



Delta Dental of Colorado Foundation

# 2020 Evaluation Report

Prepared by the Colorado Health Institute

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# Executive Summary

The year 2020 was unlike any prior year oral health practices across Colorado have ever experienced.

Coloradans had to navigate unforeseen setbacks, challenges, and disruption to oral health services beyond their control. While Colorado has taken significant strides to improve the oral health of all its people, disparities existed even prior to the COVID-19 pandemic, with communities of color and young children falling farthest behind in dental use and outcomes. These inequities are expected to increase because of delayed oral health care, impacts on insurance coverage, and unemployment.<sup>1</sup>

Delta Dental of Colorado Foundation (DDCOF) is focused on reducing these oral health disparities.

The pandemic hit DDCOF's grantees and oral health practices in Colorado in a variety of ways, including Stay at Home orders that suspended nearly all dental health services for a month in March 2020, challenges implementing COVID-19 guidelines in practices, difficulties securing personal protective equipment, and heightened social needs beyond oral health.

However, grantees and oral health practices also showed remarkable resilience in 2020, with grantee organizations reaching communities remotely, adapting their workflows to meet their community's needs, and leveraging partnerships to sustain their work. Public and private oral health practices rebounded by adapting how they provided care to stay in business — shifting to emergency care, adding teledentistry services, and leveraging funding opportunities to support their work.

In 2020, DDCOF made an intentional financial effort to support oral health and community programs across Colorado by responding to unique needs brought about by COVID-19 through relaxing existing grant requirements and launching a new grant effort. This year marked the second year for Open-Funded grants aimed at DDCOF's long term goals of improving access to care, prevention, and connections to overall health. DDCOF also introduced Community Relief Funding to help organizations that provide direct services to communities most impacted by COVID-19. In total, DDCOF funded over 100 grants in 2019-2020, with 69 Open-Funded grants, 34 Responsive Community Relief grants, and three Requested Community Relief grants, as well as a Private Practice Loan program

and continued support for the Colorado Medical Dental Integration (CO MDI) project.

To understand this unique year in oral health in Colorado, DDCOF and the Colorado Health Institute (CHI) fielded two surveys and hosted a Grantee Learning Network. The first survey was fielded in April to DDCOF grantees to understand the impact of COVID-19 on their work. Grantees later participated in a Grantee Learning Network in October to share further insights on how the pandemic has impacted their work and how they have rebounded. The second survey was fielded in August to private and public oral health practices across Colorado to understand the impact of COVID-19 on their services.

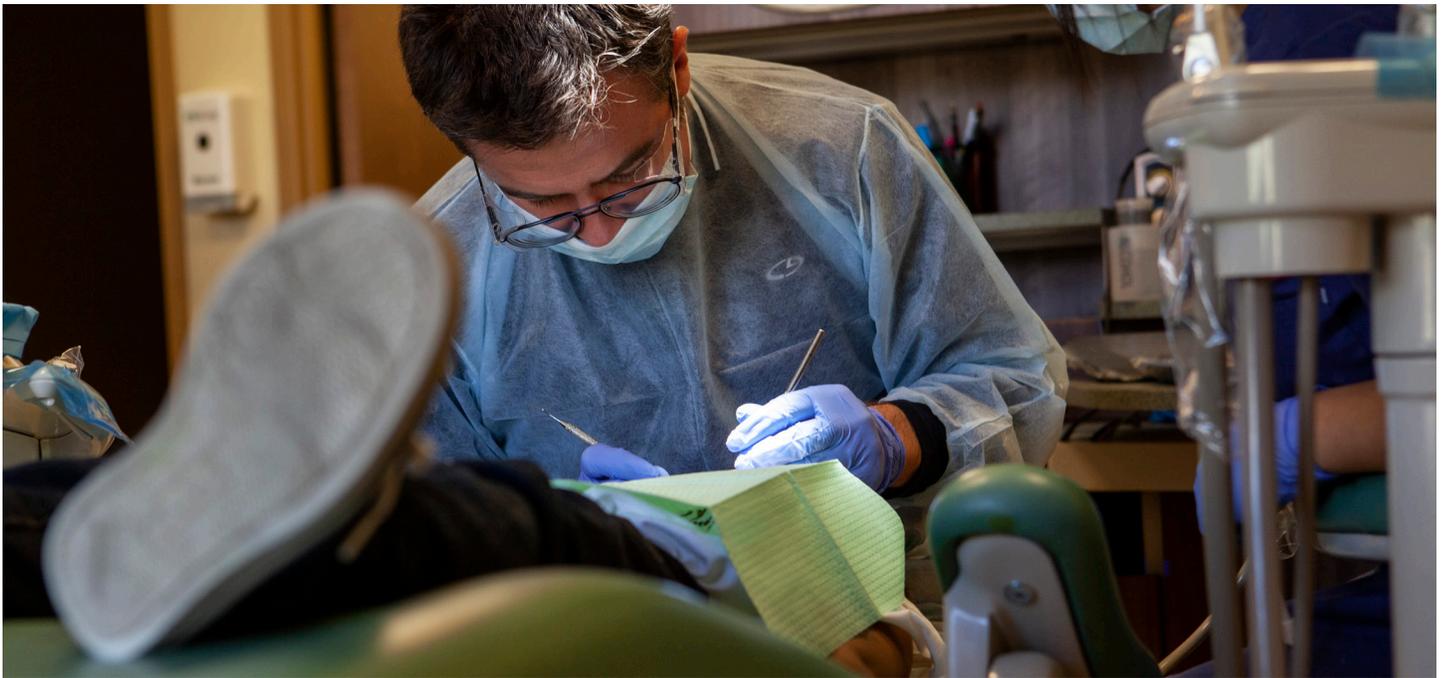
This evaluation report summarizes key takeaways from the surveys and Learning Network with the aim of answering the guiding question of:

**How did DDCOF grantees as well as private and public practices in Colorado demonstrate resiliency in dental services provision during the COVID-19 pandemic?**

Facing unprecedented barriers and challenges, grantees and oral health practices across Colorado were quick on their feet and resilient — reaching their communities remotely through teledentistry, changing and adapting how they work to meet their community's needs, finding new sources of funding, and leveraging partnerships to sustain their work.

This report also provides a policy context for what oral health looks like in Colorado coming into 2021 — with recommendations on how DDCOF can realize meaningful change to address the challenges and opportunities highlighted by grantees and practices. For example, DDCOF could create or support a statewide oral health coalition to amplify the voice for oral health in Colorado. Existing efforts can be modified to achieve greater results too — such as continued flexible approaches to grantmaking and funding.

After a year when oral health took a backseat to the immediate needs of a pandemic response, DDCOF has an opportunity to use its unique status as Colorado's primary oral health philanthropic partner to lead other funders in elevating the links among oral health, overall health, and the social determinants of health.



## Introduction

Good oral health is tied to better overall health and well-being. It can play a significant role in how well children do in school, how people perform at work, and how people manage chronic health issues.<sup>2</sup> The mission of Delta Dental of Colorado Foundation (DDCOF) is to elevate the well-being of Coloradans by advancing oral health equity. To accomplish this, the DDCOF invests in work with community organizations, clinics, and oral health service providers so that every person can have a healthy mouth regardless of life circumstances.

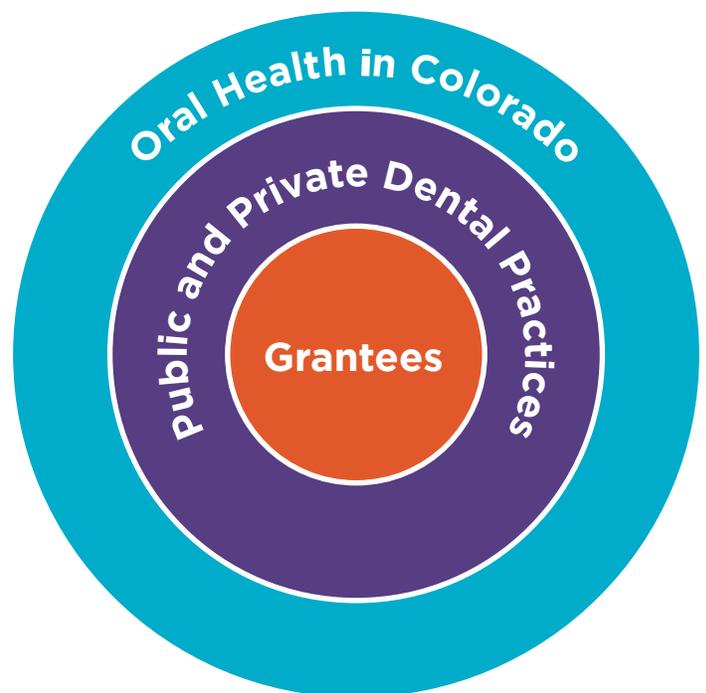
This report assesses progress toward better oral health on three levels (see Figure 1).

First, the evaluation looks at the resiliency of DDCOF **grantees** since the COVID-19 pandemic started, with a closer look at barriers to program implementation and factors that led to grantee success.

Next, the evaluation examines the resiliency of **public and private dental practices** since the pandemic started. It includes quantitative and qualitative breakdowns of barriers to dental service provision and identifies success factors that led to the rebound of services. It also discusses challenges that practices foresee in 2021.

**Finally**, the evaluation seeks to understand **oral health in Colorado** in the context of a tumultuous 2020. This section outlines gains in oral health that

Figure 1: Three Levels of Evaluating Oral Health in Colorado



were made prior to the pandemic and threats to those gains. It also contextualizes anticipated trends and policies DDCOF should consider in its planning, with recommendations for 2021 and beyond.

# DDCOF's Grantmaking Response to COVID-19

In response to the COVID-19 pandemic, DDCOF made an intentional effort to provide financial support to oral health programs in a number of ways.

DDCOF developed the following new or revised funding streams in 2020:

- Revised grants for flexible use of funds for existing, multi-year Open-Funded Grantees.
- Community Relief Fund grants created and made available to direct service organizations and statewide entities that support community health services.
- A Provider Loan Program for dental practices across Colorado.

These funding opportunities and their evaluation activities are described below.

## Existing Open-Funded Grantees

### Purpose

This funding stream included 69 grants awarded in 2018 and 2019 to support community-identified oral health solutions for underserved populations.

Grantee programs focus on DDCOF's three long-term goals:

1. **Access to Care**, ensuring all Coloradans have oral health care.
2. **Prevention**, ensuring services are available to prevent tooth decay.
3. **Health Connection**, ensuring that oral health is a critical part of overall health care.

All grants were awarded to programs that address the three long term goals. However, at the onset of the COVID-19 pandemic in March 2020 and the resulting interruption of oral health services, DDCOF converted the grants to general operating support to address unforeseen needs created by the pandemic. For example, programs could shift funds to pay for infection prevention efforts (like purchasing personal protective equipment (PPE)) or could support maintaining staff if the organization had to temporarily close

or cut back services. This shift toward general operating support helped programs withstand the temporary shutdown of services and loss of revenue experienced by many grantees.

