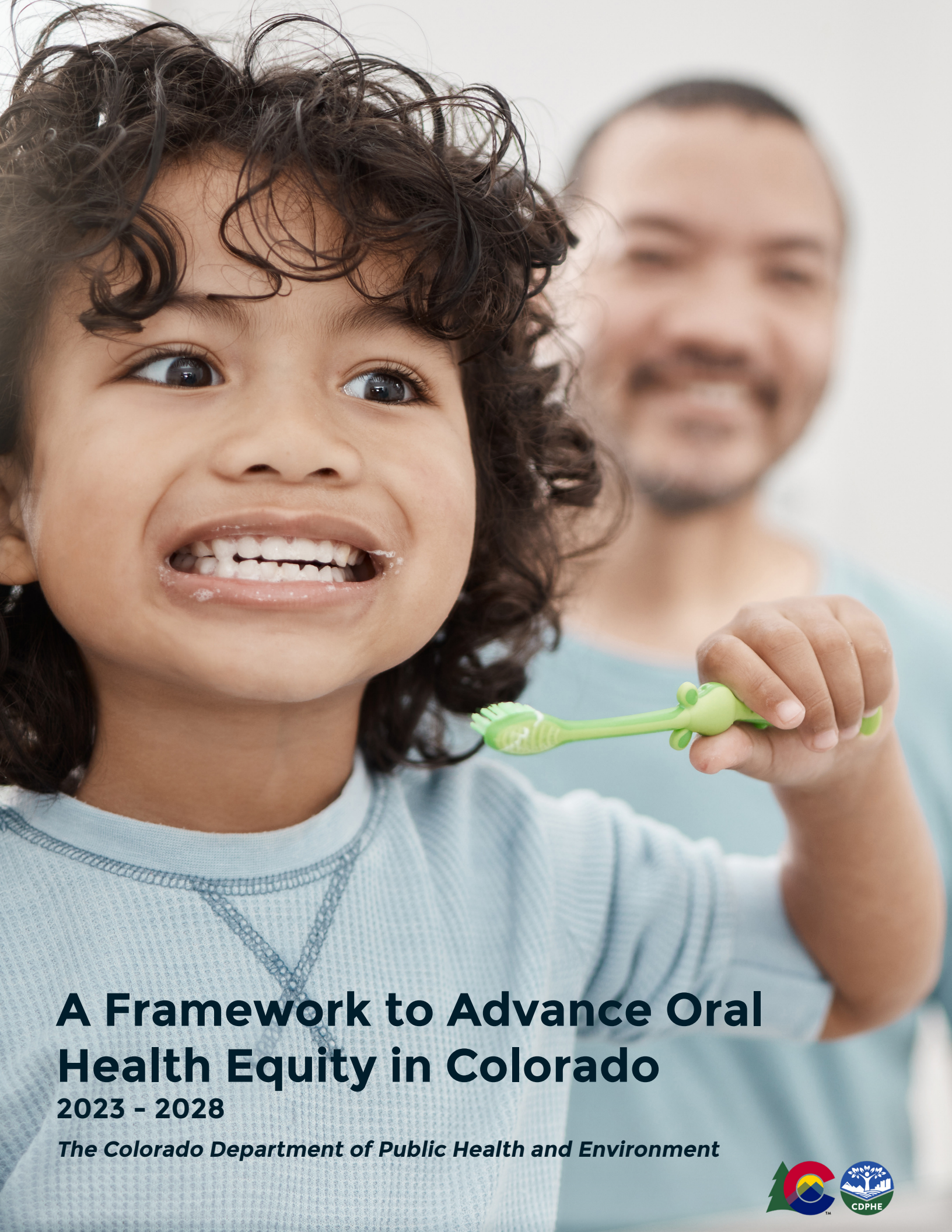

# A Framework to Advance Oral Health Equity in Colorado

## 2023 - 2028

*The Colorado Department of Public Health and Environment*

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# Background

This document is the consensus statement of a broad coalition of those who seek to influence the collective impact towards just, equitable, and evidenced-based oral health promotion and disease prevention. This document presents a framework which can guide collective and individual organizational activities of the oral health network and community partners to achieve this shared vision.

The Framework to Advance Oral Health Equity in Colorado ("Framework") outlines the key goals and strategies to achieve a shared vision to eliminate oral health inequities in Colorado. The Framework identifies key themes that emerged through the initial phases of oral health strategy planning and the community and partner engagement process, the current state of oral health in Colorado, and a set of draft goals that will be further refined to include measures of success.

The Framework, created with input from community organizations and representatives, the oral health network, multi-sector contributors, and state and local government, is intended to guide collective and individual organizational activities of those who impact oral health in Colorado to achieve this shared vision.

The release of this Framework to the Colorado oral health network will be followed by additional community discussions and engagement of the network to form general plans of action, timelines for completion, and roles and responsibilities of network partner. Refer to the "Next Steps" section of this document for more information about the next phases of engagement.

The Colorado Department of Public Health and Environment (CDPHE)'s Oral Health Unit will use the Framework and other activities to identify benchmarks and outcomes to complete the development of Colorado's Oral Health State Plan (COHSP). This Framework and future iterations of the COHSP will be made public and used for implementation planning and accountability purposes.

Though the future Colorado Oral Health State Plan will be produced by CDPHE and its consultants, the strategic actions will be the culmination of the work of many organizations and partners, each of which will assume different responsibilities and roles in the design and implementation of specific strategies to advance oral health in Colorado.

