



# 2025 Evaluation Report

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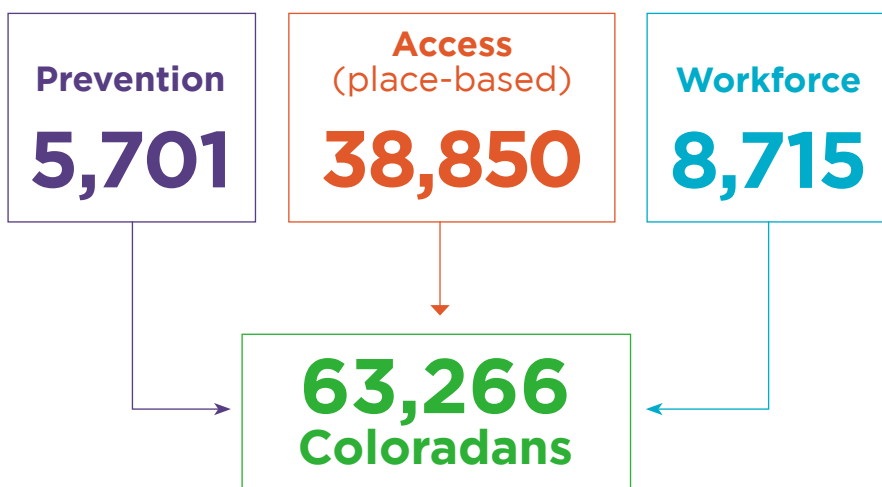
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# Executive Summary

**Delta Dental of Colorado Foundation (DDCOF) is a leader in Colorado’s oral health space. Since 1997, the foundation has supported local and statewide programs, services, and initiatives through grantmaking, impact investing, policy, leadership, and data-driven research.**

Over the past three years, DDCOF-funded grantees served approximately 340,000 Coloradans. This annual evaluation report primarily analyzes the final year of the 2022-2024 funding cycle, during which grantees collectively served 63,266 Coloradans. Grantees aimed to fulfill outcomes outlined in DDCOF’s 2021-2024 theory of change. This report highlights their program and service reach across the state, progress and successes, and current and future challenges as they navigate an evolving oral health care landscape. These findings will provide context and guidance as DDCOF implements its updated theory of change, shifting priorities for 2025-2029 to continue working toward its ultimate goal of improving the well-being of Coloradans by advancing oral health equity. This evaluation also provides recommendations and guidance for DDCOF’s continued efforts in the oral health space.

## Coloradans Served by DDCOF 2022-2024 Cohort-Based Grantees (by initiative)



## Key Takeaways

**DDCOF Navigated a Strategic Planning Bridge Year.** DDCOF began implementing activities under its new strategic plan and theory of change in 2025. The updated plan addresses ongoing and emerging oral health needs in Colorado. Under this new strategy, the foundation awarded grants to 25 projects that aim to improve access to preventive dental services for high-need and underserved populations.

**Oral Health Challenges Persist.** Colorado’s oral health leaders, providers, and community groups expressed ongoing concerns about systemic and policy challenges that affect their ability to deliver programs and services. Grantees anticipate that the state’s budget and federal policy changes to funding sources and programs such as Medicaid will further challenge workforce, access, and prevention goals.

**DDCOF’s Leadership and Funding is Imperative for Community Work to Continue.** Grantees valued the foundation’s role in providing grant funding to programs and projects across the state. Without this consistent funding, many oral health access, prevention, and workforce initiatives would need to be reduced, paused, or discontinued.

The following recommendations highlight opportunities for DDCOF to further support and strengthen grantees’ abilities to improve access and prevention efforts across the state.

# Recommendations and Opportunities

Based on this evaluation, the Colorado Health Institute (CHI) recommends that the DDCOF team focus on the following efforts, which are described in further detail on [page 20](#).

## Continue Progress in Implementing Previous Recommendations.

Prior recommendations include focusing on multiyear funding, policy and advocacy, and opportunities for two-way learning.

### ▶ Continue and Expand Flexible, Multiyear Funding to Address Longer-Term Goals.

Many grantees highlighted financial instability as one of the key barriers to achieving their desired outcomes.

### ▶ Strengthen Policy and Advocacy Supports.

DDCOF can expand upon the five policy and advocacy efforts completed in 2025 that included testimony, legislative education, and stakeholder convening.

### ▶ Explore Options to Conduct Learning Circles to Promote Two-Way Learning and Collaboration.

Continue exploring options to fulfill grantees' need for more learning and collaboration opportunities.

## Improve and Standardize Data Collection, Reporting, and Evaluation.

Data collection tools and forms should be standardized to track and monitor effectiveness over time while minimizing reporting burden on grantees.

## Prioritize Workforce Sustainability and Coordination Efforts.

DDCOF can explore options to incorporate workforce sustainability into current workforce goals to ensure that people are accessing needed care by qualified providers in their communities.

## Explore TeleORALHealth Sustainability Options.

DDCOF can explore options to assess and mitigate these challenges, including limited buy-in and lack of standardized financial infrastructure, through learning circles or advocacy efforts.

## Expand Culturally Responsive Prevention and Access to Understandable Oral Health Information.

DDCOF should seek to learn best practices for investing in prevention-based grantmaking efforts that address disparities from current grantees and other community leaders.

# Introduction



**DDCOF's mission is to elevate the well-being of all Coloradans by advancing oral health equity. The foundation is committed to ensuring oral health is accessible so that all Coloradans can maintain or improve their oral health and overall health. DDCOF is a leader in Colorado's oral health space and has prioritized anticipating and addressing oral health needs in an evolving state and federal policy landscape.**

Through these efforts and with contributions from other oral health leaders, such as the Colorado Department of Public Health and Environment, oral health access and dental insurance coverage have improved. According to findings from the Colorado Health Access Survey, the percentage of Coloradans visiting the dentist has fluctuated over the past 15 years, but the overall trend moved upward from 66% in 2009 to 73% in 2025. Dental insurance coverage has increased steadily, rising from 63% covered in 2009 to 81% of Coloradans in 2025. Coverage and access also improved for Coloradans of color and those who live in rural areas. While disparities remain, insurance coverage trended upward for all racial and ethnic groups and rural residents.

Against this backdrop, this evaluation examines DDCOF's work during a pivotal transition year. In 2025, DDCOF implemented its new strategic focus through its 2025-2029 theory of change, while continuing to fund projects and organizations focused on the foundation's previous theory of change work. This evaluation focuses primarily on DDCOF's grantmaking efforts from the 2021-2024 theory of change, highlights additional 2025 activities, and provides recommendations and opportunities for the foundation's continued investment in advancing oral health in Colorado.

## Evaluation Focus

This evaluation captures DDCOF's work during its transition from the old theory of change to the new. This includes 40 projects from the final 2022-2024 grantee cohort, 35 organizations that received transition funding, and the additional 26 key activities conducted in 2025.

CHI analyzed DDCOF program records and 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?
- ▶ To what extent did DDCOF's key activities focus on each element of the new 2025-2029 theory of change?

Detailed evaluation methods are described in the Appendix.

