



Maryland Department of Health
Prevention and Health Promotion Administration
Cancer and Chronic Disease Bureau
Office of Oral Health

**FY 2024 Local Health Department Oral Health Grant Application
Request for Applications (RFA)
Grant Period: July 1, 2023 - June 30, 2024
Grant Application Deadline: May 12, 2023**

I. INTRODUCTION

The Maryland Department of Health (MDH or the Department), Office of Oral Health (OOH), is issuing this Request for Applications (RFA) to provide support for oral disease and injury prevention (Component 1) and school dental sealant programs (Component 2). Priority will be given to applications that support the following: 1) Clinical programs to improve the oral health of children and adults; 2) off-site component dental programs; and 3) application of dental sealants in school-based, school-linked, or mobile settings.

Please note that these awards are competitive and separate applications are required for each component.

II. BACKGROUND

Oral diseases are not self-limiting, and they 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. Oral health conditions affect nearly all aspects of daily living, such as quality of life, physical well-being, self-esteem, economic productivity, and school performance, including attendance and readiness to learn.

This Request for Applications (RFA) provides support for oral disease and injury prevention programs (Component 1) and school dental sealant programs (Component 2). **Funding priority areas are as follows:**

Increased Capacity to Treat Medicaid Beneficiaries

Maryland Medicaid has recently expanded to include a comprehensive dental benefit for adults, having gone into effect on January 1, 2023. As there are approximately 800,000 new beneficiaries, and only

one fourth of Maryland's dentists accept Medicaid, the demand for dental care among this population is likely to outpace the supply of available care during this rollout period. This issue is expected to be more pronounced in Dental Health Provider Shortage Areas, where Maryland already falls far below the national standard of 60 dentists per 100,000 residents.

Prevention and Control of Dental Caries

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 ECC is high among certain disadvantaged populations enrolled in Judy Centers, Head Starts, and the Women, Infants, and Children (WIC) programs in Maryland. New evidence shows that it is imperative to reach these populations early (e.g. upon first tooth eruption but no later than 12 months of age) in order to prevent ECC. Developing partnerships with non-dental practitioners, such as pediatricians, nurses, and administrators of childcare programs, that serve these target populations creates opportunities to train other providers to identify early manifestations of oral disease and provide care coordination and dental referrals for these children.

Access to oral health care is a critical problem for underserved and minority populations in Maryland. *The 2015 – 2016 Survey of Oral Health Status of Maryland School Children*, conducted by the University of Maryland, School of Dentistry, found that 13.6% of children in kindergarten and third grade have untreated tooth decay. Additionally, various special populations in Maryland, such as older adults, identify dental problems as their highest self-reported health concern and have high dental caries needs. Unfortunately, these populations also often experience significant difficulty accessing oral health care services, which compounds the disease burden. Strategies to specifically target these special populations have proven successful in aiding these individuals to reduce their risk of oral disease.

Preventive Care for Children, Adults, and Pregnant Patients

Most oral diseases can be prevented by proper and timely use of a variety of preventive regimens. Dental caries, in particular, can be prevented through timely exposure to fluoride, including fluoride varnish, tooth brushing with fluoride toothpaste, and community water fluoridation. Fluoride varnish and tooth brushing with fluoridated toothpaste are both age-appropriate services that can be provided at schools and other community-based venues (e.g.. Head Start, Judy Centers, WIC) and are proven to be an effective and efficient means of providing oral health services.

Injury prevention is another key aspect of maintaining good oral health. Injuries to the head, face, and mouth are common among infants and children. Infants and toddlers often fall when crawling or walking and bump into furniture when running; similarly, adolescents will often experience oral-facial injuries in the daily course of playing, especially at playgrounds or while participating in organized sports. Two-thirds of all child abuse injuries occur in the oral-facial region. Prevention programs, such as dental awareness programs targeting abuse and neglect, educate and assist dental providers in recognizing, understanding, and managing suspected child abuse or neglect cases. Knowing how to prevent such injuries or to manage resulting dental emergencies is key to reducing unnecessary morbidity.

Many adults, particularly those who are low-income, do not have access to dental care or full dental coverage. Efforts to provide care coordination and dental care to vulnerable and disadvantaged adults can have a substantial impact on their oral health outcomes.

During pregnancy, physiological changes occur that may adversely affect oral health, such as dental caries, pregnancy gingivitis, periodontal disease, pregnancy tumor (pyogenic granuloma), and tooth erosion. These conditions can be prevented and treated, so women should visit the dentist during pregnancy. Pregnant women are eligible to receive Medicaid dental coverage throughout their pregnancy and post-partum. Strategies to target patients during their pregnancies have proven successful in treating any existing oral disease and in providing preventive care.