## Goal 1: Community

**Elevate the role of impacted communities in efforts to improve oral health outcomes in Colorado, including in prevention and population-based services, upstream determinants of oral health, and systemic racism in oral public health**

## Goal 2: Data

**Increase accessibility to and the use of equity-informed data in decision-making, identifying community barriers to improving oral health, evaluating oral health status of communities relative to oral health goals, and evaluating interventions.**

## Goal 3: Access

**Increase access and utilization of care that meets the needs of Colorado communities in order to improve oral health outcomes for all Coloradans.**

## Goal 4: Collective Impact

**Coordinate oral health efforts across the state to align strategies, leverage shared resources, and integrate actions of community and private and public sectors in order to improve oral health and address oral health inequities.**

**Glossary Term*

# Introduction

## Oral Health

Good oral health is more than teeth without cavities—it is foundational to overall health and it is essential to the basic biological functions of chewing, swallowing, speaking, and smiling. The relationship between oral health and overall health has been long-established. This fact was highlighted in the 2000 Surgeon General's Report on Oral Health. Oral health is related to pregnancy health, diabetes, heart disease, and Alzheimer's disease outcomes; periodontal disease is linked to pneumonia and other respiratory complications.

Though the 2000 Surgeon General's Report on Oral Health made clear that oral health cannot be ignored as an important cause of health disparities, underinvestment in oral health in the United States persists. Even today, cavities remain the number one chronic disease in children, with developmental, economic, and social ramifications.

In the United States, people are more likely to have poor oral health if they are low-wage earners, do not have insurance coverage for routine oral health care needs, are from a racial or ethnic minority, have immigrated recently, have disabilities, or live in a rural community. Unfortunately, oral health disparities often persist across the lifespan.

### Data from the CDC (2022) show:

- Children from lower income households aged 6 to 19 years are 15% less likely to receive preventive dental sealants as compared to those from higher income households.
- Adults without a high school diploma are nearly three times more likely to have untreated cavities compared to adults with some college education.
- Older non-Hispanic Black or Mexican American adults have two to three times the rate of untreated cavities as compared to older non-Hispanic white adults.
- The survival rate for oropharyngeal (throat) cancer is significantly lower among Black men (41%) when compared to white men (62%).

# Introduction

## Colorado Oral Health Outcomes

In Colorado, the state of oral health follows similar patterns as national data. The 2016–2017 Basic Screening Survey found that nearly half of children experience a cavity by third grade, and three in ten children have tooth decay by kindergarten (Calanan, Elzinga-Marshall, & Mauritson, 2017). In 2018, more than 34% of adults in Colorado reported tooth loss due to decay or periodontal disease (U.S. Centers for Disease Control and Prevention, 2018).

Colorado-derived data (from the 2016–2017 Basic Screening Survey) also evidences a pattern of inequities across the state.

- Hispanic/Latino community members and those in low-wage earning households experience poorer oral health than their white and higher-income counterparts.
- Hispanic/Latino kindergarten students experience a higher prevalence of tooth decay as compared with white students (40.9% and 23.4, respectively). These disparities continue to be present at the third-grade, where 57.9% of Hispanic/Latino students experience cavities, compared with 37.9% of white students.
- According to Behavioral Risk Factor Surveillance System (2020) data, Hispanic/Latino adults and adults living at or below 250% of the federal poverty level have statistically similar rates of tooth loss resulting from decay or gum disease.

**NEARLY HALF**

of children experience a cavity by third grade

**3 in 10**

children have tooth decay by kindergarten

# Introduction

## Factors Impacting Oral Health Inequities

Each community faces unique barriers, which has contributed to inequities across the state. Factors such as insurance status, cost, geographic region, language and cultural variations, and variations in experience of the social determinants of health* impact oral health outcomes in communities across the state in various ways.

Growing evidence shows that social determinants of health play a critical role in health outcomes, which can lead to oral health inequities. Healthy People 2030, which provides 10-year public health objectives from the Department of Health and Human Services (DHHS), has identified the use of the oral health care system as an objective. Another Healthy People 2030 objective is to resolve negative social determinants of health that should "guide evidence-based policies, programs, and other actions to improve health and well-being" (Office of Disease Prevention and Health Promotion, 2021). In addition, the National Institutes of Health updated Oral Health in America (2021) report outlined how the social determinants [as identified in Healthy People 2030] are directly related to oral health.

The uneven and unfair oral health outcomes should be surprising to no one given the inequitable access to oral health interventions and safe, reliable infrastructure and community environments that enables access to oral health care and resources. Though not exhaustive, some of the broad factors that shape the lives of Colorado communities and contribute to oral health inequities include the social determinants of health—economic stability, neighborhood and built environment, education access and quality, social and community context, and health care access and quality (Department of Health and Human Services, 2021)—as well as factors such as insurance status, cost of oral health services, geographic region, and language and cultural variations.

In Colorado, insurance status and cost are clear barriers to oral health. Within these factors we see uneven coverage across demographic groups (e.g., Hispanic/Latino adults are significantly less likely to have dental insurance – [49%] compared with white adults [67%]). Even if oral health services are covered by Medicaid, finding providers who accept Medicaid can often be an insurmountable barrier to access. Cost of care is also a common barrier to accessing dental services, regardless of insurance status, and Colorado community members have noted that dental treatment is often more expensive than expected (CDPHE, 2021).

Geographic location, an important contributor to the social determinants of health, can be particularly prohibitive for those in rural and/or frontier regions. In Colorado, many rural* or frontier* locations are also considered Dental Health Professional Shortage Areas (HPSA).* A snapshot of rural health from the Colorado Rural Health Center outlines how "rural populations have a lower supply of dentists, receive less dental care for adults and children, and have higher rates of tooth loss for adults. They are also more likely than urban populations to have inadequately fluoridated drinking water[...] and have lower health literacy" (Colorado Rural Health Center, 2022, p. 15).