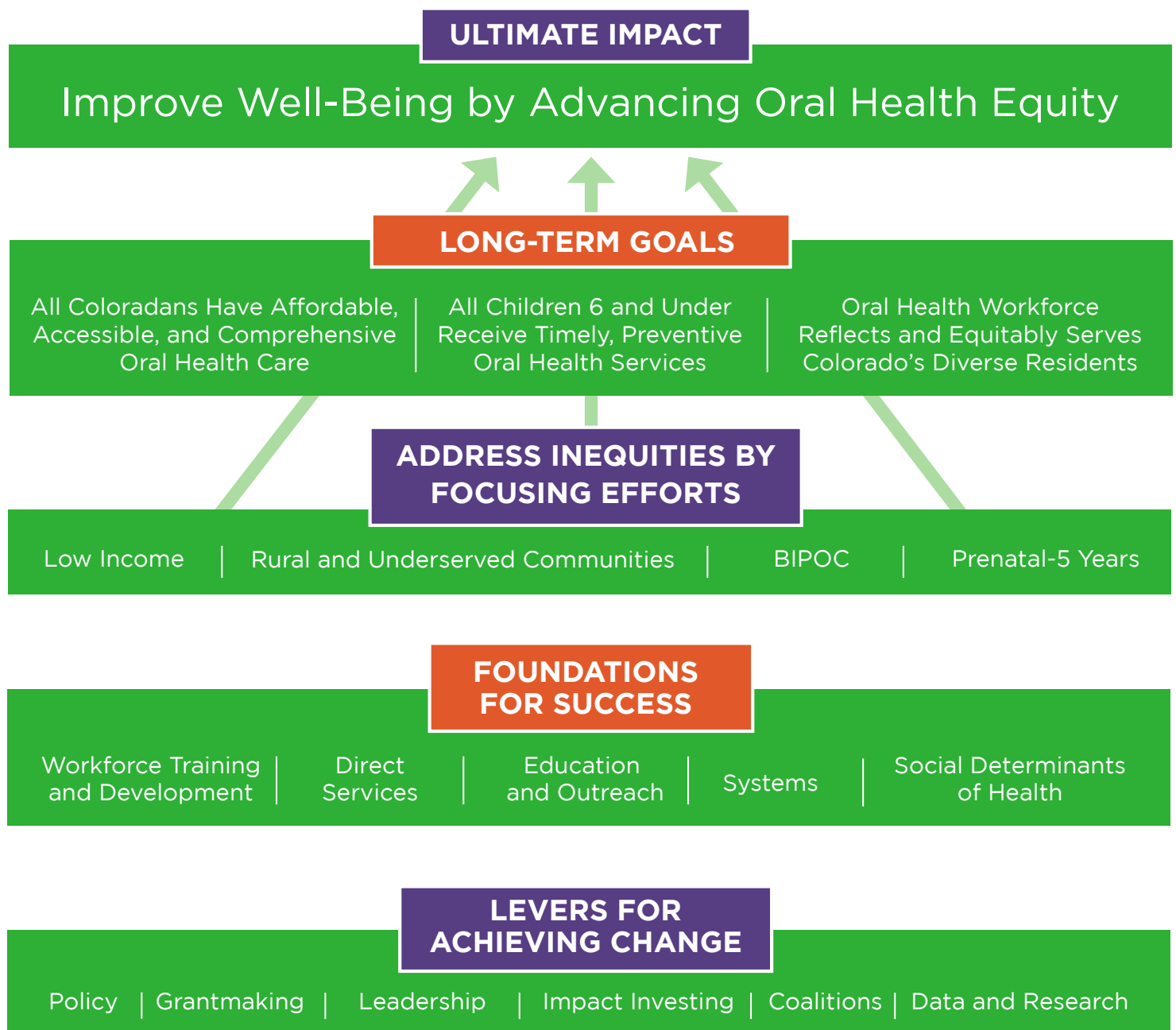
# 2025 Grantee and Activity Evaluation

## 2022-2024 Cohort-Based and Transition Grantees

In 2024-2025, DDCOF continued supporting 51 organizations that were conducting activities under the former (2021-2024) theory of change (see Figure 1). These cohort-based and transition grantees relied on this funding to support and maintain programs aligned with the former initiatives of place-based oral health

care access, prevention and early childhood, and workforce (see Figure 2). This evaluation focuses primarily on the 39 organizations who were part of DDCOF's cohort-based grantmaking activities from 2022-2024. Data on the grantees who received transition funding were too limited for a full analysis.

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



**Figure 2. 2021-2024 Delta Dental of Colorado Foundation Long-Term Initiative Goals**

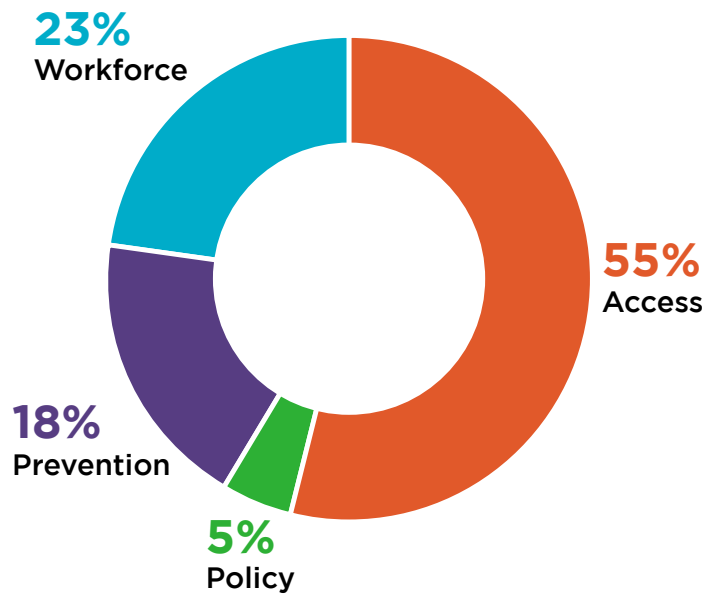
Initiative	Goal
Place-Based Oral Health Care Access	All Coloradans have affordable, accessible, and comprehensive oral health care (place-based access to care in San Luis Valley and northeast metro Denver).
Prevention/ Early Childhood	All children ages 6 and under receive timely, preventive oral health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

### Cohort-Based Grantees

DCCOF's funding advanced oral health care across Colorado. Many grantees expressed gratitude for the foundation's support, noting its role in program success and expansion. This round of funding led to increased access to oral health care, fostered partnerships, and contributed to workforce development and career awareness. One grantee described the impact of mobile dental services on people experiencing homelessness, noting that bringing care directly to people has been "a game changer, bringing patients into a community of care where they can receive life-changing dentistry." Other grantees said the funding eased financial burdens for students pursuing oral health careers.

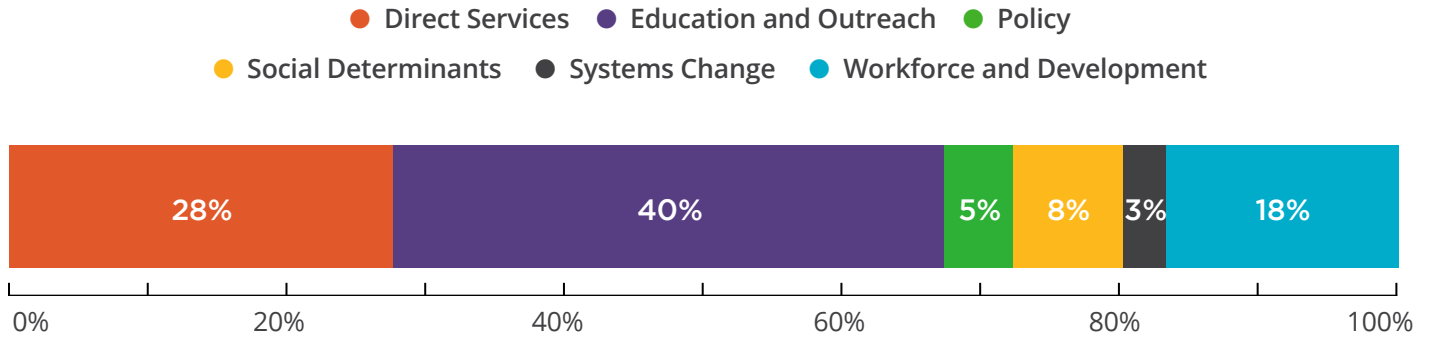
DCCOF awarded 40 grants in 2024 and early 2025 to continue activities that supported the former theory of change. Most grantees (55%) focused on the access and place-based initiative, which included programs providing dental screenings and services, offering access to healthy food, and expanding TeleORALHealth to address health disparities. About a quarter of grantees (23%) focused on workforce training and development, and 18% focused on prevention activities and programs for children 6 and under (see Figure 3). Two grantees received funding to support policy goals, which are categorized separately than the three initiatives. These policy-focused grantees advocated to codify the Child Care Health Consultants (CCHCs) and HealthySteps programs and advocated to protect Medicaid coverage for the Cover All Coloradans program.

