DELTA DENTAL®

DELTA DENTAL OF COLORADO FOUNDATION

2022-2024 Grantee Evaluation Report

Prepared for:

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COLORADO HEALTH INSTITUTE

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On the cover: Dental equipment at Pikes Peak State College dental hygiene program.

Executive Summary

Delta Dental of Colorado Foundation (DDCOF) strives to elevate the well-being of all Coloradans by advancing oral health equity. Through grantmaking, impact investing, policy and coalition efforts, and data-driven research, DDCOF has positioned itself as a leader in the oral health space. It's steadfast commitment to increasing access to care, preventing acute dental needs, and diversifying and expanding the workforce has significantly advanced efforts to improve oral health in Colorado. Between 2022 and 2024, DDCOF invested over $10.5 million in grantees who collectively served 277,430 Coloradans.

This evaluation report assesses DDCOF's endeavors over the past four years, providing valuable insights to guide future initiatives under its newly developed theory of change and strategic plan. This evaluation also analyzes the reach, challenges, successes, and progress of DDCOF grantees awarded funds under the 2021-2024 theory of change. These results informed several recommendations and opportunities.

As it embarks on this new phase, DDCOF is poised to make an even greater impact on oral health and health equity in Colorado. The implementation of the new theory of change will enable DDCOF to address the most pressing oral health challenges, seize new opportunities, and continue its mission to elevate the well-being of all Coloradans.

142,373
Served Through Access to Care Initiative

105,790
Served Through Prevention Initiative

29,267
Served Through Workforce Initiative

277,430 Coloradans
Served between 2022-2024

Key Takeaways

- DDCOF built a strong foundation for success, supported its focus populations, and made progress toward long-term goals. DDCOF reported completing 150 key activities under the policy, grantmaking, impact investing, coalitions, and data and research levers for achieving change under the 2021-2024 theory of change. Between 2022 and 2024, DDCOF invested $10,531,078 million in grantees focused on prevention, access to care, and workforce development. Together, these grantees reached 277,430 Coloradans representing a wide cross section of geography, race and ethnicity, and incomes. All grantee activities contributed to DDCOF initiative goals, and over 95% of grantees met, exceeded, or made significant progress on the specific goals of their grants.
- Consistent financial support over multiple years can result in better outcomes. Grantees awarded two- or three-year grants were more than three times as likely to describe meeting or exceeding their grant goals than those with one-year grants. Between 2022 and 2024, grantees with three-year grants more than doubled the number of people they served. This supports the notion that sustained funding over time allows for grantees to have greater impact.
- Grantees face persistent and systemic challenges that require policy change. Over the past three years, grantees have navigated workforce and capacity shortages, oral health care access barriers, and events such as COVID-19, inflation, and the significant increase in demand for services due to the influx of immigrants moving to Colorado. While peer learning and supportive partnerships, staffing investments, and community engagement help grantees meet the needs of those they serve, the challenges they face are persistent and systemic. These issues require policy and systems change.

Recommendations and Opportunities

Provide multiyear funding opportunities.

Evaluation data suggest that sustained funding over time allows grantees to have greater impact. The Colorado Health Institute (CHI) encourages DDCOF to consider providing multiyear funding opportunities in future grantmaking and investment efforts. This is expected to more efficiently and effectively support grantees and the people they serve.

Prioritize the policy and leadership levers.

Over the past three years, grantees faced persistent systemic challenges in their efforts to advance oral health. DDCOF should continue to position itself as a leader in the oral health space to effectively anticipate and address oral health needs through policy efforts. Policy and leadership activities, such as hiring a lobbyist, creating spaces for policy conversations, supporting and joining coalitions, and funding data and research activities should be prioritized to enact lasting change.

Invite grantees, partners, and local and national stakeholders to participate in learning circles to promote two-way learning and collaboration.

Learning circles create spaces for two-way learning among DDCOF, grantees, partners, and local and national stakeholders that foster innovation, enhance community impact, and strengthen collaboration. CHI encourages DDCOF to invite former, current, and potential future grantees to participate in learning circles planned with key populations and stakeholders across Colorado and the nation.

Introduction

The Delta Dental of Colorado Foundation (DDCOF) believes that a healthy mouth leads to a healthy life.

Every day, DDCOF works alongside community partners to achieve its mission: to elevate the well-being of all Coloradans by advancing oral health equity. Over the past four years, DDCOF has made remarkable strides in achieving this mission. Through grantmaking, impact investing, policy and coalition efforts, and data-driven research, DDCOF has positioned itself as a leader in the oral health space. Its commitment to increasing access to care, preventing acute dental needs, and diversifying and expanding the workforce has significantly advanced efforts to improve oral health in Colorado.

But there is more to be done. According to findings from the Colorado Health Access Survey, almost one out of five Coloradans reported fair or poor oral health in 2023, up 0.5 percentage points from 2021.[1] Cost, fear of pain, and lack of dentists and hygienists whom patients felt they could relate to were among the most frequently reported barriers to oral health access. The impact of these barriers often differs across racial/ethnic groups and income levels. For example, cost was a bigger barrier to oral health care for households earning lower incomes, and Hispanic or Latino Coloradans were more likely to not get needed dental care because they were afraid of pain from procedures. This variation across race/ethnicity highlights the importance of culturally and linguistically appropriate care, understanding the distrust of health care systems, and fostering strong community relationships.

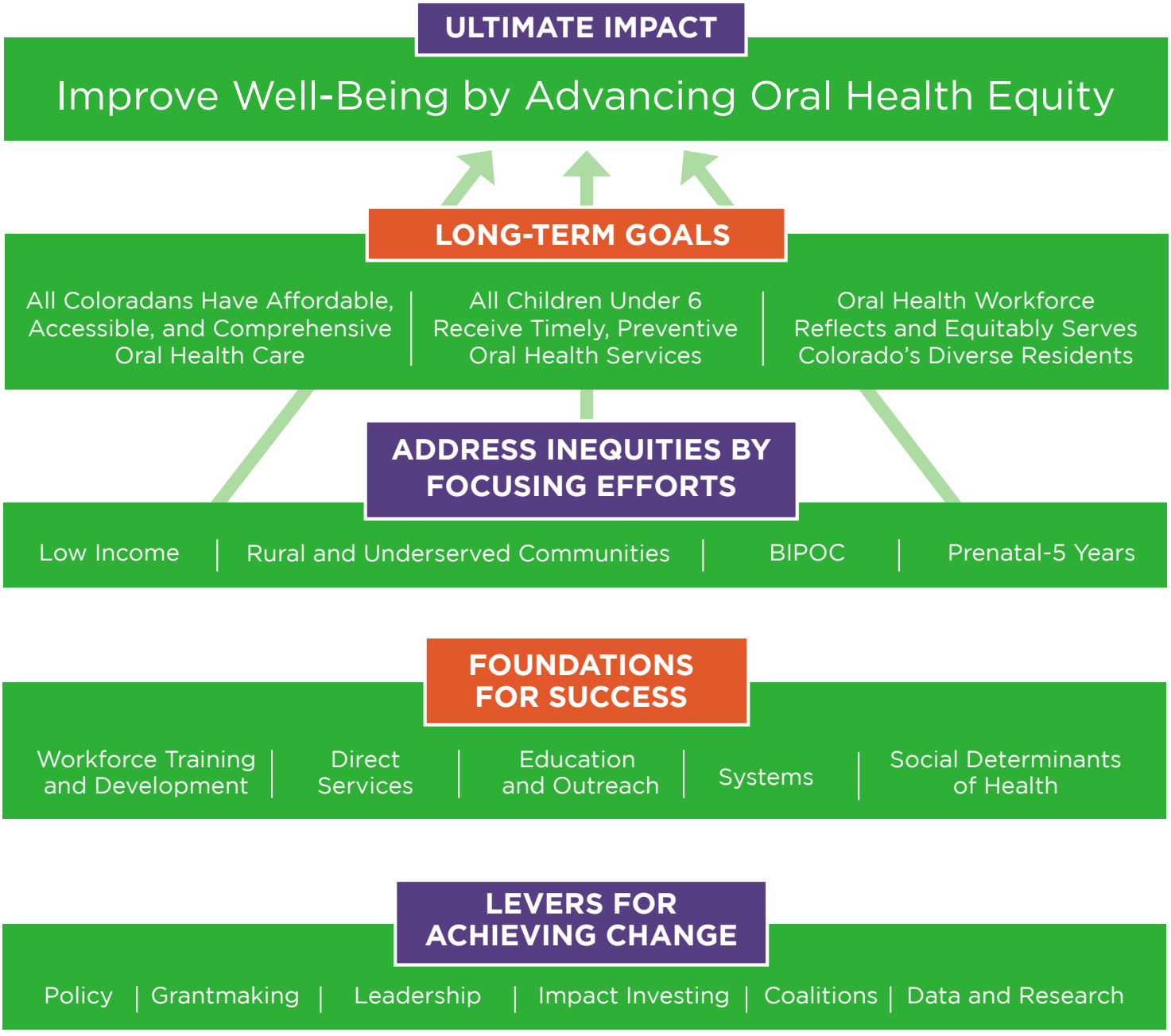
In 2024, DDCOF embarked on a strategic planning process to address these challenges, inform its priorities, and guide its activities over the next five years. After months of extensive stakeholder engagement and community listening sessions, DDCOF, in partnership with the Colorado Health Institute (CHI), created a new theory of change with three long-term goals: 1) anticipate and address oral health needs and opportunities; 2) maintain and improve oral and overall health; and 3) ensure oral health is accessible and available to all by engaging providers and stakeholders (Appendix A). DDCOF also identified key activities and metrics under each goal to measure progress. With the implementation of the 2025-2029 theory of change, DDCOF is poised to make an even greater impact on oral health and health equity in Colorado.

While this evaluation focuses primarily on DDCOF's grantmaking efforts, providing a full picture of DDCOF activities and future priorities is critical to understanding the comprehensive impact of its work. The 2025-2029 theory of change, along with DDCOF's strategic planning activities, will be used to inform grantmaking starting January 1, 2025, and will be the basis for future evaluations.

2021-2024 Theory of Change

Prior to developing the 2025-2029 theory of change, DDCOF used the theory of change in Figure 1 to guide its activities, grantmaking strategies, and evaluation efforts from 2021 to 2024. DDCOF awarded funding under this theory of change between January 1, 2022, and January 1, 2024.

Figure 1: Delta Dental of Colorado Foundation 2021-2024 Theory of Change



The 2021-2024 theory of change includes DDCOF's three long-term goals that aligned with the following initiatives: place-based oral health care access, prevention/early childhood, and workforce (Table 1). The work of each grantee focused 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 the significant oral health, general health, and socioeconomic disparities identified through data analyses and engagement with these communities.

The 2021-2024 theory of change also includes levers for achieving change, foundations for success, and focus populations. In addition to grantmaking, the levers for achieving change focus on DDCOF elevating its leadership role in the oral health space, supporting efforts for coalitions and policy advocacy, grantmaking and mission-related investments, and improving access to oral health data and research. The foundations for success include workforce development and training, direct services, education and outreach, systems change, and efforts to address social determinants of health. Focus populations include people with low incomes, rural and underserved communities, people of color, children 6 and under, and pregnant people.

Evaluation Focus

This evaluation encapsulates DDCOF's work over the past four years, providing valuable insights to guide future initiatives under the newly developed theory of change and strategic plan. This evaluation also analyzes the reach, challenges, successes, and progress of DDCOF grantees awarded funds under the 2021-2024 theory of change. Grantees awarded funds from DDCOF on January 1, 2022, are members of Grantee Cohort 1. Grantees awarded funds from DDCOF between September 1, 2022, and January 1, 2024, are members of Grantee Cohort 2. Cohort 1 and Cohort 2 grantees received one- to three-year grants.

