Delta Dental of Colorado Foundation

2021 Evaluation Report

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Introduction

Good oral health is tied to better overall health and well-being. It can play a significant role in how well children do in school, how people perform at work, and how people manage chronic health issues.[1]

The mission of Delta Dental of Colorado Foundation (DDCOF) is to elevate the well-being of all Coloradans by advancing oral health equity. To accomplish this, DDCOF partners with community organizations, clinics, and oral health service providers every day to ensure that all of our neighbors can have a healthy mouth regardless of life circumstances.

DDCOF undertook new and different activities in 2020 and 2021 to achieve this aim. This included establishing a Community Relief Fund in direct response to the COVID pandemic and emerging public health crisis. This was a grant opportunity specifically launched to respond to the immediate need by awarding one-year general operating grants, concluding in 2021. These grants aimed to support direct service organizations providing health and basic needs services to people affected by the COVID-19 pandemic through responsive and invited grants. These programs supported DDCOF's focus populations, including rural and underserved communities, immigrants, people of color, and young children. DDCOF also continued to support other efforts, including two invited grants focusing on oral health policy and the Colorado Medical Dental Integration (CO MDI) program. In the spirit of responding to community needs, DDCOF also made several donations in 2021, including donations to Together We Protect, Colorado's COVID-19 vaccine equity fund; and the Colorado Afghan Evacuee Support Fund, which works to ensure that Colorado is prepared to welcome Afghan evacuees and connect them with community resources.

This year also brought about a first: DDCOF elevated itself as a leader in oral health policy by convening a timely, nonpartisan conversation about dental therapy with leadership from Colorado's oral health policy community to inform future policymaking. DDCOF also engaged in policy efforts during the 2021 legislative session that protected oral health benefits and dental funding, and that advanced provision of teledentistry and other services.

To understand the impact of DDCOF's grantmaking during this unique year, the Colorado Health Institute (CHI) evaluation team used quantitative and qualitative information from grantee reports to answer the following questions:

1. Grantee Impact:

a. What focus populations did DDCOF-funded grantees reach in 2021?

b. What strategies or factors have been most effective in helping grantees meet the needs of communities they served in this grant year?

c. What were the most significant challenges and barriers to grantees meeting the needs of the communities they served?

2. Contribution of DDCOF and its Partners:

a. What contributions did DDCOF make to advancing oral health equity through its grantmaking and ongoing partnerships with community organizations advocating for oral health, CO MDI, and convenings of oral health policy stakeholders?

3. Measuring Oral Health in Colorado:

a. What gains were made in oral health statewide in 2021? What gaps remain? What and where are the new or exacerbated disparities?

This analysis is focused mainly on DDCOF's responsive-funding grantees, with supplemental insights and data about invited grantees, the CO MDI program, and other DDCOF efforts in 2021.

Grantees Evaluated in This Report

Grant	Purpose
Responsive	34 one-year grants to support general operating expenses for direct service organizations addressing critical needs, such as food and housing security, for DDCOF's focus populations.
Invited (Community Relief Funding)	Three one-year grants to provide technical assistance, resources, and support to strengthen delivery of community health services by direct-service health care organizations.
Invited (2019-2022)	Two three-year grants to promote oral health policy and advocacy efforts statewide.
CO MDI	Statewide program aimed at expanding access to dental services by adding dental hygienists and a full scope of oral health services to medical care teams in clinics across Colorado.

Executive Summary

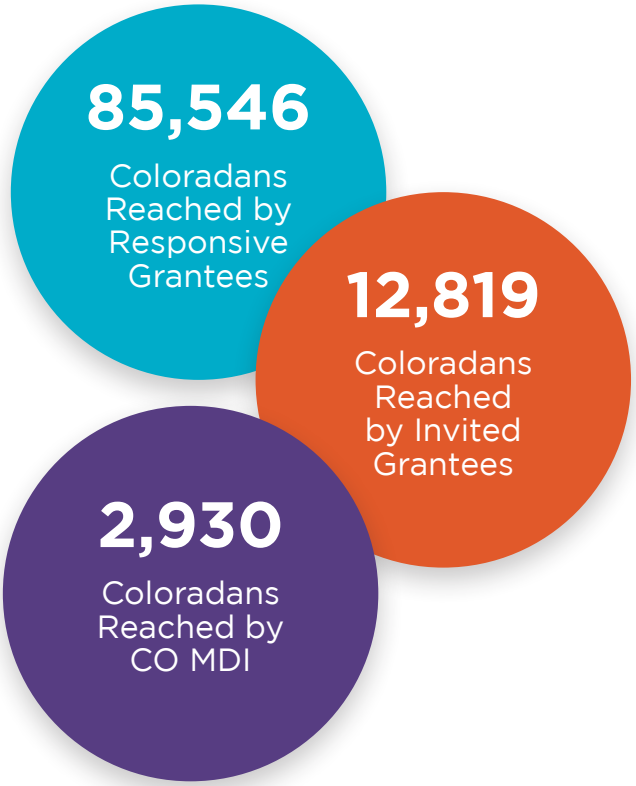
In 2021, grantees of the Delta Dental of Colorado Foundation (DDCOF) reached at least **100,000 Coloradans** through a diversity of oral health, social services, food assistance, housing supports, and other programs providing social resources.

This second year of the pandemic presented grantees with several challenges, including:

- Limited ability to implement in-person services because of COVID-19 restrictions, hesitation to seek services among community members, and continued technology challenges.
- Workforce shortages at the same time oral health needs were increasing.
- Communities' prioritization of basic needs such as housing and food over oral health care.

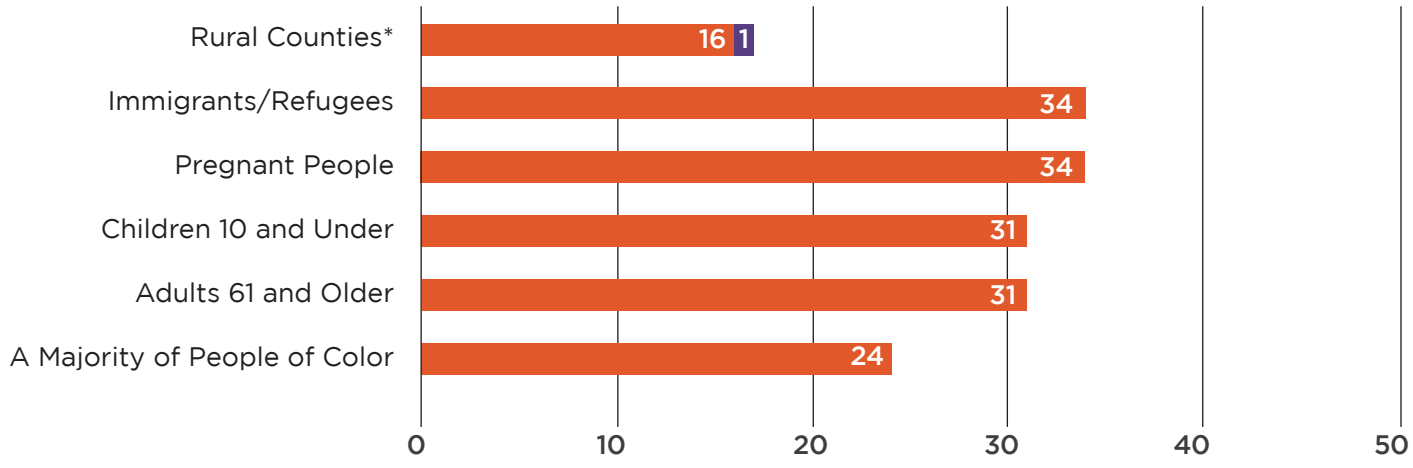
Still, responsive grantees in 2021 successfully reached DDCOF's focus populations (see Figure 1):

- **Young children:** Nearly 19,000 children under 10 were served by responsive-funding grantee programs. This was a drop from 36,000 served by 50 grantees in 2020, with many responsive grantees focusing on providing social supports to adults and their children in 2021.
- **Pregnant people:** More than 2,400 pregnant people were served by responsive grantees — more than double the 1,000 pregnant people served in 2020.



- **Race/Ethnicity:** The majority of open-funding grantee organizations (70.6%) reported that more than half of their clients were people of color. This is a marked increase from 56% of grantees who said the same in 2020.
- **Rural counties:** Half of open-funding grantee organizations reported serving rural counties. A total of 39 rural Colorado counties were served. This trend remained consistent with the previous year, when 40 rural counties were served.

Figure 1: Number of Grantees Serving DDCOF's Focus Populations

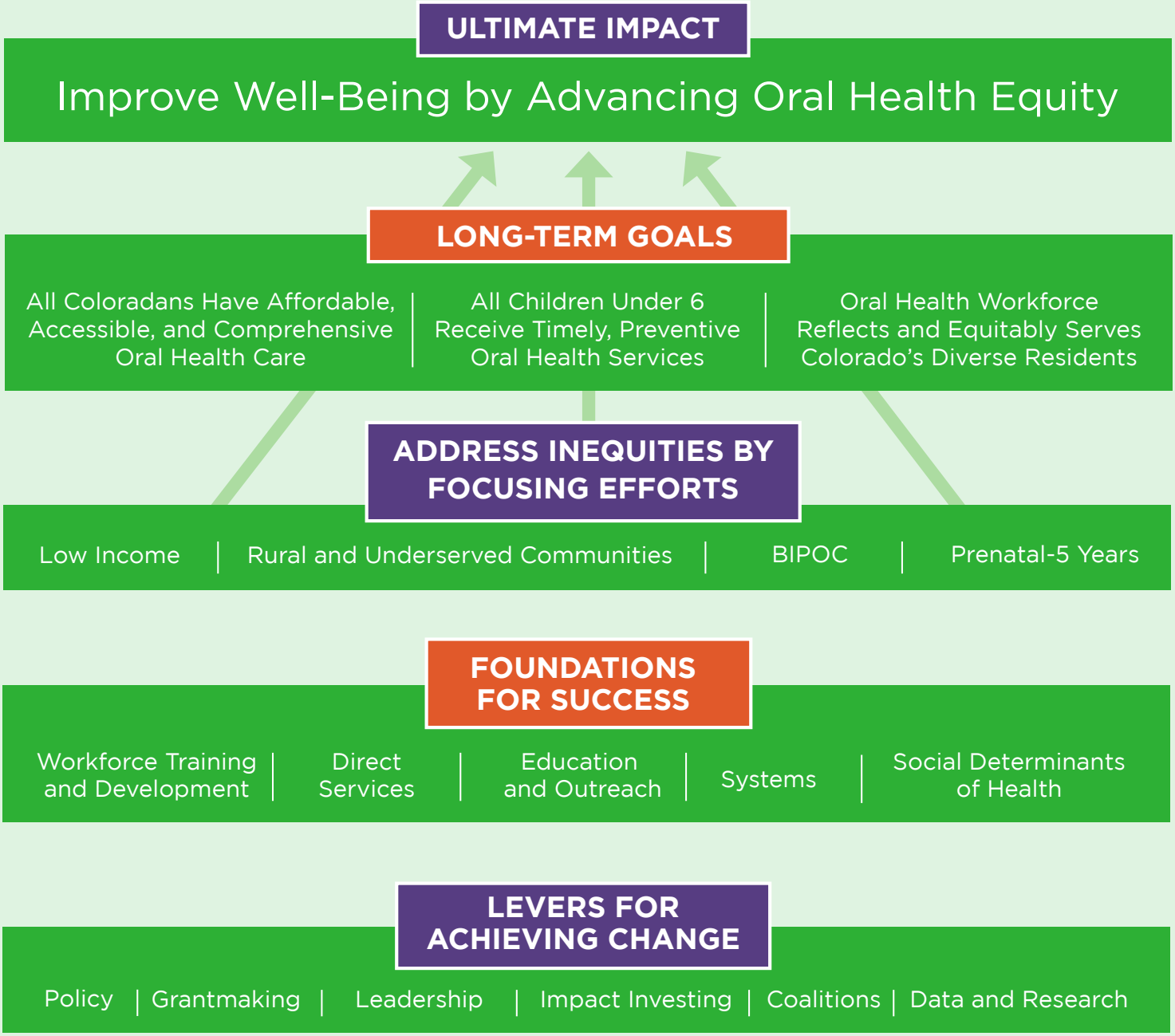


* Sixteen grantees reported serving in rural counties. An additional grantee reported serving statewide.

