

Health Equity and Philanthropy

Delta Dental of Colorado Foundation

Megan Wilson

October 1, 2021



Agenda

- ❖ Oral Health Inequities in Colorado
- ❖ Social Determinants of Health
- ❖ Theory of Change
- ❖ Policy Priorities
- ❖ Workforce Initiative
- ❖ Prevention Initiative
- ❖ Place-based Access to Care Initiative
- ❖ Mission-Related Investments: Oral Health Capital Loan Fund

Oral Health Inequities in Colorado

- ❖ In 2019, one in five (20.6%) Coloradans did not see a dentist in the past 12 months because of cost.
- ❖ Only 56% of African Americans visited the dentist in the last year compared to 73.6% of all Coloradans.
- ❖ Close to 30% of Coloradans with incomes below 139% of the Federal Poverty Level (FPL) reported poor or fair oral health, compared with only 11.0% of those with incomes above 400% FPL.
- ❖ Five rural counties do not have a licensed dentist. In rural areas, just 67.0% of residents saw a dentist in the past year, compared with 75.0% of Coloradans in urban areas.

Source: 2021 Colorado Health Access Survey, Ensuring Smiles

Social Determinants of Health

- ❖ The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.
- ❖ These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

Source: World Health Organization Commission on the Social Determinants of Health (2008)

