



## PORTFOLIO IMPACT AND LEARNING SUMMARY

### TEN YEAR VISION

- **DENTAL DISEASE IN COLORADO’S CHILDREN IS SIGNIFICANTLY REDUCED.**
- **COLORADO HAS AN EXPANDED ORAL HEALTH WORKFORCE DEVELOPED TO IMPROVE ACCESS TO CARE FOR UNDERSERVED POPULATIONS.**

#### ORAL HEALTH PORTFOLIO - MONITORING METRICS:

Metric	Population	2015 Data	2016 Data	2017 Data	Data Source	Frequency of Collection
<b>Caries Experience - Untreated decay and/or fillings</b>	Colorado Children (3rd grade)	<b>55.2%</b>	<b>N/A</b>	<b>47.3%</b>	Colorado Oral Health Basic Screening Survey (BSS)	Every 2-3 years
<b>Untreated Tooth Decay</b>	Colorado Children (3rd grade)	<b>14.4%</b>	<b>N/A</b>	<b>15.2%</b>	BSS	Every 2-3 years
<b>Sealants on 1+ Permanent Molar</b>	Colorado Children (3 <sup>rd</sup> grade)	<b>44.9%</b>	<b>N/A</b>	<b>57.4%</b>	BSS	Every 2-3 years
<b>Preventive Dental Visit</b>	Colorado Children (insured by Medicaid, ages 0 – 20)	<b>48.8%</b>	<b>N/A</b>	<b>46.2%</b>	Centers for Medicare and Medicaid Services (CMS)	Annual
<b>Dental Treatment Received</b>	Colorado Children (on Medicaid, ages 0 – 20)	<b>25.2%</b>	<b>N/A</b>	<b>24.0%</b>	CMS	Annual
<b>Access to Fluoridated Public Water</b>	All Coloradans	<b>72.4%</b>	<b>N/A</b>	<b>74.6%</b>	Water Fluoridation Reporting System (WRFS)	Annual
<b>Had Dental Insurance</b>	All Coloradans	<b>70.6%</b>	<b>N/A</b>	<b>70.3%</b>	Colorado Health Access Survey (CHAS)	Every two years
<b>Saw a Dental Provider</b>	All Coloradans	<b>68.3%</b>	<b>N/A</b>	<b>66.4%</b>	CHAS	Every two years

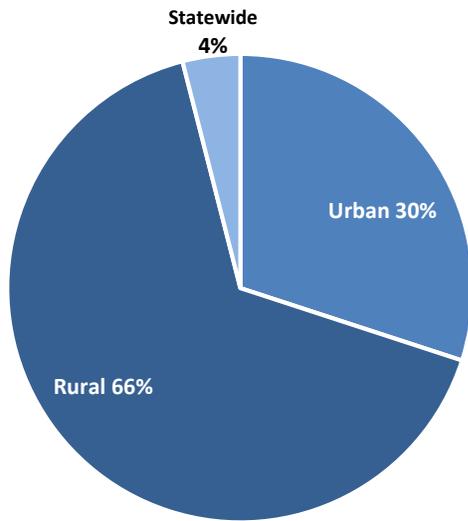
#### ADDITIONAL COLORADO METRICS BY SUBPOPULATION:

- Rural residents and adults across the state are less likely to have dental insurance. CHAS data from 2017 shows that 85.3% of Colorado children have dental insurance, compared to only 65.2% of adults. The Colorado Rural Health Center estimates that 42% of rural adults lack dental insurance, compared to a statewide average of 35%.
- While Medicaid expansion has significantly increased access to dental insurance, 2017 CHAS data shows that almost 20% of people insured by Medicaid do not know that they have a dental benefit.
- Across the state, programs aimed at children have had a positive impact on the overall prevalence of dental disease and access to preventive services, but those gains are seen largely at higher socioeconomic (SES) levels. The 2017 BSS shows that students at the lowest SES schools (75% or more free and reduced lunch eligibility (FRL)) were more likely to have tooth decay and less likely to have preventive sealants than students at the highest SES schools (less than 25% FRL eligibility).
- Students of color continue to have a significantly higher disease burden compared with white students. The 2017 BSS data shows that kindergarten students of color have higher rates of caries experience (41.5% to 23.4%) and untreated decay (31.2% to 13.8%).

