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| ACYF<br>Administration on Children, Youth<br>and Families | U.S. DEPARTMENT<br>OF HEALTH AND HUMAN SERVICES<br>Administration for Children and Families |                           |
|   | 1. Log No. ACYF-PI-HS-05-03   | 2. Issuance Date: 6/13/05 |
|   | 3. Originating Office: Head Start Bureau  |                           |
|   | 4. Key Word: Funding guidance; Head Start Oral Health Initiative                            |                           |

**PROGRAM INSTRUCTION:** [See Attachment]

**TO:** Head Start Grantees and Delegate Agencies

**SUBJECT:** Head Start Oral Health Initiative for Young Children, Birth to Five

**BACKGROUND:**

The Head Start Bureau is announcing the Head Start Oral Health Initiative, which will provide supplemental funding to a group of Head Start programs for four funding years to improve oral health services to young children, from birth to five years, and pregnant women. Applications for these supplemental funds will be accepted from Head Start grantees wishing to develop projects that promote oral health education and prevention. For the purposes of this Program Instruction, the term "Head Start" will refer to Head Start and Early Head Start.

The Oral Health Initiative builds upon the strong partnership between the Head Start Bureau and the Maternal and Child Health Bureau within the Health Resources and Services Administration in the Department of Health and Human Services. Together the partners are collecting examples of oral health promising practices and oral health service delivery models, as well as establishing partnerships with professional dental organizations nationwide. Those efforts and this Oral Health Initiative will enhance one another.

The Oral Health Initiative will fund efforts to develop, implement, and disseminate culturally sensitive, innovative, and empirically-based best practice models that target young children, birth to five years, and pregnant women. An important part of the Head Start Oral Health Initiative is to educate staff and parents about the importance of preventive oral health services for young children and pregnant women by focusing on local capacity building, education, infrastructure development, and community partnerships. It is expected that funded projects will develop innovative research-based systems or models of care that are appropriate for the children and families served by the grantee or delegate agency. Funded projects also will be expected to disseminate lessons learned and models of care to other Head Start grantees as well as to the broader field. All projects will be required to support data collection for a national evaluation that will be conducted for all project sites. Funded programs will also work with the national evaluator around defining the research questions, designing the questions and measures, and commenting on dissemination materials.

**The Head Start Bureau is particularly interested in proposals that advance:**

- Significant contributions toward the advancement and improvement of oral health care delivery systems specifically for young children, birth to five years, and pregnant women in Head Start programs;
- The implications of culture on oral health practices in Head Start programs;
- High quality service delivery models that promote oral health as integral to health and oral health prevention principles supported by evidence-based curricula that include promising practices, oral health education, and counseling for parents and staff;
- Models of oral health care that are sustainable in a community through the development of collaborative partnerships with community and/or state agencies, as well as with groups, such as local dentists, dental and dental hygiene schools, local and state health and dental associations, Women Infants and Children clinics, pediatricians, dieticians, and other dental related groups;
- Proposals that emphasize buy-in from key stakeholders and demonstrate strategies for future funding and related support after the end of Federal grant support;
- Models of care that integrate oral health into existing local public or private health systems to improve access to care for young children and pregnant women, including the development of referral systems to access pediatric dental services, referral systems for pregnant women, and oral health education;
- Models of care that are replicable and include strategies to share models of care and to disseminate information and lessons learned about the Oral Health Initiative;
- Proposals that respond to issues addressed in Regional and State/Jurisdiction oral health strategic plans developed through Head Start Oral Health Forums.

**ELIGIBILITY**

Head Start programs in good standing serving pregnant women and young children, birth to five years, are eligible to apply. Some grantees may want to serve a subset of their enrollment. For example, if a grantee has both Head Start and Early Head Start grants they can apply to serve both, or just one or the other, depending on the need. A grantee may also choose to apply to serve part of their service area, again depending on need.

**FUNDING**

Approximately \$2,000,000 is available for funding proposals under the Head Start Oral Health Initiative. It is expected that up to 50 programs will receive funding. Applicants may apply for a range of funding, based upon program size, not to exceed \$75,000 for the first funding year. Continued funding in the same amount for the additional years of the project are dependent upon availability of funds and acceptable program progress on the initiative. The Head Start Bureau understands that cost requirements for different applicants may vary based on several factors, such as the way the initiative is structured, whether the grantee selects to include all or a portion of their enrollment in the initiative, the costs of operating in different communities, and the extent to which resources can be obtained from other funding sources or partners. Applicants should submit a budget that reflects the needs of their particular application.