To understand the full scope of DDCOF activities and the impact of DDCOF's grantmaking under the 2021-2024 theory of change, CHI analyzed DDCOF program records and data reported by grantees to answer the following questions:

- To what extent did DDCOF's key activities focus on each element of the 2021-2024 theory of change?
- 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?

Detailed evaluation methods are described in Appendix B.

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 ages 6 and under receive timely, preventive oral health services.
Workforce	Oral health workforce reflects and equitably serves Colorado's diverse residents.

Key Activities

Participants attend the Healthy Universal Preschool Collaborative kickoff meeting at Delta Dental of Colorado Foundation to set shared goals and align on an implementation timeline.

By focusing on the levers for achieving change, DDCOF laid the foundations for success, served its focus populations, and made progress toward long-term initiative goals. Key activities implemented under each lever between 2021 and 2024 are described in this section. A detailed breakdown of activities across the levers for achieving change, foundations for success, focus populations, and long-term initiative goals is included in Appendix C.

Policy

DDCOF supported policy and advocacy efforts by awarding funds to six policy-focused organizations: the Youth Healthcare Alliance, Colorado Children's Campaign, Early Milestones Colorado, The Fund for a Healthier Colorado, the Colorado Health Policy Coalition, and Cover All Kids. These organizations aimed to support the access to care or prevention/early childhood initiatives by advocating for systems change (Appendix C). For example, Early Milestones, which first received DDCOF grant funding in May 2024, is researching potential preventive oral health services funding mechanisms and best practices for integrating oral health screenings and referrals into Colorado's Universal Preschool (UPK) Program. Research and best practices will be uploaded to the Early Milestones Universal Preschool Research Bank and shared widely with policymakers, practitioners, and key stakeholders.

Grantmaking

Under the grantmaking lever, DDCOF awarded 135 grants, investments, donations, or sponsorships between 2021 and 2024 that addressed each foundation for success, focus population, and initiative (Appendix C). In addition to Cohort 1 and Cohort 2 grantmaking, the grantmaking lever includes other funding activities such as: 1) supporting and convening dental hygiene programs throughout the state; 2) providing emergency response grants to support immigrant families in Colorado; and 3) supporting Local Coordinating Organizations (LCOs) to develop and implement UPK quality standards related to oral health and developmental screenings.

For example, DDCOF awarded funds to dental hygiene programs at Colorado Mountain College, Community College of Denver, Front Range Community College, and Pikes Peak

State College to support the establishment or expansion of dental hygiene programs with the goal to diversify and increase the pool of dental hygienists or assistants in Colorado. DDCOF also partnered with CHI to convene a community of practice among dental hygiene programs to co-create curriculum and shared quality standards to diversify the oral health workforce in public health, primary care, and safety net settings.

Community Mountain College (CMC) staff attend the ribbon cutting for the new CMC dental hygiene program at the Vail Valley campus in Edwards.

Impact Investing

In addition to grantmaking, which is primarily guided by the initiatives, DDCOF works with community partners to offer mission-related investments (MRIs). MRIs are designed to provide funding for oral health-related capital needs of community-based dental providers, services, and clinics and are distributed through the Oral Health Capital Loan Fund. The fund is managed in partnership with the Colorado Enterprise Fund (CEF). Between 2021 and 2024, DDCOF made three MRIs to fund the capital costs of building health clinics for Kids First, Clinica Tepeyac, and Project Worthmore. DDCOF also made loans to providers to prevent critical oral health services from closing in response to the COVID-19 pandemic. These efforts support long-lasting systems change by investing in and maintaining critically important oral health infrastructure (Appendix C).

Coalitions

In partnership with the Colorado Department of Public Health and Environment, DDCOF provided backbone funding support to the Public Health Institute at Denver Health (PHIDH) in 2024 to re-establish a statewide oral health coalition in Colorado. The mission of the Colorado Oral Health Coalition will be to advance equitable oral health outcomes for all Coloradans by using a collective impact approach. PHIDH is partnering with the CHI to facilitate a steering committee to develop

Above from left: D.J Close, Executive Director of DDCOF; Carla Castillo, DDCOF Senior Program Officer; Brittany Marcum, DDCOF Administrative Assistant; and Mara Holiday, DDCOF Senior Program Officer receive the Transformative Partner Award from the University of Colorado School of Dental Medicine for contributions to the mission of the school.

an action plan, quality assurance plan, and business plan to support implementation of the re-established coalition by the end of 2025. The committee includes representatives from health care, oral health, community, government, advocacy, academic, and philanthropic networks. This work is made possible by resources from DDCOF and the Colorado Department of Public Health and Environment.

Data and Research

DDCOF recognizes that data and research are critical to effectively anticipate and respond to oral health needs. To provide a more accessible and beneficial data platform for

Left: Kim Wolff, Quality Initiatives Coordinator at Healthy Childcare Colorado, and Eileen Bennet, Executive Director of Assuring Better Child Health and Development, the backbone organizations funded by DDCOF to lead the Healthy Universal Preschool Collaborative (HUPC), greet participants at the HUPC kickoff meeting. Right: Kelli Clifton Ogunsanya, Chief Operating Officer at Delta Dental of Colorado, at the Pikes Peak State College dental hygiene program ribbon-cutting event.

communities advancing oral health equity, DDCOF partnered with CHI to create 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 trends over time. It includes data from the Colorado Health Access Survey, which DDCOF helped to sponsor in 2022 and 2024 to include questions related to oral health. DDCOF also partnered with CHI to create a fact sheet outlining barriers to accessing oral health care in Colorado in March 2024 and sponsored the Colorado Consumer Health Initiative's Oral Health Survey in 2022. DDCOF's data and research activities help educate organizations and communities about oral health needs and inform systems change (Appendix C).

Leadership

Under the 2021-2024 theory of change, DDCOF aimed to position itself as a leader in the oral health space. Several activities demonstrate DDCOF's leadership, such as supporting the innovation of UPK and dental hygiene program quality standards, coalition-building, and improving oral health data and research (Appendix C). Being an oral health leader helps DDCOF continue developing partnerships, influencing policy, and spearheading innovative research that advances oral health.

DDCOF's leadership is further demonstrated by the several awards it received over the past four years. In 2024, the American Institute of Dental Public Health (AIDPH) recognized DDCOF with its inaugural Community Champion Award for its investment of over $50 million toward oral health advancement over the past two decades, its focus on early childhood and maternal health care initiatives and dental hygiene programs, and its work engaging community members through its Early Childhood Oral Health Equity Roadmap. DDCOF also received the 2024 Building Healthy Futures Award from Healthy Child Care Colorado, recognizing its "outstanding commitment and creative leadership in advancing early childhood oral health." A year earlier, the University of Colorado School of Dental Medicine recognized DDCOF with the Transformative Partner Award for contributions to the mission of the school.

Grantees by the Numbers

Between January 1, 2022, and January 1, 2024, DDCOF awarded $10,531,078 to 79 grantees throughout Colorado. Of these 79 grantees, 69 received awards through the open-funding process (87.3%) and 10 were invited (12.7%; Figure 2). About half of invited grantees focused on strengthening, diversifying, and expanding the oral health workforce, while the other half primarily focused on systems change or direct services. A little over half of all grantees were Cohort 1 grantees, meaning their grant program started on January 1, 2022 (53.2%). The remainder were Cohort 2 grantees, meaning their grant programs started between September 1, 2022, and January 1, 2024 (46.8%; Figure 3). The following section captures the activities of these grantees and the focus populations they served from January 1, 2022, through October 31, 2024.

Cohort 1 and 2 grantees received one- to three-year grants. Almost half of all grantees received three-year grants (49.4%; Figure 4). However, almost twice as many Cohort 2 grantees received a three-year grant (61.9%) as Cohort 1 (35.1%). This reflects DDOCOF's focus on providing long-term support to grantees when appropriate.