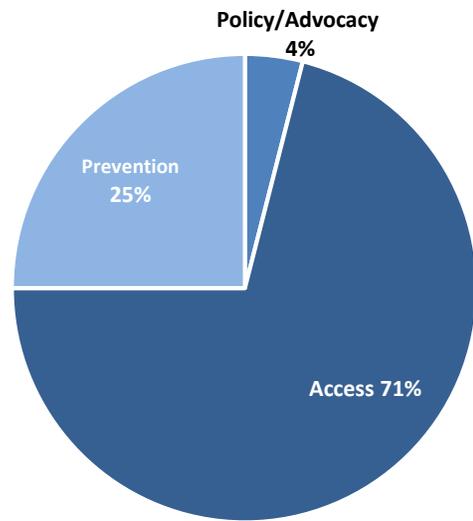
**GOAL ONE: ENSURE PEOPLE HAVE ACCESS TO PREVENTIVE ORAL HEALTH CARE AND COMMUNITY-BASED DENTAL SERVICES.**

	2015	2016	2017	2018
<b>NUMBER OF GRANTS</b>	<b>13</b>	<b>10</b>	<b>9</b>	<b>4</b>
<b>TOTAL FUNDS</b>	<b>\$887,249</b>	<b>\$699,334</b>	<b>\$604,212</b>	<b>\$129,300</b>
<b>ESTIMATED NUMBER SERVED</b>	An estimated 58,362 Coloradans were served based on 27 submitted final reports.			

**Geographic Distribution of Funds\***



**Distribution of Funds By Objective\***



\*Geographic distribution of funds, distribution of funds by objective, grantee objectives and assessment of impact ratings are based on all grants with final reports submitted for Oral Health Goal One.

<b>Grantee Objectives*</b>			<b>Overall Assessment of Impact*</b>		
<b>Not Met</b>	<b>Partially Met</b>	<b>Fully Met</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
-	41%	59%	4%	33%	66%

**Staff Reflections and Stories**

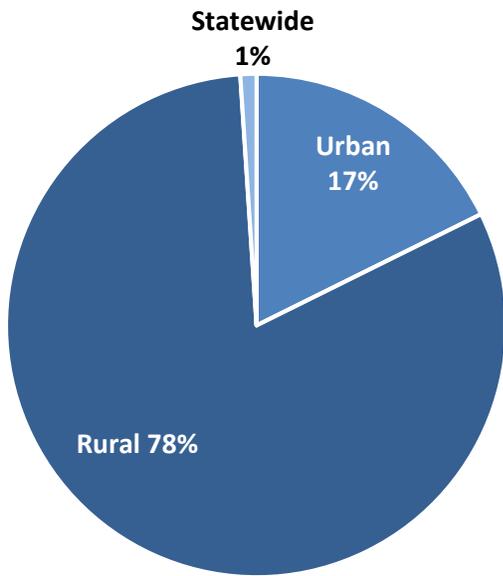
*(Final reports have been submitted for 27 grants under this goal)*

- The grants in this goal continue to be very responsive to identified community needs. As such, **the largest proportion of funding has gone to organizations focused on access**, a group that includes many capital and equipment grants to provide more and better services to patients. Organizations in both rural and urban communities continually report major access barriers to oral health care. Marillac Clinic used grant support to purchase new x-ray equipment and a crown milling machine, allowing them to provide high-quality, streamlined care for their patients and to decrease the number of patients needing multiple visits.
- Although CFC has a major focus on prevention, access continues to be a staggering need across the state. All of the grantees focused on prevention report significant restorative needs and difficulty getting restorative care for their patients. As a result, **more CFC funding goes to the access objective than the prevention objective**.
- **The majority of oral health grants continue to go to rural communities**. Rural grantees report long waiting periods to schedule appointments for oral health services and large geographic areas without dental providers.
- **In urban areas, most of the grants in this goal go to programs for populations with limited resources**, including immigrant and refugee populations, people experiencing homelessness and people living with HIV.
- **Very little of the funding in this goal goes to policy/advocacy work, largely due to the fact that very few policy/advocacy organizations in Colorado focus on oral health**. Awards in other portfolios cover some advocacy for children’s oral health, but the low number of these grants is generally reflective of a lack of advocacy specific to oral health.
- **Over the course of the strategic plan, CFC has received fewer responsive requests in this oral health goal**. As the Delta Dental of Colorado Foundation has increased its grantmaking, many past and current grantees have received that support, and others are aware of the significant CFC investment in the SMILES Dental Project.
- **Many long-term grantees in this goal face some tension between popular existing programs and a push to develop new, innovative programs like SMILES, focused on providing comprehensive services**. CFC continues to encourage grantees to move toward community-wide collaboration to deliver full-scope, patient-centered care.

