



DELTA DENTAL OF COLORADO FOUNDATION



Delta Dental of Colorado Foundation

# 2022 Grantee Evaluation Report

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## Executive Summary

Delta Dental of Colorado Foundation (DDCOF) grantees served nearly 100,000 Coloradans in 2022. Using the DDCOF Theory of Change (Appendix A) as a guide, this evaluation assesses the reach, progress, challenges, and successes of 2021 DDCOF grantees in the 2022 program year. The evaluation results can help inform the future direction and priorities of DDCOF as the organization works toward achieving its ultimate goal: to improve well-being by advancing oral health equity.



# Key Takeaways

- 1. Grantees reached DDCOF's focus populations, particularly people of color.** In 2022, DDCOF grantees reached 99,212 Coloradans through a combination of workforce development, prevention, and access to care efforts. While previous program years were guided by a different theory of change and initiatives, DDCOF has consistently reached around 100,000 people in recent years through its grantmaking efforts. In 2022, grantees served a higher proportion of people of color and a lower proportion of non-Hispanic white people than the overall Colorado population. Although many rural residents were served, efforts could be better targeted to rural areas most in need.
- 2. Grantees made significant progress on grant and initiative goals.** All grantee activities contributed to DDCOF initiative goals, and over 80% of grantees met, exceeded, or made significant progress on the specific goals of their grants. However, some grantees made less progress than anticipated due to challenges related to COVID-19 and workforce and capacity shortages.
- 3. Despite challenges, grantees sustained their programs and met the needs of the communities they serve.** Grantees faced persistent challenges including workforce and capacity shortages, communication gaps among partners, barriers to accessing oral health care, and the need for additional funding. Despite these challenges, grantees used supportive partnerships, staffing investments, and community engagement and outreach to sustain their programs and meet the needs of the communities they served.

## Recommendations and Opportunities

- 1. Establish "Learning Labs" to foster two-way learning and collaboration among grantees from the three initiatives.** Learning Labs are an opportunity for DDCOF and grantees to share data, advocate and discuss policy, build relationships, and exchange best practices.
- 2. Continue to fund organizational capacity-building.** Focusing funding efforts on grantee capacity-building may lead to better program outcomes.
- 3. Invest in workforce initiative efforts to expand the oral health workforce in rural areas.** Investment in workforce initiative efforts in rural areas may increase the ability of grantees to connect those they serve across the state with culturally and linguistically appropriate services.
- 4. Increase targeted place-based oral health care access initiative efforts in rural areas that are most in need.** Increased funding to grantees serving the San Luis Valley and other rural areas most in need will address significant oral health, general health, and socioeconomic disparities.

# Introduction

Optimal oral health is closely linked to overall well-being and can have a significant impact on a child’s academic performance, a person’s work productivity, and the management of chronic health conditions.<sup>1</sup> The mission of Delta Dental of Colorado Foundation (DDCOF) is to elevate the well-being of all Coloradans by advancing oral health equity. To achieve this goal, DDCOF regularly partners with community groups, academic institutions, clinics, and oral health service providers. Through these partnerships, the foundation strives to ensure that every member of our community can enjoy a healthy life and maintain good oral health, regardless of their life circumstances.

DDCOF marked a pivot in its strategic grantmaking in 2021, launching three new initiatives centered on improving access to comprehensive oral health care in communities most in need, elevating prevention for children, and supporting a more diverse oral health workforce for the future.

The Colorado Health Institute (CHI) conducted this evaluation of the work DDCOF’s 2021 grantees did in 2022.

## DDCOF’s Initiatives

As outlined in the Theory of Change (Appendix A) and in Table 1, DDCOF has three long-term goals that align with the following initiatives: place-based oral health care access, prevention/early childhood, and workforce. DDCOF began implementing this Theory of Change in 2021,

when it funded the grantees analyzed in this evaluation.

The work of each grantee focuses on at least one of these initiatives. DDCOF committed to focusing its place-based oral health care access work in the San Luis Valley, and northeast metro Denver recognizing significant oral health, general health, and socioeconomic disparities identified through data analyses and engagement with these communities.

The Theory of Change also included updates to its Levers for Achieving Change — with a new focus on DDCOF elevating its **leadership** role in the oral health space, supporting efforts for **coalitions**, and improving access to oral health **data and research**.

To provide a more accessible and beneficial data platform for communities advancing oral health equity, CHI, in partnership with DDCOF, created the [Colorado Oral Health Data Dashboard](#) in 2022. The dashboard helps community organizations understand their communities’ oral health needs, including barriers to access, oral health outcomes, affordability, and culturally competent care. The dashboard will be updated biennially with new data that can show trends over time.

DDCOF also convened a Learning Circle with over 70 organizations it had funded, past or present, for advancing oral health equity across Colorado. The Learning Circle provided an opportunity for DDCOF to elevate its leadership role as a convener for two-way learning with grantee organizations to discuss successes, challenges, and opportunities to advance oral

Table 1: Delta Dental of Colorado Foundation Long-Term Initiative Goals

Initiative	Goal
Place-Based Oral Health Care Access	All Coloradans have affordable, accessible, and comprehensive oral health care (place-based access to care in San Luis Valley and northeast metro Denver).
Prevention/Early Childhood	All children under 6 receive timely, preventive oral health services.
Workforce	Oral health workforce reflects and equitably serves Colorado’s diverse residents.

health equity across Colorado. When asked how DDCOF can support community to advance oral health equity, the Learning Circle suggested the following strategies:

- **Financial Support.** Continuing to support organizations that work to remove barriers to health and dental care in their communities, especially community-led initiatives.
- **Education.** Sharing data and information regarding disparities in oral health access and outcomes, while offering strategies for targeted community outreach based on those data.
- **Relationship Building.** Encouraging collaboration between providers and community-based organizations and continuing to foster connections among grantees through peer-learning opportunities.

A memorandum that includes a qualitative summary of the Learning Circle is available upon request.

## What This Evaluation Assesses

This grantee analysis evaluates the reach, challenges, successes, and progress of 2021 DDCOF grantees in the 2022 program year, from September 1, 2021, through August 31, 2022. The goal of this evaluation is to inform a deeper understanding of grantees' work and decision-

making, while gaining insight into the progress they made toward DDCOF's initiative goals and their individual program goals. Additionally, this evaluation will guide strategic planning for Delta Dental of Colorado's board by reflecting on the first year of grantmaking for these new initiatives and providing recommendations to maximize impact in the years to come.

To understand the impact of DDCOF's grantmaking in 2022, CHI analyzed qualitative and quantitative data reported by grantees to answer the following questions:

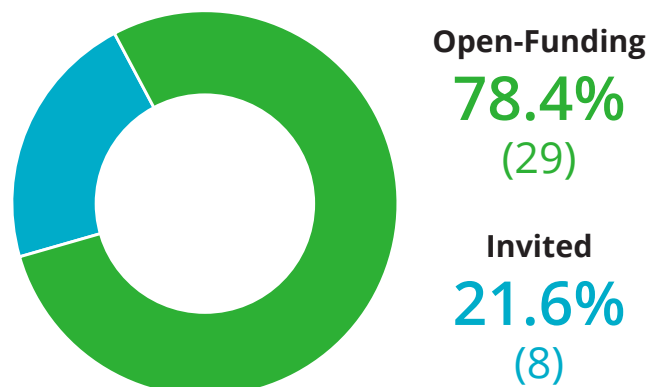
- To what extent did grantees reach DDCOF focus populations?
- To what extent was progress made on grant and initiative goals?
- What challenges did grantees face in promoting oral health in their communities?
- What strategies or factors contributed to grantee program success?

This analysis is focused mainly on DDCOF's open-funded grantees for the three initiatives, as well as a handful of "invited" grantees, which DDCOF selected for support outside the regular application process. Next year's evaluation will incorporate evaluation components beyond grantmaking, including an assessment of policy, coalitions, data, and other ways DDCOF is affecting health equity in Colorado. For more details on the methods used for this analysis see Appendix B.

## Grantees by the Numbers

In 2021, DDCOF awarded \$4,473,344 to 37 grantees. Of those 37 grantees, 29 received awards through the open-funding process (78.4%) and eight were invited (21.6%; Figure 1). The following section captures the activities of these grantees and the focus populations they serve.