### Focus Populations

Youth, pregnant women, older adults, rural, and underserved Coloradans.

### Evaluation Plan

Grantees will submit reports in late February 2021 and evaluation of results will occur in early spring 2021.

## Community Relief Funding

The Community Relief Funding is intended to support direct service organizations providing health and basic needs to communities most impacted by COVID. This funding opportunity is provided by responsive (open) and requested (invited) grants.

### Responsive Grants (Open)

#### Purpose

This fund included 34 one-year grants to support general operating expenses for direct service organizations addressing critical needs, such as food and housing security, of DDCOF's focus populations. DDCOF pivoted to prioritize support for vital services and a continuum of accessible care (not just oral health services) for communities disproportionately impacted by COVID-19. Grants were awarded on a rolling basis from spring to fall 2020.

#### Focus populations

Rural and underserved communities dealing with increased barriers to services and care because of socioeconomic conditions brought about by COVID-19. Also, immigrant and undocumented communities and racial groups that experienced social and health care inequities over many generations.

#### Evaluation Plan

Grantees will submit reports on a rolling basis at the end of their grant year starting in summer 2021 through fall 2021. Evaluation of results will occur at the end of 2021.

## Requested Grants (Invited)

### Purpose

This fund was limited to three one-year invited grants for nonprofit or publicly funded statewide organizations or associations whose sole mission is to provide technical assistance, resources, and support to strengthen delivery of community health services by direct service health care organizations. Grants were awarded to the [Colorado Association of School-Based Health Centers](#), [Colorado Department of Health Care Policy and Financing's Safety Net Loan Program](#), and the [Colorado COVID Relief Fund](#).

### Focus populations

Racial and ethnic groups that experienced social and health care inequities over many generations, specifically, immigrant and undocumented communities, rural communities, historically or newly uninsured individuals and low socio-economic status communities.

### Evaluation Plan

Grantees will submit reports in the fall 2021. Evaluation of results will occur at the end of 2021.

## Private Practice Relief Loan Program

### Purpose

Three-year loans administered to 11 oral health practices in Colorado, particularly smaller independent practices financially impacted by COVID-19. All 11 practices affirmed they could not access capital elsewhere. Loans were administered through the Colorado Enterprise Fund.

### Focus Population

The application process was open to all dental practices, with a priority on smaller independent practices that serve disadvantaged communities with limited oral health access.

### Evaluation Plan

Survey follow up with borrowers, to be determined.

**Note:** DDCOF also had two other grantmaking initiatives in 2020 (invited and CO MDI) which will be featured in the 2021 report.



# COVID-19 and Oral Health in Colorado

The following chart outlines the trajectory of the COVID-19 pandemic as it affected dental and oral health services in Colorado in 2020. The chart includes a list of the state's COVID-19 orders, summaries of those directives, the impact of restrictions on services, and a description of what services were permitted and when.

Policy	Context	Oral Health Services Permitted
<p><b>Stay at Home Phase</b></p> <p>March 27 to April 27, 2020</p>	<p>Nearly all dental health services were suspended during the statewide order.</p> <p>The executive order recommended delaying any procedure that could be postponed for three months without undue risk to the patient's current or future health, but also left some room for interpretation by dental professionals.</p> <p><b>This order essentially shut down most dental practices during this period.<sup>3</sup></b></p>	<p>Only <b>emergency surgeries</b> or procedures were permitted when there was:</p> <ul style="list-style-type: none"> <li>■ A threat to the patient's life;</li> <li>■ A threat of permanent dysfunction to an extremity or organ system;</li> <li>■ A risk of metastasis or progression of staging of a disease or condition; or</li> <li>■ A risk that the patient's condition would rapidly deteriorate if the procedure or surgery was not performed.</li> </ul>
<p><b>Safer at Home Phase</b></p> <p>April 27 to June 1, 2020</p>	<p>As cases began to decline in late April and Colorado's health care system felt adequately prepared to address the needs of COVID-19 patients, non-emergency medical and dental services were allowed to resume on April 27. This allowed practices to open up shop, with <a href="#">precautions</a> to ensure adequate PPE were available for health care providers.</p> <p><b>The majority of dental practices in Colorado resumed some level of services by the end of May. About 80% were open with lower volumes of care and about 20% conducted business as usual.<sup>4</sup></b></p>	<p><b>Voluntary and elective surgeries and procedures could resume</b> if the health care facility, clinic, office or practice, surgical center, hospital, or other setting where health care services are provided follows protocols and criteria outlined in this <a href="#">Executive Order</a>.</p>
<p><b>Safer at Home and in the Vast Great Outdoors</b> and <b>Protect Our Neighbors Phase</b></p> <p>June 1 to November 1, 2020</p>	<p>Dental health service policies and restrictions were similar to Safer at Home, and practices had more flexibility to allow patients inside facilities.</p> <p><b>Midway through this phase in mid-August, over half (54%) of practices in Colorado were conducting business as usual, with about 46% open with lower volumes. None reported closing.<sup>5</sup></b></p>	<p>Mandatory protocols included: ensuring proper social distancing; proper use of PPE for patients, visitors, and staff; effective symptom screening of incoming patients; adequate infection control and cleaning processes for equipment; and appropriate discharge of patients.</p>
<p><b>COVID Dial</b></p> <p>November 2, 2020 to Current</p>	<p>As cases of COVID began to spike in Colorado and nationally in late October and November, Colorado instituted the "COVID Dial," with levels of restrictions based on the number of cases in counties. The counties with the most severe case counts had more restrictions on businesses and operations. This did not significantly change any restrictions on dental care.</p> <p><b>By the end of November, most practices saw reductions in volume of care. Only 27% were conducting business as usual, with 73% open with lower volumes. None reported closing.<sup>6</sup></b></p>	<p>Services permitted have remained relatively similar since the start of the Safer at Home phase, with regular amendments to what elective and voluntary services are permitted. Nine <a href="#">amendments</a> have been made since April, mostly outlining changes to PPE and infection control measures.</p>

# Understanding Oral Health Resilience in 2020



## Understanding COVID-19 Barriers and Resilience Among DDCOF Grantees

### Guiding Question in 2020:

How did provision of dental services by grantees as well as private and public practices in Colorado demonstrate resiliency during the COVID-19 pandemic?

### Evaluation Questions:

How did DDCOF grantees demonstrate resiliency in dental provision during the COVID-19 pandemic? What barriers got in the way of program implementation and what factors led to grantee success?

## Key Findings

1. Grantees faced several barriers, including disruptions to youth dental services, significant financial challenges, and navigating social needs beyond oral health.
2. Grantees reached their communities remotely, adapted workflows to meet their community's needs, and leveraged partnerships to sustain their work.
3. Looking into 2021, grantees face uncertainty related to service provision and financial stability as the pandemic continues.

### Background

CHI and DDCOF implemented two optional reviews with grantees following the onset of the pandemic.

In April 2020, DDCOF administered a survey to assess the impact of COVID-19 on the work of existing grantees. All open-funding grantees received the survey. DDCOF invited open-funding grantees that were identified as “frontline, direct service” to request prepayment of their grant funds to handle financial hardship or increased demand for services due to COVID-19. A total of 47 grantees (of 69) responded to the survey between April 6 and April 27, 2020.

On October 6, 2020, CHI facilitated an online convening for open-funding grantees and invited grantees. This Grantee Learning Network provided participants an opportunity to discuss the impact of COVID-19 on their work and the people they serve. Some 36 individuals representing 28 grantee organizations registered for the convening, and a video recording and copy of the slides were distributed to all grantees in the week following the event.

The following findings from the April survey and the 2020 Grantee Learning Network shed light on grantees' most significant challenges and successes since the onset of the pandemic.

## 1. Barriers Grantees Faced

Grantees faced a wide range of barriers since the onset of the pandemic. For providers, the suspension of dental services during the Stay at Home order proved challenging for staff and patients alike, and the return to in-person services in recent months has presented its own challenges. Community-based organizations, too, have wrestled with how best to meet the needs of their communities during the pandemic. And grantees of all types have faced significant financial stress, as loss of revenue and other economic challenges have thrown many organizations' sustainability into question.

Key barriers for grantees included disruption to youth dental services, primarily in school settings; significant financial challenges for providers and community-based organizations; and exacerbated social needs beyond oral health.

### Disruptions to youth dental services and school-based programming

Grantees were largely unable to provide nonemergent/nonurgent oral health care to their patients during the Stay at Home order. Some grantees continued to provide urgent and emergent care, easing the burden on urgent care clinics and emergency departments. Many suspended nearly all patient services. During this time, many patients did not receive regular care.

For grantees operating in schools and child care centers, closures put many programs on hold. As

schools and child care facilities began to reopen in some capacities, oral health programming remained logistically difficult and lower on schools' priority lists. The decline in preschool enrollment during the pandemic also made reaching young children more difficult. This presents an opportunity for DDCOF to ensure access to care for these children. Grantees made the following insights in the April survey and the Grantee Learning Network:

- *“Local schools aren’t allowing outside programming, visitors, or parents into the building,” one grantee explained, saying they had to suspend their in-school programming.*
- *“Because norms and procedures in schools have shifted, “everything takes twice as much planning,” a school-based grantee said. “Everything we put out in the world, every single program, needs to be redesigned. ... So, often we’re just trying to make sure we’re compliant [with funders’ requirements, state regulations, and school procedures], which is never where I want to sit. I want to be innovative and high impact, so it’s hard to swallow as a leader. The kids deserve more.”*
- *“Our project is focused on preschool, and right now we’re at 60% enrollment,” one grantee said. Assessing how best to reach families has been a struggle, she said. “Do I send my team to go get those other kids in school, or do we serve the 60% who are here really well?” For many organizations working in school settings, disruptions due to the pandemic have felt like “taking a step backward.”*

### Significant financial challenges

The April survey revealed that grantees felt the financial impact of the pandemic almost immediately. Less than two months after the first COVID-19 case was reported in Colorado, grantees were already reckoning with the many ways the pandemic would affect their financial health.

- *More than half of all grantee respondents reported closing or suspending services, cancelling events or fundraisers, dipping into organizational reserves, and losing earned revenue.*

- *Between one-half and one-third of all respondents reported planning to use government loan programs, experiencing increased demand for services, and losing or reducing staff.*

At the Grantee Learning Network in October, grantees raised the issue of financial sustainability on several occasions. Six months into the pandemic, some initial questions, such as how to apply for government loans, had largely been answered. But the enduring nature of the pandemic — and the financial challenges it has brought — has left grantees asking, “How do we weather this storm?”

- *One grantee said, “Funds will eventually dry up. ... How do we keep our doors open until we can go back to normal?”*

### Loss of revenue for providers due to closures and reduced services

Many providers reported lost revenue due to closures during the Stay at Home order. They cited reduced service utilization, service protocols that limited patient volume, more low-income and uninsured patients, and the inability of patients to pay their share of costs.