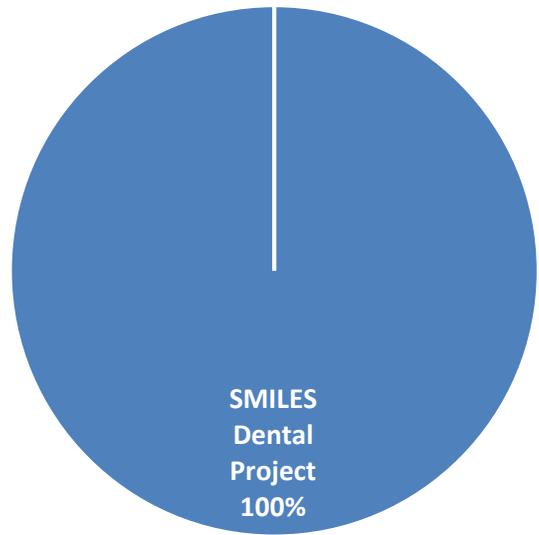
**GOAL TWO: DEVELOP NEW AND INNOVATIVE ORAL HEALTH DELIVERY SYSTEMS TO ADDRESS WORKFORCE GAPS.**

	2015	2016	2017	2018
<b>NUMBER OF GRANTS</b>	0	8	6	5
<b>TOTAL FUNDS</b>	-	<b>\$435,000</b>	<b>\$1,235,100</b>	<b>\$702,701</b>
<b>ESTIMATED NUMBER SERVED</b>	An estimated 2,335 Coloradans were served based on 12 submitted final reports.			

**Geographic Distribution of Funds\***



**Distribution of Funds by Objective\***



*\*Geographic distribution of funds, distribution of funds by objective, grantee objectives and assessment of impact ratings are based on all grants with final reports submitted for Oral Health Goal Two.*

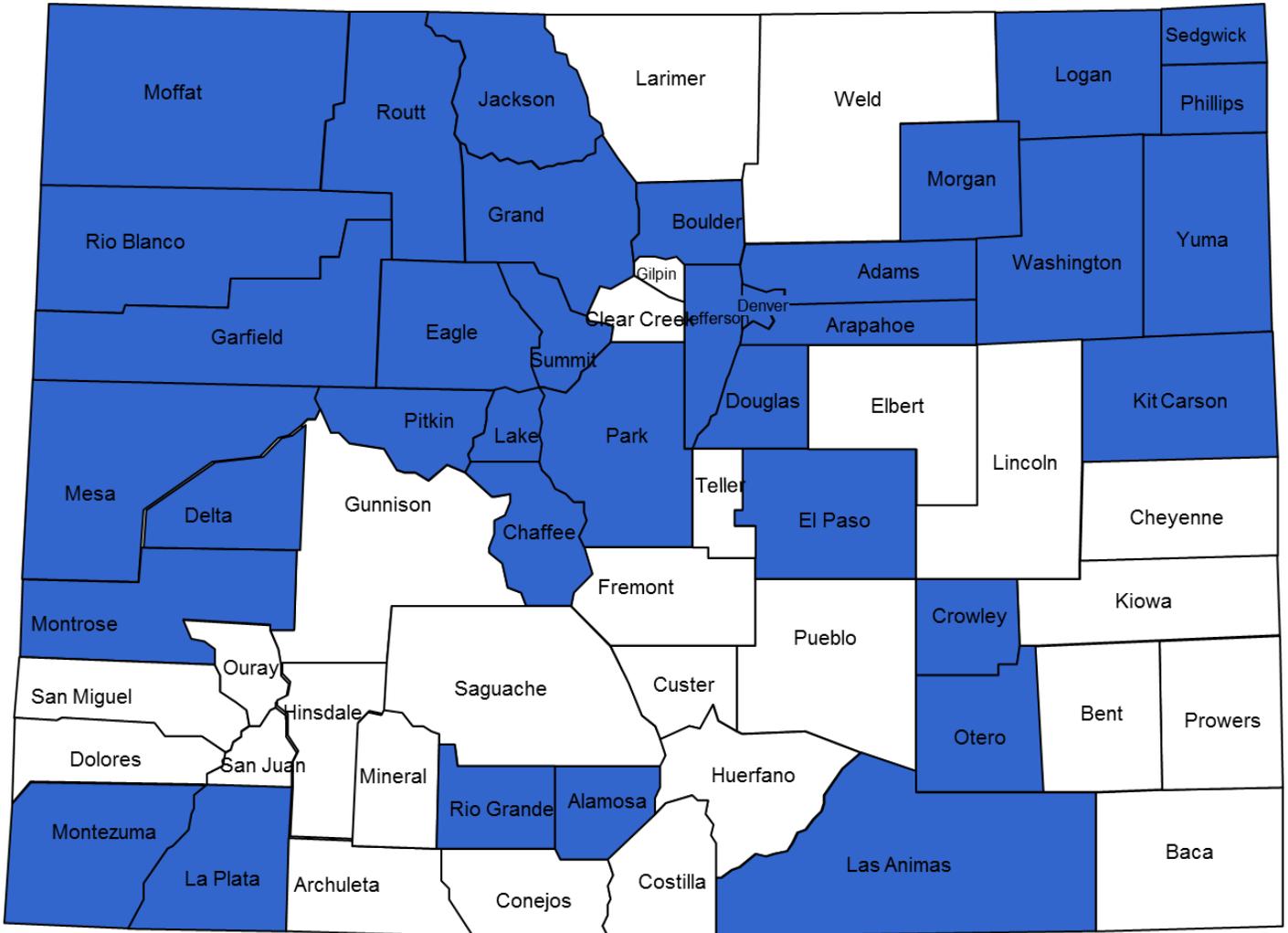
<b>Grantee Objectives*</b>			<b>Overall Assessment of Impact*</b>		
<b>Not Met</b>	<b>Partially Met</b>	<b>Fully Met</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
-	22%	78%	6%	11%	83%