Figure 2: Number and Percentage of Grantees by Type

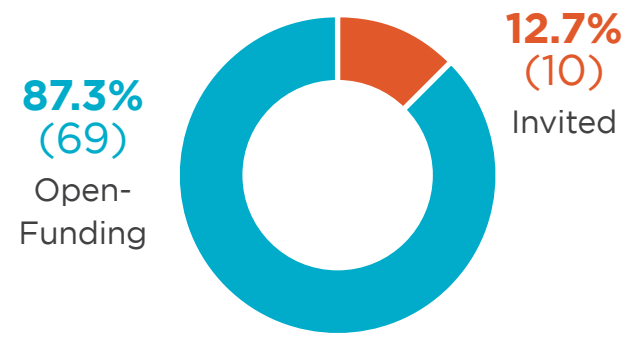


Figure 3: Number and Percentage of Grantees by Cohort

Figure 4: Grant Length by Cohort

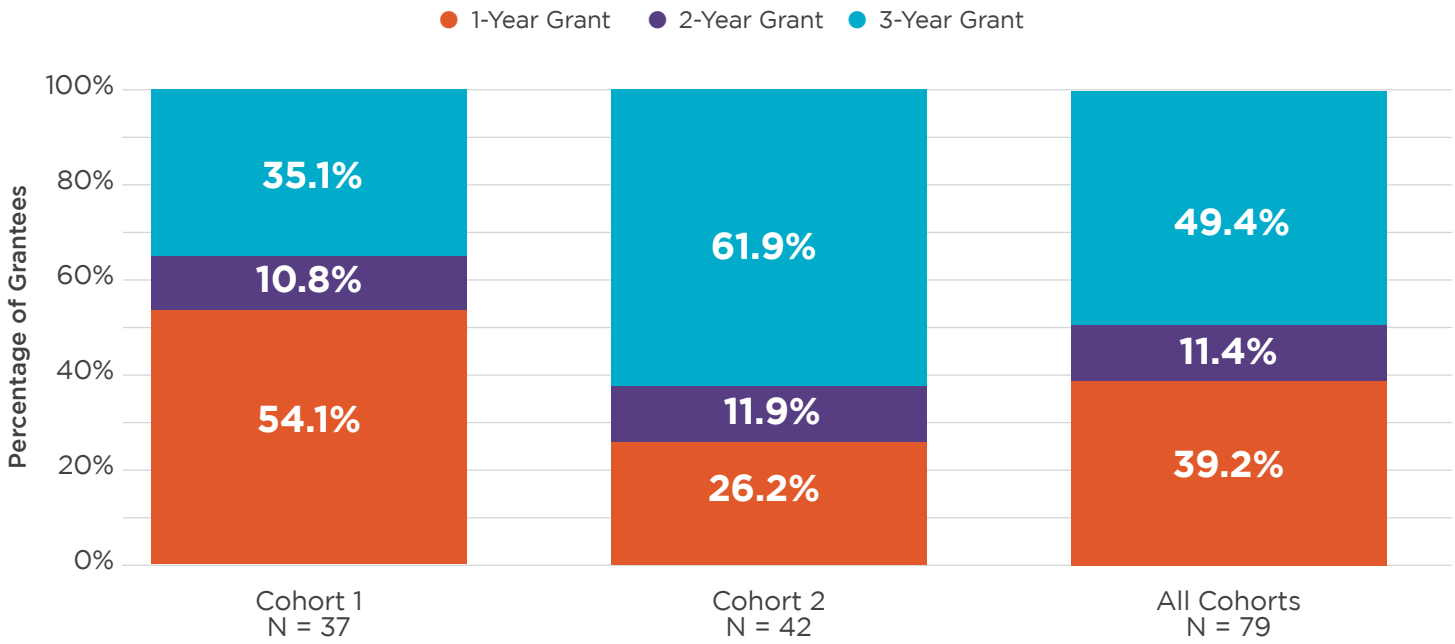
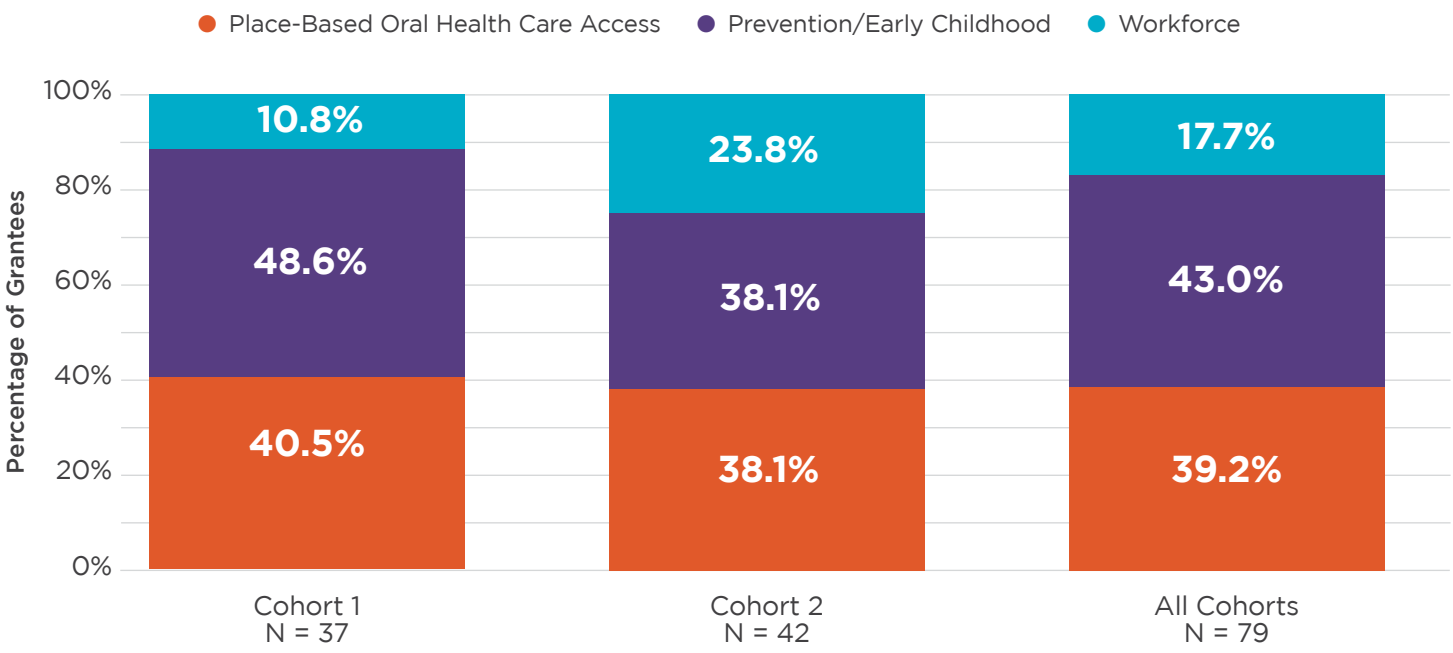


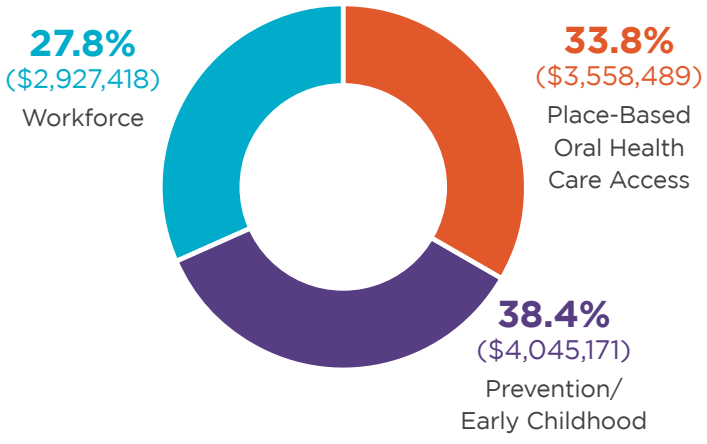
Figure 5: Initiative Focus by Cohort



Initiatives

The highest proportion of grantees focus on the prevention/early childhood initiative (43.0%; Figure 5). Over time, however, it is evident that DDCOF placed greater emphasis on the workforce initiative. The percentage of Cohort 2 grantees focused on the workforce initiative (23.8%) is more than twice as high as Cohort 1 (10.8%). Of the $10,531,078 awarded to grantees, the prevention/early childhood grantees received the highest proportion of funds (38.4%; Figure 6). Place-based oral health care access grantees received about a third of total funding (33.8%), while workforce grantees received a little under 30% (27.8%).

Figure 6: Amount Awarded and Percentage of Total Awarded by Initiative



Foundations for Success

Within each of the three initiatives, grantees advanced oral health in a variety of contexts and strategies. These foundations for success, outlined in the 2021-2024 theory of change, include workforce training and development, direct services, education and outreach, systems change, and social determinants of health. Most grantees focused on the education and outreach (38.0%; Figure 7) or direct services (32.9%) foundations for success. Less than one-fifth of grantees focused on workforce training or development (16.5%), and relatively few grantees focused on social determinants of health (7.6%) or systems change (5.1%).

Program Reach

Overall, grantees reached 277,430 Coloradans through the prevention/early childhood, place-based oral health care access, and workforce initiatives and reached DDCOF focus populations (Figures 8, 9, and 10) from 2022 to 2024. DDCOF aimed to reduce inequities by focusing

efforts on the following populations: 1) people with low incomes; 2) rural and underserved communities; 3) people of color; and 4) pregnant people and children 6 and under. The following sections summarize the data available for each focus population.

Overall reach trends can be observed for grantees with multiyear grants. Between 2022 and 2024, Cohort 1 grantees with three-year grants more than doubled the number of people served. These grantees served 19,464 more people in 2024 than in 2022 (Figure 11). This supports the notion that sustained funding over time allows for grantees to have greater impact. Other grantee groups saw only slight increases in program reach in their second grant year.

Figure 7: Number and Percentage of Grantees by Foundations for Success

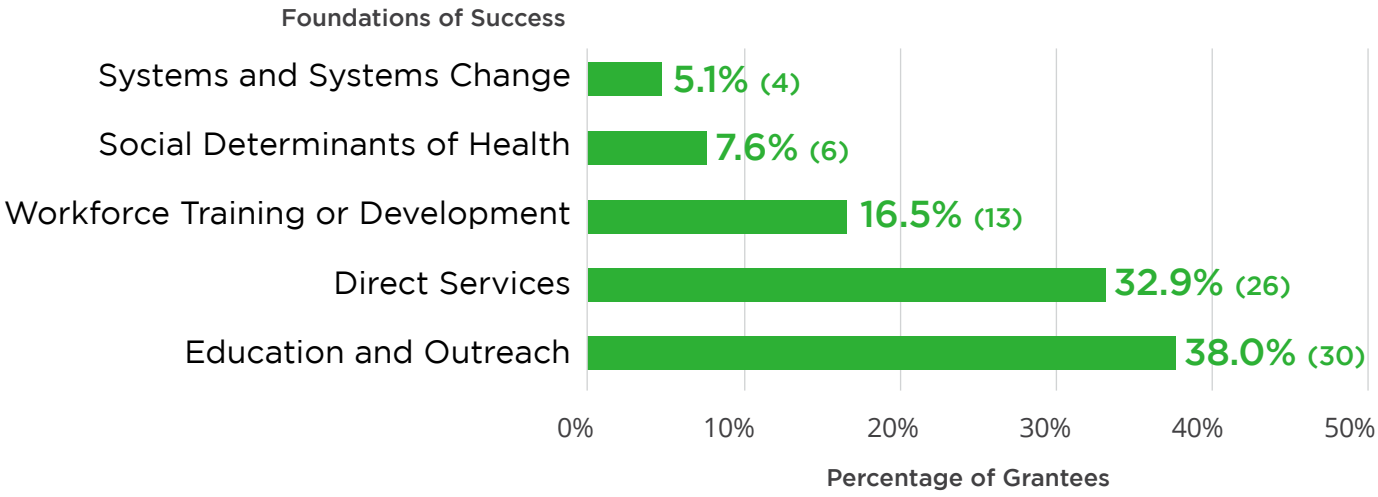
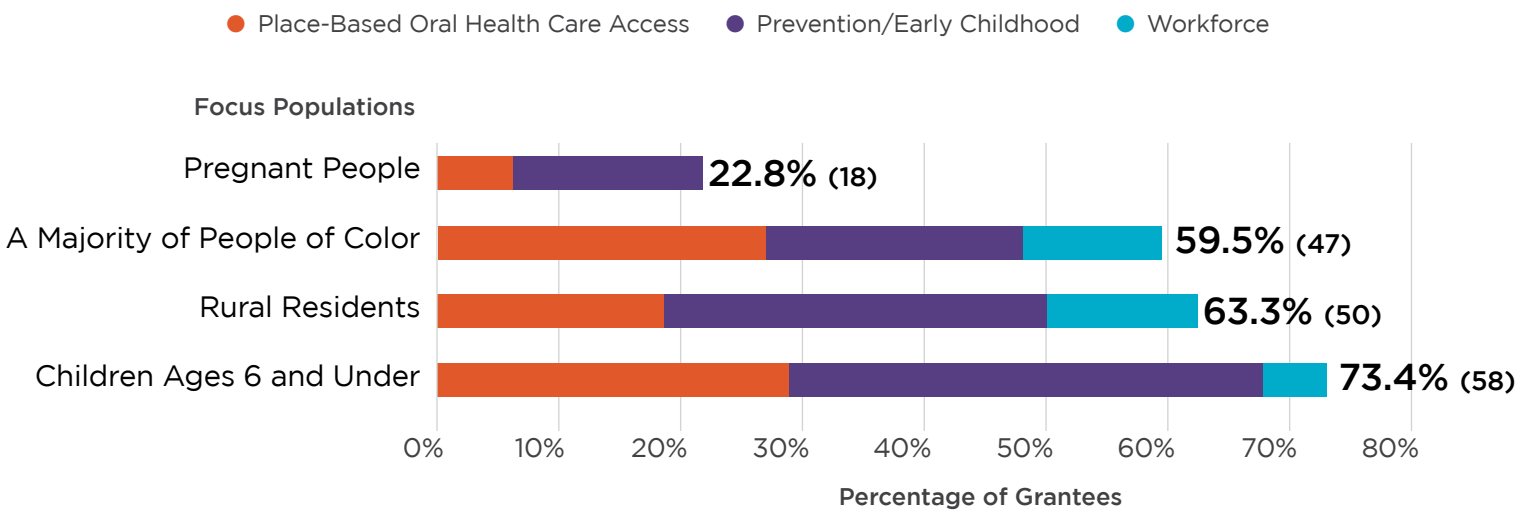
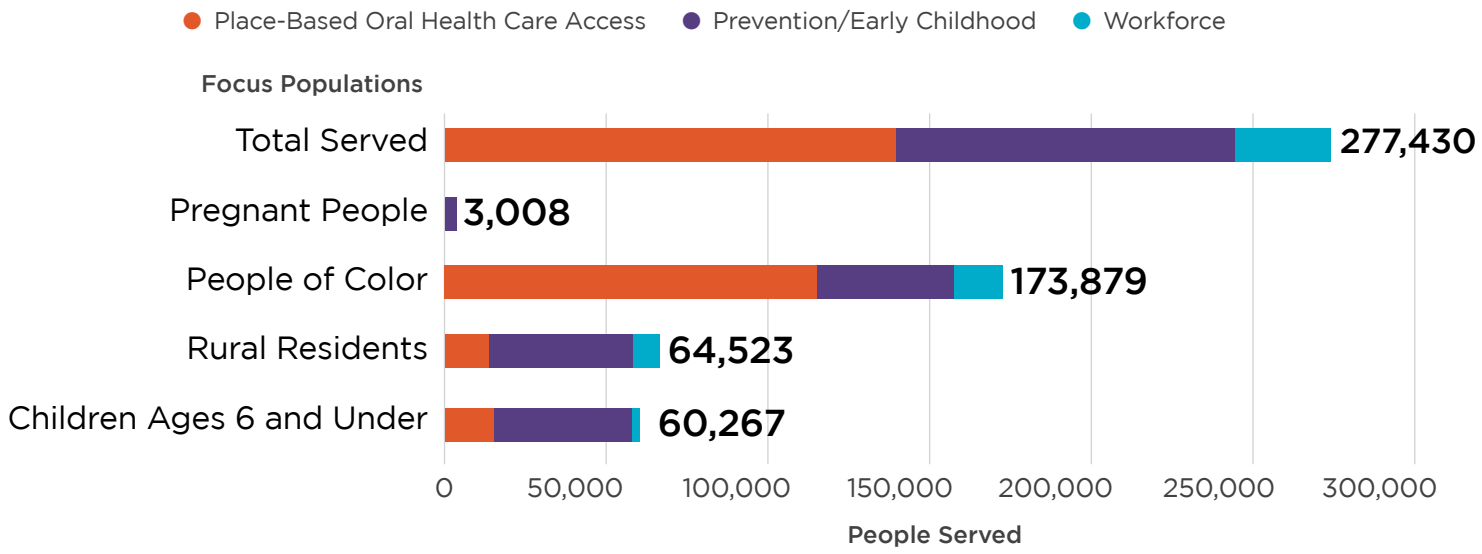