Delta Dental of Colorado Foundation's Theory of Change 2017-2021

DDCOF used the Theory of Change pictured here, developed in partnership with the Colorado Health Institute, to guide its grantmaking strategies and evaluation from 2017 to 2021.

In 2021, DDCOF established three new initiatives and revised its Theory of Change to reflect those changes and its current priorities. This revised Theory of Change will be used to inform grantmaking starting in 2022 and future evaluations. See the Appendix for more information on the updated Theory of Change.



Grantees used several **successful strategies** to ensure intended program outcomes and meet the needs of the people they serve, including:

- Forging partnerships and coordinating with other organizations in the community.
- Adapting their services to respond to evolving community needs during the pandemic.
- Employing creative communications channels to better reach and serve their communities.

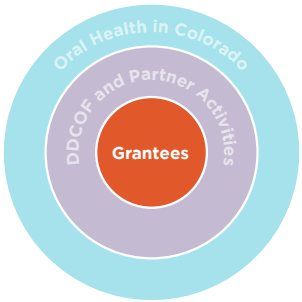
This report assesses progress toward better oral health on three levels (see Figure 3). It examines the reach and impact of DDCOF **responsive and invited grantees** in the past year, with a particular focus on responsive grantees. It assesses barriers to program implementation and strategies that led to program success.

The evaluation also examines the contributions of **DDCOF and its partners** in the past year. This includes lessons learned from the dental therapy policy convening and the Learning Circle of grantee organizations, a summary of CO MDI program, key policy actions DDCOF took during the 2020-2021 legislative session, and an overview of three new initiatives developed in 2021 for future grantmaking.

Finally, the evaluation captures **oral health trends in Colorado** more generally. This section outlines gains and opportunities, highlighting trends DDCOF should consider in its planning in 2022 and beyond.

Figure 3: Three Levels of Evaluating Oral Health Impact in Colorado

1. Understanding Grantee Impacts on Individuals and Communities



Guiding question:
What focus populations did DDCOF-funded responsive and invited grantees reach in 2021?

Responsive Grantees

Purpose

This fund included 34 one-year grants to support general operating expenses for direct service organizations addressing critical needs, such as food and housing security, for DDCOF's focus populations. DDCOF prioritized supporting vital services and a continuum of accessible care (not just oral health services) for communities disproportionately affected by COVID-19. Grants were awarded on a rolling basis between spring and fall 2020.

Focus populations

- Rural and underserved communities dealing with increased barriers to services and care because of socioeconomic conditions brought about by COVID-19.
- Immigrant and undocumented communities and racial groups that have experienced social and health care inequities over many generations.

Thirty-four DDCOF grantees submitted self-reported data for this analysis. The data represent grantees' activities from November 2020 to November 2021. The following section captures the activities, reach, and populations grantees focused on serving in this grant year.

2020 Community Relief Funding

Community Relief Fund is intended to support direct service organizations providing health and basic needs to communities most impacted by the COVID-19 pandemic. This funding opportunity was provided in 2020 for work that extended into 2021 via responsive and invited grants.

Responsive Grantees by the Numbers

DDCOF provided more than $1.3 million in funding to responsive grantees to advance access to oral health care, enhance prevention of oral health problems, and increase connections to overall health.

That funding helped grantees reach an average of 2,516 individuals per organization, a number close to last year's average grantee reach (2,491 individuals per grant). In 2020, DDCOF granted approximately $2.2 million to nearly 50 organizations serving more than 129,000 people — about $17 invested per person served. In 2021, the average number of people served by grantees was higher: 34 grantees reached a total of **85,546 Coloradans**, and about $14 of funding was allocated per individual served.

The greatest proportion of grantees (47.1%, or 16 grantees) stated their primary focus was increasing connections to overall health. In 2020, just 10.9% of open-funding grantees reported focusing on connections to overall health.

Access to care remained a focus for many responsive grantees in 2021, with 44.1% of grantees (15) reporting that category as their primary focus. That's compared to 58.7% in 2020.

Just 8.8% of grantees (3) focused primarily on prevention of oral health problems. This is a shift from 2020, when 30.1% of grantees reported working primarily in this area. (See Figure 4.)

Some of these shifts in primary focus areas reflect an intentional strategy by DDCOF to support grantees serving their communities' most basic needs by working to address social determinants of health.

Foundations for Success

Grantees used a variety of strategies to advance the goals of improving access to care, ensuring the availability of preventive services, and connecting oral health to overall health. These activities are enumerated in DDCOF's 2017-2021 Theory of Change (under "Foundations for Success") and include direct services, workforce, oral health outreach and education, and coverage and affordability (see Figure 5). Grantees could report more than one activity as their primary activities.

Direct services were the most common activity of responsive grantees by a wide margin; 23 of the 34 grantees (67.6%) are direct service providers. This year, "direct services" took on new meaning, as many grantees were providing services to address social needs, including food, housing, and utilities assistance. A greater proportion of open-funding grantees reported working primarily in the provision of direct services in 2021 compared to 2020 (67.6% compared to 37.0%), likely because many needs were exacerbated by the pandemic.

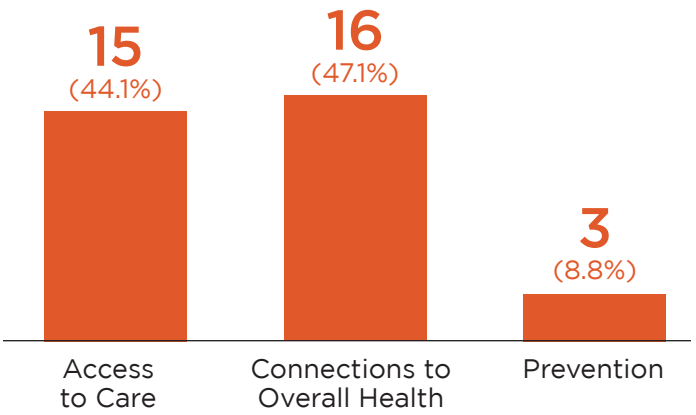
34 responsive grantees, reaching **85,546** Coloradans

Over **2,500** Coloradans served per organization

Workforce efforts include hiring, training, and embedding high-quality providers and staff. One grantee reported being primarily involved in advancing the oral health workforce. In 2020, three responsive grantees focused on workforce issues.

Oral health promotion, outreach, and education efforts ensure that Coloradans have the information they need to make good choices about their

Figure 4. Number and Percentage of Grantees by Focus Area



oral health. These efforts also help individuals, families, and decision-makers across the state to connect the dots between oral health and overall health. In 2021, one grantee focused on oral health promotion, outreach, and education. In 2020, nearly a third of responsive grantees (32.6%) focused on outreach and education. Grantees may have focused more on outreach and education when services were suspended in 2020 due to the COVID-19 pandemic and have now shifted back to provision of direct services.

Coverage and affordability efforts ensure that insurance, eligibility, and cost are not barriers to meeting people's oral health needs. Two grantees reported their primary area of focus was increasing the coverage and affordability of oral health services.

The remaining seven grantees (20.6%) selected "Other" as their primary activity. This category included connecting patients with resources, prioritizing grant dollars to cover general operating costs, providing basic services for community members, and more.

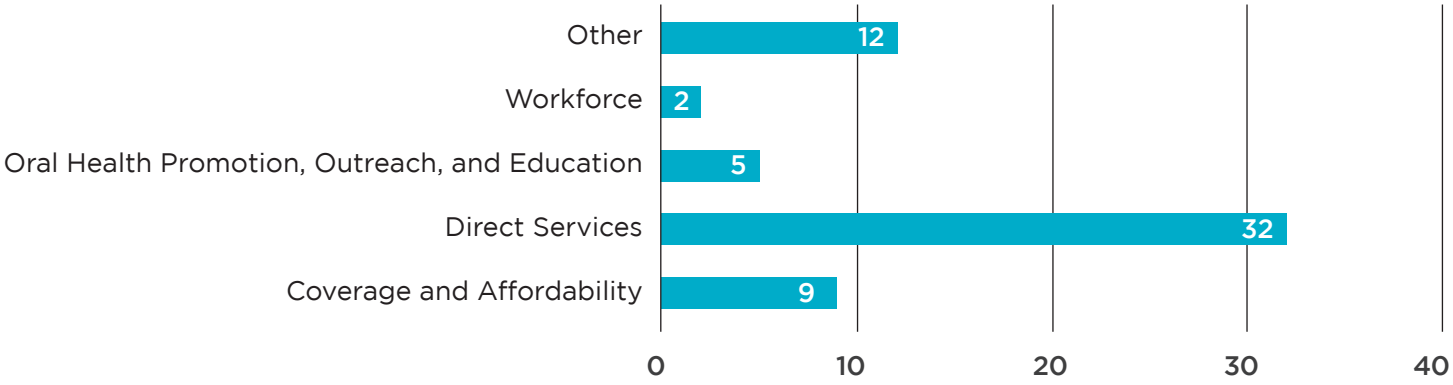
Many grantees reported being involved in more than one of these strategic categories. A summary of their activities is in the graph below (see Figure 5).

Reach of Programs

Young Children and Older Adults

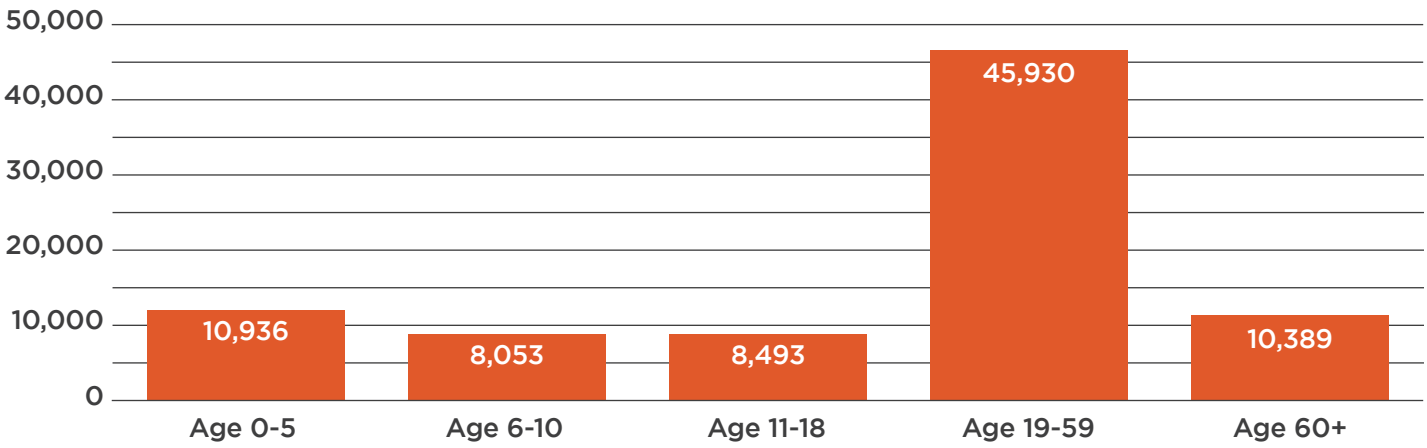
Grantees reached 18,989 children under age 10. Of these, 10,936 were ages 0-5 and 8,053 were ages 6-10. Grantee programs served 10,364 adults ages 60 and older (see Figure 6).

Figure 5. Number of Grantees by Primary Program Activities



Note: Grantees could select more than one option.