**Staff Reflections and Stories**

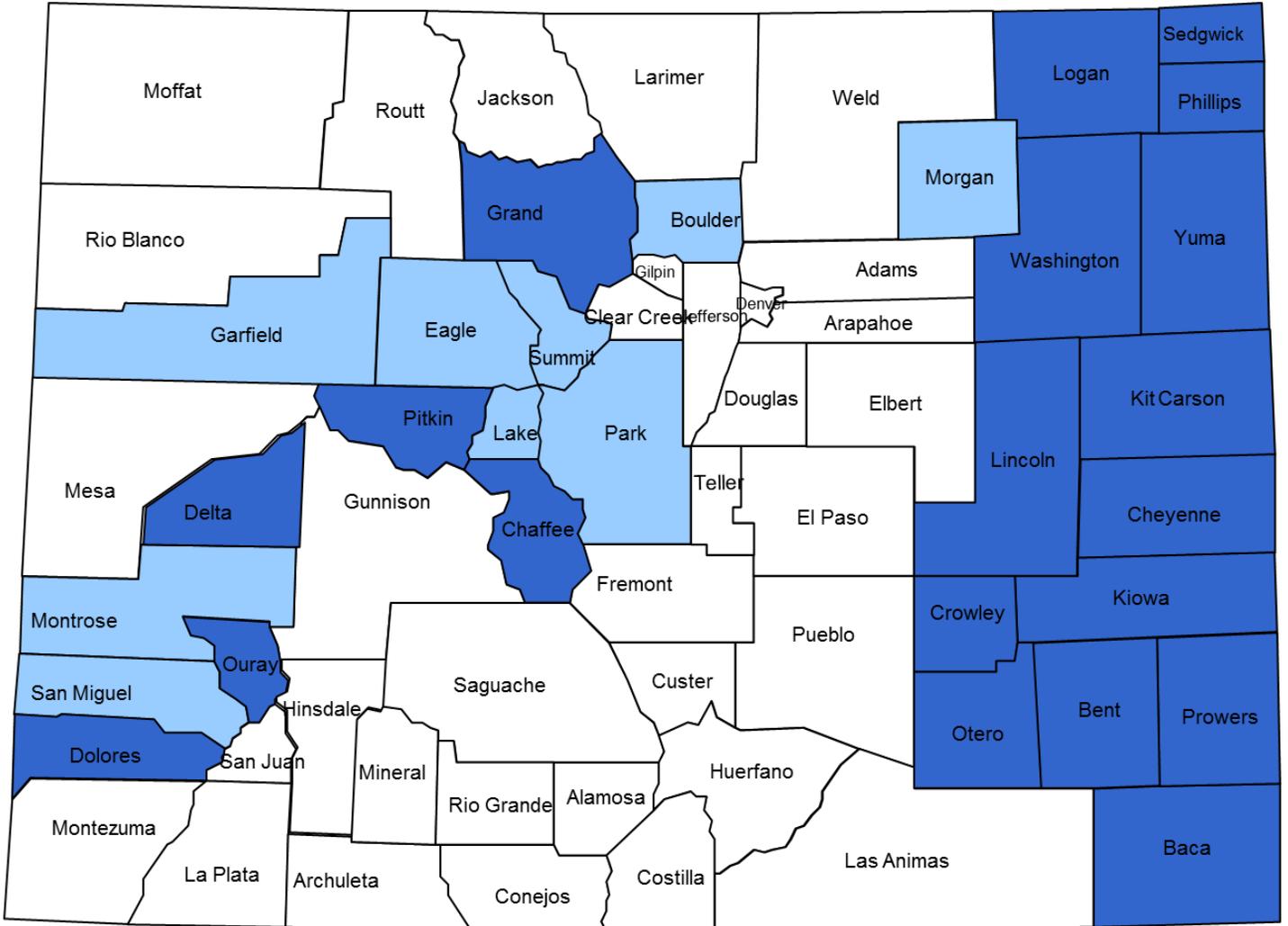
*(Final reports have been submitted for 12 grants under this goal)*