Figure 8: Number and Percentage of Grantees Serving Focus Populations by Initiative



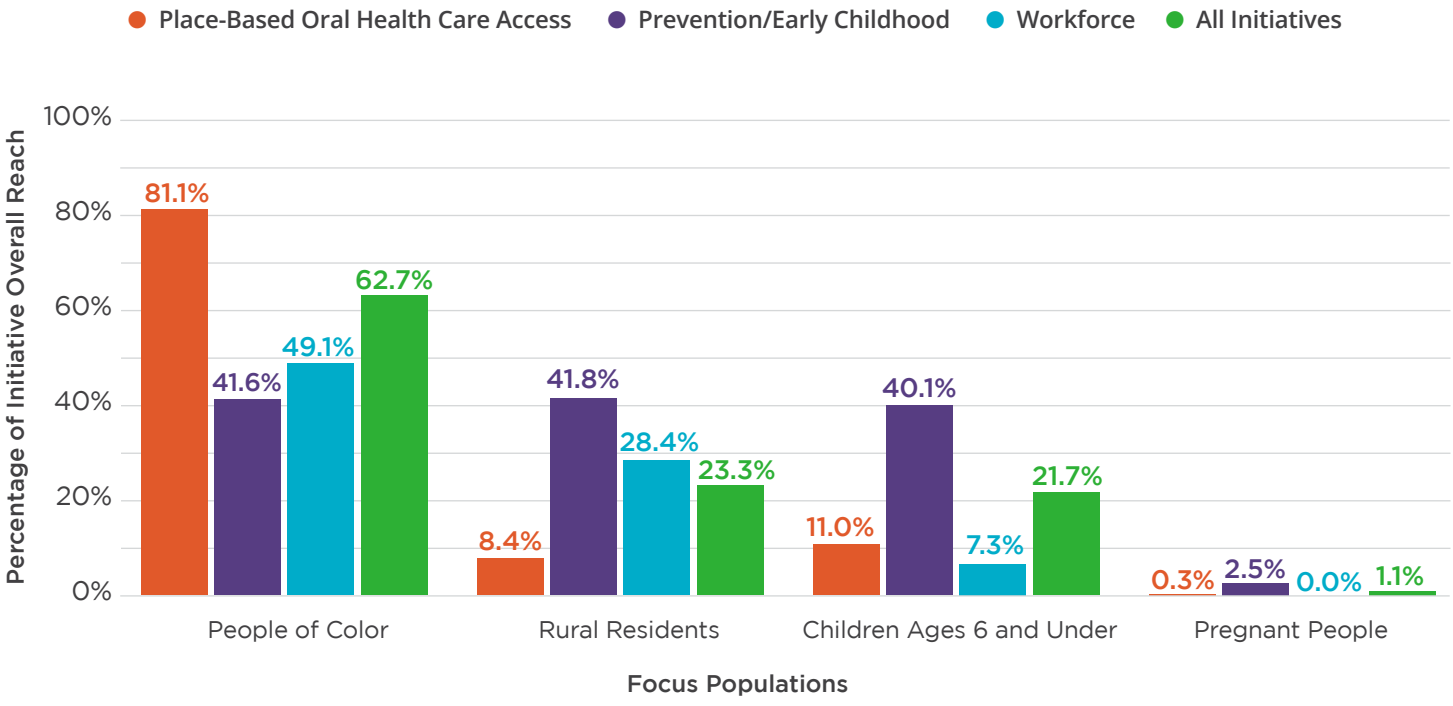
Note: The figure does not include the number of people with low incomes served because the reporting form did not ask grantees to report this information until 2024. See the People with Low Incomes section for 2024 data.

Figure 9: Estimated Number of Individuals Served by Focus Population and Initiative



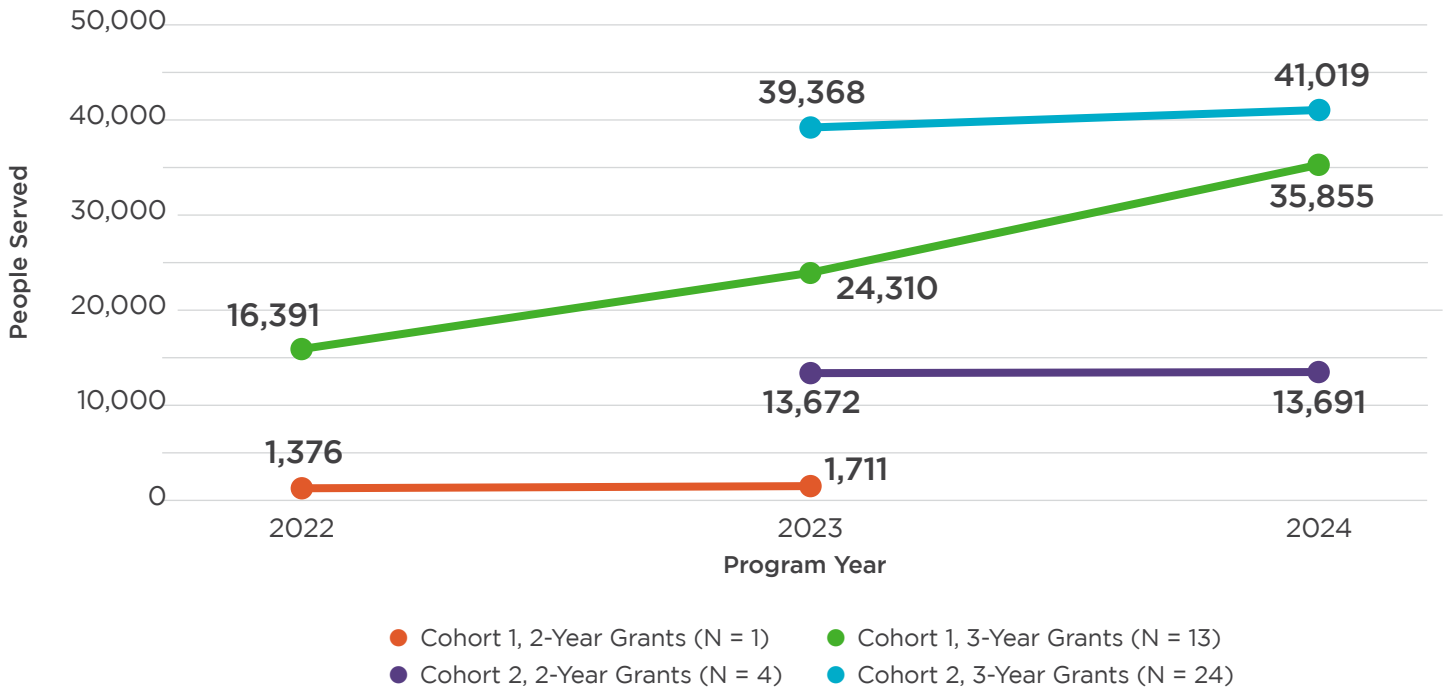
Note: Grantees report an estimated number of people served each program year. The estimated number of people served for grantees with two- or three-year grants is an aggregation of these estimates, which assumes that the individuals served each year are unique and not counted more than once. The figure does not include the number of people with low incomes served because the reporting form did not ask grantees to report this information until 2024. See the People with Low Incomes section for 2024 data.

Figure 10: Percentage of Initiative Overall Reach by Focus Population



Note: The figure does not include the number of people with low incomes served because the reporting form did not ask grantees to report this information until 2024. See the People with Low Incomes section for 2024 data.

Figure 11: Estimated Total Served Over Time by Cohort and Grant Length



Note: Figure only includes grantees who reported data for all years of their grant. CHI cautions against comparison between grantee groups because some are much larger than others. For example, it would be expected that the 24 Cohort 2 grantees with three-year grants served more people in 2023 than the one Cohort 1 grantee with a two-year grant.

People with Low Incomes

Starting in 2024, the reporting form asked grantees to estimate the percentage of their service population who are people with low incomes. Of the 44 grantees who completed the 2024 reporting form, over three-fourths indicated they served this population by providing an estimate (84.1%). This equates to an estimated 68,944 people with low incomes served in 2024, comprising 76.0% of all individuals served. Place-based oral health care access grantees estimated serving the highest number of people with low incomes and served a higher proportion of people with low incomes within their overall reach (89.8%) compared with grantees focusing on other initiatives.

