

Responsive Grant Guidelines

SUMMER 2021

Everyone has a smile. Oral health impacts Coloradans of all ages and, at a broader level, affects the well-being of our communities.

Delta Dental of Colorado Foundation's (DDCOF) mission is to elevate the well-being of all Coloradans by advancing oral health equity. For more than 20 years, the foundation has partnered with community-based organizations to provide innovative and equitable oral health care through grants, engaging with groups across the state, and supporting policy and systems change. We foster an ongoing dialogue to identify and test oral health solutions. We believe partners will draw our attention to unique approaches to move towards oral health equity.

We are stronger together. Join us on our journey to improve oral health equity.

Oral health equity: Every person can have a healthy mouth regardless of life circumstances.

Health equity is achieved when every person has the opportunity to “attain their full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”
— Centers for Disease Control and Prevention

What the data show us

Health disparities, like race and ethnicity, income, geography, and age, greatly impact a person's oral health.

Prevention

- More than 30 percent of Colorado's kindergartners have cavities.¹
- Elementary-school students miss an average of 2.1 days of school per year due to dental problems.²
- Children under the age of 6, specifically those facing disparities, are significantly less likely to utilize preventive oral health services.³
- If a child receives four fluoride varnishes before age 3, the risk of cavities is reduced by 16 percent.¹
- Children under the age of 5 are the least likely to visit a dentist.³
- Only 44 percent of children ages 1–5 enrolled in Medicaid received preventive oral health services.⁴
- Estimated 30-40 percent of pregnant women have periodontal disease, linked to low birth weight and other adverse birth outcomes.⁵

Access to Care

- Only 58 percent of people living in the San Luis Valley visited a dentist in the past 12 months, compared to 74 percent statewide.³
- Of the people living in the San Luis Valley, 32 percent don't have dental insurance as compared to 25 percent of people statewide.³
- When asked to rate their oral health, 29 percent of people in the San Luis Valley report fair/poor oral health as compared to 18 percent statewide.³
- In the east Denver metro region, 32 percent of residents are enrolled in Medicaid.³
- In the Montbello neighborhood, 90 percent of residents identify as BIPOC and more than 12 percent of residents live at 100 percent of the federal poverty level.³
- In Denver county, 14 percent of residents live at or below the federal poverty level (FPL). For low-income people, there are many barriers to accessing oral health care. Only 64 percent of people living below 100 percent of FPL visited a dentist in the last year.³

Our funding priorities and approach

Every community has unique needs, assets, and priorities. We want to understand what your community needs to be healthy. Our work begins by cultivating partnerships with organizations. Together we can address community needs and implement activities to improve oral health. These partnerships make the greatest impact in Colorado communities. This grant opportunity prioritizes the following focus areas from our strategic framework:

Place-Based Access to Care

Goal: To fund innovative and creative solutions that increase access to oral health in identified place-based regions (see below).

Focus population: We've identified two regions of Colorado that face some of the highest levels of oral health disparities and also have strong opportunity for increased access. Organizations operating in one or both, of these regions are welcome to apply.

- San Luis Valley: Organizations serving people living in the six-county region of the San Luis Valley. Counties include Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache.
- East Denver metro: Organizations serving people living in the neighborhoods of Montbello, Green Valley Ranch, Swansea, Elyria, Globeville, and/or Northwest Aurora (generally: North Aurora, Hoffman Heights/Jewell Heights, and Fitzsimmons neighborhoods).

For organizations operating in one or both, of these defined regions, priority will be given to organizations focused on historically underserved population groups that face oral and overall health disparities. Populations may experience disparities due to race and/or ethnicity (BIPOC), geography, socio-economic status, or age.

Proposals are ultimately working towards these indicators:

- Increased access to oral health care across one's lifespan.
- Preventive care (oral screenings, fluoride application, routine cleanings, and oral health education).
- Utilization of oral health benefits.
- Enrollment in oral health benefits.
- Medical/Dental integration.

Priority will be given to organizations focused on systems change and long-term approaches to improving access to care.

Prevention of Tooth Decay

Goal: To increase the number of children under the age of six, their mothers, and pregnant women — prioritizing factors like race, ethnicity, and family income — that receive convenient, timely, preventive oral health services in community-based settings with an emphasis on early childcare and education settings.

Focus population: Historically overlooked children ages 0–5, their mothers, and pregnant women.

While we seek to support organizations serving this focus population, priority will be given to organizations focused on historically underserved population groups that face oral health and overall health disparities. Populations may experience disparities due to race and/or ethnicity (BIPOC), geography, socio-economic status, or age.

Proposals are ultimately working toward these indicators:

- Increase in utilization of preventive oral health services for ages 0–5 and pregnant women.
- Decrease cavities experience and dental treatment need ages 0–5.
- Decrease cavities experience and dental treatment among kindergartners.
- Increase pregnant women who had their teeth cleaned during pregnancy.



Grant guidelines

Applications from Colorado-based nonprofit organizations whose activities strongly align to the defined funding priorities, occur in-state, and benefit Coloradans will be considered. We encourage grant applications to draw our attention to different approaches to address and achieve oral health equity, as aligned to the funding priorities. Proposals should demonstrate impact toward our strategic focus areas of place-based access to care and prevention of tooth decay.

We will review all grant funding requests, including:

- Programmatic purpose: 1) An existing program that would have greater impact through additional financial support, or 2) A new program or innovative idea that would have a fresh impact on the community and would benefit from startup financial support.
- Operating purpose: Supporting the ongoing operations of an organization, including regular personnel, administrative, fundraising, and office expenses.

