



EARLY MILESTONES
COLORADO

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DELTA DENTAL OF COLORADO FOUNDATION



The Root of the Problem

A Roadmap for Early Childhood Oral Health Equity

JUNE 2022

Acknowledgments

We appreciate our advisory members who have contributed their expertise, insights, and time throughout this process.

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We would also like to thank the Early Childhood Oral Health Advisory Group, convened by the Oral Health Unit at the Colorado Department of Public Health and Environment, who reviewed the initial draft of the roadmap and provided their wisdom and questions.

Delta Dental of Colorado Foundation funded this effort. For more than 20 years, the foundation has partnered with community-based organizations to provide innovative and equitable oral health care by providing grants, engaging with groups across the state, and supporting policy and systems change.

Early Milestones Colorado (Milestones) convened stakeholders and guided the development of this plan. Founded in 2015, Milestones is a nonprofit organization that advances success for young children by accelerating innovation, best practices, and systemic change. We work to ensure that all children and families, especially those historically marginalized, have access to the opportunities and resources needed to be valued, healthy, and thriving.

Yen Chau, founder of NineFold, LLC, a woman-, person of color-owned consulting firm, facilitated stakeholder meetings and contributed strategic direction to this plan. Yen has twenty years of experience as an evaluator, facilitator, strategist, and critical thought partner. Yen is leveraging her years of professional experience and personal identities in her unwavering commitment that strategies, policies, and programs are crafted with and driven by communities that have historically been unseen, unheard, and oppressed.

Who is This Roadmap For?

Are you a health provider, policymaker, home visitor, or child care provider? Do you support the health and well-being of families, especially young children, caregivers and/or people who are pregnant? Oral health is part of overall health and well-being. Therefore, any person and organization who has a role in promoting the health of communities of color should review this Roadmap and identify actions they can take. Given your role, resources, and mission, you may be able to advance one or all the goals in the Roadmap. This document offers ideas and resources about how and where to start.

How To Use This Roadmap?

The Roadmap is organized around four goals for the next three years, which together lead to an overarching larger system objective. The Roadmap includes:

- A brief **introduction and context for each goal** that contributes to the objective. The objective and goals may not be accomplished by 2025. Still, given the current climate and energy focused on early childhood and oral health in Colorado, setting a high bar will lead to meaningful and measurable progress towards each goal.
- A set of associated **strategies** to support each goal.
- **Proposed actions** for each strategy. The actions offered in this Roadmap vary in terms of their specificity. Some actions are more exploratory or are seeds of initial ideas that require additional thinking and planning, whereas others provide a more specific path forward. Although there are references from other frameworks and recommendations, the list of proposed actions is not meant to be exhaustive.
- A **suggested timeline** for when the actions should occur over the next three years. As opportunities and the ecosystem shift, the timetable will as well. As a result, it matters less where you start, as long as you do so with families of color informing (at a minimum and hopefully driving) your actions.
- A list of **potential partners** to leverage and connect with. There may be other partners not identified here. Consider your existing partnerships and identify opportunities to build new partnerships to strengthen the impact of efforts. We encourage you to think beyond your current partnerships to be more inclusive of additional partners who should be a part of these efforts.
- A **workbook** with questions to consider as you think about your role and how to implement the proposed actions.

The Roadmap also includes information about:

- The context of Colorado's early childhood oral health ecosystem, especially for communities of color.
- Connections to other related frameworks, plans, and recommendations.
- References and resources on early childhood oral health, health equity, and community-centered practice.

Alignment of Strategies

Related Frameworks, Plans & Recommendations

Since 2008, the Colorado early childhood community has embraced the [Early Childhood Colorado Framework \(Framework\)](#) and its shared vision that Colorado is a place where all children are valued, healthy, and thriving. The *Framework* drives the work of Colorado's Early Childhood Leadership Commission and includes goals and activities related to three domains: early learning and development, health and well-being, and family support and education. Much of the *Framework's* Core Principles, Fundamentals for Progress, Strategies for Action, and Outcomes are reflected in the strategies and proposed actions included in this Roadmap.

Additionally, several dedicated and energized partners are working to advance preventive oral health for pregnant people and young children in Colorado. To acknowledge the alignment with and continue to build upon existing efforts, we reviewed other related plans and recommendations, especially those focusing on oral health, that are currently being developed or have been developed. Often, the development of each included similar but not identical voices and perspectives. As a result, we wanted to leverage them and highlight the alignment to offer a more comprehensive view of the possible strategies, actions, and partners needed to create a more integrated and expanded preventive oral health system for young children of color and their caregivers.

The Roadmap includes (and notes) proposed actions from the following additional related plans and recommendations:



Delta Dental of Colorado Foundation Policy Issue Areas

(Delta Dental of Colorado Foundation, November 2020)



More Coverage, Same Care Report¹

(Delta Dental of Colorado Foundation, February 2022)



Opportunities to Foster Oral Health Equity in Colorado's Early Childhood Systems: A Promising Policies & Practices Innovation Guide

(Early Milestones Colorado, January 2022)



Colorado Oral Health Strategic Plan

(Colorado Department of Public Health, final plan expected Summer 2022)

Objective

By 2025, young children and pregnant people in Colorado, particularly from communities of color, will experience better oral health outcomes, greater understanding of oral health, and increased access to preventive services.

GOAL #1



A more collaborative system of promotion and prevention in early childhood health is created with, and centered on, children, caregivers, and pregnant people of color.

PROPOSED STRATEGIES

- 1a. Integrate siloed, segmented institutional practices and structures
- 1b. Educate and advocate for the importance of oral health in overall health
- 1c. Elevate the role of caregivers in the development of this system so that it is informed by and created with them

GOAL #2



The workforce is more reflective of communities of color, delivers care in communities, and consists of trusted partners.

PROPOSED STRATEGIES

- 2a. Recruit and support a new community-centered, diverse workforce that prioritizes oral health promotion and prevention
- 2b. Support the existing oral health workforce to deliver services that are more culturally relevant, community-centered, and focused on promotion and prevention
- 2c. Re-imagine who is part of the oral health workforce by expanding who and where oral health promotion and preventive services are provided

GOAL #3



Oral health coverage and services are more affordable, especially among the most marginalized populations.

PROPOSED STRATEGIES

- 3a. Protect and expand access to Medicaid and CHIP, especially among undocumented families
- 3b. Change payment models to promote an expansion of preventive care delivered in a variety of locations by a variety of providers

GOAL #4



Communication tools use language justice principles and practices centered on children, caregivers, and pregnant people of color.

PROPOSED STRATEGIES

- 4a. Update and expand access to materials that are trauma-informed, asset-based, and culturally relevant
- 4b. Launch a coordinated messaging campaign on the importance of oral health to overall health in February 2024 (National Children's Dental Health Month)

What The Data Says

Why focus on pregnant people and young children?

Good oral health habits in early childhood can prevent cavities, support readiness to learn, and set children up for lifelong achievement.

Pregnant people are susceptible to a wide range of oral health conditions, which may lead to negative health outcomes for themselves and their children.



