



2016

Making an impact

Change is a constant. We see that as a good thing. Delta Dental of Colorado Foundation actively works to make children's oral health a community and family priority. **Creating opportunities for more people to access care and for families to value the importance of oral health** is what drives our work every day. Our initiatives include:

- Promoting oral health to low-income, vulnerable families with educational programs and community led efforts.
- Expanding access to dental care by pilot testing new models of delivering care.
- Supporting opportunities for medical and dental students and providers to learn about their role in oral and overall health.

The impact we have achieved over the years would not be possible without Delta Dental of Colorado's financial support. Our evolution and innovation has been inspired by our Board's leadership. Their dedication to the foundation helped guide the transfer of leadership to Allison Cusick, who succeeded Barbara Springer in December. As we close another year, our obligation to Colorado communities continues to drive efforts to improve oral health through our grants and initiatives. The only thing that hasn't changed is **our commitment to protect every child's smile.**

After more than 10 years of thoughtful leadership, executive director Barbara Springer retired at the end of 2016. To honor her work, the foundation and the University of Colorado School of Dental Medicine announced the "Barbara Springer Endowed Scholarship in Pediatric Preventive Dentistry." The fund provides at least one scholarship annually to a dental student interested in pediatric dentistry and serving the underserved.

"This scholarship is a tribute to Barbara's character, huge heart and generosity to kids and communities who need an oral health care helping hand. It will impact current students who are the future health care workforce dedicated to serving the needs of Colorado's communities."

Denise Kassebaum, DDS, MS,
Dean of the University of Colorado
School of Dental Medicine.



Barbara Springer,
Outgoing
Executive Director

Terry Koele,
Board Chair

Allison Cusick,
Incoming
Executive Director

Why we do what we do

Tooth decay is the most common chronic childhood disease. It's five times more common than asthma.¹ Many people believe cavities are "just part of growing up."

FACT: In Colorado, 40% of kindergarten children had dental caries. Fifty-five percent of third-grade children in Colorado had dental caries.²

Last year Children's Hospital Colorado Dental Clinic **served 2,675 children for dental surgery.** These are children who must receive general anesthesia to undergo dental treatment. Surgically treating these kids for severe decay is **estimated to cost around \$40 million annually,** just at Children's Hospital Colorado.³

Tooth decay disproportionately affects vulnerable populations. It affects children's ability to learn. Colorado kids miss about 7.8 million school hours every year because of mouth pain.

Treating and preventing oral diseases through dental services costs Colorado approximately \$1 billion per year.⁴ Even more upsetting, tooth decay is almost entirely preventable.

What drives us

Our mission is to eradicate childhood tooth decay. That's no small task. Tooth decay is damage that occurs when bacteria in the mouth make acids that eat away at a tooth. It can lead to a hole in the tooth, called a cavity. If not treated, it can cause pain, infection and tooth loss. **We work to make sure kids are free from pain and cavities.**

We engage communities to understand how important smiles are to a person's overall health. **We aim to affect the whole system:** from connecting with people in their homes as well as decision-makers in schools, community centers, dental and medical offices, and city halls across the state. This report shows you our reach in 2016.

Students at Mathematics and Science Leadership Academy in Southwest Denver participate in a healthy nutrition Valentine's Day activity supported by Westwood Unidos.

FROM THE COMMUNITY

"Many of the students in my classroom have poor dental hygiene and they miss many days of school due to pain and/or dentist appointments. This presentation helps the students learn how to care for their teeth."

Teacher feedback about Molar Expedition, presented by the Children's Museum of Denver at Marsico Campus.



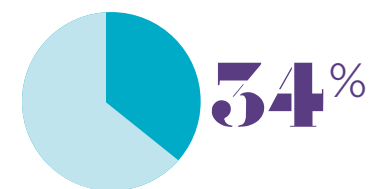
**7.8
MILLION
HOURS**

of school time lost annually in Colorado due to mouth pain in children.⁴

TOOTH DECAY INCIDENCE IN COLORADO KINDERGARTNERS BY FAMILY INCOME²



among children from low-income families



among children from higher-income families

Who helps us reach the community

We are grateful to Delta Dental of Colorado for the financial support they provide for our work. Approximately 89% of our budget expenditures directly support our programs and initiatives. In this way, we create impact that drives change.

