



LETTER OF INTENT

Oral Health Promotion and Access

Workforce Development

2008



**2008 Oral Health Promotion and Access
Workforce Development**

Letter of Intent (LOI)

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OVERVIEW

Oral Health Promotion and Access (OHPA) is designed by Missouri Foundation for Health (MFH) to support focused funding for prevention and access programs to improve oral health in Missouri. The first phase of OHPA focused on supporting sustainable school-based and school-linked dental sealant and education programs (Smiles Across Greater Missouri – SAGMO).

This next phase of OHPA – Workforce Development – is intended to support the development of a strong dental workforce in Missouri, and is being offered here as a Letter of Intent (LOI) opportunity.

BACKGROUND

Oral health is consistently identified as an area of great need in Missouri; it is essential to general health and overall well-being throughout a person's lifespan, and is an important indicator in measuring overall health status. However, the lack of dental providers and the lack of providers that accept Medicaid, along with an increasing number of low-income, uninsured and underserved populations which lack access to quality dental care services, combine to make oral health issues a priority to be addressed in Missouri.

Access to dental providers and cost are the two major factors that prevent Missourians from receiving adequate dental care. According to the Missouri Coalition for Oral Health, Missouri's shortage of dental health care providers is increasing over time. Annually, Missouri has approximately 70 dentists retire, compared to the approximately 40-50 dental graduates staying in state to practice. The latest available licensure data indicates Missouri has a statewide shortfall of 249 dentists and 834 hygienists.ⁱ Five counties in the state are currently without a single active dentist, resulting in 29,085 people without immediate access to a dentist in their area.ⁱⁱ

For those fortunate enough to have a dental provider in their community, affordable care still remains a significant barrier. Less than 40% of Missouri employees have dental health insurance. In addition, the elimination of adult dental coverage for Medicaid patients has left thousands more without dental coverage.ⁱⁱⁱ

The Surgeon General's Call to Action to Promote Oral Health recommends increasing the diversity of the dental workforce to meet community and patient needs, enhancing workforce capacity, and securing an adequate and flexible workforce.^{iv} Likewise, the Association of State and Territorial Dental Directors (ASTDD)^v has identified several strategies to address the dental

professional shortage. These include: increasing the number, distribution and availability of dentists for all populations; increasing availability and expanding the scope of practice of dental auxiliary personnel; and integrating education and prevention with services provided by non-dental providers. Successful programs^{vi, vii, viii} have implemented these strategies through varied interventions, such as training and certification for non-dental health providers (e.g., physicians and nurses), improving dental benefits and Medicaid reimbursement rates to recruit more providers, and engaging primary care providers in prevention and education techniques.^{ix}

PROGRAM DESIGN

The goal of the OHPA Workforce Development program is to improve access to dental care for the uninsured, underinsured and underserved by expanding the dental workforce in Missouri. Funded programs will support the development of an expanded dental workforce throughout the MFH service area by:

- » Enhancing the dental workforce for underserved populations (through training and/or recruitment);
- » Expanding the role of dental auxiliary personnel; and/or
- » Integrating oral health with services provided by non-dental providers

These programs will be based on best practice criteria and promising practices, as described by ASTDD on page 11.

Successful LOI applicants will provide detailed plans for programs addressing one or more of these strategies. A listing of resources that may be useful in preparing a LOI is on page 10.

Approved Workforce Development programs will be funded for a period of three (3) years.

FUNDING GUIDELINES

Allowable Costs and Activities

The following line items can be requested under each funding area:

- » Support of professional training and workforce development.
- » Support for innovations in quality of care.
- » Support for local advocacy activities consistent with MFH's mission and tax-exempt status.
- » Salaries/benefits.

- » Related supplies.
- » Evaluation (up to 10% of total direct expense).
- » Other direct expenses.
- » Grant-related travel.
- » Indirect expenses (up to 15% based on salaries only, exclusive of benefits/payroll taxes).

