OFFICE OF ORAL HEALTH REQUESTS FOR GRANT APPLICATIONS (RFA) FY 2014

Oral Disease and Injury Prevention Grants

I. INTRODUCTION

The Maryland Department of Health and Mental Hygiene (DHMH), Office of Oral Health announces a request for applications (RFA) for oral disease and injury prevention grants. Priority will be given to grants that support the following: children's oral health care clinical programs (including salary and operational support), off-site component dental programs (e.g., school-based/linked, Head Start, Judy Center, WIC, other) which could include screening, fluoride treatment services, adult oral health care clinical program, oral cancer primary and secondary prevention services, and water fluoridation. The "Other County Identified Need" category can include injury prevention and/or child abuse or neglect initiatives. These grants are *competitive* and will be awarded for one year dependent upon available funds.

Please note that these particular grants do not support pit and fissure dental sealant services provided at off-site component dental programs. A separate RFA and application will be issued that strictly supports funding for dental sealant services provided at off-site component dental programs.

II. BACKGROUND

Oral Health and Systemic Health

Oral diseases are not self-limiting and increase in severity with time. As a result, medical, nutritional, psychological, educational, social, esthetic, and speech difficulties can originate from preventable oral disease and injury. The adverse consequences of dental caries and other oral diseases include pain, infection, tooth loss, and occasionally death. Studies have demonstrated that oral diseases can place individuals at risk for low-birth weight infants, failure to thrive, and pneumonia. Other studies have firmly established a correlation between periodontal disease and diabetes with growing evidence that there may be a link between periodontal disease and cardiovascular disease. Adverse oral health conditions have been shown to affect aspects of daily living such as quality of life, economic productivity, and work or school performance and attendance including readiness to learn. Future contributions to society and the workplace also may be affected by the poor self-esteem, physical well being, and quality of life generated by oral health problems.

Prevention and Control of Dental Caries - *Early Childhood Caries*

Head Start, WIC, Judy Centers

Early Childhood Caries (ECC) is a devastating disease affecting toddlers and young children. Fortunately, ECC is preventable through early intervention and health education. According to local surveys, the prevalence of EEC is high in certain disadvantaged populations enrolled in Head Start and the Women, Infants, and Children (WIC) program in Maryland. Judy Centers in Maryland care for children of similar age and income children who likely are at high risk for dental caries. There is new evidence that shows that these populations must be addressed as early as possible if ECC is to be prevented. Programs have been developed in recent years that target pregnant women and young children. One promising strategy employed in other regions of the country in adequately targeting these populations include training of non-dental practitioners such as pediatricians, nurses, and administrators of child care programs like WIC and Head Start. The goal is to identify early manifestations of oral disease and provide case management to these children to ensure appropriate services are received

through the State Medicaid Program.

School Children

Access to oral health care is a critical problem for underserved and minority populations in Maryland. *The 2011 – 2012 Survey of Oral Health Status of Maryland School Children,* conducted by the University of Maryland Dental School, found that 13.7% of children in kindergarten and third grade had untreated tooth decay Maryland public school children in kindergarten and 3rd grade with no dental insurance (27.0%) were significantly more likely to have had untreated dental caries in both the primary and permanent dentitions combined than were those with private dental insurance (10.6%).

Special Populations

Various special populations in Maryland identify dental problems as their highest self-reported health problems, have high dental caries needs, and experience significant difficulty accessing oral health care services. Strategies to specifically target these special populations have proven successful in aiding these individuals reduce their risk of oral disease.

Prevention Regimens

In addition to providing treatment services, most oral diseases can be prevented by proper and timely use of a variety of accepted preventive regimens. Dental caries, in particular, can be prevented through timely exposure to fluoride, including fluoride varnish, fluoride mouth rinse, fluoride toothpaste, and community water fluoridation. According to data from the Maryland Department of the Environment, more than 93% of Maryland residents on public water supplies receive the benefit of fluoridated water. Testing of private water wells in the state, prior to prescribing fluoride supplements is another important means of ensuring that the optimal benefits of fluoride are received. Clinical children and adult oral health programs can administer all evidence-based preventive regimens, as age appropriate and indicated. In addition, age appropriate preventive and education oral health services provided in school and other community-based venues, (e.g. Head Start, Judy Center, WIC), are proven to be effective and efficient means of providing oral health services. Fluoride varnish, fluoride mouth rinse and tooth brushing with fluoridated toothpaste are age-appropriate services that can be provided in these venues.