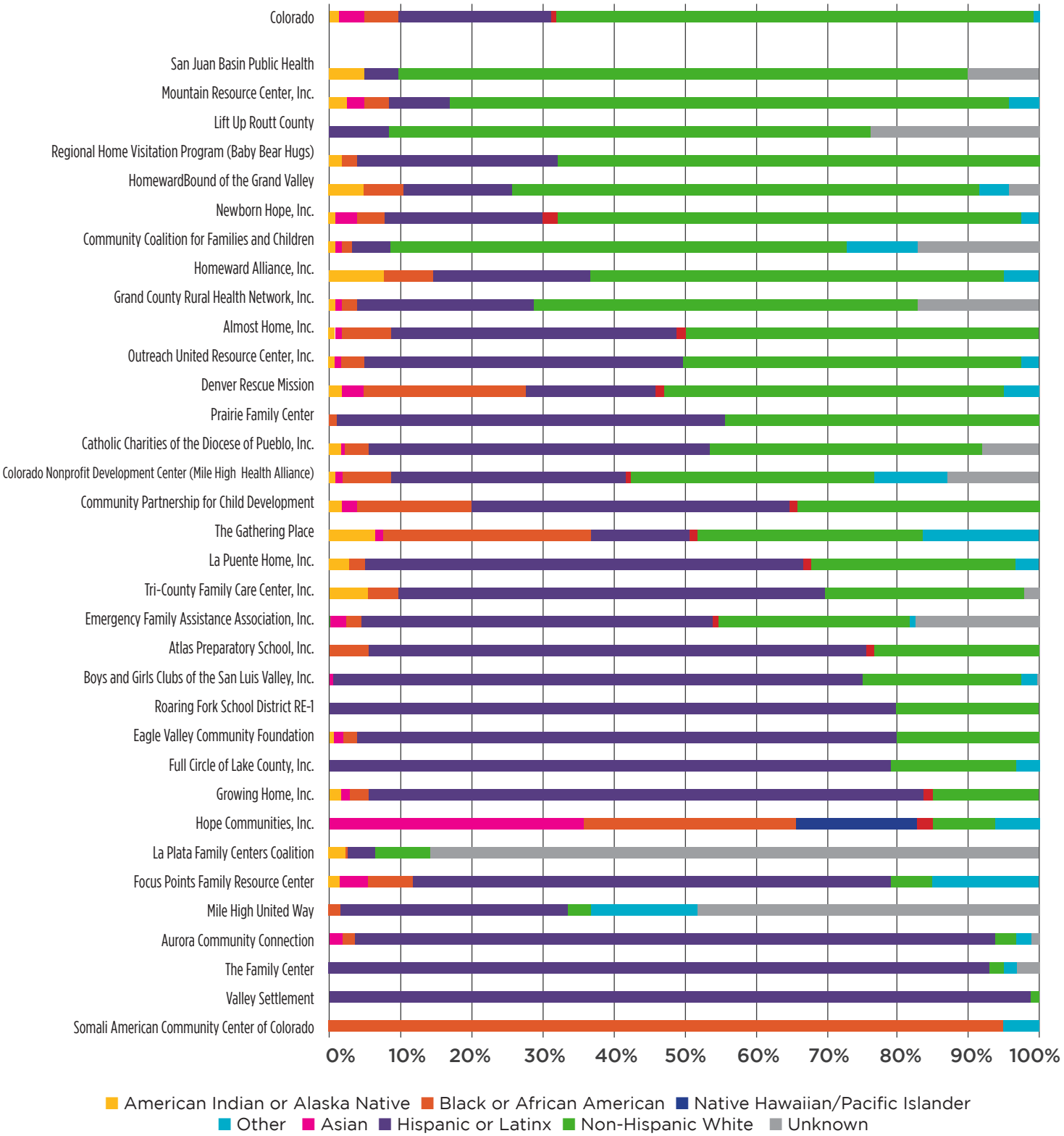
Figure 6. Number of People Reached by Age Group



Racial and Ethnic Groups

More than two-thirds of open-funding grantees (67.6% or 23 grantees) reported that more than half of their clients were people of color. Some organizations were especially focused on serving a specific racial or ethnic group as a primary function of their organization's mission. For example, the Somali American Community Center of Colorado's clients were 95% Black/African American, while the Valley Settlement reported that 99% of their clientele were Hispanic/Latinx (see Figures 7 and 8).

Figure 7. Percentage of Grantee Population Reached by Race/Ethnicity*[2]



* Data does not sum to 100% but has been scaled to fit 100% chart template. Colorado data from U.S. Census Bureau: census.gov/quickfacts/CO

Figure 8. Racial/Ethnic Groups Served by Grantees *(by Proportion of Clientele)*

American Indian or Alaska Native clients served:
• Homeward Alliance, Inc. (8%) • The Gathering Place (7%)

Asian clients served:
• Hope Communities Inc. (36%)

Black or African American clients served:
• Somali American Community Center of Colorado (95%) • Hope Communities, Inc. (30%);
• The Gathering Place (29%) • Denver Rescue Mission (23%)

Hispanic or Latinx clients served:
• Valley Settlement (99%) • The Family Center (93%) • Aurora Community Connection (90%)
• Roaring Fork School District (80%) • Full Circle of Lake County (79%) • Growing Home, Inc. (78%)
• Eagle Valley Community Foundation (76%)

Native Hawaiian or Pacific Islander clients served:
• Hope Communities Inc (2%) • Newborn Hope Incorporated (2%)

Non-Hispanic white clients served (lowest proportion):
• Somali American Community Center of Colorado (0%) • Valley Settlement (1%)
• The Family Center (2%)

Non-Hispanic white clients served (highest proportion):
• San Juan Basin Public Health (80%) • Mountain Resource Center (79%)

Pregnant People

Responsive grantees served 2,489 pregnant people in 2021 (up from 1,000 in 2020). All 34 grantees reported serving pregnant people. Grantees suggested that some pregnant people may have avoided seeking oral health care in 2020, during the height of pandemic-related shutdowns.

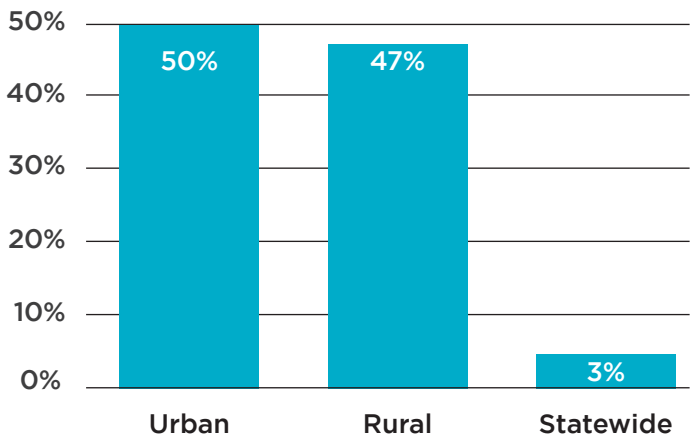
Immigrants and Refugees

All grantees reported serving immigrants or refugees. In total, more than 17,000 people served by responsive grantees were immigrants or refugees.

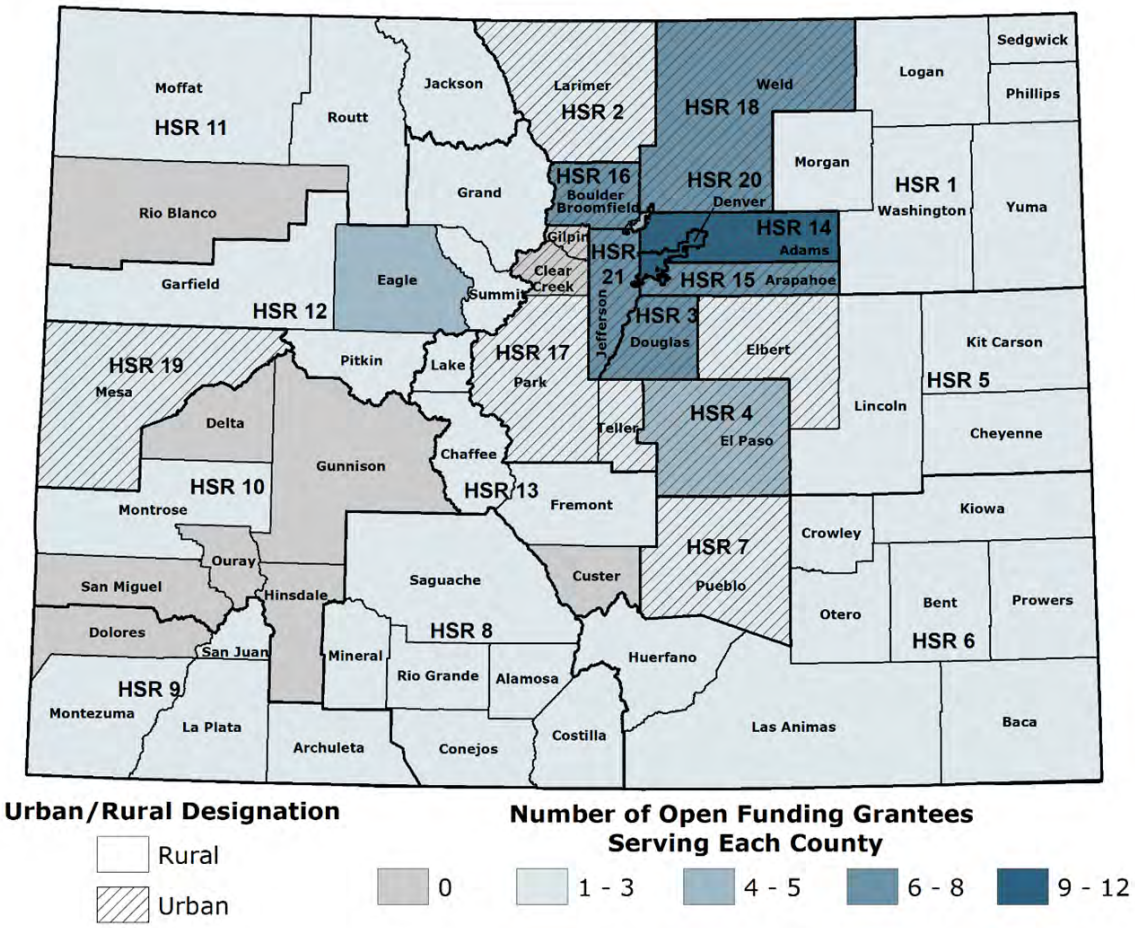
Rural Communities

Grantees reported serving Coloradans in 54 different counties, 39 of which are considered rural. Some 48.5% of grantees (16) reported serving people in rural counties. One grantee reported serving statewide. The remaining 17 grantees served only urban counties (see Figure 8). Still, there were 10 counties where no grantees reported providing services, primarily in southwest Colorado and in central mountain communities (see Map 1).

Figure 9. Percentage of Grantees Serving Rural and Urban Counties



Map 1. Number of Community Relief Responsive Grantees Serving in Each County, Rural and Urban, 2021



Responsive Grantees' Impact — Successes and Challenges

This section details the strategies and factors that lead to successful implementation of responsive grantee programs, as well as challenges and barriers to grantees meeting their communities' needs in 2021.

Strategies for Success

Guiding Question:
What strategies or factors have been most effective in helping grantees meet the needs of communities they served in this grant year?

In the 2020-2021 grant year, responsive grantees provided social aid to their communities, including food assistance, housing support, economic support, and connections to oral health and COVID-related services. Key to the successful implementation of these programs were grantees' partnerships with community, their responsiveness to community needs, and their effective use of creative communication and outreach strategies during an uncertain year.

Key Strategies for Success:

1. Forging partnerships and coordinating with other organizations in the community.
2. Adapting services to be responsive to communities' evolving needs.
3. Using creative communications channels to better reach and serve their communities.

Strategy 1: Forging partnerships and coordinating with other organizations in the community.