Geography, combined with a lack of providers who accept Medicaid, leaves many Coloradans without access to oral health care. In total, 50 of Colorado's 64 counties are designated as either geographic or low-income population Dental Health Professional Shortage Areas.

Culturally competent care* is a critical component of quality of care. The development of culturally relevant public health interventions and the oral health workforce's provision of culturally competent care may impact patients' care-seeking behavior and how high they rate the value of oral health preventive practices (National Institute of Dental and Craniofacial Research, 2021). Included in culturally competent care is language, which can include a patient's preferred language, literacy level, and comprehension of health- and oral-health-specific instructions.

Coloradans identified the importance of culturally and linguistically relevant care, indicating that language is important to understanding the oral health landscape in Colorado (CDPHE, 2021). Many Coloradans are unable to receive care in a language they are comfortable speaking. Twelve percent of Colorado households report Spanish is their preferred language. Furthermore, according to 2021 census data, over 18% of households report speaking English "less than very well." Colorado community members noted that better cultural awareness and understanding is important to them and Spanish-speaking participants noted that they would prefer

*Glossary Term

# Introduction

## Factors Impacting Oral Health Inequities

seeing a dentist that speaks their language (CDPHE, 2021).

Community members demonstrate how the variability in the social determinants of health create barriers in accessing oral healthcare in the lives of Colorado communities. Coloradans who participated in a focus group reported that, though they believe dental care is important, necessities such as paying bills and feeding their families often were a higher priority. Additionally, they experienced difficulty accessing care whether that was because of the high cost of care, limited or absent insurance coverage, a lack of appointments that either fit their working hours or a lack of emergency dental clinics, or because of transportation barriers, especially in rural areas.

Lastly, the ongoing separation of oral health and overall health continues to shape the way Coloradans experience the health care system and contributes to oral health inequities (Simon, 2016). This separation can be seen in the provision of services, payer systems, health information technology, education, and policy. Specifically calling out the consequences of separating dental from other health approaches, the National Institutes of Medicine's updated Oral Health in America (2021) report noted that challenges in access to care are related to the "historical separation of dentistry from overall health care, rendering dentistry one of the most siloed of the health professions [...] and results in dental care being viewed by some policymakers as a nonessential service." Though integrating oral health into the provision of health care and design of community programs has been highlighted as a critical component and strategy to improve general health for the past two decades (Centers for Disease Control and Prevention, 2000), more progress is needed. Strategies to advance progress in integrating oral health with general health include establishing more partnerships, expanding the clinical safety net and social services, and collaborating across state and local agencies as well as community-based organizations to address health inequities.

# Introduction

## Current Oral Health Efforts in Colorado

Colorado's oral health network—composed of community-based organizations, philanthropies, training programs, clinical systems, state programs, and other partners—works to improve access, integrate oral health into overall health, and address inequities. With these efforts, Colorado has made significant strides in decreasing the burden of oral disease (e.g., the percentage of Colorado kindergartners with tooth decay has decreased from 40% in 2012 to 21% in 2017). However, it is clear from the data that Colorado communities still experience the burden of oral disease; with the COVID-19 pandemic's impact on access to care, it is expected that data will reveal a worsening of oral health and oral health inequities since 2020.

CDPHE and oral health network partners are committed to continuing to advance evidence-based/informed interventions to lower the burden of disease (including, but not limited to, community water fluoridation, dental sealants especially for children, integration of medical and dental care, and fluoride varnish application), which have significantly contributed to the progress made in oral health in the last 75 years. However, there is more work to be done to build a system of prevention and care in Colorado that ensures optimal oral health for all and includes specific strategies to address the barriers experienced by underserved and never-served communities.

# Framework Development

## Key Themes from Community and Partner Engagement

CDPHE initiated the process to develop Colorado's Oral Health State Plan (COHSP), which will be designed to address the systemic barriers that lead to poor oral health outcomes and oral health inequities statewide. While this activity is often undertaken by state oral health coalitions, in the absence of a coalition in Colorado, CDPHE's Oral Health Unit is managing the development and future implementation of the COHSP. These activities are funded by the Centers for Disease Control and Prevention (CDC) cooperative agreement "State Actions to Improve Oral Health Outcomes (CDC 18-1810)," which recognizes state oral health plans, designed in collaboration with partners and stakeholders, as one activity for collective impact that supports a strong public oral health system (CDC, 2023). The development of the final COHSP will also be achieved through participation and input from community partners, oral health network partners, community members, and state and local government partners in oral health and other sectors.

Together with consultants and the Plan Design Team*, consisting of members and representatives of Colorado communities, CDPHE developed a community and partner engagement process to inform strategic plan development and further understand how Coloradans experience the factors that impact oral health, and community strengths that can positively impact health behaviors and outcomes. Informed by a mixed-methods research approach, data were collected through focus groups with community members, interviews with representatives of state agencies and partner organizations, and a survey administered to members of the Colorado oral health network. The partner engagement process primarily focused on those delivering public health services and included identifying state programs with levers that impact oral health. A full description of the planning process and contributors will be released separately. The following themes emerged throughout the community and partner engagement process of 2021:

1

### Access to services is a key concern for all respondents.

Audiences cited systemic barriers such as high costs, lack of transportation, geographic distribution of oral health providers, and other factors that make it hard for communities in Colorado to get the care they need. A lack of affordability of services, with and without insurance coverage, was cited repeatedly as a barrier to care. Audiences also indicated that current dental delivery systems often do not meet the needs of community members—office hours are rigid and rarely offer appointments outside of standard business hours, forms are not in plain language, and on-site interpretation is not available.