Prevention, Education, and Screening for Oral and Pharyngeal Cancer

As a result of previous statewide primary and secondary prevention efforts, the oral cancer mortality rate in Maryland has improved. However, oral cancer mortality remains high for males, particularly African American males. 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 Papillomavirus (HPV) infection. The oral and pharyngeal cancer mortality rate can also be reduced through secondary prevention efforts encompassing health promotion activities and policies that target both health care professionals and the public. The U.S. Preventive Services Task Force (USPSTF) recommends that dentists provide oral-pharyngeal screenings during routine dental and medical visits, and that adults at increased risk who are unlikely to have routine dental or medical care receive screenings in public health settings. 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, can reduce the oral cancer mortality rate. Tobacco cessation is a vital component of oral cancer prevention, and it includes education as well as a referral to the Tobacco Quitline and other resources.

Prevention and Control of Dental Caries – Dental Sealants

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 are effective at halting tooth decay, yet access to oral health care remains a critical problem for underserved populations in Maryland. *The 2015 – 2016 Survey of Oral Health Status of Maryland School Children*, conducted by the University of Maryland, School of Dentistry, found that approximately 41.4% of school children in 3rd Grade had at least one tooth with a dental sealant. This falls below the Healthy People 2030 goal of 42.5% of children and adolescents who have received dental sealants on one or more of their primary or permanent molar teeth.¹ Further, a considerable disparity in dental sealant presence continues to exist in different regions across Maryland. For example, the Eastern Shore had a lower prevalence of dental sealants than any other region in Maryland at 27.8%.

Dental sealants are generally applied in a dental clinic setting; however, 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 programs are conducted within education settings, with teams of dental providers

¹ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions/increase-proportion-children-and-adolescents-who-have-dental-sealants-1-or-more-molars-oh-10>

utilizing fixed or portable dental equipment. School-based dental sealant delivery programs serve children unlikely to receive them otherwise, and these 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.

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 screenings at schools. Maryland school-linked dental sealant programs must be able to track and effectively link school programs to eventual sealant placement off-site.

Mobile programs refer to mobile self-contained motorized vans or non-motorized mobile trailers that can be placed in close proximity to a school.

The State is issuing this solicitation for the purposes of supporting public health dental programs to build and sustain capacity to provide oral disease prevention services, treatment services, and oral health education to communities and populations with established need. The goal of these projects is to reduce oral disease and improve oral health for underserved children and adults through efficient and effective interventions. Grantees are to identify evidence-based strategies that are appropriate for the targeted demographics, with the ultimate goal of decreasing the burden of oral disease in their respective jurisdictions.

III. GOAL AND APPROACH

Grantees are required to lead the coordination, development, implementation, and evaluation of a set of targeted oral health interventions, the overall goal of which is to improve the oral health of adults and children in their jurisdiction, including underserved and vulnerable populations. The MDH OOH expects grantees to implement these packages of services 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. Objectives for this project include:

1. Increase capacity to treat Medicaid beneficiaries;
2. Reduce the proportion of children and adolescents with dental caries experience in their primary or permanent teeth;
3. Reduce the proportion of children and adolescents/or with untreated dental decay;
4. Reduce the proportion of adults with untreated dental decay;
5. Reduce the proportion of pregnant patients with untreated dental decay;
6. Increase the proportion of low-income children and adolescents who receive any preventive dental service;
7. Increase the proportion of children and adolescents who have received dental sealants;
8. Increase the proportion of adults who receive oral and pharyngeal cancer screenings and tobacco cessation education and referrals from a dentist or dental hygienist;
9. Increase the proportion of adults who receive any preventive dental service; and
10. Increase the proportion of pregnant and post-partum patients who receive any preventive dental service.

Applicants are expected to select the objective(s) that most closely align to their proposed set of interventions, and with those objectives, applicants are expected to set measurable and reasonably ambitious targets.

IV. USE AND PURPOSE OF GRANT FUNDS

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 2030 objectives when designing projects, which can be accessed through this link:

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>

COMPONENT 1 - ORAL DISEASE AND INJURY PREVENTION (ODIP)

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 2030 objectives when designing projects, which can be accessed through this link: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>

In general, grant funds may be used to support:

- Salaries of health care practitioner(s), dental community outreach worker(s), community health nurse(s), health educator(s), and/or other appropriate professional or support staff assigned to this project;
- Supplies and equipment;
 - If award recipients choose to use funds towards equipment, they must provide a justification and connection to a planned oral health intervention related to this grant.
- Data collection support, i.e., either software or personnel;
- Other line items directly related to program implementation; and
- Indirect costs not to exceed 10% of total direct costs.