**Figure 3. Percentage of Grants Awarded by Initiative, 2022-2024**



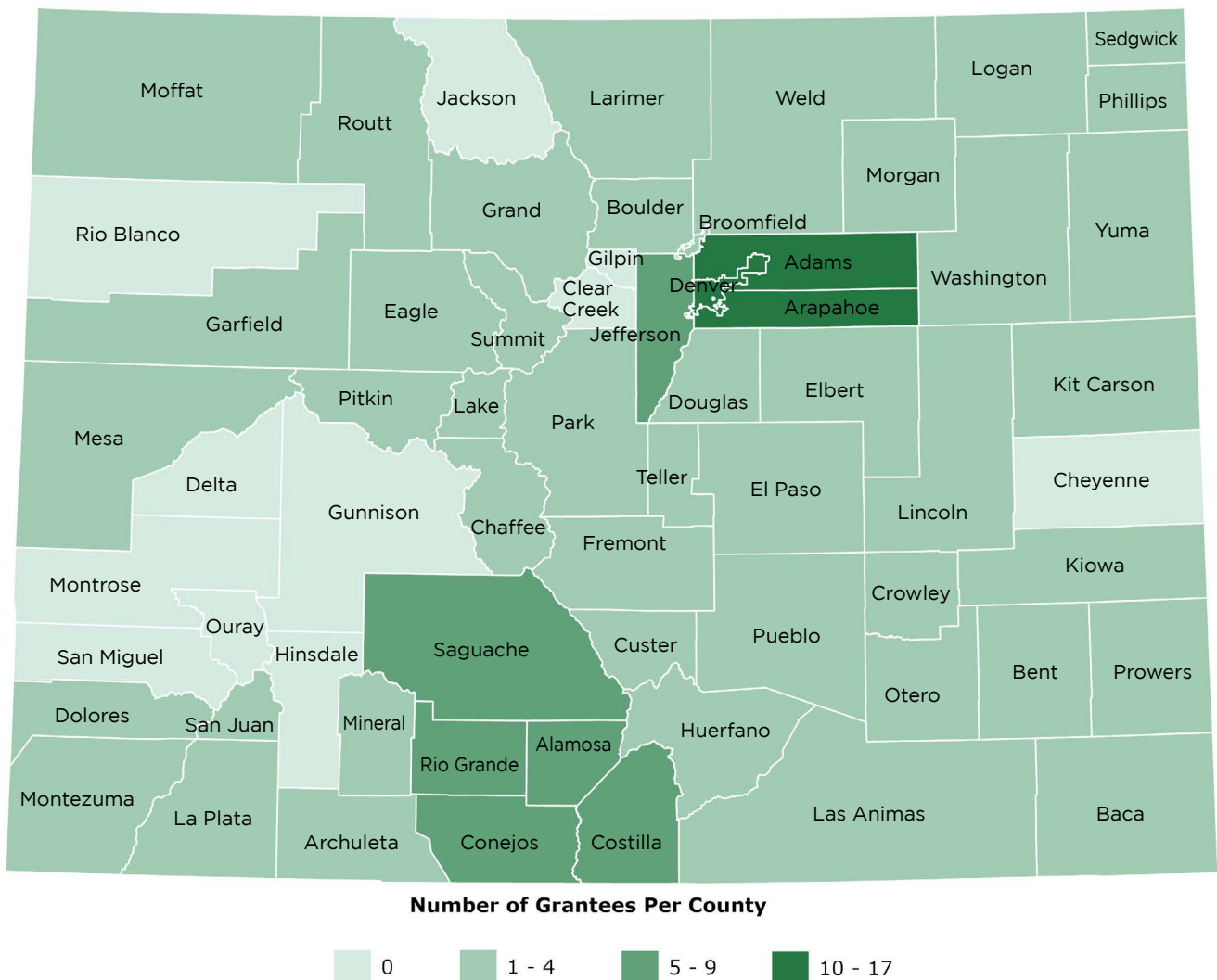
Within each of the three initiatives, grantees addressed oral health challenges and disparities through several methods called "foundations for success." These methods included workforce training and development, direct services, education and outreach, systems change, and social determinants of health. Most grantees focused on education and outreach (40%), followed by direct services (28%) and workforce training and development (18%), with the remaining grantees addressing systems change and social determinants of health (see Figure 4).

**Figure 4. Percentage of Grantees by Foundations for Success**



Grantees served Coloradans in 53 counties, with the highest number of grants being awarded to programs in the Denver metro area and San Luis Valley (see Map 1). Both the San Luis Valley and northeast Denver area were prioritized in 2022 to 2024 for place-based funding to improve access to care.