In April, grantees reported that lost revenue had impacted or will likely impact their ability to retain personnel, and that COVID’s fallout on their financial health may compromise their ability to provide services in the long term.

- *Summit Community Care Clinic reported on the April survey that patient revenue was projected to decrease by as much as 80 percent.*
- *La Clínica experienced “pandemic-related revenue shortfalls” of \$2 million a month, which led to substantial staff furloughs.*

To cope with lost revenue, grantees applied for loans and emergency funds, reallocated grant revenue, furloughed and laid off staff, and in some cases, used telehealth.

### Funding challenges for community-based organizations

Dental providers were not the only grantees navigating funding challenges. In response to the April grantee survey, many community-based organizations reported a reduction in event-based fundraising, loss of funding pools used in the past, and greater reliance on funder support and annual giving campaigns.

- *At the Grantee Learning Network, one grantee said many funding streams do not align with organizations' current needs. Some funding partners have changed their focus to ensure their survival, leaving fewer dollars for their programs.*
- *Another grantee noted the high cost of providing dental care, compared with other assistance for clients. When funding is limited — as it has been in 2020 — it is hard to prioritize paying for dental care over support for other needs, such as food assistance.*

Various funding opportunities are available to local organizations. But a high volume of requests for proposals, combined with time-intensive application requirements and unrealistically tight turnaround periods, have been burdensome to grantees.

- *At the Learning Network, one grantee said schools, health departments, and others are “deep in crisis mode,” meaning they have limited time to apply for funding opportunities, respond to inquiries, and complete reporting requirements. In some cases, application requirements are prohibitively challenging, and organizations forgo applying at all.*

### Some grantees also report incurring greater expenses associated with COVID-19

Unforeseen need for PPE, testing supplies, and other COVID-19 related expenses created a financial strain for some grantees.

- *For example, in the first three weeks of the outbreak alone, STRIDE incurred an additional \$70,000 in lab tests, supplies, equipment, and cleaning expenses. Other grantees temporarily reduced operating costs while services were suspended by furloughing staff members or cutting their hours.*

### Needs beyond oral health

The COVID-19 pandemic posed an immediate threat to Coloradans' health and safety, precipitated widespread job loss, and magnified existing inequities.<sup>7</sup> Despite recognizing the importance of oral health, many grantees said their organizations and communities alike have been forced to prioritize the most pressing needs, including medical care and food and housing assistance.

- *As a representative from the Center for African American Health described, “For a lot of families, oral health hygiene is not going to be at the top of their list right now. It’s going to be food, hopefully mental health, navigating the Stay at Home order with school aged children. ... We need to be able to pivot and fundamentally understand those needs.”*
- *Grantees that work in school settings also brought up the challenge of competing priorities. “Right now, schools’ and families’ priorities are academic — making sure kids have access to school and wraparound services — so it’s hard to advocate for oral health.”*

## 2. Grantee Resilience

Despite many challenges, grantees exhibited innovation, resiliency, and an enduring commitment to meeting the needs of their communities. Their successes included reaching people with remote services, adapting and innovating their workflows to meet community needs, identifying key partners in the community, and creatively layering in oral health services within touch points outside of traditional oral health settings.

### Reaching community remotely

After the onset of COVID-19, grantees expanded their use of remote service delivery.

During the Stay at Home order, some grantees transitioned partially or fully to telehealth for medical and behavioral health services. Several began to set up infrastructure for teledentistry. And community-based organizations providing other types of services, such as Family Resource Centers and educational nonprofits, shifted their programming online to the extent possible.

- *The Family & Intercultural Resource Center in Summit County held a virtual, bilingual story time with children who are sometimes difficult to reach.*

Telehealth and virtual programming will remain a valuable tool for organizations, even beyond the pandemic.

- *The Colorado Coalition for the Homeless reported beginning to connect with hard-to-reach patients via telehealth. Though video conferencing does not work for most clients,*

*many have cell phones, and “using phones to do teledental visits and chronic diseases has been way more successful than we thought. ... It’s been a surprising success that we’re looking forward to continuing.”*

### **Adapting workflows to meet community needs**

As communities’ needs evolved with the pandemic, so too did grantees’ approaches to serving their clients.

#### *Redeploying staff*

While dental services were suspended, some providers redeployed dental staff to other roles, including COVID-19 testing and screening, food and housing assistance, and administrative tasks. Community-based organizations also report shifting staff to new roles, allowing them to retain their employees while meeting pressing needs.

#### *Contributing to COVID response efforts*

Grantees have played a central role in Colorado’s COVID-19 response efforts, including performing testing and screening, managing donations of medical supplies and PPE, supporting people who have tested positive, and providing community members with accurate health information.

#### *Responding to increased demand for wraparound services and supports*

Grantees have supported community members feeling the economic effects of the pandemic by augmenting — or beginning to offer — wraparound services and supports. Grantees report a surge in the demand for food assistance. Family Star reported that demand for its food assistance program had tripled between the beginning of the outbreak and when it completed the grantee survey in April.

Grantees also reported helping community members with emergency housing assistance, cash assistance, and supplies such as diapers, formula, menstrual products, toothbrushes, and other toiletries. Grantees have assisted families with children in their transition to online learning by supplying laptops, tablets, and other educational resources.

#### *Continuing services*

Despite these many changes, grantees are working hard to maintain the services they provided prior to the outbreak, including health insurance enrollment support, essential medical and behavioral health

care, and distribution of oral health supplies. Grantees have also identified creative solutions to circumventing barriers.

- Prior to the pandemic, the Center for Immigrants and Immigration Services (CIIS) partnered with the School of Dental Medicine to provide oral health screenings. When the pandemic cancelled screenings, CIIS provided vouchers to people who needed services, allowing them to see a dentist without first requiring a screening.

### **Leveraging community partnerships**

Grantees leaned on key partners to connect patients to their services. Several grantees leveraged relationships with school nurses and librarians to reach children. Grantees and community partners conducted outreach, shared information, and referred clients to services. Grantees cited strong partnerships, including with schools, as key to connecting youth to oral health services.

- *“We have strong relationships with all the school nurses in the school system and are helping to navigate students with dental issues to a dentist,” one grantee said.*
- *“We are branching out to find different avenues to communicate good dental care. For example, we recently had a local children’s librarian do a virtual story time with a kids’ dental book and promote our services. This librarian is loved by the community, so her endorsement means a lot.”*

Some of the most successful grantees have actively sought out community members to inform their organizations’ approach.

- *When schools closed in March, DDCOF grantee Aurora Public Schools immediately began conducting outreach to parents. “There was no data set we could lean into and use to go forward, so we decided to hold space for community to tell us what was going on.” All staff members who were not teachers were trained to call families and collect data. From March to June, they conducted some 3,000 virtual home visits “to get to the story of pandemic, so we could advocate based on needs and actual data.” For example, families identified access to technology and the internet as barriers to their kids’ success — a need that the school was then able to respond to accordingly.*

### 3. Looking Ahead

As grantees continue to navigate the challenges posed by COVID-19, it is important to note the constantly changing nature of the pandemic along with the uncertainty it has created for service provision. The mix of in-person and remote learning in 2020 has made this a lost year in school-based oral health, a situation that is likely to continue in 2021. Grantees are grappling with financial uncertainties and pressure to address social determinants of health beyond just dental care. Keeping an eye on the priorities of these grantees in 2021 will be paramount.

Grantees will report program evaluation metrics related to the populations they serve, including demographic breakdowns, and address the challenges and opportunities faced by their programs. These data will be reported in spring 2021, analyzed by CHI, and summarized in a companion memo.



## Understanding COVID-19 Impacts and Resilience Among Public and Private Dental Practices in Colorado

**Evaluation Questions:** How did public and private dental practices demonstrate resiliency in dental provision during the COVID-19 pandemic? What barriers got in the way of dental service provision, and what success factors led to the rebound of services?

## Key Findings

### Stay at Home

1. During the Stay at Home order, all practices reported significant declines in delivering oral health services, with private practices more likely to continue services.
2. Private and public practices suffered staffing challenges, with furloughs being the most significant response.
3. Practices changed how they provided care to stay in business, shifting to teledentistry and emergency care.

### Safer at Home

1. Once nonemergency dental services could resume, practices still faced barriers, including securing enough PPE, carving out time for infection control, and taking steps to make patients comfortable returning to care.
2. Service delivery rebounded faster among private practices than public practices during Safer at Home.
3. Both private and public practices had to furlough employees or reassign them to nondental activities; however, private practices were able to reopen positions faster.

### Looking Ahead

1. Private practices were more confident than public practices in their service delivery outlook for the remainder of 2020.

2. Most private and public practices were at least somewhat confident about their financial outlook for the remainder of 2020. But 30.4% of public practices said they were not at all confident.
3. More private practices anticipated hiring dental staff than public practices by the end of 2020.

### Background

CHI, in partnership DDCOF, the Colorado Dental Association, Colorado Dental Hygienists Association, and Colorado Community Health Network, fielded a survey in August of public and private dental practices.

The survey was meant to gain insights into the oral health landscape during COVID-19 and to better inform DDCOF’s planning efforts. DDCOF was also interested in understanding how public and private practice types differed in their experiences of and response to the challenges presented by COVID-19.

This summary includes data from surveys submitted between August 3 and August 14, 2020. A total of 227 individuals responded to the surveys on behalf of their dental practices. CHI did not directly disseminate the survey, so the number of individuals who received the survey is unknown.

Of the respondents, 184 worked in a private dental practice and 35 worked in public practices,

including Federally Qualified Health Centers, Safety Net Dental Clinics, and School-Based Health Centers. The remaining eight respondents worked in practices with a mix of public and private funding. To best understand the differences between private and public practices, these eight respondents were excluded from the analysis.

Key findings from the Practice Survey, detailed below, shed light on dental practice trends in Colorado in August 2020. Responses that address the Stay at Home period examine factors that helped grantees weather the storm. The next section illustrates how practices rebounded during the Safer at Home. Insights into their hopes for the future are contained in the third section.

