



*Southern Willamette Valley Leadership Council
Children's Dental Health Initiative
Request for Proposals
March 4, 2010*

INFORMATION

The Oregon Community Foundation launched the Regional Action Initiative (RAI) in 2008 to engage Oregonians in a new level of civic leadership to increase Oregon's quality of life and improve communities in a significant and lasting way. OCF is contributing a one-time special allocation of \$1 million to each of OCF's seven service regions, including Southern Willamette Valley, to implement and evaluate the RAI. **The SWV region includes Benton, Douglas, Lane and Linn Counties.**

Volunteers from the OCF Southern Willamette Valley Leadership Council formed a RAI Committee that assessed the needs of children and families in the four counties. After multiple interviews, presentations and community forums, they identified children's dental health as a significant issue to address with this Initiative. For the past six months, community leaders and researchers have helped the Council identify how to make an impact in children's dental health through education, prevention, treatment and advocacy. *While this effort is part of the overall RAI, it will be referred to as the Southern Willamette Valley Children's Dental Health Initiative.*

The RAI Committee intends to support efforts over the next three years to improve children's dental health in the four county region with special emphasis on prevention through education and advocacy. The SWV RAI Committee invites interested applicants to submit proposals demonstrating how one or more of the following desired outcomes could be achieved.

DESIRED OUTCOMES
(see matrix below)

<p>Prevention</p>	<ol style="list-style-type: none"> 1. Increased use of cost-effective and research-based prevention tools, such as: <ol style="list-style-type: none"> a. Distribution of free toothbrushes, fluoride toothpaste, floss b. Application of fluoride varnish and Iodine antiseptic c. Supervised tooth brushing and oral hygiene curricula in the schools 2. Increased number of babies at age one visiting a health professional who administers fluoride varnish, provides iodine antiseptic, provides toothbrushes and paste, and/or offers training for parents on oral hygiene 3. Fluoride varnishes and iodine antiseptic, 3 times per year, in the schools (may include Head Start and Early Head Start). Emphasis at ages 6/7 (1st grade) and age 12 (6th grade) with eruption of first and second molars 4. Increased use of students as volunteers from medical and dental/hygiene programs 5. Improved coordination between schools, providers and other partners to reduce barriers to treatment 6. Increased parental/familial engagement to improve children’s dental health 7. Implementation of other effective strategies that are deemed appropriate for improving children’s dental health not listed here
<p>Education</p>	<ol style="list-style-type: none"> 1. Improved prevention behaviors among youth (ex: regular flossing, etc.) 2. Increased information and effective outreach to pregnant mothers to improve children’s dental health 3. Increased distribution and use of parenting education curricula that includes training on oral hygiene and prevention strategies 4. Increased education and outreach to dental and medical providers regarding the importance of pre-age 2 use of toothpaste 5. Production or procurement of brochures, placards, videos and other useful media to promote best-practice dental hygiene strategies 6. Increased placement of media (brochures, videos, etc.) to increase awareness of dental hygiene and its importance, especially for ages 1, 6 and 12 when teeth first erupt 7. Improved outreach and education to community members about the Oregon Health Plan, specifically focusing on how to navigate the system, enroll and take advantage of the benefits 8. Improved knowledge about dental benefits for those already enrolled in Oregon Health Plan 9. Increased awareness in the community of the need to improve children’s dental health 10. Implementation of other effective strategies not listed here

<p>Advocacy</p>	<ol style="list-style-type: none"> 1. Improved dissemination of research-based information and communication among medical and dental providers, including insurers 2. Increased volunteerism among dentists, hygienists and community members working to improve children’s dental health 3. Increased number of public schools enrolled in Oregon’s Oral Health Program provided by the Department of Human Services to receive free screenings, sealants and fluoride applications 4. Increased number of primary care physicians administering topical fluoride varnish and iodine antiseptic treatments at well-child check-ups 5. Immunizations linked with concurrent dental check-ups at the physician’s office (mouth screening required before entering school, as with immunizations) 6. Improved access to dental care for OHP patients by fully utilizing OHP providers and developing incentives for other dentists to serve this population of patients 7. Increased ease and ability for retired professionals to participate as insured volunteers 8. Increased use of mid-level providers by supporting better funding reimbursements and workforce development for hygienists at the state policy level, in order to improve access to affordable treatment providers <ol style="list-style-type: none"> a. Increased use and training of Limited Access Permit (LAP) hygienists b. Address coding for reimbursements for registered dental hygienists, LAP hygienists, and dental assistants with insurers 9. Implementation of other effective strategies not listed here
<p>Treatment</p>	<ol style="list-style-type: none"> 1. Improve referral systems to providers so children in elementary schools who are experiencing pain can receive the appropriate treatment in a timely manner 2. Identify and treat the roughly 1% of children in schools, typically 1st and 2nd graders, who experience mouth pain due to abscesses 3. Reduced number of visits to the emergency room by children with pain related to oral health 4. Implementation of other effective strategies not listed here

PROPOSALS

The Southern Willamette Valley RAI Committee invites members of non-profit or tax-exempt organizations (government entities, etc.) to submit proposals that will improve children's dental health in the four county region. Prevention should be the emphasis. Funds may be used to replicate existing programs, implement new evidence-based strategies, strengthen coordination of the infrastructure for a more effective dental health system, and support other innovative ideas to improve children's dental health in the four county region.