**Map 1. Number of Cohort-based Grantees, by County**

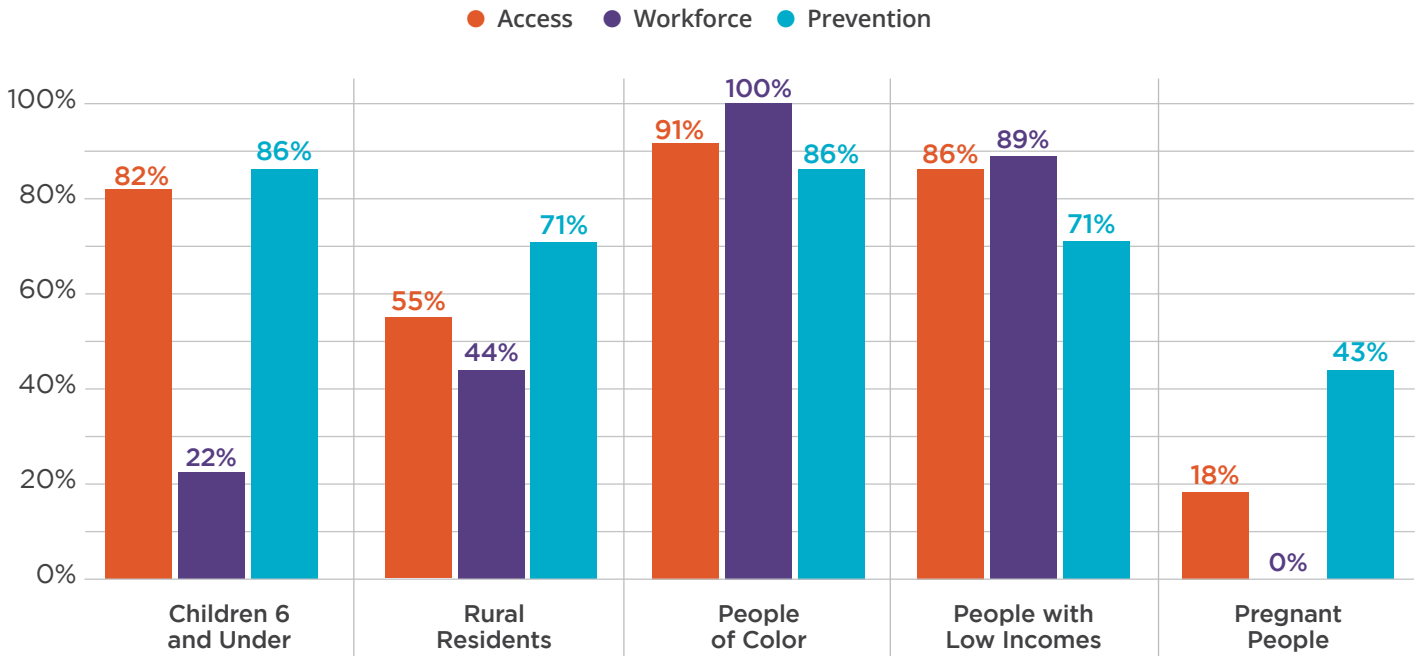


## Reach by Population

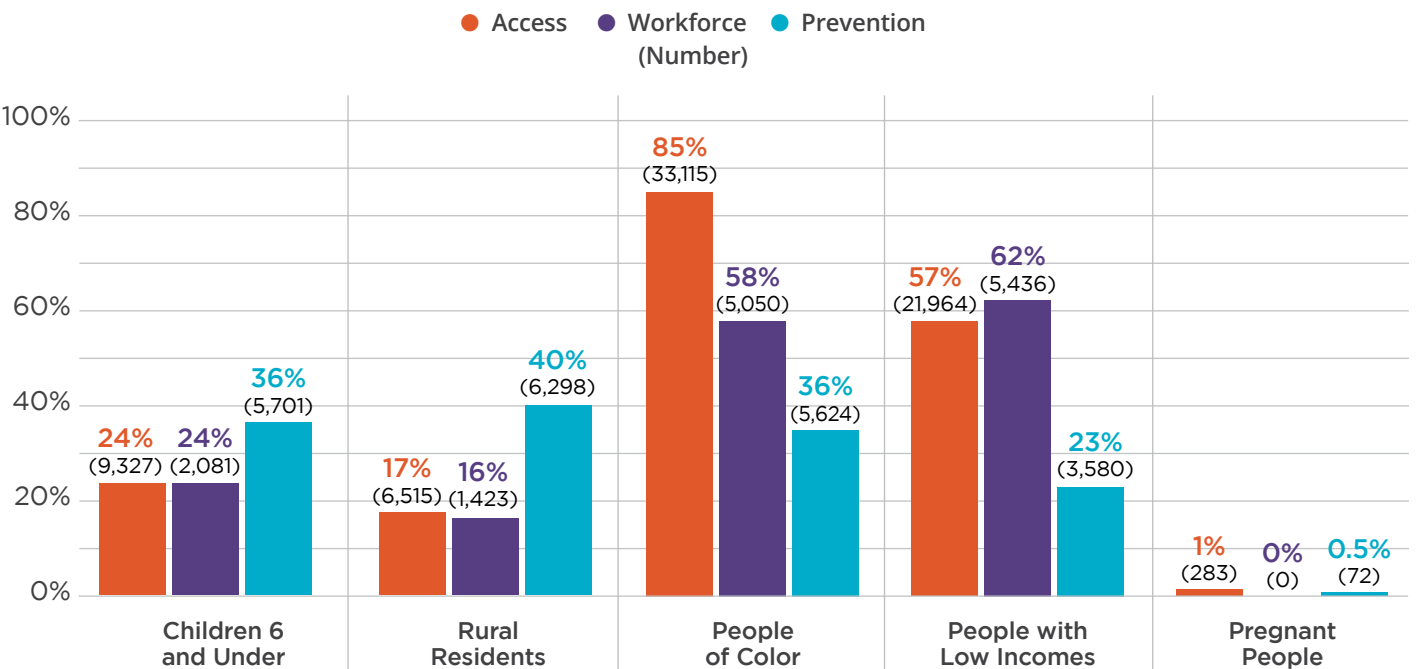
Overall, grantees reached 63,266 people through prevention/early childhood, place-based oral health care access, and workforce initiatives, serving all DDCOF focus populations in 2025 (see Figures 6 and 7). DDCOF prioritized reducing inequities among people of color, pregnant people, children 6 and under, and rural residents. Figures 5-7 highlight the number and percentage of grantees serving each focus population, as well as the estimated number and percentage of people served by each initiative type.

**Figure 5. Percentage of Grants Serving Each Population, by Initiative**

(Access n=22, Workforce n=9, Prevention n=7).

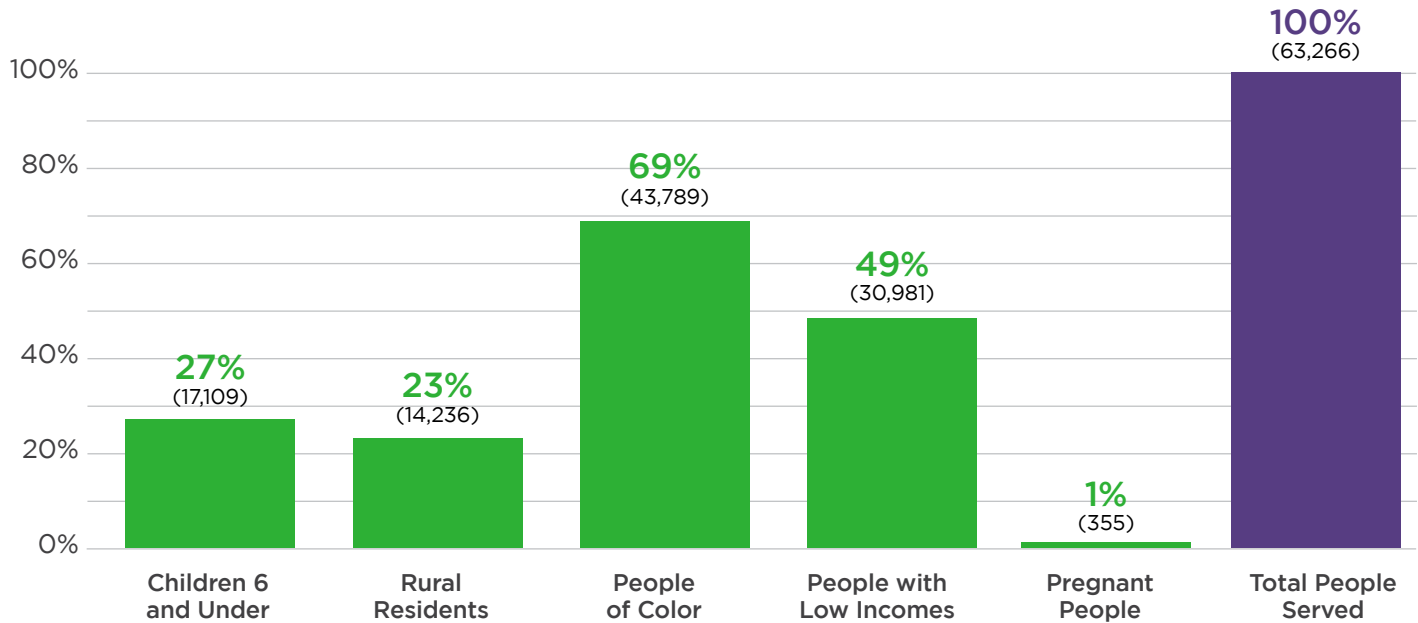


**Figure 6. Estimated Number and Percentage of Focus Populations Served Within Each Initiative**



**Figure 7. Estimated Number and Percentage of Individuals Served, by Focus Population**

(Number)



## Progress Toward Goals

Grantees reported their progress toward the initiatives' goals and provided examples of program and policy successes accomplished with the grant funds. CHI identified nine key themes that describe how grantees made progress in expanding access to oral health services, developing an oral health workforce that reflects and equitably serves Colorado's diverse residents, and reducing oral health diseases, such as tooth decay.

**Expanding Access Options.** Grantees reported success expanding access by increasing virtual and telehealth options and meeting people where they are. Two grantees reported that their TeleORALHealth services helped create virtual dental homes for people who face geographic and economic barriers, helping reach older adults, pregnant people, and young children in remote areas.