46%

In 2017, less than half of pregnant people in Colorado (46%) reported having their teeth cleaned during pregnancy²

People with poor oral health also experience poor overall health

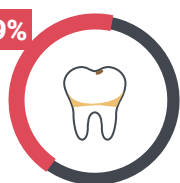
Among Those Who Report
Good, Very Good, or Excellent Oral Health

Among Those Who Report
Fair or Poor Oral Health



6.2%

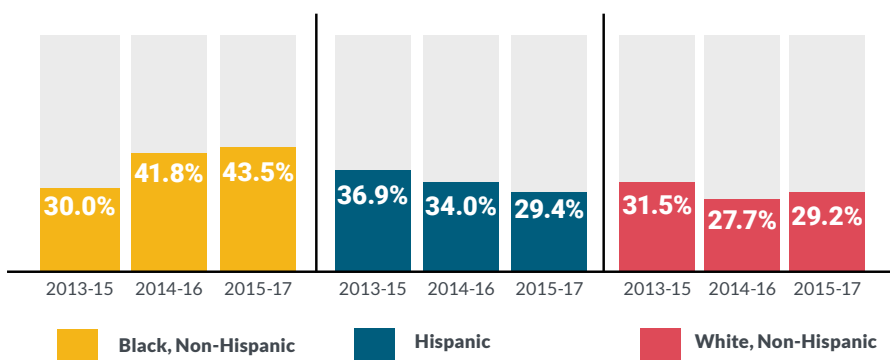
Report
Fair or Poor
General Health



42.9%

Source: 2021 Colorado Health Access Survey

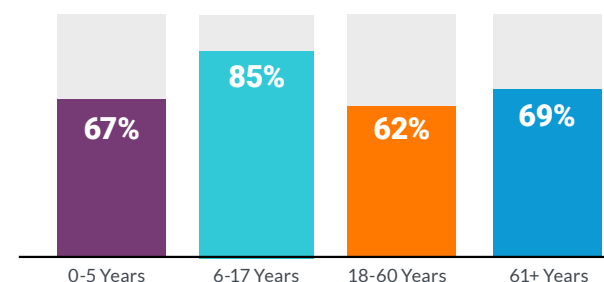
Percentage of People Who Just Gave Birth Who Needed to But Did Not Visit a Dentist³



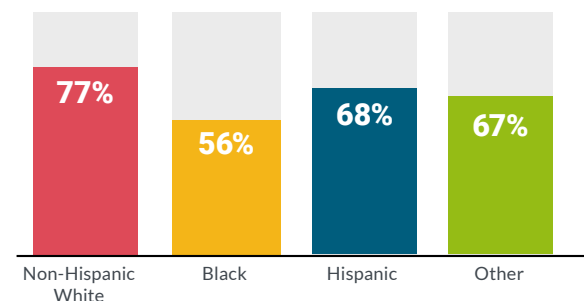
Why focus specifically on families and children of color?

Across Colorado, people of color disproportionately experience adverse oral health outcomes and access to care.

Percentage of Coloradans Who Reported Visiting a Dental Provider, by AGE¹



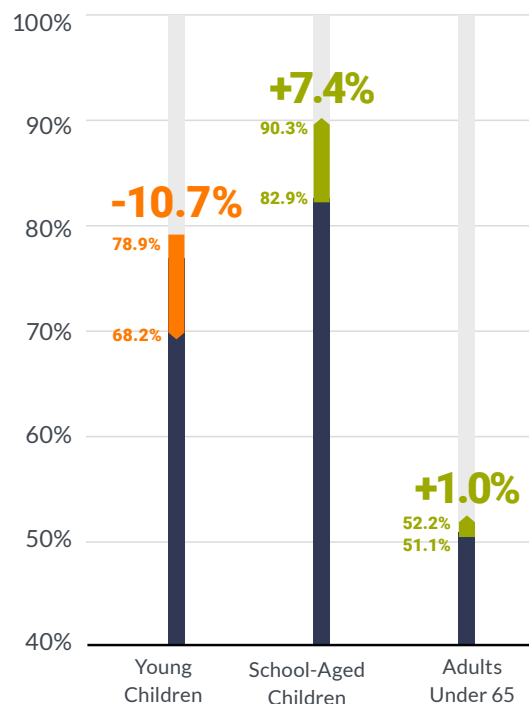
Percentage of Coloradans Who Reported Visiting a Dental Provider, by RACE⁴



What The Data Says

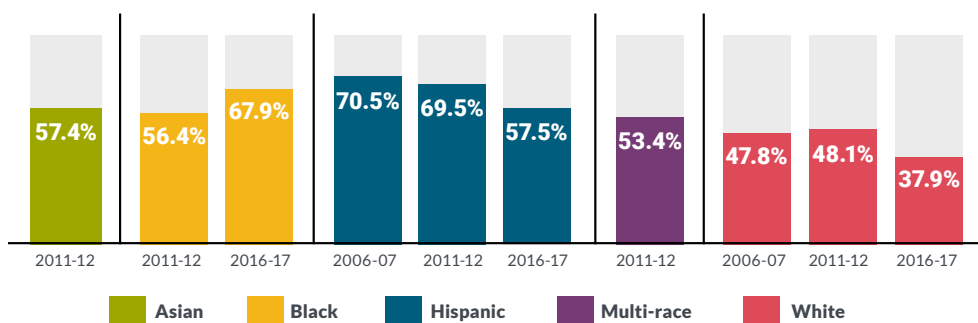
The numbers of young children receiving services decreased from 2015-2019, while rates increased among all other ages.

Dental Services by Medicaid Enrollees By Age, Percent Change Between 2015 and 2019



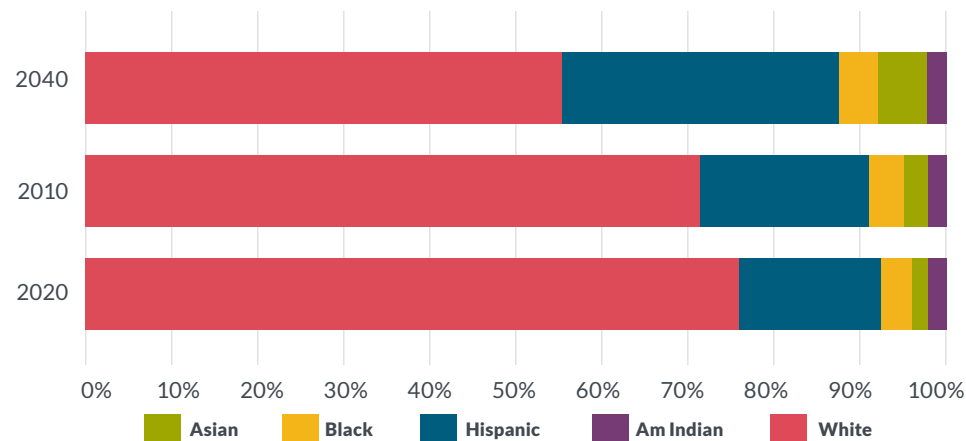
Source: 2019 Colorado Health Access Survey

Percentage of Third-Grade Students with Cavities Experience³

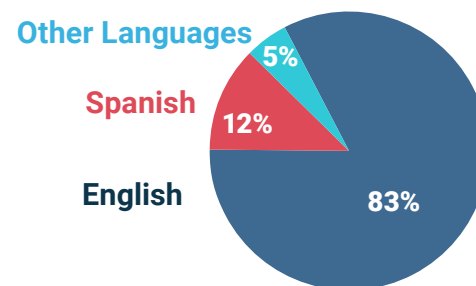


As Colorado's population becomes increasingly diverse in race, ethnicity, culture, and language, it's essential to recognize that current oral health systems are unable to meet the needs of all Coloradans.

Changes in Diversity of Population, 2000-2040⁵



Languages Spoken in Colorado



Source: US Census Bureau 2019

The goal is not to just eliminate the gap between white people and people of color, but to increase the success for all groups.

Racial equity develops goals and outcomes that will result in improvements for all groups, but the strategies are targeted based on the needs of a particular group. Systems that are failing communities of color, are actually failing all of us.