Figure 1. Number and Percentage of Grantees by Type



Initiatives

Most grantees focus on the prevention/early childhood initiative (51.4%, n = 19), while a little over a third focus on the place-based oral health care access initiative (37.8%, n = 14; Figure 2). The work of about 10% of grantees aligns best with the workforce initiative (10.8%, n = 4). Of the \$4,473,344 awarded to grantees, funding was roughly distributed equally among the initiatives (Figure 3).

Foundations of Success

Within each of those three initiatives, grantees are advancing oral health in a wide variety of contexts and strategies. These foundations for success, outlined in the Theory of Change (Appendix A) and described in Appendix C, include workforce training and development, direct services, education and outreach, systems (change), and social determinants of health. Most grantees focused on either the education and outreach (40.5%, n = 15) or direct services (29.7%, n = 11) foundations of success (Figure 4). One in 10 grantees focused on systems or systems change (10.8%, n = 4) and workforce training or development (10.8%, n = 4), while the remainder focused on social determinants of health (8.1%, n = 3).

Figure 2. Number and Percentage of Grantees by Initiative

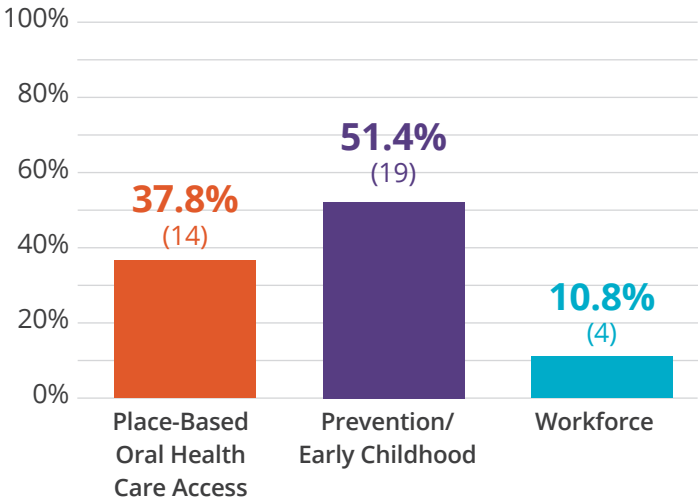


Figure 3. Amount Awarded and Percentage of Total Award by Initiative

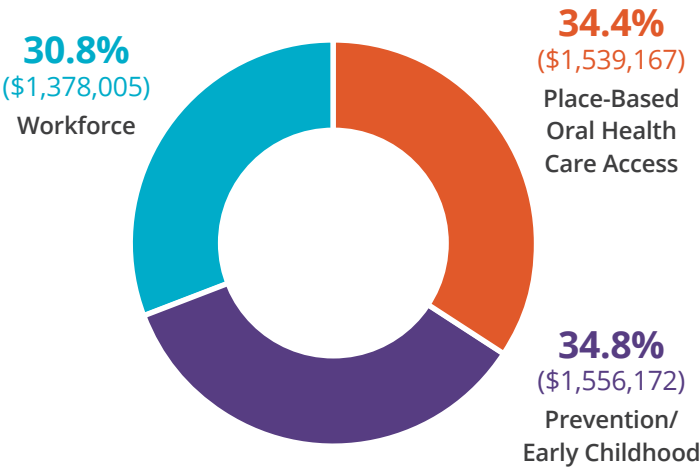
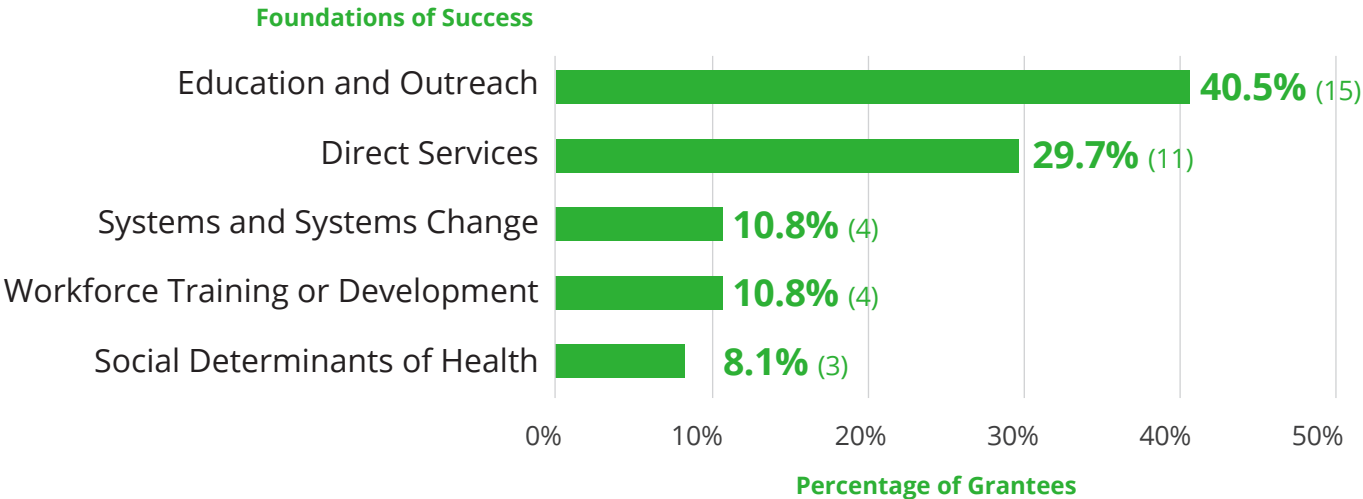


Figure 4. Number and Percentage of Grantees by Foundation of Success



## Program Reach

Overall, grantees reached 99,212 Coloradans through the prevention/early childhood, place-based oral health care access, and workforce initiatives and reached DDCOF focus populations (Figure 5; Figure 6; Figure 7). DDCOF aims to reduce inequities by focusing efforts on the following populations: 1) Low Income, 2) Rural and Underserved Communities, 3) People

of Color, and 4) Prenatal-5 Years (Appendix A). However, the reporting form did not ask grantees whether they served people with low incomes or to estimate the number of people with low incomes served. Immigrants and refugees were included as a population of interest in the reporting form but are not considered a focus population in the Theory of Change.<sup>2</sup> The following sections summarize the data available for each focus population.

Figure 5. Number and Percentage of Grantees Serving Focus Populations by Initiative

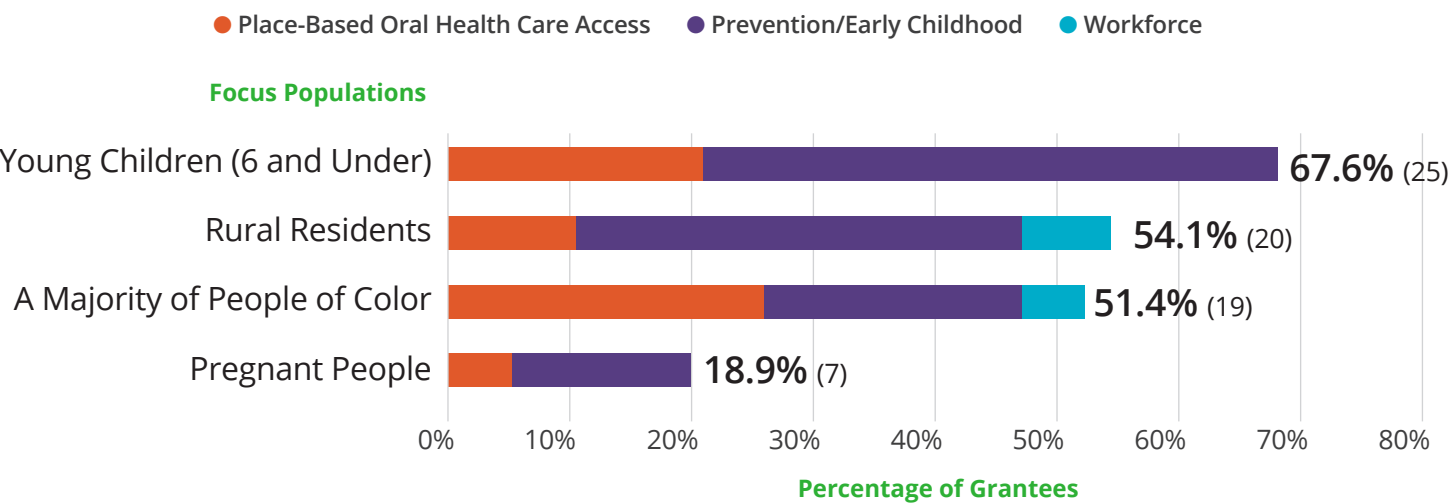


Figure 6. Estimated Number of Individuals Served by Focus Population and Initiative

