OFFICE OF ORAL HEALTH REQUESTS FOR GRANT APPLICATIONS (RFA) FY 2015

Dental Sealant Program Grants

I. INTRODUCTION

The Maryland Department of Health and Mental Hygiene (DHMH), Office of Oral Health announces a request for applications (RFA) for dental sealant grants. These grants support the application of dental sealants in school-based/school-linked/mobile settings administered and/or coordinated by Local Health Departments. These grants are *competitive* and will be awarded for one year dependent upon available funds.

Please note that this RFA ONLY supports pit and fissure dental sealant services provided in off-site component dental programs administered and/or coordinated by Local Health Departments**.** A separate RFA and application that supports overall 'Oral Disease and Injury Prevention Grants covering the following: Adult Clinical Dental Services Program, Oral Cancer Prevention, Children's Clinical Dental Services Program, Off-site Component, or Other County Identified Need will also be issued. Please note that the Oral Disease and Injury Prevention Grants cover all appropriate services covered under these categories ***except*** dental sealants.

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. 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 - *Dental Sealants*

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 17.1% of children in kindergarten and third grade had untreated tooth decay. Approximately 40.4% of school children in 3rd Grade had at least one tooth with a dental sealant.

Dental sealants are generally applied in a dental clinic setting but because of the relatively low proportion of high-risk children receiving dental sealants, alternative public health strategies have been enlisted including the provision of dental sealants through school-based, school-linked or mobile approaches.

School-based & School-linked Dental Sealant Programs

School-based programs are conducted completely within the school setting, with teams of dental providers (dentists, dental hygienists and dental assistants) utilizing fixed or portable dental equipment within the school setting.

School-based dental sealant delivery programs provide sealants to children unlikely to receive them otherwise directly within the school setting. Such programs:

- Define a target population within a school district
- Verify unmet need for sealants
- Get financial, material, and policy support
- Apply rules for selecting schools and students

School-based sealant programs are especially important for reaching children from low-income families who are less likely to receive private dental care. Programs generally target schools by using the percentage of children eligible for federal free or reduced-cost lunch programs and/or those identified as Title I schools. Tooth decay may result in pain and other problems that affect learning in school-age children. Findings from scientific studies clearly show that school dental sealant programs work to stop tooth decay. The Task Force on Community Preventive Services recommends school sealant programs and issued a strong endorsement in 2001. In 2010, the Association of State and Territorial Dental Directors (ASTDD) issued a strong Policy Statement endorsing school dental sealant programs. This policy states that ASTDD "fully supports, endorses, and promotes expansion of school-based and school-linked dental sealant programs that follow evidence-based guidelines as part of a comprehensive community strategy to serve the greatest number of children and adolescents at highest risk for dental disease. The ASTDD recommends school-based and school-linked dental sealant programs as an important and effective public health approach that complements clinical care systems in promoting the oral health of children and adolescents."

There are many resources on school-based dental sealants including new materials that have been developed by the Office of Oral Health. For a listing of those resources, please refer to the Office of Oral Health website at http://phpa.dhmh.maryland.gov/oralhealth. To access national and other state school-based dental sealant materials, please access the following Centers for Disease Control and Prevention (CDC) link: http://www.cdc.gov/OralHealth/dental_sealant_program/

School-linked programs are connected with schools in some manner but deliver the sealants at a site other than the school (i.e., a clinic or private dental office). School-linked programs may present information, distribute consent forms and conduct dental screening at schools.

Mobile programs refer to a mobile self-contained motorized van or a non-motorized mobile trailer that can be placed in close proximity of a school. Portable dental programs refer to services provided using portable dental equipment that can be transported into a school. There also are "hybrid" programs that combine elements from both systems.

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 dental sealant 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 who apply 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 dental sealant 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, 2014 and will be made for a 12-month budget period. Grant funds will be awarded on a *competitive* basis.

The Office of Oral Health (OOH) will have additional federal funds to support dental sealant programs starting on or about September 1, 2014 and will end on June 30, 2015. Local health departments interested in applying for this extra funding should notify OOH by July 1, 2014 in order to receive a 1-page application. The application will focus on purpose of requesting these funds, performance objectives, and budget and must be submitted by August 1, 2014 for consideration.

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. This includes personnel costs only for the provision and application of dental sealants.

Grantees should be mindful of the Healthy People 2020 objectives for dental sealants when creating projects. *The Healthy People 2020: Objectives for Improving Health* for dental sealants is:

> OH–9.1 Increase the proportion of school-based health centers with an oral health component that includes dental sealants.
>
> OH-12 Increase the proportion of children who have received dental sealants on their molar teeth.

***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 the dental sealant program whether provided in a clinical, school-based/school-linked/mobile setting. 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 Sealants and /Screenings* in Off-Site Programs:**
The dental sealant project must appropriately include, in addition to the dental sealant application, an initial risk assessment through examination or screening of the schoolchildren. As such, 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.

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 award recipients are required to report this information. Funds awarded in Fiscal Year 2015 may be used for data collection support, i.e. either software or personnel.

PLEASE NOTE: Whether an Office of Oral Health grant of any type 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, evaluation, 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 supplies, 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) entails:

1. Overall interest, involvement, and support for the dental sealant project including related 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. Resource Materials
5. Program development
   a. Intervention information
   b. Program materials
   c. Process, impact, and outcome evaluation
   d. Data Analysis
   e. Implementation
6. Access and referrals to local, state and national consultants as necessary.
7. Monitoring progress of the objectives of the project, which will include detailed review of electronically submitted reports and expenditures.

VIII. SCOPE OF WORK - REQUIREMEMNTS

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

1. A detailed description of your program including implementation plans and appropriate target population;
2. Realistic, specific, and measurable programmatic objectives and goals;
3. 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 (see attached budget form & instructions);
4. Description of your data collection method and evaluation measures;
5. A detailed description of challenges faced when implementing a school-based dental sealant program.

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. A clear and appropriate target population based on oral health problem and need;
2. A developed program implementation plan;
3. A program evaluation plan with clear, measurable and realistic goals and objectives;
4. Demonstration of an effective use of resources within the proposed budget;

X. APPLICATION SUBMISSION AND DEADLINE

Applicants should complete the attached application and budget forms 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, 2014 in order to be considered for funding. NOTE: In your e-mail's subject line, please reference "your county name and FY 2015 Oral Health Grant Application." Applications received after April 1, 2014 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, 2014. (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. Carulli at the Office of Oral Health. She may be reached by phone at (410) 767-3084, or e-mail kelly.carulli@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 Contractor 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.