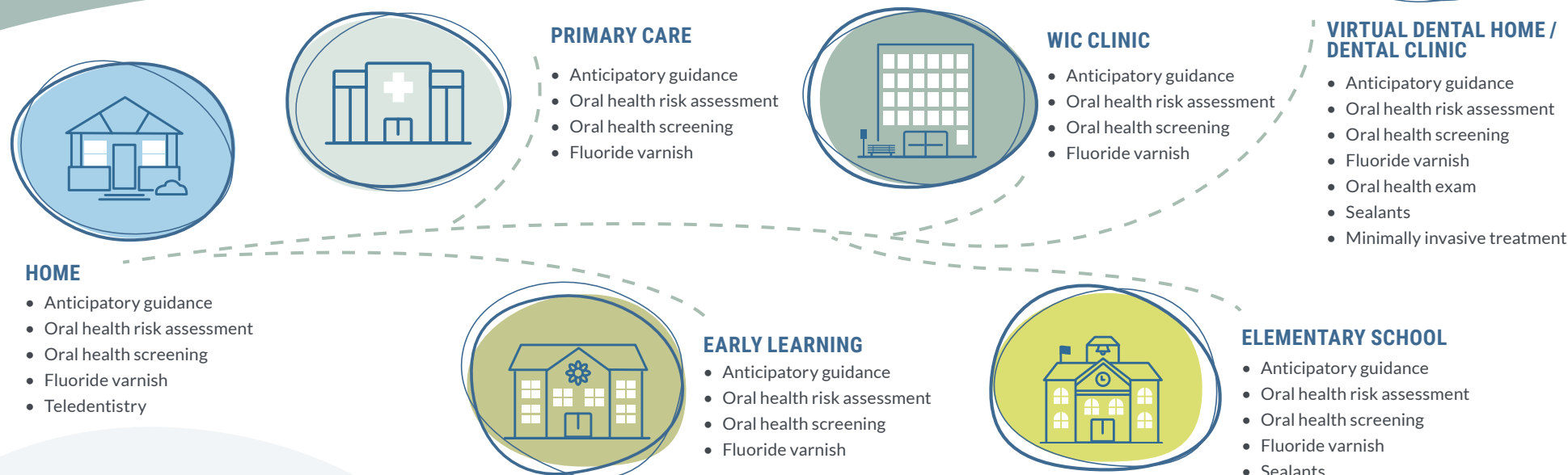
- GOVERNMENT ALLIANCE ON RACE AND EQUITY (GARE)

Envisioning an Equitable Oral Health System for Young Children & Families

Focused on Health Promotion & Prevention

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.

– World Health Organization



PREVENTIVE DENTAL CARE GLOSSARY

Preventive dental care is any action to prevent or mitigate the progression of oral disease and maintain a healthy mouth. This includes behaviors such as daily brushing with a fluoride-containing toothpaste, flossing, and maintaining a healthy diet. It also includes services that can be delivered by a variety of providers.

ANTICIPATORY GUIDANCE: Information shared with families to help them understand what to expect during their infant's or child's current and approaching stage of development. Topics include oral development, tooth eruption, gum/tooth cleaning, appropriate use of fluoride, bottle use, and feeding and eating practices. **Can be done by trained health and early childhood professionals.**

ORAL HEALTH RISK ASSESSMENT: A series of questions designed to determine a patient's risk for developing oral disease. **Can be done by trained health professionals.**

ORAL HEALTH SCREENING: A brief screening of the mouth to identify oral disease, especially tooth decay, or other oral conditions, and refer to oral health professionals as needed. Screenings are not examinations and do not involve making diagnoses that lead to treatment plans. **Can be done by trained health and early childhood professionals.**

FLUORIDE VARNISH: Highly concentrated form of fluoride which is applied to the surface of teeth to treat and prevent dental decay. **Can be done by trained health professionals (possibly by early childhood professionals and caregivers in the future).**

ORAL HEALTH EXAM: A comprehensive examination of the mouth by an oral health professional (hygienist, dental therapist, or dentist). If signs of disease are noted, a diagnosis and treatment plan is determined.

SEALANTS: Coverings applied to the top surfaces of permanent molars to prevent decay.

MINIMALLY INVASIVE TREATMENT: Restoration placed on teeth to prevent the progression of decay. Can be done by a dental hygienist under virtual supervision by a dentist, often avoiding dental treatment under general anesthesia. Examples include Interim Therapeutic Restoration (ITR) and Silver Diamine Fluoride (SDF).

VIRTUAL DENTAL HOME: A community-based oral health delivery system in which people receive preventive services delivered by a dental hygienist in a community setting, such as a school. The delivery system is linked virtually to a dentist via telehealth technology.

TELEDENTISTRY: The use of communication technology, including audio and video interaction, to remotely provide dental care services such as consultation, diagnosis, and patient education.

GOAL #1

A more collaborative system of promotion and prevention in early childhood health is created with, and centered on, children, caregivers, and pregnant people of color.



PROPOSED STRATEGIES

- 1a. **Integrate** siloed, segmented institutional practices and structures
- 1b. **Educate and advocate** for the importance of oral health in overall health
- 1c. **Elevate** the role of caregivers in the development of this system so that it is informed by and created with them

"Community-driven systems change is an approach to development and social transformation that emphasizes the insight, leadership, and ownership of the people who are living and experiencing issues at the community level, and their work to create lasting change in the systems and root causes that underlie the critical issues they seek to address."

Relevant, impactful, and sustainable change at the community level comes when:

- Community members determine, own, and drive the change process, and
- Focus on actions on addressing the underlying systems and root causes of concern – rather than only reacting to symptoms.

This is community-driven systems change."

- FIREFLIGHT FOUNDATION

Despite considerable efforts and investments in promoting children and their caregivers' overall health and well-being, these efforts have not resulted in meaningful and lasting change, especially for communities of color. One reason for this lack of enduring and transformative change is that the approaches tend to be top-down and created FOR these communities by white-led institutions whose leaders do not reflect the culture and understanding of the most impacted individuals. However, in recent years, there has been a growing recognition and movement to re-imagine systems centered on the community and created WITH and BY them. Such a shift could reshape Colorado's early childhood oral health system to better address the multiple factors resulting in inequitable access for communities of color, such as:

- Historical and ongoing abuse and mistreatment of communities of color by the health system have created a sense of distrust of the system^{1,6}
- Inadequate dental insurance coverage^{6,7,8}
- High cost of care^{6,7,8}
- Shortage of dentists in rural areas⁸
- Shortage of dentists that accept Medicaid^{1,6,8}
- Lack of transportation^{1,6,8}
- Office hours that do not match the schedules of the community⁸
- Practices that are not trauma-informed or culturally relevant^{1,6,8}
- A workforce that does not reflect families in language, culture, race, or lived experiences^{1,6,8}
- Care that isn't conveniently located^{1,6,7,8}
- Lack of coordinated care for individuals with complex needs⁷

Practitioners and others in the ecosystem have also reported a lack of coordination across systems that support oral health and overall health as a serious challenge. Greater coordination and integration would allow for streamlining of services; advocacy and policy changes; an appreciation of overall health that is multi-faceted and includes oral health; and a system that supports health promotion and disease prevention, rather than focusing on chronic illness management and treatment.⁷

GOAL #1

A more collaborative system of promotion and prevention in early childhood health is created with, and centered on, children, caregivers, and pregnant people of color.



STRATEGY 1a.

Integrate siloed, segmented institutional practices and structures

PROPOSED ACTIONS	TIMEFRAME
Promote the importance of health as part of the new Colorado Department of Early Childhood's (CDEC) scope, including possible health-specific positions within the department	'22 '23 '24 '25
Strengthen connections between state agencies ² <ul style="list-style-type: none"> Create an Oral Health Working Group within the Program, Quality & Alignment Subcommittee of the Early Childhood Leadership Commission Consider opportunities to incorporate oral health activities and measurements within the 2021-2025 Colorado Maternal and Child Health priorities Integrate the related frameworks, strategic plans, and Roadmaps to identify common leverage points and complementary strategies and actions 	'22 '23 '24 '25
Convene institutional and community leaders, practitioners, and caregivers to identify and address barriers to care for families and communities of color ^{1 2}	'22 '23 '24 '25
Create an equity-centered health dashboard (including oral health) to track providers, services, and health indicators across race, ethnicities, income, and geographies ⁴ <ul style="list-style-type: none"> Determine barriers to collecting accurate and reliable oral health data ² Establish data standards and metrics to support oral health surveillance ² Establish metrics for evaluating oral health interventions/programs for their effect on equity ² 	'22 '23 '24 '25

¹ Delta Dental of Colorado Foundation Policy Issue Areas (Delta Dental of Colorado Foundation, November 2020)

² Opportunities to Foster Oral Health Equity in Colorado's Early Childhood Systems: A Promising Policies & Practices Innovation Guide (Early Milestones Colorado, January 2022)

³ More Coverage, Same Care Report¹ (Delta Dental of Colorado Foundation, February 2022)

⁴ Colorado Oral Health Strategic Plan (Colorado Department of Public Health, final plan expected Summer 2022)



POSSIBLE STATEWIDE PARTNERS

- Colorado Association of Local Public Health Officials (CALPHO)
- Colorado Association for School-Based Health Care (CASBHC)
- Colorado Department of Early Childhood (CDEC)
- Colorado Department of Education (CDE)
- Colorado Department of Health Care Policy & Financing (HCPF)
- Colorado Department of Public Health & Environment (CDPHE)
- Early Childhood Leadership Commission (ECLC)

GOAL #1

A more collaborative system of promotion and prevention in early childhood health is created with, and centered on, children, caregivers, and pregnant people of color.