Many grantees coordinated with partner organizations and built connections with the communities they served (nearly 40% or 13 of 34 grantees). Some relationships were formal and others were informal. Partner organizations included local government agencies, schools, food pantries, and health/oral health providers.

The Gathering Place

The Gathering Place reported that external partnerships have allowed the organization to

provide COVID-19 tests and vaccinations, oral health treatment, sexual health services, Medicaid enrollment, and many other resources, all on-site at no cost to members.

Valley Settlement

Valley Settlement used partnerships with local education organizations FocusedKids and LaMedichi to deliver emergency funds to over 2,000 families in the Roaring Fork Valley. The organization also worked closely with the Roaring Fork Valley school district to facilitate educational opportunities and workshops focused on economic advancement and support for families for many of the Latinx families in need in these communities.

Strategy 2: Adapting services to respond to communities' evolving needs.

Many of the people served by grantees experienced shifting economic, health, and social challenges due to the COVID-19 pandemic. Grantees helped with food, housing, utilities, and other social supports to meet these needs. More than one-third (12 of 34) of grantees said that pivoting to ensure their services reflected the most pressing community needs was the key to their successful implementation.

Almost Home

Almost Home recognized the need to adjust its services to better meet its community's needs and overhauled its Homeless Prevention Program to provide more case management and increased the amount of assistance provided to each household it served.

Grand County Rural Health Network

In 2021, Grand County Rural Health Network provided direct patient navigation services, including financial assistance for acute medical, dental, and mental health needs; preventative oral care for children; prescription and transportation support; health coverage guides; and systems support.

Strategy 3: Using creative communication channels to better reach and serve their communities.

Some grantees used alternative means of outreach to reach communities, including social media, virtual outreach and workshops delivered in multiple languages, and combining outreach with services — such as providing census completion information at pop-up food delivery events.

Hope Communities

Hope Communities' culturally competent navigators and interpreters explained its services and information to people of Arabic, Burmese, and Spanish-speaking backgrounds. During the pandemic, its staff made use of a biweekly Facebook Live series to reach their clients and community with resources on how to stay safe and healthy.

Mile High Health Alliance

Mile High Health Alliance held pop-up events, a chalk art festival, aerial advertising (with a small plane flying a banner), and other community outreach programs to support expansion of food distribution, mental health care, and prevention education. The organization was able to reach nearly 3,000 people through these creative channels.

Challenges

Guiding Question:
What were the most significant challenges and barriers to grantees meeting the needs of the communities they served?

Grantees had to navigate yet another year of the pandemic, with all its uncertainty and added challenges. Responsive grantees were asked to identify the most significant challenges or barriers to promoting oral health in their communities this grant year. While most grantees successfully implemented their programs as intended, they shared similar challenges, including COVID-related setbacks, growing workforce capacity and retention issues, and the fact that many Coloradans face significant hurdles to health and well-being outside of oral health.

Key Challenges and Barriers:

1. Limited ability to implement in-person services because of COVID-19 restrictions, hesitation to seek services among community members, and continued technology challenges.
2. Workforce shortages at the same time oral health needs were increasing.
3. Communities' prioritization of basic needs such as housing and food over oral health care.

Challenge 1: Limited ability to implement in-person services because of COVID-19 restrictions, hesitation to seek services among community members, and continued technology challenges.

Most grantees successfully implemented their programs, defined for the purposes of this

evaluation as carrying out the work they originally intended to do. In 2021, an effective COVID-19 vaccine was widely distributed and, for an extended period, community transmission of COVID-19 decreased. However, programs still experienced periods with low numbers of clients coming in as well as surges in demand, both a result of the pandemic. Other barriers included difficulty navigating new telemedicine technologies and restrictions on where and when services could be provided.

Community Coalition for Families and Children, Teller County

Community Coalition for Families and Children noted that it was harder to promote health care because so many people needed food, utilities, and rent and mortgage assistance and were dealing with extreme stress. Non-emergency care and optional medical procedures were delayed or cancelled due to COVID-19 restrictions, and dental care became a lower priority for many families. Partnering with the schools also proved challenging as schools were navigating their own pandemic-related closures and policy changes.

Community Partnership for Child Development, El Paso County

Community Partnership for Child Development's program focuses on providing dental connection and treatment for children attending the organization's school. Pandemic-related transitions between virtual and in-person learning made it more challenging for the organization's Dental Referral Specialist to connect with families. Their staff also found that some families were reluctant to take their children to the dentist during the pandemic due to safety concerns.

Hope Communities, Adams, Arapahoe, and Denver counties

More than 40% of Hope Communities' clients are refugees. Though the organization has language-specific navigators, it took time to communicate facts and nuances regarding COVID-19 and health resources. Many families served by Hope Communities also needed significant support through the academic year. While schools were providing some tablets to their clients, they were often limited to one per household and did not include internet service. Many refugee families were resistant to the vaccination program because of past negative medical experiences. Navigators worked hard to respect their opinions while educating them about the importance of vaccinations and other safety measures to keep them healthy.

Challenge 2: Workforce shortages at the same time oral health needs were increasing.

Recruiting and retaining staff is a perennial challenge for many health care organizations. Many entry-level staff often have trouble affording housing, food, and basic needs, while working demanding positions. The pandemic exacerbated these challenges, leading to unprecedented staff burnout and increasing turnover at some organizations. Grantees are grappling with this challenge while also struggling to meet growing needs in their communities.

Regional Home Visitation Program (Baby Bear Hugs), Elbert, Lincoln, Morgan, Phillips, Sedgwick, Washington, and Yuma counties

Regional Home Visitation Program's Baby Bear Hugs program focuses on enhancing the health and well-being of immigrant, undocumented, and isolated families in Eastern Colorado through education, support, and coordination of resources. The organization was able to hire and train new staff during the past year, but two of them left within the year, and the organization is having trouble attracting additional applicants to Eastern Colorado.

Emergency Family Assistance Association, Boulder County

This organization's main challenge in 2021 was meeting the surge of demand for services: it saw a 36% increase in participants compared to pre-COVID-19 levels. At one point in 2021, its Basic Needs program appointments were booked out six weeks in advance. Burnout has been an ongoing challenge for its staff during the pandemic, as they are continually exposed to high anxiety from their clients who are in financial crisis and are themselves at risk of second-hand trauma through this exposure. The organization's Basic Needs and Housing Program Managers have gone to extra lengths to keep their teams' morale high, using weekly online chats and socially distanced get-togethers to help mitigate the anxiety of working in isolation in this stressful period.

Challenge 3: Communities' prioritization of basic needs such as housing and food over oral health care.

Grantees report that oral health is taking a back seat to other needs in communities. Even as restrictions eased for in-person delivery of oral health services, basic needs (like rent and food) took precedence for many people in grantees' focus populations.

Family Resource Center of the Roaring Fork Schools, Eagle, Garfield, and Pitkin counties

The Family Resource Center of the Roaring Fork Schools provides wraparound services including food, housing, and health care connection to students and families in the Roaring Fork Valley school district. Consistent with what it saw in 2020, referrals specific to medical, dental, and behavioral health care were on the lower side. Its staff attribute this to the fact that families felt overwhelmed with uncertainty and focused on basic needs.

Focus Points Family Resource Center, Adams, Arapahoe, Denver, and Douglas counties

Focus Points witnessed a 96% decrease in requests for health and oral health coverage assistance and an average 259% increase in mortgage or rent assistance over the course of the last grant year. This shift to addressing the community's most urgent needs made it challenging to promote services like oral health.

La Plata Family Centers Coalition, Archuleta, and La Plata counties

LPFCC emphasized that most of its typical clients were focused on meeting their basic needs including housing, food, and transportation. The high cost of living in La Plata County coupled with low wage jobs pose challenges, and the organization reports that people often move away before getting oral care or dental treatment.

Invited Grantees — Community Relief Funding

Purpose

This fund was limited to three one-year invited grants for nonprofit or publicly funded statewide organizations or associations whose mission is to provide technical assistance, resources, and support to strengthen delivery of community health services by direct service health care organizations. Grants were awarded to the Colorado Association of School-Based Health Centers, the Colorado Department of Health Care Policy & Financing's Safety Net Loan Program, and the Colorado COVID Relief Fund.

These invited grantees submitted grant reports detailing the reach, impact, challenges, and successes they experienced. The organizations' grant-funded goals and activities varied significantly. The following are the most substantive key outcomes reported.

Focus populations

- Racial and ethnic groups that experienced social and health care inequities over many generations, specifically, immigrant and undocumented communities, rural communities, historically or newly uninsured individuals and low socio-economic status communities.

The following table summarizes the contributions of the three invited grantees:

Invited Grantee Outcomes in 2021 — Community Relief Funding

Organization	Grant Name	Grant Key Outcomes
Colorado Association for School-Based Health Care August 2020-August 2021	Integrating and Advancing Oral Health into School-Based Health Centers	Identified and provided sub-grants to five school-based health centers (SBHCs) supporting oral health care across urban and rural communities in need. Provided technical assistance, resources, and advocacy for oral health among all SBHCs in this program. Reached 2,819 people — 67% of whom were school-aged youth, 18 or younger. Supported salaries and work of dental leadership, dental assistants, and SBHC staffs to promote dental services.
Colorado Department of Health Care Policy & Financing October 2020 – January 2023	Supporting Colorado's Primary Care Safety Net	Leveraged federal monies from the Centers for Medicare and Medicaid Services to provide loans to interested and approved safety net clinics to help them cover the gaps in revenue during the COVID pandemic.
Colorado COVID Relief Fund June 2020 – June 2023	Oral Health Lending Program	Provided pooled funds to support Colorado communities and organizations affected by the COVID pandemic. Provided financial support to dental and oral hygienist practices.

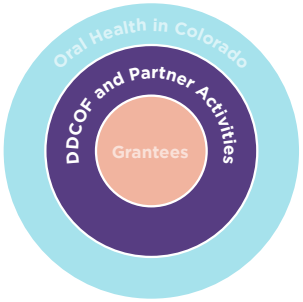
Invited Grantees — 2019-2022

DDCOF continued to fund two invited grantees that promote oral health policy and advocacy efforts statewide, separate from the Community Relief Fund. The following chart summarizes the contributions of the two invited grantee organizations — Healthy Child Care Colorado and Colorado Community Health Network. These grantees focused on efforts to support two of DDCOF's key focus populations — children under 6 and rural populations. The following are key outcomes from 2021.

Invited Grantee Outcomes in 2021

Organization	Grant Name	Grant Key Outcomes
Healthy Child Care Colorado April 2019 – March 2022	Healthy Smiles	Delivered training and information on the importance of promoting oral health in early childhood programs statewide. Partnered with community organizations to bring Cavity-Free Kids curriculum to 33 counties virtually. Trained early childhood professionals and home care visitors on the five basics of oral health for children. Advocated for adding oral health best practices to Colorado Shines — the state's quality ratings and improvement system for child care. Reached 6,784 people — 94% of whom were children under 5 years old.
Colorado Community Health Network August 2019 – June 2021	Supporting workforce development and systems change at five rural Colorado Community Health Centers	Created a dental workforce recruitment and retention strategy centered on understanding the challenges, opportunities, and resources available for Community Health Centers (CHCs) in rural Delta, Rio Grande, Saguache, and Summit counties. Provided technical assistance to five CHCs to bolster sealant rates. Provided technical assistance to five CHCs to navigate new dental guidelines due to COVID-19 and a new Uniform Data System dental measure related to sealants. Provided ongoing education for CHCs and key stakeholders about the importance of oral health as a key component of overall health in value-based payment.