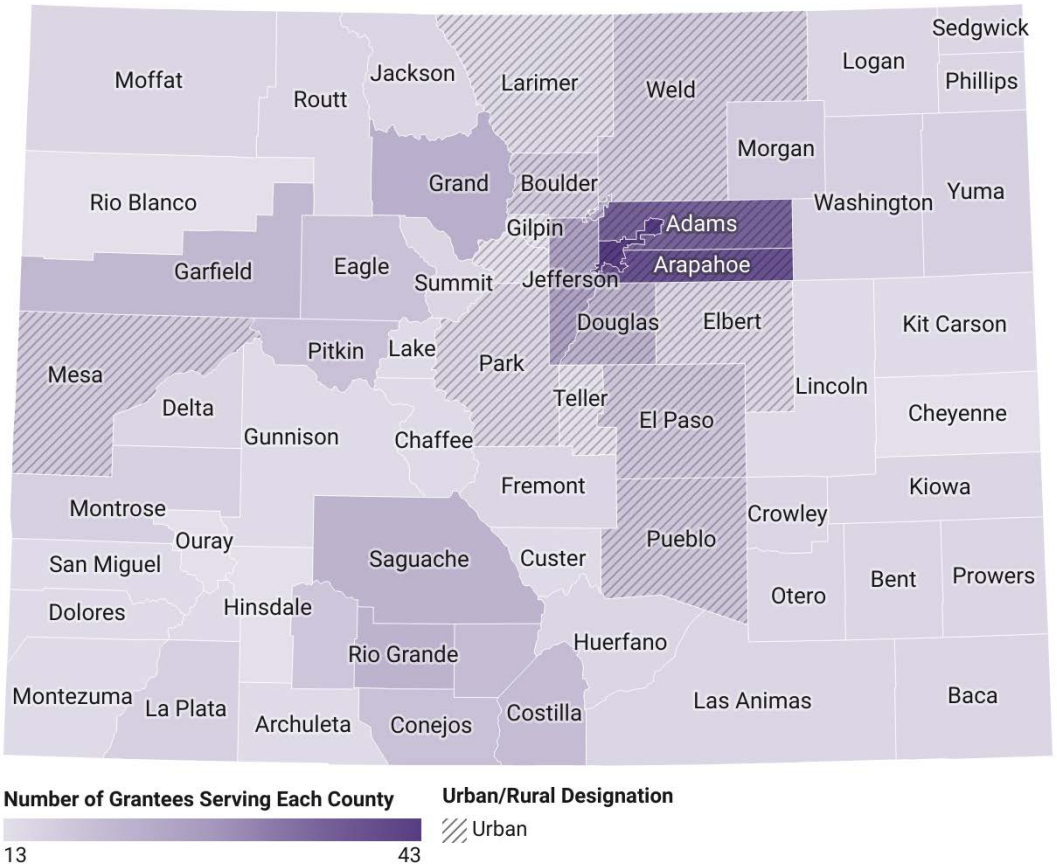
Rural and Underserved Communities

Over half of grantees reported serving rural residents as a primary focus of the grant (63.3%; Figure 8). Grantees estimated serving 64,523 rural residents from 2022 to 2024, which comprises 23.3% of all individuals served (Figures 8 and 9).

This is a higher proportion compared with the estimated 12.2% of Colorado residents overall who lived in rural counties in 2023.[2] The prevention/early childhood grantees estimated serving the highest proportion of rural residents within their overall reach (41.8%) and served the most rural residents.

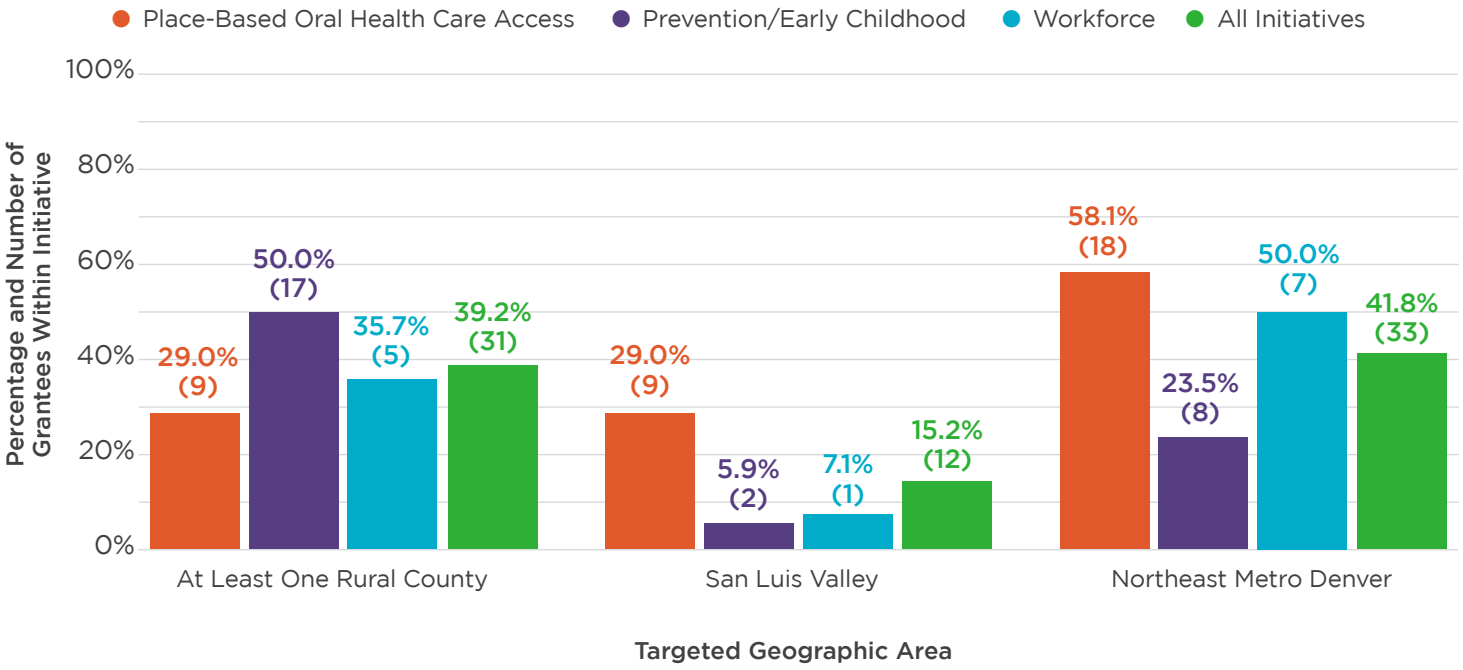
Grantees reported serving every county in the state, 47 of which are considered rural (Figure 12). Although most grantees reported serving rural residents, less than half targeted at least one rural county (39.2%; Figure 13). This indicates that many rural residents served lived in rural areas of counties officially designated as urban, where oral health care services and resources may be more accessible. A little under one-fifth of grantees targeted the San Luis Valley (15.2%), and about 40% of grantees targeted northeast metro Denver (41.8%). Unsurprisingly, a greater number of place-based oral health care access grantees targeted these areas than the grantees under the other two initiatives.

Figure 12: Colorado Counties Served by DDCOF Grantees



Note:
Thirteen grantees reported serving a statewide service area. These statewide grantees are the only grantees who served the counties shaded in the lightest purple.

Figure 13: Number and Percentage of Grantees Targeting Specific Areas by Initiative



Note: The number of grantees targeting at least one rural county, the San Luis Valley, or northeast metro Denver does not include the 13 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

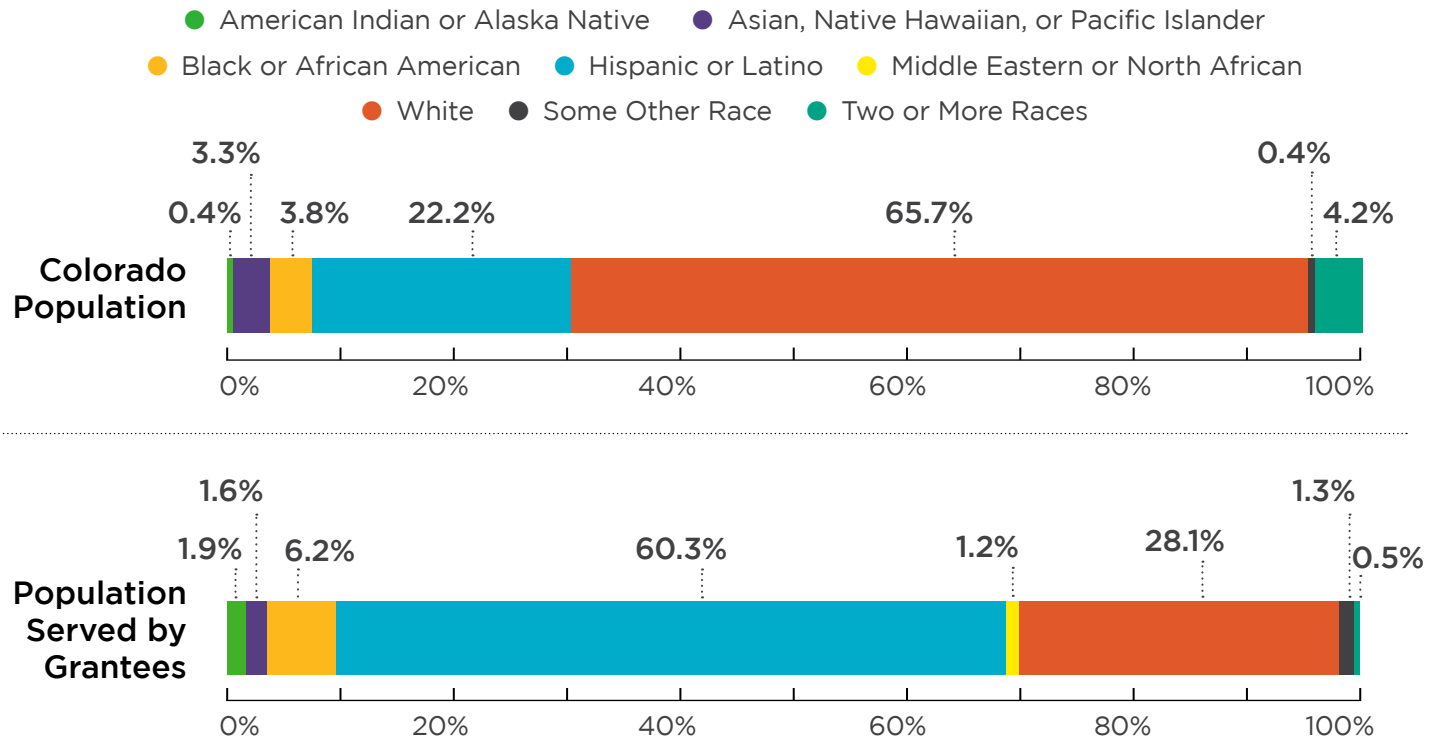
Most grantees estimated that more than half of those they served identified as people of color (59.5%; Figure 8). Several grantees targeted their efforts to specific racial or ethnic groups. For example, Soul 2 Soul estimated that 100% of those it served identified as Black or African American (Appendix C). In total, grantees estimated serving 173,879 people of color from 2022 to 2024, which represents 62.7% of all individuals served (Figure 9 and 10). The place-based oral health care access grantees estimated serving the highest proportion of people of color within their overall reach (81.1%) and served the highest number of people of color.

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 14). Most notably, DDCOF grantees estimated that Hispanic or Latino individuals made up 60.3% of those served compared with 22.2% of the overall Colorado population. The estimated proportion of American Indian or Alaska Native individuals served by grantees (1.9%) is about five times as high as the proportion of American Indian or Alaska Native individuals in Colorado (0.4%).

Children 6 and Under and Pregnant People

Most grantees reported serving children 6 and under (73.4%) and about one-fourth of grantees reported serving pregnant people as a primary focus of the grant (22.8%; Figure 8). Overall, grantees estimated they served 3,008 pregnant people and 60,267 young children from 2022 to 2024, comprising 1.1% and 21.7% of all individuals served respectively (Figures 9 and 10). Prevention/early childhood grantees estimated serving the majority of pregnant people and young children and served a higher proportion of pregnant people (2.5%) and young children (40.1%) within their overall reach compared with grantees focusing on other initiatives.

Figure 14: Estimated Population Served by Race/Ethnicity Compared to Colorado Population



Note: Colorado population estimates sourced from the Census Bureau 2023 American Community Survey 5-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, estimates for the percentage of population served exclude the 14.9% of those with an "unknown" race/ethnicity. This complicates comparisons made between the estimated populations served by grantees and the estimated populations of Colorado.