STRATEGY 1b.

Educate and advocate for the importance of oral health in overall health

PROPOSED ACTIONS	TIMEFRAME
Build awareness and champions of early childhood oral health ⁴	'22 '23 '24 '25
Advocate for the importance of oral health in overall health among decision-makers within state agencies ^{1 4}	'22 '23 '24 '25
Encourage Early Childhood Councils, Family Resource Centers, Local Coordinating Organizations, child care health consultants, and other local community partners to learn together about the uniqueness of their communities so that support can be tailored appropriately ⁴	'22 '23 '24 '25
Promote more significant support of oral health promotion and prevention within future phases of Colorado's Accountable Care Collaborative, with a focus on pregnant people and young children ¹	'22 '23 '24 '25
Collaborate with Regional Accountable Entities to create an actionable oral health key performance indicator (KPI)* intended to increase prioritization of oral health as part of overall health care delivery ²	'22 '23 '24 '25
Expand free and flexible learning opportunities between oral health, early childhood (educators; home visitors; family child care homes; family, friend, and neighbor (FFN) providers; etc.), and health care providers ^{2 4}	'22 '23 '24 '25

***Key Performance Indicators (KPIs):** Metrics established by Colorado Department of Health Care Policy and Financing (HCPF) to measure performance and access to services in Colorado's Medicaid program.

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3 More Coverage, Same Care Report¹ (Delta Dental of Colorado Foundation, February 2022)

4 Colorado Oral Health Strategic Plan (Colorado Department of Public Health, final plan expected Summer 2022)



POSSIBLE STATEWIDE PARTNERS

- Colorado Department of Early Childhood (CDEC)
- Colorado Department of Education (CDE)
- Early Childhood Council Leadership Alliance (ECCLA)
- Family Resource Center Association (FRCA)
- Health Care Policy & Financing (HCPF)
- Healthy Child Care Colorado (HCCC)



POSSIBLE LOCAL PARTNERS

- Early Childhood Councils
- Family Resource Centers
- Local Coordinating Organizations (LCOs)
- Regional Accountable Entity (RAEs)

GOAL #1

A more collaborative system of promotion and prevention in early childhood health is created with, and centered on, children, caregivers, and pregnant people of color.



STRATEGY 1c.

Elevate the role of caregivers in the development of this system so that it is informed by and created with them

PROPOSED ACTIONS	TIMEFRAME
Advocate for the inclusion of provider and parent perspectives throughout the development and implementation of the new CDEC and universal preschool program	'22 '23 '24 '25
Connect with trusted community-based organizations to understand and address health trauma and build practices that are asset-based, community-centered, and culturally relevant ⁴	'22 '23 '24 '25
Convene a network of caregivers who can inform and support oral health care programs to become more trauma-informed, asset-based, community-centered, and culturally relevant ⁴	'22 '23 '24 '25

1 Delta Dental of Colorado Foundation Policy Issue Areas
(Delta Dental of Colorado Foundation, November 2020)

2 Opportunities to Foster Oral Health Equity in Colorado's Early Childhood
Systems: A Promising Policies & Practices Innovation Guide
(Early Milestones Colorado, January 2022)

3 More Coverage, Same Care Report¹
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4 Colorado Oral Health Strategic Plan
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POSSIBLE STATEWIDE PARTNERS

- Colorado Children's Campaign
- Colorado Department of Early Childhood (CDEC)
- Early Childhood Council Leadership Alliance (ECCLA)
- Family Resource Center Association (FRCA)



POSSIBLE LOCAL PARTNERS

- Early Childhood Councils
- Family Resource Centers
- Local Coordinating Organizations (LCOs)
- Organizations supporting Family, Friend, and Neighbor (FFN) care providers

GOAL #2

The workforce is more reflective of communities of color, delivers care in communities, and consists of trusted partners.



PROPOSED STRATEGIES

- 2a. Recruit and support a new community-centered, diverse workforce that prioritizes oral health promotion and prevention
- 2b. Support the existing oral health workforce to deliver services that are more culturally relevant, community-centered, and focused on promotion and prevention
- 2c. Re-imagine who is part of the oral health workforce by expanding who and where oral health promotion and prevention services are provided

"Culturally responsive care is the intentional and genuine decision to see, respect, and celebrate the aspects that make patients/clients unique ... fostering an environment where patients/clients are fully seen in all aspects of their identity."

-LYRA HEALTH

Health care professionals must be able to recognize the client's culture, their own culture, and how both affect the patient-provider relationship. This requires the provider to understand that:

Culture of provider practice may be different and unfamiliar to the patient and their families

Offering linguistically appropriate care requires being able to assess the need for interpreters in the settings and interact with interpreters effectively

Their ability to communicate effectively in cross-cultural interactions is greatly enhanced by their grasp of cross-cultural communications skills.

- DIMENSIONS OF CULTURE

A recent 2022 report, using data from the Colorado Health Access Survey, found that 4.2% of Coloradans ages 18 and older who received health care reported that they were treated with less respect or received services that were not as good as others received. When asked why they felt they were treated with less respect, people reported income (58.3%), ethnic background or culture (37.1%), or race (36.0%) as the reason they felt mistreated.⁶

Clinicians Were the Most Common Source of Disrespectful Treatment*,⁹

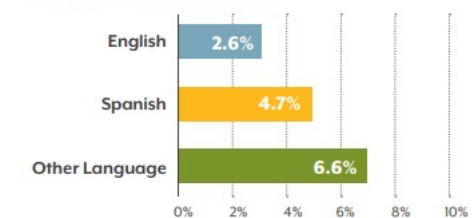
Source of Experienced Disrespect When Seeking Health Care	Percentage
Doctor, nurse practitioner, or physician assistant	54.8%
Nurse, medical assistant, or other clinical staff	54.5%
Insurance provider	31.3%
Staff at the front desk	30.9%
Billing department	29.2%
Someone else	19.8%
Mental health professional	19.7%

Integrating oral health education and services into community-based settings, such as primary care, early learning environments, home visiting programs, and FFN care, can help increase access to much needed preventive care for families. The effectiveness of that care improves when delivered by people who culturally and linguistically represent the families they serve.^{1,6,7}

The same report found that about 7% of respondents reported that they needed health care responsive to specific characteristics, including race, gender identity, sexual orientation, a disability, and language, among others. Of these Coloradans, about one in four (24.3%) identified their language as a characteristic that made a difference in the kind of care that they needed.⁶

Coloradans Who Speak Other Languages Than English Were More Likely to Skip Care Because of Unfair Treatment or Consequences⁶

Percentage Reporting Skipping Care Because of Concerns of Unfair Treatment or Consequences, 2021



GOAL #2

The workforce is more reflective of communities of color, delivers care in communities, and consists of trusted partners.



STRATEGY 2a.