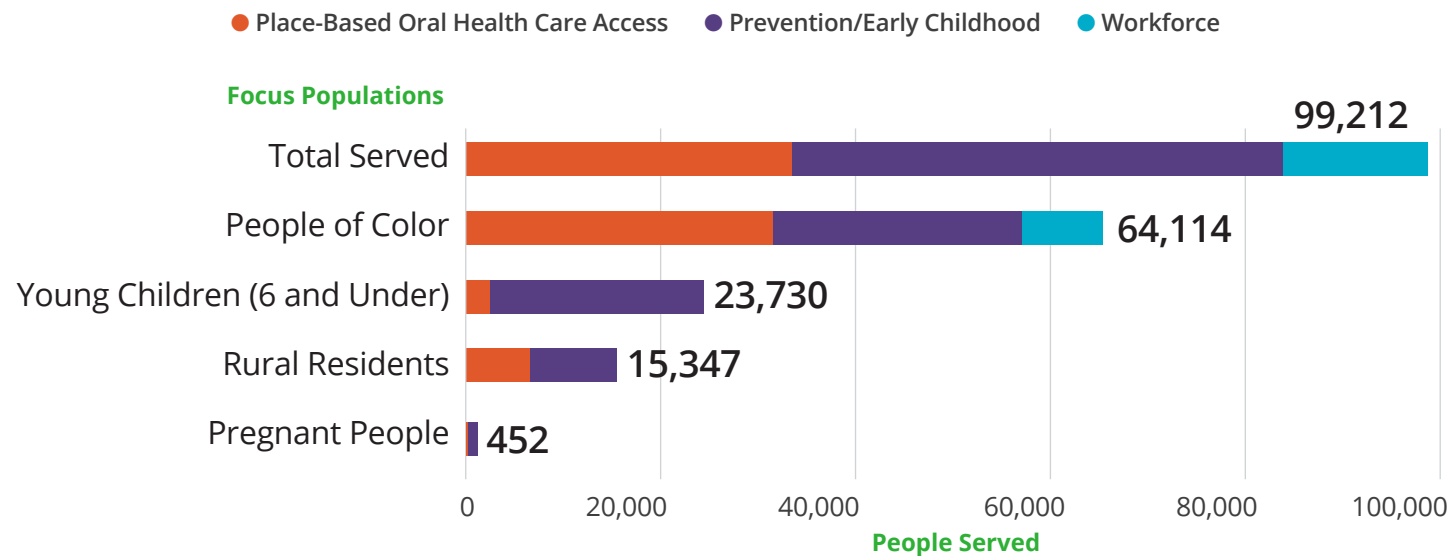
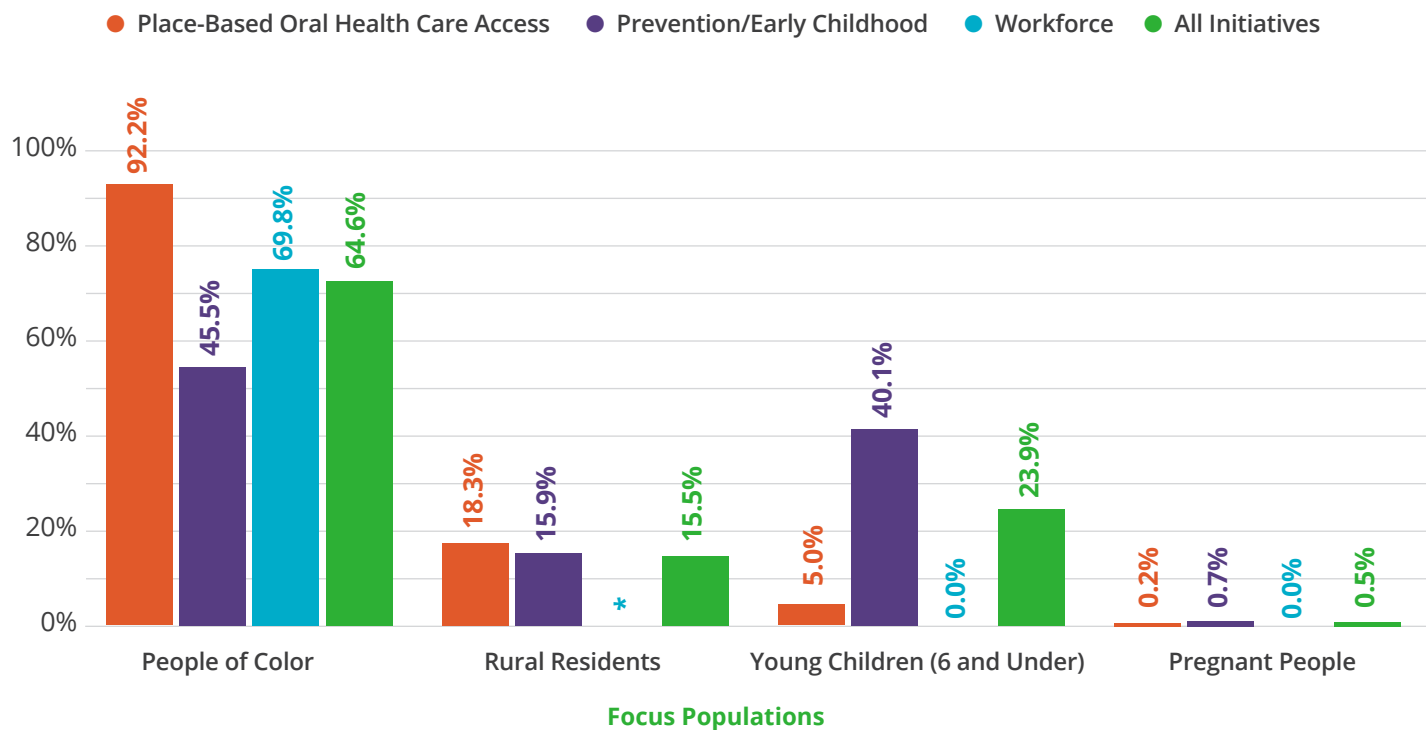


Figure Note: Pregnant people and young children (ages 6 and under) comprise the “Prenatal-5 Years” focus population included in the Theory of Change. Although the Theory of Change targets children under 6, the reporting form asked grantees to estimate the number of children served who are 6 years old and younger. The reporting form did not ask grantees whether they served people with low incomes or to estimate the number of people with low incomes served, therefore the figure does not include this focus population. Focus populations are not exclusive categories, as a single person can be a member of multiple populations.

**Figure 7. Percentage of Initiative Overall Reach by Focus Population**



\* Workforce grantees who indicated they served rural residents did not provide an estimated number of rural residents served.

Figure Note: Pregnant people and young children (ages 6 and under) comprise the “Prenatal-5 Years” focus population included in the Theory of Change. Although the Theory of Change targets children under 6, the reporting form asked grantees to estimate the number of children served who are 6 years old and younger. The reporting form did not ask grantees whether they served people with low incomes or to estimate the number of people with low incomes served, therefore the figure does not include this focus population. Focus populations are not exclusive categories, as a single person can be a member of multiple populations.

## Low Income

Although the reporting form did not ask grantees whether they served people with low incomes, 41.7% of grantees (n = 11) specifically described targeting people with low incomes or people who are uninsured in open-ended responses provided through the reporting form.