2

### Health equity relies on a strong workforce.

A foundational piece of achieving oral health equity is the workforce upon which change relies. Community members indicated during focus groups that finding providers who share their cultural background and language of choice was difficult, which may inhibit the efficacy of communications between patients and providers. However, partners identified that there are many barriers to creating and sustaining a diverse and culturally responsive workforce, including the cost of education, burnout, and limited opportunities for advancement. Conditions vary from place to place, with some communities experiencing more barriers and less resources than others, which can limit opportunities to enter the dental workforce and develop a more diverse and culturally-competent health workforce in Colorado.

*Glossary Term

# Development of the Framework

## Community and Partner Engagement

3

### Data is critical for identifying and addressing health inequities.

Data is vital to understanding the social and structural factors that impact Coloradans' oral health. Partners noted that diverse, comprehensive and high-quality data can provide a more holistic understanding of the factors impacting oral health outcomes and the efficacy of current approaches. However, datasets available at the state level pose challenges for integration into community level datasets, as they are frequently not disaggregated, do not offer a comprehensive depiction of local health status or needs, and are resource-intensive to maintain longitudinally. Moreover, without the necessary technical capacity to conduct statistical analysis, these datasets can be difficult to utilize in community-level planning.

4

### Coordination among clinicians, oral public health partners, and agencies could maximize the impact of interventions.

Partners and providers within oral health recognize the need for centralized coordination to address the areas above. However, the siloed nature of programs and services often make this a difficult goal to achieve. Many state-level partners cited the lack of an active statewide coalition as a factor hindering coordination across oral health partners in the state.

5

### Integration is key to addressing other barriers.

Partners noted that many of the barriers to accessing quality care could be mitigated by integration between oral health services and other primary health and community services. Though current programs to integrate oral health with existing health systems exist, they are not universally adopted and do not reach all Coloradans. Coordinated efforts could focus on ways to embed oral health in existing systems serving individuals, such as standard medical insurance, primary care services, and community-based service delivery at schools, etc.

6

### Adequate funding is critical for supporting oral health equity.

The need for funding was a common concern raised by respondents across the spectrum. Responses to the community survey highlighted that although there is near universal acknowledgment of the need for funding to achieve equity-related goals, funding is seldom available within organizations to prioritize these goals.

The full Community and Partner Engagement Report for can be found here.

# The Framework

## Core Values and Guiding Principles

The community and partner engagement process and strategic planning sessions revealed core values for this Framework and the future COHSP. These values are based on themes that emerged through the community and partner engagement process and the strategic planning sessions, which included Colorado's oral health network. In the first planning session, the network also identified guiding principles that will help operationalize each value. These values and principles are intended to be adaptive, and may continue to evolve with additional community and partner input during the implementation period. These core values and guiding principles are intended to underlie our work and guide the further development and implementation of The Framework and strategies.

### Equity

#### Guiding Principles

- Systems, programs, and services work toward creating an oral health workforce that is culturally responsive and reflects the identities of the people served.
- Prevention and treatment are person-centered and culturally and linguistically appropriate; messaging, design, and policy meet people where they are.
- Requests for community input, time, and expertise are adequately resourced to support engagement by Colorado communities impacted by oral health inequities, recognizing that communities are overburdened and face increasing demands on their resources.
- Oral public health strategies are designed to respond to the specific needs of impacted communities (i.e., are culturally responsive and community driven).
- Leadership is collaborative and uses multiple avenues for community input and community-driven decision-making.
- Decisions are data driven and informed by the lived experiences of communities who experience the greatest barriers to optimal oral health.
- Data are culturally competent, community informed, and designed to be accessible to all.
- Solutions dismantle structural barriers and mitigate the disparate impact of upstream determinants in order to address oral health inequities and achieve shared goals.

### Accountability

#### Guiding Principles

- Initiatives will ensure accountability and transparency because it is necessary to ensure appropriate use of public and private funds.
- Partners/stakeholders will document impacts of anticipated outcomes in the community and include data measurements that enable accountability and transparency strategies.

### Impact

#### Guiding Principles

- Strategies prioritize increasing accessibility of effective interventions tailored to communities experiencing the highest burden of disease in order to improve oral health.
- Policies, programs, and activities address community needs.
- Interventions are effective, high-quality, and trustworthy.
- The oral health system meets the needs of individuals and communities with the highest burden of disease in order to improve the oral health of all Coloradans.

### Sustainability

#### Guiding Principles

- Systems are built to be resilient by being responsive to their communities and adaptable amid changing circumstances.
- Partners collaborate across sectors, breaking down silos.
- Partners continue to deepen relationships with communities and organizations to advance oral health equity and sustainability.

# The Framework

## Goals and Strategies

The community and partner engagement process produced a set of draft goals and strategies included in this Framework to Advance Oral Health Equity in Colorado. These goals will be further refined and built to include measures of success, general plans of action and timelines for completion, and roles and responsibilities of network partners with the release of the Colorado Oral Health Strategic Plan.

The draft goals for Colorado's future oral health plan are a shift in approach to more community-driven strategies compared to previous state plans. Centering communities in the goals and strategies will help take steps towards addressing community needs by:

- Aligning resources with community priorities, w
- Elevating community voice, and
- Addressing the unique circumstances communities face in reaching optimal oral health through collective impact.

The goals and strategies below reflect a synthesis of those created by the oral health network at the convening sessions and input from community partners after the convening.