Several grantees reported success bringing services directly to people. For example, the opening of a dental clinic in a shelter and a Health Outreach Program mobile clinic saw immediate demand from unhoused or formerly unhoused people. Other grantees worked

directly with schools and child care centers to offer dental services to children on site.

**Building and Maintaining Partnerships.** Some grantees used their grant funds to build and strengthen partnerships with local, regional, and state entities. One grantee partnered with Nurse-Family Partnership and Women, Infants, and Children programs to improve access to comprehensive preventive care for children and families, while another formed a council to help establish a school-based health center model in Alamosa. Additionally, one grantee reported that Child Care Health Consultants and school nurses completed the new Early Childhood and Adolescent Oral Health Screening training. The training was co-developed by the Colorado Department of Public Health and Environment (CDPHE) and Healthy Child Care Colorado, with recruitment of Child Care Health Consultants occurring through Healthy Child Care Colorado's role as the statewide coordinating hub.

**Reaching Underserved and Priority Populations.** Grantees have made progress in reaching marginalized and often underserved populations, such as those who are undocumented, uninsured, low-income, unhoused, and people of color. In total, grantees reached 43,789 people of

color, 30,981 people earning low incomes, and 1,921 immigrants and refugees in 2025. Some grantees reported success using community health workers, patient navigators, and promotoras to engage populations facing access barriers.

**Growing the Workforce.** Grantee activities are increasing the number of people pursuing dental assistant careers. For example, the Dental Assistant program at Denver Health successfully built a pathway of skilled professionals, with 29 graduates and more on track. This program supports students from all backgrounds by offering scholarships, mentorship, and wraparound supports that reduce financial and social barriers for students.

One grantee program educates oral health providers about expanding volunteering and externship opportunities for internationally trained providers who often face barriers to re-credentialing in the U.S. This program has helped over a dozen internationally trained providers make progress toward U.S. re-credentialing while also creating a professional network for them to engage with.

**Creating Oral Health Workforce Pathways.** Many grantee activities were designed to grow the oral health workforce by creating readiness programs and promoting dental careers through career fairs, work expos, and school partnerships. For example, one grantee reported maintaining strong relationships with schools in urban and rural areas, offering career

exposure events to 1,795 students. This grantee also expanded the Oral Health Champions stipend program to include teachers and counselors, helping connect students to career exposure and education opportunities.

**Prioritizing Workforce Diversity.** Some grantees used funds to train existing staff on cultural competency, while others invested in upskilling, such as having staff complete Certified Medical Interpreter and Expanded Duties Dental Assistant courses so they could better serve patients in the communities they serve. Other grantees created materials, such as the Oral Health Workforce Education Toolkit, which can be embedded into school curricula statewide to help inspire a diverse future workforce to join the field.

**Expanding Community Outreach and Education Efforts.** Grantees spread awareness of oral health and shared education materials throughout 2025, reaching approximately 39,000 Coloradans through initiatives, including prevention messaging for families and providers through podcast episodes, text messages, and newsletters. For example, Thriving Families reached 1,728 families through oral health education that promoted early prevention strategies and healthy habits during pregnancy and early childhood. Another grantee, Roots Family Center, reached 120 people by integrating oral health education into Parents as Teachers and Home Instruction for Parents of Preschool Youngsters home visits, providing supplies and tailored oral health education in Spanish.



Denver Health Dental Assisting Suite ribbon-cutting.

**Focusing on Healthy Food.** Two grantees prioritized addressing access to healthy food, which is essential for oral health. In the San Luis Valley, FrontLine Farming distributed more than 5,600 food boxes to address nutrition-related health disparities. In the Denver metro area, the GrowHaus provided over 6,000 Coloradans with reliable access to fresh food and nutrition education in 2025.

**Achieving Treatment and Screening Goals for Children.** Grantees reported progress in ensuring children 6 and under received timely, preventive oral health services. DDCOF's funding helped grantees provide more than 1,300 young Coloradans with dental homes. Several grantees also reported offering dental screenings and needed treatments to young children in their communities.

## Program Challenges

### Current Challenges

CHI identified five key challenges that impacted grantees' ability to provide and promote oral health services in their communities in 2025.

#### **Workforce Development and Retention.**

Grantees reported that despite improvements in workforce development and retention efforts, they faced ongoing challenges with staff turnover, recruiting, and siloed workforce efforts.

Staff turnover was a prominent challenge across grantee programs and organizations, leading to increased training burdens, administrative work, and loss of institutional knowledge. Grantees also reported that Colorado's high cost of living, low pay for some positions, and lack of affordable child care and other basic needs have contributed to job turnover and difficulties filling



Denver Health Foundation MDI visit.

positions, especially in rural areas. Grantees noted that workforce pathway initiatives don't immediately address workforce shortages because it takes time for new graduates and workers to gain the community trust and experience that previous dental providers had.

Overall, with limited provider options in some areas, especially those who accept Medicaid, many communities have limited or no access to nearby affordable oral health care.

**Financial Uncertainty.** Colorado's budget and threats of federal cuts or changes to Medicaid are top of mind for many grantees. Some grantees reported that Colorado's shrinking state budget has affected their ability to expand and integrate oral health programming. Grantees noted that the current political climate and resulting budget cuts are creating uncertainty about the sustainability of preventive services, with some grantees concerned about programs having to pause or close. One grantee also noted that the lack of a standardized financial infrastructure for TeleORALHealth reimbursement limits scalability for virtual services.

**Community Awareness and Engagement.**

Grantees reported that there are still barriers to outreach and education efforts among underserved and marginalized populations. Grantees noted ongoing misinformation about treatments such as fluoride and limited awareness of the importance of oral health care, especially among parents of young children.

Outreach and awareness efforts have also been affected by a lack of culturally responsive care and language barriers experienced by some community members of color or those who speak a language other than English. Grantees noted that some oral health programs and dental clinics have a shortage of culturally responsive and bilingual providers, limiting engagement and use of services among marginalized populations.

Additionally, engaging and building partnerships with dental clinics, schools, and other organizations was a pain point for some grantees. For example, some grantees reported experiencing restrictive processes while trying to engage with certain schools, while others struggled to connect with dental providers,

especially those that accept Medicaid patients.

**Political Climate.** Several grantees noted that immigrant families in their communities reported fears about immigration enforcement, leading to anxiety and reduced use of oral health services.

**Service Delivery Barriers.** Grantees reported that cost of care barriers, a shortage of Medicaid providers, and service disruptions due to construction or mechanical issues with mobile units reduced or halted oral health promotion efforts and services in the past year. Additionally, grantee services were affected by CDPHE's loss of lab certification for water fluoride testing, which increased costs for testing from \$16.50 to \$58 for organizations such as public health agencies, causing financial strain.

## Anticipated Challenges

When asked what challenges or barriers they anticipate while advancing oral health work in the future, grantees reported many of the same barriers they experienced in 2025. Grantees expect that they and others in the oral health space will continue to face the following challenges, which together threaten communities' access to affordable oral health care:

- ▶ Limited sustainable funding sources
- ▶ Continued workforce shortages, especially in rural and frontier communities
- ▶ Systemic barriers such as language access limitations and cultural hesitancy toward preventive dental care
- ▶ Inconsistent buy-in from community partners and the need for stronger relationship-building and clearer alignment of priorities
- ▶ Policy changes including new Medicaid requirements, opposition to evidence-based interventions such as water fluoridation, and growing policy threats to immigrant communities
- ▶ Worsening food insecurity due to government disinvestment in food access programs, rising food prices, and cuts to SNAP benefits, leading to poor oral health outcomes

## Success Factors

Grantees used six strategies over the past year to ensure their organizations' work is sustainable and can continue meeting their communities' needs.