Addressing Outcomes

Equality

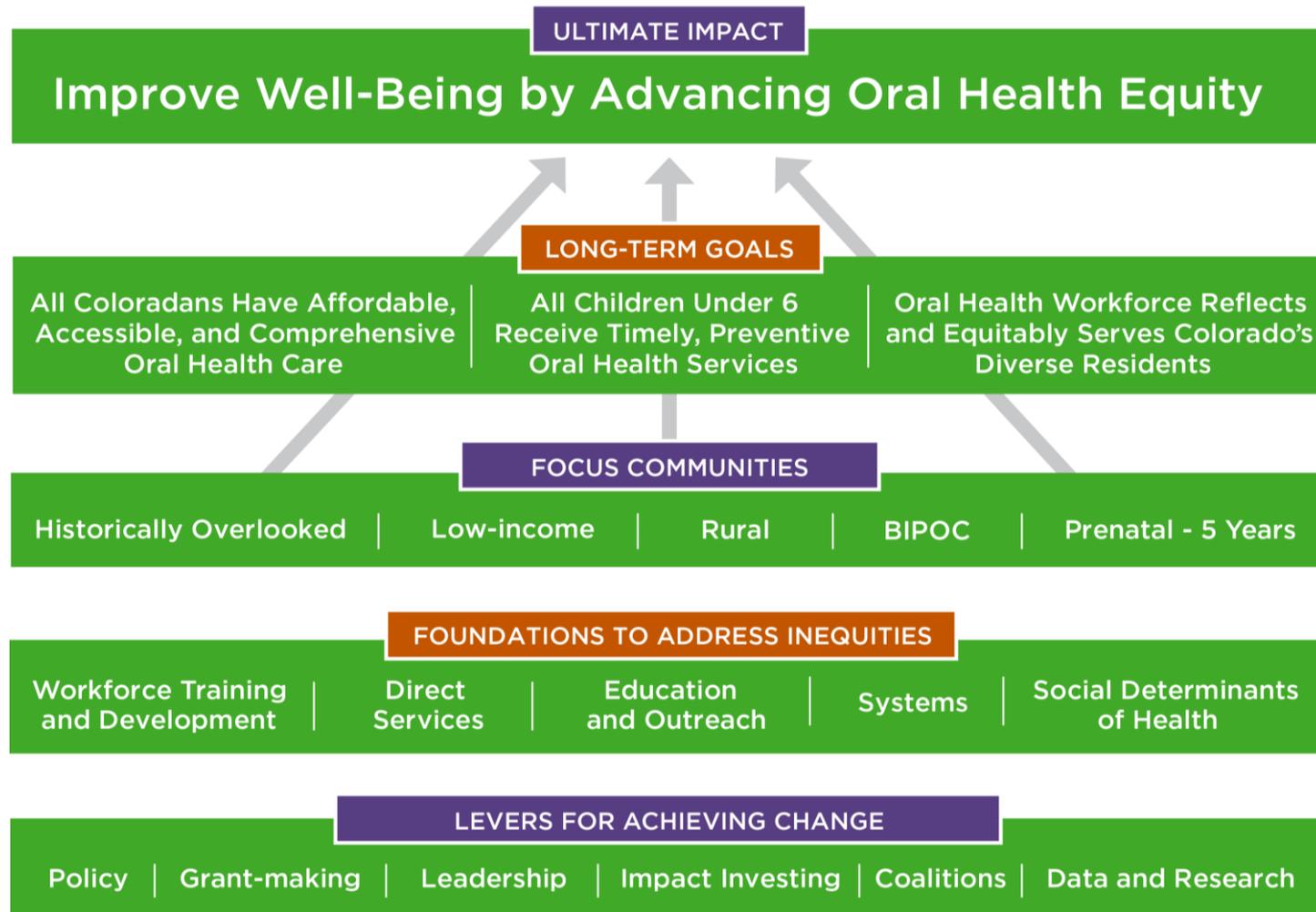


Equity

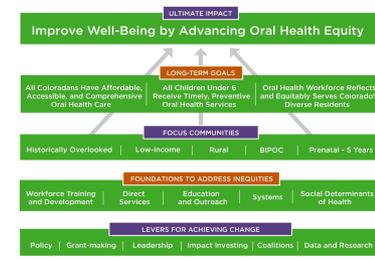


© 2017 Robert Wood Johnson Foundation.
May be reproduced with attribution.

Theory of Change



Levers for Change: Policy



Where we are

- ❖ DDCO and DDCOF staff testified and took positions on a number of bills during the 2021 legislative session and were successful in helping to push legislation related to tele-dental, restoration of benefits and others.
- ❖ DDCOF is collaborating with other foundations to pursue the development of the Oral Health Transformation Center and a newly developed oral health coalition.

Where we are going

- ❖ DDCOF will be hiring a policy manager in 2021 to help lead the development of the Oral Health Transformation Center and build a three-year policy map for DDCOF.
- ❖ DDCOF will help lead its policy agenda through supporting open dialogue and a potential symposium related to oral health legislation likely to hit in the 2022 session.

What we hope to achieve

- ❖ DDCOF will build a strong oral health policy and advocacy branch aligned with our initiative objectives that will be a representative voice of our clients, partners and grantees and will push transformative oral health legislation.

System Change Work: 5 Rules

Stanford SOCIAL
INNOVATION Review
Informing and inspiring leaders of social change

“Let’s change the system, not the symptoms”

https://ssir.org/articles/entry/better_philanthropy_through_systems_change

1. Think in systems. Having a great idea for solving a social problem is just the beginning. You also need to identify the collaborators who can help you translate your innovation into real solutions for the real world.