Grant funds should be used to cover the direct costs of the implementation and evaluation of a set of oral health interventions, including personnel costs, salaries, and operational support in the following areas:

1. Children's Clinical Dental Services Program (direct oral health care for children)
2. Adults' Clinical Dental Services Program (direct oral health care for adults)
3. Pregnant Patients' Clinical Dental Services Program (direct oral health care for pregnant and post-partum patients)
4. Off-Site Children's Services (e.g., School-Based/Linked, Head Start, Judy Center, WIC, etc.)
 - a) Examinations/Screenings
 - b) Fluoride Varnish
 - c) Fluoride Rinse
 - d) Silver Diamine Fluoride
 - e) Toothbrush Prophylaxis
5. Adult Case Management
6. Oral Cancer Prevention - primary or secondary prevention (screenings, healthcare provider education, public education, referrals)
7. Oral Health Education Component (**Required**)

- a) Classroom education
- b) Community education
- c) Children's Dental Health Month activities
- d) Oral Cancer Awareness Month

COMPONENT 2 - DENTAL SEALANTS

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.

CONFERENCE TRAVEL

Grant funds may be used for one person from each health department to attend an oral health conference, preferably the National Oral Health Conference (NOHC). The conference must be tied to their specific work. The final decision for approval of attendance and travel will occur when the respective agenda is available.

ADDITIONAL FUNDS FOR ORAL CANCER SCREENINGS

There is additional funding available to support oral cancer screening efforts. Grant funds may be used to support a dental hygienist position. This position may be funded based on health departments' hiring processes. Grant funds can also be used for supplies and equipment to support the hygienist position.

NOTE: Oral Health Education/Literacy:

The OOH expects that an oral health literacy intervention pertinent to the service being delivered will accompany any oral health category covered under this grant. To assist, the OOH provides free educational materials for use as needed; available through this link:
<https://phpa.health.maryland.gov/oralhealth/Pages/materials.aspx>

Grant funds are **not** to be used for purchase of health education materials the subject matter of which is addressed by available MDH materials.

NOTE: Dental Caries Examinations/Screenings in Off-Site Programs:

If a project includes dental caries screenings and/or examinations as part of its planned activities in an off-site program for children, considerations must be made for appropriate care coordination within 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 and/or examinations as part of its planned activities, there must be assurance that there will be appropriate care coordination for any suspicious lesion found during the screening/examination, including a documented system of care coordination in place when referring a patient for a surgical biopsy and/or linkage to treatment. The OOH recommends that at least one screening occur in April during Oral Cancer Awareness Month. (Educational materials are available from the OOH.) In the case of communicating results from a biopsy, appropriate follow-up and care coordination with the patient must take place regarding future actions. The MDH Cigarette

Restitution Fund has developed cancer consent, screening, and results forms – all of which are available from the OOH upon request.

NOTE: Dental Sealants and Screenings in Off-Site Programs:

If a project includes dental sealants, 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 care coordination into the appropriate dental clinical care service for any child found to be at high risk for dental decay.

V. ELIGIBILITY AND AVAILABILITY OF FUNDS

Eligible applicants are public health oral health programs located in all twenty-four jurisdictions in Maryland. Grantees may enter into contracts with private and other public sector entities, including consortia agreements, as necessary to meet the requirements of the program and achieve desired results. The MDH OOH anticipates having available resources to fund these grants for one full year with awards beginning on July 1, 2023. Grant funds will be awarded on a *competitive* basis and are dependent upon available funding; they may be awarded at levels less than requested.

VI. ROLES

The MDH OOH is expected to provide programmatic support, fiscal support/oversight of the grants, as well as technical assistance in the implementation of these projects. The MDH OOH is able to provide technical assistance in the following areas:

1. Education;
2. Funding;
3. Program development, including intervention information, program materials (e.g., reporting forms), evaluation, and data analysis;
4. Access and referrals to local, state, and national consultants as necessary;
5. Performance monitoring, which includes detailed review of electronically submitted reports and expenditures;
6. Resource Materials (e.g., Maryland School-based Dental Sealant Training Programs, Mighty Tooth Website, Mighty Tooth Brochures, Informed Consent/Medical History Template);
7. Access and referrals to local, state, and national consultants as necessary; and
8. Monitoring progress of the objectives of the project, which will include detailed review of electronically submitted reports and expenditures.

Grantees are required to attend meetings, participate in site visits, and give reports on progress and accomplishments throughout the grant period. As a condition of receiving funds, grantees must agree to participate in an evaluation of the grants program and provide the OOH with any data collection. The OOH is required to collect demographic data regarding race/ethnicity, and all award recipients are required to report this information.

