DELTA DENTAL®

DELTA DENTAL OF COLORADO
FOUNDATION

2023
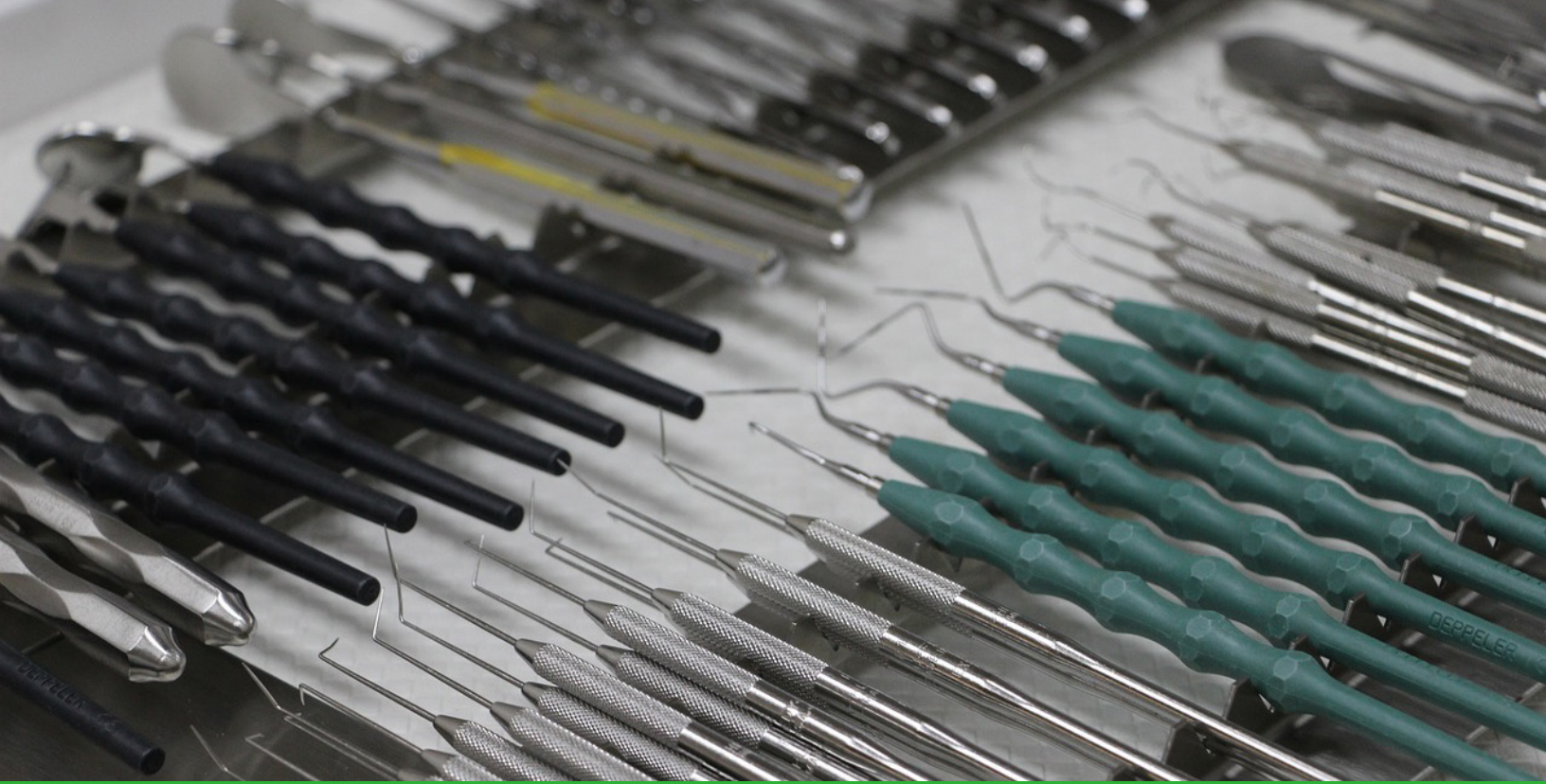# Grantee Evaluation Report

Prepared for:

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Delta Dental of Colorado Board

Prepared by:

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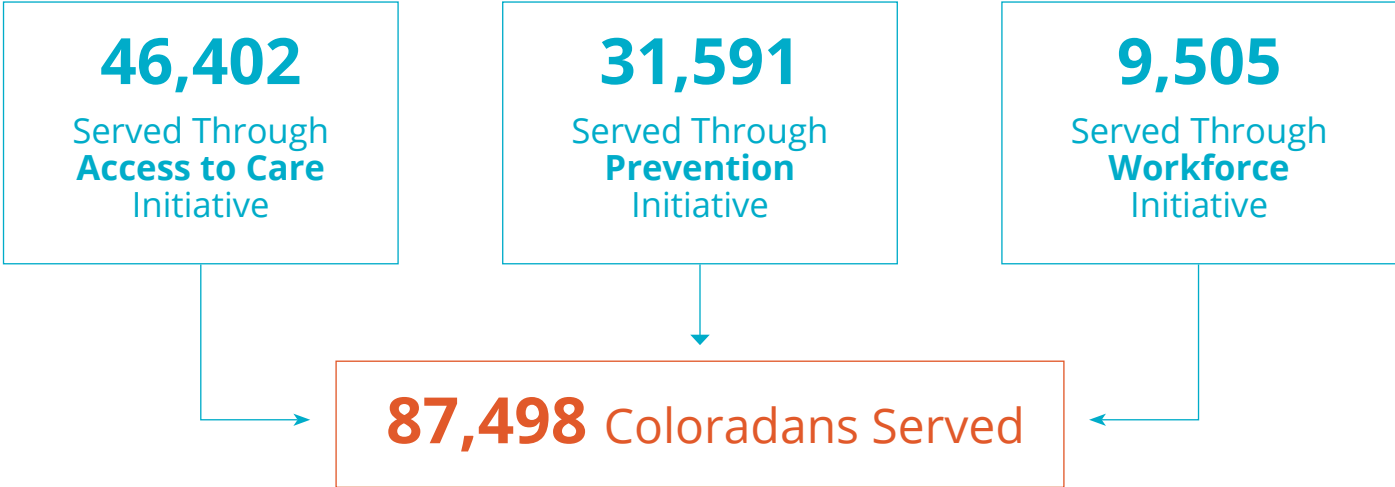Colorado Health Institute

COLORADO **HEALTH** INSTITUTE
Informing Strategy. Advancing Health.

MAY 2024

Executive Summary

Delta Dental of Colorado Foundation (DDCOF) strives to elevate the well-being of all Coloradans by advancing oral health equity. Keeping with this mission, DDCOF works alongside community partners by investing in programs to improve preventive childhood and prenatal oral health care, increase oral health care access, and diversify Colorado's oral health care workforce.

In 2022-2023, DDCOF partnered with 54 grantee organizations and allocated over $9 million in grant funding. These grantees include those that initiated grant programs in the 2022 grant year and new grantees that launched programs in the 2023 grant year. Collectively, DDCOF grantees served over 87,000 Coloradans in 2023 — slightly less than the 99,121 served in the previous year. Using the DDCOF Theory of Change (Appendix A) as a guide, this evaluation report assesses the reach, progress, challenges, and successes of DDCOF grantees in 2023. These results can help inform DDCOF's direction and priorities as it moves closer to achieving its mission.

46,402
Served Through
Access to Care
Initiative

31,591
Served Through
Prevention
Initiative

9,505
Served Through
Workforce
Initiative

87,498 Coloradans Served

Key Takeaways

1. **DDCOF continues to significantly benefit Colorado communities through grantmaking investments.** In 2022-2023, DDCOF invested over $9 million in organizations focused on prevention, access to care, and workforce development. Together, these grantees reached 87,498 Coloradans representing a wide cross-section of geography, ethnicity, and incomes in 2023. As with previous years, grantees continued to serve a higher proportion of people of color and a lower proportion of non-Hispanic white Coloradans than the overall state population. All grantee activities contributed to DDCOF initiative goals, and over 90% of grantees met, exceeded, or made significant progress on the specific goals of their grants.

2. **Sustained funding over time can result in better outcomes.** Grantees who began their grant programs in the 2022 grant year made greater progress on their grant goals and reached more people in 2023 than in 2022. Sustained funding over several years allows grantees to plan, implement, and refine their programs for greater and longer-term impact.

3. **Despite persistent challenges, grantees implemented strategic and innovative solutions to sustain programs and meet community needs.** In addition to the workforce shortage and typical barriers to accessing care, grantees highlighted the economic downturn, the expiration of the federal Public Health Emergency for COVID-19, and the lack of dental providers who accept Medicaid as particularly challenging. Despite these challenges, grantees continued to leverage supportive partnerships, staffing investments, and community outreach and engagement to sustain effective programming.

Recommendations and Opportunities

1. Strategically pull the Levers for Achieving Change.

DDCOF made significant investments and impact through the Grantmaking Lever for Achieving Change defined in the Theory of Change (Appendix A) in 2021 and 2022. Along with Grantmaking, the Levers for Achieving Change include Policy, Leadership, Impact Investing, Coalitions, and Data and Research. To expand its impact, DDCOF should consider what other levers have been and should be pulled over the next five years. The systemic challenges grantees face and the effectiveness of supportive partnerships might point toward emphasizing the Policy and Coalitions levers in the future.

Questions to Consider:

- What investments has DDCOF made across all five levers?

- Which levers should be prioritized over the next five years?

Action Items:

- Compile accomplishments and resources invested in efforts across the five levers over the last four years.

- Using existing research, evaluation reports, and partnerships, facilitate a discussion to explore how DDCOF can best achieve positive change.

2. Reflect on DDCOF's grantmaking philosophy.

The growing reach of grantees who began grant programs in the 2022 grant year and the encouraging progress made on grant goals indicates that sustained funding leads to better outcomes over time. Although the place-based access to care grantees focused on the San Luis Valley and northeast metro Denver in 2022 and 2023, other areas throughout the state may have similarly high needs.

Questions to Consider:

- Which areas would most benefit from DDCOF's grantmaking efforts?
- How many grant life cycle years do grantees need to maximize impact?

Action Items:

- Establish criteria and process for choosing areas for place-based grantmaking.
- Develop a strategy for initiating dialogue with grantees — potentially forming new coalitions or using platforms like Learning Labs to gain a better understanding of how to support and sustain programs.