Eligible organizations include:

- Colorado organizations classified as tax-exempt under section 501(c)(3) or 501(c)(4).
- Tax-supported Colorado organizations including state or local governments or schools.
- New or emerging organizations without 501(c)(3) status that apply through a tax-exempt organization acting as a fiscal sponsor. These organizations must provide written documentation of the relationship with the fiscal sponsor.

What we will fund

Applications will be accepted for one the following focus areas. Applicants will have the opportunity to select which focus area their application best aligns with the application process.

Access to Care

- Programs that reduce barriers to care including transportation, education, benefit, and enrollment.
- Innovative efforts that are scalable or replicable and advance access to preventive oral health care.
- Programs that support culturally relevant strategies to reduce barriers to oral health.
- Community-led and community-driven strategies that improve the retention of oral health professionals in underserved communities.



Prevention

- Community-based interventions that integrate and introduce oral health services into community settings, such as preschools, childcare centers, family resource centers, home visitation programs, or similar.
- Innovative approaches for childcare settings utilizing and furthering oral health provisions as part of their SHINES rating, furthering indicators for level 3–5 SHINES ratings.
- Organizations and programs that directly tie oral health care services to their broader work with young children and/or pregnant women, resulting in securing a dental home for the patient.
- Applications must demonstrate tangible oral health services to the focus population and a demonstrated partnership or provision between the applicant entity and a dental provider for preventive oral health care services.
- We seek to fund organizations or programs that connect and integrate preventive oral health care into community settings more than funding standalone oral health care provision. We want to change the system and increase the prioritization, understanding, and valuation of oral health care for young children and pregnant women.
- We seek to identify innovative efforts that are scalable or replicable and advance access to preventive oral health care.

What we will not fund

- Grants to individuals
- Debt retirement
- Building endowments or reserve funds
- Building construction and renovations, equipment, or other capital expenditures*
- Membership campaigns
- Lobbying efforts
- Legal services
- Scholarships
- For-profit entities
- Water-filling stations
- Public policy work
- Financial support for political candidates
- Grants for medical, scientific, or academic research
- Transportation vehicles or services
- Organizations that engage in proselytization of any ideology
- Patient assistance funds that cover individual medical, dental, mental health, or pharmaceutical costs

*If you seek funding for capital costs and expenditure, please explore our [oral health capital loan fund](#).

When applying, keep in mind

Applications that do not clearly align to the detailed funding strategies will not be considered. The application must include specific goals, objectives, and deliverables to be carried out within the grant period.

- Applicants must be able to demonstrate a commitment to equity.
- Applicants may request support for one year or up to three years (multi-year request).
- Applications between \$10,000 and \$100,000 per year for up to three years will be considered.
- Requests may be no more than 20 percent of the organization's total fiscal year budget, or no more than 25 percent of the total program budget.
- Only one application per organization can be submitted each open grant application cycle.
- Before a current grant partner will be awarded additional grant funding for the same purpose, a final report must be submitted.
- Grantees awarded funding will be asked to participate in DDCOF evaluation activities including grant reporting, focus group participation, or other methodologies to capture feedback and learnings.

All grant applications, whether focused on prevention or place-based access to care, should include efforts and interventions that use data to inform, measure, and develop their work.

- Innovative grant applications designed to meet community need through new, untested efforts, or proven, evidence-based programs being administered to a new population or in a new geography.
- Grant applications for traditional methods proven to improve oral health. When possible, use data to inform your proposal concept to help us better understand your desired outcome.

As part of the application, organizations will be asked to specify how they evaluate their work or determine impact, as well as provide details about expected outcomes and community impact for this grant. The application also seeks to understand community demographics (known or estimated) to help DDCOF understand the impact and breadth of our funding.



Application instructions

- Begin by reviewing the grant guidelines above. If you'd like to discuss your application before submitting it or if you have questions, please contact grants@ddpco.com. As our staff is still partially remote due to COVID, email is the most efficient and timely way to reach our team.
- Submit your application through our [online application portal](#).
- Applications are due by midnight Sunday, August 22, 2021. Late or incomplete applications will not be considered.
 - Applications will be assigned to a member of our programs team for thorough analysis. Your assigned program officer will contact you and may request a site visit.
 - If your application does not meet these guidelines, you will receive a notice of early declination by September 17, 2021.
 - We will reach out to you about the final funding decision for your application by November 19, 2021.

Learn more

No one knows your community like you do. We welcome the opportunity to have a conversation about how your organization's work fits within our strategic focus areas.

Please contact grants@ddpco.com to start the conversation.

If you'd like to receive emails about future funding opportunities, [sign up for our newsletters and updates](#).

How we define and understand key terms

Accessible

Care that can be obtained in a timely manner and is personally and culturally relevant.

Affordable

Families can pay for the cost of oral health care and still afford basic living necessities.

BIPOC

Black, indigenous, and people of color

Comprehensive

A full-spectrum of health services are offered, including preventive and restorative care and disease management.

Health equity

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

— Centers for Disease Control and Prevention, 2017

Effective

An intervention that produces the intended result.

Innovation and Unproven

An idea, approach, or intervention that is new and being introduced, or evidence-based programs being administered to a new population or in a new geography. Existing data or proof of success may not exist. Untested.

Intervention

Action taken to improve a clinical, environmental, or societal situation.

Overlooked

Populations that are disadvantaged in regard to accessing oral health services based on income, geography, age, and race/ethnicity.

Prevention

To protect, promote, and maintain oral health and well-being; includes clinical, educational, and public health interventions.

¹ Colorado Basic Screening Survey 2016–2017

² Herman Ostrow School of Dentistry at USC 2012

³ Colorado Health Access Survey 2019

⁴ Centers for Medicare & Medicaid Services 2016-2019

⁵ Access to Oral Health Care: A National Crisis and Call for Reform 2017