Our board continues to embrace a dynamic vision that defines our approach to eradicating childhood tooth decay in Colorado. Our partners and programs drive oral health care innovations that support these three drivers of success:



Increase public awareness of and support for oral health.



Improve access to evidence-based dental care.



Secure decision-makers' buy-in to the importance of oral health.

Partnering with Delta Dental of Colorado in a new way, we funded \$220,000 in Innovation Grants. Five Colorado-based organizations are working to develop next-generation dental devices and new approaches to expand access to quality oral health care. These new technologies and services aim to improve health outcomes.



Increase public awareness of and support for oral health

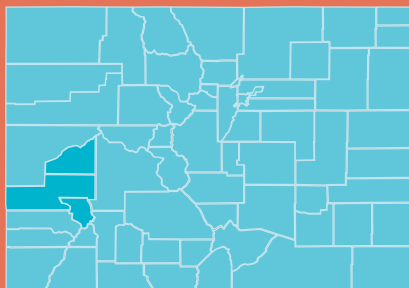
Coloradans understanding the connection of oral health to overall health are more likely to make changes in their environments. We work to educate local communities and families about ways to prevent tooth decay and support overall health.

FACT: In 2010, 26% of CO children aged 1-14 years whose household income was at or below 250% of the federal poverty level had teeth in fair or poor condition.²

As part of a robust public will building initiative, we partner with local organizations to promote social change. In Pueblo, the Southeastern Colorado Area Health Education Center (SECAHEC) met with 811 families in 2016 specifically about oral health. Westwood Unidos in southwest Denver achieved 5 small policy changes that enhanced every day nutrition and water access to support the wellness of local kids.

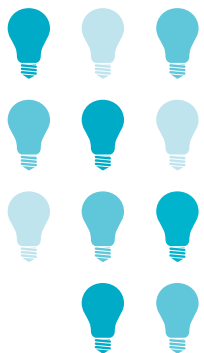
Integrating grassroots outreach with traditional mass media further increases our impact. Our Cavities Get Around campaign, launched in 2014, engages families and communities on the importance of

A scene from "The Truth Behind the Label", our 30-second commercial shot in the Westwood neighborhood of Denver.



16.2%

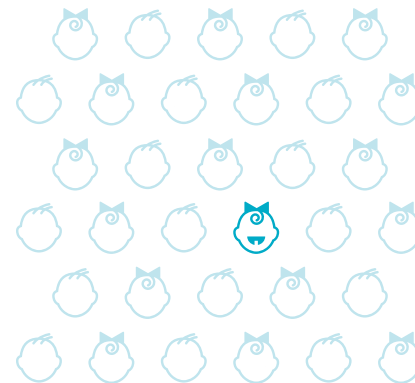
Tri-County Health Network in Ouray, Delta and Montrose received mini-grant funding to support the Improving Oral Health Outcomes project. Their efforts increased participation by 16.2% of local underserved children in the Skippy sealant program.



\$100,000

Our statewide outreach with mini-grant funding finished in 2016. Eleven projects reaching 13 Colorado counties received just over \$100,000 in total funding.

All efforts improved oral health and touched on at least one of our three drivers of success.



3%

Only 3% of children aged 1 to 5 years in Colorado visited a dentist by 12 months of age, as recommended by the American Dental Association.⁵

baby teeth. The bilingual campaign primarily reaches low-income families with children ages 0-6, who are disproportionately affected by poor oral health. In 2016, the **campaign reached 360,000 Coloradans** through advertising, community outreach and educational programming.

Motivating children to establish healthy habits can be fun! Last year, **239,380 visitors made their way through the Village of Healthy Smiles exhibit** in the Children's Museum of Denver at Marsico Campus. In this interactive environment, Children's Museum educators also provided targeted oral health education in a small group setting to 3,967 people.

Children from low-income families are less likely to have access to regular dental care. Water fluoridation is one way to bridge the gap. It strengthens tooth enamel. **Fluoride in the community water supply is the most cost-effective preventive intervention.**⁶ Working with Healthier Colorado, we assembled a coalition of community water fluoridation supporters, developed a speakers' bureau, and launched ColoradoWaterFluoridation.org to provide education to Coloradans.

Forty-six individuals, representing 15 grantees, participated in the third CO MDI Learning Network Session.

Improve access to evidence-based dental care

Communities engaged about the importance of oral health will look to increase access to services needed to support good oral health. We work to make care easily accessible across the state.