3. Plan to evaluate progress on strategic plan goals.

As part of the strategic planning process, consider creating measurable goals and metrics to evaluate progress. Evaluation reports prepared by CHI can incorporate such metrics to paint a more comprehensive picture of DDCOF's impact over time.

Questions to Consider:

- What are DDCOF's short-term and long-term goals?
- What evaluation questions would help DDCOF make strategic planning decisions moving forward?

Action Items:

- Create measurable goals under each broad initiative goal.
- Establish metrics to monitor progress.

Introduction

Optimal oral health is closely linked to overall well-being and can positively affect a child's academic performance, a person's productivity, and the management of one's long-term health issues. Delta Dental of Colorado Foundation (DDCOF) strives to elevate the well-being of all Coloradans by advancing oral health equity. DDCOF partners with community groups, academic institutions, clinics, and oral health service providers to achieve this mission. Through these partnerships, the foundation endeavors to ensure that every member of our community can enjoy a healthy life and maintain good oral health, regardless of their life circumstances.

DDCOF continued to build upon its three initiatives aimed at improving access to comprehensive oral health care in underserved communities, elevating prevention for children, and supporting a more diverse oral health workforce for the future. DDCOF also welcomed a new Executive Director and program staff who are working in coordination with Delta Dental of Colorado's Board of Directors and leadership to strategize the most effective approaches moving forward.

As DDCOF approaches the end of its current four-year grant cycle and prepares to refine its focus, the Foundation is assessing the effectiveness of its work and identifying areas for improvement. In spring 2024, DDCOF will embark on a strategic planning process that will inform its grantmaking approach and other levers for achieving change, set for completion in the winter of 2024.

Beyond its grantmaking, the Foundation celebrated its impact on education and workforce with the opening of the Dr. Clarence Holmes Dental Hygiene Suite at FRCC's Larimer Campus. Named after Denver Dental Society's first African American member, it expands opportunities for 40 future dental hygiene students annually, promoting diversity in oral healthcare. The suite will also offer low-cost dental services to the local community, with FRCC set to welcome its first dental hygiene student cohort in 2025.
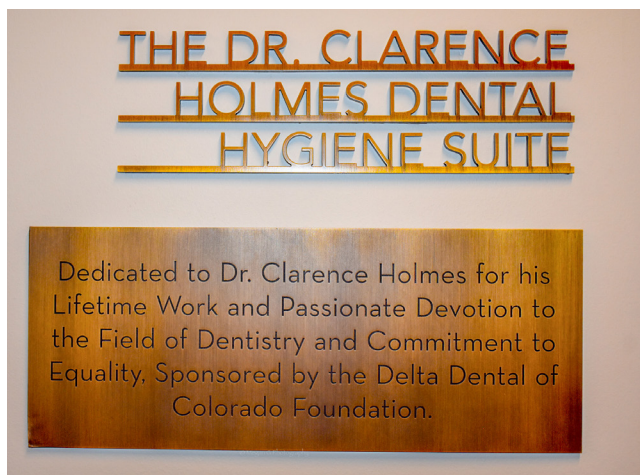
Above from left: Joe Garcia, chancellor of the Colorado Community College System; Dr. Colleen Simpson, president of Front Range Community College; and Les Berry and Elease Robbins, family of Dr. Clarence Holmes attend the opening of the Dr. Clarence Holmes Dental Hygiene Suite at FRCC's Larimer Campus.

In 2023, oral health in Colorado was characterized by a mix of improvement and continued challenges. According to findings from the Colorado Health Access Survey, almost one in five Coloradans (17.6%) reported fair or poor oral health in 2023, up 0.5 percentage points from 2021 (17.1%). However, people returned to visiting the dentist at rates above pre-pandemic levels. Almost three quarters of Coloradans (74.3%) saw a dentist or dental hygienist in the last 12 months. This was an increase from 2021 (67.1%) and surpassed pre-pandemic levels (73.6%). The increase was significantly higher than the national average of 65.2% of adults visiting a dentist's office in 2023. Unfortunately, barriers to getting to the dentist remained. Affordability continued to rank as a major factor, with almost one in five who reported barriers to accessing oral health care (17.2%) citing cost as the main reason for not accessing oral health care.

These factors provide important context for this evaluation, as progress to get people to the dentist and improve their oral health care has started to return to normal since the pandemic, yet challenges still persist.

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. Efforts to implement DDCOF's Theory of Change began in 2021.

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 includes Levers for Achieving Change — with a 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 organizations understand their community's oral health needs, including access barriers, oral health outcomes, affordability, and culturally competent care. The dashboard is updated biennially with new data that can reveal emerging trends over time. The latest version was updated in early April 2024. CHI also created a fact sheet outlining barriers to accessing oral health care in Colorado. Both are available on DDCOF's website.

Evaluation Focus

This grantee evaluation analyzes the reach, challenges, successes, and progress of DDCOF grantees in the 2023 grant year, from September 1, 2022, through August 31, 2023. Grantees

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.

awarded funds from DDCOF on January 1, 2022, are members of Grantee Cohort 1. Cohort 1 grants are three-year grants. Grantees awarded funds from DDCOF between September 1, 2022, and January 1, 2023, are members of Grantee Cohort 2, which received one- to three-year grants.

The purpose of this evaluation is to inform a deeper understanding of grantees' work and decision-making, while gaining insight into the progress the organizations made toward DDCOF's initiative goals and individual program goals. Additionally, this evaluation will guide strategic planning for Delta Dental of Colorado's Board of Directors by reflecting on the second year of grantmaking for the new initiatives and providing recommendations to maximize impact in the years to come.

To understand the impact of DDCOF's grantmaking in 2023, 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. For more details on the methods used for this analysis, see Appendix B.

Grantees by the Numbers

In 2022-2023, DDCOF awarded $9,210,145 to 54 grantees throughout Colorado. Of those 54 grantees, 50 received awards through the open-funding process (92.6%) and four were invited (7.4%; Figure 1). All four invited grantees focused on strengthening, diversifying, and expanding the oral health workforce. In 2023, 39 of the 54 grantees were Cohort 2 grantees, meaning their grant program started between September 1, 2022, and January 1, 2023 (72.2%; Figure 2). About one-fourth of grantees were Cohort 1 grantees, meaning their grant program started on January 1, 2022 (27.8%, n = 15). The following section captures the activities of these grantees and the focus populations they serve.

Figure 1. Number and Percentage of Grantees by Type

7.4%
(4)
Invited

92.6%
(50)
Open-Funding
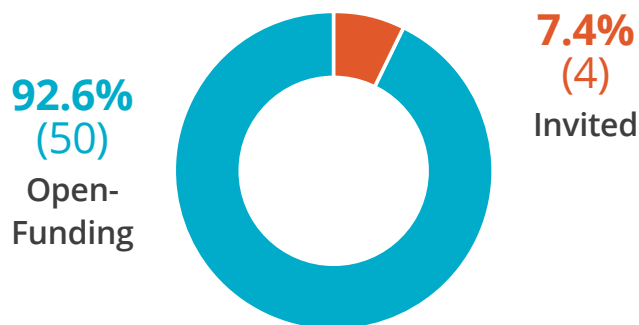
Figure 2: Number and Percentage of Grantees by Cohort

27.8%
(15)
Cohort 1

72.2%
(39)
Cohort 2

Initiatives

The highest proportion of grantees focuses on the place-based oral health care access initiative (40.7%, n = 22), while a little over a third focuses on the prevention/early childhood initiative (35.2%, n = 19; Figure 3). The work of about one-fourth of grantees aligns with the workforce initiative (24.1%, n = 13). Of the $9,210,145 awarded to grantees, funding was about equally distributed among the initiatives (Figure 4).
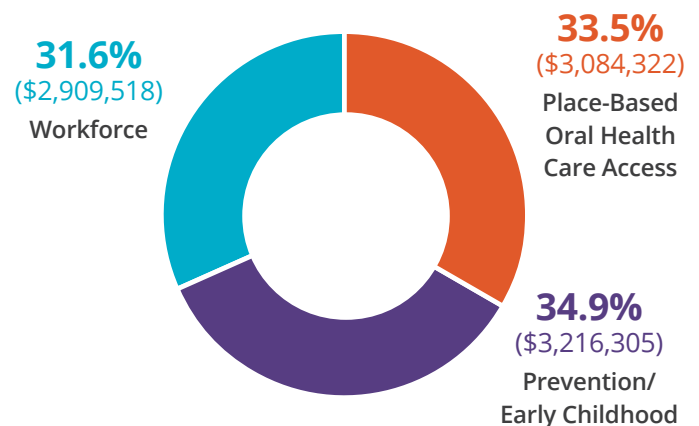
Foundations of Success

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 (33.3%, n = 18) or direct services (27.8%, n = 15) (Figure 5). One-fourth of grantees focused on workforce training or development (25.9%; n = 14), while about 9% focused on social determinants of health (9.3%; n = 5) and systems or systems change (9.3%; n = 5). Four grantees selected multiple foundations of success in the reporting form.