- **The SMILES Dental Project planning grants and Year 1 implementation grants are reflected in this assessment.** Many SMILES grants are not reflected in this assessment due to the extended timeline of the grants and the external evaluation for the initiative.
- Most of the funding in this goal goes to rural communities implementing the virtual dental home model. As discussed in goal one, **rural communities regularly report access barriers for both preventive and restorative oral health needs, and rural SMILES grantees have responded by building models of care** to address transportation barriers and oral health provider deserts with full-scope, community-based services.
- **Funding in this goal has had a high impact on changing systems to allow students to receive high-quality, more comprehensive care in school settings.** Grantees have worked on delivering restorative care in school and community settings and assisting patients in getting to dental appointments when necessary. SMILES sites are working on more patient-centered models of delivering restorative care in trusted settings like schools.
- SMILES grantees continue to report on the importance of high-functioning, consistent teams. **Because every team member plays an important role in the tele-connected model, many sites have struggled with staff turnover, recruitment and retention issues.**

**ORAL HEALTH – GOAL 1, ACCESS TO CARE – GEOGRAPHIC IMPACT OF ALL AWARDS 2015-2017**



**ORAL HEALTH – GOAL 2, NEW DELIVERY MODELS AND WORKFORCE – GEOGRAPHIC IMPACT OF ALL AWARDS 2015-2017**



Indicates county with active SMILES implementation site

## ORAL HEALTH GRANT SUMMARIES

GRANTS WITH COMPLETED FINAL REPORTS

Organization and Grant Year	Grant Amount	CFC Objectives Met?	CFC Impact Assessment?	Grant Summary Statement (as written by grantee)
Axis Health System 2016	\$100,000	Fully Met	High Impact	Axis Health System (AHS) launched the Oral Health Clinic in Durango in July 2016. AHS purchased the equipment necessary to enhance the original operations. By moving the clinic to a larger facility, and installing the new, state-of-the-art equipment supported by this funding, access to care and the clinic's capacity were maximized. The result was four fully-functioning operatories that promote workflow efficiencies, support staff ergonomics and have elevated the Oral Health Clinic to a higher quality of care. In the first year, the Oral Health Clinic served 1,241 patients (approximately four times greater than original projections) with 2,322 oral health visits. Positive oral health outcomes were achieved for many publicly-insured and un/underinsured residents of this community.
Colorado AIDS Project / Howard Dental Center 2015	\$50,000	Fully Met	High Impact	Howard Dental Center provided comprehensive and integrated oral health care services to 997 unduplicated adults, youth and children living with HIV in a compassionate, professional atmosphere. The patients served achieved a 76% completion rate for Phase I Treatment (diagnostic, preventive, basic restorative, non-surgical extractions) which is 11% higher than the HIV Standards of Care established by the federal government.
Colorado AIDS Project / Howard Dental Center 2016	\$75,000	Partially Met	High Impact	Funding was used to support renovations at the Colorado Health Network's newly purchased building on East Colfax Avenue in Denver with the ultimate goal of creating a more integrated, sustainable organization and services for clients.
Colorado Coalition for the Homeless 2016	\$39,006	Partially Met	High Impact	Caring for Colorado Foundation funded a Dental Hygienist Operatory with X-ray and a pediatric wall mural. The new equipment helped the Stout Street Health Center Dental Clinic expand the number of clients served and improved the experience for children coming into the clinic.
Colorado Coalition for the Homeless 2017	\$50,000	Partially Met	Medium Impact	Colorado Coalition for the Homeless purchased equipment that enabled the conversion to electronic files in the Champa Street dental clinic.
Colorado Northwestern Community College Foundation 2016	\$34,000	Fully Met	Medium Impact	We replaced one suite (four operatories) in the CNCC Dental Hygiene clinic to bring the suite up to current clinical technologies and standards. We were able to instruct students in current safe practices with the new equipment.
Community College of Denver Foundation 2016	\$10,000	Fully Met	High Impact	CCD provided a two-day training on Interim Therapeutic Restorations (ITR) which was completed on December 8th and 9th, 2016. We trained 19 hygienists on ITR, which due to community demand, was approximately four more individuals than originally anticipated. The training went very well and the trainees are the first dental hygienists in the state to practice ITR.
Dental Aid, Inc. 2015	\$40,000	Fully Met	Medium Impact	Dental Aid's registered dental hygienist provided fifty days of oral health education, screenings, fluoride and sealant services to low-income and minority students at twelve schools in the Boulder Valley School District. Students needing additional treatment were referred to Dental Aid or the child's own dental provider. Dental Aid also developed a business and operational model for the delivery of oral health services in a school setting.
Dental Aid, Inc. 2016	\$50,000	Fully Met	High Impact	Dental Aid completed a community readiness assessment and selected three implementation sites, developed partnerships with local leaders, and began an operational plan for SMILES Phase II Implementation.
Dental Aid, Inc. 2017	\$250,000	Partially Met	Medium Impact	SMILES implementation increased access to oral health services, developed a patient base in community settings and increased quality of life in our community through the improved oral health of individuals.
Garfield County Public Health 2015	\$73,183	Fully Met	High Impact	During the 2015-2016 school year, the Smiles for Students School Dental Program provided preventive oral hygiene services to 1,650 school-age students. The program provided care to students in 21 schools located in Garfield, Pitkin, and Eagle County. The Smiles for Students team placed 2,947 dental sealants and detected 892 cavities. During the 48-72+ hour retention check, Smiles for Students