2. Assessing Contributions of Delta Dental of Colorado Foundation and Partner Activities



***Guiding question:* What contributions did DDCOF make in its grantmaking and ongoing partnerships with community organizations advocating for oral health, CO MDI, convenings of oral health policy stakeholders, and action during the 2020-2021 legislative session?**

Colorado Medical-Dental Integration Project

DDCOF funded the Colorado Medical-Dental Integration Project (CO MDI) to expand access to dental services by adding dental hygienists and a full scope of oral health services to medical care teams in clinics across Colorado. As a result, patients visiting their medical provider can also see a registered dental hygienist (RDH) in a convenient and familiar setting. This model is commonly referred to as integrated care.

This has been an ongoing effort since 2015, and CO MDI was in its second wave of clinics integrating RDHs in 2021. During Wave 2, CO MDI had RDHs at seven clinics across the state providing **12,589 integrated RDH visits in total and 2,930 in 2021**. While services halted temporarily in March of 2020, seven clinics restarted seeing patients quickly after and were able to serve Coloradans from groups prioritized in DDCOF's Theory of Change:

- **People with low incomes.** In 2021, each of the CO MDI integrated care sites provided 2,182 visits for patients with Medicaid coverage. These visits accounted for approximately two-thirds (64%) of all visits that these clinics provided in 2021. This was a slight decrease from 2,494 visits in 2019 prior to the COVID-19 pandemic. About one of five (19%) RDH visits in 2021 were for patients without insurance.
- **Rural communities.** In 2021, CO MDI-funded RDHs provided integrated dental hygiene visits at 10 different medical settings across the state. Sites are serving Coloradans from the Denver metro area to rural, underserved areas such as Delta and Durango. In fact, among the seven active clinics at the end of 2021, 1,144 visits (39%) were provided in rural communities.
- **Pregnant people.** CO MDI-funded RDHs provided 178 visits to pregnant people in 2021 (834 visits in Wave 2) — a significant drop from 396 visits in 2019, likely because of health and safety hesitation related to the pandemic.
- **Young children and older adults.** CO MDI continued to support integrated dental hygiene care to a broad spectrum of people across the lifespan, a result of the initiative's evolution and expansion to serve all patients being seen in the participating medical practice. In 2021, 45% of services were provided to children under 18, a slight drop from 51.4% in 2019. Adults 19 and older accounted for 1,612 visits or 55% of all visits, up from 1,804 visits at 48.5% in 2019.

Dental Therapy Convening

In October 2021, DDCOF hosted a convening on how dental therapy has been used as a tool in other states and could be considered in Colorado to address oral health access inequities. Dental therapists are mid-level oral health providers that are currently licensed and practicing in 12 states but not in Colorado. CHI facilitated a discussion with more than 30 members of the Colorado oral health policy community who shared input on current barriers to oral health care access, dental therapy as a potential tool to address those barriers, and other approaches to improving equity for Colorado to consider. Stakeholders from dental associations, advocacy organizations, nonprofits, and state government participated in the discussion. This policy convening reflected DDCOF's commitment to engage in oral health policy work and serve as a leader by convening oral health policy organizations.

During the convening, three discussion questions were posed. Below is a summary of themes and questions identified by the stakeholders for each of the three discussion questions:

Question 1: What do you believe are the top three barriers to accessing oral health care for Coloradans?

1. **Cost.** Multiple participants emphasized that the cost of oral health care services remains a significant barrier to Coloradans accessing care.

This also includes the cost of other factors that impede access to care, including transportation and access to child care. Stakeholders identified a need for additional research and data to better understand the problem.

2. **Social determinants.** Barriers to accessing oral health care are wide-ranging. They include poor access to transportation, educational barriers, and difficulty taking time off work or school. Better data on these barriers are needed to inform programs and interventions that will address peoples' needs.

3. **Workforce shortages.** Shortages among dental assistants and dental hygienists limit the number of patients who can be served, as these pivotal care team members increase the capacity of dentists and other staff to provide more oral health care. Separately, many dentists do not treat patients with Medicaid because of low reimbursement rates. There is also a lack of providers in rural areas as well as a lack of providers who share the same race as or speak the same languages as the communities they are serving.

Question 2: How can dental therapy be a way to address these barriers?

1. **Diversify the workforce and create more capacity.** Adding dental therapists to dental care teams in Colorado could help address provider shortages. One stakeholder mentioned "as a reminder, when physician assistants (PAs) were first introduced to the workforce, there was a lot of pushback because of the educational differences between them and physicians, however, they are important for health care today."

2. **Provide tailored care for high-need communities.** There is evidence in the literature that patient-provider racial concordance (having providers from the same racial/ethnic background as patients) leads to more visits, better health outcomes, and better patient experience. Dental therapists' roles could be filled by individuals from these communities. Some participants said this could also be a workforce that could serve the population as a whole — not just the underserved.

3. **Reduce barriers to expanding the dental workforce.** Several participants said that if dental therapy were brought to Colorado, and done right, it could lower barriers to entering the dental workforce and could be an option for high-need populations with low access to dental care. Central to this is ensuring educational and training requirements are not burdensome on those seeking to enter this potential workforce.

Question 3: What are other approaches that could address these barriers?

1. **Increase current dental workforce.** Some stakeholders said that instead of introducing a new workforce to Colorado, the state could work to bolster and increase the current workforce — especially dental assistants (DA) and dental hygienists to help lower access barriers. Training, scope, and educational requirements for these positions are already structured. A focus could be reducing barriers to entering DA and RDH programs.

2. **Integrate dental care into primary care.** Reducing barriers to accessing dental care by creating one-stop-shop integrated dental and primary care locations could increase access. There is evidence this approach can improve access and visit rates.

3. **Leverage school-based health centers and clinics.** There could be an opportunity to leverage school-based health clinics, safety net health clinics, and Federally Qualified Health Centers as hubs for providing more culturally responsive care.

Learning Circle

In October 2021, DDCOF hosted a learning circle with its responsive grantees. The convening of these organizations is an annual opportunity for DDCOF to bring together its grantee leaders in oral health to network and share best practices, struggles, and opportunities. The learning circle helps build bridges between organizations and provides a forum for grantees to share input with DDCOF on how it can better serve their organizations and communities. As part of the convening, grantees were asked to discuss their reflections and input on DDCOFs newly developed goals for its three initiatives (Workforce, Prevention, and Place-Based Initiatives).

For each of the initiatives, grantees were asked for input on two topics: 1) Strategy — what strategies should be supported to address the initiative goal, and 2) Challenges — what barriers are getting in the way? The following are takeaways from those discussions.

Workforce

DDCOF recognized through its evaluation of grantees and outreach to partner organizations in oral health that workforce challenges were growing statewide. These include challenges with recruitment and retention, meeting needs of communities when capacity is low, and having providers that understand cultural nuances and languages of communities they serve. DDCOF is aiming to support efforts to build an oral health workforce that represents the community it serves and understands its community's needs.

Goal: The oral health workforce reflects and equitably serves Colorado's diverse residents.

Strategy: What strategies should be supported to address this goal?

- **Alternative workforce strategies.** Grantees emphasized that what is currently in place is not working to address oral health inequities in Colorado. Many grantees brought up the potential for Colorado to bring in and allow for licensed dental therapy aides. The focus of dental therapy aides is often on communities experiencing oral health inequities because of language, social determinants, and cultural barriers. Some grantees said they are looking at finding ways to license internationally trained dentists to work in Colorado. There was also a consensus that pipeline programs to increase racial and ethnic diversity among dental assistants, registered dental hygienists, and dentists are necessary.

- **Supporting social well-being for providers.** Ensuring that dental providers, especially dental assistants and hygienists, have livable wages and affordable housing is instrumental to retaining staff. Some grantees are looking for ways to secure housing vouchers or more affordable housing options for this critically needed, racially diverse, low-paid workforce.

Challenges: What barriers are getting in the way?

- **Recruitment is difficult.** Recruitment of new providers is a time- and resource-intensive task for small organizations. Many are struggling to recruit and retain staff, and the costs associated with recruiting are often a barrier to addressing workforce gaps. Grantees shared a need for more capacity in this area.

- **Training is expensive.** Investing in the development of staff who want to further their education to transition from being a dental assistant to a registered dental hygienist, for example, can be expensive and take time.

Prevention

Goal: All children under six receive timely, preventive oral health services.

Strategy: What strategies should be supported to address this goal?

- **School-based provision of oral health services.** Ensuring young children have early access to dental services and education is central to prevention. Screening, referrals, dental exams, and preventive services are being provided to young children at school (preschool and elementary), which builds trust with children early in their lifespan and increases access by meeting them where they are. Grantees emphasized the importance of supporting these services and finding ways to connect young children and their families to oral health services through schools. But school-based provision of oral health has been impaired by the COVID-19 pandemic and related closures and restrictions.

- **Education for parents.** Grantees are using school-based and other community resource settings to provide education and referral information for parents on oral health and services that can greatly benefit their kids and their families. One grantee is using community health workers to do this, creating trust and greater connections and informing people about services they may have been unaware they could use.

Challenges: What barriers are getting in the way?

- **Shortage of providers who see young children.** Some grantees said they have lost dental providers who see children under 3 and are trying to recruit new staff. Seeing children early can help get families acquainted with the importance of oral health and build trust with providers.
- **Lack of outreach to families.** While this is happening in many school-based settings, there is a need to do more intentional outreach to families.

Place-Based

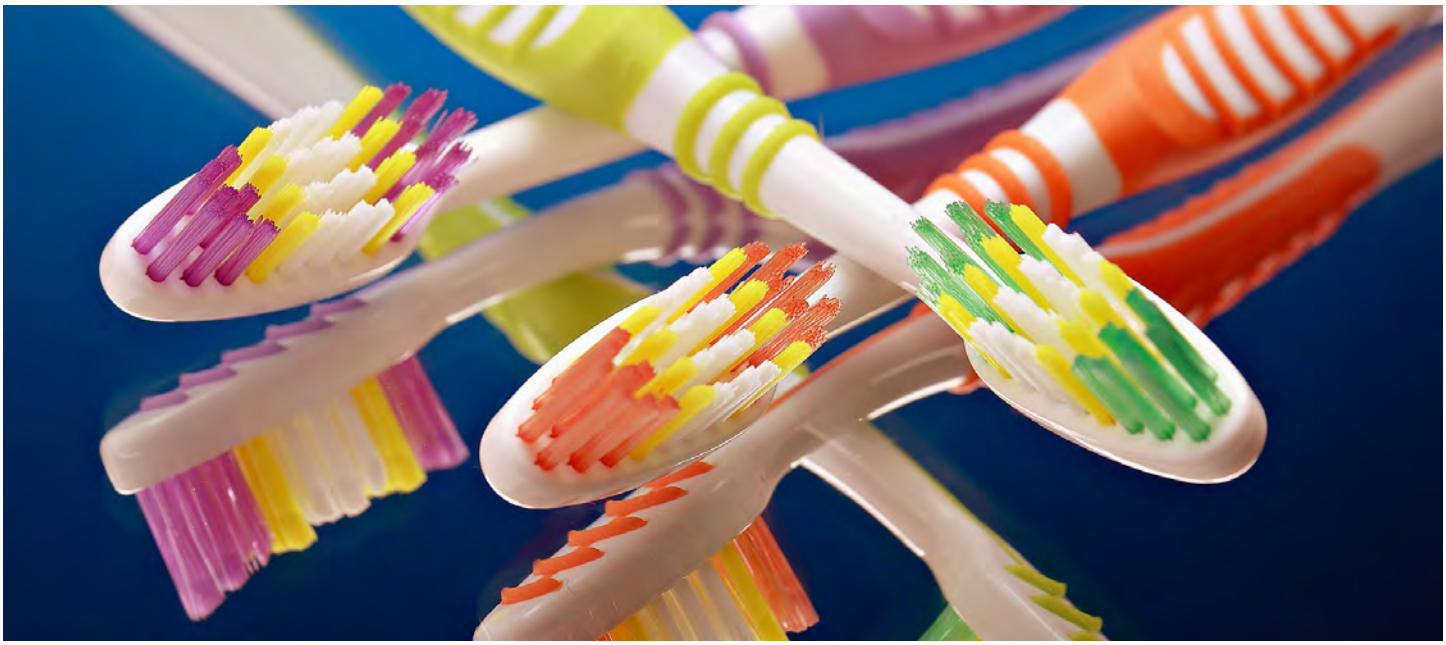
Goal: All Coloradans have affordable, accessible, and comprehensive oral health care.

