DELTA DENTAL®

Senior Oral Health Coalition Program

Annual report 2022 – 2023

Letter from Kenzie Ferguson

Vice President, Foundation & Corporate Social Responsibility at Delta Dental

As we enter the second year of the Senior Oral Health Coalition (SOHC) program, the Delta Dental Community Care Foundation (DDCCF) is proud to share our learnings from year one of this extraordinary effort. This report highlights the Foundation's approach and the incredible work of our partners in tackling the daunting crisis of senior access to oral health care. I invite you to explore this report and join us in our ongoing efforts to enhance senior oral health.

DDCCF is one of only a handful of foundations in the United States focused on oral health, and there is seemingly unlimited need across all age groups. What drew us to focus on seniors was two-fold: first, what limited data exists on the topic of senior oral health shows that access, coverage and affordability severely limits this population's ability to attain needed oral care. This contributes to poor oral health outcomes, isolation and confounding overall health issues, especially for communities of color. Second, causes related to aging receive even less attention than oral health more broadly, accounting for less than 1% of large foundation donations in the United States. While our funding alone can't solve this complex issue, we believe that by harnessing the power of collaboration we can seed efforts that will have an outsize and lasting impact in this space.

From the outset, we knew that forming and funding community-based coalitions and putting communities and patients at the center of our work would be our north star. One year in and we know that our relentless focus on trusting and empowering our partners to learn, grow and adjust is paying off. The practice of philanthropy has been changing for the better, and we want DDCCF to be at the forefront of what's possible, leading the charge for greater equity, transparency and learning in corporate giving.

We've already made incredible strides in the first year of the SOHC program, and faced plenty of challenges, some expected and some not. When the DDCCF board of directors decided to expand the SOHC program to two coalitions in 2023, we recognized the importance of reflection on both the process and the outcomes of implementation to inform our growth. The result is an evolving and living documentation of our successes, challenges, and most importantly, our growth as coalition members and facilitators. We hope that this report can be used as a resource for other communities looking to address the gap in oral health access for older adults and can form an evidence base for what works to get us there. We're looking forward to learning together and we extend our deepest gratitude to all those who have participated and supported our efforts.

Kenzie Ferguson
Vice President, Foundation & Corporate Social Responsibility at Delta Dental

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Introduction

In 2022, the Delta Dental Community Care Foundation (DDCCF) launched the first Senior Oral Health Coalition (SOHC) in Washington, D.C. The inaugural SOHC partners Howard University College of Dentistry and Mary's Center answered Delta Dental's call to embark on a collaboration to improve oral health access for their community's most vulnerable older adults. DDCCF committed five million dollars over a five-year grant period to the coalition to improve access to oral health care and decrease oral health disparities among seniors. This report shares the successes, challenges and lessons learned from the first year of implementation. It also introduces the launch of the second DDCCF-funded SOHC, based in Santa Cruz, CA.

Framing the issue of senior oral health

Many low-income seniors, or those on fixed incomes, are forced to make tough choices when it comes to the cost of health care, often forgoing oral health treatment in favor of other health needs or priorities. Additionally, in 2 out of 3 cases, Medicare does not cover oral health care.[1] Overall, 62% of older adults in the United States have no dental insurance.[2] A survey commissioned by Delta Dental in 2022 further underscored these findings, revealing that 80% of older American adults do not get to the dentist as often as recommended, with access being one of the main barriers.

In the absence of ongoing oral health care, many seniors suffer from untreated gum disease and decay. Approximately 2 in 3 seniors have gum disease, and 1 in 5 have untreated tooth decay. 17% of the senior population and 35% of seniors in poverty in the United States have lost all their natural teeth due to these two factors.[3] Many more lose some teeth and the ability to comfortably consume nutritious foods.

50% of the Medicare population have no dental insurance coverage.

The over-65 population sees the highest racial disparities in oral health of any age group.

[1] Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey (MCBS), 2016; National Health and Nutrition Examination Survey 2013-2016.