2. Engage in research and analysis to hone your strategy. Figure out what’s really needed—and what works.
3. Understand that effective communication is the lifeblood of any systems change campaign. Maintain transparent and compelling communications both internally with collaborative partners, and externally with public audiences.
4. Embrace your inner policy wonk—and your inner politico. If you seek to change a complex system, you will often need to change the laws, administrative rules, and official practices governing that system.
5. Measure and evaluate. Then measure and evaluate again. The most successful systems change campaigns create consistent and ongoing data assessments, and rely upon those findings to guide strategy and ensure accountability.

Policy Principles and Priorities

Direct Healthcare Services

- ❖ We support policies that ensure patients of all ages receive quality oral health care through public or private coverage. Patient rights is a priority and citizenship status should not be a barrier to quality care or coverage.

Systems Change

- ❖ We support policies that advance innovative and evidence-based strategies that enhance and support oral health in non-traditional ways such as integrated care, remote care, and other modes of care.

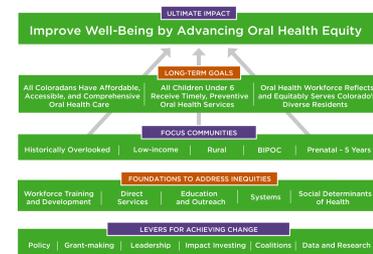
Workforce

- ❖ We support policies and regulations that ensure a diverse, equity-driven workforce to meet the needs of the patients. Through innovative programs and community-based health care settings, optimal oral health care is administered to the community.