## Rural and Underserved Communities

Over half of grantees reported serving rural residents as a primary focus of the grant (54.1%, n = 20; Figure 5). Grantees estimated serving 15,347 rural residents in 2022, which comprises 15.5% of all individuals served (Figure 6; Figure 7). This is comparable to the 12.2% of Colorado residents who lived in rural counties in 2022.<sup>3</sup> Most rural residents were served by prevention/early childhood grantees

(n = 8,670), but place-based oral health care access grantees estimated serving the highest proportion of rural residents within their overall reach (18.3%). Workforce grantees who reported serving rural residents did not provide an estimated number of rural residents served.

Grantees reported serving every county in the state, 47 of which are considered rural (Map 1). However, only two grantees reported specifically targeting<sup>4</sup> counties in the San Luis Valley, compared to the 18 grantees specifically targeting northeast metro Denver (Figure 8). While 20 grantees reported serving rural residents, only eight specifically targeted at least one rural county in Colorado. This indicates that many rural residents served live in rural parts of counties classified as urban, where oral health care services and resources may be more accessible.

Map 1. Colorado Counties Served by Grantees

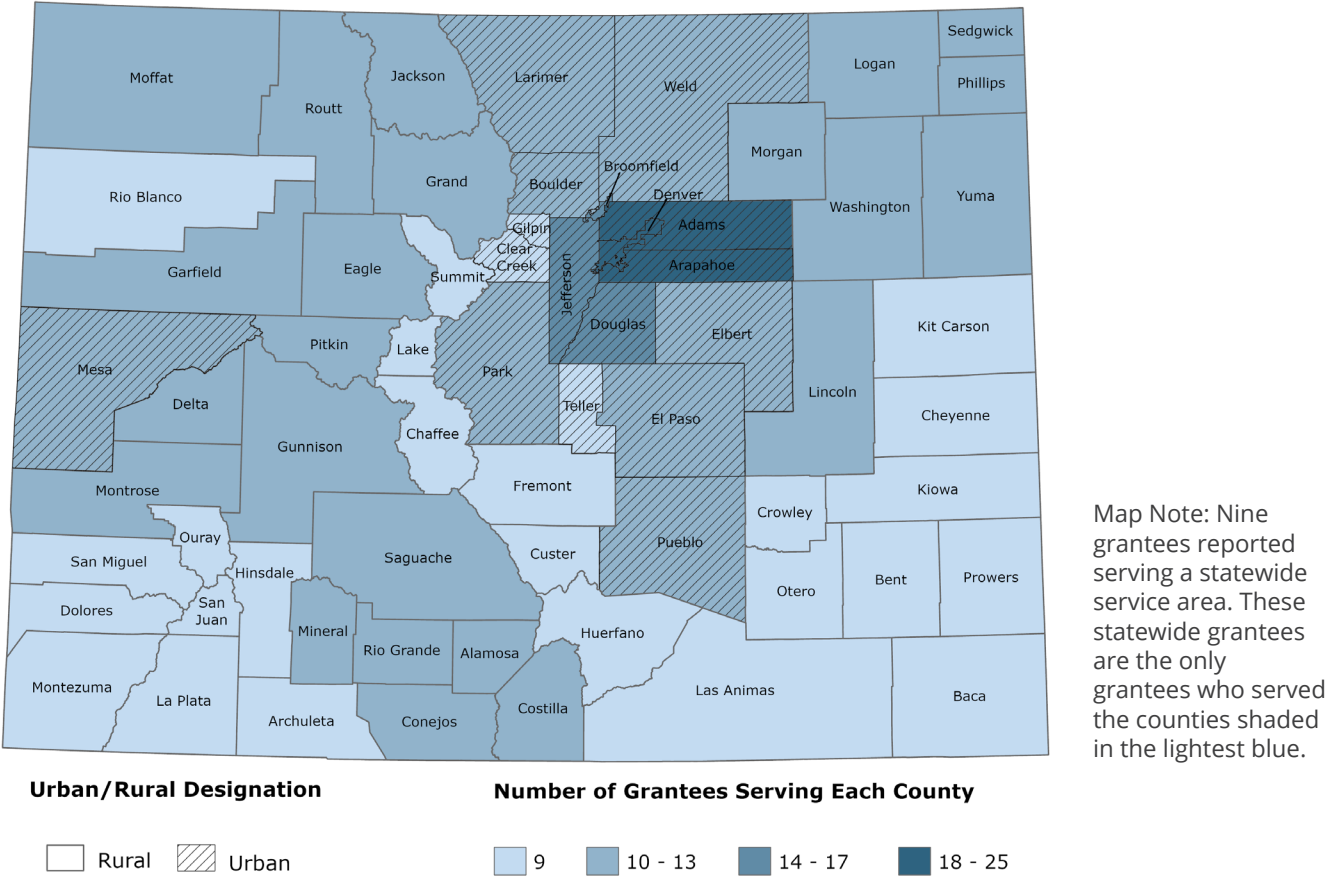


Figure 8. The Number and Percentage of Grantees Specifically Targeting at Least One Rural County, the San Luis Valley, and Northeast Metro Denver by Initiative

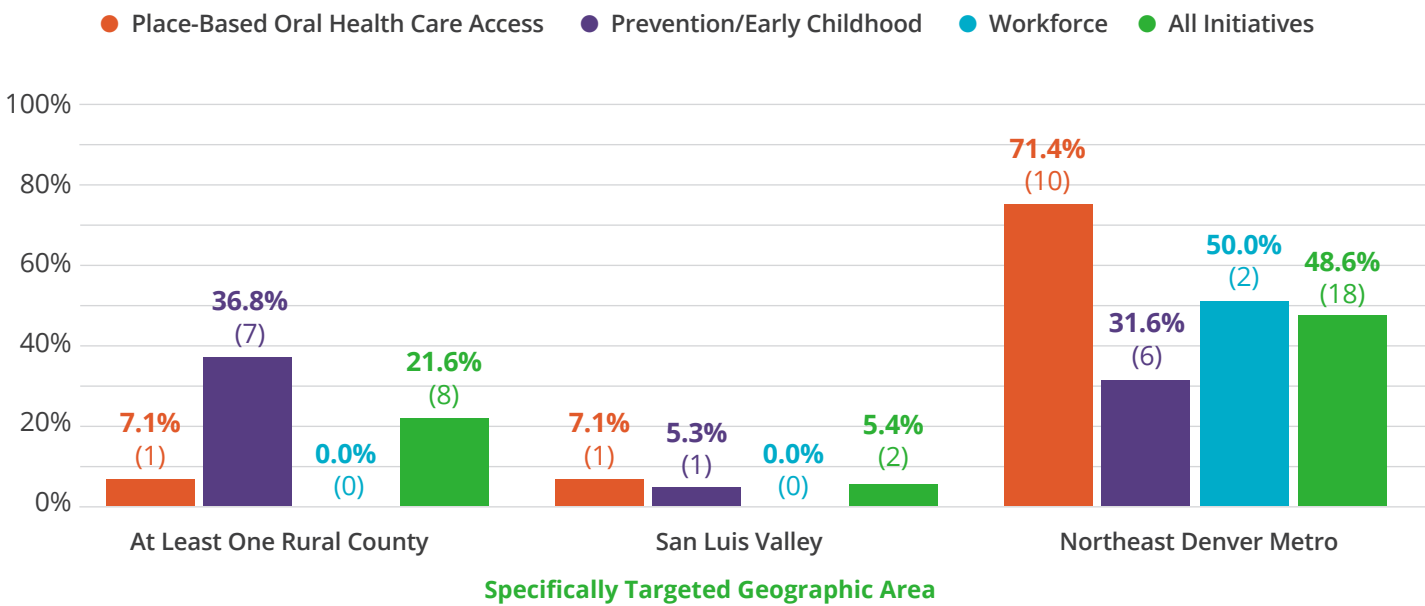


Figure Note: The number of grantees specifically targeting at least one rural county, the San Luis Valley, or northeast metro Denver does not include the nine grantees who reported a statewide service area. The number of grantees specifically targeting the San Luis Valley includes grantees who reported serving Alamosa, Conejos, Costilla, Mineral, Rio Grande, and/or Saguache counties. The number of grantees specifically targeting northeast metro Denver includes grantees who reported serving Adams, Arapahoe, and/or Denver counties.