Strategy: What strategies should be supported to address this goal?

- **Meet people where they are, geographically.** A majority of grantees emphasized the importance of making access to oral health care convenient, especially for people who lack transportation or have to travel a distance to get care. Some are using more mobile delivery methods such as hosting pop-up events and using vans to bring services directly to communities. Others are addressing transportation needs with vouchers.
- **Offer more integrated care services.** Another way to make oral health more accessible is to integrate it more into medical and other community settings. Some grantees said that providing medical, dental, and behavioral health together can be greatly beneficial and can help amplify the importance of oral health.

Challenges: What barriers are getting in the way?

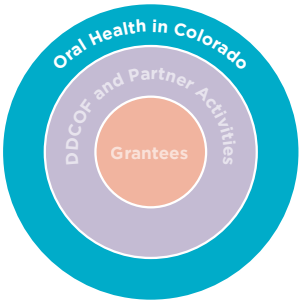
- **Workforce shortage and retention threatens program sustainability.** Many grantees said staff are leaving due to low wages and high housing costs. Another challenge to access is that many providers do not accept Medicaid — and many of these providers already have full capacity without Medicaid patients. One grantee said some programs depend on a single dental hygienist or provider, which puts programs in a precarious place if there is turnover.
- **Ensuring that patients come back is difficult.** The chilling effect the COVID-19 pandemic first put a pause on many in-person services, and in 2021, it made it more difficult for patients to come back for follow-up appointments. Outside of the pandemic, some patients do not come for appointments because providers do not offer hours that work with their work schedules.



Policy Actions by DDCOF in 2021

Supporting **policy and advocacy** efforts that advance oral health equity is an important lever to achieving change in DDCOF's Theory of Change. In 2021, DDCOF's leadership team used their position as leaders in the oral health space in Colorado to testify for and support legislation that protected oral health benefits, dental program funding, and advanced multiple types of oral health provision. The following are three policy priorities identified by DDCOF in 2021, the actions the team took to address them, and the outcomes.

Policy Priority	Policy Opportunity	DDCOF Action Taken	Policy Outcome
Protect and improve oral health benefits in Medicaid and CHP+	Due to the COVID-19 pandemic and state budget impacts, the Medicaid dental benefit cap was reduced from $1,500 to $1,000 in 2020 and slated to remain at $1,000 in 2021.	DDCOF engaged with advocacy partners to push for restoration of the cuts and submitted comments to the Joint Budget Committee (JBC) in support.	The JBC approved restoration of the Medicaid dental benefit to $1,500.
	Due to the Public Health Emergency and significant budget impacts to the state budget the Senior Dental Program, (SDP) was slated to be cut by $1 million.	DDCOF's Deputy Director used their advisory role with the SDP to advocate for restoration of these funds.	The JBC restored the $1 million cut in a unanimous vote and restored total program funding to $3 million.
Advance teledentistry payment and care provision.	The Colorado Dental Association advanced legislation (Senate Bill 139) to expand the scope of 2020 telehealth legislation to dental services, requiring coverage of teledentistry when appropriate.	DDCOF educated legislators and provided testimony on teledentistry.	SB21-139 was signed into law.
Advance hygienists' innovative care practice for Interim Therapeutic Restorations (ITR) and Silver Diamine Fluoride (SDR)	Existing statute regarding the provision of ITR/SDF was set to sunset in 2021. Legislation (Senate Bill 102) was introduced during the session to reauthorize these provisions.	DDCOF sought input from its partners, educated legislators, and testified in support of this legislation.	SB21-102 signed into law.



3. Measuring Oral Health Across Colorado

On average, people with lower incomes, rural residents, pregnant people, young children, older adults, and people of color face barriers that lead to poorer oral health outcomes. Reducing these disparities remains a priority of DDCOF and its grantees. This section summarizes findings about oral health in Colorado from the 2021 Colorado Health Access Survey that offer insight into current trends and needs.

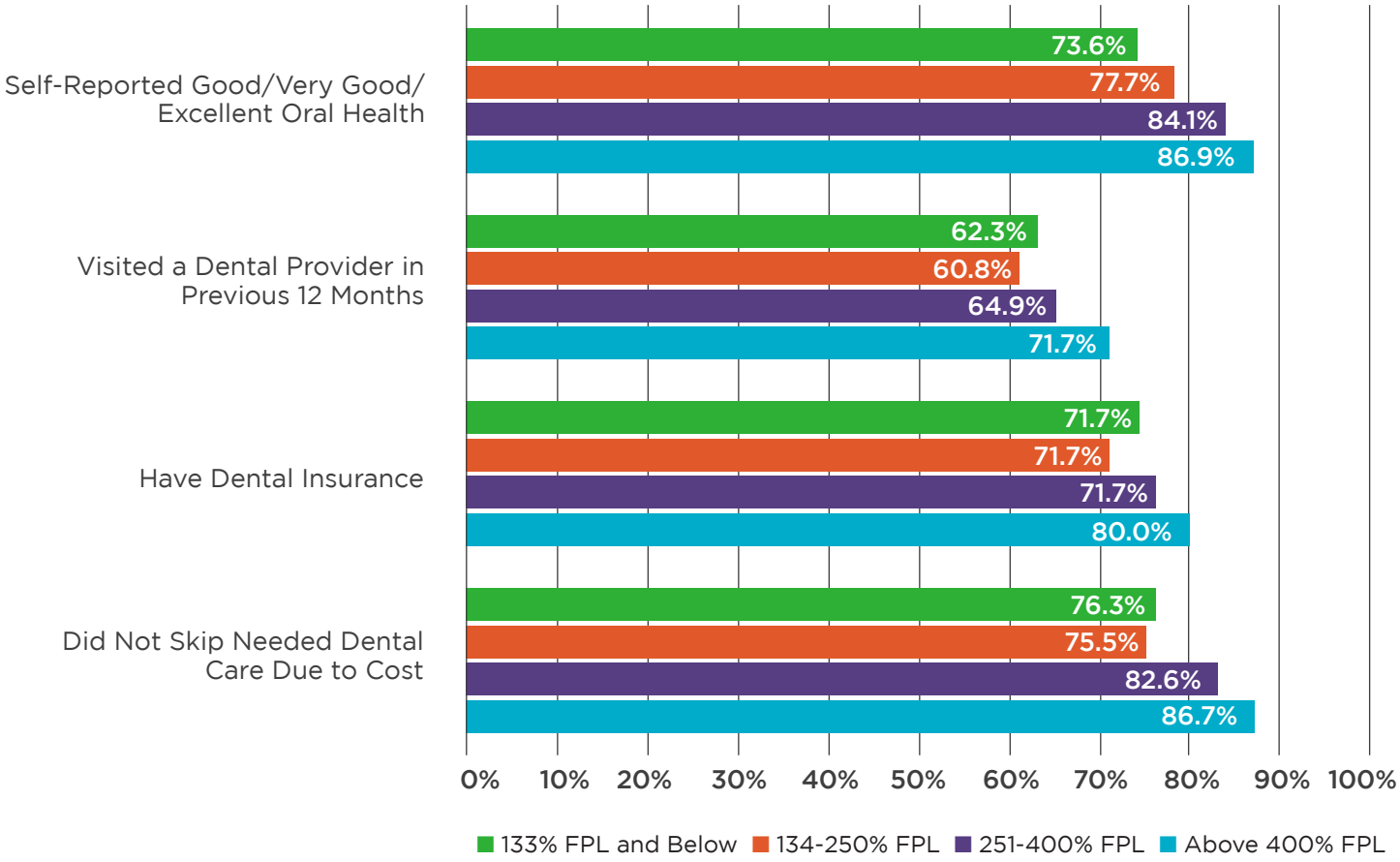
Overall, self-reported good oral health improved across income, rural/urban, age, and race in Colorado since 2019. Over four in five (82.9%) Coloradans said they had excellent, very good, or good oral health in 2021 — statistically unchanged from 81.6% in 2019, before the pandemic. This rate holding steady is important — as it was in a year where fewer people sought oral health care, and health care in general. More Coloradans had dental insurance than ever before in 2021 across all demographics, continuing an upward trend that began in 2013. This trend may in part reflect the growing number of Coloradans who are covered through Medicaid, which includes dental benefits for adults and children.

Three in four (74%) Coloradans reported seeing a dentist or dental hygienist in 2019, the highest rate of utilization captured by the Colorado Health Access Survey. However, the ongoing coronavirus pandemic caused rates to revert to where they have been for the past decade, with about two in three people getting oral health care. In 2021, two in three Coloradans (67.1%) saw a dentist or dental hygienist in the past year. The recent decrease in oral health care use can be linked to COVID-19 hesitancy and dental office closures. About one in four (23%) Coloradans who did not get dental care in the past year reported it was because they feared catching COVID-19, and 17% said their dental office was closed due to COVID-19.[3]

***Guiding question:* What gains or gaps were there in oral health statewide in 2021? What progress has been made?**

- **Income.** Self-reported good, very good, or excellent oral health improved or remained steady across all income levels in 2021 compared to 2019. However, fewer Coloradans reported that they had visited the dentist in the previous 12 months, likely due in part to the interruptions caused by the COVID-19 pandemic. The percentage of people reporting having visited a dental provider was lower among people with incomes at or below 250% of the federal poverty level (FPL), which is less than $67,000 a year for a family of four. (See Figure 9). More Coloradans across all income levels reported having dental insurance in 2021 compared to 2019, with an overall insured rate of 76.8% among all Coloradans, up from 74.9% in 2019. About one of four individuals with incomes at or below 250% FPL skipped needed dental care due to cost.

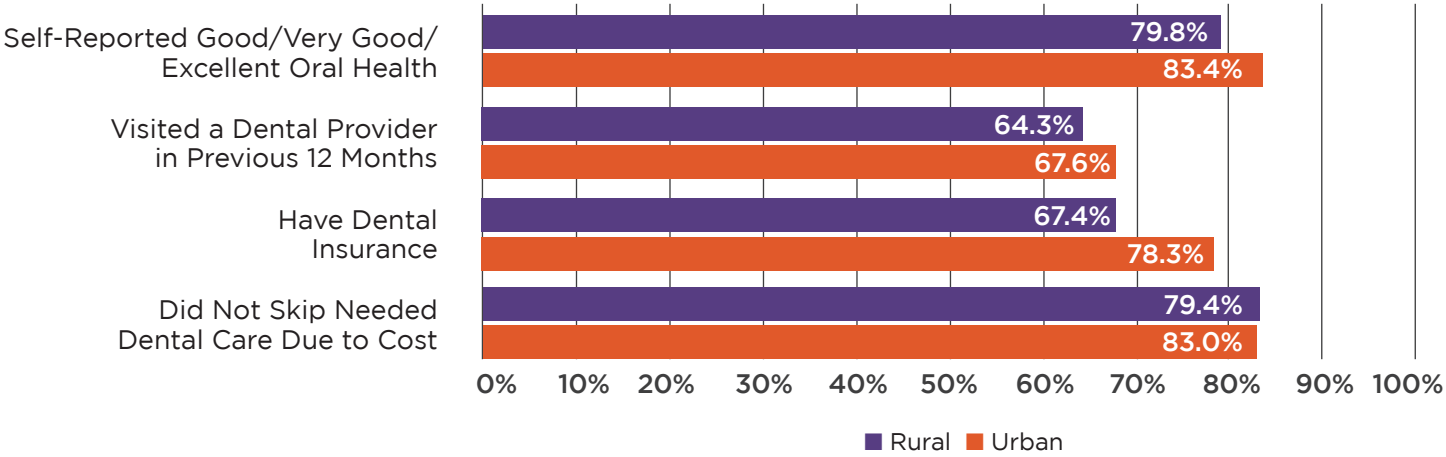
Figure 9. Oral Health Measures by Income Levels