## 1. Practice Trends During Stay at Home

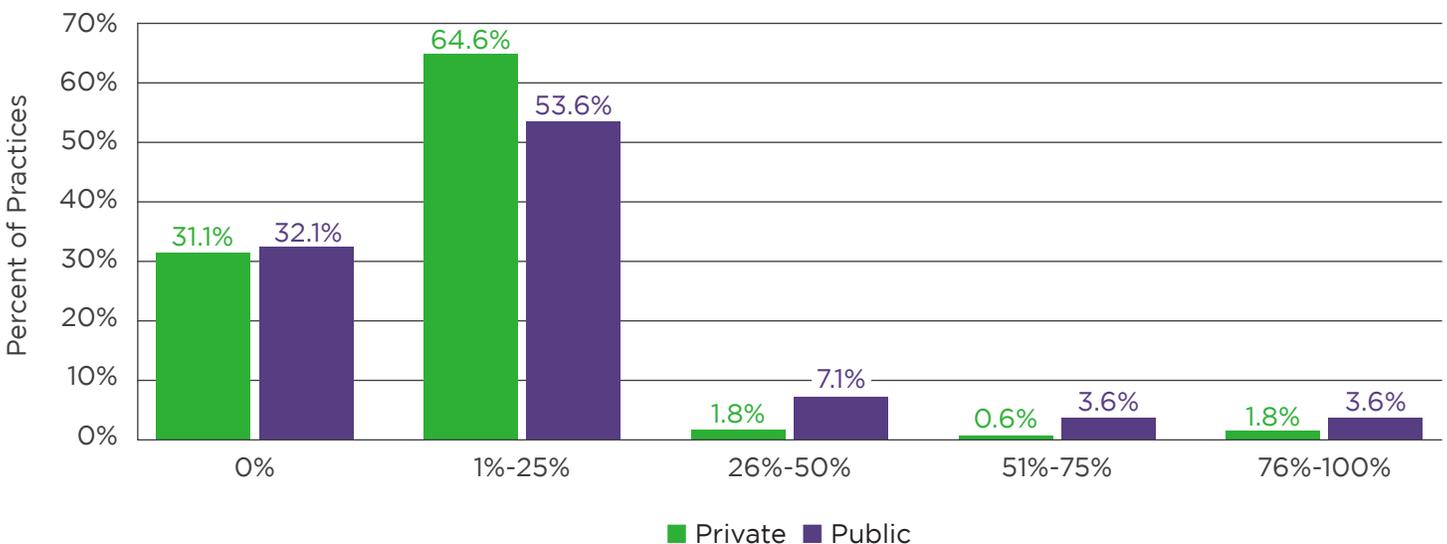
### Service Delivery

**Private practices were more likely to have continued providing services during the Stay at Home order, although all practices reported significant declines in services.**

As the pandemic hit Colorado in March 2020, the shutdown of nonemergency dental services

**Figure 2: Dental Service Delivery During Stay at Home Order**

*How would you characterize your delivery of dental services during Colorado’s Stay at Home Order? Assume “100%” is business as usual.*



during the Stay at Home period virtually froze services across all practice types in Colorado; however, private practices were more likely to report providing some services.

The majority of both public (85%) and private (95%) practices reported providing less than 25% of their normal service delivery. Nearly one in three public (32.1%) and private (31.1%) practices reported no services whatsoever under the Stay at Home order. Two in three (64.6%) private practices saw between 1%-25% of their normal patient volume compared with about half (53.6%) of public practices (See Figure 2). The difference was likely due to many public clinics shifting operations to COVID-19-related services, while private practices are usually much smaller and are devoted solely to dental operations.

Only one of the four school-based health centers (SBHCs) that responded to the survey remained open, and that health center reported providing

less than 25% of normal dental services. While a small sample size, this highlights the difficulties SBHCs had in reaching children with oral health services during this time. All SBHCs reported that school closures and the statewide Stay at Home order made it nearly impossible to deliver services.

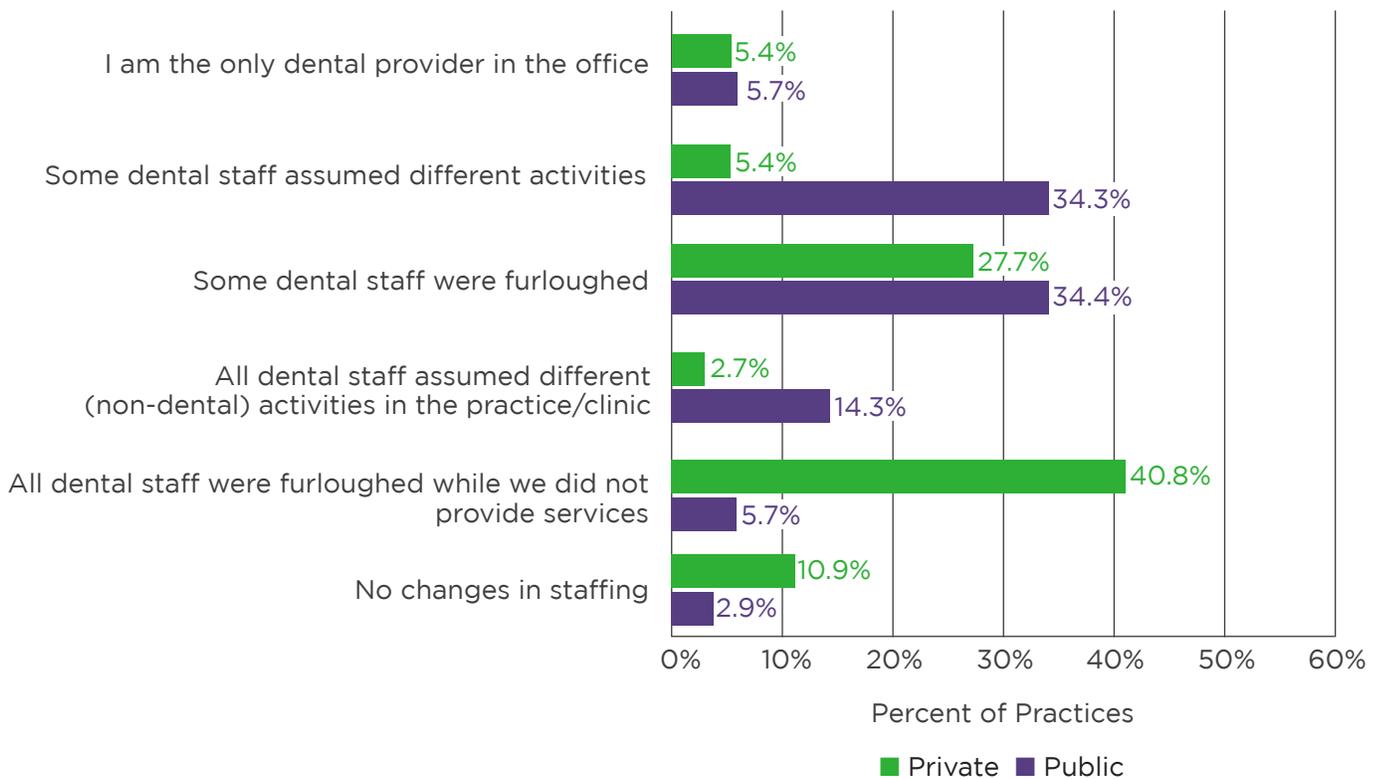
### Barriers

**Private practices were more likely to have furloughed all dental staff when services stopped during Stay at Home; about a third of public and private practices furloughed at least some staff.**

Public and private practices faced a wide range of barriers since the onset of the pandemic, including challenges securing PPE and difficulty navigating government guidance on dental procedures. However, staffing challenges were the most striking. Most private practices furloughed some or all of their staff, while public practices redeployed most dental staff to other positions.

**Figure 3: Staffing Changes during Stay at Home Orders**

*How did your practice change staffing during Colorado's Stay at Home order?*



### Staffing Challenges

Although all dental practices faced staffing challenges during Colorado's Stay at Home order, private and public practices navigated those challenges differently (see Figure 3).

Over 40.8% of private practices furloughed all their dental staff and another 27.7% furloughed some. Among public practices, just 5.7% furloughed all their dental staff while a third (34.3%) furloughed at least some staff.

Public practices used the pause on services to creatively adapt how they used their staff. Among public practices, 34.3% said they shifted employees to different activities, compared with just 5.4% of private practices.

Interestingly, a higher percentage of private practices (10.9%) reported no changes in staffing. These practices may be single practitioner who stayed open for emergency services.

### Resilience

**Practices changed how they provided care to stay in business during Stay at Home.**

Despite many new barriers and challenges resulting from the Stay at Home order, public and private practices showed resilience in weathering the storm when oral health was virtually shut down.

#### Shifting to emergency care

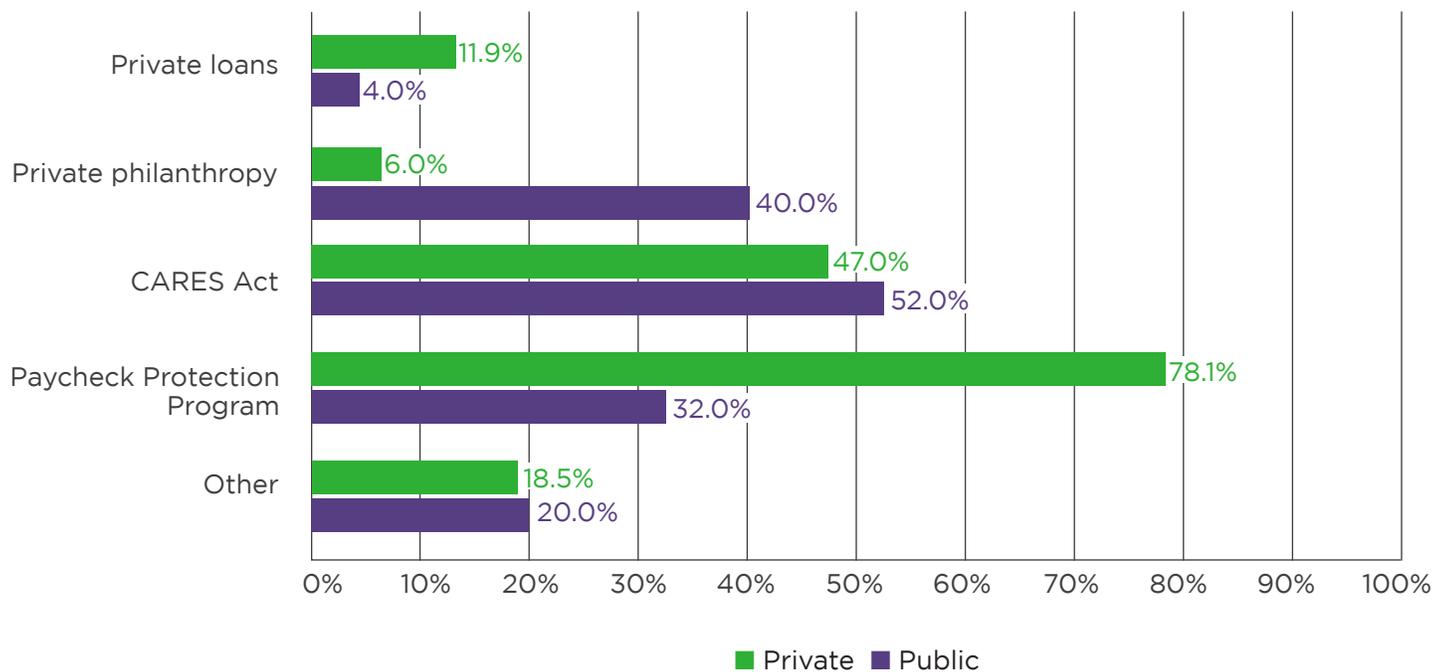
A key to the success of both public and private practices was the ability to provide emergency care. Respondents reported that state and local regulations prohibiting elective procedures forced them to scale back their services significantly and shift their emphasis to emergency services only.