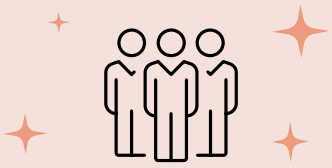
[2] Manski RJ, Rohde F. Dental Services: Use, Expenses, Source of Payment, Coverage and Procedure Type, 1996–2015. Research Findings No. 38. Agency for Healthcare Research and Quality, US Dept of Health and Human Services; 2017.

[3] Dye BA, Thornton-Evans G, Xianfen L, Iafolla TJ. Dental Caries and Tooth Loss in Adults in the United States, 2011-2012. NCHS Data Brief, no 197. Hyattsville, MD: National Center for Health Statistics; 2015.

According to Centers for Disease Control and Prevention (CDC), the social determinants of health in the United States are significantly influenced by race and ethnicity. This is a consequence of racist historical and contemporary policies and widespread discrimination, which have unjustly dictated the living conditions and opportunities of Black, Latino, and other Americans of color. These social determinants encompass a range of factors including, but not limited to, neighborhood environments, access to education, employment opportunities, income and wealth, as well as healthcare and insurance accessibility, all of which play a pivotal role in shaping individual health outcomes.[4]

The unfair distribution of health-harming or health-promoting social determinants of health result in health inequities, including in oral health. Nationally, Black and Latino seniors suffer 2-3 times the rate of untreated tooth decay when compared to the general population.[5] For Black, Latino, and Native American adults, dental care has been found to be the most unmet health need.[6] This gap in oral health outcomes is unacceptable. As more and more studies confirm the direct correlation between oral health and systemic health issues such as heart disease and Alzheimer's, the urgency of this public health crisis becomes clear.

While many Federally Qualified Health Centers (FQHCs) and community clinics across the country offer oral healthcare to low-income and uninsured adults, too few specialize in reaching and treating seniors, who often have specific needs, including lack of transportation and cognitive and mobility issues. With the senior population set to double from approximately 50 million in 2018 to 95 million in 2060, providers will increasingly need to expand and adapt services to this population.



By 2034, the population of **adults 65+** will **outnumber children under 18**.

The Delta Dental Community Care Foundation is deeply committed to investing in areas with the potential for lasting, transformative change. Instead of merely subsidizing care, our focus is on holistic, system-wide solutions. Given the increasing senior population, coupled with their urgent needs, limited support systems, and inadequate philanthropic backing, addressing the senior oral health crisis is not just important—it's imperative.

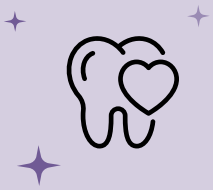
[4] Braveman P, Gruskin S. Defining equity in health. Journal of Epidemiology & Community Health 2003; 57:254-258.

[5] Centers for Disease Control and Prevention. Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016. US Dept of Health and Human Services; 2019.

[6] Something to Smile About: Careers in the Dental Profession Brochure. American Dental Association.

Designing a crisis response: The Delta Dental Senior Oral Health Coalition Program

In response to this health crisis, Delta Dental of California, through its philanthropic arm the Delta Dental Community Care Foundation, created and launched the Senior Oral Health Coalition (SOHC) program in 2022. Through a combination of significant financial investment, meaningful collaboration and long-term commitment to achieve collective goals, the program aims to have a lasting impact in the senior oral health space. The program is designed to engage communities in engineering collaborative, data-driven solutions, while building a replicable model to tackle community-based senior oral health access across the United States by 2030.



Senior Oral Health Coalition Program Mission

The mission of the DDCCF Senior Oral Health Program is to improve the quality of life for vulnerable seniors by transforming access to and quality of oral health care in their communities.

The SOHC program launched in Washington, D.C. in 2022 with inaugural partners Mary's Center, a Federally Qualified Health Center (FQHC), and the Howard University College of Dentistry. The Washington, D.C. coalition is now entering its second year and we are proud to present successes and learnings from their efforts to date.

Building blocks of the SOHC

The practice of philanthropy has evolved in recent years from a transactional, top-down approach to empowering communities through partnership models, centering locally driven interventions for ever greater impact. DDCCF designed the SOHC program to be on the cutting edge of best practices for funders by integrating this philosophy into the fabric of the program. DDCCF relies on these principles to guide program structure and implementation.