Injury prevention is another key aspect of maintaining oral health status. Injuries to the head, face and mouth are common among infants and children. Infants and toddlers will fall when crawling or walking, bump into furniture or a wall when running and children will experience oral-facial injuries in the daily course of playing, especially in a playground environment. Knowing how to prevent such injuries or to manage resulting dental emergencies is key to reducing unnecessary morbidity due to routine oral and facial injuries. Older children participating in organized school or recreational sports often can be exposed to oral-facial trauma and injury if not appropriately protected by some level of mouth protection including mouth guards or similar appliances. Finally, two-thirds of all injuries as a result of child abuse occur in the oral-facial region. Prevention programs such as PANDA (Prevention Against Neglect and Abuse through Dental Awareness) educate and assist the dental provider in recognizing, understanding and managing suspected child abuse or neglect cases.

Oral and Pharyngeal Cancer

As a result of previous statewide primary and secondary prevention efforts, the oral cancer mortality rate in Maryland has improved and Maryland now ranks 23rd in the United States. However, oral cancer mortality remains high for African-American males. Further, males continuously have higher mortality rates than females. The number of new oral cancer cases in Maryland is similar to the U.S. national average and the gap that existed between white and black males has narrowed.

Oral and pharyngeal cancer can largely be avoided through primary prevention activities that target the modification of individual risk behaviors such as the use of alcohol, tobacco products (including spit tobacco), diet and certain sexual practices leading to Human Papilloma Virus (HPV) infection. New cohorts of oral cancer cases include individuals with no known risk behaviors who instead may have been exposed to the human papilloma virus. These efforts encourage early detection and diagnosis for all adults through timely and adequate oral and pharyngeal cancer examinations, even those not traditionally known to be at high risk for oral cancer. The oral and pharyngeal cancer mortality rate can also be reduced in Maryland through secondary prevention efforts encompassing health promotion activities and policies that target both health care professionals and the public.

A visual and tactile examination of the oral cavity by medical and dental professionals is essential for early detection. The American Cancer Society (ACS) recommends an oral cancer examination annually for persons 40 years of age or older due to the significant morbidity and mortality associated with the diagnosis of oral cancer at advanced stages.

III. GOAL AND APPROACH

The goal of these grant awards is for local health departments to assume a leadership role in the coordination, development, implementation, and evaluation of a targeted oral health intervention for 12 months. The project will be identified, coordinated, and implemented through input from the local public health community, citizen groups, academia, and private sector entities. The project will be evaluated for efficiency and effectiveness in meeting its intended goals and objectives.

IV. ELIGIBILITY

Eligible applicants are local health departments located in all twenty-four jurisdictions in Maryland. Local health departments may enter into contracts with private and other public sector entities, including consortia agreements as necessary to meet the requirements of the program and strengthen the overall application.

V. AVAILABILITY OF FUNDS

The Department of Health and Mental Hygiene anticipates having available resources to fund oral health grants for the next year. Awards are dependent upon available funding and may be awarded at levels less than requested. The awards will begin on or about July 1, 2013 and will be made for a 12-month budget period. Grant funds will be awarded on a *competitive* basis.

VI. USE AND PURPOSE OF GRANT FUNDS

Grant funds should be used to cover the direct costs of the implementation and evaluation of an oral health intervention including personnel costs in the following priority areas:

- Adult Clinical Dental Services Program (direct oral health care for adults)
- Oral Cancer Prevention - primary or secondary prevention (screenings, healthcare provider education, public education)
- Children's Clinical Dental Services Program (direct oral health care for children) including salary and operational support
- Off-site component (e.g. School-Based/Linked program, Head Start, Judy Center, WIC, etc.)
    - Examinations/Screenings
    - Fluoride Varnish
    - Fluoride Mouth Rinse

- Fluoride tooth brushing
- Community Water Fluoridation

- Other County Identified Need (e.g., oral injury prevention, child abuse or neglect prevention)

Projects should address oral health areas where there is statewide or local documented evidence of need. In addition, grantees should be mindful of the Healthy People 2020 objectives when creating projects. These areas include the application of strategies documented in Healthy People 2020 that address a multitude of oral diseases in children, adolescents and adults. *The Healthy People 2020: Objectives for Improving Health* addresses 17 oral health objectives and many related sub-objectives. These objectives include the following:

OH–1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
OH-2	Reduce the proportion of children and adolescents with untreated dental decay.
OH-3	Reduce the proportion of adults with untreated dental decay.
OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.
OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis.
OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.
OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months.
OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
OH-9	Increase the proportion of school-based health centers with an oral health component.
OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component.
OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year.
OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.
OH-14	(Developmental) Increase the proportion of adults who receive preventive interventions in dental offices
OH-15	(Developmental) Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams.
OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.
OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training.

***NOTE: Oral Health Education/Literacy*:**
It is our expectation that oral health education and/or literacy intervention pertinent to the service being delivered will accompany any oral health category (Adult Clinical Dental Services Program, Oral Cancer Prevention, Children's Clinical Dental Services Program, Off-site Component, or Other County Identified Need) covered under this grant. If we are to treat dental caries as the disease that it is in order to reduce "repeat treatment offenders," it is absolutely critical that appropriate and evidence-based education/literacy information accompany any oral disease and injury prevention initiative to truly attempt to prevent the disease from reoccurring.