Limited Allowable Costs and Activities

MFH can consider funding the following types of activities and expenses through this LOI, subject to the limitations stated:

- » **Equipment expenses.** Generally, MFH prefers to pay actual costs of use of expensive equipment required to accomplish the objectives of a project. Acquisition of expensive equipment (value \geq \$5,000) is permitted only when such equipment is required to meet a specific project's objectives and requires sharing of costs with other sources where equipment is dedicated to an approved project less than 80% of the time.
- » **Research.** MFH supports research designed to improve methods for health services delivery or to develop more effective public health programs provided such research is an integral part of a project funded in whole/in part by MFH. Such projects must result in the delivery of improved services or the implementation of more effective public health programs. The research component of the total project cannot exceed 50% of the funding requested from MFH.
- » **Leadership/organizational development.** MFH supports leadership development and organizational development activities provided they are an integral part of an application involving delivery of services and can be funded as a part of a larger project.
- » **Health component.** Although MFH views health as a broad and inclusive concept, MFH-supported projects combining health and social services elements must have a strong health component. Programs must clearly identify and quantify health outcomes, and the majority of the funding requested must be for expenditures related to increasing oral health care access.

Excluded Costs and Activities

MFH does not fund the following types of activities and expenses:

- » Capital campaigns.
- » Annual appeals or other fundraising events.
- » Existing deficits incurred outside any MFH-funded project.
- » Restoration of funding cuts by government or other organizations.

- » Endowment building or development campaigns.
- » Basic biomedical research not a part of a MFH-adopted grant program.
- » Research on drug therapies or devices.
- » Direct support of individual medical care.
- » Direct support of individual education or training.
- » Lobbying of any kind.
- » Purchase of health insurance for individuals or groups (other than as a part of employee fringes on approved projects).
- » Religious purposes.
- » Expansion of existing public insurance programs.
- » Real estate acquisition.

ELIGIBILITY

Applicants and the majority of the targeted population served must be located within the MFH service area, which includes 84 counties and the City of St. Louis. Applicants must also meet the general MFH funding guidelines (see eligibility criteria, or refer to the *MFH Funding Guidelines* at http://www.mffh.org/funding_guidelines.html).

Organizations that are exempt from federal tax under provisions of Section 501(c)(3) of the IRS Code are eligible to seek support under this funding program. State or local government agencies may apply provided MFH funding does not supplant existing funding for activities and the recipient governmental agency assumes an increasing portion of the cost of such projects over the period of MFH support.

Applicants must be registered with the Secretary of State to conduct business in Missouri and classified by the state as being in good standing. Applicants not in good standing are ineligible to apply until their status has been resolved and reclassified to good standing.

The total of current MFH funding from other grants as well as funding allocated to this application may not exceed 25% of an organization's annual expense as determined from IRS Form 990. All current MFH grants and contracts are considered in calculating an organization's 25% limit.

SELECTION PROCESS

After review of all received LOIs by MFH staff, selected applicants will be invited June 6, 2008 to submit full proposals, which will be due July 24, 2008. An informational meeting for invited applicants will be June 16, 2008.

In awarding grants, MFH does not discriminate on the basis of race, color, sex, religion, national origin, age, disability, sexual orientation or veteran status. As part of the grant process, all grantees are required to affirm that, in providing services funded in whole or in part by a MFH grant, the grantee does not discriminate on the basis of race, color, sex, religion, national origin, age, disability, sexual orientation or veteran status either in its employment practices or in its policies and procedures concerning access to services.

TIMETABLE

LOI Application Available:	April 1, 2008
LOI Deadline:	May 8, 2008 (must be received in the MFH office by 4 pm)
Full Proposals Due:	July 24, 2008 (for invited applicants only)

HOW TO APPLY

Applicants must submit one (1) copy of the following materials (see the *LOI Checklist*, page 7):

- » LOI cover sheet
- » LOI narrative
- » Budget narrative
- » Tax determination letter

Any LOIs without the required items will not be accepted for review.

LOIs may be mailed or hand-delivered to MFH offices – no faxed or e-mailed LOIs will be accepted. Mailed LOIs can be sent to the address on page six.

RIGHT TO REJECT

MFH serves the right to:

- » Reject any or all LOIs submitted
- » Request additional information from any or all respondents

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- » Conduct discussions with respondents for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements
- » Negotiate modifications to a respondent's application prior to final award for the purpose of obtaining best and final offers
- » Approve subcontractors proposed or utilized in carrying out the scope of the work

INQUIRIES

Please direct all inquiries about the LOI process to Craig Biehle, Program Officer, at 314.345.5544 (toll-free 800.655.5560) or cbiehle@mffh.org.