## **APPLICATION REQUIREMENTS**

Applicants must submit applications that fully comply with the attached Application Instructions and Requirements, including mailing information and the closing date for submission. Applications that do not conform to the application requirements will be screened out and not considered for funding.

All applications will be reviewed by an independent review panel, using the attached evaluation criteria. The Administration on Children, Youth and Families Commissioner will make the final decision on which applicants to fund, using the results of the review process as well as other factors, such as the need to ensure a reasonable geographic distribution of projects, an appropriate balance between urban and rural projects, between large and small projects, and the need to fund a variety of different proposed strategies.

This is an important opportunity to enhance oral health services to young children and pregnant women, to educate staff and parents in oral health prevention, to build community capacity, and to disseminate lessons learned nationwide. We encourage you to consider submitting a funding request for this important initiative.

Sincerely,

/s/

Joan E. Ohl  
Commissioner  
Administration on Children, Youth and Families

## **Oral Health Initiative Application Instructions and Requirements**

### **Part I: General Information**

The purpose of this initiative is to improve oral health education, access, and services to Head Start children, birth to five years, and pregnant women by funding projects that will promote evidence-based preventive oral health practices that are sustainable in the community. Funding is limited to current Head Start programs in good standing serving children, birth to five years, and pregnant women. If an applicant chooses to serve a subset of this population, justification must be included in the application narrative. The funding may be used to expand or improve existing oral health initiatives and practices within the Head Start programs, or to create new oral health initiatives.

Head Start programs and parents have identified access to oral health services as their number one health concern nationwide. As a result, Administration on Children, Youth and Families has identified oral health as a Technical Assistance (TA) priority area. Making oral health a TA priority will support grantee efforts to implement the Head Start Program Performance Standards that mandate that programs, in collaboration with parents, determine each child's oral health status within 90 days of entry into the program.

Despite the existing Head Start Program Performance Standards relating to health, the Head Start 2003-2004 Program Information Report indicated that less than 6 percent of children in Early Head Start received a dental screening during a well baby exam; less than 4 percent of Early Head Start children received a professional dental examination; and only 34 percent of pregnant women enrolled in Early Head Start received a dental examination or treatment. Among preschool Head Start children, 78 percent of children completed a dental examination; 30 percent of these children were diagnosed with needing treatment, yet less than 80 percent of them received that treatment. Clearly, children enrolled in Head Start, and particularly Early Head Start programs, experience barriers to dental care beyond the control of Head Start, such as low numbers of dentists accepting Medicaid; long waiting times for appointments; extensive travel time to appointments, particularly in rural areas; a paucity of culturally sensitive and/or minority dentists, or dentists who are comfortable treating young children; as well as restrictive laws and regulations that may limit the provision of disease prevention procedures. Other barriers can be directly influenced by Head Start, such as providing case management services, or offering information and training for parents and staff on how to use the dental care delivery system or how to establish a relationship with a dental provider.

In an effort to address these barriers to dental care, the Head Start Bureau has collaborated with other agencies in the last few years to develop an oral health strategic plan to improve access to oral health services for pregnant women and young children. In 1999, the Head Start Bureau sponsored the Head Start and Partners Oral Health Forum to develop strategies to increase collaboration at the Federal, state, and local levels and to develop and improve oral health services for low-income children and families. In response to recommendations made at the Forum, Head Start Bureau (HSB) and the Maternal and Child Health Bureau (MCHB) entered into Intra-Agency Agreements in 2001 and 2004 to develop a plan to achieve their long-term goal of optimal oral health for all Head Start children. As a result of this HSB/MCHB Intra-Agency Agreement, Regional and State/Jurisdiction Oral Health Forums have been funded with the purpose of developing Regional and State/Jurisdiction oral health strategic plans. Furthermore, a cadre of dental professionals has been appointed to serve as Regional Head Start Oral Health Consultants (RHSOHC). The Head Start Oral Health Initiative is another critical step toward eliminating oral health disparities and improving access to dental care for young children and pregnant women. The aforementioned RHSOHCs are

available to provide technical assistance to Head Start grantees interested in applying for funding under this Initiative. (See [Appendix A](#) for contact information for RHSOHCs.) In addition, one source for references and information about oral health models specific to Head Start and Early Head Start programs and populations is the National Oral Health Resource Center at Georgetown University; they can be reached by telephone at 202.784.9771, by e-mail at [info@mchoralhealth.org](mailto:info@mchoralhealth.org), and on the Internet at <http://www.mchoralhealth.org>.