True collaboration (collective impact model)

The program aims to have a lasting impact in the senior oral health space through a combination of significant financial investment, meaningful collaboration and long-term commitment to achieve collective goals.

DDCCF facilitates this collaboration by providing platforms for collaboration and engagement. At the beginning of each grant year, DDCCF brings coalition members together for a multi-day summit, giving time to coalition partners to co-design the coming

year's programming and budget together with DDCCF staff, thus nurturing a space of collaborative planning and unified vision.

Data-informed design

The program employs data to guide coalition activities, shape annual workplans, and evaluate the long-term community impact. Coalitions actively monitor and disseminate anonymized patient data, which encompasses a range of metrics: the number of new and returning senior patients accessing oral health care, the types of treatments administered, the number of visits, wait times, transportation needs, social determinants of health, and demographic details. Regular analysis of this data fosters a deep understanding of the patient demographics visiting their clinics, allowing the coalitions to pinpoint the specific needs and barriers these individuals encounter in accessing care.

In year two, the SOHC program will underscore its commitment to a data-driven approach by collaborating with an external data consultant. This collaboration aims to construct a dynamic data dashboard, a tool that will enable the visualization of impact data, facilitating deeper insights into the communities they serve. This initiative will not only enhance the understanding of community needs but will also aid in formulating strategies to reach individuals more effectively. As it evolves, the dashboard will serve as a repository of longitudinal evidence, laying the foundation for a robust advocacy platform to extend the SOHC program's objectives beyond the initial five-year grant period.

Trust-based relationships

The program follows the philosophy of trust-based philanthropy, which forgoes the typical restrictions, burdensome grantee requirements, and top-down power dynamic of traditional funder-grantee relationships in favor of providing flexible funding, co-designing programming and encouraging open communication between partners. Trust-based philanthropy values a reduction in administrative burden and equal involvement of partners in decision-making. Putting these principles into practice leads to a greater emphasis on equity throughout the program design.

As an example, rather than submit a report at the conclusion of each grant year, DDCCF joins the coalition partners on regular coalition calls and communications, participates in the review of program data collected by the partners, and allows for flexibility in the use of the funds in real-time response to what the partners are learning throughout implementation. There is no re-application or hierarchical approval process for reallocating funds, but it is based on open communication and documentation of joint learning as circumstances and needs change. A year-end report is compiled by DDCCF staff summarizing accomplishments and lessons learned from implementation.

Another trust-based feature of the SOHC program is the long-term commitment made to each coalition. DDCCF commits five million dollars to each coalition over a five-year period, allowing time and resources for the coalition partners to ramp up services to the senior population, pilot new and innovative approaches and see the impact over time. In addition to receiving the SOHC grants, the coalition partners are also eligible to receive grants from DDCCF's flagship Access to Care program, which builds capacity in each

dental program. This parallel support helps to stabilize to their core operations while giving them more room for innovation within the SOHC program.

Creating the Delta Dental Senior Oral Health Model

The long-term goal of the program is to expand to support four SOHC communities and together create a replicable, scalable model that can be adapted for any community in the United States. At the 2023 SOHC Summit, the first two coalitions began developing this shared model. As the program progresses, the coalition partners will fully develop, document, and share this model through a public education campaign, aiming to address the senior oral health crisis on a substantial scale.

The Delta Dental Senior Oral Health Model will be a culmination of the efforts of the individual Senior Oral Health Coalitions. The result will be a compendium of emerging best practices in engaging communities, educating the public and the field of dentistry, strengthening community capacity and partnerships, providing quality, comprehensive services for seniors and creating an effective advocacy platform to improve the safety net for the older adult population. The model will include step-by-step guidance on forming necessary partnerships, avoiding common pitfalls and using data to inform the direction of implementation.

Program structure

DDCCF directs each coalition to structure their efforts around five research-backed elements, derived from the Aspen Institute and FSG's studies on successful collective impact initiatives.

- Common agenda
- Shared measurement
- Mutually reinforcing activities
- Continuous communication
- Backbone support

DDCCF initially provides backbone support, consisting of a dedicated staff member to support the coalition effort as it gets started. This support includes logistics and operational support, meeting planning and facilitation, and coaching during the planning phase. DDCCF will also serve as convener and funder. DDCCF facilitates time for each coalition to establish their goals, strategy and shared measurements through the annual summit and subsequent planning meetings. As the coalition matures, the backbone role transitions to another coalition member at their discretion.