Figure 3. Number and Percentage of Grantees by Initiative
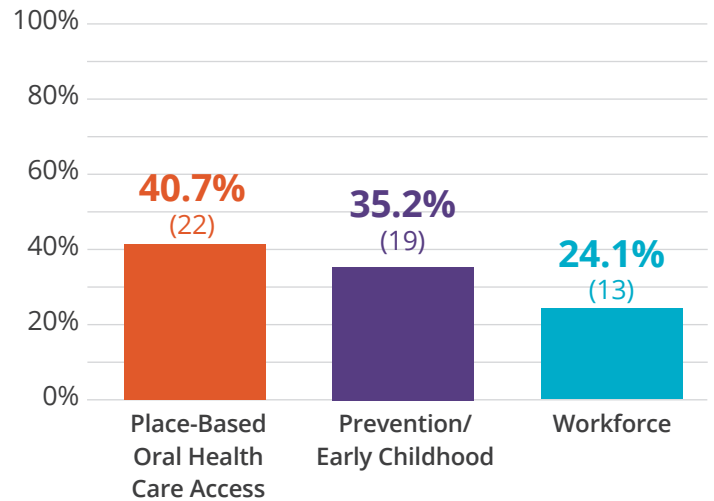
Figure 4. Amount Awarded and Percentage of Total Award by Initiative

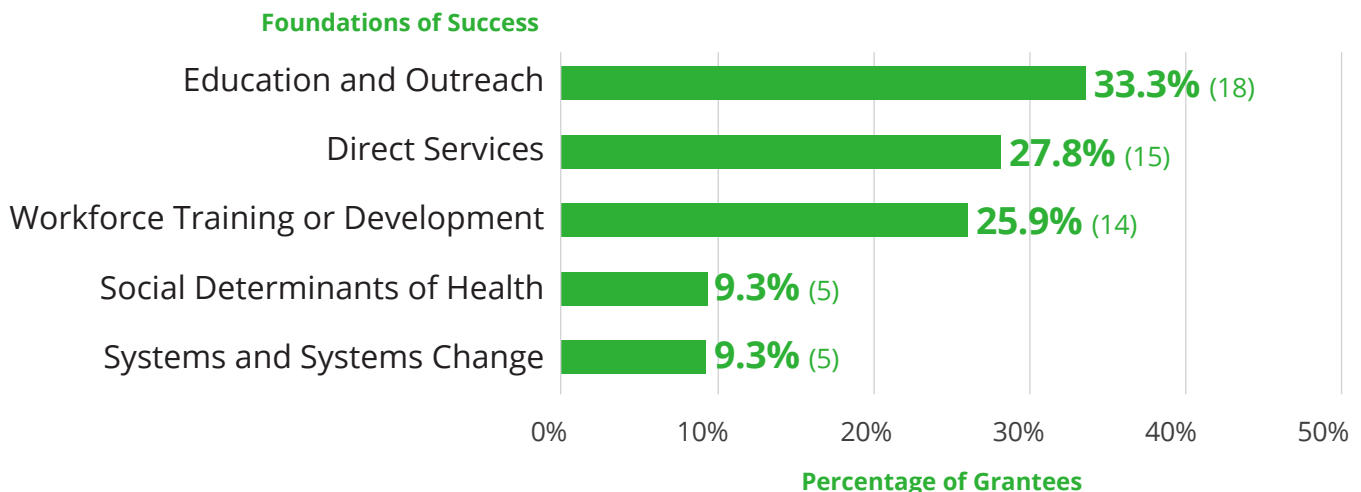**Figure 5. Number and Percentage of Grantees by Foundation of Success**

Figure Note: Four grantees selected multiple foundations of success in the reporting form, resulting in chart percentages summing over 100%.
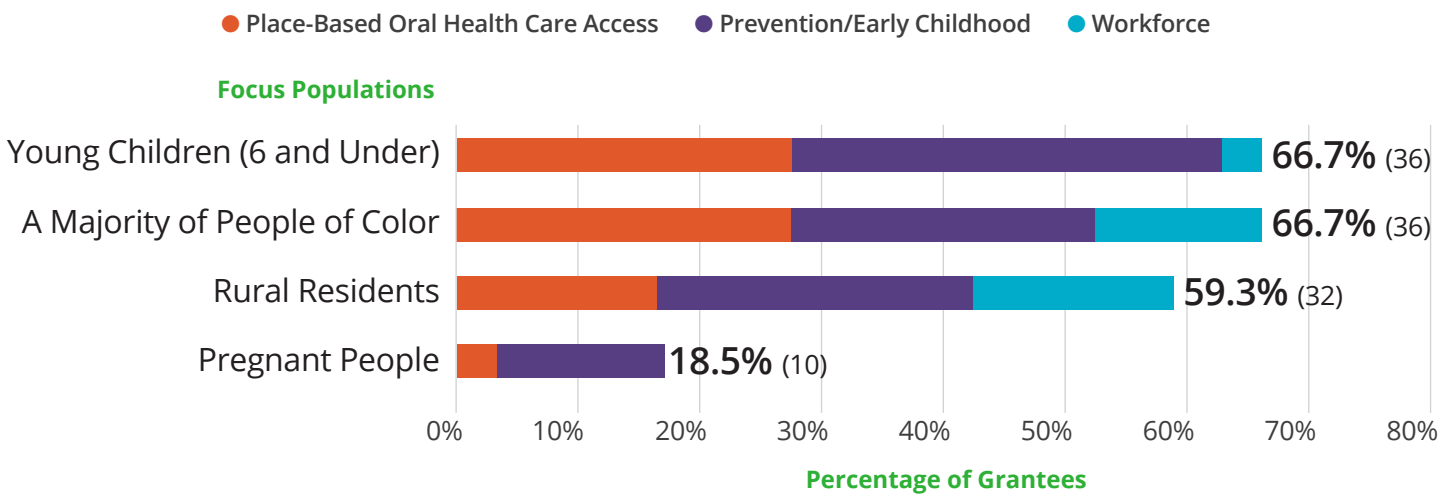
Program Reach

Overall, grantees reached 87,498 Coloradans through the prevention/early childhood, place-based oral health care access, and workforce initiatives and reached DDCOF focus populations (Figure 6; Figure 7; Figure 8). 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 whether grantees served people with low incomes or to estimate th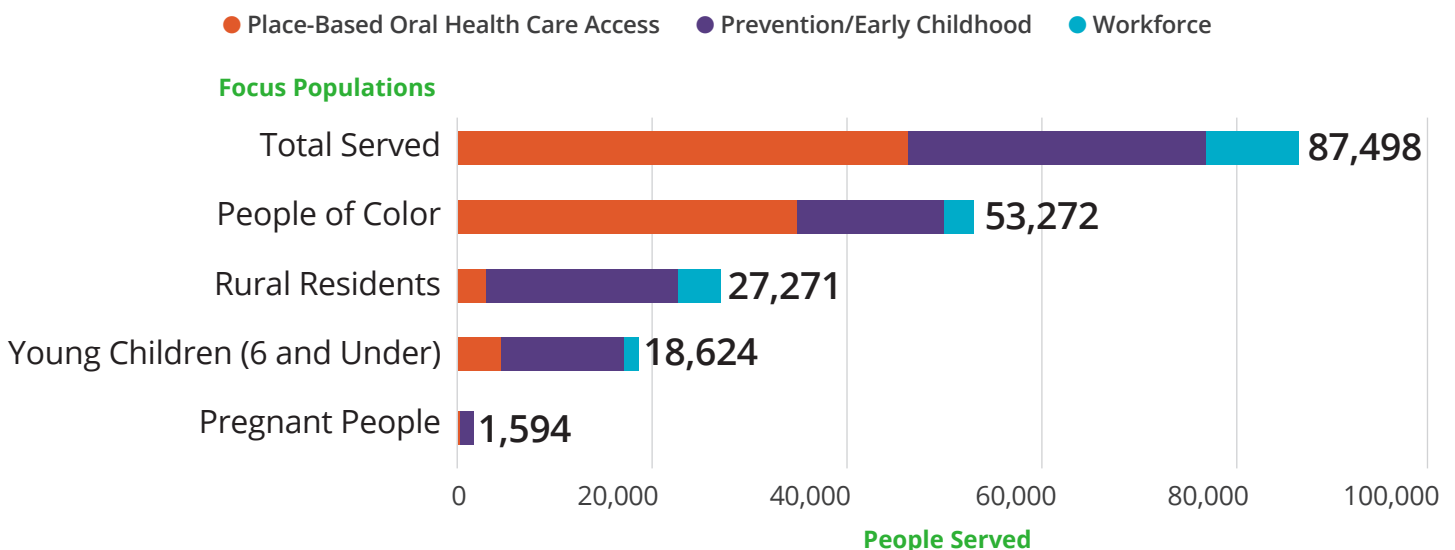e number of people with low incomes served. Immigrants and refugees were included as a population of interest in the reporting form but are not considered a focus population in the Theory of Change.[i] The following sections summarize the data available for each focus population.

Overall reach trends can be observed for the Cohort 1 grantees, which began grant programs in the 2022 grant year. Fourteen of the 37 original Cohort 1 grantees continued into a second year of funding in 2023. These grantees served 8,254 more people in 2023 than in 2022 (Figure 9). This supports the notion that sustained funding over time allows for grantees to have greater impact.

Figure 6. Number and Percentage of Grantees Serving Focus Populations by Initiative

● Place-Based Oral Health Care Access   ● Prevention/Early Childhood   ● Workforce

Focus Populations

Focus Population	Percentage of Grantees
Young Children (6 and Under)	66.7% (36)
A Majority of People of Color	66.7% (36)
Rural Residents	59.3% (32)
Pregnant People	18.5% (10)

Percentage of Grantees

Figure 7. Estimated Number of Individuals Served by Focus Population and Initiative

● Place-Based Oral Health Care Access   ● Prevention/Early Childhood   ● Workforce

Focus Populations

Focus Population	People Served
Total Served	87,498
People of Color	53,272
Rural Residents	27,271
Young Children (6 and Under)	18,624
Pregnant People	1,594

People Served

i Although immigrants and refugees are not a focus population included in the Theory of Change, grantees estimated they served 17,169 immigrants and refugees in 2023, and 43 grantees reported serving immigrants and refugees through their programs