Social Determinants of Health

- ❖ We support policies that ensure optimal oral health care is not compromised due to social determinants of health such as (but not limited to) lack of access, geographic location, access to optimally fluoridated water, income, food security, nutrition, housing, healthy lifestyle, transportation, and education.

Levers for Change: Data and Research



Where we are

- ❖ DDCOF has established the Colorado Health Institute as an evaluation partner and has developed a partnership to annually collect oral health data as well as data specific to each initiative.
- ❖ DDCOF has developed key metrics for each initiative and has identified specific and measurable outcomes for our success.
- ❖ DDCOF has made strides in the past few years to establish improved relationships with grantees with regards to gathering data and evaluation of grants.

Where we are going

- ❖ DDCOF has hired an evaluation manager to help advance our sophistication, create alignment and shared measurement with DDCO and EIV and manage our relationship with CHI.
- ❖ DDCOF is in talks with the Arcora Foundation (Delta Dental of Washington) to understand how they have developed and maintained a data-hub for oral health care in the state of Washington.
- ❖ DDCOF is in talks with the CU School of Dental Medicine to develop research strategies for each of its initiatives.

What we hope to achieve

- ❖ DDCOF will serve as the data hub for the state of oral health in Colorado. We will have accurate measurements of the success of our grantmaking and investing strategies and we will utilize data to inform and develop policy and will have the pulse on cutting-edge solutions.

Workforce Initiative Overview



Goal: To create a more racially and ethnically diverse oral health workforce, resulting in further reduction of access to care barriers and increasing culturally and socially relevant oral healthcare.



Focus Population: Communities of color with the desire to advance their careers in oral health care by pursuing jobs such as dentists, hygienists, and dental assistants.



Projected Outcomes: Increase diversity in the oral health workforce resulting in prosperity for BIPOC oral health professionals and increased access to care for communities of color.

Workforce Data

- ❖ 92% of dentists in Colorado are white, non-Hispanic.¹
- ❖ 84.9% of Colorado hygienist are White non-hispanic.¹
- ❖ 40% of dental assistants in Colorado are people of color, and 34.4% of dental assistants are Latinx.¹
- ❖ 11.9% of Coloradans are native Spanish speakers.¹
- ❖ 17% of Coloradans reported unfair health care treatment due to race or skin color.²
- ❖ Black dental school students are 20% more likely than their classmates to graduate with over \$300,000 in debt.³
- ❖ 14% of white dental students graduate with no debt, compared to 10% of Hispanic/Latinx students or 2.4% of Black students.³

¹Colorado, 2018, American Community Survey

²2019 Colorado Health Access Survey

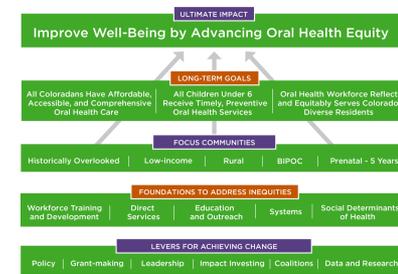
³American Dental Education Association (ADEA), Survey of Dental School Seniors, 2017 Graduating Class

Workforce Data

	DENTAL ASSISTANT	DENTAL HYGIENIST	DENTIST
What they do	Assist dentist, set up equipment, prepare patient for treatment, keep records, and schedule appointments.	Dental Hygienist are licensed oral health care professionals who clean teeth, examine patients for signs of oral diseases such as gingivitis, and provide other preventive dental care. They also educate patients about oral health.	Dentist are licensed oral health care providers who diagnose, treat and prevent oral diseases, and perform surgical procedures on the teeth, bone and soft tissues of the oral cavity. Dentists may also serve as researchers or teachers, including supervising students in dental schools.
2019 Median Pay - Colorado	\$41,900/year \$20.14/hour	\$88,450/year \$42.52/hour	\$130,600/year \$67.82/hour
Typical entry-level education	Postsecondary non-degree award	Associate degree	Doctoral or professional degree
2019 Average Annual Tuition Costs and Duration	\$8,390.65 9 months	\$30,579.55 (AAS) \$32,555.85 (BAS) 2 – 4 years	\$162,424.00 4-8 years
Race/Ethnicity Data for Each Workforce Group, Colorado	White (Non-Hispanic) 60% Asian NA Underrepresented Populations (URP)* 40%	White (Non-Hispanic) 84.9% Asian NA Underrepresented Populations (URP) 15.1%	White (Non-Hispanic) 92% Asian 3.1% Underrepresented Populations (URP) 4.9%

- URP: Black, Hispanic, American Indian
- Asian NA indicates number statistically insignificant

How we Intend to Get There



STRATEGIES

(How we intend to get there)

DATA COLLECTION



Improved interagency (public-private partnerships) resource sharing to inform workforce trends, needs and opportunities to inform programs and policy.