The launch of each new coalition begins with the Senior Oral Health Coalition Summit, held annually in the spring. The Summit convenes leadership and committee members from all active coalitions and DDCCF grantmaking staff. Summits are facilitated by third-party facilitation experts who guide the coalition members through multi-day information

sharing and strategy development sessions. Coalitions are expected to complete an initial workplan and provisional budget for the coming year by the conclusion of the summit. The summit is immediately followed by up to 3 months of planning and relationship building to finalize workplans and budgets prior to receiving grant distributions.

Each collaborating organization is asked to designate one or more (with at least one executive-level) members of their staff to represent their organization at coalition meetings and events. These staff form the "steering committee" for the coalition in their community. Subcommittees will be established as needed and according to the strategy designed by the coalition members.

DDCCF encourages partnerships between the coalition and other community actors as well as local and state government entities, advocacy and intermediary organizations whose work aligns with the goals of the coalitions. This may include the Department of Aging, the American Dental Association, the AARP, among other community organizations.

Below is a list of overall program expectations for both the coalition partners and for DDCCF for the duration of the partnership.

Expectations for DDCCF.

- **Transparency.** DDCCF staff communicates transparently and frequently about expectations and program administration.
- **Feedback.** DDCCF provides timely feedback on all plans and submissions
- **Annual convening.** DDCCF hosts an annual strategy summit for partners to co-create project plans and budgets and allows for cross-coalition learning.
- **Backbone support.** DDCCF program staff provides "backbone" logistical and operational support to the coalition as it launches.
- **Communications:** DDCCF provides partnership on and opportunities for promotion and communications about the program, partners, and outcomes of the coalition efforts, such as social media educational campaigns, press outreach, support with community engagement, and milestone events.

Expectations for coalition partners

- **Mindset.** DDCCF asks coalition partners to adopt a collective mindset. The work of this program is in service to the goals and mission of the program, rather than the individual organizations. Coalition members commit to collaborate as much as possible in all program planning and implementation.
- **Preparation.** Come prepared for coalition meetings and summits to make joint decisions with coalition colleagues.
- **Project management.** Coalitions should determine who will be responsible for keeping

the SOHC on track to meet their goals and objectives. This includes a person or persons from each member organization who has dedicated time to provide logistical support, follow-up on action items and maintains communication across organizations.

- **Reporting/measurement.** While DDCCF will not require a prescribed grant report, the Foundation expects the Coalitions to work with DDCCF and external data analysis partners in setting metrics and success measures, setting strategy on data collection, evaluation, and presentation, and conducting regular data review sessions involving all coalition members and DDCCF.At each annual strategy summit, partners present to an overview of findings and accomplishments from the previous year of implementation to fellow coalition members to shape the strategy for the coming year.
- **Budget allocation.** Grant funding has been committed to the coalition effort as a whole. The members decide allocation of the grant funds between partner organizations, according to the strategy and workplan devised in the planning period. Coalition partners conduct transparent budgeting during collaborative working sessions. Each partner organization must explicitly approve the budgets at the end of the planning period. Allocation decisions depend on mutual agreement and according to the roles and responsibilities of each partner organization. Grant funds are not necessarily allocated equally to all partners, and amounts may vary from year to year..

Year one program impact

Building the partnership

In January of 2022, DDCCF facilitated a virtual summit to establish the framework for the inaugural Washington, D.C. coalition. Leaders from each partner organization, and DDCCF staff participated in building a common understanding of the challenges in senior oral health in the Washington, D.C. area and creating a collective strategy to make transformational change over the five-year partnership. Upon completing a year one strategy, workplan and budget, the partners received the first year's grants and began planning of the SOHC program.