#### Implementation of telehealth services among public practices

Many public dental practices reported that offering teledentistry services allowed them to

Figure 4: COVID-19 Funding Requests, by Source and Practice Type, as of August 2020

What COVID-19 specific funding did your practice apply for?



continue serving patients during Stay at Home orders. Respondents noted that changes making teledentistry services billable by Medicaid or other sources were essential. Very few private practices cited teledentistry as a success factor. Most don't provide telehealth services and don't anticipate expanding its use in their practices. (See Teledentistry Outlook for more.)

*Leveraging funding opportunities*

Many practices also reported taking advantage of funding opportunities to keep afloat. These funds ranged from federal grants to private donations (see Figure 4). It is important to note that most of the following funding streams are one-time loan and grant programs that are likely not coming back.

**Private practices:** The most common funding source (78.1%) was for the Paycheck Protection Program (PPP). In contrast, just 32% of public practices applied for PPP grants.

**Public practices:** About 52% of public practices tapped into CARES Act funding. The act largely directed aid to Federally Qualified Health Centers and public health agencies. Other public practices relied on support from private philanthropy at a greater rate than private practices (40% versus 6%).

## 2. Practice Trends During Safer at Home

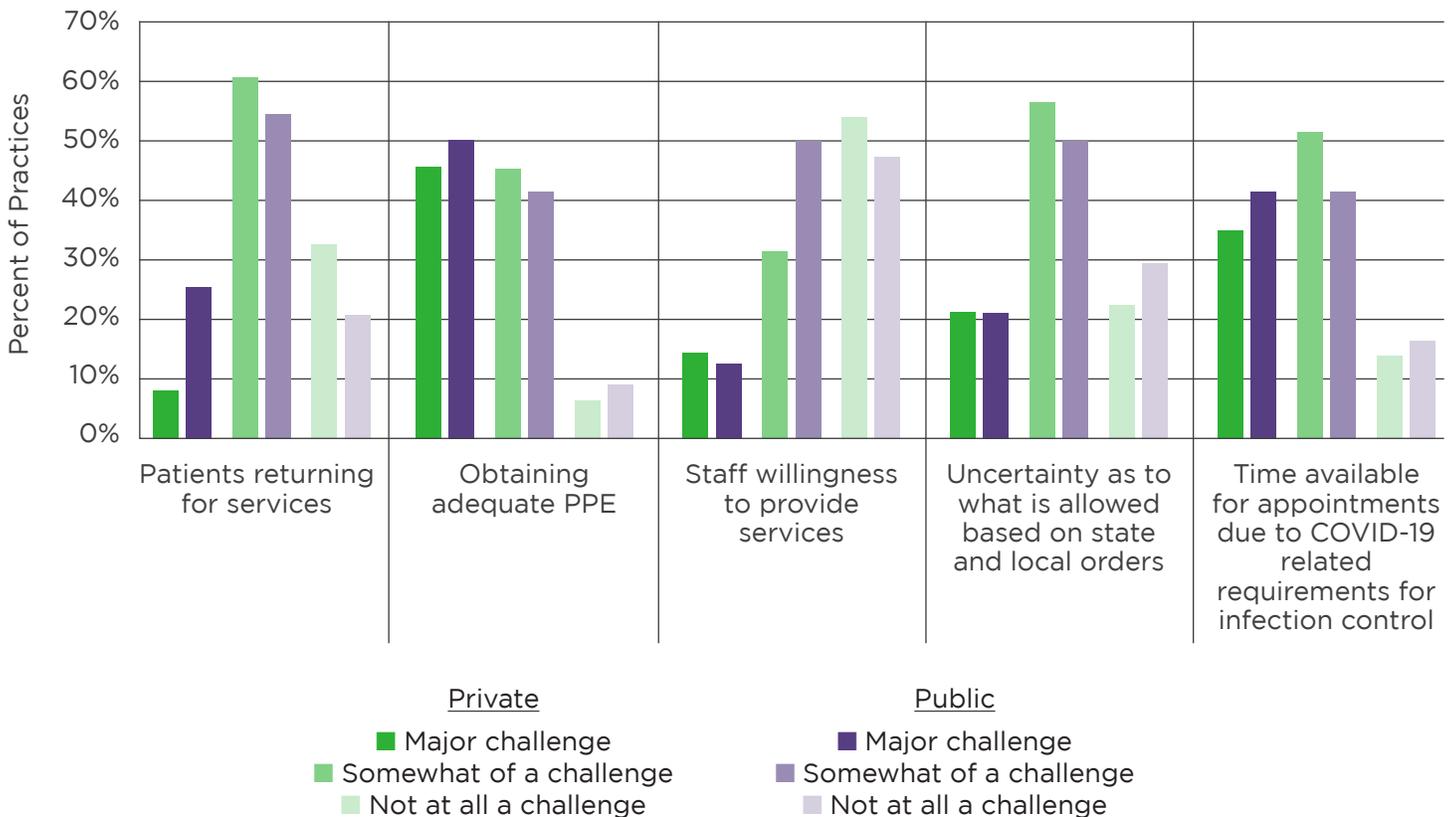
### Barriers

Once nonemergency dental services could resume, practices still faced challenges to delivering services after reopening (see Figure 5). The most noteworthy include:

- More than 90% of private and public practices struggled to obtain PPE.
- Time needed for adequate infection control was a challenge for more than 80% of public and private practices.

**Figure 5: Challenges to Delivering Services After Reopening (During Safer at Home Phase)**

*To what extent have the following issues been a challenge to delivering services after reopening/returning to seeing non-emergency patients?*



- Nearly four in five (79.2%) public practices said that the return of patients was somewhat or a major challenge to delivering services; 68.4% of private practices shared the same sentiment.

These challenges are likely to dissipate over time as PPE becomes more widely available and distributed, infection control protocols in practices become more streamlined, and patients become more comfortable returning for care.

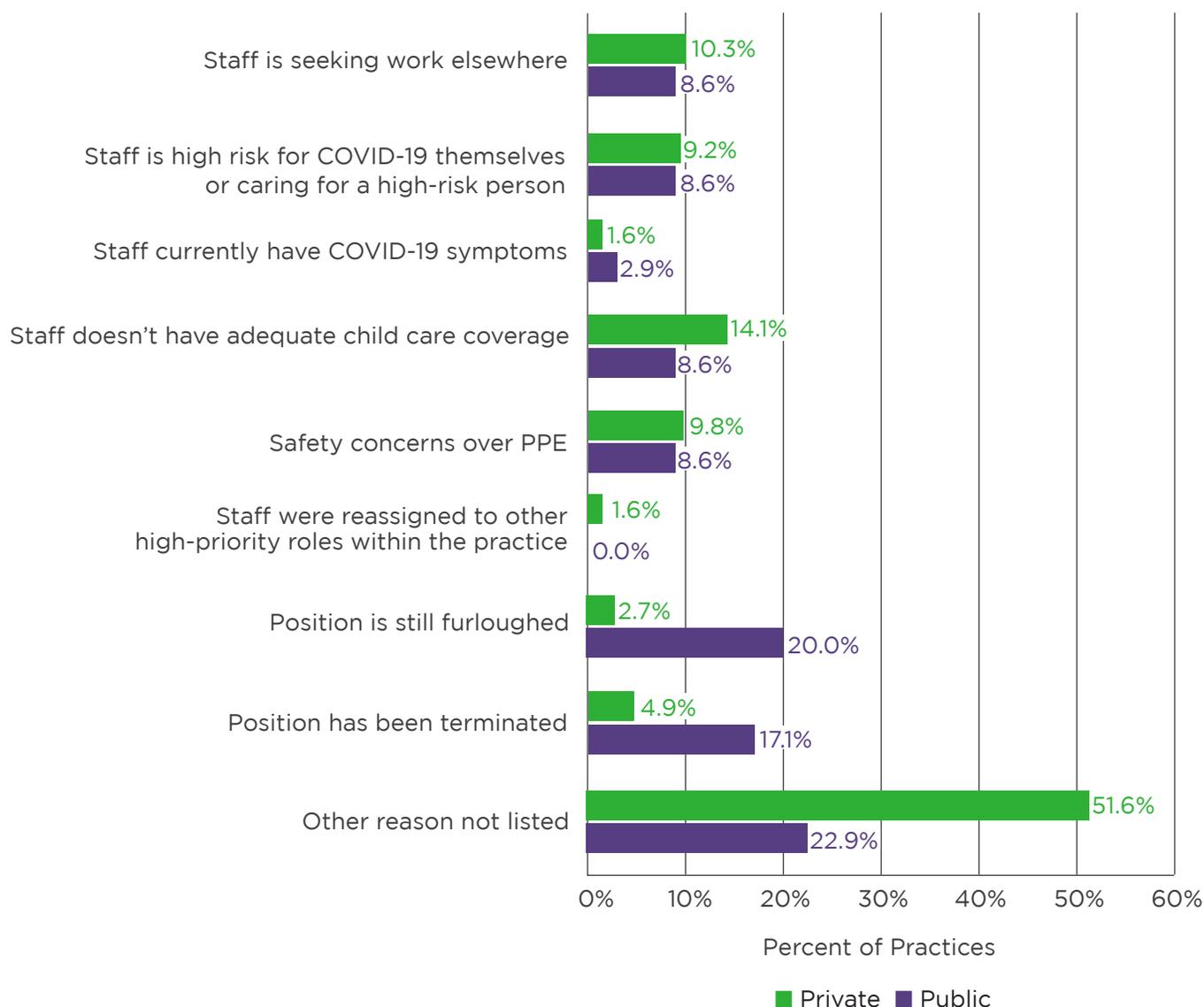
#### Changes in Staffing

During the Stay at Home order, both private and

public practices had to furlough employees or reassign them to nondental activities. However, during Safer at Home, private dental offices were able to reopen positions to a greater degree than public practices. Dental practices reported a range of reasons why staff may not have returned to work. Of note, public practices reported they were forced to permanently cut positions (17%). One in five (20%) has not been able to rehire furloughed staff. Among private practices, the most common reason for employees not returning to work (14.1%) was difficulty in arranging child care. (See Figure 6).

**Figure 6: If staff have not returned to work, why?**

*If staff have not yet returned, please indicate why*



## Resilience

### Service Delivery Rebounded Faster for Private Practices

Service delivery rebounded for all practices during Safer at Home, though private practices rebounded quicker than public practices.

The overwhelming majority (82.3%) of private practices were able to provide at least half of their normal services, compared with just 50% of public practices. Over a third of private practices reported providing 75-100% of their normal services during Safer at Home, compared with just one in six (16.7%) public practices (see Figure 7). It is possible that public practices had difficulty restoring dental services as fast as private practices because their clinics prioritized medical or other services. Additionally, dental services were initially harder to provide (there is a need for more physical space, PPEs for medical staff, etc.).