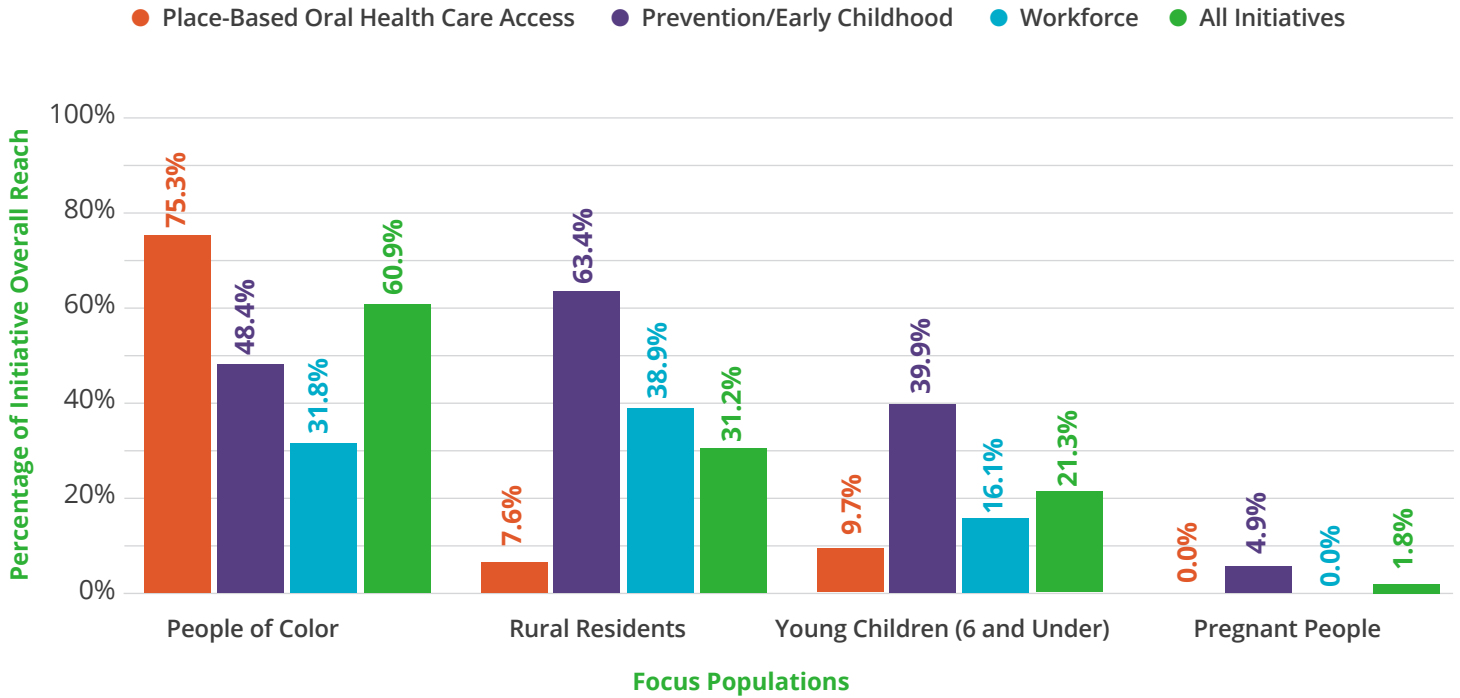**Figure 8. Percentage of Initiative Overall Reach by Focus Population**

Legend: ● Place-Based Oral Health Care Access ● Prevention/Early Childhood ● Workforce ● All Initiatives

Y-axis: Percentage of Initiative Overall Reach

Focus Population	Place-Based Oral Health Care Access	Prevention/Early Childhood	Workforce	All Initiatives
People of Color	75.3%	48.4%	31.8%	60.9%
Rural Residents	7.6%	63.4%	38.9%	31.2%
Young Children (6 and Under)	9.7%	39.9%	16.1%	21.3%
Pregnant People	0.0%	4.9%	0.0%	1.8%

X-axis: Focus Populations

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 they 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 9: Cohort 1 Overall Reach Over Time

Y-axis: Cohort 1 Overall Reach

Grant Year 2022: 17,767
Grant Year 2023: 26,021
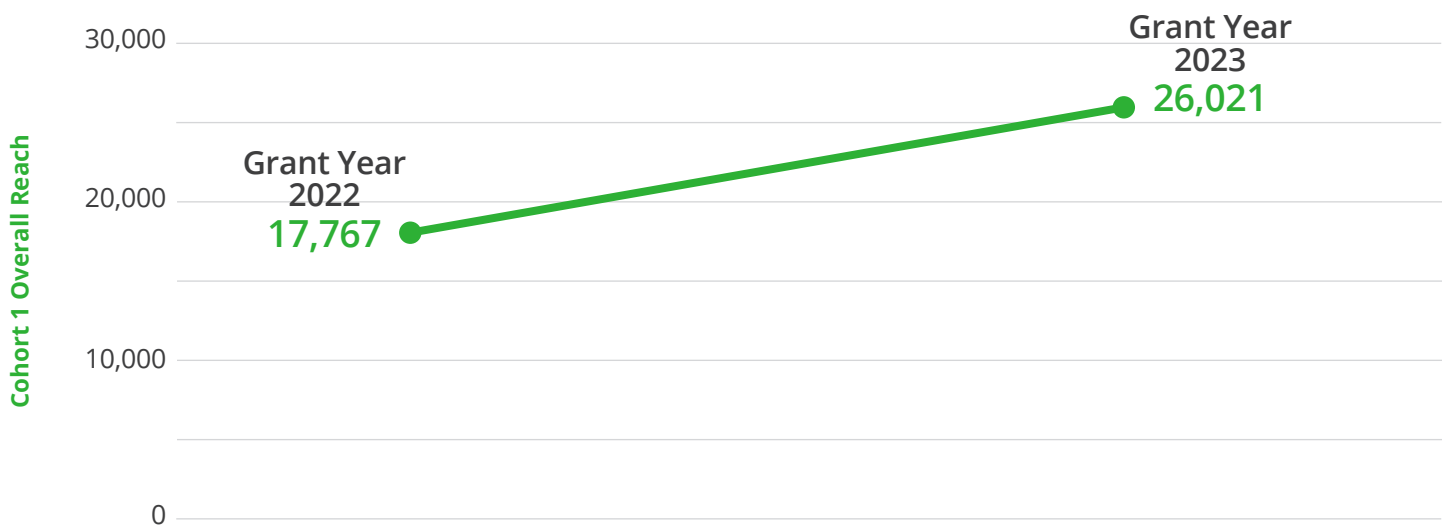
Low Income

Although the reporting form did not ask whether grantees served people with low incomes, 42.6% of grantees (n = 23) 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 (59.3%, n = 32; Figure 6). Grantees estimated serving 27,271 rural residents in 2023, which comprises 31.2% of all individuals served (Figure 7; Figure 8). This is a higher proportion compared with the 12.2% of Colorado residents overall who lived in rural counties in 2023.[1] The prevention/early childhood grantees estimated serving the highest proportion of rural residents within their overall reach (63.4%) and served the most rural residents (n = 20,032).

Grantees reported serving every county in the state, 47 of which are considered rural (Figure 10).[ii] Although most grantees reported serving rural residents, a little under half targeted[1] at least one rural county (44.4%; n = 24; Figure 11). This indicates that many rural residents served live in urban counties, where oral health care services and resources may be more accessible. About one-fifth of grantees are targeting the San Luis Valley (20.4%; n = 11), and about half of grantees are targeting northeast metro Denver (44.4%; n = 24). Unsurprisingly, a greater number of place-based oral health care access grantees targeted these areas than the grantees under the other two initiatives.

Figure 10. Colorado Counties Served by DDCOF Grantees
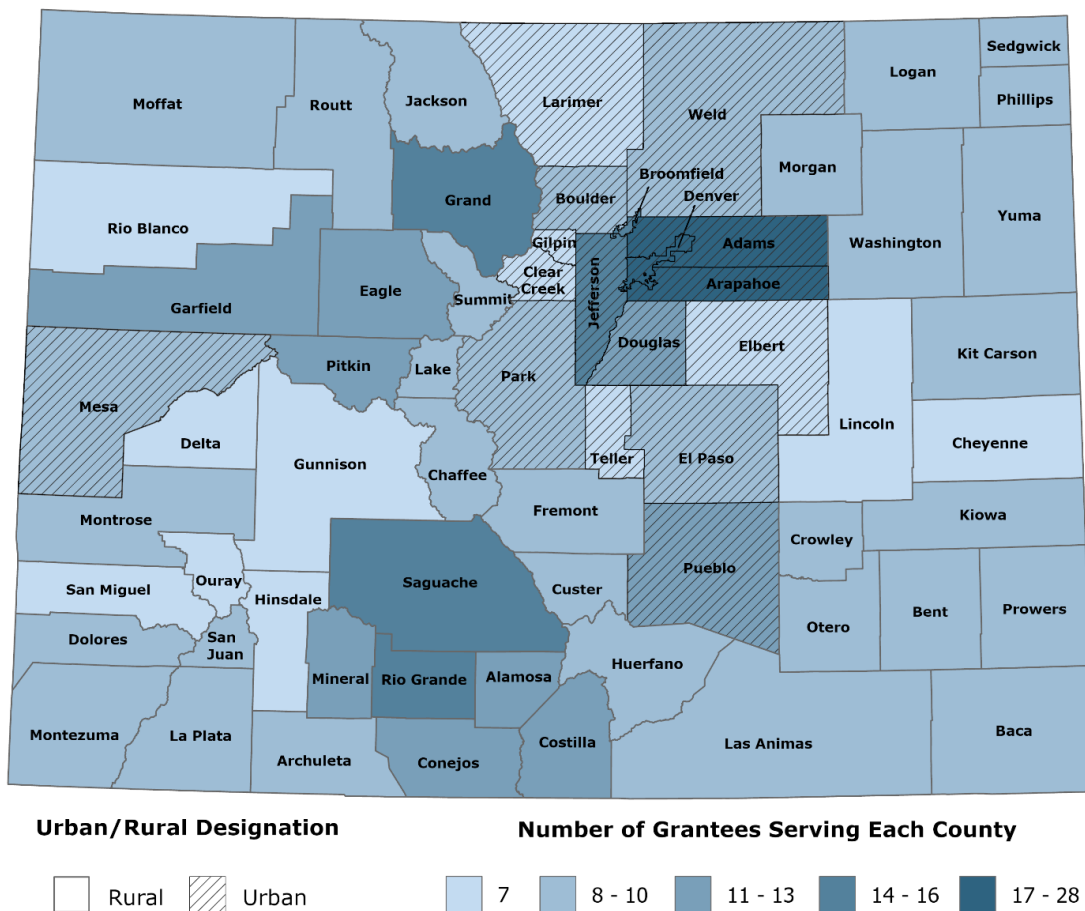
Figure Note: Seven grantees reported serving a statewide service area. These statewide grantees are the only grantees who served the counties shaded in the lightest blue.

Urban/Rural Designation

☐ Rural   ▨ Urban

Number of Grantees Serving Each County

☐ 7   ☐ 8 - 10   ☐ 11 - 13   ☐ 14 - 16   ■ 17 - 28

ii Seven 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.