SCHOLARSHIPS



Scholarships focused on diversity and increasing participation among individuals of Color.

PIPELINE PROGRAMS



Proactively promoting dental hygiene programs through outreach in priority communities with priority audiences.

RECRUITMENT



Identifying, attracting, interviewing, selecting, hiring and onboarding workforces. Everything from the identification of a staffing need to filling it.

POST-GRADUATE EMPLOYMENT



Valuable scalable activities/programs, keeping minority dentists in Colorado, practicing in public health settings.

PROFESSIONAL DEVELOPMENT



Equity training, mentorship, and coaching program.

CAREER-LADDERING



The progression, or development path, for an individual within an industry or company.

How this is Crucial to Business

Workforce

- ❖ When providers look like, culturally relate and speak the language of their patients we advance health equity. When patients increase dental utilization, particularly preventative care, dental clinics generate higher revenue and business sustainability.
- ❖ Dental clinics employ many people oftentimes, from front desk to providers, driven by patient volume.
- ❖ When each element of the dental workforce operates at the top of their scope of practice, this results in a sustainable wage for each level of the workforce, patient-centered care and clinic revenue.

Prevention



Goal: To increase the number of children under the age of 6, their mothers, and pregnant women – prioritizing factors like race, ethnicity and family income – who receive preventive oral health services in easy to access settings.



Focus Population:

Children under the age of 6, their mothers, and pregnant women.



Projected Outcomes: Increase preventive care utilization, improve oral health, and tangibly integrate oral health within early childhood and maternal child health settings.

Prevention Data

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

Sources:

¹ [Herman Ostrow School of Dentistry at USC 2012](#)

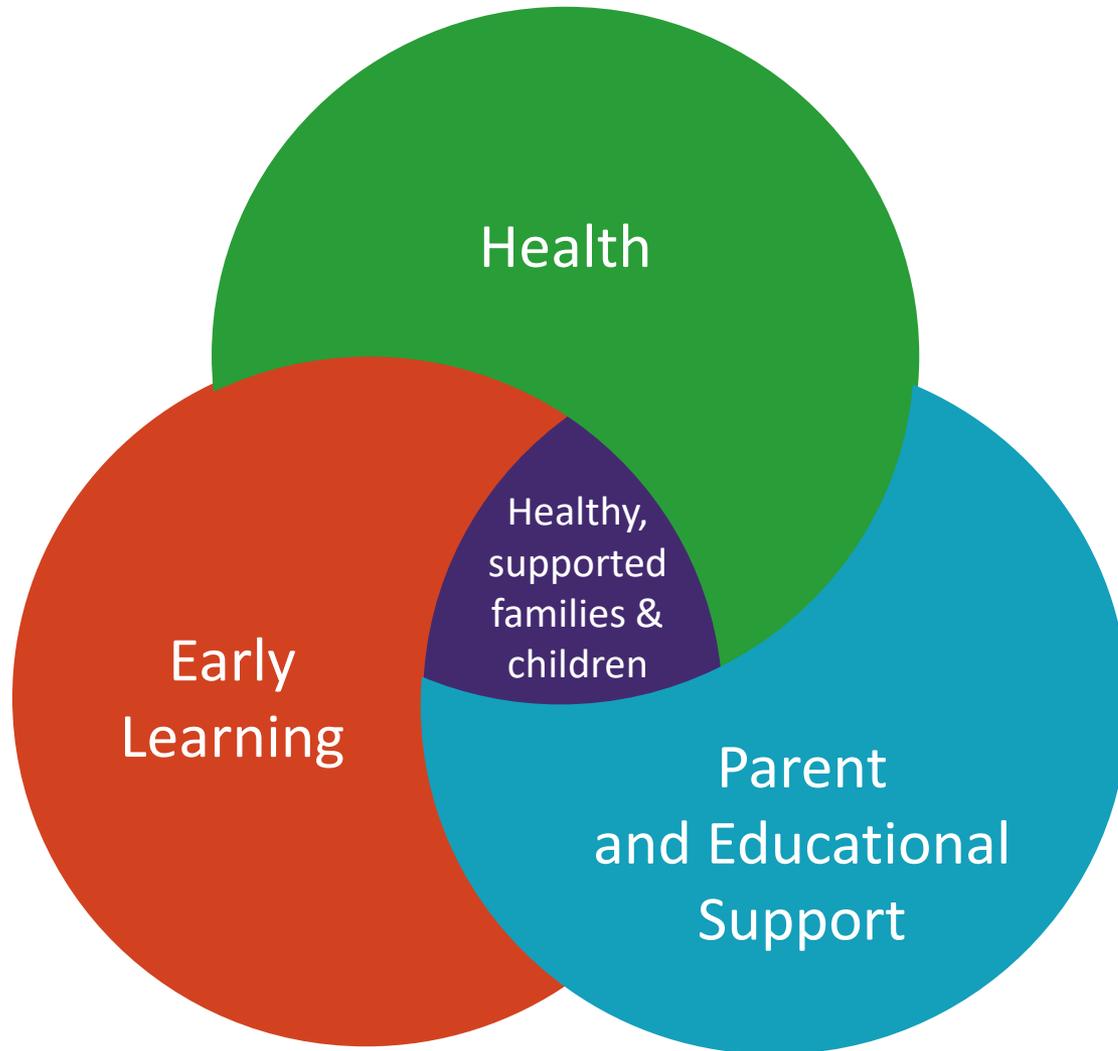
² [Colorado Basic Screening Survey 2016—2017](#)