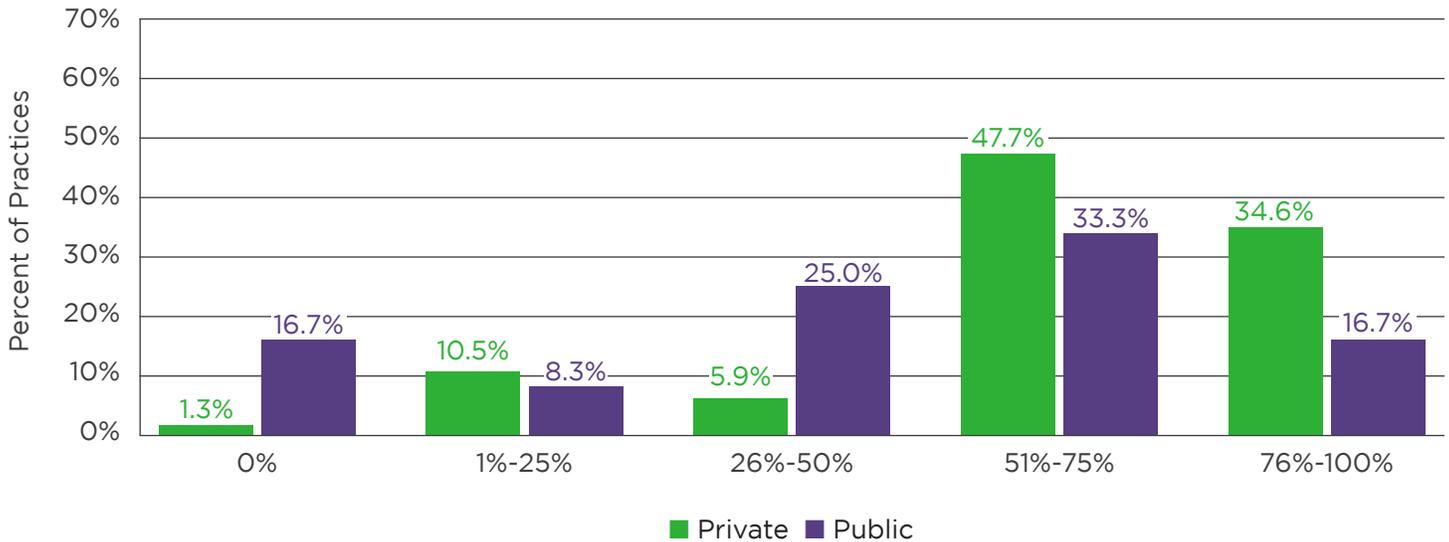
The rebound of private practices could reflect their size — they are generally smaller than public practices — and the perception they are safer. Many patients have long relationships with their private dentist, who can often commit more time for the patient than public practices.

Among the four SBHCs, two reported they were still providing no services as of August 2020, one reported providing 1%-25%, and one reported 51%-75% of normal services. As of August 2020, many students were still remote learning or had not resumed classes, likely contributing to these trends.

Both public and private practices indicated they could provide their normal services during Safer at Home, with a few exceptions including purely cosmetic procedures (such as whitening) and procedures that use aerosolizing equipment such as ultrasonic tools (which may create a risk of aerosolizing the virus).

Figure 7: Dental Service Delivery During Safer at Home Orders

*How would you characterize your delivery of dental services during Colorado's Safer at Home Order? Assume "100%" is business as usual*



### 3. Looking Ahead: Practices have cautious optimism for a return to normal services, finances, and even hiring dental staff.

#### Services

Private practices were more confident than public practices in their service delivery outlook for the remainder of 2020.

Public and private practices shared varying views on hiring, finances, and use of teledentistry looking ahead. Overall, practices expressed optimism, though private practices were more upbeat about delivering the same volume of care as they did before the pandemic. As of August 2020, most private practices (58.8%) anticipated being open at full capacity, with about a quarter (26.8%) expecting to lay off staff or make other cuts to stay open (See Figure 8).

Only 28.6 percent of public practices anticipated being open at full capacity, and almost 40% thought they may have to lay off staff or make other cuts to stay open. One in three (33.3%) public practices was concerned about closing.

All four SBHCs reported concerns about closing. This highlights a significant concern about the



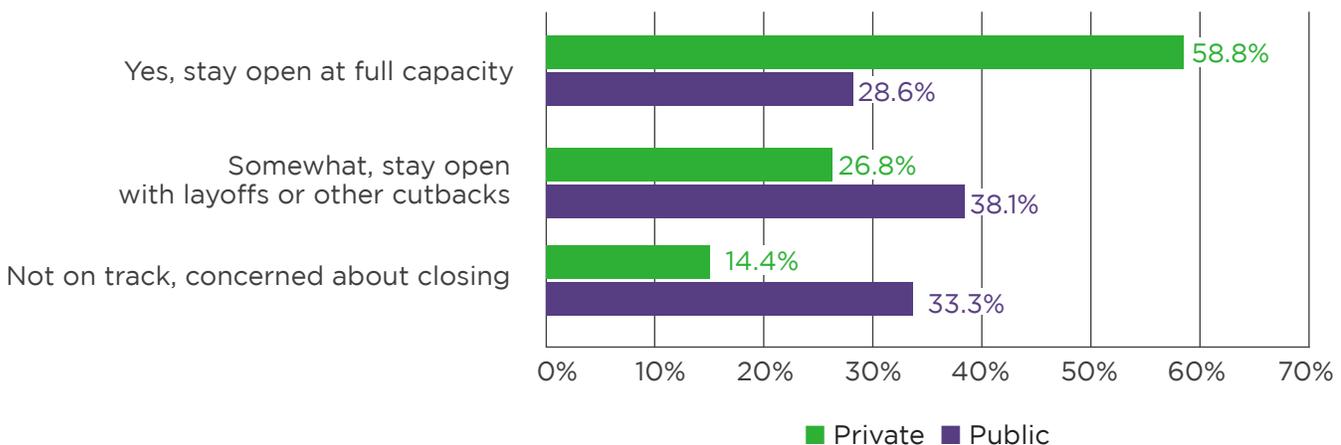
pandemic's impact on the safety net and public programs generally. School closings left some students without access to dental and medical care.

#### Finances

Most private and public practices were at least somewhat confident in their financial outlook for the remainder of 2020, with a significant portion of public practices (30.4%) not at all confident.

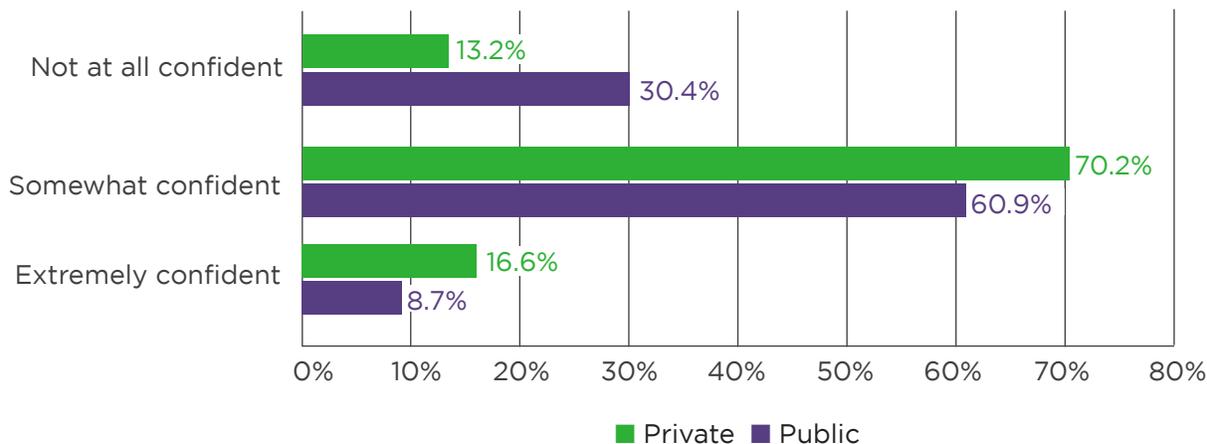
Figure 8: Were practices on track to deliver the same volume of care delivered prior to the Stay at Home shutdown by the end of 2020?

*Is your practice on track to return to normal volume of care by the end of 2020?*



**Figure 9: How confident are practices in their financial outlook for 2021?**

*How confident do you feel today in your financial outlook for 2021?*



Most private practices were somewhat or extremely confident in their financial outlook for 2021, with 70.2% saying they were somewhat confident and 16.6% reporting they were extremely confident. Only 13.2% reported they are not at all confident.

Most public practices (60.9%) reported feeling at least somewhat confident, and 8.7% said they were extremely confident. But of public practices said they were not at all confident — more than twice the percentage of private practices reporting the same.

**Hiring**

**More private practices than public practices anticipated hiring dental staff by the end of 2020.**

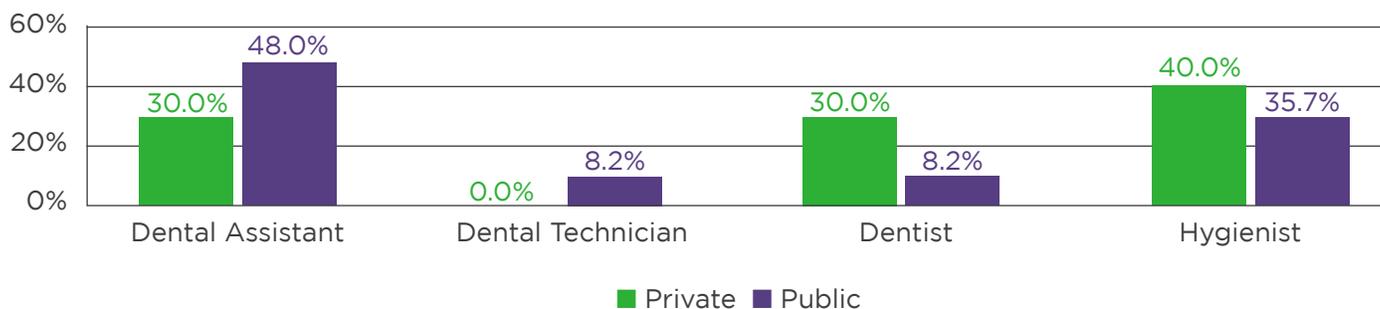
A higher percentage of private practices anticipated hiring dental staff by the end of 2020 — 43.2%

compared with 26.1% of public practices.

Offices that anticipated hiring new staff before the end of the year were looking to fill a variety of roles. Private practices expected to hire more advanced positions, like dentists (30%) and hygienists (40%), but also dental assistants (30%). Public practices were also looking to hire hygienists (35.7%) and especially dental assistants (48.0%). Few public practices (just 8%) were seeking dentists. (see Figure 10).

The differences in anticipated workforce needs may indicate a shift in types of service delivery in the next year. The emphasis by public practices on hiring hygienists and support staff may reflect a greater appetite for teledentistry than private practices that take a more traditional approach to oral health care. Trends in teledentistry adoption are outlined in the breakout box.