Proposals may not request funding for religious* activities. Proposals may not request funding for items purchased or grant activities occurring prior to date of grant award.

*Religious organizations are eligible to apply for funding as long as two elements are present: (1) the services provided are open to all, and (2) they do not proselytize.

Competitive applications will demonstrate:

- Broad community support for the proposal, including a list of all community members involved in submitting the proposal, their specific roles and contributions, and their contact information
- Community partnerships and in kind donations for the effort, including signed memos of understanding
- The ability to create beneficial, long-lasting change for children in regards to their dental health
- The ability to leverage additional funds and other resources (in kind donations, funds, staff/medical provider time, partnerships, administrative support, volunteer hours, research, information, etc.)
- A commitment to sustaining the effort after the OCF funds have been invested or spent

Proposals may request funding for:

- Staffing and administrative support, travel costs
- Training for key staff, community members; licensing fees for volunteer providers
- Curricula, materials
- Equipment and supplies
- Oral hygiene supplies (toothbrushes, floss, toothpaste, etc.)
- Incentives for volunteers; stipends
- Transportation vouchers for students to get to and from dental clinics for services/treatment; mobile dental van visits
- Marketing
- Coordination
- Data collection and evaluation
- Other reasonable requests necessary to implement and sustain the effort described in the proposal

OUTCOMES AND EVALUATION

Proposals must demonstrate how data will be collected, analyzed and evaluated to show progress toward achieving the above-outlined outcomes for the Initiative. Organizations must have access to baseline and follow-up research and/or academic data for participants in the project. A letter of support for the proposal is required from each school district the organization will serve. Reports will be due each July after activities have begun, and awardees will receive an annual site review from the committee.

GRANT AMOUNTS

Small and large grant requests will be considered. Grants will range in size depending on experience, need, level of community support, and a clear plan and ability to demonstrate outcomes. Multi-year requests will be considered for up to three years (ending in July, 2013). The maximum grant will be up to \$150,000.

***Please note: Only one proposal per organization will be accepted.**

PROPOSAL FORMAT

Proposals shall include a(an):

- OCF Application Form
- Project narrative (no more than 5 pages in length, 1.5 spacing, 12 point font, 1” margins)
- Itemized budget
- Three letters of support
- Memos of Understanding from contributing partners
- Copy of the organization’s budget for 2009-10

Project Narrative: 5 pages

Please include the following:

- Project overview—a brief description of what will happen
- Identify the community needs and describe how grant funding will address those needs
- Describe all the effort, programs and services that will be included
- Describe the role and responsibilities of key staff and community members
- List the desired outcomes the proposal will attempt to achieve and how those outcomes will be achieved; include the expected results
- Demonstrate community support for the proposal
- Identify community partners, their roles and their contributions
- Develop a work plan and timeline for implementation
- An evaluation plan—be specific—how will you measure success?
- A sustainability plan

Itemized Budget: 2 pages

The itemized budget should list all expenses and funds committed to the project, both in-kind and cash donations. If the proposal is a multi-year request, the budget must outline income and expenditures for each year of funding requested from OCF. Be sure to show the total amount committed to the project from other sources and the amount requested from OCF. A one page narrative describing the budget items should also be included.

DUE DATE & REVIEW PROCESS

All proposals are due at 4:30 p.m. on May 14, 2010 at OCF's Portland Office:

The Oregon Community Foundation
SWV Regional Action Initiative, Attn.: Melissa Durham
1221 SW Yamhill St., Suite 100
Portland, OR 97205

The SWV RAI committee will review all proposals. Those that are competitive will undergo a thorough evaluation, including a site visit. Funding decisions will be announced in August 2010.

Thank you for your interest!

For additional information contact:

Annette Leong
SWV Regional Action Initiative Coordinator
541-744-7337
a3leong@msn.co

The mission of The Oregon Community Foundation is to improve life in Oregon and promote effective philanthropy. OCF works with individuals, families, businesses and organizations to create charitable funds to support the community causes they care about. Through these funds, OCF awards more than \$55 million annually in grants and scholarships.