Grantees are expected to:

1. Develop, plan, and implement the proposed project, based on targeted needs;

2. Collect data related to stated objectives and performance measures;
3. Be a designated contact for technical information;
4. Complete Maryland Dental Sealant Training Programs online (Component 2 grantees only);
5. Submit quarterly activity and expenditure reports, using forms provided by the OOH per schedules to be provided by the OOH;
6. Submit success stories upon request, which highlight program achievements. The OOH will provide the necessary guidance and templates;
7. Provide overall interest, involvement, and support for oral disease prevention and/or treatment, oral health access, outreach and/or care coordination; and
8. Provide administrative support in the form of a desk, telephone, office supplies, a computer, and postage for correspondence.

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

Additionally, project teams are required to attend meetings, participate in site visits, and give reports on progress and accomplishments throughout the grant period. As a condition of receiving funds, grantees must agree to participate in an evaluation of the grants program and provide the OOH with any data collection. The OOH is required to collect demographic data regarding race/ethnicity, and all award recipients are required to report this information. Funds awarded in Fiscal Year 2024 may be used for data collection support, i.e. either software or personnel.

Grantees are expected to:

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

NOTE: As part of the grant application review process, the OOH may ask 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 OOH.

VII. APPLICATION – REQUIRED COMPONENTS

The awards will be made contingent upon availability of funds, and applications (**see Section IX for details and templates**) should contain the following information:

- A detailed description of the program, including needs the program addresses, potential impact on the community, as well as services and strategies for implementation;
Note: If applicants propose partnerships, then these should be described in this section.
- For Component 2: Dental Sealants ONLY:
 - Description of the process, including an initial risk assessment, examination or

screening of the schoolchildren, and appropriate care coordination for any child found to be at high risk for dental decay.

- Description of how the project will link children with a dental home and conduct retention checks (if applicable).
- A description of the organizational capacity to successfully implement proposed activities;
- Identification of an appropriate target population based on this program description and summary of their needs and strategies for outreach(e.g. Component 2 should target Title I schools and/or those with 50% of students enrolled in the Free and Reduced Meal Program);
- A description of any potential challenges and how those challenges will be addressed;
- A brief description of an ODIP and/or Sealant success story, if previously funded;
- A work plan (using Attachment A: Work Plan Template) detailing objectives, proposed activities, related performance measures, timeframe, and responsible team member(s);
- Completion of the Program Components and Anticipated Reach Table;
- A description of additional sources of funding during the project period; and
- A 4542 budget package with an accompanying narrative (using Attachment B: Budget Narrative Template) that details intended use of MDH funds, which is adequately justified and reasonable.

Note: Indirect costs must be limited to no more than 10% of total direct costs.

The MDH OOH will conduct periodic site visits to evaluate the progress towards achieving goals and objectives.

VIII. SELECTION FACTORS

Each applicant/proposal will be reviewed on the following factors in descending order of importance:

- Appropriate set of evidence-based interventions based on identified objective that targets a clear and appropriate population;
- Demonstrated organizational capacity that can successfully implement proposed activities, including past performance measures from previous grant cycles or similar work;
- Developed work plan that is ambitious, measurable, and detailed; and
- Effective use of resources within the proposed budget and budget narrative.

IX. APPLICATION SUBMISSION AND DEADLINE

For **each** component (ODIP and/or Dental Sealants), applicants must complete:

- Grant application,
- Attachment A: Work Plan,
- Attachment B: Budget Narrative, and
- Attachment C: 4542 Budget Package.

If applying for oral cancer / dental hygienist funds, applicants must **also** complete a separate budget narrative (Attachment B) and 4542 budget package (Attachment C).

Note: The pms4542c tab should list the performance measure of “# Oral Cancer Screenings” and an

overall target that matches the oral cancer screening anticipated reach on the ODIP application.

Please utilize the forms provided. The application forms are also available electronically via this link: <https://phpa.health.maryland.gov/oralhealth/Pages/funding-ops.aspx>

NOTE: All applications must be submitted electronically via e-mail attachment to mdh.ugaoralhealth@maryland.gov. The deadline for applications is May 12, 2023.

NOTE: In your e-mail's subject line, please reference your organization name and "FY 2024 (ODIP or Dental Sealant or Oral Cancer Screening) Application."

X. ADDITIONAL INFORMATION AND TECHNICAL ASSISTANCE

Additional information and technical assistance may be obtained from MDH OOH staff. They can be reached by email at mdh.ugaoralhealth@maryland.gov.

XI. 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 MDH 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."

XII. OWNERSHIP AND RIGHTS IN DATA

Work produced as a result of this solicitation is and shall remain the sole property of MDH (referred to below as the "Department"):

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.