**Missouri Foundation for Health
Attn: Oral Health Promotion and Access
APPLICATION ENCLOSED
1000 St. Louis Union Station, Suite 400
St. Louis, MO 63103**

LETTER OF INTENT CHECKLIST

General requirements:

- » Applications that do not contain all of the required documentation *will not be reviewed* unless an applicant has contacted and obtained approval from MFH *prior to submission* to explain why certain documentation is unavailable. Incomplete applications will not be advanced to consideration for funding.
- » Do not provide any other documentation such as leaflets, promotional materials, flyers, etc.
- » Do not staple the application or use any special folders or bindings.

Submitted applications *must* contain one (1) copy of all of the items listed below:

- LOI cover sheet.** Submit a one-page form located on page 8 of this packet with all spaces completely filled in.
- LOI narrative.** Submit a narrative up to three (3) pages long detailing the proposed program. Instructions for required content are included in this packet on page 9.
- Budget narrative.** Provide a general cost estimate for the project (A line item budget is not needed at this time. The information may be provided in paragraph form). This should include staffing, equipment, supplies, and other project related expenses. Refer to MFH Funding Guidelines: Allowable Costs and Activities on page 2.
- Tax determination letter.** Provide a copy of the letter issued by the Internal Revenue Service that states that your organization is tax exempt under IRS code section 501(c)(3). Call 1.877.829.5500 to obtain a copy. *Do not send a Missouri sales tax exemption letter.* Government agencies have a tax exemption under a different code section.

**Missouri Foundation for Health
Oral Health Promotion and Access
2008 Letter of Intent Cover Sheet**



For Internal Use Only:

Date Received: _____

Reference Number: _____

Name of Applicant Organization:		Address:	
Legal Name (if different from Applicant Organization Name):		City	State ZIP
Primary Contact and Title:		Secondary Contact and Title:	
Telephone Number (Area Code):		Telephone Number (Area Code):	
E-mail Address:		E-mail Address:	
Fax Number (Area Code):		Fax Number (Area Code):	
Employer ID Number/Federal Tax ID Number:		Website Address (if applicable):	
County(ies) where project will be implemented: (List all)		Project Title:	
Geographic Area Served:	Organizational Profile	Organizational Financial Profile	
<input type="checkbox"/> Rural _____% <input type="checkbox"/> Suburban _____% <input type="checkbox"/> Urban _____%	Age of organization (years): _____ Number of FTE staff: _____ Number of volunteers: _____	Annual Operating Expense Budget: _____ Total Amount of Project: _____ Total Amount Requested from MFH: _____ Duration of Project (months): _____	
Mission of Organization			
Tax Status			
<input type="checkbox"/> Exempt under 501(c)(3) of the IRS code <input type="checkbox"/> Exempt governmental unit <input type="checkbox"/> Other (specify) _____			
<p><i>All applicants must attach a Tax Determination Letter issued by the Internal Revenue Service. Call IRS at 1-877-829-5500 to obtain a copy. Do not send a Missouri sales tax exemption letter.</i></p>			
<p>Printed name and title of person authorized by organization's governing board to sign a grant award agreement if application is approved by MFH Board of Directors</p>			
Name:		Title:	
<p>Printed name and title of organization's Chief Executive officer (CEO)/Board Member</p>			
Name:		Title:	
Signature of President/CEO or Authorized Board Member		Date:	

PREPARING YOUR LOI NARRATIVE

The LOI Narrative cannot exceed three (3) pages (excluding attachments).

The LOI Narrative must be typed on standard white paper, single spaced with at least an 11-point font size and one-inch margins. Please attach (with a paper clip) one (1) copy of the LOI Cover Sheet, LOI Narrative (includes budget narrative) and tax determination letter (listed in the LOI Checklist, page 7).

DESCRIPTION OF YOUR PROGRAM

Follow the requirements and use the corresponding headings below for the LOI.

- A. Describe the community's need and provide a comprehensive description of the target population that will be served.
- B. Briefly describe the proposed project, including which of the following strategies will be implemented:
 - » Increasing the number, distribution and availability of dentists for all populations.
 - » Increasing the availability of and expanding the scope of practice of dental auxiliary personnel.
 - » Integrating education and prevention with services provided by non-dental providers.

Explain the rationale for this approach.

- C. Briefly describe the current programs the organization provides related to the proposed dental workforce development project. Describe the organization's experience in managing similar programs, if applicable.
- D. Briefly describe the project goal(s), major objectives and activities related to each goal. Good objectives should answer the following questions: What will happen? For whom? How many? By when?
- E. In paragraph form, provide the budget narrative – include the organization's annual operating budget, total proposed budget for the entire proposed project, and the grant amount requested from MFH for each project year. (A line item budget is not needed at this time.)