**Meeting People Where They Are.** Many grantees focused on strategies that address the social determinants of health, such as reducing transportation barriers by meeting community members and patients at preferred settings such as schools and shelters serving people experiencing homelessness. Grantees also provided financial support such as reduced care costs or subsidized expenses such as mileage reimbursements and hotel stays for students interested in pursuing dental careers.

**Prioritizing Cultural and Linguistic Competence.** Grantees worked to ensure programs and services were delivered in people's preferred language and in a culturally responsive manner. Investments included staff training in culturally responsive care, hiring bilingual providers, and expanding interpreter services to better meet the needs of the communities they serve. For example, Mountain Family Health Centers invested in dental assistants by funding their advancement through the Expanded Duties Dental Assistant (EDDA) program, enhancing clinical capacity and allowing the team to serve more patients. Another grantee, Family and Intercultural Resource Center, had a Spanish-speaking dentist lead group preventive oral health demonstrations in Spanish. Her ability to communicate clearly in families' preferred language and understand cultural context helped reinforce key messages, build trust, and encourage families to take proactive steps toward improving their children's oral health.

**Leaning on Partnerships and Community Trust.** Grantees continued building relationships with local and state partners to sustain programs, expand reach, and integrate oral health into broader health initiatives. Much of their relationship-building focused on gaining and maintaining community trust to improve engagement and participation in services.

**Diversifying Revenue Streams.** Grantees focused on diversifying revenue streams and securing long-term funding, reducing their reliance on short-term grants.

## Program Spotlight



An innovative pilot program made strides in advancing prevention and access to oral health services in 2024.

Piloting Service and Education Integration. Building on the foundation's 2021 investment in the Early Childhood Oral Health Equity Roadmap, which aligned stakeholders around nurse-led oral health prevention, Healthy Universal Preschool Collaborative (HUPC) demonstrates how those shared policy goals were operationalized when Colorado adopted universal preschool. By leveraging universal preschool as an existing statewide infrastructure, this work enabled a new prevention-focused workforce to embed oral health education, screening, and referral into everyday early childhood settings, advancing systems-level change rather than isolated programmatic impact. The HUPC project created tools and training, improved collaboration among partners, and implemented oral health practices and screenings across Colorado's universal preschool system. In its first year, the pilot program served 1,973 children from birth to 4, engaged 675 preschool staff members, conducted 914 oral health screenings, and made more than 320 referrals to connect families with dentists or physicians. These outcomes are significant in that they reflect the maturation of DDCOF's long-term Prevention strategy.

**Continuing Workforce Development and Education.** Grantees addressed workforce shortage challenges by offering staff career advancement opportunities and prospective workers apprenticeship and mentoring opportunities. These strategies also included investing in workforce pathways, such as developing and standardizing educational curricula and spreading awareness among youth about oral health career options.

**Utilizing Data and Advocacy.** Grantees pursued advocacy strategies to influence changes needed to reduce oral health disparities, such as rural access to care, and used data-driven stories to demonstrate their programs' effectiveness and inform improvements.

### Transition Grantees

DDCOF invested \$1.1 million in transition grants, which provided flexible general operating support to help 35 past grantees navigate the foundation's shift to its new strategic plan and 2025-2029 theory of change.

Findings in this section are descriptive because only 21 of the 35 transition grantees completed the evaluation survey, responses varied in level of detail, and the survey did not capture organization names or standardized metrics such as reach. As such, findings in this section should be interpreted with caution. The 21 grantees who responded reported the following five themes on how this funding allowed them to continue providing essential oral health access and prevention services.

**Direct Services.** Seven grantees used funds to maintain and deliver dental care directly to children, families, and adults with low incomes. The funds prevented some organizations from experiencing service disruptions that would have impacted populations with high needs.

**Workforce Development.** Seven grantees focused on strengthening the oral health workforce through efforts like helping internationally trained health care professionals obtain licensure and hosting career exposure events for students.



Wee Cycle.

**Outreach and Education.** Six grantees used funds for education, outreach, and community prevention initiatives, such as piloting screening and referral workflows, developing toolkits, and continuing oral health education for families.

**Staff Capacity.** Eight grantees used some of their transition funding to support salaries to retain essential personnel such as care navigators and program staff and to fund time for technical assistance and strategic organizational planning.

**Social Supports.** Three grantees used funds for social services and other health-related services, such as providing healthy foods, providing transportation to dental visits, finding housing for dental students, and offering emergency financial assistance to community members.

Overall, all 21 transition grantees who provided an evaluation form reported that the transition



Chaffee County Oral Health Program.

grant dollars were either “very helpful” or “extremely helpful” in supporting their organization during DDCOF’s strategic shift. Most grantees (86%) expressed confidence in the foundation’s ability to effectively advocate for oral health programs in Colorado, and 90% said that DDCOF’s leadership and commitment to oral health initiatives have enhanced their perception of the Delta Dental brand.

Looking ahead, nearly all transition grantees who completed the evaluation form (95%) reported being “very” or “extremely” concerned about the potential effects of Colorado’s budget cuts on oral health programs. When asked what concerned them the most about budget cuts and possible policy changes, 14 grantees cited cuts or changes to Medicaid and impacts to low-income Coloradans, seven noted changes to Medicare reimbursement and threats to the Senior Low-Income Dental Program, and one was concerned about its ability to offer oral health care services.

## Additional 2025 Activities

In addition to the cohort-based and transition grantees, DDCOF supported 26 key activities in 2025. This section summarizes those key activities that occurred under each lever in 2025, with a breakdown across methods for success, focus populations, and long-term goals. Note that no impact investing opportunities, which support mission-related investments, were offered in 2025.

### Grantmaking

DDCOF funded 21 grantmaking activities in 2025 that continued work under the old theory of change and represented a mix of new and continuing investments with varying grant periods. These activities primarily focused on workforce training and development, and education and outreach efforts, and collectively served all communities of focus from the old theory of change (see Figure 8). Five examples of these activities and their outcomes include:

**Strengthening Workforce Pathways.** CHI convened and facilitated a community of practice composed of three dental directors from community colleges across Colorado that offer dental hygiene and/or dental assisting programs. The community of practice resulted in co-developed objectives and best practices for reaching students, which created clear and consistent guidance for dental programs to better prepare students to enter Colorado’s oral health workforce.

**Expanding Dental Hygiene School Enrollment.** Four schools received seed funding to expand dental hygiene programs and increase the number of graduates entering the workforce. In 2025, the four community colleges enrolled 141 people in their dental hygiene programs, with 49% being people of color. One community college, which used its funding from DDCOF to expand enrollment capacity, graduated 35 students, with 100% reporting post-graduation employment.

**Reaching Children and Child Care Staff.** Four organizations included in the universal preschool pilot program continued oral health integration efforts that resulted in dental screenings and community referrals for young children in child care settings. This program also provides child care staff with tools, resources, and confidence to share oral health information with children and families.

**Growing a Diverse Workforce.** The Denver Health Foundation trained and integrated dental assistant students into medical clinics as providers. These dental assistants reflect the communities they serve, increasing culturally responsive care and building trust among communities in Denver that have long been marginalized.

“Doing MDI (Medical-Dental Integration) made me like dental more. I saw how the community really needs this knowledge.” - Student participant

**Leveraging Local Outreach.** VIVE Wellness and Thriving Families enhanced access and prevention efforts by promoting oral health messages and creating referral pathways for immigrant community members who needed services.

### Policy and Leadership

DDCOF positioned itself as a leader in the oral health space. The foundation convened national and local leaders in early 2025 to prepare for and address the federal Department of Government Efficiency’s cuts to public health and health care.