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](#)

Early Childhood Framework



How this is Crucial to Business

Prevention

- ❖ When children are healthy, free of oral pain, and able to comfortably eat, they are far more likely to succeed in school.
- ❖ By focusing on preventative oral health care for children, parents are less likely to be pulled out of work to care for kids or take them to dental visits. For many parents, leaving work has a direct impact on their pocketbook through lost wages and burdens employers with reduced workforce.
- ❖ A healthy mouth is aligned to increased confidence, improving work prospects and performance.

Place-based Access to Care



Goal: Create a community-led, data-driven, place-based strategy that supports all individuals having affordable, accessible, and comprehensive oral health care.



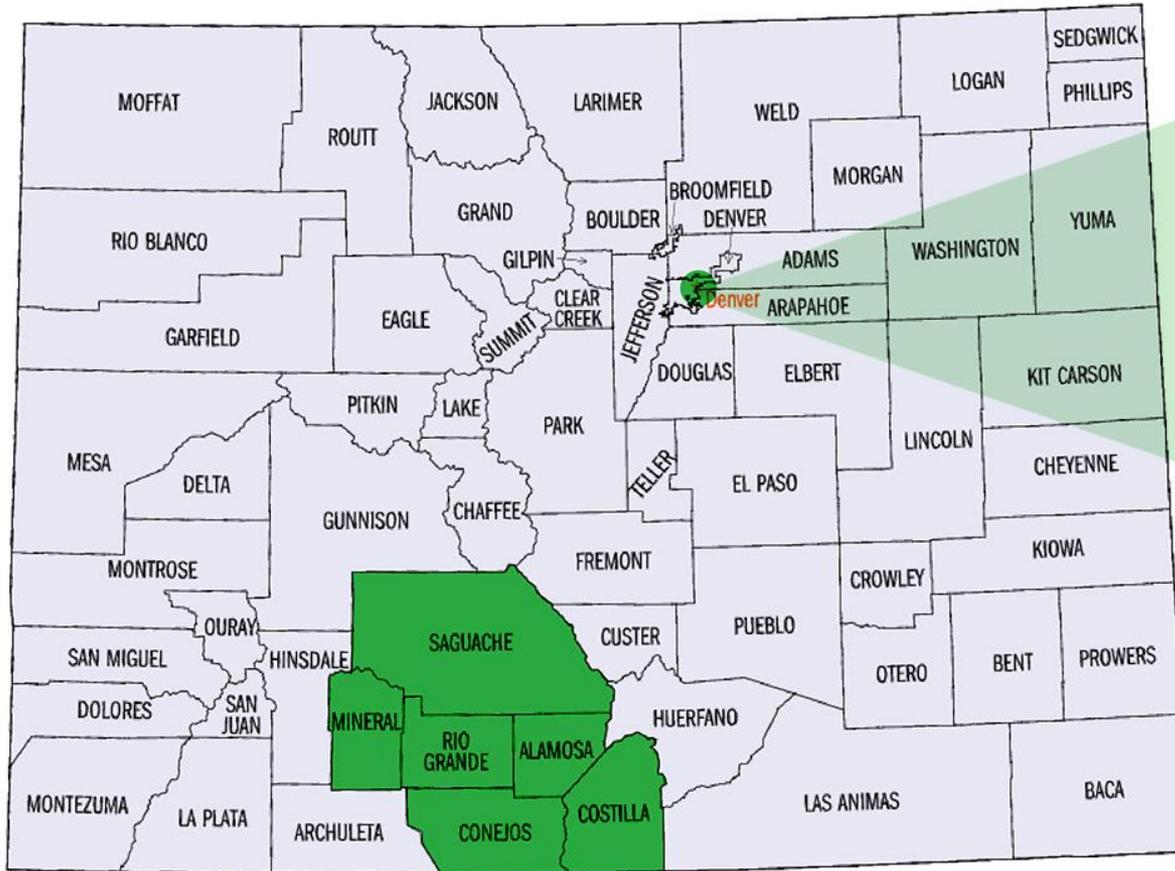
Focus Population: Communities in the San Luis Valley and East Metro that have higher rates of health disparities and income levels at or below 300 percent of the federal poverty line.



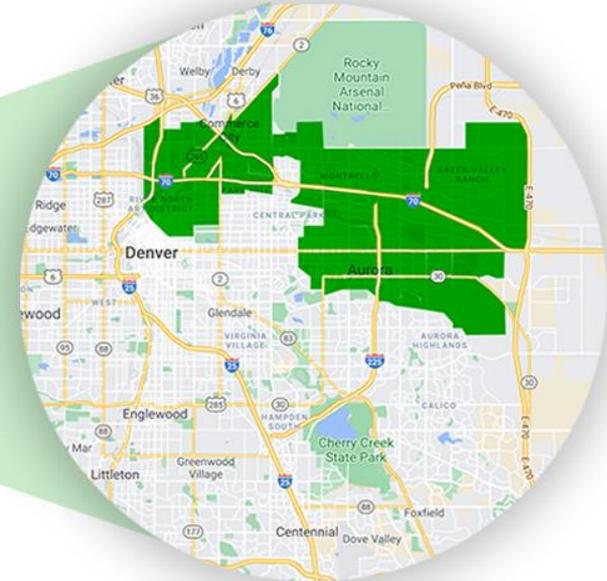
Projected Outcomes:

- Create systemic change and equitable advancement in the community.
- Influence and inform policies that increase access to oral health care for community members.
- Develop a blueprint for future programs that can be replicated by other regions in Colorado.

Place-based Regions Map



San Luis Valley



East Denver Metro

Place-based Data

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

All data points referenced from the 2019 Colorado Health Access Survey

How this is Crucial to Business

Place-based Access to Care

- ❖ When people are able to access care, they are healthier, less likely to miss work, and more likely to perform well.

Oral Health Capital Loan Fund

- ❖ Utilizes mission-related investments to fund oral-health related capital needs of community based dental providers, services and clinics.
- ❖ Loans are available statewide but will be managed for equitable distribution across the state and across urban/rural communities.
- ❖ Administered by Colorado Enterprise Fund.
- ❖ Seeded with \$3 million.
- ❖ Guidelines:
 - CO based oral health practice with a least 40% publicly/uninsured (30% in rural communities).
 - Practice in or serving dental desert.
- ❖ Structure:
 - No less than \$50k
 - 1% - 2.5% interest
 - 0% origination fee

How this is Crucial to Business

Oral Health Capital Loan Fund

- ❖ Expand ability to provide care and meet patient demand.
- ❖ Economic model to expand business affordably.

Questions