**Figure 10: If practices anticipate hiring new staff by the end of 2020, what roles?**



# Spotlight on Teledentistry

## Public practices were more willing to make teledentistry a permanent part of their service delivery.

Most public practices (89.8%) have used teledentistry in response to the COVID-19 pandemic. 75% of public practices reported continuing to utilize teledentistry at the time of the survey, compared to 55% of private practices. Public practices find teledentistry helpful for a variety of purposes, including triage, patient follow-up, and patient education (See Figure 11).

Nearly half (44.1%) of private practices report not having utilized teledentistry, compared with just 10.2% of public practices. When private practices have used teledentistry, they have done so primarily to determine whether a patient needs in-person care or to provide emergency consults.

## Teledentistry Outlook

Private practices are more reluctant to make teledentistry a permanent part of service delivery compared with public practices.

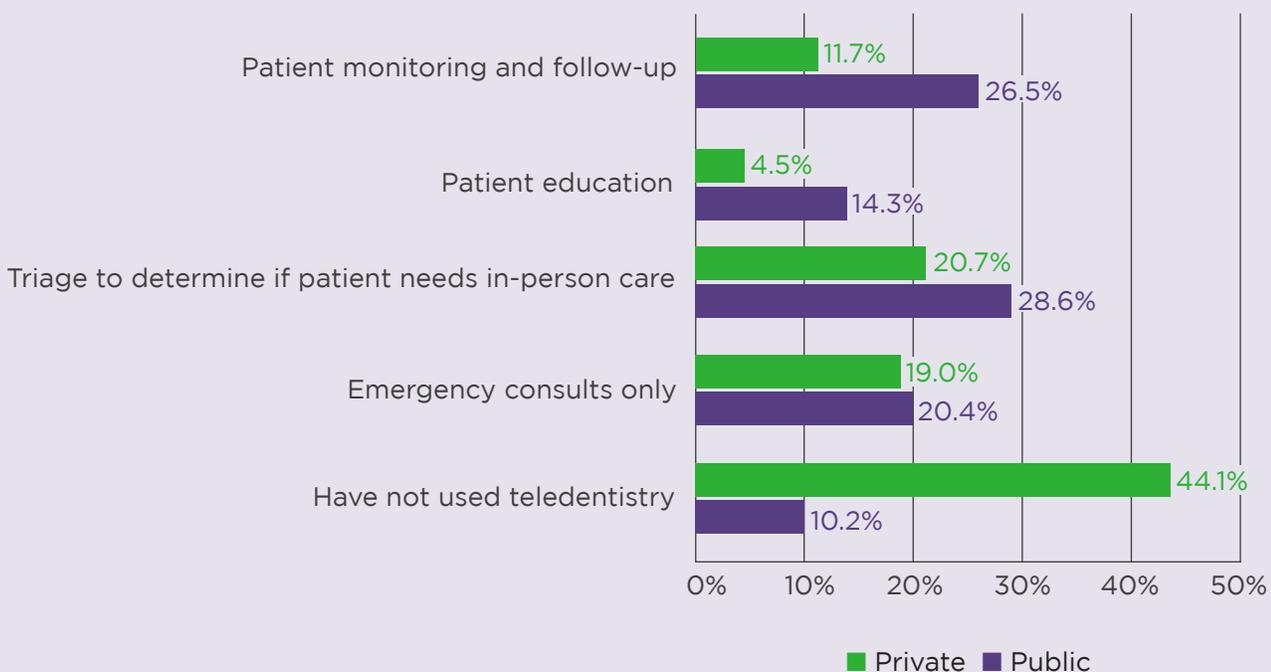
- 45% of private practices do not plan on continuing to utilize teledentistry after the COVID-19 pandemic, compared with just 25% of public practices.
- A quarter (24.8%) of private practices are unsure of how they would use teledentistry, likely because they are generally small, cannot afford the technology, and have yet see value in teledentistry.

## One third (33%) of public practices hope to incorporate teledentistry in their long-term operations, as long as the service remains reimbursable.

- If teledentistry codes remain billable, a third of (33.3%) public practices will continue to provide the service. Even if it is not considered a billable service in the long term, one in six (16.7%) public practices will continue to offer teledentistry. In contrast, less than 10% of private practices will continue offering teledentistry even if the codes remain billable.

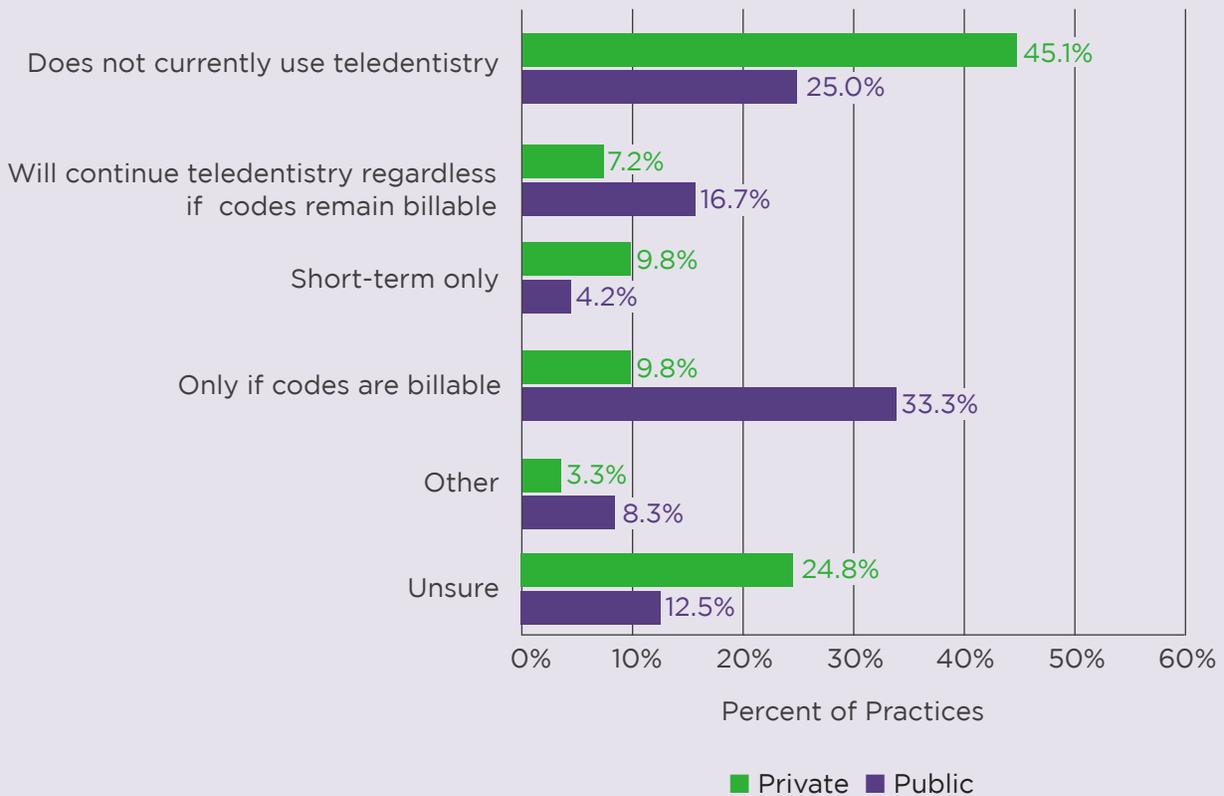
Figure 11: Use of Teledentistry as a Result of COVID-19

*How have you utilized teledentistry in your practice as a result of COVID-19?*



**Figure 12: How do Practices Plan to Incorporate Teledentistry into Long-term Operations?**

*How does your practice plan to incorporate teledentistry into long-term operations?*



## Weathering the Second Wave

When the survey was fielded in August, dental practices across Colorado reported similar concerns looking ahead to the next 12 months. Many respondents feared another surge of COVID-19 would force practices to close again. This concern was slightly more prevalent among public practices than private ones, with more than half (53%) of public practices describing another shutdown as their top concern, compared with 39% of private practices.

Notably, public practices were more worried about setbacks in patients’ oral health after the previous shutdown. One in six public practices reported concerns about not being able to keep up with patient health needs in the upcoming year, compared with just 6% of private practices.

It is important to note that since August, a second

wave of COVID-19 cases started in October and spiked in Colorado in November and early December.

The ADA’s Health Policy Institute [reports](#) as of November 30 — in the middle of the second wave — that 26.5% of Colorado’s dental practices were open for business as usual, 73.5% were open with lower patient volume than usual, and none were closed. In August, 54.3% were open for business as usual, 45.7% were open but with lower patient volumes, and 0% were closed. Despite the second wave, practices remain operating at least in some capacity in Colorado — a nod toward resilience of dental providers. However, the ADA’s report projects dental care spending nationally could decline 38% by the end of 2020 and 20% in 2021, impacting practices’ bottom lines. The same report also expects a decline in private dental insurance spending over the next year.



## Understanding Oral Health in Colorado in Context of 2020: Trends, Policies, and Recommendations

**Guiding Questions:** What gains in oral health were made prior to the pandemic and what threatens those gains? What anticipated trends and policies should be considered in planning for 2021 and beyond?

### COVID threatens oral health access and use gains from 2019

Since 2015, Colorado has seen an overall improvement in both oral health access and use, according to the Colorado Health Access Survey. Three in four (74.9%) Coloradans had dental coverage in 2019, up from 70.6% in 2015. And more Coloradans visited a dentist — 73.6% in 2019, compared with 68.3% in 2015.

Steady gains were made for children under age six between 2017 and 2019 as well. Children 0-6 years old with dental insurance increased from 2017 (78.9%) to 2019 (83.9%) There also was an increase in dental visits from 2017 (56.7%) to 2019 (62.3%).

Gains in coverage and use of dental service improved among all racial groups. Still, disparities remained, even prior the pandemic.

Black Coloradans recorded a lower increase in the percentage who visited a dental provider in the past year than all other racial groups. For Black Coloradans, the increase was 4.8 percentage points from 2017 (51.3%) to 2019 (56.1%) compared with a 7.5 percentage point increase for white Coloradans (69.4% in 2017 to 76.9% in 2019.) Given what is known about the disproportionate impact of COVID-19 on communities of color, the oral health gap may widen further for these communities.

COVID-19 and the associated economic downturn has impacted access and use of dental services, especially among children and those Coloradans disproportionately impacted by the pandemic. It has also brought about policy implications that will carry into 2021. These policy implications involve

increased Medicaid enrollment, threats to the Medicaid dental benefit, use and reimbursement of teledentistry, statewide budget cuts due to the economic downturn, and oral health racial inequities, likely magnified by the pandemic.

### COVID is creating gaps in school-based oral health access and highlighting racial inequities.

Many school-aged children receive dental services through school-based health centers, which provide preventive oral health screenings and sealants. Delayed school, online learning, and closures threaten access to these centers, which could result in worsening dental health conditions. Grantees that work with or in schools and child care centers reported a complete disruption in the delivery of oral health care to students who need it the most. This could threaten access and utilization gains for young children going into 2021.