The foundation also participated in policy and advocacy work in 2025 by engaging with and informing Colorado legislators. DDCOF wrote letters to legislators about the importance of

**Figure 8. Number of 2025 Grantmaking Activities that Addressed Each Focus Population and Foundations for Success Within the Old Theory of Change**



\*Note: Access and workforce activities were combined for this table and analysis. Note that some grants reached multiple populations and/or overlapping initiative goals.

oral health work being conducted by grantees and provided education on the need to bolster workforce initiatives and support prevention practices such as water fluoridation. DDCOF also testified three times during the 2025 legislative session on the [Sunset Dental Practice Act](#), which expands the scope of practice for dental hygienists. The bill passed, extending the act until 2034.

### Data and Research

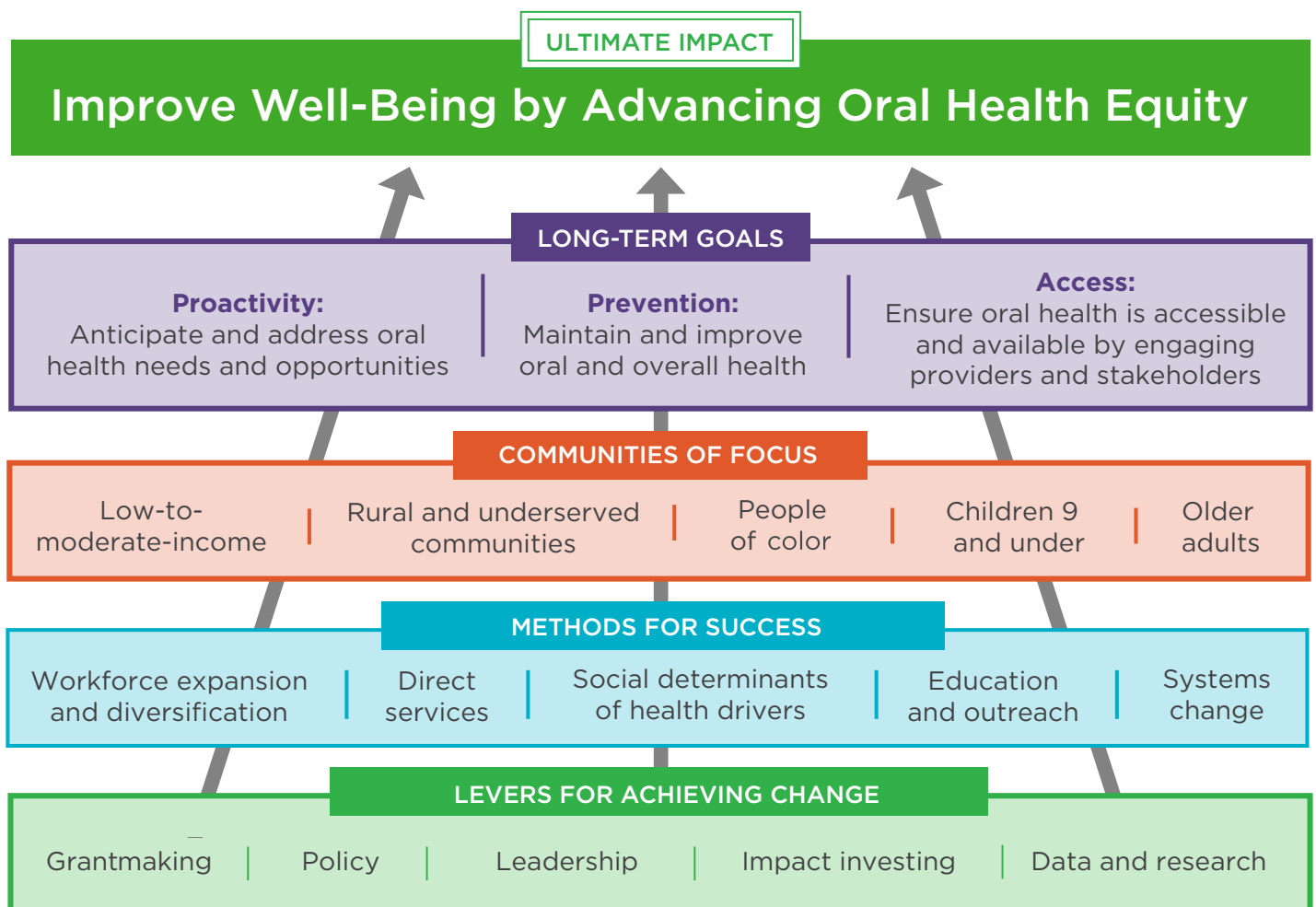
DDCOF supports initiatives to provide more accessible data and resources for communities advancing oral health equity. The foundation invested \$30,000 into the 2025 Colorado Health Access Survey, which provides statewide and regional survey data on access to oral

health care, dental insurance coverage, and barriers to care. The foundation also funded a new question on the 2025 survey assessing reasons people were forgoing dental insurance. DDCOF makes these data accessible and publicly available to grantees and other interested parties by hosting a data dashboard.

## 2025-2029 Theory of Change

DDCOF’s grantmaking activities and investments between 2025 and 2029 are guided by the theory of change updated in partnership with the CHI in 2024 (see Figure 9).

**Figure 9. DDCOF 2025-2029 Theory of Change.**



DCCOF's new strategic plan and theory of change updated language and broadened the long-term goals and communities of focus to better reflect the diverse needs of Coloradans. Table 1 highlights the key changes made between the 2021-2024 and 2025-2029 theories of change.

**Table 1. Theory of Change Modifications Between 2021-2024 and 2025-2029.**

2021-2024 ELEMENTS	2021-2024 THEORY OF CHANGE	2025-2029 ELEMENTS	2025-2029 THEORY OF CHANGE
<b>Ultimate Impact</b>	Improve Well-Being by Advancing Oral Health Equity	<b>Ultimate Impact</b>	Improve Well-Being by Advancing Oral Health Equity
<p>▶ <b>CHANGE:</b> No change</p>			
<b>Long-Term Goals</b>	<ol style="list-style-type: none"> <li>1. All Coloradans Have Affordable, Accessible, and Comprehensive Oral Health Care</li> <li>2. All Children 6 and Under Receive Timely, Preventive Oral Health Services</li> <li>3. Oral Health Workforce Reflects and Equitably Serves Colorado's Diverse Residents</li> </ol>	<b>Long-Term Goals</b>	<ol style="list-style-type: none"> <li>1. Proactivity: Anticipate and address oral health needs and opportunities</li> <li>2. Prevention: Maintain and improve oral and overall health</li> <li>3. Access: Ensure oral health is accessible and available by engaging providers and stakeholders</li> </ol>
<p>▶ <b>CHANGE:</b> Goals have become broader to capture the diverse populations and communities that DCCOF wants to focus on serving and supporting.</p>			
<b>Address Inequities by Focusing Efforts</b>	Low Income, Rural and Underserved Communities, BIPOC, Prenatal-5 Years	<b>Communities of Focus</b>	Low- to moderate-income, rural and underserved communities, people of color, children 9 and under, older adults
<p>▶ <b>CHANGE:</b> Broadens the focus to across the lifespan. Includes a focus on people who might be above public assistance thresholds and reframes how people of color are referenced.</p>			
<b>Foundations for Success</b>	Workforce Training and Development, Direct Services, Education and Outreach, System, and Social Determinants of Health	<b>Methods for Success</b>	Workforce expansion and diversification, direct services, social determinants of health drivers, education and outreach, system change
<p>▶ <b>CHANGE:</b> Reframes the focus on workforce and supporting social needs.</p>			
<b>Lever For Achieving Change</b>	Policy, Grantmaking, Leadership, Impact Investing, Coalitions, Data and Research	<b>Lever For Achieving Change</b>	Policy, Grantmaking, Leadership, Impact Investing, Data and Research
<p>▶ <b>CHANGE:</b> Removes coalitions.</p>			

## Current Cohort-Based Grantmaking

DDCOF continued its grantmaking efforts in early 2026 by awarding [\\$3.2 million](#) to be paid over a three-year period to 25 projects across the state. These grants focus on preventing and reducing tooth decay among children and older adults and improving access to oral health care in rural and frontier communities. An in-depth analysis and evaluation of these 25 projects will be conducted in spring 2027.