**Goal 1**
**Community**

Elevate the role of impacted communities in efforts to improve oral health outcomes in Colorado, including in prevention and population-based services, upstream determinants of oral health, and systemic racism in oral public health.

**Goal 2**
**Data**

Increase accessibility to and the use of equity-informed data in decision-making, identifying community barriers to improving oral health, evaluating oral health status of communities relative to oral health goals, and evaluating interventions.

**Goal 3**
**Access**

Increase access and utilization of care that meets the needs of Colorado communities in order to improve oral health outcomes for all Coloradans.

**Goal 4**
**Collective Impact**

Coordinate oral health efforts across the state to align strategies, leverage shared resources, and integrate actions of community and private and public sectors in order to improve oral health and address oral health inequities.

Each goal separates the strategies into five categories: Advocacy and Policy, Infrastructure and Capacity Development; Communication, Education, and Training; Partnerships and Collaboration, and Data.

***NOTE: For all goals, benchmarks and SMARTIE Goals will be added to each goal after input from the community discussions in fall and winter 2023.***

# The Framework

## Goal 1: Community

**Elevate the role of impacted communities in efforts to improve oral health outcomes in Colorado, including in prevention and population-based services, upstream determinants of oral health, and systemic racism in oral public health.**

Centering the voice of Colorado community members and elevating the voices who may have previously been excluded from oral health decision-making is crucial in achieving shared oral health goals for all Coloradans and addressing the social determinants of oral health. The communities who often had to disproportionately bear the negative outcomes of inequitable access to care have been the same communities whose voices have historically been excluded. Centering community values, needs, and priorities in shared oral health goals is necessary as we design and implement programs and interventions. Without elevating community voice, we will be unable to tailor programs and interventions to leverage community strengths and shared resources. We will also not be able to adequately address the structures that impede communities in achieving oral health and accessing oral health services.

This requires space for innovation, the exploration of non-traditional partnerships, multi-tiered prevention models, and new modes of communication, intentional outreach to communities who are the experts in what they need and want, and the resources that will support the people power and activities needed for success.

# The Framework

## Goal 1: Community

**Elevate the role of impacted communities in efforts to improve oral health outcomes in Colorado, including in prevention and population-based services, upstream determinants of oral health, and systemic racism in oral public health.**

### Advocacy & Policy

- Advocate and secure funding and resources to support community participation at all stages in the development and implementation of initiatives. This includes support for:
  - Needs identified by the community to increase participation.
  - Community compensation for expertise.
- Prioritize resource allocations to support initiatives that address the social determinants of health and other barriers to improving oral health in Colorado communities.
  - Leverage and/or promote policies that incentivize addressing the social determinants of health.
  - Prioritize projects that promote equitable oral health outcomes through actions identified by communities.

### Infrastructure & Capacity Development

- Amplify the community voice at the community, local, state, and academic level in oral health initiatives (e.g., population-based health and preventive interventions) through promoting and/or implementing community partnership best practices (e.g., from the Colorado Equity Alliance, 2020) in order to:
  - Deconstruct systemic bias and racism;
  - Develop credibility and trust in the oral health and oral public health system.
- Increase oral public health partners and oral health workforce capacity, awareness, desire, knowledge, and ability to recognize and address structural inequities and social determinants of health and its impact on oral health care delivery.
  - Inventory existing workforce education that addresses the social determinants of health, health equity core competencies, and/or promote population-based approaches to oral health.
  - Develop guidance for facilities and dental practitioners regarding addressing social determinants of health, new and alternative care delivery models, and training.

### Communication Education Training

- Support efforts to increase oral health literacy and engagement in the oral health care system to empower Coloradans to make decisions regarding their oral health care.
  - Co-create communications materials with a wide range of stakeholders (e.g., community partners).
- Ensure communications, education, and training are accessible and culturally and linguistically appropriate by:
  - Inventorying, prioritizing, and translating existing curricula and materials into additional languages.
  - Developing new materials and regularly updating resources and other materials to reflect current advancements in oral health equity and amplifying community voice.
  - Adapting existing materials to be culturally and linguistically appropriate based on community input on an ongoing basis.

# The Framework

## Goal 1: Community

**Elevate the role of impacted communities in efforts to improve oral health outcomes in Colorado, including in prevention and population-based services, upstream determinants of oral health, and systemic racism in oral public health.**

### Partnerships & Collaboration

- Co-create an oral health champion program that adequately resources (e.g., funding and tools) trusted members of communities to implement oral health strategies.
- Collaborate with partners to integrate oral health messaging, education, and oral health champions into community infrastructure.

### Data

- Establish metrics of oral health literacy* in the Colorado communities and gather baseline data.
- Research resource burden (e.g., cost, capacity) associated with developing and implementing culturally responsive messaging, and oral health champion programs.

*Glossary Term

# The Framework

## Goal 2: Data

**Increase accessibility to and the use of equity-informed data in decision-making, identifying community barriers to improving oral health, evaluating oral health status of communities relative to oral health goals, and evaluating interventions.**

Effective (reliable, informative, timely, diverse, specific, and contextualized) data are vital to address and assess oral health inequities. The future COHSP will require building collaboration around data strategies in order to make data collection and analysis more accessible, synthesize various sources and measures to have a more comprehensive understanding of community oral health, and inform the development, implementation, and evaluation of oral health strategies.

As identified through the community and partner engagement process, currently state-level datasets such as those displayed in VISION and Delta Dental of Colorado Foundation's Oral Health Equity Dashboard, are not easily integrated, do not provide a comprehensive view of health status or needs at the local level, are expensive to maintain, and often difficult to use by organizations without the technical capacity to conduct statistical analysis.