COVID is disproportionately affecting communities of color that already experience poor oral health outcomes.<sup>8</sup> For example, in Denver most adult COVID-19 cases (55%), hospitalizations (62%), and deaths (51%) were among Hispanic adults, double the proportion of Denver's adult population that is Hispanic (24.9%).<sup>9</sup> While utilization improved, rural, Black, and Hispanic Coloradans were less likely to get care than white and urban Coloradans prior to the pandemic. This will likely be exacerbated by COVID-19. Black and Hispanic Coloradans were also more likely to report poor oral health status (28.5% and 22.8%, respectively) than non-Hispanic white Coloradans (16.9%).

### State Programs Are in a Precarious Place

#### Increased Medicaid enrollment with decreased benefits

In November 2020, [enrollment in Health First Colorado](#) (Colorado's Medicaid program) in Colorado was roughly 1.4 million, an increase from 1.2 million in February, before the first case of COVID-19 arrived in Colorado. The state initially estimated upwards of half a million new enrollees by November 2020. An increase of this magnitude didn't happen, but the number of enrollees could continue to grow over time.

At the same time, state budget cuts due to COVID-19 will lower the annual adult dental benefit from \$1,500 to \$1,000 when the public health emergency is over.<sup>10</sup> While this cut is less extreme than an initial proposal to eliminate the benefit entirely, it will have two downstream impacts on patients and providers.

Medicaid enrollees were less likely to use dental care prior to the pandemic than those with private coverage. In 2019, four in five Coloradans (81.4%) with private coverage utilized dental services. The overall use of dental services among Coloradans enrolled in Medicaid remained relatively unchanged at around 60%.

The 2021 state budget request for the Department of Health Care Policy and Financing indicates the dental benefit will continue into 2021. However, it is important to emphasize that the state budget very much depends on the rollout of the COVID-19 vaccine and the speed at which Colorado can recover from the pandemic's economic impact.

The creation of Medicaid and Child Health Plan *Plus* (CHP+) dental benefits has been a major gain in addressing access disparities in Colorado in recent years. However, as enrollment grows, there is concern about whether enough providers will accept public insurance payments.

According to the August 2020 Practice Survey, practices were less likely than in 2019 to accept payment through Medicaid or the Colorado Senior Dental Program, less likely to use a sliding fee scale, and less likely to provide services pro bono for new patients following the Stay at Home order. Improving access to care is a long-term goal of DDCOF, so supporting protections and efforts to expand care for a potentially growing Medicaid population will be paramount.

#### **Lack of Reimbursement for Teledentistry**

After resuming in-person visits, some grantees, as well as private and public practices, continue to provide services via teledentistry. However, most teledentistry services are not currently covered by Medicaid in Colorado, leaving providers to make up the difference or forgo teledentistry for Medicaid patients altogether.

#### **State and Organizational Budget Cuts**

The revenue shortfall will necessitate state budget cuts in the coming year, and this impact will be felt broadly — from education to behavioral health services and everything in between. Grantees and public and private practices have reported significant revenue losses in 2020, which have hindered some organizations' ability to provide their normal volume of services.

## Recommendations

### 1. Create or support an Oral Health Coalition

There currently is no coordinated coalition in Colorado speaking out for oral health at a time when dental care is being deprioritized in many ways. To address evolving oral health challenges, the creation of a coordinated, representative, and inclusive coalition of oral health partners is recommended.

As the only funder in Colorado focusing exclusively on oral health, DDCOF is well positioned to lay the groundwork for this initiative. In the absence of DDCOF's involvement, it is unclear what organizations, if any, would invest in oral health policy and advocacy in the coming years.

The idea is to create a coalition of oral health associations and organizations, such as Colorado Dental Association, Colorado Dental Hygienists Association, Colorado Community Health Network, and the Colorado Children's Campaign. The coalition should also have a community representation component to ensure it understands community needs. Supporting or forming an oral health coalition can elevate policy issues as a group of thought leaders and conveners working to support oral health efforts in Colorado. The coalition can also serve as an external policy lever for DDCOF to advance its long-term goals.

### 2. Support policy, advocacy, and planning efforts that elevate oral health access, provision, and prevention.

Internally, DDCOF has a number of policy priorities in development going into 2021, ranging from supporting workforce issues, to addressing access to care gaps, and lowering barriers to improving the social determinants of health.

DDCOF can take steps internally to support these policy efforts as well as in collaboration with a potential coalition.

They include:

- **Reimbursement for teledentistry.** DDCOF grantees and many public practices continue to provide services via teledentistry to meet their

patients' needs. However, most teledentistry services are not currently covered by Medicaid in Colorado, leaving providers to make up the difference or forgo teledentistry for Medicaid patients altogether. Consider supporting advocacy efforts that support reimbursement for teledentistry, because the ability to bill for teledentistry will be critical to its future use by many public practices. Continue to track the use of teledentistry by grantees and practices in 2021 to understand its utility as the pandemic and other socioeconomic factors evolve.

- **Medicaid Adult Dental Benefit.** During the 2020 legislative session, lawmakers reduced the annual Medicaid adult dental benefit from \$1,500 to \$1,000. The Colorado state budget shortfall will necessitate significant cuts in the coming year, the impact of which will be felt broadly. DDCOF could consider targeting grant funds to grantees serving significant Medicaid populations — perhaps as backfill payments when enrollees hit their dental benefit caps, for example.

In addition, ensure opportunities to conduct education and outreach to enrollees are supported to close the gap on the number who are unaware of their dental benefit. The more people who know about dental benefit, the more people who are likely to visit the dental office.

- **Impacts to School Based Oral Health and Racial Inequities.** Support policy and advocacy efforts that aim at reducing inequities for children and communities in Colorado. The Colorado Latino Leadership Advocacy Research Organization ([CCLARO](#)), for example, is organizing a convening of stakeholders to address oral health inequities in Denver and Aurora starting in early 2021. Consider supporting efforts like these that aim at understanding inequities communities are facing. To address inequities young children are facing in Colorado, consider partnering with SBHCs to better understand the needs of children they serve, and explore opportunities to continue work with CASBHC beyond the current Requested Community Relief Fund technical assistance funding. This could include, for example, support for oral health planning or needs assessment in SBHCs statewide.

- Oral health workforce gaps. DDCOF has an opportunity to support efforts to tailor an oral health workforce that represents the community

it serves and understands its community's needs. For practices that indicated they anticipate hiring oral health staff in 2021 and beyond, DDCOF can partner with these practices directly or organizations like CCHN and/or CDA to identify best practices or strategies for recruiting and hiring staff who represent and have a good understanding of the communities they serve.

### 3. Support addressing oral health inequities exacerbated by the pandemic.

DDCOF grantees highlighted the importance of reaching underserved members of their communities and those most impacted by the pandemic, including people with lower incomes, people of color, rural residents, children, older adults, single mothers, refugees, and others. Gains in oral health coverage and utilization are threatened by the reduction of services generally in Colorado, temporary closures of SBHCs, and an increasing number of Medicaid members who may see more benefit cuts or find it increasingly difficult to find a provider that takes their insurance.

As the only oral health funder in Colorado, DDCOF can address inequities head on by supporting workforce initiatives, focusing on social determinants of health and barriers to accessing oral health care, and evaluating the work of grantees awarded COVID relief responsive grants.

#### *Support efforts that address social barriers to accessing oral health care*

Grantees in the April survey indicated a need for more funding and support for needs beyond oral health. These initiatives can include getting people access to technology for teledentistry, transportation to oral health providers, access to healthy foods, and support for other social factors that address oral health.

#### *Use data to guide and target DDCOF's current and future investments*

Use evaluations and data from the 2020 Community Relief Fund to gain a deeper understanding of the services provided to the community and inequities and barriers flagged by grantees. In the year that dental/oral health services were disrupted, who did grantees flag as most in need? What populations were most affected? What groups faced the most barriers to accessing care? What worked and what



didn't, and how can grantees better address community needs?

This round of reporting presents an opportunity to learn about and highlight inequities grantees identified while implementing their programs during the pandemic and consider the extent to which DDCOF investments are aligned with these issues.

#### 4. Consider continuing a flexible approach to grantmaking and funding

From these learnings and evaluations, the question for 2021 is how does DDCOF support the bridge back to prioritizing oral health?

In both the April survey and the Learning Network, grantees expressed gratitude for DDCOF's flexibility and generosity, citing three-month extensions, shifts to general operating funds, and the option to request funding advances. Of the grantees who were offered an opportunity to request funding advances in April, 60% (16 of 26 grantees) sought relief.

Grantees also appreciated DDCOF's understanding that due to the pandemic, grant activities may take longer than anticipated or may look different than originally planned.

As an established member in Colorado's philanthropic landscape and the only dedicated oral health funder, DDCOF is well-positioned to encourage other funders to extend greater flexibility and accommodations to their partners. By sharing best practices and learnings from 2020, DDCOF can promote norms and protocols among funders that ease burdens on grantees and make funding opportunities more accessible.

Recognizing administrative burdens and challenges grantees face in applying for grants and reporting data, CHI recommends that DDCOF consider:

- General operating support where possible.
- Flexible reporting and only asking what is necessary in reporting tools.
- Partnering with other funders to align application periods.
- Targeting funding toward needs beyond oral health; supporting social determinants of health work that connects and layers in oral health.

Additionally, DDCOF can coordinate with other foundations and partners in future data-gathering efforts. For instance, rather than each funder fielding its own survey to gather information from grantees, funders could field a single survey, reducing the administrative burden required on grantees.

## Endnotes

- <sup>1</sup> Kalash, D. A. (2020). How COVID-19 Deepens Child Oral Health Inequities.
- <sup>2</sup> U.S. Department of Health and Human Services. (2000). Oral Health in America: A Report of the Surgeon General. <https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf>
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- <sup>5</sup> American Dental Association. (2020). COVID-19: Economic Impact on Dental Practices. <https://www.ada.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact>
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- <sup>7</sup> Colorado Department of Public Health and Environment (CDPHE). (2020). COVID Health Equity Response Team. <https://covid19.colorado.gov/health-equity-response-team>
- <sup>8</sup> Podewils LJ, Burket TL, Mettenbrink C, et al. Disproportionate Incidence of COVID-19 Infection, Hospitalizations, and Deaths Among Persons Identifying as Hispanic or Latino — Denver, Colorado March–October 2020. MMWR Morb Mortal Wkly Rep 2020;69:1812–1816. DOI: <http://dx.doi.org/10.15585/mmwr.mm6948a3external>
- <sup>9</sup> Podewils LJ, Burket TL, Mettenbrink C, et al. Disproportionate Incidence of COVID-19 Infection, Hospitalizations, and Deaths Among Persons Identifying as Hispanic or Latino — Denver, Colorado March–October 2020. MMWR Morb Mortal Wkly Rep 2020;69:1812–1816. DOI: <http://dx.doi.org/10.15585/mmwr.mm6948a3external>
- <sup>10</sup> Joint Budget Committee. H.B. 20-1361 <https://leg.colorado.gov/sites/default/files/fy20lbnarrative.pdf>

Prepared by:



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