Figure 11. Number and Percentage of Grantees Targeting Specific Areas by Initiative

Legend: ● Place-Based Oral Health Care Access ● Prevention/Early Childhood ● Workforce ● All Initiatives

Y-axis: Percentage and Number of Grantees Within Initiative (0% to 100%)

At Least One Rural County
- Place-Based Oral Health Care Access: 36.4% (8)
- Prevention/Early Childhood: 57.9% (11)
- Workforce: 38.5% (5)
- All Initiatives: 44.4% (24)

San Luis Valley
- Place-Based Oral Health Care Access: 36.4% (8)
- Prevention/Early Childhood: 10.5% (2)
- Workforce: 7.7% (1)
- All Initiatives: 20.4% (11)

Northeast Metro Denver
- Place-Based Oral Health Care Access: 59.1% (13)
- Prevention/Early Childhood: 26.3% (5)
- Workforce: 46.2% (6)
- All Initiatives: 44.4% (24)
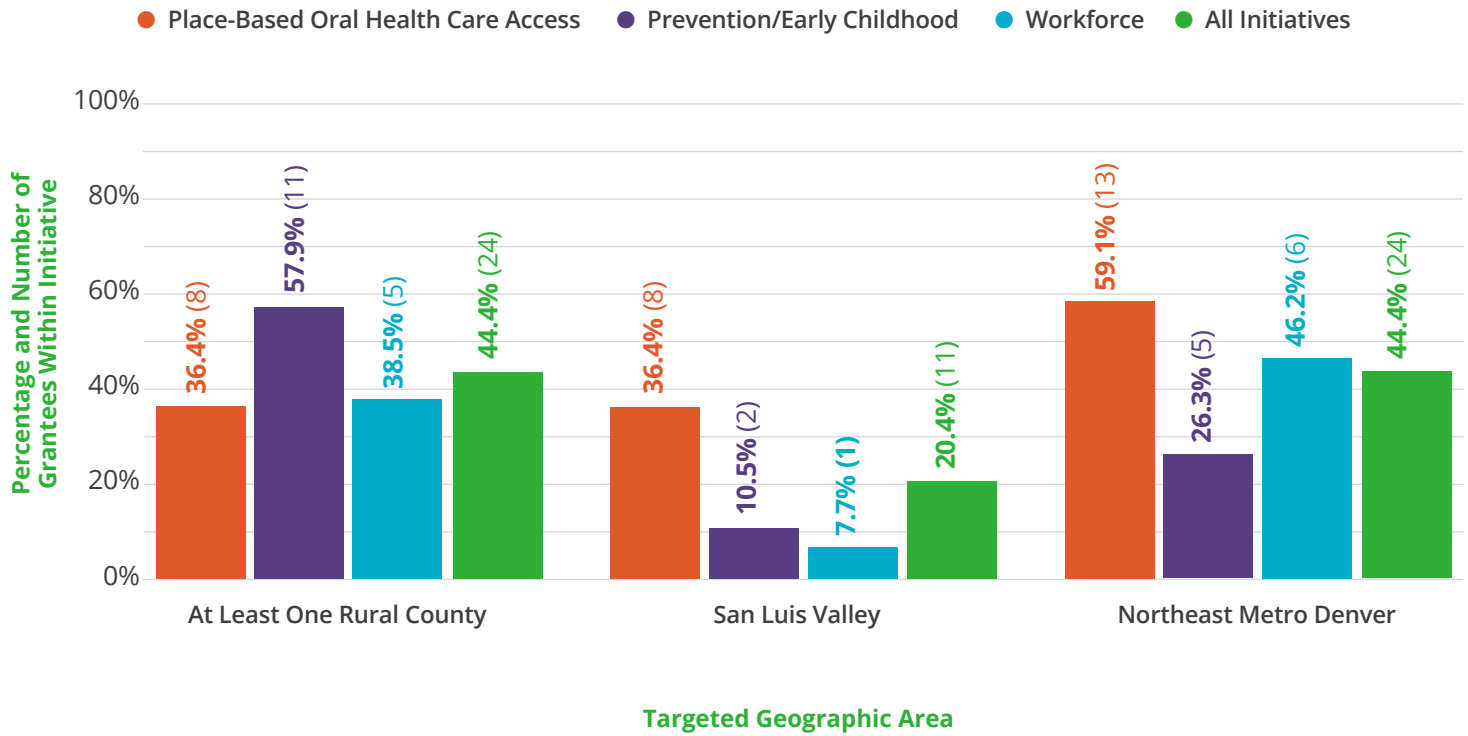
X-axis: Targeted Geographic Area

Figure Note: This graph shows the percentage and number of grantees within each initiative who targeted specific geographic areas. The targeted geographic areas included in the figure are not mutually exclusive, therefore percentages do not sum to 100%. The number of grantees targeting at least one rural county, the San Luis Valley, or northeast metro Denver does not include the seven grantees who reported a statewide service area. The number of grantees targeting the San Luis Valley includes grantees who reported serving Saguache, Alamosa, Rio Grande, Conejos, Costilla, and/or Mineral counties. The number of grantees 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 (66.7%, n = 36; Figure 6). Several grantees targeted their efforts to specific racial or ethnic groups. For example, the Center for African American Health estimated that 75% of those it served identified as Black or African American (Appendix C). In total, grantees estimated serving 53,272 people of color in 2023, which represents 60.9% of all individuals served (Figure 7; Figure 8). The place-based oral health care access grantees estimated serving the highest proportion of people of color within their overall reach (75.3%) and served the highest number of people of color (n = 34,951).

Based on grantee estimates, DDCOF grantees served a higher proportion of people of color and a lower proportion of non-Hispanic white Coloradans than the overall state population (Figure 12). Most notably, DDCOF grantees estimated that Hispanic or Latino individuals made up 64.4% of those served compared with 22.5% of the overall Colorado population. The estimated proportion of American Indian or Alaska Native individuals served by grantees (2.8%) is about five times as high as the proportion of American Indian or Alaska Native individuals in Colorado (0.4%).

Figure 12. Estimated Population Served by Race/Ethnicity Compared to Colorado Population

● American Indian or Alaska Native   ● Asian, Native Hawaiian, or Pacific Islander
● Black or African American   ● Hispanic or Latino   ● Middle Eastern or North African
● White   ● Some Other Race   ● Two or More Races

Colorado Population
3.2% 0.4% 3.8% 22.5% 65.0% 0.5% 4.6%

0%   20%   40%   60%   80%   100%

Population Served by Grantees
1.4% 2.8% 5.7% 64.4% 0.2% 24.5% 1.7%
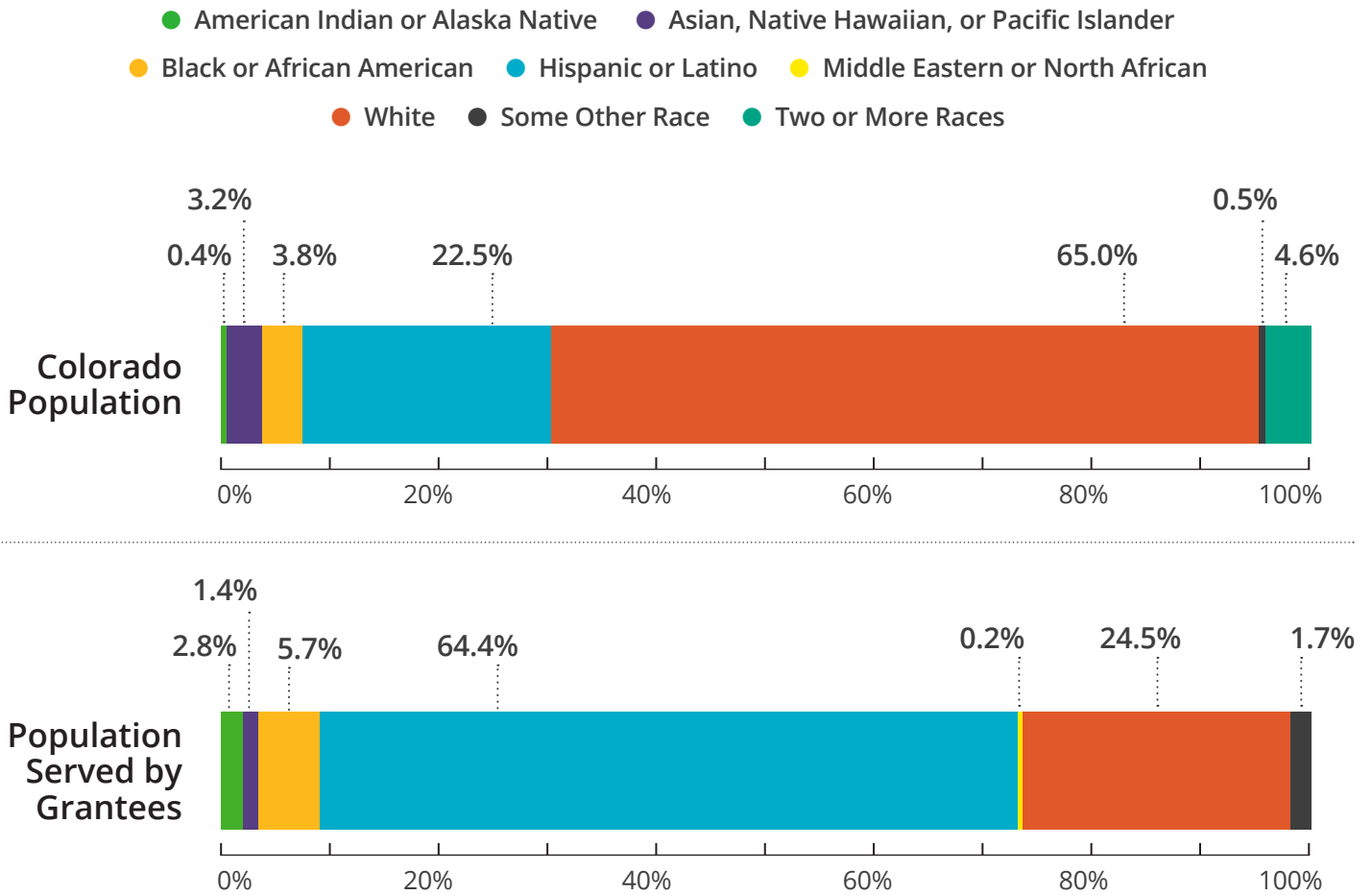
0%   20%   40%   60%   80%   100%

Figure Note: Colorado population estimates sourced from the Census Bureau 2022 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). Additionally, the percentage of population served estimates exclude the 20.3% of those with an "unknown" race/ethnicity. 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 (66.7%, n = 36) and about one-fifth of grantees reported serving pregnant people as a primary focus of the grant (18.5%, n = 10; Figure 6). Overall, grantees estimated they served 1,549 pregnant people and 18,624 young children in 2023, comprising 1.8% and 21.3% of all individuals served respectively (Figure 7; Figure 8). Prevention/ early childhood grantees estimated serving the majority of pregnant people (n = 1,547) and young children (n = 12,614) and served a higher proportion of pregnant people (4.9%) and young children (39.9%) within their overall reach compared to grantees focusing on other initiatives.