Best practices for data equity (e.g., equity considerations in the collection, analysis, interpretation, and use) need to be established and woven throughout all stages of the process (methodology, framing and contextualization when disseminating data, and data evaluation) by those implementing these strategies. Community partners will be engaged to determine what data is needed, how it may be used, and how to interpret and contextualize data based on the lived experiences of the communities reflected in the data.

# The Framework

## Goal 2: Data

**Increase accessibility to and the use of equity-informed data in decision-making, identifying community barriers to improving oral health, evaluating oral health status of communities relative to oral health goals, and evaluating interventions.**

### Advocacy & Policy

- Improve and align data quality and develop data standards that allow state and national dental data to be integrated, shared, analyzed across data systems (e.g., Health Information Exchanges, and population-health data management tools).
- Advocate for the development and adoption of organization-level policies grounded in best practices in equitable data collection, analysis, and dissemination.

### Infrastructure & Capacity Development

- Refine and implement data surveillance and management plan*, with architecture and data elements that evaluate progress towards oral health equity, including data sharing agreements.
- Increase availability of data to inform decision-making, including:
  - Exploring further development of a public-facing, accessible, integrated data dashboard that includes community-developed and -owned data, including oral health data.
  - Exploring the ongoing financial and technical support needed to maintain the data dashboard.
  - Creating methods to collect, share, and effectively utilize and integrate community-developed and -owned data.

### Communication Education Training

- Utilize data equity best practices in dissemination and interpretation of data, including:
  - Using lived experiences to inform interpretation of data.
  - Engaging community to inform and contextualize data.
  - Sharing methods to collect, disseminate, and effectively utilize and integrate community-developed and -owned data.

### Partnerships & Collaboration

- Facilitate a process of co-creation of:
  - Purpose and objectives for use of data.
  - Metrics of key indicators of oral health.
  - Measures for tracking progress.
  - Processes to synthesize lived experience in the interpretation of data.
  - Measures for evaluation of the impact of initiatives.

### Data

- Conduct a statewide oral health data analysis: existing data, gaps, needs, and potential collaborations.
- Gather, analyze, and use data to:
  - Guide oral health needs assessment development.
  - Drive program and funding decision-making.
  - Drive continuous quality improvement.
  - Drive policy development.
  - Drive accountability measures.

**Glossary Term*

# The Framework

## Goal 3: Access

**Increase access and utilization of care that meets the needs of Colorado communities in order to improve oral health outcomes for all Coloradans.**

Access to oral health care is crucial in improving oral health outcomes. However, many Coloradans do not have access to care - for example, according to Colorado Health Access Survey, in 2021, almost 30% of Coloradans hadn't seen a dentist within the past year. Barriers to care continue to impact Colorado communities' ability to get the oral health services needed, exacerbating already-existing health inequities across race, class, and region. Contributing to these barriers is the cost of dental care, physical locations, clinics' and offices' hours of operation, as well as language, transportation, and cultural barriers.

Universal access to oral health services can only be achieved by changes at the system level. Strategies that can help support access for all Colorado communities range from policy changes such as increasing preventive care reimbursement rates and/or expanding provider scope of practice to addressing oral health literacy at the decision-maker, provider, and community level. Aligning resources and leveraging strengths among communities, non-traditional partners, providers, and payers, should allow for an approach that is tailored to bring the right care to the communities that need it most.

To evaluate whether we are making progress on this goal, it is vital to include community in the decision-making processes around data, such as what outcomes communities prioritize, and input on data collection methods. This will work in conjunction with the co-creation of data and metric activities outlined in Goal 2: Data.

# The Framework

## Goal 3: Access

**Increase access and utilization of care that meets the needs of Colorado communities in order to improve oral health outcomes for all Coloradans.**

### Advocacy & Policy

- Explore policies that will better enable the current oral health care delivery system to work for all local Colorado communities, including:
  - Using a comprehensive data set to advocate for higher reimbursement rates for oral health providers providing preventive services.
  - Creating guidelines for funders to develop budgets that address equity, diversity, and inclusion in oral health initiatives.
- Explore and advocate for support (funding, policies, resources) for oral health interventions that expand access beyond traditional dental services, such as:
  - Expansion of integration strategies (medical-dental integration) into policies and practice, including in service delivery settings, coverage models (e.g., health insurance and billing), and health information exchanges.
  - Expanding community-based scope of services, informed by Colorado and national data.

### Infrastructure & Capacity Development

- Reinforce programs embedded within existing community infrastructure that provide and promote access to oral health services.
  - Continue to engage and support oral health integration efforts, including expanding existing programs such as Colorado Medical-Dental Integration, Cavity Free Kids, Cavity Free at Three, Diabetes and Cardiovascular Disease Oral Health Integration, Spanning Miles in Linking Everyone to Services (S.M.I.L.E.S) Dental Project, and the Behavioral Health/Oral Health Integration Project.
  - Identify, maintain, and expand community-clinical linkage programs in targeted sites such as Women, Infant, and Children (WIC) nutrition programs, Head Start, and schools, based on community input.
- Increase capacity and quality provision of care to populations with lower utilization of preventive services (e.g., young children, older adults, people who have disabilities, individuals without insurance) by:
  - Supporting local analysis of workforce capacity and community barriers to access of oral health services.
  - Promoting and supporting community-centered strategies that address findings of workforce capacity and community barriers analysis, including training for oral health providers.
  - Exploring, evaluating, and/or expanding innovative models of care to address identified community needs; examples include teledentistry and mobile oral health services; services in non-traditional settings.
  - Exploring pipeline programs that address barriers to achieving a more diverse and equitable oral health workforce.