Qualitative Analysis

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 peer learning and supportive partnerships, staffing investments, and community outreach and engagement to sustain effective programming. However, grantees also described persistent, systemic, and significant challenges and barriers in promoting oral health in their communities. Grantees also adapted to events such as COVID-19, inflation, and the significant increase in demand for services from immigrants moving to Colorado. 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 2021-2024 theory of change and in Table 1, DDCOF had 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 both 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. To promote affordable, accessible, and comprehensive oral health care, many place-based oral health care access grantees: 1) integrated oral health services and culturally and linguistically appropriate education into existing programming, including public schools; 2) built new dental facilities and purchased needed dental equipment; 3) provided oral health care vouchers, resource referrals, screenings and dental exams, and telehealth; and/or 4) developed resource guides and literacy programs to access and pay for oral health care, all available in multiple languages. 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, transportation, and language barriers.

Prevention/Early Childhood. To help children 6 and under receive timely, preventive oral health services, many prevention/early childhood grantees: 1) integrated culturally and linguistically appropriate oral health care prevention education and training, activities, and services into existing programs serving young children and pregnant people; 2) implemented comprehensive public media campaigns with key pediatric oral health messaging; 3) connected families with young children and pregnant people to dental homes; and/or 4) established networks with dental providers, government agencies, and community organizations. These activities increase public oral health literacy and encourage culturally and linguistically diverse young children and pregnant people to seek timely preventive care.

Workforce. To ensure the oral health workforce reflects and equitably serves Colorado's diverse residents, many workforce grantees: 1) developed coalitions and learning communities dedicated to increasing the diversity of the oral health workforce through advocacy and peer learning; 2) provided mentorship, training, scholarships, and other assistance to culturally and linguistically diverse students; and/or 3) strengthened workforce pathways 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.

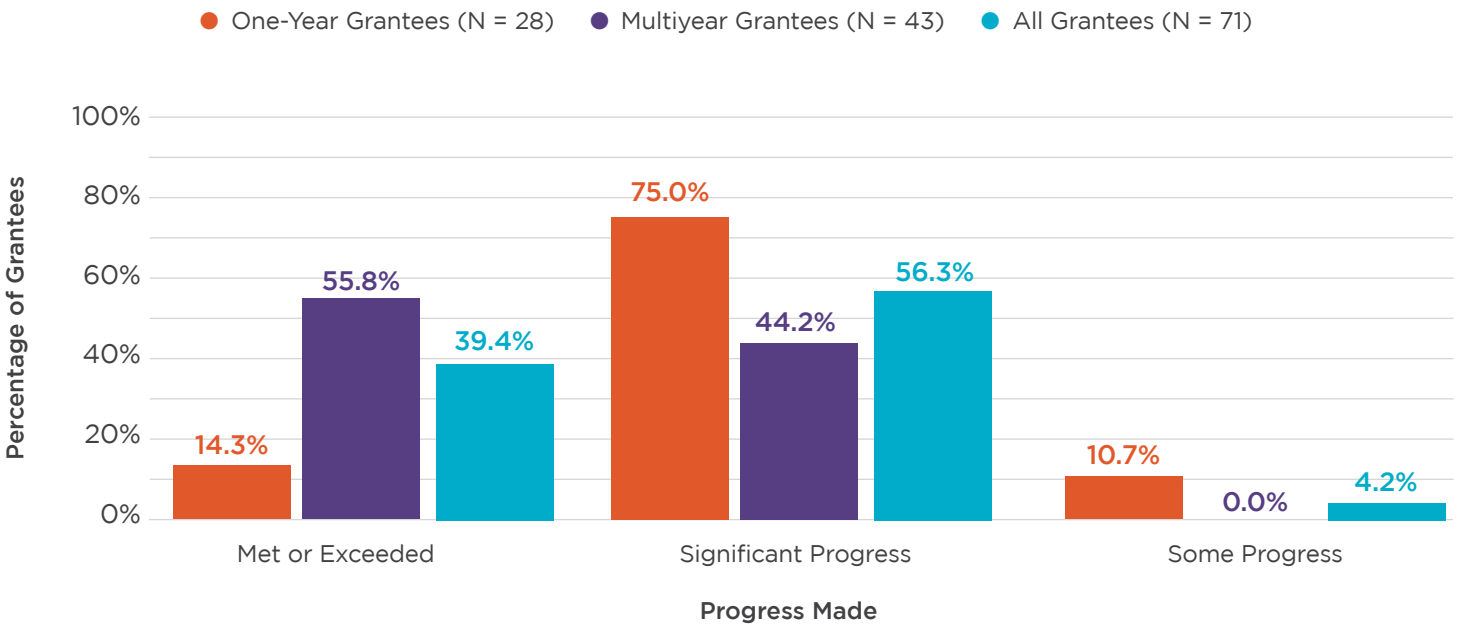
Grant Goals

Grant goals varied widely among grantees. Despite the diversity in program scope, most grantees described meeting or exceeding (39.4%) or making significant progress on their grant goals (56.3%; Figure 15). Very few grantees reported making much less progress on grant goals than anticipated (4.2%). 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.

Notably, grantees awarded two- or three-year grants were more than three times as likely to describe meeting or exceeding their grant goals (55.8%) than those with one-year grants (14.3%; Figure 15). No grantees awarded two- or three-year grants reported making only "some progress," compared with about one-tenth of one-year grantees (10.7%). This supports the notion that sustained funding over time allows grantees to make a greater impact.

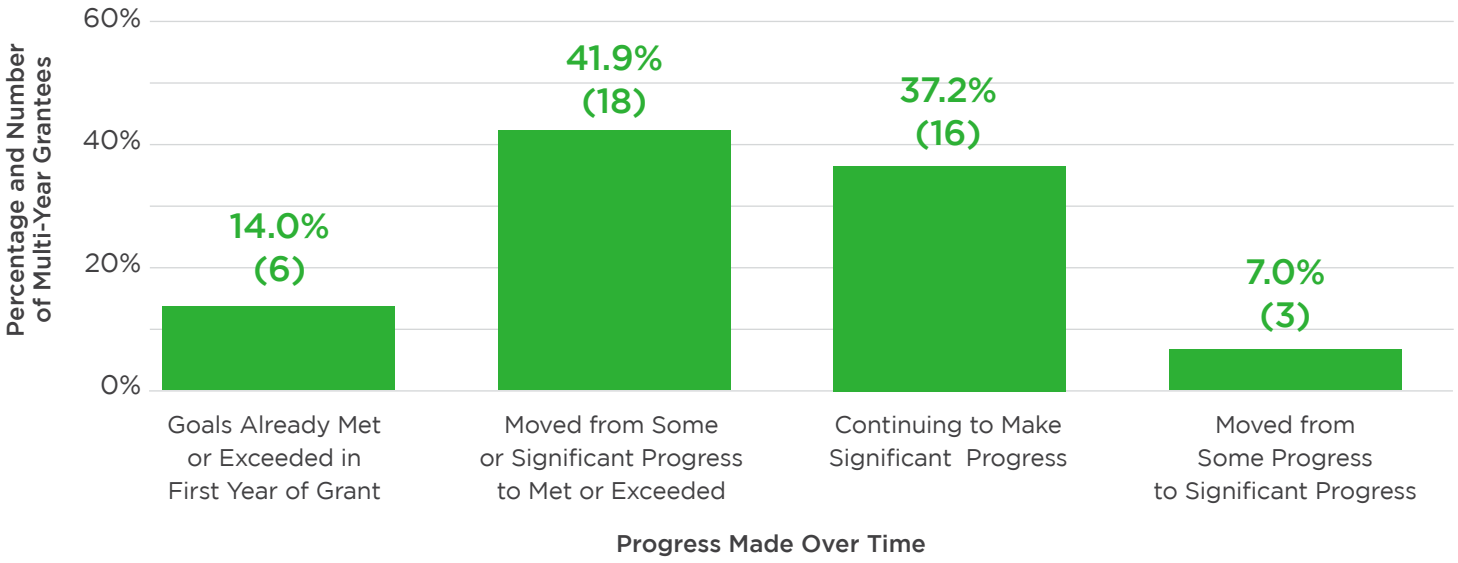
Progress over time can be observed for grantees with multiyear grants. Eighteen grantees with multiyear grants reported progress during their first and last year of their grant. Twenty-five Cohort 2 grantees with three-year grants reported progress during the first year of their grant (2023) and in 2024. Of the total 43 multiyear grantees who reported progress, over 40% moved from making some or significant progress on their grant goals in the first year of their grant to meeting or exceeding their goals in the last year of their grant or in 2024 (41.9%; Figures 16 and 17), and three grantees moved from making some progress to making significant progress (7.0%).

Figure 15: Progress Made on Grant Goals in 2024 or During Last Year of Grant by Grant Length



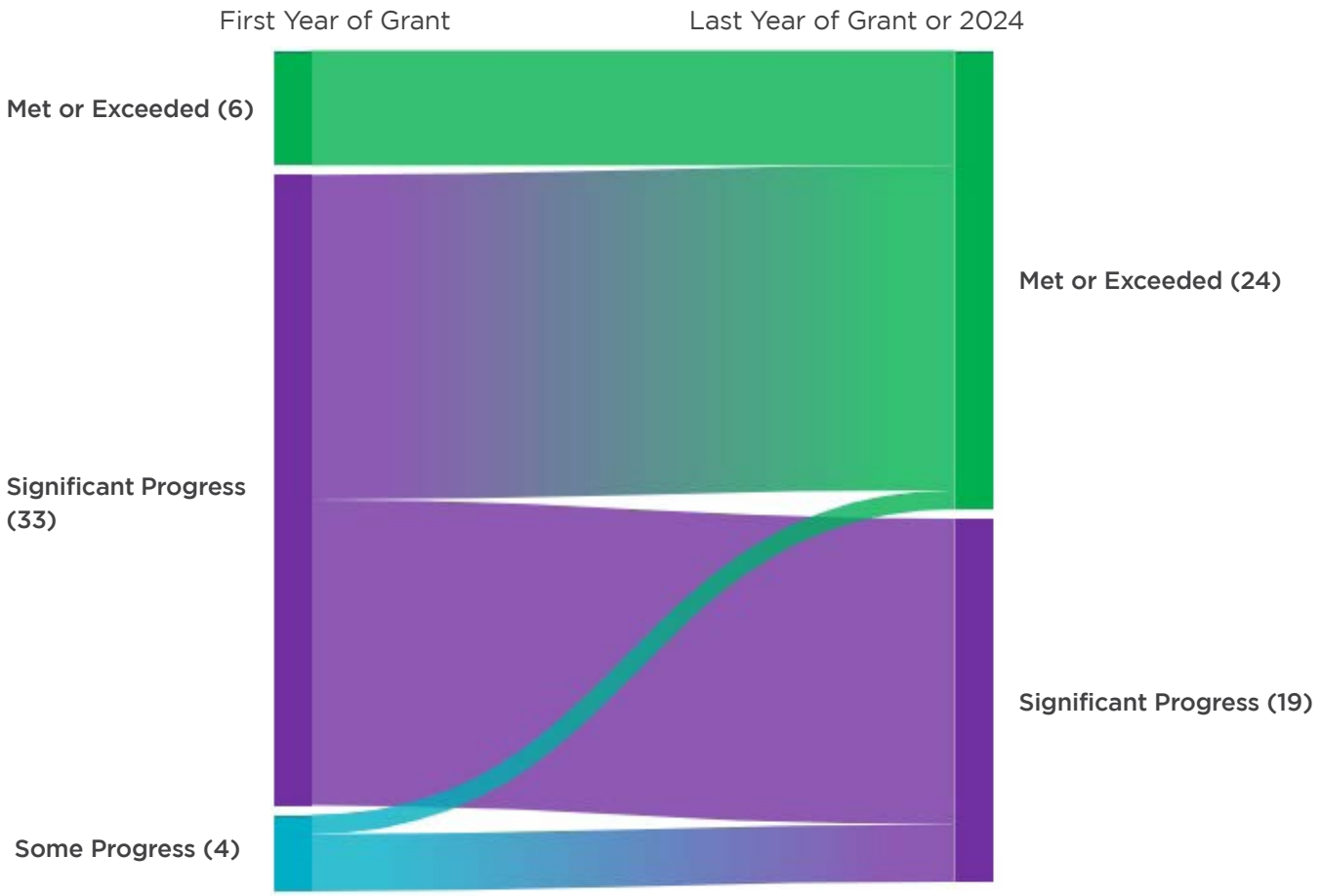
Note: Open-ended responses assessing progress on grant goals were coded as one of the following: 1) exceeded 2) met 3) significant progress or 4) some progress (see Appendix B: Methods). Responses coded as "some progress" discussed significant barriers resulting in much less progress made than anticipated during the last year of the grant cycle. Denominators used to calculate percentages exclude the eight grantees that did not report progress during the last year of their grant.