The open-ended responses provided by grantees indicate that significant progress has been made on grant and initiative goals, and that grantees continue to benefit from 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) integrating oral health services and culturally and linguistically appropriate education into existing programming, including public schools; 2) building new dental facilities and purchasing needed dental equipment; and 3) providing oral health care vouchers, resource referrals, and telehealth. These activities ensure culturally and linguistically diverse groups receive education and services in a variety of settings, expand the capacity of providers to serve the community, and reduce cost and transportation barriers.

Prevention/Early Childhood. Prevention/early childhood grantees are: 1) integrating culturally and linguistically appropriate oral health care prevention education and training, activities, and services into existing programs serving young children and pregnant people; 2) implementing comprehensive public media campaigns with key pediatric oral health messaging; and 3) connecting families with young children and pregnant people to dental homes. These activities increase public oral health literacy and encourage culturally and linguistically diverse young children and pregnant people to seek timely preventive care.

Workforce. Workforce grantees are: 1) developing coalitions dedicated to increasing the diversity of the oral health workforce; 2) providing mentorship, training, scholarships, and other assistance to culturally and linguistically diverse students; and 3) strengthening the workforce pipeline by exposing youth to the oral health field, increasing the number of dental preceptors and host homes, and providing career advancement opportunities to those already employed. These activities remove barriers to joining and remaining in the oral health workforce and are specifically targeted toward people of color and people who speak a language other than English.

Grant Goals

Grant goals varied widely among grantees. Some grantees specified one-year goals, and other grantees specified two- or three-year goals. Despite this diversity in program scope, most grantees described meeting or exceeding (24.1%, n = 13) or making significant progress on their grant goals (68.5%, n = 37; Figure 13). Very few grantees reported making much less progress on grant goals than anticipated (7.4%, n = 4). When this happened, it was often due to workforce and capacity barriers that delayed program implementation. Some grantees pivoted their focus to alternative program strategies in response to these challenges. For example, one grantee shifted from a direct service focus to collaboration and outreach activities while its direct service infrastructure is being implemented.

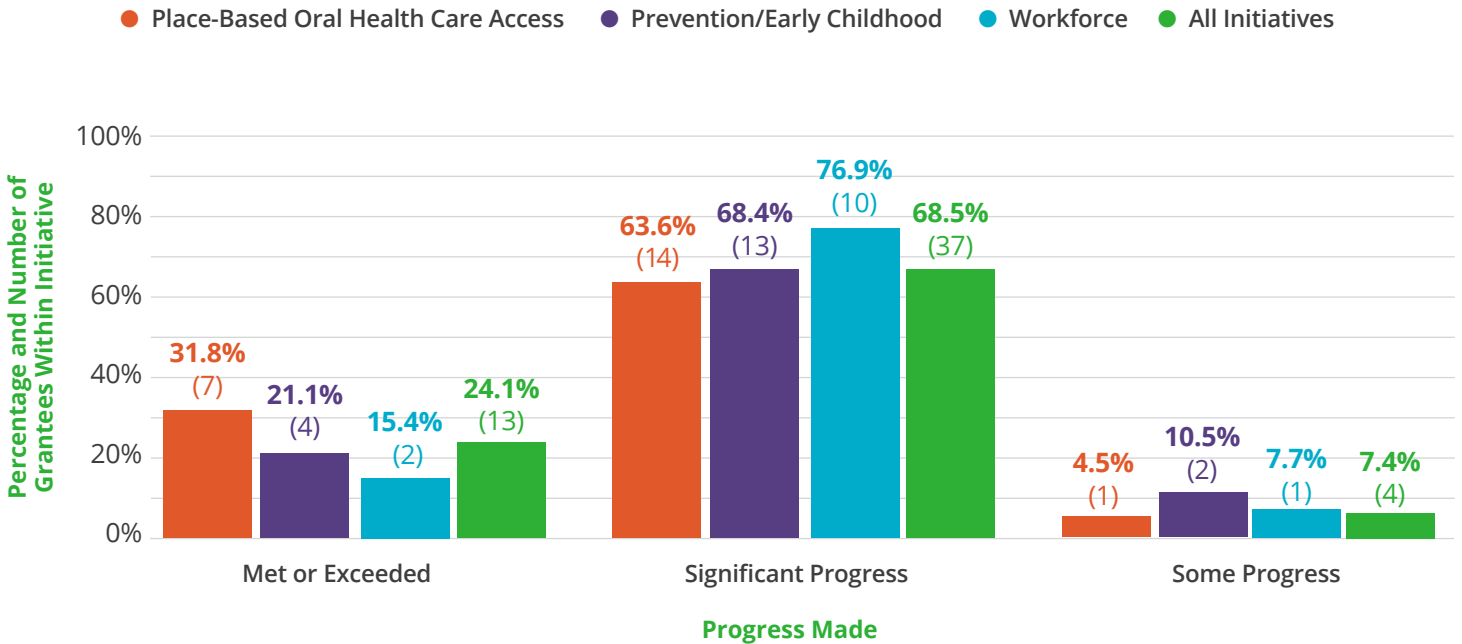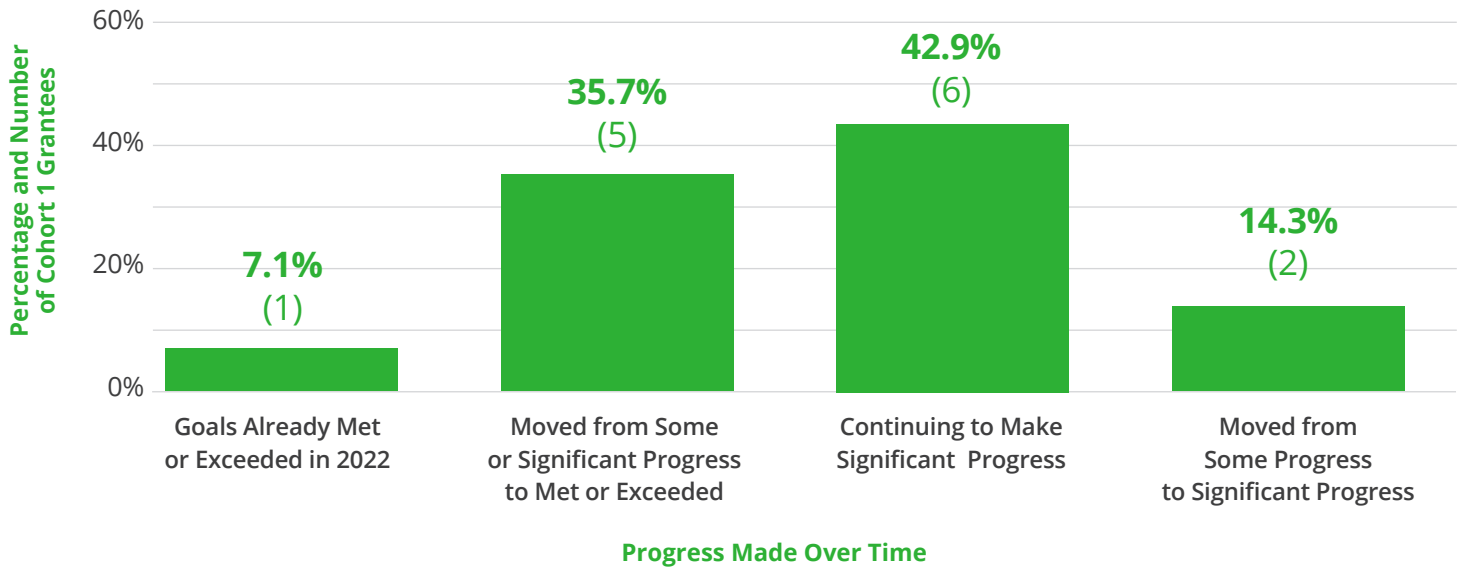## Figure 13. Progress Made on Grant Goals by Initiative