Organization and Grant Year	Grant Amount	CFC Objectives Met?	CFC Impact Assessment?	Grant Summary Statement (as written by grantee)
				sealants were shown to have a 96% retention rate. Two-year data was collected on a group of 113 students from five schools. The average sealant retention rate after two years was 95%. In addition, 88% of students had received recommended treatment. Garfield County Public Health participated with Mountain Family Health Center's SMILES Dental Home collaboration during this first planning year and will continue to partner with the organization as progress continues.
Garfield County Public Health 2016	\$68,500	Partially Met	Medium Impact	GCPH accomplished its goal of creating a financial model that had promise of sustainability. GCPH also created a GIS map to understand where we are collectively serving the oral health needs of low-income families and where there are significant gaps in serving the oral needs of low-income families. The program also served more students than any other preventive oral health program in our region, placing 2,372 sealants on low-income children's teeth.
Garfield County Public Health 2017	\$40,000	Fully Met	High Impact	The Smiles for Students program served 1,206 students in grades two, three, six and seven in 17 schools in Garfield, Eagle and Pitkin counties during the 2017-2018 school year. The Aspen to Parachute Dental Health Alliance (APDHA) merged with Community Health Services on July 1, 2018.
Inner City Health Center 2015	\$100,000	Partially Met	High Impact	This grant applied to ICHC's Dental Program, General Operations. It has supplemented and augmented the progress made over time with CFC's capacity building and general operating grants. The digital radiography system, recommendations from Safety Net Solutions, and other structural improvements made possible with CFC support and excellent leadership, have come together over the years.
Marillac Clinic 2015	\$48,000	Fully Met	High Impact	Marillac utilized the grant to expand the dental residency program, create a sustainable model for training new dentists and significantly expand access to dental care. We hope to host at least two residents per year and have already enrolled new residents as of July 2016.
Marillac Clinic 2017	\$89,384	Fully Met	High Impact	A new panoramic X-ray unit was purchased, providing improved diagnostics, clinical outcomes and customer service. A crown milling machine was also purchased, allowing us to produce in-house, same-day crowns, reducing the cost of crown production and creating a more streamlined and positive dental experience for our patients.
Metro Community Provider Network 2015	\$100,000	Fully Met	High Impact	This grant has allowed MCPN to create and sustain oral health programs at the MCPN Pine Tree Health Center and establish new agreements for Dental Services within Jefferson County Public Schools, Jefferson County Public Health Department's WIC program, Head Start programs, and Gilpin County Public Health Department.
Montezuma County Public Health Department 2015	\$80,341	Partially Met	Medium Impact	With help from CFC grant funding, the health department has been able to serve Medicaid-eligible adults with their dental needs in Montezuma County. Specifically, the funding allowed the health department to buy equipment to address an increased need among adults, especially Medicaid adults, for restorative dental care. The department also hired a bilingual pediatric dentist with public health experience.
Mountain Family Health Centers 2016	\$50,000	Fully Met	High Impact	Mountain Family Health Center committed significant time to developing an implementation plan and internal leadership for the SMILES Dental Home. The organization is newly expanding into their first school-based health center site, which will include VDH services. They are building partnerships with local schools to garner interest, support and willingness to offer space/time for SMILES. Despite challenging community dynamics and resistance to change, Dr. Millard and his team have stayed focused on project goals and progress.
Mountain Family Health Centers 2017	\$205,000	Fully Met	High Impact	Worked through IT and billing issues to set up two highly successful SMILES community sites and regularly see patients through the SMILES model.
Northeast Colorado Health Department 2015	\$40,000	Fully Met	Medium Impact	In the 2015 – 2016 school year, NECHD provided oral health services to 897 children in 10 pre-schools, 14 elementary schools, and four middle schools in 10 school districts.
Northeast Colorado	\$40,000	Fully Met	High Impact	The Northeast Colorado Health Department (NECHD) sustained the school-based oral health program in eleven school districts during the 2016-2017 school year. NECHD also sustained the elder oral care