RESOURCES & SUCCESSFUL PROGRAMS

RESOURCES

Association of State and Territorial Dental Directors (ASTDD) best practices for workforce development

<http://www.astdd.org/index.php?template=bestpracworkforce.php>

SUCCESSFUL PROGRAMS

David Grembowski and Peter M. Milgrom. *Increasing Access to Dental Care for Medicaid Preschool Children: The Access to Baby and Child Dentistry (ABCD) Program*. (Washington, DC: U.S. Department of Health and Human Services Public Health Reports, September and October 2000).

Julie N. Mansour and Judith Cooksey. *The Michigan Healthy Kids Dental Medicaid Program: Background, Program Design, and Baseline Assessment*. (Illinois Center for Health Workforce Studies, December 2000).

Gary Rozier, Betty King Sutton, James W. Bawden, Kelly Haupt, Gary D. Slade, and Rebecca S. King, "Prevention of Early Childhood Caries in North Carolina Medical Practices: Implications for Research and Practice," *Journal of Dental Education* 67, 8 (2003).

FULL PROPOSAL REQUIREMENTS

Organizations invited to submit a full proposal for OHPA Workforce Development will be required to address the following:

ASTDD BEST PRACTICE CRITERIA:

(<http://www.astdd.org/index.php?template=bestpracworkforce.php>)

Impact/Effectiveness:

- Net gain in services for target populations of communities
- Achieving program targets in outreach and service delivery for the target populations

Efficiency

- Monitoring/tracking of unit cost for each person enrolled in the program and/or service provided through the program
- Maintains a cost-benefit of cost-efficiency analysis for the program of service

Demonstrated Sustainability

- The program or service has a consistent funding source without time limitation (e.g., a 2-year grant) and/or has a plan for fund-raising or long-term funding
- The program or service has a policy or legislation in place to support implementation

Collaboration/Integration

- Integration, collaboration and/or coordination with key stakeholders and project partners, demonstrated through memorandums of understanding stating the partners' commitments to the proposed program and activities
- Public/private partnerships to leverage resources

Objectives/Rationale:

- Linking of program goals/objectives to national goals/objectives (e.g., Healthy People 2010 or Surgeon General's Report on Oral Health)
- Linking of program goals/objectives to state oral health goals/objectives (e.g., state oral health improvement plan, state policy agenda, or health agency's priorities)

EVALUATION:

- Provide a comprehensive internal evaluation plan measuring clearly stated objectives and outcomes

REFERENCES

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- ⁱ Missouri Coalition for Oral Health. White Paper. April 13, 2007
- ⁱⁱ Centers for Disease Control and Prevention. Synopses of State and Territorial Dental Public Health Programs. Available at: <http://apps.nccd.cdc.gov/synopses/StateDataV.asp?StateID=MO&Year=2005>
- ⁱⁱⁱ Missouri Coalition for Oral Health. White Paper. April 13, 2007
- ^{iv} U.S. Department of Health and Human Services. A National Call to Action to Promote Oral Health. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, and the National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, May 2003.
- ^v Association of State and Territorial Dental Directors (ASTDD) best practices for workforce development. Available at: <http://www.astdd.org/index.php?template=bestpracworkforce.php>
- ^{vi} David Grembowski and Peter M. Milgrom. *Increasing Access to Dental Care for Medicaid Preschool Children: The Access to Baby and Child Dentistry (ABCD) Program*. (Washington, DC: U.S. Department of Health and Human Services Public Health Reports, September and October 2000).
- ^{vii} Gary Rozier, Betty King Sutton, James W. Bawden, Kelly Haupt, Gary D. Slade, and Rebecca S. King, "Prevention of Early Childhood Caries in North Carolina Medical Practices: Implications for Research and Practice," *Journal of Dental Education* 67, 8 (2003).
- ^{viii} Julie N. Mansour and Judith Cooksey. *The Michigan Healthy Kids Dental Medicaid Program: Background, Program Design, and Baseline Assessment*. (Illinois Center for Health Workforce Studies, December 2000).
- ^{ix} Gehshan S and Wyatt M. Improving Oral Health Care for Young Children. National Academy for State Policy April 2007. Available at: <http://www.oralhealthamerica.org/pdf/NASHPIImprovingOralHealthofYoungChildren.pdf>