## People of Color

Most grantees estimated that more than half of those they served identified as people of color (51.4%, n = 19; Figure 5). Several grantees targeted their efforts to specific racial or ethnic groups. For example, Community Health Services estimated that 95% of those it served identified as Latino/a, Hispanic, or Chicano/a (Appendix C). In total, grantees estimated serving 64,114 people of color in 2022, which represents 64.6% of all individuals served (Figure 6; Figure 7). Most people of color were served by prevention/early childhood grantees (n = 33,643), but place-based oral health care access grantees estimated serving

the highest proportion of people of color within their overall reach (92.2%).

Based on grantee estimates, DDCOF grantees served a higher proportion of people of color and a lower proportion of non-Hispanic whites than the overall Colorado population (Figure 9). Most notably, DDCOF grantees estimated that Hispanic or Latino individuals made up 50.0% of those served compared to 22.3% of the overall Colorado population. The estimated proportion of Black or African American individuals served by grantees (7.3%) is almost twice as high as the proportion of Black or African American individuals in Colorado (3.7%).

**Figure 9. Estimated Population Served by Race/Ethnicity Compared to Colorado Population**

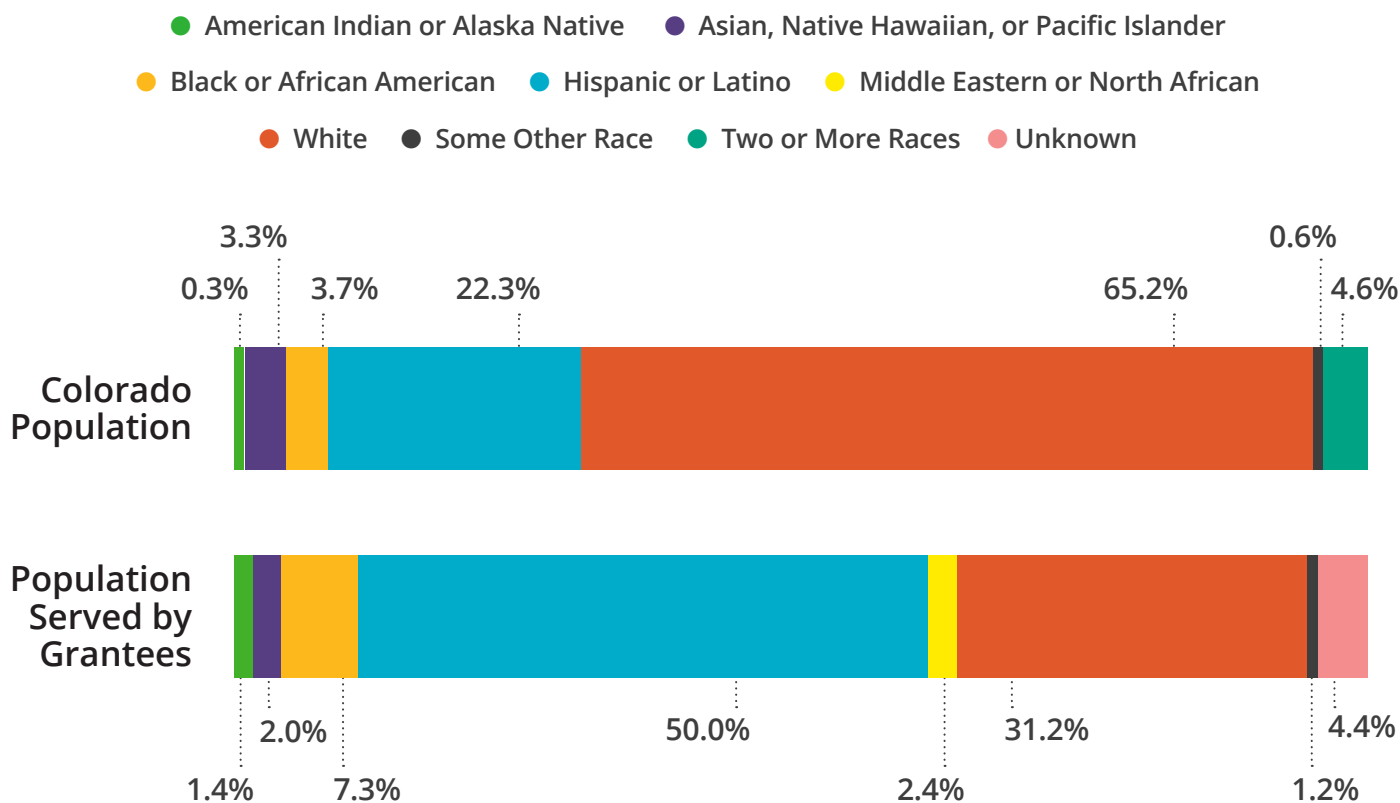


Figure Note: Colorado population estimates are sourced from the Census Bureau 2021 ACS 1-Year Estimates, Table DP05. The racial/ethnic categories used by the Census Bureau differ slightly from the racial/ethnic categories included in the reporting form (see Appendix B: Methods). This complicates comparisons made between the estimated populations served by grantees and the estimated populations of Colorado.

## Prenatal–5 Years (Children Ages 6 and Under and Pregnant People)

Most grantees reported serving children ages 6 and under (67.6%,  $n = 25$ ) and about one-fifth of grantees reported serving pregnant people as a primary focus of the grant (18.9%,  $n = 7$ ; Figure 5). Overall, grantees estimated they served 452 pregnant people and 23,730 young children in 2022, comprising 0.5% and 23.9% of all individuals served respectively (Figure 6; Figure 7). Prevention/early childhood grantees estimated serving the majority of pregnant people ( $n = 392$ ) and young children ( $n = 21,907$ ) and served a higher proportion of pregnant people (0.7%) and young children (40.1%) within their overall reach compared to grantees focusing on other initiatives.



## Qualitative Analysis

The open-ended responses provided by grantees indicate that significant progress has been made on grant and initiative goals, and that grantees used supportive partnerships, staffing investments, and community outreach and engagement to sustain effective programming. However, grantees also described significant challenges and barriers in promoting oral health in their communities. The following sections include thematic analyses of the open-ended responses to questions related to progress made toward goals, challenges faced, and program success factors (see Appendix B: Methods).

## Progress Toward Goals

As outlined in the Theory of Change (Appendix A) and in Table 1, DDCOF has three long-term goals that align with the following initiatives: place-based oral health care access, prevention/early childhood, and workforce. Each grantee also has its own goals as outlined in its grant application.

In the reporting form, grantees were asked to describe progress made on grant and DDCOF initiative goals.