Source: 2021 Colorado Health Access Survey

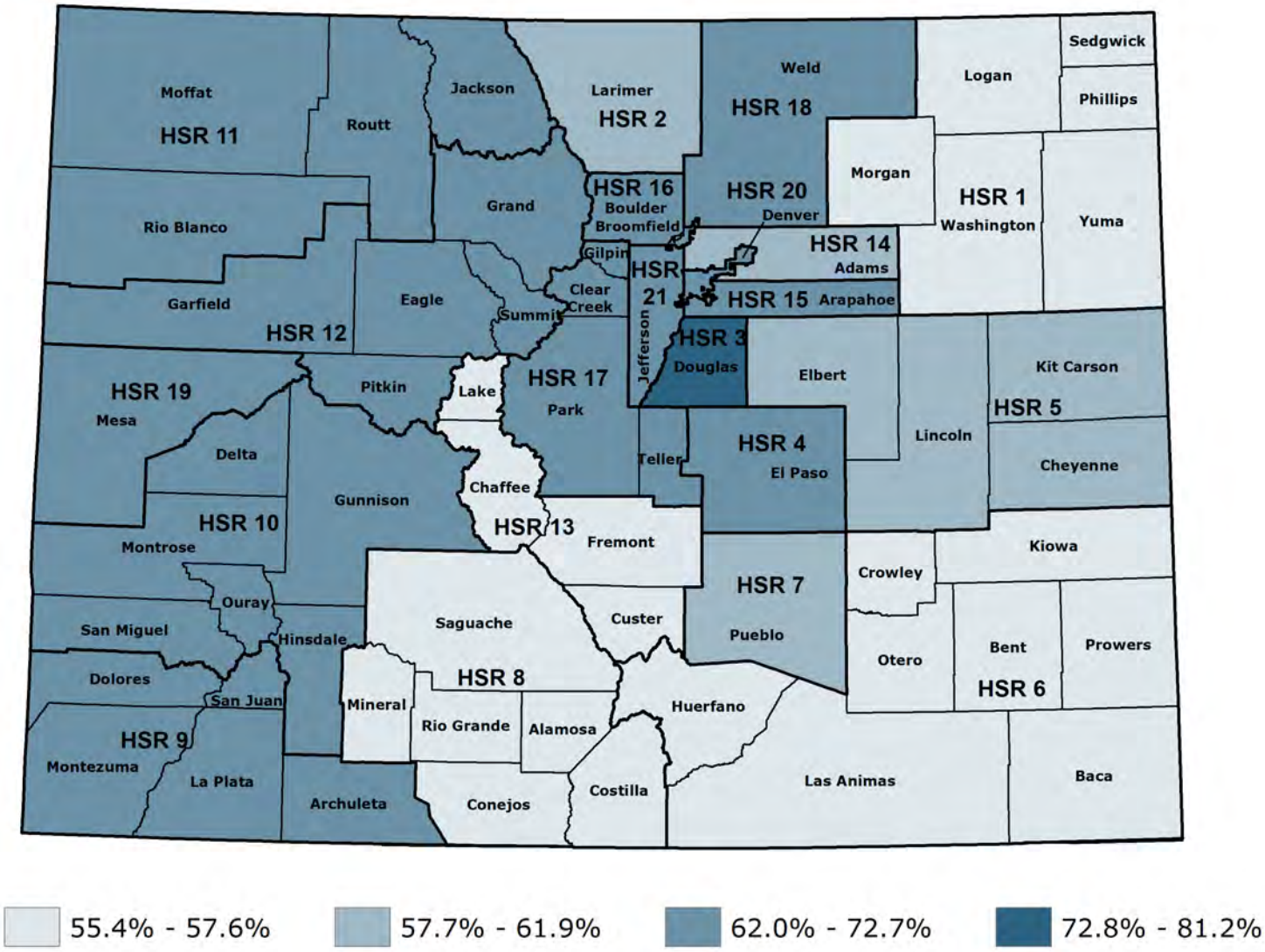
- **Rural communities.** According to the 2021 Colorado Health Access Survey, rural Coloradans are less likely to self-report good, very good, or excellent oral health; less likely to have visited a dental provider in the previous year; less likely to have dental insurance; and more likely to skip dental care due to cost relative to their urban counterparts (see Figure 10). However, compared to 2019, these indicators improved for all Coloradans, urban and rural alike. Colorado residents in the San Luis Valley and southeastern and northeastern parts of the state were least likely to have visited a dentist in the past year (see Map 2).

Figure 10. Oral Health Measures by Residence in a Rural/Urban County



Source: 2021 Colorado Health Access Survey

Map 2. Percentage of Coloradans Who Visited a Dental Provider in the Past 12 Months

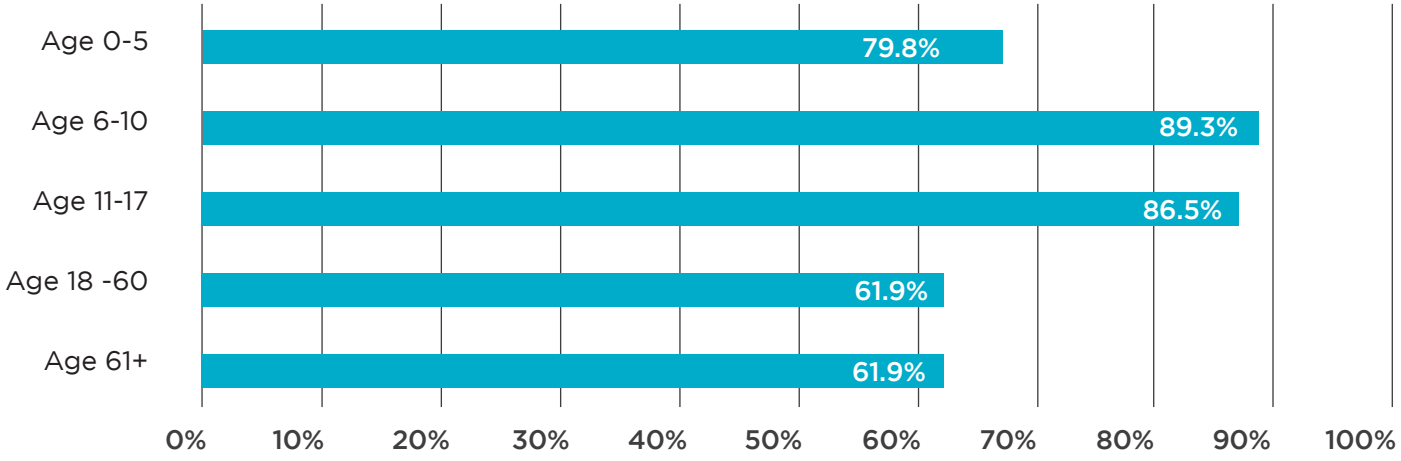


Source: 2021 Colorado Health Access Survey

- **Pregnant people.** The Centers for Disease Control and Prevention reports that poor oral health during pregnancy is related to poor health outcomes for the birthing parent and baby.[4] About 40% of pregnant people experience gingivitis,[5] and it is well known that pregnancy places people at higher risk for tooth decay.[6] According to the Pregnancy Risk Assessment Monitoring System, from 2017-2019, only 50.1% of pregnant people in Colorado visited the dentist or dental hygienist during their pregnancy. Nearly one in five (18.9%) lacked dental insurance during their pregnancy, and 14.6% reported forgoing dental care due to cost. Additional barriers include trouble finding providers who accepted Medicaid, and the misconception that it is not safe to go to the dentist during pregnancy.[7]

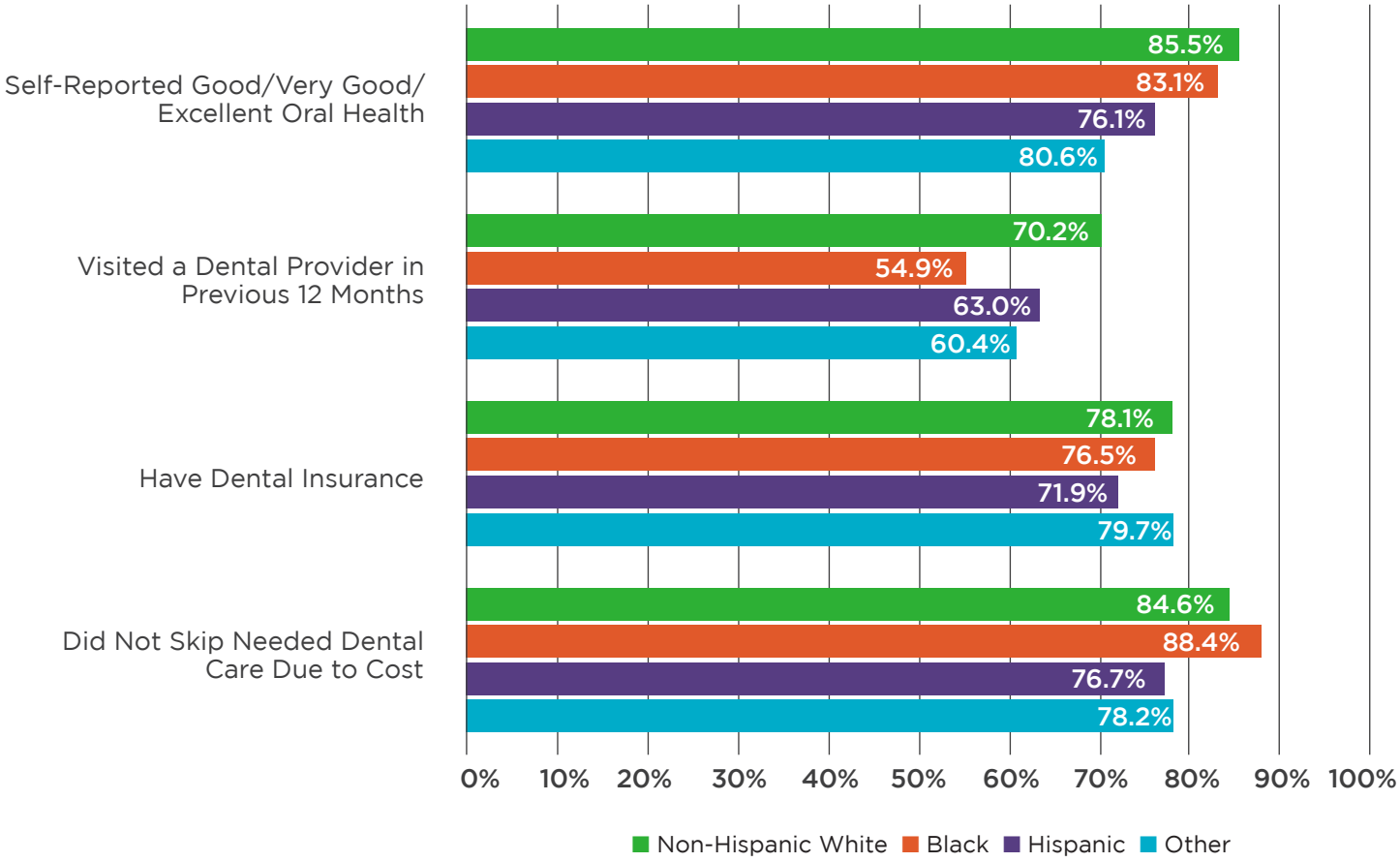
- **Young children.** Dental disease and dental caries are the most common chronic conditions among children in the United States.[8] According to the 2021 Colorado Health Access Survey, other than adults 18 to 60 — children under age 5 are among the least likely to have visited a dentist in the past year. However, kids ages 6-10 are most likely to have visited a dentist in the past year (see Figure 11). Even so, more Colorado children under 5 visited the dentist in 2021 than in 2019 (66.7% in 2021, 59.2% in 2019.
- **Older adults.** In 2019, one in four (25%) adults over 60 described their oral health as just fair or poor. In 2021, that number dropped slightly to 19.4%. Older adults are least likely to have dental insurance, likely because of Medicare's lack of a dental benefit and the U.S. Department of Veterans Affairs' conditional dental programs.
- **Communities of color.** Not all Coloradans have equal access to oral health care. People of color have fewer opportunities to visit a dental provider due to access barriers and systemic challenges.[9] In 2021, Hispanic/Latino, Black or African American, and Coloradans of another race were less likely to visit a dental provider than white Coloradans (see Figure 12). Non-Hispanic white Coloradans are more likely than people of any other racial/ethnic group to report good oral health. They are also more likely to have visited a dentist in the past year than Coloradans of color and are more likely to have dental insurance than Coloradans of color. In 2021, fewer Coloradans of all racial/ethnic groups reported having visited a dentist in the previous year compared to 2019, likely because of barriers presented by the COVID-19 pandemic. However, fewer Coloradans of all racial/ethnic groups reported that cost was a barrier to getting needed dental services in 2021 compared to 2019. In 2021, 83.1% of Black or African American respondents rated their oral health as excellent, very good, or good, up from 71.5% in 2019.