Recruit and support a new community-centered, diverse workforce that prioritizes oral health promotion and prevention

PROPOSED ACTIONS	TIMEFRAME
Learn from and leverage other workforce initiatives, such as Transforming the Early Childhood Workforce in Colorado	'22 '23 '24 '25
Partner with safety net clinics, family resource centers, early childhood councils, and other community and parental liaisons to recruit community members, especially community members of color, to become oral health professionals and community ambassadors to raise awareness 3 4	'22 '23 '24 '25
Explore scholarships and ramp up other support services (e.g., child care, flexible schedule, loan repayments, application waivers, etc.) 3 4	'22 '23 '24 '25
Support efforts to connect younger generations with culturally relevant information regarding dental careers, such as: <ul style="list-style-type: none"> Explore partnering with CareerWise Colorado to pilot a training program pipeline, or Denver Public Schools' s Career and College Success Youth Apprenticeship Program to encourage youth to consider oral health careers 4 Support high school career counselors to promote oral health professions among high school students 4 	'22 '23 '24 '25
Explore opportunities to support the recruitment of more hygienists of color within existing hygienist training programs 4	'22 '23 '24 '25
Increase the number of Regional Oral Health Specialists around the state and consider expanding their role to include patient education and system navigation 2	'22 '23 '24 '25
Consider expanding the dental workforce to include individuals who are trained to work within communities, such as community dental health coordinators 1 3 4	'22 '23 '24 '25

1 Delta Dental of Colorado Foundation Policy Issue Areas (Delta Dental of Colorado Foundation, November 2020)

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4 Colorado Oral Health Strategic Plan (Colorado Department of Public Health, final plan expected Summer 2022)

Community dental health coordinators (CDHCs): Assist in the coordination of dental care, navigation of the health care system, and patient tracking and follow-up. They are typically members of the community where they serve and are trained to integrate information about oral health and overall health into the community's own language, culture, and value system. They work under the supervision of a licensed dentist in compliance with the laws in their respective states.



POSSIBLE STATEWIDE PARTNERS

- CareerWise
- Cavity Free at Three
- Colorado Health Service Corps
- Early Childhood Council Leadership Alliance (ECCLA)
- Family Resource Center Association (FRCA)



POSSIBLE LOCAL PARTNERS

- Community colleges
- Organizations supporting Family, Friend, and Neighbor (FFN) care providers
- School districts
- Safety net clinics

GOAL #2

The workforce is more reflective of communities of color, delivers care in communities, and consists of trusted partners.



STRATEGY 2b.

Support the existing oral health workforce to deliver services that are more culturally relevant, community-centered, and focused on promotion and prevention

PROPOSED ACTIONS	TIMEFRAME
Support the existing oral health workforce to deliver services that are more culturally relevant, community-centered, and focused on promotion and prevention	'22 '23 '24 '25
Offer stackable licensure/certificates to facilitate professional development ⁴	'22 '23 '24 '25
Explore options to incentivize and facilitate professional development that encourages more minimally invasive techniques and engagement in anti-racist, culturally responsive, trauma-informed, and community-centered practices, such as: <ul style="list-style-type: none"> Develop a recognition program for providers who exemplify community-centered and culturally relevant practices ³ Consider policies for training and education standards that incorporate anti-racist, culturally responsive, and trauma-informed practices ⁴ 	'22 '23 '24 '25
Incentivize providers to practice in areas with low dental access and use by offering subsidized housing or transportation vouchers ³	'22 '23 '24 '25

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⁴ Colorado Oral Health Strategic Plan (Colorado Department of Public Health, final plan expected Summer 2022)



POSSIBLE STATEWIDE PARTNERS

- Colorado Dental Association (CDA)
- Colorado Dental Hygienists' Association (CDHA)
- Colorado School of Dental Medicine
- Economic Development Council of Colorado (EDCC)



POSSIBLE LOCAL PARTNERS

- Community colleges
- Local economic development organizations

GOAL #2

The workforce is more reflective of communities of color, delivers care in communities, and consists of trusted partners.



STRATEGY 2c.

Re-imagine who is part of the oral health workforce by expanding who and where oral health promotion and prevention services are provided

PROPOSED ACTIONS	TIMEFRAME
Identify policy and payment barriers that hinder or prohibit who and where preventive and minimally invasive oral health services are provided, including expansion of virtual dental homes and teledentistry ⁴	'22 '23 '24 '25
Establish a Community of Practice for administrators and clinicians working to implement virtual dental homes to promote the expansion of the model ^{2 3 4}	'22 '23 '24 '25
Support more oral health professionals to deliver care in a wider variety of settings, such as primary care, community-based sites, schools, and early child care centers ^{3 4}	'22 '23 '24 '25
Consider expansion of dental screening requirements in more K-12 school systems ²	'22 '23 '24 '25
Identify barriers to, and then the pilot distribution of, fluoride treatment to caregivers to administer to children at home ^{1 2 3}	'22 '23 '24 '25
Collaborate with the CDEC to increase preventive oral health practices across early childhood programs ^{1 2 3} <ul style="list-style-type: none"> Consider including oral health measurements within the Colorado Shines rating system (e.g., Cavity Free Kids training, teeth brushing, parent education, oral health screening, oral health care navigation) ² Pursue parity of oral health-related regulations for the new universal preschool program with Head Start program standards (i.e., oral health care navigation, tooth brushing, parent education) ² 	'22 '23 '24 '25
Engage and train FFN providers to screen for oral health, counsel caregivers and new parents on good oral health practices for themselves and their infants, and refer families to dental services ²	'22 '23 '24 '25
Assess current integration of oral health in home visiting programs and, where appropriate, engage and train home visitors to screen for oral health, counsel caregivers and new parents on good oral health practices for themselves and their infants, and refer families to dental services ²	'22 '23 '24 '25

CONTINUED ON NEXT PAGE

GOAL #2

The workforce is more reflective of communities of color, delivers care in communities, and consists of trusted partners.



STRATEGY 2c.

Re-imagine who is part of the oral health workforce by expanding who and where oral health promotion and prevention services are provided

PROPOSED ACTIONS

Engage and train Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) staff to screen for oral health, counsel caregivers and new parents on good oral health practices for themselves and their infants, and to refer families to dental services ²

TIMEFRAME

'22 '23 '24 '25

1 Delta Dental of Colorado Foundation Policy Issue Areas
(Delta Dental of Colorado Foundation, November 2020)

2 Opportunities to Foster Oral Health Equity in Colorado's Early Childhood
Systems: A Promising Policies & Practices Innovation Guide
(Early Milestones Colorado, January 2022)

3 More Coverage, Same Care Report¹
(Delta Dental of Colorado Foundation, February 2022)

4 Colorado Oral Health Strategic Plan
(Colorado Department of Public Health, final plan expected Summer 2022)



POSSIBLE STATEWIDE PARTNERS

- Cavity Free at Three
- Colorado Children's Campaign
- Colorado Dental Association (CDA)
- Colorado Dental Hygienists' Association (CDHA)
- Colorado Department of Early Childhood (CDEC)
- Colorado Department of Education (CDE)
- Colorado Department of Regulatory Agencies (DORA)
- Colorado Home Visiting Coalition
- Health Care Policy & Financing (HCPF)
- Healthy Child Care Colorado (HCCC)



POSSIBLE LOCAL PARTNERS

- Organizations supporting Family, Friend, and Neighbor (FFN) care providers
- Safety net clinics
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) sites

GOAL #3

Oral health coverage and services are more affordable, especially among the most marginalized populations



PROPOSED STRATEGIES

- 3a. Protect and expand access to Medicaid and CHIP, especially among undocumented families
- 3b. Change payment models to promote an expansion of preventive care delivered in a variety of locations by a variety of providers