Figure 16: Progress Made on Grant Goals Over Time



Note: Figure includes progress made by multiyear grantees between the first year of grant to the last year of grant. Progress made by Cohort 2 grantees with three-year grants from the first year of their grant (2023) to the second year of grant (2024) is also included.

Figure 17: Progress Made on Grant Goals Over Time, Sankey Diagram



Note: Figure includes progress made by multiyear grantees between the first year of grant to the last year of grant. Progress made by Cohort 2 grantees with three-year grants from the first year of their grant (2023) to the second year of grant (2024) is also included.

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. Over the past three years, grantees have navigated workforce and capacity shortages, oral health care access barriers, and events such as COVID-19, inflation, and the significant increase in demand for services from immigrants moving to Colorado. Despite these challenges, grantees remained resilient and successfully served their communities. Quotes provided by grantees through the grantee reporting form are included to highlight the experiences of grantees.

Adapting to Crises

Over the years, grantees remained resilient in the face of several nationwide crises. The aftermath of the COVID-19 pandemic left many communities traumatized and with fewer dental providers, making care access even more difficult. Although the federal Public Health Emergency for COVID-19 enacted the continuous coverage requirement for Medicaid members regardless of eligibility, its expiration in 2023 left many Coloradans without health coverage. Meanwhile, many people struggled to pay the rising cost of basic needs like rent and groceries, which are often considered higher priorities than oral health. And while grantees welcome newcomers to Colorado, the large number of immigrants arriving in Colorado in 2024 left many grantees struggling to meet demand for oral health services.

> "[Our centers] are a central pillar of care for [newcomers], treating health issues often exacerbated by the newcomers' long and difficult journeys. This influx not only increased the number of patients in providers' caseloads but often impacted them emotionally. This required an increased level of communication and collaboration from our team members, but it was an occasion they all rose to."

Workforce and Capacity Shortage

In 2022, 2023, and 2024, grantees frequently described workforce and capacity shortages as significant challenges. Grantees felt the effects of the nationwide shortage of dentists, dental assistants, and dental hygienists and often described the lack of providers who speak languages other than English, accept Medicaid, and serve young children as significant barriers to connecting those they serve to appropriate services. These shortages are particularly acute in rural areas, which struggled to recruit and maintain staff even before the pandemic. Grantees also experienced workforce and capacity shortages within their own organizations. Turnover and hiring difficulties made meeting grant goals and coordination with partners more difficult.

> "One of our biggest challenges that continues from past years is that the demand for dental hygienists to enter the workforce was greater than our current workforce can bear. There are regulatory barriers for dental hygienists to re-enter the workforce that have moved away or inactivated their license. Even if the dental hygienist has only been out of the workforce for a few years, the regulatory requirements are for that dental hygienist to take a clinical exam, which can require quite a bit of time and money."

Barriers to Accessing Care

Over the past three years, grantees helped those they serve overcome systemic barriers to oral health care access, including cost of care, limited transportation, language barriers, fear and anxiety around dental care, and general lack of oral health literacy among the public. But these barriers are often persistent, systemic, and difficult to alleviate. For example, even when grantees can find and connect a Medicaid recipient to a dentist, their benefits are limited, and they are often unable to access treatment for acute cases. Despite these challenges, grantees fostered partnerships with regional dentists; provided transportation, translation, and financial assistance; and provided community education to help people access care.

"Limited access to affordable dental care often means that preventive services, such as regular cleanings and checkups, are neglected, leading to more serious and costly dental issues down the line. Financial constraints can make purchasing essential oral hygiene products … a lower priority for families struggling to meet basic needs. Additionally, there is often a lack of education on proper oral care practices, compounded by language barriers or limited access to information. In some communities, cultural stigmas around dental visits, combined with the scarcity of BIPOC dental professionals, further complicate efforts to engage individuals in prioritizing their oral health. These systemic barriers contribute to higher rates of dental disease and long-term negative impacts on overall health and well-being."

Success Factors

The reporting form asked which strategies or factors helped sustain and meet the needs of grantees and those they serve. Every year, grantees identified peer learning and supportive partnerships, staffing investments, and community engagement and outreach as significant success factors. Quotes from grantees are included to highlight their experiences.

Peer Learning and Supportive Partnerships

Grantees consistently reported that peer learning and supportive partnerships and collaboration increase their impact, expand program reach, and result in more coordinated and efficient efforts. Some grantees emphasized the importance of staying informed on policy issues and participating in coalitions. While maintaining partnerships can be difficult amid staff turnover, many grantees found that creating and communicating shared processes, procedures, and strategic plans with partners helped to sustain connections.

"Being informed of new policies and being part of multiple coalitions to spread the work and ask for help to support my program is essential."

Staffing Investments

Grantees continued to combat the workforce shortage 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. One workforce grantee developed a learning community to support its participants with staff recruitment, retention, and training.

"Given recruitment challenges, a major focus has been on upskilling and promoting existing staff. The investment in Expanded Duty Dental Assistant (EDDA) and Certified Medical Interpreter (CMI) training has been instrumental in enhancing their skills, which has translated into better patient care and increased retention. This strategy not only strengthens our workforce but also ensures continuity in the services we provide."

Community Engagement and Outreach

Community engagement and outreach, particularly with vulnerable populations, is critical to maintaining trust, improving oral health literacy, and sustaining responsive programming. Often, community members are hesitant to seek assistance for a variety of reasons, such as threats of deportation or the distrust caused by historical harm. Community outreach strategies, like hiring community health workers or promotoras, distributing accessible and culturally and linguistically responsive outreach materials, and hosting engagement events in established community spaces help inform and connect all Coloradans to oral health care.

"As Latinas that live, work, and play in the same community we are serving, we have become trusted health messengers. Because of this, the community is willing to share with us their fears and challenges as well as their joys, helping us to determine programs that we can develop and offer or leading us to research and identify resources that may be needed."

Recommendations and Opportunities

DDCOF has an exciting opportunity to thoughtfully execute its strategic plan guided by its new theory of change. CHI recommends the following based on this evaluation:

Provide multiyear funding opportunities.

Grantees awarded two- or three-year grants were more than three times as likely to describe meeting or exceeding their grant goals than those with one-year grants. Between 2022 and 2024, Cohort 1 grantees with three-year grants more than doubled the number of people served. This supports the notion that sustained funding over time allows for grantees to have greater impact. CHI encourages DDCOF to consider providing multiyear funding opportunities in future grantmaking and investment efforts. This is expected to more efficiently and effectively support grantees and the people they serve.

Prioritize the policy and leadership levers.

Over the past three years, grantees faced persistent systemic challenges in their efforts to advance oral health. Workforce and capacity shortages and barriers to accessing care are issues that require policy and systems change. DDCOF should continue to position itself as a leader in the oral health space to effectively anticipate and address oral health needs through policy efforts. Policy and leadership activities, such as hiring a lobbyist, creating spaces for policy conversations, supporting and joining coalitions, and funding data and research activities should be prioritized to enact lasting change.

Invite grantees, partners, and local and national stakeholders to learning circles to promote two-way learning and collaboration.

Learning circles create spaces for two-way learning among DDCOF, grantees, partners, and local and national stakeholders that foster innovation, enhance community impact, and strengthen collaboration. Over the past three years, grantees reported that peer learning and supportive partnerships increased their impact, expanded program reach, and resulted in more coordinated and efficient efforts. However, grantees also noted that maintaining these partnerships is difficult due to capacity and resource constraints. CHI encourages DDCOF to invite former, current, and potential future grantees to participate in learning circles planned with key populations and stakeholders across Colorado and the nation.

Reflecting on Prior Recommendations

As DDCOF looks ahead, it is important to take a moment to reflect on the progress that has been made. CHI provided eight recommendations in the 2021, 2022, and 2023 grantee evaluation reports. Progress on these recommendations based on the current evaluation report and strategic plan activities is highlighted in this section. 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. Overall, DDCOF fully implemented all but one of CHI's recommendations over the past three years.

2023 Report Recommendations

As part of the strategic planning process, 1) strategically pull the levers for achieving change, 2) reflect on DDCOF's grantmaking philosophy, and 3) plan to evaluate progress on strategic plan goals. DDCOF embarked on a strategic planning process in 2024 to inform its priorities and guide its activities over the next five years. After months of extensive stakeholder engagement and listening sessions, DDCOF, in partnership with CHI, created a new theory of change and long-term goals (Appendix A). Each long-term goal includes strategic plan activities and metrics to measure progress. While strategically pulling the levers for achieving change and reflecting on DDCOF's grantmaking philosophy are always ongoing activities, DDCOF thoughtfully developed the 2025-2029 theory of change and made plans to evaluate progress on strategic plan goals.

2022 Report Recommendations

Establish learning labs to foster dynamic two-way learning and collaboration among grantees from the three initiatives. Learning labs or learning circles are an opportunity for data sharing, policy discourse, recurring engagement and connection building, and best practice exchange. Over the past three years, 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. DDCOF is planning to convene learning circles with stakeholders and partners under the 2025-2029 theory of change and is encouraged to invite former, current, and potential future grantees to these spaces.

Continue to fund organizational capacity-building. Cohort 1 and 2 grantees that invested in staff recruitment and retention implemented and sustained their programs with great success. Difficulty hiring and retaining staff contributed to implementation challenges. DDCOF is continuing to focus funding efforts on grantee capacity-building to improve program outcomes.

Maintain workforce initiative efforts to expand the oral health workforce in rural areas. Workforce shortages are particularly acute in many rural areas. Over the past three years, 35.7% of workforce grantees specifically targeted at least one rural county and estimated reaching over 3,500 rural residents. DDCOF continues to focus efforts to expand oral health care access across the state under the 2025-2029 theory of change by supporting the expansion and adoption of oral health telemedicine services (TeleORALhealth) and workforce pathways.

Increase targeted place-based oral health care access efforts in rural areas that are most in need. Over the past three years, about 15% of grantees focused their efforts on the San Luis Valley and about 40% focused their efforts on northeast metro Denver. While place-based access to care efforts are no longer a strategic priority, DDCOF remains committed to increasing oral health care access across the state with a focus on rural and underserved areas. Examples of strategic plan activities include promoting and funding clinical-community linkage programs that connect oral health providers with other types of health programs and clinics, and funding programs that address barriers to access for priority populations.

2021 Report Recommendations

Support policy, advocacy, grantmaking, and systems change efforts to address recruitment, retention, and burnout among dental providers. DDCOF launched the workforce initiative to address the workforce and capacity challenges among dental providers. In 2021, this initiative invested in Cohort 1 grantees focused on creating workforce pipelines, advocating for dental therapy policy reform, and awarding scholarships to students who represent underserved communities. This investment increased over time, with the percentage of Cohort 2 grantees focused on the workforce initiative being nearly twice as high as Cohort 1. DDCOF continues to focus efforts to address recruitment, retention, and burnout among dental providers under the 2025-2029 theory of change.