***NOTE: Dental Caries Examinations/Screenings* in Off-Site Programs:**
If a project includes dental caries screenings/examinations as part of its planned activities in an off-site program for children, there must be assurance that there will be appropriate case management or care coordination into the appropriate dental clinical care service for any child found to be at high risk for dental decay.

***NOTE: Oral Cancer Screenings/Examinations*:**
If a project includes oral cancer screenings/examinations as part of its planned activities, there must be assurance that there will be appropriate case management or care coordination for any suspicious lesion found during the screening/examination. This means that there must be a documented and appropriate system of follow-up and case management in place when referring a patient for a surgical biopsy and/or linkage to treatment. It is suggested that at least one screening should coincide with Oral Cancer Awareness Month. (Date and educational materials will be provided by the Office of Oral Health). In the case of communicating results from a biopsy, appropriate follow-up and care coordination with the patient must take place regarding future actions. Oral cancer consent, screening and results forms have been developed by the Cigarette Restitution Fund in consultation with the Office of Oral Health and are available from the Office of Oral Health upon request.

Grantees will be required to submit periodic progress reports and expenditure reports, as well as deliverables produced under the grant. To facilitate project monitoring, clearly defined data elements will be required from all grantees on a regular basis so that project accomplishments can be monitored, compared, and compiled.

The Office of Oral Health is required annually to submit success stories to the Centers for Diseases Control and Prevention to highlight program achievements. A success story is a simple description of a program's progress, achievements, or lessons learned. Some award recipients will be randomly selected to submit a success story to the Office of Oral Health. Once selected, the Office of Oral Health will provide the necessary guidance on how to write and document your success story.

The project team may be asked to attend meetings, participate in site visits, and give reports on progress and accomplishments.

As a condition of receiving funds, grantees must agree to participate in an evaluation of the grants program and provide the Office of Oral Health with any data collection, such as State Stat measures. The Office of Oral Health is required to collect demographic data regarding race. All applications are required to report this information. Funds awarded in fiscal year 2014 may be used for data collection support, i.e. either software or personnel.

PLEASE NOTE: Whether an Office of Oral Health grant is awarded or not, all local health department programs MUST submit State Stat measures. A template of the appropriate State Stat oral health measures to be collected will be sent to all local health department programs and is available on our website at http://phpa.dhmh.maryland.gov/oralhealth.

Additionally, as part of the grant application review process, the Office of Oral Health may request an applicant organization to provide additional information or revise its application as a condition of approving the award. Grants will be reviewed and awarded by the Office of Oral Health.

VII. ROLES

The role of the Department of Health and Mental Hygiene, Office of Oral Health is to provide programmatic support, fiscal oversight of the grants as well as technical assistance in the implementation of these projects. The grant can be used to fund the salary of a health care practitioner, dental community outreach worker, community health nurse, health educator or other appropriate professional or support staff for the project. The grant can also be used to fund the purchase of equipment (other than computer, audio or video equipment or out-of-state travel to conferences). However, there must be clear justification and connection to a planned oral health intervention related to this grant.

The local coordinator(s) will be expected to:

1. Develop, plan and implement the proposed project, based on targeted needs;
2. Identify data sources and collect (when feasible) local oral health status data;
3. Be a designated contact for technical information;
4. Submit quarterly activity and expenditure reports, using the Office of Oral Health Excel Spreadsheet Reporting System, via e-mail to dhmh.ugaoralhealth@maryland.gov . All quarterly reports, which must include all required State Stat measures, as applicable, should only cover the reporting periods listed below. Reports are due 15 days following the end of the quarter. See attached sample of the quarterly activity reporting form to see how information is completed at the top of the form. Please note the telephone number and fiscal year.

Quarter	Reporting Period	Due Date
First	July 1 – September 30	October 15
Second	October 1 – December 31	January 15
Third	January 1 – March 31	April 15
Fourth	April 1 – June 30	July 15

The role of the local health department(s) will entail:

1. Overall interest, involvement, and support for oral disease prevention and/or treatment, oral health access, outreach and/or case management;
2. Administrative support in the form of a desk, telephone, office supplies, a computer and postage for correspondence.

The Office of Oral Health is able to provide technical assistance in the following areas:

1. Education
2. Funding source
3. Work plan
4. Program development
   a. Intervention information
   b. Program materials
   c. Process, impact, and outcome evaluation
   d. Data Analysis
5. Access and referrals to local, state and national consultants as necessary.
6. Monitoring progress of the objectives of the project, which will include detailed review of electronically submitted reports and expenditures.