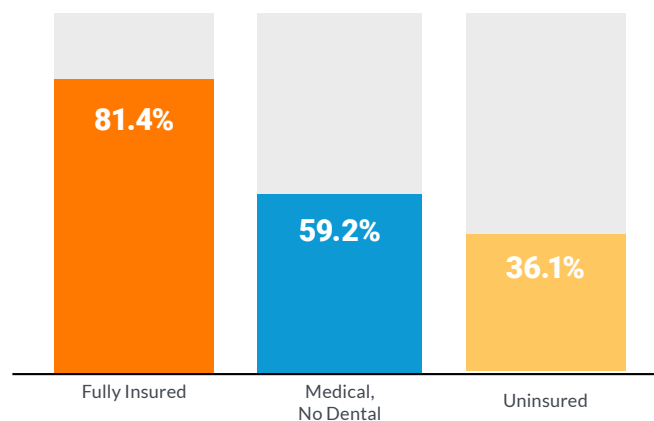
Before the pandemic, dental coverage in Colorado was at an all-time high. This was likely due to the growing number of Coloradans covered through Medicaid, which includes dental benefits for adults and children. Approximately one in four Coloradans is covered by Medicaid, many of whom experience the most significant health disparities. It is essential that this progress is sustained and expanded further to include the most marginalized people in the state.⁷

Having dental insurance is an important first step. It does not, however, guarantee access to care. Many children and pregnant people, particularly from communities of color, lack the care they need and are entitled to.^{1,6,7}

Further, Colorado's fragmented oral health care system is a significant cause of access and opportunity gaps. The system is rooted in fee-for-service payment, which incentivizes the volume of procedures rather than value and prevention. Additionally, dental and medical insurance are administered separately, creating challenges to the greater integration of oral health care into medical care.⁷

In addition to minimal payment incentives for preventive services, barriers to care include complicated provider reimbursement and a shortage of providers who serve pregnant people and young children with Medicaid. Payors need to place greater emphasis on prevention, integration, and evidence-based care to advance systemic equity.⁷

Utilization of Dental Services by Insurance Coverage, 2019*.⁴



**Fully insured refers to Coloradans having both medical and dental coverage;
uninsured refers to Coloradans who have no dental or medical coverage.*

GOAL #3

Oral health coverage and services are more affordable, especially among the most marginalized populations



STRATEGY 3a.

Protect and expand access to Medicaid and CHIP, especially among undocumented families

PROPOSED ACTIONS	TIMEFRAME
Ensure effective implementation of recently passed legislation (HB22-1289) expanding Medicaid and Children's Health Insurance Program (CHIP) for undocumented pregnant and postpartum people and children ¹	'22 '23 '24 '25
Minimize losses of public insurance coverage as the federal Public Health Emergency and its continuous coverage requirement expires July 31, 2022	'22 '23 '24 '25
Strengthen connections between Medicaid, CHIP, and Connect for Health Colorado so that families and individuals can more easily understand and use benefits for which they are eligible	'22 '23 '24 '25
Maintain oral health benefits included in Colorado's Medicaid and CHIP coverage	'22 '23 '24 '25
Explore how to reduce administrative barriers to participating in CHIP	'22 '23 '24 '25

¹ Delta Dental of Colorado Foundation Policy Issue Areas (Delta Dental of Colorado Foundation, November 2020)

² Opportunities to Foster Oral Health Equity in Colorado's Early Childhood Systems: A Promising Policies & Practices Innovation Guide (Early Milestones Colorado, January 2022)

³ More Coverage, Same Care Report¹ (Delta Dental of Colorado Foundation, February 2022)

⁴ Colorado Oral Health Strategic Plan (Colorado Department of Public Health, final plan expected Summer 2022)



POSSIBLE STATEWIDE PARTNERS

- Colorado Children's Campaign
- Colorado Consumer Health Initiative (CCHI)
- Health Care Policy & Financing (HCPF)

GOAL #3

Oral health coverage and services are more affordable, especially among the most marginalized populations



STRATEGY 3b.

Change payment models to promote an expansion of preventive care delivered in a variety of locations by a variety of providers

PROPOSED ACTIONS	TIMEFRAME
Identify policy and payment barriers that hinder or prohibit who and where preventive and minimally invasive oral health services are provided, including expansion of virtual dental homes and teledentistry ⁴	'22 '23 '24 '25
Communicate lessons learned from Cavity Free at Three and the Rocky Mountain Oral Health Network (RoMoNOH) to promote the adoption of oral health standards of care for pregnant people and young children among primary care and obstetric medical providers ²	'22 '23 '24 '25
Expand coverage of preventive services (e.g. anticipatory guidance, risk assessment, screening, fluoride varnish) delivered in community-based settings by a variety of providers ^{1 3 4}	'22 '23 '24 '25
Incentivize delivery of preventive services in primary care settings ¹ <ul style="list-style-type: none"> Create an actionable oral health KPI* to increase prioritization of oral health care within primary care ^{2 3} Provide enhanced Medicaid payments to providers that complete Cavity Free at Three training and deliver preventive maintenance according to risk assessments ² 	'22 '23 '24 '25

**Key Performance Indicators (KPIs): Metrics established by Colorado Department of Health Care Policy and Financing (HCPF) to measure performance and access to services in Colorado's Medicaid program.*

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POSSIBLE STATEWIDE PARTNERS

- Cavity Free at Three
- Colorado Children's Campaign
- Colorado Community Health Network (CCHN)
- Colorado Department of Education (CDE)
- Colorado Rural Health Center (CRHC)
- Health Care Policy & Financing (HCPF)



POSSIBLE LOCAL PARTNERS

- Regional Accountable Entity (RAEs)
- Safety net clinics

GOAL #4

Communication tools use language justice principles and practices centered on children, caregivers, and pregnant people of color



LANGUAGE JUSTICE

There is no single definition of language justice. Communities Creating Health Environments (CCHE) defines it to be ... *"about building and sustaining multilingual spaces ... so that everyone's voices can be heard both as an individual and as part of a diversity of communities and culture. Valuing language justice means recognizing the social and political dimensions of language access, while working to dismantle language barriers, equalize power dynamics, and build strong communities for social and racial justice."*

"It's more than having materials translated or offering interpretation services. It allows for "... peoples across race, gender, class, region, language, and dialect to have equal access to be active and engaged participants and leaders in the work..."

PROPOSED STRATEGIES

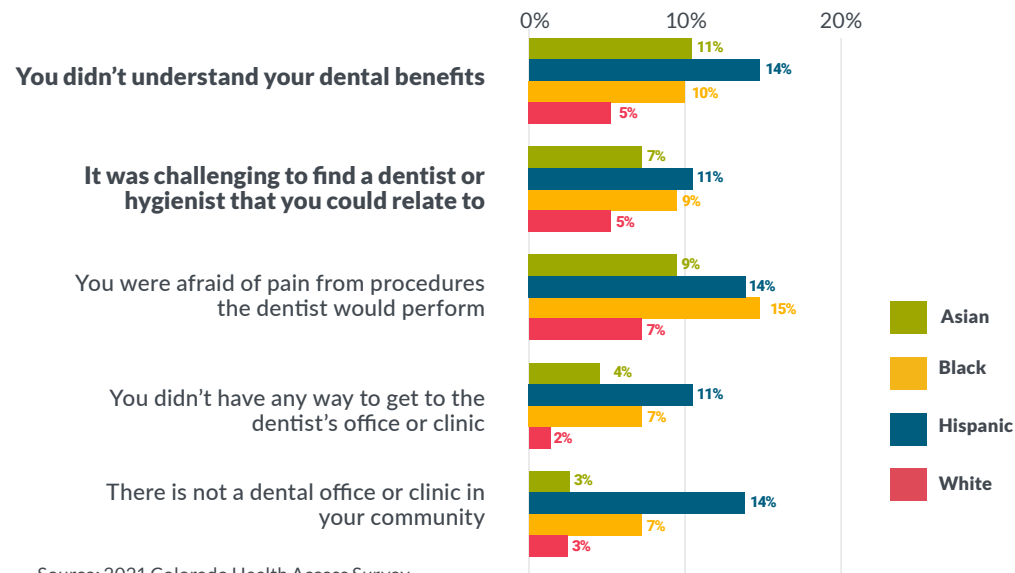
4a. Update and expand access to materials that are trauma-informed, asset-based, and culturally relevant

4b. Launch a coordinated messaging campaign on the importance of oral health to overall health in February 2024 (National Children's Dental Health Month)

Many families of color lack access to preventive care due to historical, institutional, and structural barriers including:

- Insufficient messaging regarding oral health benefits – who is eligible, what is included, and how to access care^{1,6,8}
- Information that is too focused on written language (in brochures) and not provided at places and in ways that are easily and regularly accessed by communities (e.g., schools, videos, social media, etc.)^{6,8}
- Messaging that is not culturally appropriate does not resonate with them, and from individuals who do not look like them^{1,6,8}
- Lack of information about different places to find care (e.g., community-based programs), especially from providers who are culturally and linguistically similar⁸
- Health care system that is focused on pain and disease management rather than promotion and prevention⁷

Barriers to Accessing Oral Health Care, by Race/Ethnicity



Source: 2021 Colorado Health Access Survey

GOAL #4

Communication tools use language justice principles and practices centered on children, caregivers, and pregnant people of color



STRATEGY 4a.