Elevate DDCOF's role as a leader in oral health equity by convening policy discussions. In 2022, DDCOF hired a policy manager to build an oral health coalition in Colorado. While DDCOF no longer has a policy manager on staff, DDCOF elevated its role as a leader in oral health equity by providing backbone support to the Public Health Institute at Denver Health (PHIDH) in 2024 to re-establish a statewide oral health coalition in Colorado. The mission of the Colorado Oral Health Coalition will be to advance equitable oral health outcomes for all Coloradans by using a collective impact approach. Creating spaces for policy discussions continues to be a focus under the 2025-2029 theory of change.

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. In 2022 and 2024, DDCOF helped to sponsor the Colorado Health Access Survey, a publicly available source of information on health coverage, access to health care, and the factors that influence health in Colorado, to include questions related to oral health. This commitment to data and research is reflected in 2025-2029 strategic plan activities, which includes identifying and monitoring oral health trends to anticipate and respond to oral health needs and opportunities.

Looking Ahead

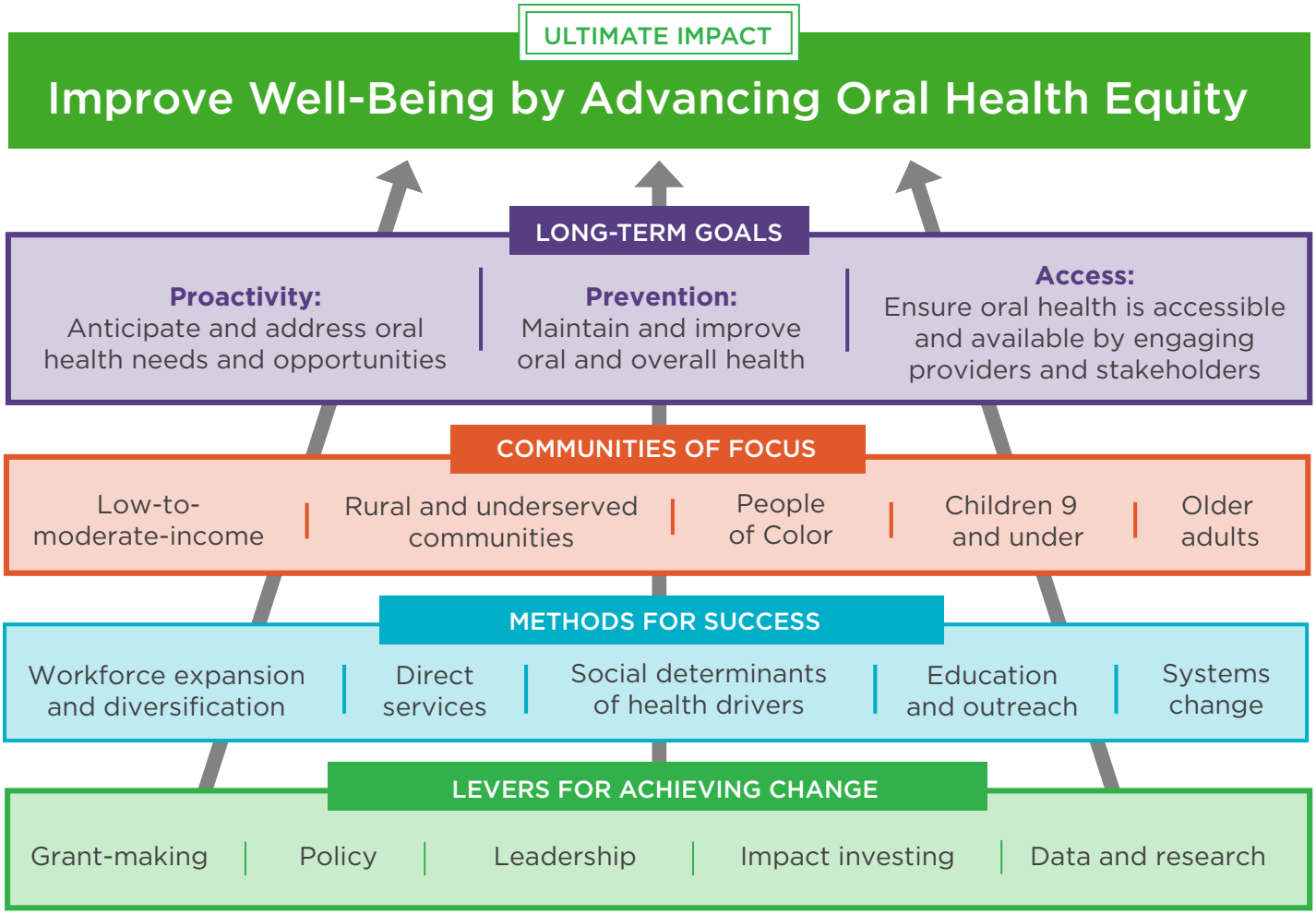
As we reflect on the significant progress made under the 2021-2024 theory of change, it is clear that DDCOF has laid a robust groundwork for advancing oral health equity in Colorado. The achievements of the past four years, including the completion of 150 key activities and the investment of over $10.5 million in grantees, have reached hundreds of thousands of Coloradans and addressed critical barriers to oral health.

Looking ahead, the 2025-2029 theory of change presents an exciting opportunity to build on this momentum. DDCOF's strategic planning process has identified three long-term goals: anticipating and addressing oral health needs and opportunities, maintaining and improving oral and overall health, and ensuring oral health is accessible and available to all. These goals, supported by targeted activities and metrics, will guide DDCOF's efforts to create a future where every Coloradan has access to the oral health care they need.

DDCOF's commitment to multiyear funding, policy advocacy, and leadership in the oral health space will be crucial in addressing persistent systemic challenges. By fostering two-way learning and collaboration through activities like learning circles, DDCOF can enhance community impact and strengthen partnerships.

As it embarks on this new phase, DDCOF is poised to make an even greater impact on oral health and health equity in Colorado. The implementation of the 2025-2029 theory of change will enable DDCOF to address the most pressing oral health challenges, seize new opportunities, and continue its mission to elevate the well-being of all Coloradans.

Appendix A:
DDCOF Theory of Change 2025-2029



Appendix B: Methods

Key Activities

To summarize DDCOF's key activities and determine the extent to which each activity focused on each element of the 2021-2024 theory of change, CHI developed a Key Activities Tracker for DDCOF program staff to complete. This tracker asked DDCOF to identify and categorize each key activity by lever for achieving change, foundation for success, focus population, and initiative. Some key activities were categorized under multiple levers, foundations, focus populations, and initiatives.

Cohort 1 and Cohort 2 Grantees

Each year, DDCOF asks grantees to 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. Grantees awarded funds from DDCOF between September 1, 2022, and January 1, 2024, are members of Grantee Cohort 2. Cohort 1 and Cohort 2 grantees received one- to three-year grants. The grantee data included in this report covers Cohort 1 and Cohort 2 grantee-funded activities from January 1, 2022, through October 31, 2024. All 79 grantees submitted self-reported data.

Grantees reported an estimated number of people served each program year. The estimated number of people served for grantees with two- or three-year grants is an aggregation of these estimates, which assumes that the individuals served each year are unique and not counted more than once. The reporting form asked grantees to provide the estimated number of the following populations served by their program: 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/Chicana; 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; 8) unknown race; and 9) two or more races. Starting in 2024, the reporting form also asked grantees to estimate the percentage of their service population who are people with low incomes.

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. Five grantees did not provide program reach estimates or were excluded from analyses because their 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 79 grantees 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.[3] 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.

Seventy-eight of the 79 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. 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.

Appendix C: Key Activities Across Elements of 2021-2024 Theory of Change

Table 2: Percentage of Activities Across Levers for Achieving Change, Foundations for Success, Focus Populations, and Initiatives

	Percentage of Levers for Achieving Change Activities						
	Policy (N = 7)	Grantmaking (N = 135)	Leadership (N = 12)	Impact Investing (N = 4)	Coalitions (N = 1)	Data and Research (N = 4)	All Levers (N = 150)
Foundations for Success							
Workforce Training and Development	0.0%	17.8%	8.3%	0.0%	0.0%	0.0%	16.0%
Direct Services	0.0%	28.9%	0.0%	0.0%	0.0%	0.0%	26.0%
Education and Outreach	0.0%	31.9%	66.7%	0.0%	0.0%	50.0%	30.0%
Systems (Change)	100.0%	4.4%	25.0%	100.0%	100.0%	50.0%	12.7%
Social Determinants of Health	0.0%	5.9%	0.0%	0.0%	0.0%	0.0%	5.3%
Other	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	10.0%
Focus Populations Served							
People with Low Incomes	14.3%	74.8%	66.7%	75.0%	0.0%	50.0%	71.3%
Rural Residents	14.3%	42.2%	58.3%	25.0%	0.0%	50.0%	40.0%
People of Color	0.0%	78.5%	58.3%	75.0%	0.0%	0.0%	72.7%
Children Ages 6 and Under	14.3%	46.7%	50.0%	25.0%	0.0%	0.0%	43.3%
Pregnant People	0.0%	20.7%	0.0%	75.0%	0.0%	0.0%	20.7%
Initiatives							
Place-Based Oral Health Care Access	28.6%	31.1%	0.0%	0.0%	0.0%	0.0%	28.7%
Prevention/Early Childhood	28.6%	33.3%	50.0%	0.0%	0.0%	0.0%	31.3%
Workforce	0.0%	18.5%	8.3%	0.0%	0.0%	0.0%	16.7%
Non-Specific	42.9%	17.0%	41.7%	100.0%	100.0%	100.0%	23.3%

Note: Activities not specifically focused on an initiative include MRIs, emergency response grants, data and research support, and event sponsorship. Many activities fall within multiple levers.

Appendix D: Grantees Serving the Highest Proportion of Specific Racial/Ethnic Groups

Table 3: 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	▸ Laurus Collegiate, Inc. (20.0%) ▸ Center for Immigrants and Immigration Services (CIIS; 12.0%) ▸ Project Worthmore (11.1%)
Black or African American	▸ Soul 2 Soul (100.0%) ▸ Center for African American Health (75.0%) ▸ I Have a Dream Foundation (34.0%)
Indigenous, Native American, American Indian, Alaska Native, or First Peoples	▸ Montezuma County Public Health Department (27.6%) ▸ Denver Health and Hospitals Foundation (25.4%) ▸ Chaffee County Oral Health (8.4%)
Latino/Latina, Hispanic, or Chicano/a	▸ Community Health Services (96.0%) ▸ Front Line Farming (95.0%) ▸ Roots Family Center (93.9%)
Middle Eastern, North African, West African, or Arab	▸ Muslim Youth for Positive Impact (75.0%) ▸ Center for Immigrants and Immigration Services (CIIS; 74.4%) ▸ Spring Institute for Intercultural Learning (61.1%)
White	▸ San Juan Basin Public Health (95.7%) ▸ Community Partnership for Child Development (90.0%) ▸ Mountain Resource Center (90.0%)

Endnotes

[1] Colorado Health Institute. (2024) Decay in access: Barriers to oral health care remain in Colorado. https://deltadentalcofoundation.org/wp-content/uploads/2024/03/DDCOF-Oral-Health-Fact-Sheet-Barriers.pdf

[2] Department of Local Affairs, State Demography Office. (2024) County population estimates, 2010 to current year. [Data set]. https://demography.dola.colorado.gov/assets/html/county.html

[3] United States Census Bureau. (2024) Metropolitan and micropolitan. https://www.census.gov/programs-surveys/metro-micro.html

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