Figure 11. Visited a Dental Provider in the Last 12 Months by Age



Source: 2021 Colorado Health Access Survey

Figure 12. Oral Health Measures by Race/Ethnicity



Source: 2021 Colorado Health Access Survey

Recommendations

Revisiting Recommendations from 2020

To better understand where DDCOF has opportunities to advance its three new initiatives, it is important to understand what progress it has made. The following is a status check on progress made toward recommendations from the 2020 evaluation report. A green light denotes a recommendation that has been fully implemented, yellow means progress has been slowly made, and red means that the recommendation has yet to be considered.

1. Create and support an oral health coalition.

DDCOF recognized that there is no coordinated oral health coalition in Colorado at a time when many Coloradans are prioritizing other basic needs over oral health. DDCOF has made progress in bringing together oral health stakeholders through its Learning Circle and dental therapy convening. It has actively participated in a statewide Oral Health Strategic Plan that is underway through the Colorado Department of Public Health & Environment. DDCOF plans to continue to explore options for filling this gap in 2022.

Progress: 

2. Support policy, advocacy, and planning efforts that elevate oral health access, provision, and prevention.

DDCOF supported a range of policy efforts to elevate access to care, the provision of services, and prevention in 2021. DDCOF supported advocacy efforts to restore funding for the Medicaid adult dental benefit and to restore funding to the Senior Dental Grant Program, both of which remain in place going into 2022. DDCOF also testified about the importance of teledentistry and to support permanently establishing an expanded scope of practice for dental hygienists. DDCOF's dental therapy convening focused on policy, advocacy, and planning efforts to elevate access, provision, and prevention.

Progress: 

3. Support addressing oral health inequities exacerbated by the pandemic.

Lack of access to healthy foods, transportation, housing, and technology, among other social barriers, affect many Coloradans' abilities to get dental care. Through grantee funding — particularly the responsive funding — DDCOF's grantees delivered services to at least 100,000 Coloradans and their families in 2021. These services included COVID-19 testing and services, food, housing, and utilities assistance. Grantees articulated a need for more social supports in 2020, and DDCOF provided funding for programs doing work in this area in 2021.

Progress: 

4. Consider continuing a flexible approach to grantmaking and funding.

Grantees in 2020's evaluation made clear that flexible approaches to grantmaking and funding are extremely helpful, especially during the turbulence of the COVID-19 pandemic. Recommended practices included offering general operating support where possible, flexible data reporting and asking only what is necessary in reports, and supporting social determinants of health work that bolsters oral health. DDCOF's responsive grantmaking this year provided all of the above.

Progress: 

Recommendations and Opportunities in 2022

In 2022 and beyond, DDCOF will lay the groundwork for its new three initiatives and begin work informed by its updated Theory of Change (see Appendix). The recommendations below are informed by insights from all sections of this evaluation.

Support policy, advocacy, grantmaking, and systems change efforts to address recruitment, retention, and burnout among dental providers.

Grantees highlighted an alarming and growing need to support recruitment and retention and to reduce burnout among dental professionals statewide, especially in rural communities. As Colorado's only philanthropy focused on oral health, DDCOF has an opportunity to support statewide policies to address this issue through its workforce initiative. For instance, in the short term, DDCOF could consider continued flexibility in grantmaking. Flexible grantmaking could allow organizations to invest in efforts to ensure the well-being of their staff through, for example, support to continue education or self-care opportunities.

Following up on its dental therapy convening, DDCOF should also explore the impact on the current workforce of potential legislation that could bring licensing for dental therapy aides to Colorado. Will it help or hurt current workforce needs and address gaps in oral health inequities in the community?

In the long term, DDCOF should continue to engage dental educational institutions to increase diversity in the workforce pipeline.

Elevate DDCOF's role as a leader in oral health equity by convening policy discussions.

DDCOF established itself in the past year as a convener of oral health stakeholders for pressing policy discussions. DDCOF should consider building on this success by establishing recurring policy convenings to bring together leaders in the oral health space to discuss needs and opportunities, including how to advance oral health equity and reverse the trend of lower utilization of oral health services at a time when many Coloradans are prioritizing other basic needs. These conversations were requested by many participants in the dental therapy and learning circle convenings hosted by DDCOF in 2021. DDCOF could also consider convening its invited grantees - most of which are policy organizations working the the oral health advocacy space.

Democratize oral health data.

A lever within DDCOF's Theory of Change is using data and research to advance oral health equity. The more than 40 stakeholders at the dental therapy convening and dozens of responsive grantees expressed the need for more and better data to inform their advocacy, policy planning, and grantmaking. Making existing data easily accessible for those working in oral health could empower organizations to improve their work and advocate for their needs. One approach to this could be creating a dashboard or website and offering trainings in how to use it.

Conclusion

DDCOF's continued funding for and support of oral health equity and social determinants of health work in Colorado advanced the work of many grantees and the health of communities they serve in 2021. Funds supported a wide range of programs and services for DDCOF's focus populations, including refugees and immigrants, people of color, young children, and families.

The impacts that grantees are making doing this work under extraordinary circumstances highlight how a foundation can be a true partner during times of uncertainty and constant change — by giving them the resources and connections they need and providing the leeway for organizations to be flexible and meet their communities' needs. DDCOF has the opportunity to continue this support in 2022 and beyond.

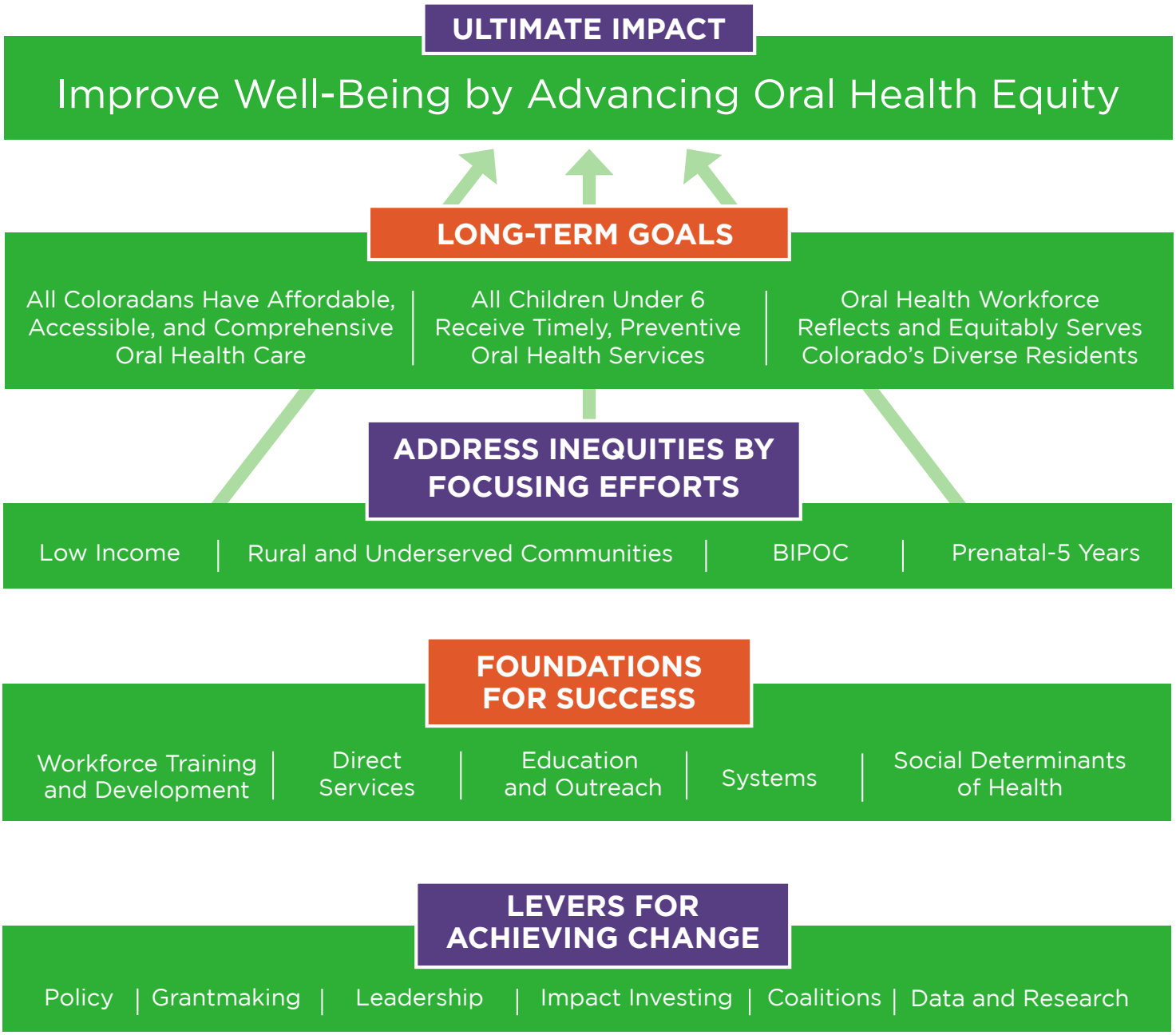
DDCOF has positioned itself as both the only funder in Colorado focusing exclusively on oral health equity, but also a leader and convener in oral health policy in Colorado. As DDCOF looks to implement its new initiatives and Theory of Change in 2022, it can build on this growing influence in grantmaking, convening, and support for public policy and advocacy to ensure all Coloradans have access to oral health care.

Appendix: DDCOF Theory of Change, 2021–Present

In 2021, DDCOF revised its Theory of Change to reflect the changing context of oral health in Colorado, the growing needs of the community, and to focus its efforts. The new Theory of Change was also informed by recommendations from CHI in the 2020 evaluation report and CHI's evaluation team. DDCOF and CHI convened in July 2021 to update the Theory of Change with the following guiding principles:

1. A Theory of Change should evolve.
2. It should reflect and build on DDCOF's strategy and operations.
3. It should be used as a tool to frame evaluation and monitoring efforts to understand impact.
4. Any modifications to the Theory of Change may impact evaluation activities moving forward and will be reflected in future evaluation of grantees.

The most significant updates to the Theory of Change are in the three new long-term goals. The "Levers for Achieving Change" also include significant changes — with a new focus on DDCOF positioning its leadership role in the oral health space, supporting efforts for coalitions, and improving oral health data and research as well.



Endnotes

[1] U.S. Department of Health and Human Services. (2021). Oral Health in America: Advances and Challenges. https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Executive-Summary.pdf

[2] Colorado data from U.S. Census Bureau. (2019). Note: Five grantees did not submit race/ethnicity data. https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/pregnancy-risk-assessment-monitoring

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