Update and expand access to materials that are trauma-informed, asset-based, and culturally relevant

PROPOSED ACTIONS	TIMEFRAME
Engage with families to determine what communication is needed and potential barriers to access ⁴	'22 '23 '24 '25
Based on input from families, create Medicaid, CHIP, and general dental benefit information packets that include culturally relevant messages and images; follow up with families to ensure materials resonate ³	'22 '23 '24 '25
Update and expand materials for additional language translations ⁴	'22 '23 '24 '25
Research and determine out of the box messaging platforms (including Bright by Text, Cavity Free Kids, social media, videos, etc.) and partners (schools, libraries, neighborhood navigators, etc.) ³	'22 '23 '24 '25
Review and pilot updated and expanded materials and dissemination with families of color	'22 '23 '24 '25
Provide oral health information to families enrolled in Medicaid, CHIP, WIC, and Head Start ² ⁴	'22 '23 '24 '25
Create a shared messaging bank with common definitions and a place for easier access to materials ⁴	'22 '23 '24 '25

¹ Delta Dental of Colorado Foundation Policy Issue Areas (Delta Dental of Colorado Foundation, November 2020)

² Opportunities to Foster Oral Health Equity in Colorado's Early Childhood Systems: A Promising Policies & Practices Innovation Guide (Early Milestones Colorado, January 2022)

³ More Coverage, Same Care Report¹ (Delta Dental of Colorado Foundation, February 2022)

⁴ Colorado Oral Health Strategic Plan (Colorado Department of Public Health, final plan expected Summer 2022)



POSSIBLE STATEWIDE PARTNERS

- American Academy of Pediatrics
- Cavity Free at Three
- Center for African American Health
- Colorado Black Health Collaborative
- Colorado Department of Early Childhood (CDEC)
- Health Care Policy & Financing (HCPF)
- Healthy Child Care Colorado (HCCC)
- Indian Health Service
- RAISE Colorado

GOAL #4

Communication tools use language justice principles and practices centered on children, caregivers, and pregnant people of color



STRATEGY 4b.

Launch coordinated messaging campaign on the importance of oral health to overall health in February 2024 (National Children's Dental Health Month)

PROPOSED ACTIONS	TIMEFRAME
Build upon learnings from past messaging campaigns, such as Cavities Get Around, Child Abuse Prevention Month, etc.	'22 '23 '24 '25
Pilot materials and platforms with representatives from intended audiences, including home visitors, early childhood educators, FFN providers, and early intervention specialists	'22 '23 '24 '25
Recruit community ambassadors to share information within networks and raise public awareness of the importance of oral health ⁴	'22 '23 '24 '25
Partner with safety net clinics, family resource centers, early childhood councils, and more to disseminate updated messaging and materials	'22 '23 '24 '25
Promote the use of materials by primary care providers to educate adults about the importance of oral health throughout the lifetime and during specific stages of life, such as pregnancy ² ³	'22 '23 '24 '25

1 Delta Dental of Colorado Foundation Policy Issue Areas
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4 Colorado Oral Health Strategic Plan
(Colorado Department of Public Health, final plan expected Summer 2022)



POSSIBLE STATEWIDE PARTNERS

- Early Childhood Council Leadership Alliance (ECCLA)
- Family Resource Center Association (FRCA)
- Healthy Child Care Colorado (HCCC)



POSSIBLE LOCAL PARTNERS

- Early Childhood Councils
- Family Resource Centers
- Organizations supporting Family, Friend, and Neighbor (FFN) care providers
- Safety net clinics
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) sites

Workbook

Regardless of where you sit within Colorado's early childhood system, there are steps you can take to promote greater oral health equity among young children and pregnant people. Many of the strategies and proposed actions in this Roadmap can be implemented at various levels – statewide, regional, or local. Remember, it matters less where you start, as long as you do so with families of color informing (at a minimum and hopefully driving) your actions.

We encourage you to think beyond your current partnerships to be more inclusive of additional partners who should be a part of these efforts.

This worksheet is intended to offer considerations as you embark on implementation of proposed actions. It begins with practices for deeper community engagement and then offers guidance related to more specific strategies and actions. Finally, there are spaces for you to note actions you can take towards each goal with examples from members of the Roadmap advisory team. Feel free to engage where it feels most relevant to you and your partners.



Please see the diagram "Spectrum of Community Engagement to Ownership" on page 31 of this document

Workbook

Community Engagement

Oral health is inextricably linked to the overall health and well-being of young children, pregnant people, and families across Colorado. As Colorado's population becomes increasingly diverse in race, ethnicity, culture, and language, it's essential to recognize that current oral health systems are unable to meet the needs of all Coloradans.

Elevating the voices of caregivers shifts the ecosystem to one that is centered on the communities most impacted. However, it is insufficient only to offer caregivers a seat at the table or conduct a few focus groups or interviews. At a minimum, they need to inform and hopefully drive decisions regarding programs and policies.

The engagement process should be thoughtful, sensitive, and responsive to everyone's specific context while reducing extractive methods, harm, and tokenization. There is no need to rush the process; it is okay to make small changes. Be sure to be transparent about what they will be informing.

- What are barriers to greater engagement, and how will you address them? For instance, will you offer compensation, transportation, interpretation, translation of materials, and child care services? When will these activities occur?
- How will the caregivers benefit from engaging? In addition to compensation, are you offering opportunities for agency and self-determination?
- Why are you engaging them? What decisions are they informing? Driving?
- What small changes can you make now? What are you ready for?

Advocating for Oral Health within Larger Systems

DATA:

Data is needed to advance equity. However, data is collected and analyzed by people who bring their own experiences, biases, and motivations. As a result, data (and lack thereof) can perpetuate inequitable power structures, policies, programs, and harmful narratives and myths. Data can be quantitative, qualitative, stories, and part of a more extensive community engagement practice.

- What narrative(s) are being perpetuated by current data?
- What information currently exists and can be leveraged?
- How will additional data be used?
- Who will inform what data is collected, and how it is used? Who will be involved in the sense-making?

COLLABORATION:

Everyone agrees that silos create inefficiencies and inequities and would prefer to better collaboration and integration. However, few meet their intentions.

- What collaborations/coalitions currently exist? What are they trying to do? What have they done?
- Who has historically been a part of them? Who should be a part of them? Who currently holds formal and informal power, and how are they part of current collaborations? How should they be a part of future ones? How have/do trusted community partners and community members participate?
- What happened to former collaborations/coalitions? What can you learn from them? What can you leverage from them?
- What would a new collaboration be trying to solve?
- How would this collaboration address the systemic conditions, including policies, governance, structures, and processes that perpetuate lack of access and poorer outcomes for families of color?

Workbook

Advocating for Changes to Policies and Programs

HISTORY AND CONTEXT:

“History repeats itself” is not just a cliché. Our tendency towards action bias and reluctance to pause and reflect causes us to repeat mistakes. Thus, it is essential to understand the intention of policies and programs and the context in which they were developed. Without doing so, changes may be insubstantial and inadvertently perpetuate the same harmful outcomes.