Organization and Grant Year	Grant Amount	CFC Objectives Met?	CFC Impact Assessment?	Grant Summary Statement (as written by grantee)
Health Department 2016				programming in two facilities and expanded to one new facility per their request. During this reporting period we also continued to integrate oral health programming into other NECHD programs including the Healthcare Program for Children with Special Healthcare Needs (HCP), Healthy Child Clinics, WIC Clinics, and the Tobacco population-based program educating providers and communities on oral health.
Northeast Colorado Health Department 2016	\$50,000	Partially Met	Low Impact	NCHD, in collaboration with RCRC, conducted 9 community meetings and several key informant interviews to increase education and support for a Virtual Dental Home (VDH) model across northeast Colorado and conducted a community readiness assessment. Salud Family Health Center was selected as the initial site to implement VDH (now SMILES Dental Home) in northeast Colorado.
Northwest Colorado Dental Coalition 2015	\$72,000	Partially Met	High Impact	The Northwest Colorado Dental Coalition faced many obstacles and partially met objectives due to staff turnover, limited capacity and closure of one of the two clinics. However, impact of funding was high, because CFC's financial support and liaison work helped make the organization's merge with Northwest Visiting Nurse Association a possibility. The board approval for this merger was a huge success that will increase the stability and sustainability of safety-net dental services in rural northwest Colorado.
Northwest Colorado Dental Coalition 2016	\$78,000	Fully Met	Medium Impact	During this grant cycle, the Dental Coalition made great strides in providing consistent dental services to the community. Restorative and preventive care was provided consistently four days a week and we increased daily production averages by 5% from the previous year. In the final month of this grant (February 2017), the Dental Coalition board of directors approved an asset purchase with Northwest Colorado Health. The services have now been transitioned and the Dental Coalition filed articles of dissolution March 20, 2017.
Northwest Colorado Health 2015	\$20,000	Partially Met	High Impact	With the funding from this grant, we have contracted with a law firm to navigate and guide us through the process of an asset purchase with the Northwest Colorado Dental Coalition (NCDC), including completing a thorough due diligence process. After significant legal effort and time, the merger is almost complete and the services will be operational under one name by the end of 2017.
Northwest Colorado Health 2017	\$20,000	Fully Met	High Impact	Northwest Colorado Health's goal was to improve the delivery of oral health services for underserved populations in northwest Colorado through the integration of the Northwest Colorado's Dental Coalition's clinic into Northwest Colorado Health's dental program. We have successfully completed this process and are actively providing dental services through the Northwest Colorado Health Dental Clinic.
Oral Health Colorado 2015	\$73,725	Fully Met	Low Impact	OHCO shifted its efforts from solely passing/defeating legislation to building public awareness of oral health as a community priority. They expanded the oral health network to include organizations representative of communities of color, faith organizations and the business community and have worked to increase partners' knowledge of the importance of oral health and advocacy.