Figure Note: 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 (see Appendix B: Methods). Responses coded as "some progress" discussed significant barriers resulting in much less progress made than anticipated in the 2023 grant year. One grantee did not provide a response to these questions.
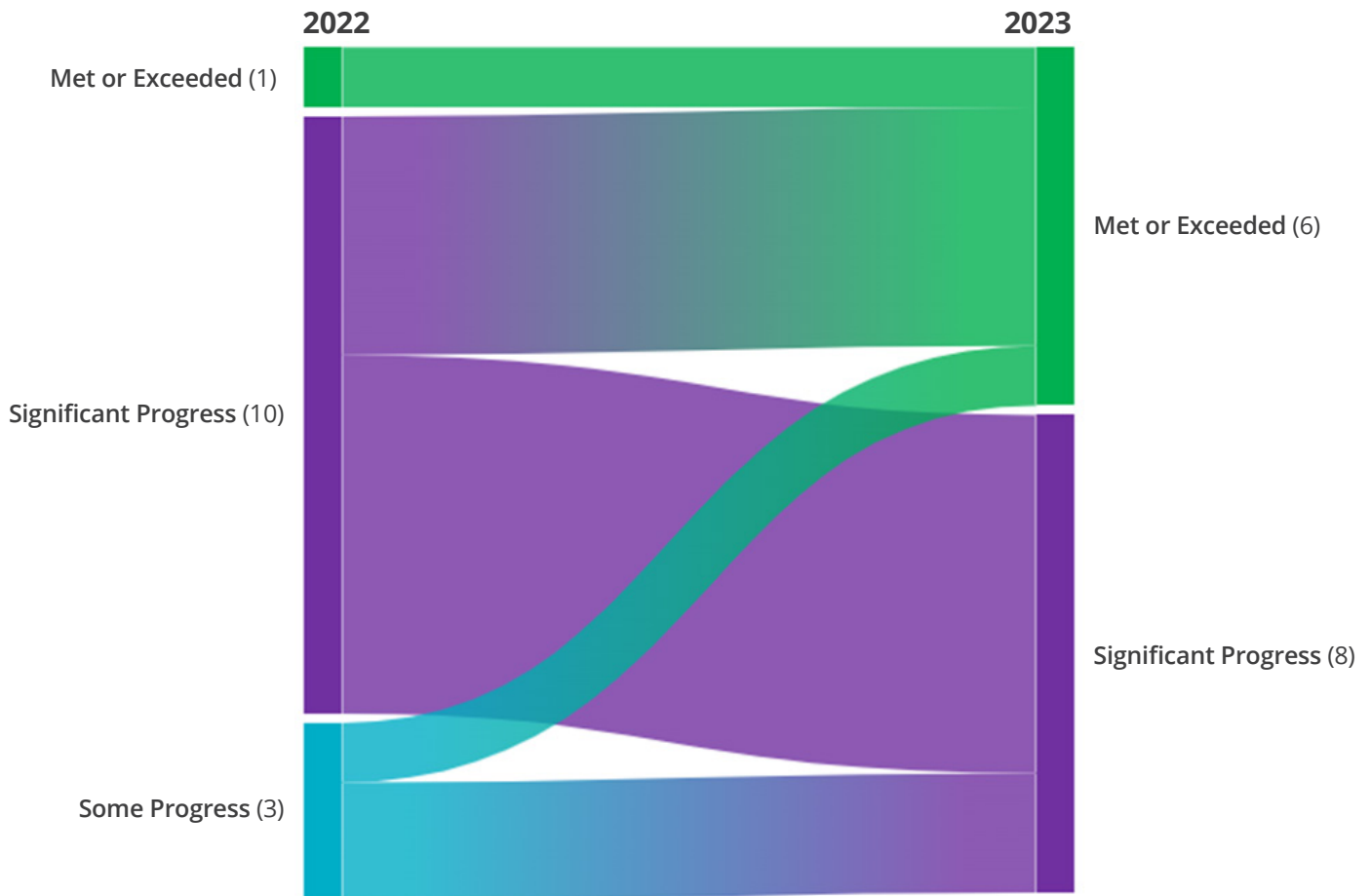
Progress over time can be observed for the Cohort 1 grantees, who first began their grant program in the 2022 grant year. Fourteen of the 37 original Cohort 1 grantees continued into a second year of grant funding in 2023. Of these, over one third of grantees moved from making some or significant progress on their grant goals in 2022 to meeting or exceeding their goals in 2023 (35.7%, n = 5; Figure 14; Figure 15), and two grantees moved from making some progress to making significant progress (14.3%). Six grantees made significant progress on their goals in 2022 and continued to make significant progress in 2023 (42.9%). This supports the notion that sustained funding over time allows for grantees to make a greater impact.

14 of the 37 original Cohort 1 grantees continued into a second year of grant funding in 2023.

Figure 14: Cohort 1 Progress Made on Grant Goals Over Time

Figure 14: Bar chart titled "Cohort 1 Progress Made on Grant Goals Over Time." Y-axis: "Percentage and Number of Cohort 1 Grantees" (0% to 60%). X-axis: "Progress Made Over Time."
- Goals Already Met or Exceeded in 2022: 7.1% (1)
- Moved from Some or Significant Progress to Met or Exceeded: 35.7% (5)
- Continuing to Make Significant Progress: 42.9% (6)
- Moved from Some Progress to Significant Progress: 14.3% (2)

Figure 15: Cohort 1 Progress Made on Grant Goals Over Time (Sankey Diagram)

Figure 15: Sankey diagram showing flows from 2022 to 2023.
2022: Met or Exceeded (1), Significant Progress (10), Some Progress (3)
2023: Met or Exceeded (6), Significant Progress (8)

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 largely experienced the same challenges in 2023 as grantees in 2022, including workforce and capacity shortages and barriers to accessing care. However, grantees highlighted the challenging economy, the expiration of the federal Public Health Emergency for COVID-19, and the lack of dental providers as particularly challenging in 2023. In response to these challenges, grantees leaned on supportive partnerships and provided transportation, translation, and financial assistance to those they serve. Quotes provided by grantees through the grantee reporting form are included in the following sections.

Economic Challenges and COVID-19 Recovery

Although the federal Public Health Emergency for COVID-19 expired in the spring of 2023, the effects of the pandemic continue to be felt across Colorado. Grantees described community members who are still recovering and grieving from job loss or the death of family members. Some still experience chronic health issues because of the pandemic. Meanwhile, many Coloradans struggled to pay for basic needs like rent and groceries, which are often considered higher priorities than oral health. The expiration of the Public Health Emergency ended the continuous coverage requirement for Medicaid members regardless of eligibility, leaving some Coloradans without health coverage. In addition to these access barriers, grantees continue to attribute the acute workforce shortage to the lingering effects of the pandemic.

> *"People are tired. The COVID pandemic exhausted people. The economy is challenging many, and prevention is no longer in the forefront of their minds. They are trying to buy groceries and pay rent. [...] Honestly, getting our program back to the 'New Norm' is not happening as quickly as we had hoped."*

Workforce and Capacity Shortage

As in the prior grant year, grantees often experienced internal turnover or difficulties hiring staff to implement programs. In addition to high turnover within partner organizations, these challenges made program implementation and coordination with partners more difficult. Grantees felt and continue to feel the effects of the nationwide shortage of dentists, dental assistants, and dental hygienists, and often described the lack of bilingual providers and providers who accept Medicaid as significant barriers to connecting those they serve with culturally and linguistically appropriate services. These shortages are particularly acute in rural areas, which struggled to recruit and maintain staff even before the pandemic. In response to these challenges, grantees cultivated supportive partnerships, hired translators, enhanced employee benefits, created retention and recruitment plans, and encouraged the use of teledentistry.

> *"Community challenges have not changed. The most significant needs are consistent with last year: achieving the necessary capacity to address the level and acuity of oral health needs, and the amount and intensity of care coordination necessary to ensure every child's treatment is completed."*

Barriers to Accessing Care

Grantees continue to help those they serve overcome the barriers to oral health care access, including limited transportation, language barriers, fear and anxiety around dental care, and general lack of public oral health literacy. However, the most frequently cited barriers to accessing care are related to insurance coverage and Medicaid. Although the dental benefit in Medicaid has increased, grantees describe a lack of providers who accept Medicaid. Even when Medicaid recipients find a dentist, their benefits are limited, and they are often unable to access treatment for acute cases. To alleviate these barriers, grantees fostered partnerships with regional dentists who accept Medicaid and provided transportation assistance to help people access these services.

"Uninsured patients do not have the financial stability and/or coverage to seek longer term oral health care. Our uninsured population is continuously growing. The current rate is 43% and we are seeing an increase due to the end of the COVID-19 public health emergency and required Medicaid reauthorization. We see this as a threat to our community's oral health."

Success Factors

The reporting form asked which strategies or factors help sustain and meet the needs of grantees and those they serve. Like the grantees included in the 2022 report, the grantees in 2023 identified supportive partnerships, staffing investments, and community engagement and outreach as significant success factors. Quotes provided by grantees through the grantee reporting form are included in the following sections.

Maintaining Supportive Partnerships

Grantees continue to report that supportive partnerships and collaboration increase grantee impact, expand program reach, and promote two-way learning. Partnerships can enhance wraparound services, reduce duplication of efforts, and allow for service provision in nontraditional settings such as public schools. Grantees noted the importance of maintaining partnerships amid staff turnover. Some grantees found that creating and communicating shared processes, procedures, and strategic plans with partners helped to sustain connections.

"Strategic partnerships have been pivotal to sustaining our work. Collaborations…have allowed us to leverage [our partners'] expertise and resources, enhancing our initiatives' impact. These partnerships extend beyond one-time events, enabling engagement that supports education, access, and empowerment."

Staffing Investments

Grantees combated the workforce shortage and effectively implemented and sustained programs by investing in innovative staff recruitment and retention strategies. Examples of investments include using funding to hire additional staff,

creating new entry-level positions to reduce workload, increasing pay and benefits, and organizing large hiring events. Grantees specifically noted that community resource coordinators, community health workers or promotoras, and administrative staff contributed to program success.

"[We] designed an emergency entry-level staff position, Program Assistants, to help alleviate the [dental hygienist shortage]. This role reduces workload for overwhelmed hygienists and helps them work more efficiently. [...] This is an innovative solution, as it not only relieves [our] staffing issues, but it also offers an oral health entry-level employment opportunity to members of our served communities."

Community Engagement and Outreach

Community engagement and outreach remains critical to improving oral health literacy and promoting and sustaining responsive programming. Soliciting feedback and collaborating with community members through surveys, focus groups, and social events helped inform effective and responsive program planning to best meet the needs of those served. Community outreach strategies included engaging community health workers or promotoras, distributing accessible and culturally and linguistically responsive outreach materials, and hosting engagement events in established community spaces. In addition to ensuring responsive and effective programming, some grantees reported that engagement efforts strengthened community connectivity and support networks.

"By centering our initiatives on underserved populations, including those facing challenges related to immigration status, we demonstrate our commitment to addressing the unique needs of diverse communities. Through inclusive outreach and culturally sensitive engagement, we create an environment where everyone's oral health matters."

Recommendations and Opportunities

As DDCOF embarks on its strategic-planning process, the Foundation can seize an opportunity to reflect on its priorities, initiatives, and Theory of Change and consider changes that reflect insights provided from this evaluation, available resources, and the potential impact on communities. CHI recommends the following as DDCOF engages in strategic planning:

1. Strategically pull the Levers for Achieving Change.

This grantee evaluation report highlights the significant investment and impact of DDCOF Grantmaking, one of the five Levers for Achieving Change (Appendix A). However, DDCOF is also pulling other levers to reach initiative goals. As part of the strategic planning process, assess the investments made across all five levers and decide which levers to prioritize over the next five years. The evaluation report can help guide this discussion. For example, the importance of supportive partnerships and collaboration to grantees reiterates the utility of the Coalitions lever, while systemic barriers to sustaining workforce capacity and oral health care access suggest a need for the Policy lever.