Coalition efforts take time to coalesce, and one of our take aways from the first year of the effort is to intentionally build in a period for partners to have needed discussions after the summit ends about their common agenda and what it will take to put it into action. This includes making a hiring plan, deciding on a communication cadence, assigning roles, creating needed subcommittees and establishing alignment around baseline metrics and data collection. At the beginning of year 2 of the SOHC program, DDCCF facilitated a three-day in-person strategy summit, followed by a three-month planning period with specific milestones. Below is a summary of accomplishments and reflections from the Washington D.C. Coalition's first year of implementation organized by goal.

Program progress by goal

Below are the program goals as articulated by the Washington, D.C. SOHC partners and the progress to date on each one.

1

Goal: Significantly expand access to affordable oral health care for all seniors

The Senior Oral Health Coalition partners are working together to close the gap in access to affordable care for low-income seniors and those of color, who suffer from historic inequities and a disproportionate burden of oral disease. They do this by:

- Increasing low- or no-cost services to older adults in need.
- Providing holistic support to older adults to overcome barriers to receiving oral health care, such as transportation.
- Creating a robust referral mechanism between agencies, to more efficiently meet community need.
- Launching coordinated outreach and education campaigns to get older adults into care.

From April 2022 to March 2023, the Washington, D.C. Coalition partners served a total of 1,515 patients over the age of 60. Through over 3,400 visits, the partners provided senior patients with, in many cases, urgently needed oral health care that has drastically improved their quality of life. The breakdown of patient treatment types is displayed below. Please note that many patients receive multiple services or treatments in a single visit or over several visits to the clinics.

103
Emergency visits

867
Restorative procedures

37
Endodontic procedures

182
Periodontic procedures

439
Prosthetics made

134
Oral surgeries

In their first year, the coalition partners focused on building their dental programs to accommodate a growing senior patient population with higher-than-average needs, both in terms of barriers to access and oral disease burden. The coalition allocated the funds to build internal capacity, expand subsidized care to more seniors, and foster innovations to boost efficiency. This included partnerships with the other practices within their organizations: for Mary's Center, encouragement of patients entering their clinics through other disciplines to make an appointment with dental; for Howard University, open lines of

communication with the medical school on assessment and referral of patients with oral disease.

Coalition partners also built a robust referral system to be used between the two partners with the goal of triaging patients to minimize wait times for services and match the patient with the most appropriate care based on need and specialization between the two organizations. The referral system was officially launched in May of 2023.

2

Goal: Create a strong, skilled future oral health workforce to manage the needs of the growing older adult population

The Senior Oral Health Coalition partners are working together to prepare the future dental workforce to effectively and equitably treat this growing population by:

- Partnering to train Howard University dental students through rotations focusing on senior oral health at Mary's Center's Dental Clinics.
- Designing publicly available continuing education curriculum for providers on the unique challenges of the older adult population and treatment best practices.
- Encouraging and supporting Howard University dental students to work in public health and community dentistry.

In implementing Goal 2, the partners collaborated on a Memorandum of Understanding which has allowed Howard University dental students to begin rotations at Mary's Center with a specific focus on treating older adults in the Mary's Center dental clinics.

Mary's Center dental clinic leadership has gone through the process of becoming faculty at Howard University College of Dentistry, a step that is required for students to begin rotations at their clinic sites. Mary's Center dental leadership has also participated in informal recruitment of Howard University dental students, which has resulted in one graduating student hire at Mary's Center in Spring of 2023. This process will become more formalized in year two with a planned webinar facilitated by DDCCF to share learnings on recruitment for public health dentistry; formal recruitment at Howard University through planned brown bag talks led by Mary's Center staff for students; and the planned expansion on Howard University College of Dentistry's partnerships with other community-based dental clinics.

Work on designing continuing education curriculum tailored to treating older adults will be undertaken in year two of implementation in service of integrating year one learnings into curriculum design. Howard University College of Dentistry staff is leading this effort, and in year two will implement a staff survey to obtain baseline levels of knowledge across the University regarding senior oral health. The responses to this survey, as well as data from the program's first year, will be used to create a continuing education curriculum aimed at educating dental professionals on treatment that is sensitive to the needs of older adults.

3

Goal: Advocate for systems-level change to reduce barriers to oral health access for older adults

The Senior Oral Health Coalition partners are working together to advocate for systems change by:

- Creating a robust evidence base on the oral health needs of older adults in Washington D.C. and the social determinants that influence them.
- Partnering to create an advocacy platform that would offer greater oral health access and education for District seniors.