Rural Communities Resource Center 2015	\$90,000	Partially Met	High Impact	RCRC provided dental screenings to 833 children in NE Colorado. School screenings include fluoride, sealants, education and supplies, referral and navigation to get treatment completed. Community-based screenings offered monthly include fluoride, sealants, radiographs, referral to restorative care, assistance with transportation and interpretation and help applying for Medicaid, CHP+ and insurance on the market place.
Rural Communities Resource Center 2016	\$80,000	Partially Met	Medium Impact	The Rural Communities Resource Center, together with our partners, provided 786 dental screenings to people in the underserved counties of Yuma and Washington. 741 people, the vast majority children, received a screening, fluoride treatment, and dental education for the whole family. In addition to these 786 screenings, we facilitated and supported Baby Bear Hugs home visitation program to provide a brief Cavity Free at 3 screening, dental education, and supplies to 114 young children.
Salud Family Health Centers 2017	\$37,000	Fully Met	High Impact	We worked through numerous logistics with staffing and equipment and worked with schools to determine their preferences and best practices. We are now ready and excited to start serving patients in five schools.
Senior Community	\$84,828	Partially Met	Medium Impact	SCC is able to routinely provide greater dental services to our participants who have not had a dental home and is able to now

Organization and Grant Year	Grant Amount	CFC Objectives Met?	CFC Impact Assessment?	Grant Summary Statement (as written by grantee)
Care of Colorado 2016				provide effective and efficient dental care in the program day centers, as part of the program's commitment to provide all-inclusive care to physically and cognitively impaired, low-income seniors. A dentist is now available to provide exams, restorations, extractions, denture adjustments, select root canals and crowns.
Summit Community Care Clinic 2015	\$100,000	Fully Met	High Impact	With this grant, the Care Clinic was able to purchase 3 new dental chairs and corresponding equipment to help improve the functionality of the department. The equipment helped to increase productivity and patient experience by ensuring that faulty equipment did not interrupt work flow, appointments were able to be kept and no compromises in patient care were endured.
Summit Community Care Clinic 2016	\$50,000	Fully Met	High Impact	The Summit Community Care Clinic (SCCC) was able to plan, build relationships and create an action plan to implement SMILES visits within a five-county region over the course of the past year. Through team sessions, meetings, assessments and strategic planning, SCCC is now ready to begin serving the region with SMILES visits with telehealth dental teams.
Summit Community Care Clinic 2017	\$250,000	Partially Met	High Impact	The SMILES project is being implemented as planned with full services provided in Summit and Lake counties and prophylaxis services being provided in Park County.
Town of Granby Water Department North Service Area 2017	\$4,828	Fully Met	High Impact	Purchased and upgraded 24-year-old water fluoridation equipment with new parts to ensure that the residents and students in northern Granby have access to optimally fluoridated water throughout the year.
Tri-County Health Network 2016	\$50,000	Fully Met	High Impact	Tri-County Health Network (TCHN) completed a community readiness assessment and implementation plan that will start with three school sites in Montrose and San Miguel counties; secured a Dental Director and supporting dentists to provide SMILES services; and developed a Dental Subcommittee to oversee the project.
Tri-County Health Network 2017	\$243,100	Fully Met	High Impact	The Smiles Dental Project has allowed Tri-County Health Network (TCHNetwork) to successfully enhance Skippy, our mobile, school-based dental clinic, into a fully operating Virtual Dental Home model.