FACT: Establishing a dental home is one easy way to combat dental disease. In Colorado, 8.1% of children visit a dentist by one year of age.⁷

The Colorado Medical-Dental Integration Project (CO MDI) integrates hygienists into medical care teams. Patients coming to clinics for a medical visit can receive preventive dental care. These hygienists work with local dentists to link patients to comprehensive dental care. By the end of December 2016, **CO MDI grantees provided over 20,000 patient visits in two years.** Seventy percent of these patients were enrolled in Medicaid.

Preventive care is the best way to keep kids healthy. Increasing the number of kids that see the dentist for age one check-ups is just the beginning. The Colorado Department of Public Health and Environment (CDPHE), targeted 19 high needs communities for ▶



FROM THE COMMUNITY

“There are many barriers to both medical and dental care, especially for low-income and uninsured patients. From the inability to take time off work to a lack of available providers, myriad obstacles may interfere with patients’ abilities to seek medical or dental care.”⁸

Malea Johnson, BS, RDH, EPDH,
Former dental services coordinator for Northwest Colorado Health,
a Federally Qualified Health Center.



74.9%

the Colorado population, served by community water systems, that receives optimally fluoridated water.



from rural and frontier counties



65
trainings



from urban counties



954
participants

Cavity Free at Three (CF3) training. Of training participants, 77.9% came from urban counties and 21.1% from rural and frontier counties. From December 1, 2014 through July 31, 2016, **CF3 conducted 65 trainings to 954 individuals including:**

- 161 licensed medical providers: physicians, nurse practitioners, and physician's assistants.
- 110 licensed dental providers: dentists and registered dental hygienists.

The High Performing Health Centers initiative includes a grant to Colorado Community Health Network (CCHN) and a dental dashboard. Last year **CCHN assessed the activities of dental programs of 13 of 20 health centers to gauge readiness for oral health integration.** They developed a package, which describes key changes that Federally Qualified Health Centers (FQHCs) should achieve in working on oral health integration.

FQHCs serve low-income patients in medically underserved areas. They accept Medicaid and offer sliding fee scales for those without insurance. The Dental Dashboard for safety net clinics is **a quality tool that supports FQHCs in providing high quality care that will result in better oral health for their patients.** The set of 15 oral health measures has an accompanying User's Guide. Since November 2015, the Dental Dashboard web page has been visited more than 2,200 times and access to the tool has been requested by 288 individuals. In September, the National Network for Oral Health Access launched a 9-month quality improvement learning collaborative centered on the Dental Dashboard, with 26 health center teams across the country, including three from Colorado.

Interprofessional education for the future health care workforce **provides an opportunity to shift attention to oral health care during other treatments.** For the past 12 years, the Frontier Center 4 Health (FC4H) at the University of Colorado (CU) School of Dental Medicine has been providing inter-professional training to CU's health professional students. Last year **524 health care professional students had the opportunity to learn from one another.**

More than 3,500 CU health profession students, residents and practitioners have participated in hands-on interprofessional education at the FC4H.

FROM THE COMMUNITY

“My most memorable experience thus far has been working with the CU School of Dental Medicine. My work there provided me with the opportunity to talk with dental students about smoking cessation, specific antibiotics and special patient cases.”⁹

Kimberly Uweh, Student at the University of Colorado School of Pharmacy.



OUR FIRST GRANTEE: KIDS IN NEED OF DENTISTRY (KIND)

Dental sealants help protect the enamel from the acids that cause tooth decay. When retained intact, they are nearly 100% effective in preventing cavities in permanent molar teeth. **KIND's Chopper Topper program is a mobile sealant program that visits about 90 Denver metro area schools each year.** Students are offered:

- dental screenings.
- oral health education.
- sealants.
- referrals.

The foundation has provided funding support to KIND since 2005. **In 2016, KIND's Chopper Topper Sealant program was proudly recognized as financially sustainable.**

FC4H CENTER FOR ADVANCING PROFESSIONAL EXCELLENCE (CAPE)

CAPE simulation activities allow students from different health professions (medicine, dental, nursing and pharmacy) to work together in a clinical setting. FC4H creates medical scenarios for students and uses standardized patients and high fidelity mannequins to execute the lesson.

The students learn the communication skills needed to manage stressful interactions.





Secure Decision-makers' buy-in to the importance of oral health

Decision-makers can establish policies that support prevention, access and care. We work to inspire local action that provides opportunities for optimal oral health.