The first priority of the advocacy goal is to gather information to better understand the senior population in the Washington, D.C. community. Collecting meaningful data will serve as a foundation for building an advocacy platform for long-term change. With this information, and with input solicited from older adults in the community, the coalition can create a platform that truly reflects community needs and addresses gaps in community resources.

In the program's first year, the coalition partners focused on gathering basic information about the senior population they are serving. Patients served by the coalition reflected the diverse communities of the District of Columbia, Maryland and Virginia (D.M.V. area).

Based on self-reporting

57% of Mary's Center patients identify as Hispanic/Latinx.

65% of Howard University's College of Dentistry patients identify as Black/ African American.

30% of Mary's Center patients primarily speak Spanish.

The coalition partners have been serving these historically marginalized groups with comprehensive, affordable and sensitive care for decades. Through the SOHC program, they are able to treat more older adults than ever before.

Partners also piloted two patient surveys, the transportation survey managed by Howard University, and the social determinants of health survey managed by Mary's Center. In future years, the partners plan to adopt both surveys to collect the same data across the coalition and gain greater insights into the population they are serving, the barriers they face and how to refine and target their programs to reach the most vulnerable seniors.

In the first year, senior patients were surveyed about transportation to and from appointments. Through the survey, the coalition learned that:

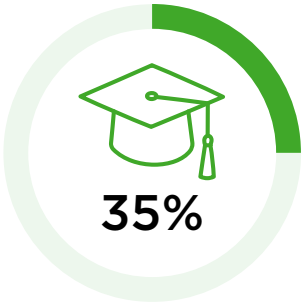
12% of seniors cannot afford gas or a driver to get to medical and dental appointments.

20% are afraid to drive themselves to appointments.

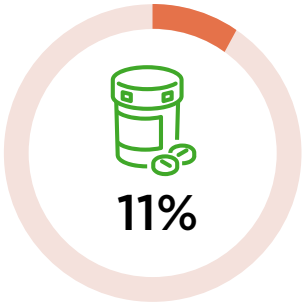
82% indicated they would benefit from a transportation subsidy.

40% rely on someone else to drive them to appointments.

While transportation is certainly difficult for many senior patients, this barrier alone does not account for low rates of dental care usage across the senior population. The social determinants of health screener employed by Mary's Center offers more information on the spectrum of barriers this population faces daily, and provides some insight into how the program can support those in need of services. In year one, 347 seniors completed a social determinants of health screener; the following statistics show the hardships that stood out to the coalition partners:

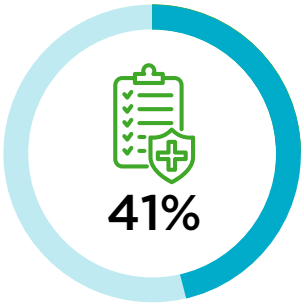


Have less than a HS degree



Struggle to afford medicine

Are concerned about losing housing



Are uninsured

Do not have housing

Struggle to afford food

Data challenges and learnings

As part of our commitment to integrating trust-based philanthropy principles into the SOHC, DDCCF does not require a traditional grant report from coalition partners. Program reporting is accomplished through regular communication, sharing program data among partners, and a commitment to quarterly review of these data to inform program planning.

In the first year of the program, the Washington, D.C. Coalition faced challenges with collecting and aligning their data for long-term impact measurement. Despite each partner's proficiency in managing and evaluating their respective patient bases through standard intake screening methods, harmonizing the data collected from patients across both organizations proved challenging. Even more so was arriving at metrics that could be collected at both sites and serve as benchmarks for long-term success of the coalition effort. Finally, they faced issues with collating demographic data, as the way they record such information differed between the partners. These challenges are very common when collaborating across organizations, and the program has evolved to address these challenges.

In the second year, all coalition members are prioritizing alignment of baseline metrics, ongoing data collection, and long-term impact measurement by investing a portion of grant funds into a shared data consultant. This consultant engagement will result in an aligned set of metrics agreed upon by all coalitions members within the first two coalitions and will be set as a standard for incoming coalitions in the future. The metrics will be fed into a dynamic dashboard set up to visualize and analyze coalition data in real time, on a quarterly basis.