# The Framework

## Goal 3: Access

**Increase access and utilization of care that meets the needs of Colorado communities in order to improve oral health outcomes for all Coloradans.**

### Communication Education Training

- Develop and deliver education tailored to the oral health workforce (including dental, medical, and community-based organizations) to address structural racism, ableism*, and social determinants of health with the specific communities identified in the needs assessment and/or stakeholder mapping to increase culturally responsive care.
- Improve oral health literacy, understanding of oral public health prevention strategies, and understanding of oral health equity for the health care workforce, community partners, decision-makers, and community members.

### Partnerships & Collaboration

- Foster community partnerships to create and distribute oral health programs and resources tailored to community-identified needs.
- Facilitate a process of co-creation or further develop existing metrics of key indicators of oral health and other measures such as surveillance data, for tracking progress in access to care.

### Data

- Conduct a general stakeholder analysis: map current community-based organizations, health professionals, and community-clinical linkage areas to identify gaps in relation to where communities experiencing the highest burden of disease can access services.
- Collect qualitative and quantitative data around how current structures impact the oral health landscape and create barriers to preventive oral health interventions, including:
    - Exploring the impact of administrative burdens such as billing, funding applications, reporting, and compliance with equitable implementation of oral health interventions.
    - Exploring the impact of the current funding and reimbursement structure on models of care to meet community needs.

*Glossary Term

# The Framework

## Goal 4: Collective Impact

**Coordinate oral health efforts across the state to align strategies, leverage shared resources, and integrate actions of community and private and public sectors in order to improve oral health and address oral health inequities.**

Align statewide oral health efforts to support the implementation of strategies that center communities across Colorado and impact oral health outcomes. Elevating representation of communities most impacted by oral health inequities through engaging a broad spectrum of partners is crucial to rebuilding an oral health coalition with intentionality and purpose. By collaboratively designing the inclusive and equitable processes, norms, and structures that the coalition will follow, coalition members will establish the trust that is the foundation of a strong oral health network.

# The Framework

## Goal 4: Collective Impact

**Coordinate oral health efforts across the state to align strategies, leverage shared resources, and integrate actions of community and private and public sectors in order to improve oral health and address oral health inequities.**

### Advocacy & Policy

- Develop a "Collective Impact" approach to advocate for policies, programs, and initiatives that will address oral health inequities.
- Continue to support and advocate for the protection and expansion of oral health coverage in Colorado.

### Infrastructure & Capacity Development

- Re-establish a statewide coalition to support coordinated oral health efforts across the state.
  - Draft a set of recommendations about which stakeholder groups must be included in the membership of the coalition.
  - Design structure and processes that allows for inclusive participation by all members, including funding for participation and processes that weigh decision-making toward community partners, especially when aligned with best practices for racial justice.
  - Draft and adopt a set of governance terms and by-laws for coalition.

### Communication Education Training

- Create key messaging and education on the oral health strategies being implemented across the state to increase community involvement in oral health efforts.
- Create key talking points and messages that support the coalition and clearly articulate:
  - Coalition goals.
  - The need for and value of the coalition as a voice for oral health equity policy and advocacy in Colorado.

### Partnerships & Collaboration

- Create, strengthen, and maintain partnerships with local public health agencies (LPHAs) and community-based organizations to promote oral health, including expanding oral health integration.
- Facilitate a process of co-creation of high level goals, values, vision, and purpose for the coalition with a broad array of stakeholder groups.

### Data

- Conduct an annual coalition assessment, measuring a variety of factors such as impact and equity and inclusion benchmarks.

# The Framework: Next Steps

## Next Steps

### Frameworks

This Framework will be released to the Colorado oral health network prior to an open comment period where CDPHE will hold roundtable discussions with the network of stakeholders in this plan as well as a series of community discussions led by CDPHE and consultants. As outlined above, one of the goals of the community discussions is to engage people whose voices have not traditionally been part of the state oral health planning process, and should be amplified as it is finalized in order to ensure that the plan aligns with community priorities, identifies strategies that are feasible in the local community, and builds towards implementation. Additionally, these community discussions are a part of an ongoing effort to build trust through bi-directional goal setting and authentic engagement.

Following the community discussions, CDPHE and OPEN will facilitate a final planning session with the Colorado oral health network to finalize development of the Framework after incorporating input from the community discussions. This finalization process will include ensuring each goal and strategy meets the "SMARTIE" framework – Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable–as well as outline processes to delineate roles, coordinate strategies, engage new partners, develop shared measurement metrics, and prioritize action items.

The final draft resulting from the planning session will be released across the state and used for implementation planning and accountability purposes. The release will be a final draft, but one that is designed to be adaptive and evolve over time. It is also important to design an implementation process that addresses each community's unique characteristics, including historical successes and the ways in which public health programs did not fit the needs and priorities of communities, or failed to have an impact. Based on CDC recommendations, progress around action steps will be assessed on an ongoing basis, and CDPHE will engage partners to review the plan and implementation progress on a continuing basis.

# Appendices

## Appendix A: Glossary

### Ableism

The discrimination of and social prejudice against people with physical, intellectual, developmental, and/or mental health-related disabilities, or people perceived as having disabilities based on the belief that able-bodied people are superior. It is rooted in the assumption that disabled people require "fixing" or to be "cured" and defines people by their disability. Like racism and sexism, ableism classifies entire groups of people as "less than," and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities. This is opposed to seeing all people as unique and individual human beings who should be valued.