FACT: Improving oral health in children is one of the state's Ten Winnable Battles.¹⁰

More and more policymakers are recognizing the negative health impacts of sugary drinks on children. The State Board of Human Services passed new licensing rules in February 2016 aimed at improving children's health and development. As part of the changes, **licensed childcare centers in Colorado can no longer serve sugar-sweetened beverages to children.** The rules also limit serving kids 100% juice to twice a week.

We reviewed the draft rules and provided insight about **including flavored milks as well as limiting 100% juice.** Our involvement was alongside a group of organizations supporting the new rules.

In 2016, **350 early childcare providers attended the Cavity Free Kids oral health training** program offered by Qualistar Colorado. Of the follow-up survey respondents, 70% later reviewed or changed their center's beverage policy.

FROM THE COMMUNITY

“We’re trying to create a safe and healthy environment for children in Colorado at a time when their brains are developing.”¹¹

Kathryn Harris, president of Qualistar Colorado, a statewide nonprofit group that evaluates child care programs in the state and supported the packet of rule changes for centers, including limiting sugar sweetened beverages.



Who we are



Foundation Board of Directors

Back row:

Kate Paul, Mary Noonan, Cathy Garcia, Victor Lazzaro Jr., Marilyn Taylor

Front row:

Scott Hamilton, DDS, Terry R. Koele, Board Chair,
Jon Anderson, DDS, Eric France, MD, MSPH



Foundation staff

Back row:

Cherith Flowerday, Monica Woods, Sherwin Louie, Amy Maillet, Lisa Konen

Front row:

Greg Vochis, Allison Cusick, Barbara Springer, Wyatt Hornsby

◀ Children at Sunshine Kids Academy learn about oral health during a lesson from the Cavity Free Kids curriculum.

Finances

Year ended Dec. 31, 2016

Statement of Financial Position

Cash and Cash Equivalents	\$	1,197,380
Contributions Receivable		3,476,916
Prepaid Expenses		8,319
Investments		23,324,405

Total Assets \$28,007,020

Accounts Payable		94,961
Due to Delta Dental of Colorado		18,640
Grants Payable		99,389

Total Liabilities \$ 212,990

Temporarily Restricted and Unrestricted		25,794,030
Permanently Restricted		2,000,000

Total Net Assets \$27,794,030

Total Liabilities and Net Assets \$28,007,020

Statement of Activities

Contributions	\$	3,613,756
In-kind Contributions		78,844
Investment Return, Net		1,664,020

Total Revenue, Gains and Support \$ 5,356,620

Total Program Services \$ 4,165,448

Total Administrative Expenses \$ 427,097

Total Expenses \$ 4,592,545

Change in Net Assets		764,075
Net Assets, Beginning of the Year		27,029,955

Net Assets, year ended Dec. 31, 2016 \$27,794,030

Endnotes

- [1. Oral Health in America: A Report of the Surgeon General—Executive Summary. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.](#)
- [2. Chew on This: 2012 Report on the Oral Disease Burden in Colorado. Denver, CO: Colorado Department of Public Health and Environment, Prevention Services Division, 2012.](#)
- [3. Tooth Decay: A Silent Epidemic, Especially For Poor Kids In Colo. by John Daley. Colorado Public Radio, 2015.](#)
- [4. Impact of Oral Disease on the Health of Coloradans. Colorado Department of Public Health and Environment Oral Health Program, 2005.](#)
- [5. The State of Little Teeth. American Academy of Pediatric Dentistry, 2013.](#)
- [6. U.S. Public Health Service Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries. U.S. Department of Health and Human Services Federal Panel on Community Water Fluoridation, 2015.](#)
- [7. Children's Oral Health in Colorado, Maternal and Child Health Issue Brief #10. Colorado Department of Public Health and Environment, 2014.](#)
- [8. Integrating Medical and Dental Care. Perspectives on the Midlevel Practitioner, a supplement to Dimensions of Dental Hygiene. October 2016.](#)
- [9. A Longstanding Partnership in Pursuit of a Shared Vision Impact Report, University of Colorado School of Dental Medicine, 2017.](#)
- [10. Healthy Colorado: Shaping a State of Health, Colorado Department of Public Health and Environment, 2015.](#)
- [11. New Colorado rules bar sugary drinks, restrict TV at day care centers by Christopher N. Osher, The Denver Post, 2016.](#)



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