VIII. SCOPE OF WORK - REQUIREMENTS

A. The awards will be made contingent upon availability of funds and the following general criteria:

1. A detailed description of your program including partnerships & scope of your program;
2. Appropriate target population based on program description;
3. Realistic, specific, and measurable objectives;
4. Clear methods that will lead to the achievement of these objectives;
5. Evaluation measures to monitor whether the methods are effective;
6. A budget that clearly explains the use of the Department's funds and is adequately justified, reasonable, and consistent with the intended use of grant funds will be provided (See Attachment A);
7. A detailed description of your sustainability plans, including other sources of funding, *beyond the project period (See attachment B)*.

B. Site visits may be conducted to evaluate the progress and accomplishments of each project.

IX. SELECTION CRITERIA

Each applicant/proposal will be reviewed for the following factors:

1) Appropriate identification of targeted oral health problem based on community need;
2) A clear and appropriate target population;
3) A program evaluation plan with clear, measurable and realistic goals and objectives;
4) An appropriate evidence-based intervention based on identified need;
5) The development of a sustainability plan for a broad-based oral health program past the grant period;
6) Demonstration of an effective use of resources within the proposed budget.

X. APPLICATION SUBMISSION AND DEADLINE

Applicants should complete the attached application and budget form provided with this announcement. ***Do not recreate the application forms***. The application form is also available electronically on our website at **http://phpa.dhmh.maryland.gov/oralhealth**

NOTE: All applications must be submitted electronically via e-mail attachment to dhmh.ugaoralhealth@maryland.gov no later than April 1, 2013 in order to be considered for funding. NOTE: In your e-mail's subject line, please reference "your county name and FY 2014 Oral Health Application." Applications received after April 1, 2013 will not be reviewed by the Office of Oral Health and applicants will have to re-apply the following fiscal year. Applications will not be accepted in hard copy format. The anticipated mailing of award letters will be April 30, 2013. (Once you receive your award letter notifying you that your application has been approved, you must submit the official budget using the DHMH 4542 budget package to dhmh.ugaoralhealth@maryland.gov.)

XI. ADDITIONAL INFORMATION AND TECHNICAL ASSISTANCE

Additional information and technical assistance may be obtained from Ms. Robertson at the Office of Oral Health. She may be reached by phone at (410) 767-7922, or e-mail Teresa.Robertson@maryland.gov.

XII. NON-DISCRIMINATION CLAUSE FOR EMPLOYMENT IN CONTRACTS

By state law, every contract that you develop and monitor needs to include a nondiscrimination clause for employment. The DHMH State Office of the Attorney General mandates that every contract include the following clause: "The Contractor agrees: (a) not to discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry or disability of a qualified individual with a disability; (b) to include a provision similar to that contained in subsection (a), above, in any subcontract except a subcontract for standard commercial supplies or raw materials; and (c) to post and to cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause."

XIII. OWNERSHIP AND RIGHTS IN DATA

Work produced as a result of this solicitation is and shall remain the sole property of the Department of Health and Mental Hygiene (DHMH):

1. The Department may duplicate, use and disclose in any manner and for any purpose whatsoever, and have others do so, all data delivered under the contract resulting from this solicitation, except where such use may contravene Federal or State guidelines or regulations. The Contractor hereby grants to the Department a royalty free, nonexclusive, and irrevocable license to publish, translate, reproduce, deliver, perform, dispose of, and to authorize others to do so, all data now or hereafter covered by copyright; provided that, with respect to data originated in the performance of this contract, such license shall be only to the extent that the Vendor has the right to grant such license without becoming liable to pay compensation to others because of such a grant.

   The Contractor shall exert all reasonable effort to advise the Department, at time of delivery of data furnished under this agreement, of all invasions of the right to privacy contained therein and of all portions of such data copied from work not composed or produced in the performance of this agreement and not licensed under this clause. The Contractor shall report to the Department, promptly and in written detail, each notice or claim of copyright infringement received by the Contractor with respect to all data delivered under this agreement.

2. The Contractor agrees that at all times during the term of this contract and thereafter, the works created and services performed shall be "works made for hire" as that term is interpreted under U.S. copyright law. To the extent that any products created under this contract are not works for hire for the Department, the Contractor hereby relinquishes, transfers, and assigns to the Department all of its rights, title and interest (including all intellectual property rights) to all such products created under this contract, and will cooperate reasonably with the Department in effectuating and registering any necessary assignments.

   The Department shall have the right to use such works for hire without restriction and without compensation to the Contractor other than that specifically provided by the contract. The Contractor shall not affix any restrictive markings to such works and if such markings are affixed, the Department shall have the right at any time to modify, remove, obliterate, or ignore such markings.