Program expansion: Introducing the California Senior Oral Health Coalition

Request for proposal process

The DDCCF selected the second coalition through a competitive request for proposal (RFP) process open to applicants operating in California. Applicants submitted proposals as coalitions (including two or more collaborating organizations) outlining the strengths of the proposed partnerships and elaborating how they would collaborate to improve oral health access for seniors in their community. Eligible organizations included 501(c)3 nonprofits, government agencies, educational institutions, FQHCs and community clinics. Proposals came from a broad range of geographic areas in California, including from the Los Angeles/Orange County area, Northern California and the Bay Area, and rural Central Coast/Central Valley and San Diego.

DDCCF staff managed a four-stage proposal review process. An initial staff review assessed eligibility and strength of proposed partners which resulted in a short list of top applicants. The second review consisted of a discussion with applicant leadership and staff to discuss the proposal and answer questions. This stage included a deep dive into publicly available and applicant-provided data on the issue of senior oral health in the applicant communities. In the third stage, Washington, DC coalition partners reviewed the short-listed applications along with any supplemental information provided. After reviewing the proposals, participants from Mary's Center and Howard University College of Dentistry provided thorough comments and a ranking for each short-listed proposal. In the fourth and final phase, DDCCF staff considered information from the data desk review, applicant interviews, and the Washington, D.C. SOHC reviews and selected one proposal that was approved by the DDCCF board of directors as the California Senior Oral Health Coalition.

The chosen proposal came from Dientes Community Dental and Salud Para La Gente based in Santa Cruz County.

1

First review

- Proposals reviewed for eligibility.
- Proposals rated based on categories of readiness, expertise, demographics and strategy.

2

Short list

- Short list of applicants created based on ratings and internal discussion.
- Discussions with short-listed applicants to review proposal, partnership and ask questions.

3

Current SOHC partner peer review

- Senior Oral Health Coalition members invited to participate in review.
- Short-listed applications and scoring rubric sent to participants.
- Participants rated and ranked proposals.

4

Selection and internal approval of finalist

- Finalist selected from short list based on internal and Coalition ratings and rankings as well as discussions with applicants.
- Finalist presented to senior leadership and DDCCF board.

About the California Coalition partners

Dientes Community Dental is a nonprofit dental clinic serving low-income children, adults and seniors in Santa Cruz and neighboring counties. Dientes provides preventive care, sealants, fillings and crowns, endodontics, prosthetics, oral surgery and oral health education. Dientes treats patients in five community-based clinics across the Santa Cruz region. In 2022, the organization served over 11,200 patients in over 40,500 visits to their clinics, with a planned expansion to 50,000 visits in 2023. Ninety-seven percent of Dientes' patients live below the federal poverty line, and 1/3 of the patient population are solely Spanish speaking. Approximately 12% of Dientes' patient base were seniors at the time of application.

Salud Para La Gente is a nonprofit healthcare organization and Federally Qualified Health Center serving Santa Cruz County and Northern Monterey County. Salud's mission is to be a "health home" to the community providing high quality, comprehensive, cost-effective, and responsive care. Salud serves 28,000 patients through their health programs each year. Seventy percent of their patients speak a language other than English as their primary language and 46% are farmworkers in the Pajaro Valley. The organization specializes in providing culturally competent care to this underserved population. In addition to dental, Salud provides emergency, vision, prenatal and behavioral health care, as well as chronic care management, health education and weekly food distribution to those in need.

These two partners have a long history of collaboration with local and statewide organizations to make long-term, structural change in oral health. Both organizations are founding partners in Santa Cruz County's Oral Health Access Coalition (OHA), which has made significant advancements in oral health for children since 2014. Collectively, OHA created a comprehensive campaign to integrate oral health into primary care and encourage new parents to take their children to a dentist early in life through the First Tooth, First Birthday campaign, establishing the importance of good oral health throughout their lifetimes. In the first seven years of the collaboration, OHA saw a 238% increase in children having their first dental visit by their first tooth or first birthday, a 79% increase in children with a dental home, and a 229% increase in the use of fluoride varnish in well-child medical visits since 2014.