# Recommendations and Opportunities

CHI makes the following recommendations based on this evaluation.

- 1. Continue Progress in Implementing Previous Recommendations.** DDCOF should continue prioritizing the recommendations made in previous evaluations.
  - a. Continue and Expand Flexible, Multiyear Funding. Grantees described DDCOF’s flexible and general operating support, including transition grants, as “very helpful.” They highlighted financial instability as one of the most significant barriers, citing state budget deficits, Medicaid uncertainty, and shrinking preventive service funding.
  - b. Strengthen Policy and Advocacy Supports. Policy change can help address grantee concerns about issues like Medicaid cuts, political uncertainty, and sustainability of prevention programs. DDCOF can continue and deepen legislative engagement to protect Medicaid dental benefits and prevention efforts like fluoridation. Opportunity also exists to provide capacity-building for grantees to engage in advocacy.
  - c. Explore Options to Conduct Learning Circles to Promote Two-Way Learning and Collaboration. Continue exploring options to fulfill the previous year’s evaluation report recommendation that highlighted grantees’ need for more learning circle and collaboration opportunities.
- 2. Improve and Standardize Data Collection, Reporting, and Evaluation.** As the foundation fully transitions to its new strategic plan and theory of change, data collection tools and forms should be standardized to track and monitor effectiveness. This will also ensure future grantees have clear expectations for reporting requirements and grant goals. CHI and DDCOF can conduct working sessions to update the annual data collection process and evaluation frameworks.
- 3. Prioritize Workforce Sustainability and Coordination Efforts.** DDCOF has successfully invested in growing workforce pathways and ensuring oral health staff reflect their communities, but many grantees report challenges with workforce sustainability. The field experiences persistent turnover, recruitment challenges, and shortages, especially in rural areas. These challenges are compounded by cost-of-living barriers. The pathways programs have been gaining traction, but the timeline is long and does not always translate into filling current shortages. DDCOF can explore options to incorporate sustainability into current workforce goals.

4. **Exploring TeleORALHealth Sustainability Options.** TeleORALHealth has the potential to reduce some barriers to oral health care access, such as growing workforce shortages in rural areas. Both grantees that prioritized offering and expanding TeleORALHealth options noted limited buy-in from providers and patients and a lack of standardized infrastructure for reimbursement, limiting scalability. DDCOF can explore options to assess and mitigate these challenges through learning circles with providers who use the technology or through advocacy efforts to improve reimbursement options.

5. **Expanding Culturally Responsive Prevention and Access to Understandable Oral Health Information.** Grantees who focus on oral health prevention education reach tens of thousands of Coloradans each year. These grantees are integrated into rural, underserved, and priority population communities. Grantees have reported that more outreach and oral health literacy efforts are needed, especially those tailored for marginalized and underserved communities. DDCOF can learn from current grantees and other community leaders about best practices to invest in prevention-based grantmaking efforts that address these disparities.

## Looking Ahead



DDCOF transitioned to a new strategic plan and theory of change in 2025 while ensuring that past grantees were supported during the shift. The foundation's ongoing commitment to advancing oral health through grantmaking, leadership and policy, and data has resulted in key accomplishments in 2025. Community organizations and clinical providers look to

DDCOF as a consistent leader and funder in the oral health space and rely on the foundation's flexible and generous funding to achieve workforce, prevention, and oral health care access goals. Looking ahead, the foundation's updated strategic plan will continue supporting marginalized, underserved, and high-need communities across the state.

## Methods

### Remaining 2022-2024 Cohort-based 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 Benevity. The 39 grantees, representing 40 projects, were awarded funds that concluded in 2025 and submitted self-reported data.

Grantees reported an estimated number of people served in 2025, then provided the percentages of people served by the following population groups: rural; low-income; immigrants or refugees; pregnant people; young children (6 and younger); school-age children (7-18); adults (19-59); older adults (60 and older); Black or African American; Indigenous, Native American, American Indian, Alaska Native or First Peoples; Latino/a, Hispanic, or Chicano/a; Asian American, Native Hawaiian, and Pacific Islander; Middle Eastern, North African, West African, or Arab; white (Non-Hispanic); other race; unknown race; and people of two or more races. All 39 grantees provided open-ended responses to questions related to challenges faced, program success factors, and progress made on grant and initiative goals. CHI coded these responses in MAXQDA and conducted a thematic analysis to assess themes and identify project examples to highlight.

### Transition Grantees

DDCOF provided \$1.1 million of transition funding to 35 grantees in 2025. This funding was offered to past grantees who were in good standing with the foundation and needed general operating support to help navigate the foundation's strategic shift. Only 21 of the 35 organizations completed the evaluation form, which did not include grantee names. Additionally, some of the 21 grantees provided little information on how they used the funds in 2025, limiting CHI's analysis.

### Additional 2025 Key Activities

CHI developed a key activities tracker to summarize DDCOF's key activities and determine the extent to which each activity focused on each element of the new 2025-2029 theory of change. CHI and DDCOF collaborated to 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. DDCOF also sent CHI reporting forms for dental hygiene schools, emergency response funding, and organizations that were funded under the Colorado Health Foundation grants.

## List of Grantees Included in This Evaluation

Assuring Better Child Health and Development (ABCD)  
Aurora Public Schools  
Benefits In Action  
Boys and Girls Clubs of the San Luis Valley  
Chaffee County Public Health  
City and County of Denver (via Rose Community Foundation)  
Colorado Alliance For Health Equity and Practice  
Colorado Children's Campaign  
Colorado Coalition for the Homeless  
Colorado Health Institute  
Colorado Mountain College  
Colorado Youth for a Change  
Community College of Denver Foundation  
Community Health Services Inc.  
Community Partnership for Child Development  
Denver Health Foundation  
Denver Preschool Program  
Deserving Dental  
Early Childhood Council of the San Luis Valley  
Family and Intercultural Resource Center  
FrontLine Farming  
Front Range Community College Foundation  
Generation Schools Network  
Healthy Child Care Colorado  
I Have a Dream Foundation - Colorado  
Joint Initiatives for Youth and Families  
La Plata County Public Health Department (formerly San Juan Basin Public Health)  
La Puente Home Inc.

Las Animas-Huerfano Counties District Health Department  
Latin American Educational Foundation  
Montezuma County Public Health Department  
Mountain Family Health Centers  
Pikes Peak State College  
Ready to Work Aurora  
Regional Home Visitation Program  
Rio Grande Child Development Center and Family Services  
Rocky Mountain Public Broadcasting Network Inc.  
Roots Family Center  
Southeastern Colorado AHEC  
Spring Institute for Intercultural Learning  
Summit Community Care Clinic  
Tepeyac Community Health Center  
The Archer Group (aka The Fund for a Healthier Colorado)  
The GrowHaus  
The Savings Collaborative  
Thriving Families  
United Way of Weld County  
University Of Colorado Foundation  
Valley-Wide Health Systems Inc.  
VIVE Wellness (Via Rose Community Foundation)  
Vuela For Health  
Youth Healthcare Alliance (formerly Colorado Association for School-Based Health Care)\*

Transition grantee names are not included in this list because their names were not captured in their final evaluation forms. Data on who received funding is available, but not who reported their evaluation data.



DELTA DENTAL OF COLORADO  
FOUNDATION

[deltadentalcofoundation.org](http://deltadentalcofoundation.org)



[coloradohealthinstitute.org](http://coloradohealthinstitute.org)