Questions to Consider:

- What investments has DDCOF made across all five levers?
- Which levers should be prioritized over the next five years?

Action Items:

- Compile accomplishments and resources invested in efforts across the five levers over the last four years.
- Using existing research, evaluation reports, and partnerships, facilitate a discussion to explore how DDCOF can best achieve positive change.

2. Reflect on DDCOF's grantmaking philosophy.

Grantmaking is a Lever for Achieving Change that DDCOF does well. The growing reach of Cohort 1 grantees and the encouraging progress made on grant goals indicates that sustained funding leads to greater impact. Although the place-based access to care grantees focused on the San Luis Valley and northeast metro Denver in 2022 and 2023, other areas throughout the state may demonstrate similarly high need. Understanding where and for how long to invest grantmaking efforts is key to maximizing impact.

Questions to Consider:

- Which areas would most benefit from DDCOF's grantmaking efforts?
- How many grant life cycle years do grantees need to maximize impact?

Action Items:

- Establish criteria and process for choosing areas for place-based grantmaking.
- Develop a strategy for initiating dialogue with grantees — potentially forming new coalitions or using platforms like Learning Labs to gain a better understanding of how to support and sustain programs.

3. Plan to evaluate progress on strategic plan goals.

As part of the strategic planning process, consider creating measurable goals and metrics to evaluate progress. Evaluation reports prepared by CHI can incorporate such metrics to paint a more comprehensive picture of DDCOF's impact over time.

Questions to Consider:

- What are DDCOF's short-term and long-term goals?

- What evaluation questions would help DDCOF make strategic planning decisions moving forward?
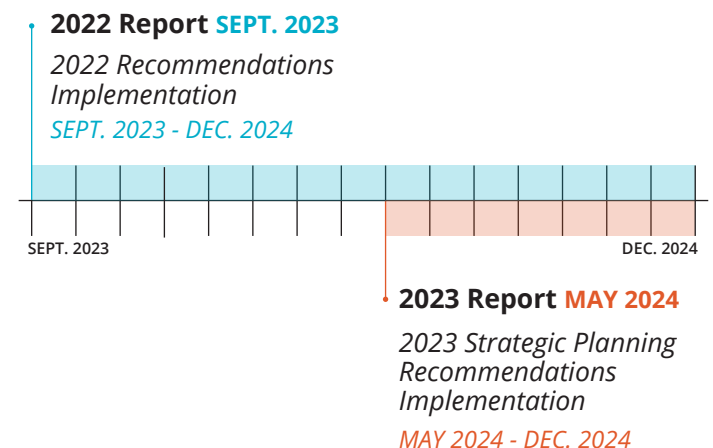
Action Items:

- Create measurable goals under each broad initiative goal.

- Establish metrics to monitor progress.

Reflecting on Recommendations from 2022 Report

CHI submitted the DDCOF 2022 Grantee Evaluation Report and its recommendations in September 2023 (Figure 16). Like this evaluation report, future evaluation reports will be submitted in the spring following the most recent grant year to allow for timely, data-driven decisions.

Figure 16. 2021 and 2023 Grantee Evaluation Report Timeline

2022 Report SEPT. 2023

2022 Recommendations Implementation
SEPT. 2023 - DEC. 2024

SEPT. 2023   DEC. 2024

2023 Report MAY 2024

2023 Strategic Planning Recommendations Implementation
MAY 2024 - DEC. 2024

Due to the recency of the recommendations made in the 2022 report, CHI continues to recommend the following actions. Progress on these recommendations will be assessed in the next evaluation report. However, reflections on these recommendations based on the findings of the current evaluation report are listed below.

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, policy discourse, recurring engagement and connection building, and best practice exchange. In 2022 and 2023, grantees reported that supportive partnerships increased grantee impact, expanded program reach, and promoted two-way learning. However, grantees also noted that maintaining these partnerships is difficult due to capacity and resource constraints. By providing Learning Labs to grantees, DDCOF can: 1) enhance collaboration, relationship-building, and partnership among grantees; 2) accelerate the impact of initiatives through responsive support and opportunities for feedback; 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.

2. **Continue to fund organizational capacity-building.** The grantees who invested in staff recruitment and retention in 2022 and 2023 implemented and sustained their programs with great success. Difficulty hiring and retaining staff contributed to implementation challenges. Continuing to focus funding efforts on grantee capacity-building may improve program outcomes.

3. **Maintain workforce initiative efforts to expand the oral health workforce in rural areas.** Workforce shortages are particularly acute in many rural areas. In 2023, 38.5% of workforce grantees specifically targeted at least one rural county and estimated reaching over 3,500 rural residents. Continuing to maintain and focus 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.** In 2023, about one-third of place-based oral health care access grantees targeted counties in the San Luis Valley, while the remaining two-thirds targeted northeast metro Denver. Continuing to increase 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.

Conclusion

Delta Dental of Colorado Foundation continues to make significant community impact through its grantmaking across all three initiatives. Grantees made progress on grant and initiative goals and served DDCOF's focus populations — including people with low incomes, people of color, pregnant people, children under 6, and rural and underserved communities. Cohort 1 grantees, which began their grant programs in the 2022 grant year, reached more people in 2023 than in 2022. This suggests that sustained funding over several years allows grantees to plan, implement, and refine programs for greater impact.

Workforce and capacity shortages and barriers to accessing care continued to challenge grantees in 2023. Grantees maintained their programs despite the challenging economy, the expiration of the federal Public Health Emergency for COVID-19, and the scarcity of dental providers that accept Medicaid. To sustain programs and meet community needs, grantees implemented strategic and innovative solutions, leaned on supportive partnerships, and provided transportation, translation, and financial assistance to those they serve.

As DDCOF begins its strategic planning process, the foundation has a fresh opportunity to think critically about its Levers for Achieving Change (Appendix A). With that in mind, DDCOF should reflect on the levers pulled in recent years and prioritize which levers to pull during the next five years. While working on strategic planning, DDCOF could find it useful to reflect on its grantmaking philosophy. Sustained funding may increase impact, and many areas across Colorado could benefit from place-based funding. As part of the strategic planning process, DDCOF should consider where and how often it will invest its grantmaking funds. However, strategic planning only represents the beginning of a long journey, and implementation can prove to be much more difficult. Establishing actionable and measurable metrics will help diligently track progress on strategic goals and DDCOF's ultimate mission: to improve well-being by advancing oral health equity.

Appendix A: Delta Dental of Colorado Foundation Theory of Change

ULTIMATE IMPACT

Improve Well-Being by Advancing Oral Health Equity

LONG-TERM GOALS

| All Coloradans Have Affordable, Accessible, and Comprehensive Oral Health Care | All Children Under 6 Receive Timely, Preventive Oral Health Services | Oral Health Workforce Reflects and Equitably Serves Colorado's Diverse Residents |

ADDRESS INEQUITIES BY FOCUSING EFFORTS

| Low Income | Rural and Underserved Communities | BIPOC | Prenatal-5 Years |

FOUNDATIONS FOR SUCCESS

| Workforce Training and Development | Direct Services | Education and Outreach | Systems | Social Determinants of Health |

LEVERS FOR ACHIEVING CHANGE

Policy | Grantmaking | Leadership | Impact Investing | Coalitions | Data and Research

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. Grantees awarded funds from DDCOF on January 1, 2022, are members of Grantee Cohort 1. Cohort 1 grants are three-year grants. Grantees awarded funds from DDCOF between September 1, 2022, and January 1, 2023, are members of Grantee Cohort 2. Cohort 2 grants are one- to three-year grants. The data included in this report covers Cohort 1 and Cohort 2 grantee-funded activities from September 1, 2022, through August 31, 2023. A total of 51 open-funding and three 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 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. 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); 5) Middle Eastern, North African, West African, or Arab (MENA); 6) White; 7) Some other race; and 8) Unknown race. Although racial/ethnic groups were treated as exclusive categories, Two or More Races was not included in the reporting form.

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. Three grantees did not provide program reach estimates or were excluded from analyses because the organizations' programs do not serve individuals directly. For example, Rocky Mountain Public Media program activities focus on sharing oral health messaging through broadcast, digital, and radio outlets rather than direct service.

The reporting form asked all grantees, regardless of whether they serve individuals directly, which counties they serve. All grantees provided a response to this question. 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 population of 50,000 or more. 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 approach mirrors the methodology of the Colorado Rural Health Center.

All 54 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. The analysis employed constant comparison, the process of comparing new findings to existing findings to develop a comprehensive understanding of phenomena, throughout the analytic process.[2] Peer debriefing, the process of working with peers to review and assess responses, methodology, and findings, was also used to enhance validity.[3] 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" described significant barriers that resulted in much less progress than expected in the 2023 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	• University of Colorado School of Dental Medicine (33%) • Center for Immigrants and Immigration Services (CIIS; 26%) • Aurora Public Schools (8%)
Black or African American	• Soul 2 Soul (100%) • Center for African American Health (75%) • Center for Immigrants and Immigration Services (CIIS; 46%)
Indigenous, Native American, American Indian, Alaska Native or First Peoples	• Denver Health and Hospitals Foundation (Teledentistry; 72%) • Montezuma County Public Health Department (40%) • Servicios de La Raza (8%)
Latino/Latina, Hispanic, or Chicano/a	• Summit Community Care Clinic (100%) • Community Health Services (96%) • Front Line Farming (95%)
Middle Eastern, North African, West African, or Arab	• Spring Institute for Intercultural Learning (83%) • Thriving Families (7%) • I Have a Dream Foundation (6%) • Center for Immigrants and Immigration Services (CIIS; 6%)
White	• San Juan Basin Public Health (96%) • Chaffee County Oral Health Program (92%) • Grand Beginnings (85%)

Endnotes

1 Colorado Rural Health Center. (2024). Snapshot of Rural Health in Colorado: 2024. https://coruralhealth.org/wp-content/uploads/2013/10/CRHC_Snapshot-2024-DIGITAL.pdf

2 Lewis-Beck M.S., Bryman A. and Futing Liao T. (Eds.). (2004). The SAGE Encyclopedia of Social Science Research Methods. Sage Publications, Inc.

3 Lincoln Y. and Guba E.G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.

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