- When were current policies and programs related to preventive oral health care created? Why were they made? What were their intentions, and who made and informed them?
- What are other barriers to preventive oral health care? How are they connected?

POWER DYNAMICS:

Policies are essential to advance systemic change, expose patterns of historical and structural injustices, and offer equitable solutions. However, people with implicit biases and limited perspectives interpret and implement those policies.

- What mindsets perpetuate inequitable policies or interpretation and implementation of those policies?
- What mindsets need to change or be elevated?
- Who currently holds power in policymaking and implementation? How are they building, wielding, and sharing power so that the voices of people who have been harmed by inequitable policies are informing and driving policy changes and implementation of those policies?

Creating New Messaging

UNDERSTANDING THE COMMUNITY:

It is easy to jump into action, especially with something that feels very tangible. Remember that crafting messaging materials is less about the tool itself than about the understanding, engagement, and relationships you are developing with community members who will benefit from the tools.

- What are the languages spoken in the community?
- What are the ways (e.g., art, social media, etc.) by which the community communicates? What are other methods of expression in the community?
- Who are and where are the trusted places and spaces in which the community receives information and wrestles with issues together?
- What time of year, or even day, is the information most helpful or better received?
- What narratives about oral health and overall health exist in the community? Why?

INFORMATION SHARING OR CREATING POWER:

Information sharing can be a means to create power, self-agency, and mobilization. A simple messaging campaign can become a mobilizing strategy by thinking through and being explicit about framing information, materials, and tools.

- How and who will be involved in developing the messaging and tools? During which parts of the process?
- What is the frame in which you are developing, reviewing, and implementing the messaging and tools – information sharing or a way to create power and self-agency? How is information framed for different audiences – caregivers, families, practitioners, and providers?

Workbook



GOAL #1 WORKSHEET

A more collaborative system of promotion and prevention in early childhood health is created with, and centered on, children, caregivers, and pregnant people of color.

WHAT ARE THE ACTIONS I CAN TAKE?

Who do I need to connect with?	What do I know? What do I still need to understand?	What am I doing now that I can leverage?

Ideas from the Advisory Committee

Lead a value-based learning collaborative that includes dental therapists, dental hygienists, private dentists, and community members.

Increase focus/integration of Department of Early Childhood on oral health.

Elevate the voices/needs of early childhood providers to drive community-centered oral health work.

Integrate and elevate the ECOH Roadmap and strategies through connection to the COHSP; including integrated funding opportunities to communities.

Workbook



GOAL #2 WORKSHEET

The workforce is more reflective of communities of color, delivers care in communities, and consists of trusted partners.

WHAT ARE THE ACTIONS I CAN TAKE?

Who do I need to connect with?	What do I know? What do I still need to understand?	What am I doing now that I can leverage?

Ideas from the Advisory Committee

Continue outreach to the community and home-based settings. Be a role model for dental health and other dental health professionals to expand their reach to communities of color and to settings outside the comfort of their practices.

Advocate for integration of oral health in the aspects of my work.

Workbook



GOAL #3 WORKSHEET

Oral health coverage and services are more affordable, especially among the most marginalized populations.

WHAT ARE THE ACTIONS I CAN TAKE?

Who do I need to connect with?	What do I know? What do I still need to understand?	What am I doing now that I can leverage?

Ideas from the Advisory Committee

Expand fluoride provision

*Ensure strong implementation of Medicaid
and CHIP expansion to undocumented
pregnant/postpartum people and kids*

Explore changes to "dental board"

Workbook



GOAL #4 WORKSHEET

Communication tools use language justice principles and practices centered on children, caregivers, and pregnant people of color.

WHAT ARE THE ACTIONS I CAN TAKE?

Who do I need to connect with?	What do I know? What do I still need to understand?	What am I doing now that I can leverage?

Ideas from the Advisory Committee

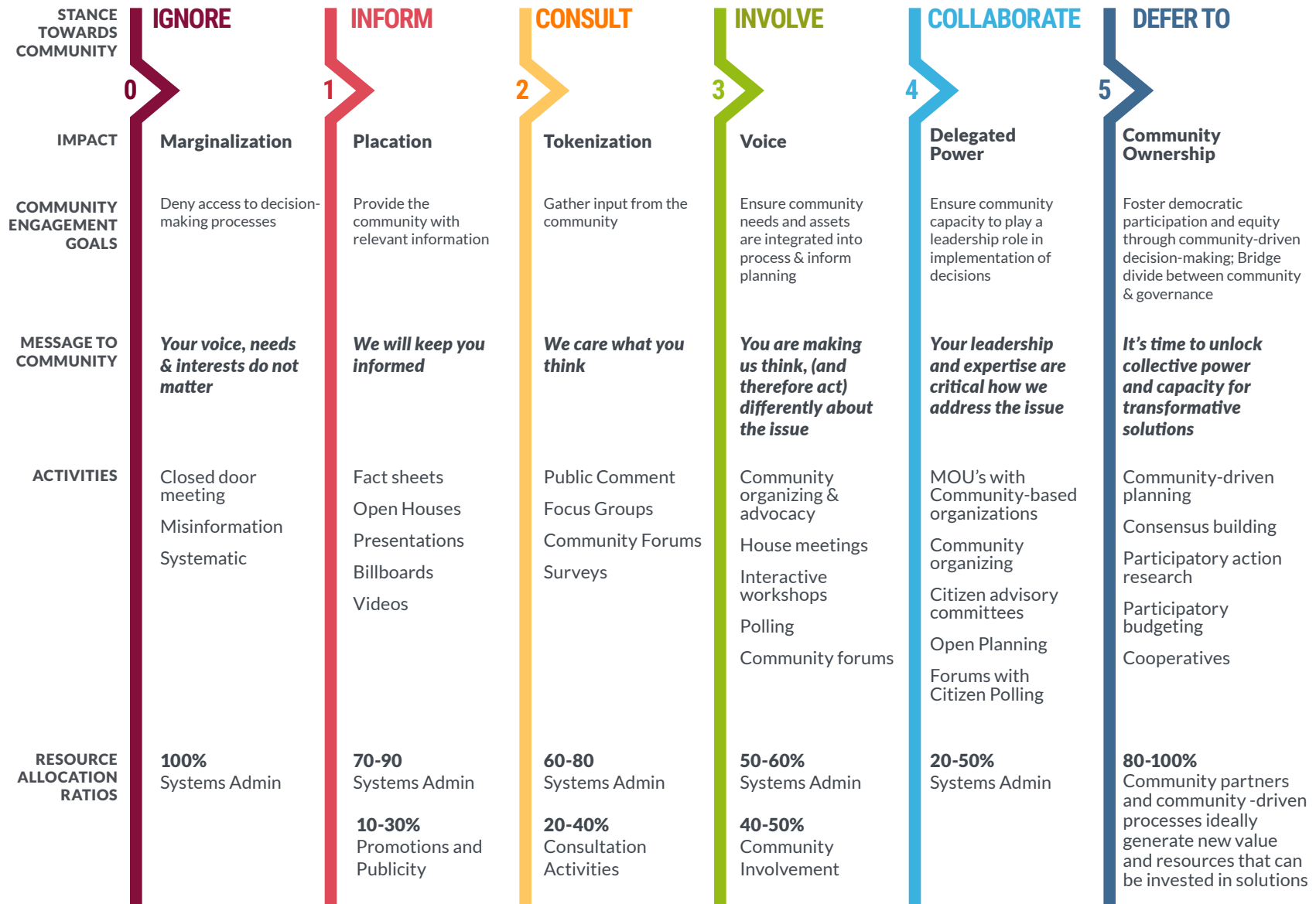
Share messaging with early childhood stakeholders, providers, etc. on oral health and the barriers faced by communities of color.

Identify and push against inequitable practices and call it out.

Workbook

The Spectrum of Community Engagement to Ownership

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