*Adapted from CDPHE's Equity Glossary and Access Living

### BARHII Living Conditions

BARHII calls out the following components of living conditions:
Physical Environment: Land Use; Transportation; Housing; Residential Segregation; Exposure to Toxins
Economic and Work Conditions: Employment; Income; Retail Businesses; Occupational Hazards
Social Environment: Experience of Class, Racism, Gender, Immigration; Culture - Ads - Media Violence
Service Environment: Health Care; Education; Social Services

### BARHII Social Inequities

BARHII looks at social inequities, including categorizing social groups such as class, race/ethnicity, immigration status, gender, and sexual orientation

### Co-create

To create (something) by working with one or more others; to create (something) jointly

*Retrieved from:
https://www.merriam-webster.com/dictionary/cocreate

### Collective Impact

Collective impact is a network of community members, organizations, and institutions that advance equity by learning together, aligning, and integrating their actions to achieve population and systems-level change.

*Retrieved from on April 10, 2023 from:
https://collectiveimpactforum.org/what-is-collective-impact/

These collective impact collaboratives can pursue equity through five strategies. Each strategy is important and should be woven into the implementation of the five conditions identified: 1) ground the work in data and context, and target solutions; 2) focus on systems change, in addition to programs and services; 3) shift power within the collaborative; 4) listen to and act with community; 5) build equity leadership and accountability.

### Community

For the purposes of this plan, community must include intentional inclusion of groups of people who are most impacted by inequities resulting from geography, race and ethnicity, immigration status, languawge, sexual orientation, gender identity, socioeconomic status, and other structurally marginalized identities.

*Modified from:
https://drive.google.com/file/d/1fAVPagoNvor7mmBeIaPsEa2_9ksAK_On/view

# Appendices

## Appendix A: Glossary

### Culturally Competent Care

Cultural competence refers to the behaviors and policies of a business, agency, or system that allow for consistent, effective work in cross-cultural environments. The concept encompasses a broad spectrum of behaviors associated with the interpersonal communication styles, beliefs, customs, and values of various social, religious, ethnic, and racial groups.

To be culturally competent in the health care context, individuals must know how to deliver effective and efficient patient care within the context of their patients' cultural backgrounds.

*Adapted from:
https://onlinenursing.duq.edu/blog/how-to-provide-culturally-competent-care/

### Dental Health Professional Shortage Area (Dental HPSA)

A Dental HPSA is a geographic area, population group, or health care facility that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of health professionals in dental health.

*Retrieved on April 10, 2023 from:
https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf

### Equality

Equality assures everyone is treated the same regardless of the starting point or context. Equality does not equal equity.

### Equity

When everyone, regardless of who they are or where they come from, has the opportunity to thrive. This requires eliminating barriers like poverty and repairing injustices in systems such as education, health, criminal justice and transportation.

Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

*Adapted from:
https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/Equity-Focused Organization

### Frontier

Any county with six or fewer people per square mile.

*Most current Colorado counties designated as Frontier can be found:
https://coruralhealth.org/resources/maps-resource

### Health Professional Shortage Area

HRSA defines geographic and population HPSAs here:
https://www.hrsa.gov/rural-health/about-us/what-is-rural

### Infrastructure

# Appendices

## Appendix A: Glossary

Includes social and community infrastructure such as systems, policies, and resources that enable participation in social and economic activities. Examples include transportation, adequate income to take time off of work to visit the dentist, and childcare accessibility

### Oral Health

Oral health refers to the health of the teeth, gums, and the entire oral-facial system that allows us to smile, speak, and chew.

*Retrieved on April 10, 2023 from:
https://www.cdc.gov/oralhealth/conditions/index.html#:~:text=Oral%20health%20refers%20to%20the,)%20disease%2C%20and%20oral%20cancer.

### Oral Health Literacy

According to the 2020 Healthy People website, oral health literacy refers to the degree to which individuals have the capacity to obtain, process, and understand basic oral health information needed to make appropriate health decisions. Adequate health literacy may include being able to read and comprehend essential health-related materials and dentists' recommendations (e.g., prescription bottles, appointment slips, dental hygiene, etc.). Adequate health literacy may increase a person's capacity to take responsibility for their health and their family's health. However, oral health literacy is not just the result of individual capacities but also the oral health-literacy related demands and complexities of the health care systems.

*Retrieved from:
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/health-literacy

### Plan Design Team

The plan design team consisted of members and representatives of Colorado communities and served as an integral element to the oral health strategy development and community engagement process. In spring 2021, Plan Design Team (PDT) participants were recruited from organizations that focus on equity* (such as Colorado Latino Leadership, Advocacy and Research Organization.

### Rural

The Primary Care Office uses the RUCA (Rural-Urban Community Area codes) in the Colorado Health Systems Directory to classify census tracts using measures of population density, urbanization, and daily commuting to identify urban cores and adjacent territory economically integrated within these cores.

*HRSA defines rural here:
https://www.hrsa.gov/rural-health/about-us/what-is-rural

### Social Determinants of Health

Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health include five primary domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

*Retrieved from:
https://health.gov/healthypeople/objectives-and-data/social-determinants-health

### Upstream vs. Downstream Determinants and Solutions

# Appendices

## Appendix A: Glossary

Within the continuum of contributing factors to public and individual health, a focus on “upstream” efforts looks like addressing social inequities, social determinants of health, institutional inequities, and living conditions, versus more traditional public health models and practices that focus “downstream” on risk behaviors, disease and injury, and mortality.”

*Retrieved from:
https://www.barhii.org/barhii-framework

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