This history of effective collaboration to increase access to care for a vulnerable population was a deciding factor in selecting these partners for the California SOHC. Their approach to increasing access for seniors through the SOHC program will include conducting an initial community needs assessment, building capacity of their clinics to serve more older adults, engaging the OHA to create a community-wide shared strategy, and building an advocacy campaign for long-term change.

The future of SOHC

DDCCF plans to grow the SOHC program to support additional coalitions operating in communities throughout our enterprise in the coming years. Based on our experience and the experience of our coalition partners, we've outlined what we see as the three phases of each coalition partnership in the graphic below.

Phase 1 **Coalition building**	Phase 2 **Expansion**	Phase 3 **Long-term impact**
• Create overarching goals and objectives. • Collaborate on annual workplan and budget. • Stand up steering committee and subcommittees. • Begin to collect patient data and upload into SOHC dashboard.	• Begin implementation. • Expand number of seniors served. • Create best practices and contribute to building Delta Dental Senior Oral Health Model. • Pilot self-sustainability measures.	• Create and execute advocacy strategy for increased access to care. • Connect with additional funders. • Sustain long-term program activities. • Share learnings with wider community.
Delta Dental's role		
Facilitator	**Funder & collaborator**	**Connector**

In phase 1, DDCCF works with newly selected partners to build their coalition. This includes agreeing on shared vision, goals, and objectives; creating an annual workplan; standing up steering and sub committees; and beginning to collect baseline and initial data to report out during quarterly reviews using the SOHC data dashboard. During this phase, DDCCF staff plays a more active role in providing project management support, equivalent to the "backbone" role of collective impact. DDCCF staff support regular communications between partners, help with agenda-setting and accountability for commitments, and manage the onboarding process for the new coalition into the SOHC data program. Phase 1 typically spans from program initiation to an average of 6 months after grant receipt.

When coalitions enter phase 2 of the program, the partners begin implementing their workplan and are expanding their capacity to serve seniors in their communities. The partners work to find ways to collaborate and create impact beyond their individual organizations and begin to pilot sustainability measures to ensure the longevity of their programs beyond the initial DDCCF grant period. During this phase, DDCCF staff transition the project management role to members of the coalition, and subsequently play a

support and funder role. DDCCF maintains responsibility for managing the shared data dashboard for the SOHC program.

Finally, coalitions transition into phase three during the final years of the grant period. This period is where coalition partners work with DDCCF to expand their coalition membership, attract new funders and collaborators and design a sustainable future for their collaboration. Partners also work together to create a compendium of program goals, tactics, and learnings to create the Delta Dental Senior Oral Health Model. The Model, over the course of the SOHC program, will be shaped by all of the funded coalitions and will showcase the successes and challenges of adapting such a program to communities across the country. As coalitions mature, DDCCF will continue to support them through other grantmaking programs and by connecting them with resources as needed.

DDCCF uses the phased approach to help us understand when it is the right time to add a coalition community to the SOHC portfolio. Given the time-intensive nature of phase one and onboarding new coalitions, each new coalition must collaborate with DDCCF to transition to phase two during the first 6-8 months of the grant period. This transition involves establishing an efficient coalition infrastructure and assigning project management roles. This allows DDCCF staff to pivot to managing RFP outreach, application review and selection process, as well as transitioning to phase 1 with a new coalition, each year.

Conclusion

As the SOHC program matures, DDCCF and our coalition partners are committed to a learning mindset, integrating new information, reflections, and data into a continually evolving program structure and approach. As each coalition moves through the phases of the program, DDCCF will facilitate a learning community where coalition partners have access to all SOHC program data, and partners serve as supporters and mentors to one another. Each year when SOHC program partners convene for the annual SOHC summit, we strengthen our commitment and harness our collective knowledge for greater impact.

DDCCF is proud of the successes of our partners to date, and we know this is only the beginning. This report will be updated annually to reflect the accomplishments and challenges that each new year brings. This report aim to share our successes, learn from our failures, and ultimately build a replicable model for communities across the United States to address the growing crisis of senior oral health. We hope you will follow along and invite you to engage with us on our learning journey.