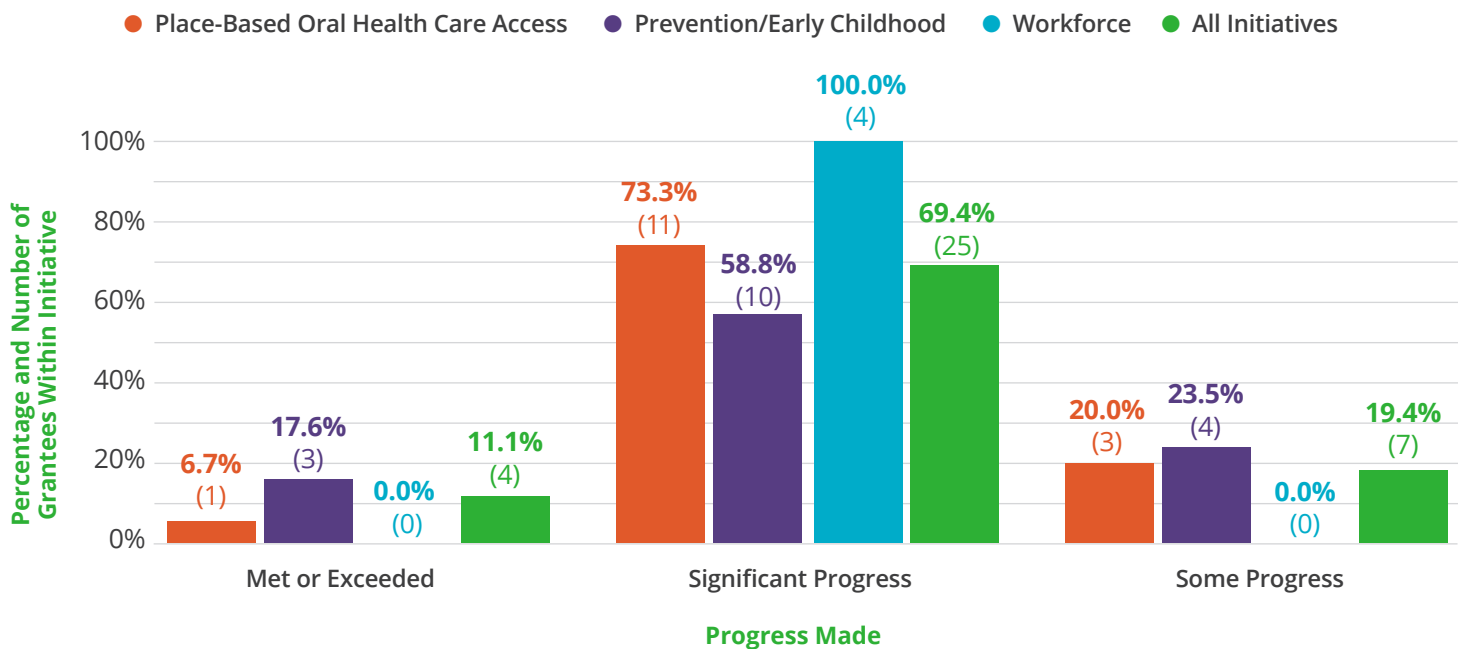
### Initiative Goals

In addition to reaching the focus populations mentioned in each long-term initiative goal (see Program Reach section), grantees described program activities that are critical to achieving one or more initiative goals.

#### **Place-Based Oral Health Care Access.**

Place-based oral health care access grantees are 1) building coalitions and conducting inclusive community needs assessments, 2) distributing culturally and linguistically appropriate educational materials and dental hygiene products, and 3) providing oral health care vouchers, screenings, and direct services to those in need. These activities empower underserved communities to engage in program planning, ensure culturally and

**Figure 10. Progress Made on Grant Goals by Initiative**



linguistically diverse groups receive education and tools, and reduce cost and transportation barriers to service.

**Prevention/Early Childhood.** Prevention/early childhood grantees are 1) integrating culturally and linguistically appropriate oral health care prevention education, activities, and services into existing programs serving young children and pregnant people, 2) advocating for and implementing policies that improve oral health care access and quality for young children and pregnant people, and 3) connecting families with young children and pregnant people to dental homes. These activities encourage culturally and linguistically diverse young children and pregnant people to seek timely preventive care.

**Workforce.** Workforce grantees are: 1) conducting assessments and exploring approaches to build equitable workforce pipelines, 2) advocating for policies that reform dental therapy educational requirements, and 3) awarding scholarships to students who represent underserved communities. These activities remove barriers to joining the oral health care

workforce and are specifically targeted toward people of color.

## Grant Goals

Grant goals varied widely between grantees. Some grantees specified one-year goals, and other grantees specified three-year goals. Despite this diversity in program scope, most grantees (80.5%, n = 29) described meeting or exceeding (11.1%, n = 4) or making significant progress on their grant goals (69.4%, n = 25; Figure 10). However, about one-fifth of grantees reported that challenges related to COVID-19 and workforce shortages delayed the implementation of their programs, resulting in much less progress made on grant goals than anticipated (19.4%, n = 7). Some grantees shifted their goals in response to these challenges and pivoted to alternative program strategies. For example, due to a lack of diverse oral health care providers, one grantee began creating culturally responsive education and advocacy materials rather than opening a pop-up clinic.

## Community Challenges

The reporting form asked grantees to describe the two most significant challenges or barriers they faced in promoting oral health in their communities and what they learned from them. It also asked grantees what challenges or barriers they anticipate as they continue their programs. Grantees identified workforce and capacity shortages, communication gaps among partners, barriers to accessing care, and the need for additional funding as the most significant challenges they faced or anticipate facing. However, grantees responded to these challenges through policy changes, intentional communication strategies, and programmatic shifts.

### Workforce and Capacity Shortage

COVID-19 exacerbated the workforce and capacity shortage in oral health care and community organizations. Grantees often experienced internal turnover or had difficulties hiring staff to implement programs. The lack of providers of color, bilingual providers, and providers who serve rural communities limited the ability of grantees to connect those they serve with culturally and linguistically appropriate services. In response to these challenges, grantees improved workplace culture, improved employee benefits, increased salaries, offered hiring bonuses, scaled back workload as needed, hired translators, and built workforce pipelines with local colleges and apprenticeship programs.

*"Staffing at [grantee organization] presented a challenge to our ability to make progress on the deliverables of this grant over the past year. ... From the perspective of Community Health Centers, staffing shortages were a significant challenge in their ability to promote oral health in their communities."*

## Barriers to Accessing Care

Grantees often must help those they serve overcome the barriers to oral health care access. Limited transportation, lack of insurance coverage, language barriers, fear and anxiety around dental care, and general lack of public oral health literacy prevent people from getting the oral health care they need. To alleviate these barriers, grantees provided transportation assistance, resource referrals, flexible and trauma-informed dental services, translators, and outreach materials to those they serve.

*"Families in need of dental care often do not have transportation to appointments. ... [Our] family advocates also witness a lack of oral health literacy among clients with young children ... this lack of understanding acts as a critical barrier to accessing dental services."*

### Communication Gaps Among Partners

Communication and coordination between complex systems and partners is difficult but often necessary to effectively implement programs. Some grantees described lack of communication as a barrier to building effective partnerships. Establishing communication and decision-making structures between partners took more time and capacity than anticipated. High turnover within partner organizations exacerbated these challenges. However, grantees learned the importance of continuous and intentional communication and implemented plans to prevent communication gaps in future grant years.

*"One of the most significant challenges to our work this year includes the complexity of communication needed to work in large systems. ... Despite this challenge, this is vital and important work for improving the dental hygiene profession and by extension the health of our patients served."*

## Need for Additional Funding

Many grantees described DDCOF funds as vital to supporting their programs. However, grantees also discussed the need for additional funding to upgrade equipment, hire new staff, and provide financial assistance to those they serve. Some grantees secured or plan to secure additional funding to compensate for the loss of other funding sources as well as the challenges posed by low Medicaid reimbursement rates.

*"The barrier to accessible dental care in our communities is lack of adequate funding. ... If we have adequate funds, we will be able to reach and help a larger pool of people in our communities who need dental care assistance."*

## Success Factors

The reporting form asked grantees which strategies or factors have been most critical to sustaining their organization's work and meeting the needs of those they serve. Grantees identified supportive partnerships, staffing investments, and community engagement and outreach as their most critical success factors.

### Supportive Partnerships

Grantees reported that supportive partnerships can increase the number of people who receive outreach efforts and provide needed resources, such as workforce development and training and translation services. Partnerships can also lessen the impact of staffing shortages and turnover, which supports the sustainability of grantee programs. Grantees noted that maintaining supportive partnerships requires continuous and intentional communication.

*"The factors that have been most critical to sustaining our organization's work and meeting the needs of those we serve center around our strategic partnerships. We intentionally partnered with dental providers who can a) accommodate the schedules and needs of [our] programs, and b) provide services, materials, and resources in families' preferred languages."*

## Staffing Investments

Grantees combatted the workforce shortage and effectively implemented and sustained their programs by investing in staff recruitment and retention strategies. Examples of investments include hiring additional staff, creating strategic plans that address staffing retention and recruitment, building workforce pipelines with local colleges and apprenticeship programs, and providing staff training. Grantees specifically noted that community resource coordinators, community health workers or promotoras, interpreters, and administrative staff contributed to program success.

