to prevention
- Shift policy and financing
- Educate the public
- Connect, partner, and collaborate
- Advocate for all people

Fourth Leadership Colloquium
Metrics for Improving Oral Health
New Orleans, LA, November 15–16, 2012
- Create a standardized approach to gather oral health data
- Develop a national oral health plan
- Examine oral health cost, financing, and outcomes
- Use data to build a nationwide dialogue about oral health
- Provide information that helps people take action

Fifth Leadership Colloquium
Financing Models
Atlanta, GA, April 2–3, 2013
- Envision a framework for health financing systems that can come together nationwide to improve oral health for all people
- Develop and draw upon best available information and data to engage local, state and national legislators who can influence and drive health systems change
- Strengthen financial and oral health literacy throughout the country
- Support medical and oral healthcare providers as they work side by side to provide interdisciplinary healthcare for underserved people
- Continue to bring together talented people with a shared commitment and interest to advance the thinking about financing to improve oral health and health access for all people

Sixth Leadership Colloquium
Strengthening the Dental Care Delivery System
Washington, DC, June 17–18, 2013
- Focus oral health care on prevention and wellness for individuals, families, and communities
- Move toward interprofessional, cost-effective workforce models and care delivery systems
- Transform education for a future strengthened by team-based oral health and medical care
- Empower communities to support highly effective oral healthcare systems
- Align payment and systems approaches to promote and support wellness
DentaQuest Foundation Grantmaking

The mission of the DentaQuest Foundation is to improve the oral health of all. The Foundation collaborates with national, regional, state and community partners across the United States to raise awareness, connect stakeholders, and make progress toward key national oral health goals. Our vision is to eradicate dental disease in children and improve oral health across the lifespan.

Our work is focused on improvements to four systems – Policy, Financing, Care and Community – as described on the inside front cover of this booklet.

Since it was established in 1999, the DentaQuest Foundation has invested over $43 million in grants.

Connection Center

Our national network dedicated to improving the oral health of all is embracing the challenges of weaving connections and developing and sharing resources. The DentaQuest Foundation website is a smart and flexible resource for this active and growing community. We call it the Connection Center.

Here's what’s in the Connection Center:
A library of information on grants, reports, tools and resources developed by grantees and others working to advance optimal oral health. The information is organized by systems change area: Change, Community, Funding, Policy.

Use the database of grants to explore the work of organizations in each systems area and specific improvement outcomes for that system.

Short videos by grantees tell their stories – in their own words. Learn about the challenges and opportunities they’ve faced and the impact of their actions in their communities.

Explore opportunities to work with the Foundation. The starting point is the Concept Submission Form.

This is a smart and flexible website that automatically resizes content to fit the device you are using – from full screen to tablet to mobile phone.

All resources are updated regularly. The commitment of the growing network to connecting people and resources is essential to meeting our shared mission of improving the oral health of all.
DentaQuest, a leading U.S. oral health enterprise, includes a dental benefits administrator, a national philanthropy, an oral health quality improvement research institute and a care delivery organization dedicated to delivering quality health care to underserved communities. We all share a common mission of improving the oral health of all.

**DENTAQUEST DENTAL BENEFIT ADMINISTRATION**

DentaQuest (dentaquest.com) provides cost-effective administration in every arena of dental benefits, including group, individual, health exchange, Medicaid, CHIP, and Medicare Advantage. We are creating an environment of better oral health for more than 20 million members across the United States. DentaQuest is a partner in the community and committed to improving oral health.

**DENTAQUEST FOUNDATION**

The DentaQuest Foundation (dentaquestfoundation.org) is the leading U.S. philanthropy focused solely on oral health. The DentaQuest Foundation is responding to the need to make oral health a priority at the national, state and community levels by fostering the development of a national network of oral health advocates.

**DENTAQUEST INSTITUTE**

The DentaQuest Institute (dentaquestinstitute.org) is changing the future of oral health for the better using solid scientific and clinical research to improve the delivery of care. The DentaQuest Institute’s work is focused on achieving the Triple Aim, making sure patients get the right care, at the right cost, with the right outcome.

**DENTAQUEST CARE GROUP**

The DentaQuest Care Group is a not-for-profit organization dedicated to developing, managing and improving systems for the delivery of quality health care to underserved communities and to increasing access to quality care in those communities.
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