*"[Our] full-time, dedicated Dental Referral Specialist is critical to sustaining the organization's oral health program. She has time to call parents and explain the importance of seeing a dentist ... [and] assists families that are unable to pay for examinations or treatment."*

### Community Engagement and Outreach

Community engagement and outreach were critical to improving oral health literacy, promoting and sustaining programs, and meeting the needs of those served. Community outreach strategies included hiring community health workers or promotoras, distributing accessible and culturally and linguistically responsive outreach materials, and creating communication channels with those served. Soliciting feedback and collaborating with community members through surveys, focus groups, social events, and advisory committees helped inform effective and responsive program planning to best meet the needs of those served.

*"[Our] model is successful because [we] utilize focus groups and conversations with members of the Latino community to help develop the programming needed. ... Our promotoras are now getting calls from community members asking for either a new toothbrush or a referral to a dentist, both of which show that our strategies were correct in engaging the community in a manner that works for them."*

# Recommendations and Opportunities

DDCOF has an opportunity to reflect on its priorities, initiatives, and Theory of Change, and to consider adjustments that reflect insights provided in this evaluation, current available resources, and the potential impact on the community. CHI recommends the following based on this evaluation:

## 1. Establish “Learning Labs” to foster dynamic two-way learning and collaboration among grantees from the three initiatives.

Learning Labs are an opportunity for:

- **Data Sharing.** Encourage grantees to share data and research findings, facilitating evidence-based decision-making. Provide case studies, tutorials, and examples of how to use the Oral Health Equity Dashboard for grantees.
- **Policy Discourse.** Provide a platform for open policy discussions, advocacy collaboration, and opportunities to gain support for potential policy agendas.
- **Recurring Engagement and Connection-Building.** Organize regular in-person/virtual convenings to encourage relationship-building and cross-collaboration.
- **Best Practice Exchange.** Facilitate sessions for sharing successful strategies and lessons learned.

This approach is anticipated to 1) enhance collaboration, relationship-building, and partnership among grantees, 2) accelerate the impact of the initiatives through providing responsive support and opportunities for feedback to the Foundation, 3) inform data-driven strategies through shared insights and application

of existing data sources, like the Oral Health Equity Dashboard, and 4) engage stakeholders and amplify grantee efforts.

The establishment of ongoing Learning Labs will provide more comprehensive support for grantees than the annual Learning Circle.

## 2. Continue to fund organizational capacity-building.

Grantees who invested in staff recruitment and retention implemented and sustained their programs with great success. Decreased workforce capacity and turnover among grantees and partners contributed to implementation challenges, attrition of current staff, and communication gaps. Focusing funding efforts on grantee capacity-building may lead to better program outcomes.

## 3. Invest in workforce initiative efforts to expand the oral health workforce in rural areas.

Workforce shortages are particularly acute in many rural areas. However, no workforce grantee programs specifically target rural counties. Investment in workforce initiative efforts in rural areas may increase the ability of grantees to connect those they serve across the state with culturally and linguistically appropriate services.

## 4. Increase targeted place-based oral health care access efforts in rural areas that are most in need.

Only one of the 14 place-based oral health care access grantees specifically targeted counties in the San Luis Valley, an area that DDCOF committed to focusing its place-based oral health care access initiative work. Increased funding to grantees serving the San Luis Valley and other rural areas most in need will better address significant oral health, general health, and socioeconomic disparities.

# Revisiting Recommendations from 2021

As DDCOF considers opportunities to advance its mission, it is important to understand what progress has been made. The following is a status check on progress made toward recommendations from the 2021 evaluation report. A green light denotes a recommendation that has been fully implemented, yellow means some progress has been made, and red means that the recommendation has yet to be considered.

- **Support policy, advocacy, grantmaking, and systems change efforts to address recruitment, retention, and burnout among dental providers.** DDCOF launched the workforce grantmaking initiative to address the workforce and capacity challenges among dental providers. In 2021, this initiative invested in workforce pipeline efforts, advocacy for dental therapy policy reform, and scholarship awards to students who represent underserved communities. However, grantees continue to be challenged by the workforce shortage.

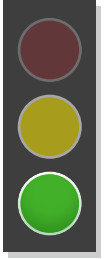


- **Elevate DDCOF's role as a leader in oral health equity by convening policy discussions.** DDCOF hired a policy manager to build an oral health coalition in Colorado and invested in policy-focused grantees. For example, the Colorado Children's Campaign, with funding from DDCOF, led the passage of HB23-1300 to allow the state to provide continuous Medicaid and Child Health Plan Plus (CHP+) coverage to children and 12 months of coverage for Coloradans leaving prison. This work represents progress on elevating DDCOF's role as a leader in policy discussions in oral health equity. However, additional policy discussions could be convened by DDCOF to improve oral health equity in Colorado.



- **Democratize oral health data.**

In 2022, CHI partnered with DDCOF to establish the Colorado Oral Health Data Dashboard, offering accessible data for communities advancing oral health equity. This empowers community organizations to comprehend their oral health needs, including access barriers, outcomes, affordability, and culturally competent care. The dashboard will be updated biennially to track trends over time, signifying substantial progress in democratizing oral health data. DDCOF and CHI should explore outreach strategies for wider data sharing (such as a Learning Lab).



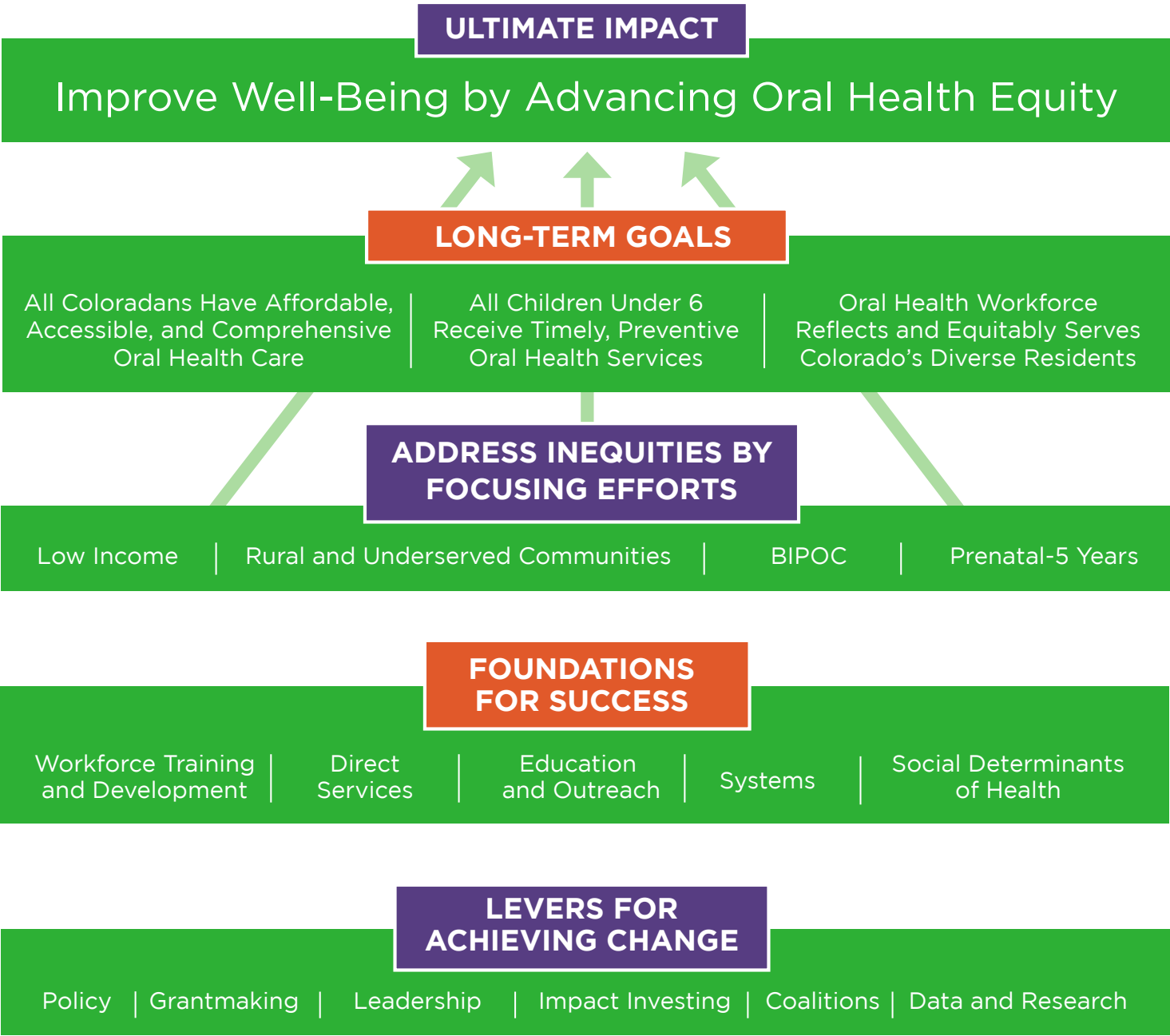
## Conclusion

DDCOF's funding advanced initiative goals in 2022 and reached all of DDCOF's focus populations, including people with low incomes, people of color, pregnant people, children under 6, and rural and underserved communities. However, workforce initiative efforts could focus more on increasing the workforce in rural areas, and place-based oral health care access efforts could be better targeted to the San Luis Valley.

Workforce and capacity shortages, communication gaps between partners, barriers to accessing care, and the need for additional funding challenged grantees in the 2022 program year. Despite these challenges, grantees leveraged supportive partnerships, staffing investments, and community engagement and outreach to sustain their programs and meet the needs of the communities they served.

This evaluation report provides key takeaways and recommendations to aid DDCOF as it continues to work toward achieving its ultimate goal: to improve well-being by advancing oral health equity.

# Appendix A: Delta Dental of Colorado Foundation Theory of Change



## Appendix B: Methods

Each year, DDCOF asks grantees to self-report data on estimated program reach, challenges faced, program success factors, and progress made on grant and initiative goals through a reporting software called Foundant. The data included in this report cover grantee-funded activities from September 1, 2021 through August 31, 2022. A total of 28 open-funding and eight invited grantees submitted self-reported data.

The reporting form asked grantees to provide the estimated number of the following populations served by their program: young children ages 6 and under, pregnant people, immigrants and refugees, and rural residents. It also asked grantees to estimate the percentage of people served who identify as Black, Indigenous, and people of color (BIPOC) and who identify with specific racial or ethnic groups.<sup>5</sup> Grantees had the option to enter “0” or skip an estimate if they were unsure. Therefore, not all grantees provided estimates for each focus population. Six grantees did not provide program reach estimates or were excluded from analyses because they do not serve individuals directly. For example, the Colorado Children’s Campaign program activities focus on convening coalitions to advance policy changes that elevate child well-being, rather than direct service.

The reporting form asked all grantees, regardless of whether they serve individuals directly, which counties they serve. All 37 grantees who provided a response to this

question are included in the county map. For the purposes of this report, urban counties are counties that are designated by the Office of Management and Budget as metropolitan. Metropolitan counties contain a core urban area of 50,000 or more population. Rural counties are counties that are designated as micropolitan (containing an urban core of at least 10,000 but less than 50,000 population) and counties that are neither designated as metropolitan nor micropolitan by the Office of Management and Budget. This mirrors the methodology of the Colorado Rural Health Center.

Thirty-six of the 37 grantees provided open-ended responses to questions related to challenges faced, program success factors, and progress made on grant and initiative goals. CHI conducted a thematic analysis of these responses and included the most frequent themes in this report. Constant comparison, the process of comparing new findings to existing findings to develop a comprehensive understanding of phenomena, was employed throughout the analytic process.<sup>6</sup> Peer-debriefing, the process of working with peers to review and assess responses, methodology, and findings, was also used to enhance validity.<sup>7</sup> Open-ended responses assessing progress on grant goals were coded as one of the following: 1) exceeded 2) met 3) significant progress or 4) some progress. Responses coded as “some progress” discussed significant barriers resulting in much less progress made than anticipated in the 2022 grant year.

## Appendix C:

# Delta Dental of Colorado Foundation

## Foundations of Success

Foundation of Success	Description
Workforce Training and Development	Efforts that include hiring, training, and embedding quality providers and staff who are equipped to best serve the communities in which they work.
Direct Services	Efforts that include providing patients with critical services, from preventive to rehabilitative care.
Education and Outreach	Efforts that ensure Coloradans have the information they need to make choices about their oral health. This includes efforts that connect the dots between oral health and overall health for individuals, families, and decision-makers across Colorado.
Systems (Change)	Efforts related to supporting systems change for oral health through policy, research, and innovative programming.
Social Determinants of Health	Efforts that support the social, cultural, environmental, and economic conditions in the places where people live, learn, work, and play that affect health and well-being.

## Appendix D: Grantees Serving the Highest Proportion of Racial/Ethnic Groups (As a Proportion of Total Served by Grantee)

Racial/Ethnic Group	Grantees
Asian, East Indian, Native Hawaiian, or Pacific Islander	<ul style="list-style-type: none"> <li>• Project Worthmore (25%)</li> <li>• Laurus Collegiate, Inc. (20%)</li> <li>• Center for Immigrants and Immigration Services (CIIS; 15%)</li> </ul>
Black or African American	<ul style="list-style-type: none"> <li>• Project Worthmore (30%)</li> <li>• VIVE (16%)</li> <li>• Children's Hospital Colorado Foundation (15%)</li> <li>• Muslim Youth for Positive Impact (15%)</li> <li>• Thriving Families (15%)</li> </ul>
Indigenous, Native American, American Indian, Alaska Native, or First Peoples	<ul style="list-style-type: none"> <li>• Colorado Latino Leadership, Advocacy and Research Organization (CLLARO; 5%)</li> <li>• La Puente Home, Inc. (4%)</li> <li>• Laurus Collegiate, Inc. (3%)</li> <li>• Tennyson Center for Children at Colorado Christian Home (3%)</li> </ul>
Latino/Latina, Hispanic, or Chicano/a	<ul style="list-style-type: none"> <li>• Community Health Services (95%)</li> <li>• CLLARO (90%)</li> <li>• Servicios de La Raza (90%)</li> </ul>
Middle Eastern, North African, West African, or Arab	<ul style="list-style-type: none"> <li>• CIIS (80%)</li> <li>• Muslim Youth for Positive Impact (75%)</li> <li>• Project Worthmore (30%)</li> </ul>
White	<ul style="list-style-type: none"> <li>• Community Partnership for Child Development (90%)</li> <li>• Mountain Resource Center (90%)</li> <li>• Grand Beginnings (87%)</li> </ul>

## Endnotes

- <sup>1</sup> Center for Disease Control and Prevention. (2021). Oral health fast facts.  
<https://www.cdc.gov/oralhealth/fast-facts/index.html>
- <sup>2</sup> Although immigrants and refugees are not a focus population included in the Theory of Change, grantees estimated they served 18,541 immigrants and refugees in 2022, and 29 grantees reported serving immigrants and refugees as a primary focus of the grant.
- <sup>3</sup> Colorado Rural Health Center. (2022). Snapshot of rural health in Colorado: 2022.  
<https://coruralhealth.org/wp-content/uploads/2013/10/2022-Snapshot-of-Rural-Health-February-final-release.pdf>
- <sup>4</sup> Nine grantees reported having a “statewide” service area. These grantees are not considered to specifically target any county, including counties in the San Luis Valley and northeast metro Denver.
- <sup>5</sup> The following racial/ethnic group categories were included in the reporting form: 1) Black or African American, 2) Indigenous, Native American, American Indian, Alaska Native or First Peoples, 3) Latino/Latina, Hispanic, or Chicano/a, 4) Asian, East Indian, Native Hawaiian, or Pacific Islander (AINHPI), 4) Middle Eastern, North African, West African, or Arab (MENA), 5) White, 5) Some other race, and 6) Unknown race. Although racial/ethnic groups were treated as exclusive categories, Two or More Races was not included in the reporting form.
- <sup>6</sup> Lewis-Beck, M.S., Bryman, A. & Futing Liao, T. (Eds.). (2004). The SAGE Encyclopedia of Social Science Research Methods. Sage Publications, Inc.
- <sup>7</sup> Lincoln, Y., & Guba, E.G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.





**DELTA DENTAL OF COLORADO FOUNDATION**