HSB is particularly interested in proposals that will make significant contributions toward the integration and improvement of prevention, early intervention, and oral health delivery systems specifically for young children and pregnant women in Head Start programs. High quality, culturally sensitive, sustainable service delivery models that support oral health education and prevention principles are critical to improving the oral health status of children and families in Head Start.

## **Part II: Application Information**

### **Required Forms**

Head Start programs interested in applying for supplemental funds must submit a completed Standard Form 424 and Standard Form 424A. Applications also must include:

**Abstract:** A project abstract of no more than one page, double-spaced and typewritten, including information on the total number of Head Start children and pregnant women to be served within the Oral Health Initiative, the Federal funding requested, and a statement about whether the proposal is for a new initiative or for improving or expanding an ongoing initiative.

**Application narrative:** The narrative should be no more than 25 pages, double-spaced and typewritten.

**Attachments/Appendices:** These should be used only to provide supporting documentation, such as resumes and letters of agreement/support.

**Length of Proposal:** The total length of the proposal, including the abstract, narrative and attachments/appendices should not exceed 50 pages. The proposal must include a Table of Contents and should be typewritten and double-spaced using a 12-point Times New Roman font. All pages in the proposal should be numbered.

**Original and Copy:** One copy must be submitted along with the original application.

## **Part III: Evaluation Criteria**

Competing applications will be reviewed and evaluated against the following six criteria. The point values following each criterion indicate the numerical weight that will be accorded in the review process.

### **A. Criterion I - Need for Assistance (20 points)**

Clearly identify the oral health status and needs of the Head Start children, birth to five years, and pregnant women, including the oral health educational needs of the parents and staff, the challenges to accessing preventive oral health services, and community needs. Incorporate demographic data

and data about numbers of children receiving dental screenings, examinations, and preventive oral health care, as well as information about the needs of pregnant women. If applying to serve a segment of the grantees' service area, or a subset of the initiative's intended population of pregnant women and young children, birth to five years, include a narrative justification supporting this decision. Include a discussion of anticipated challenges and barriers to providing oral health education and prevention activities in the community and existing gaps in oral health education and prevention for pregnant women and young children. Discuss areas of expected improvement over the current situation.

## **B. Criterion II - Approach (25 points)**

Identify and describe the goals and objectives for developing and implementing the Oral Health Initiative and plans for dissemination of information and/or outcomes and lessons learned. The approach should describe the scope and detail of the project and the desired outcomes. Identify the role of community and state partners, how they will be recruited, and include any partnership agreements. Explain why this approach will be effective in light of identified needs, objectives, results, and benefits. Describe research or evidence-based practice to support the chosen approach and activities. Describe the implementation model, who will be involved in developing and implementing the model, how the goals will be accomplished, and the time frame for development and implementation.

HSB is particularly interested in the following:

- The extent to which the proposed service delivery models for oral health prevention and assessment practices use evidence-based curricula which model best practices, and include oral health education and counseling for parents and staff;
- The extent to which the proposed service delivery model uses developmentally appropriate strategies depending on the child's age;
- The extent to which the proposed strategies focus on the areas of greatest need;
- The extent to which the initiative contributes to the advancement and improvement of oral health in Head Start programs;
- The extent to which the proposal includes community and/or state collaborations with such groups as local dentists, dental and dental hygiene schools, local and state health and dental agencies, Women Infants and Children clinics, pediatricians, dieticians, and other dental related groups;
- The extent to which the proposal addresses the development of sustainable integrated systems of preventive health care, demonstrates commitment of the prospective partners, and includes plans for integrating oral health into existing public and private health systems;
- The extent to which the applicant proposes strategies which will improve local systems of dental care for young children, and increase and improve access to care for children, birth to five years including the development of referral systems to access pediatric dental services;
- The extent to which the proposed models of oral health care are sustainable in the community, and how the plan demonstrates strategies for future funding and related support of community integrated oral health delivery systems for young children after the end of Federal grant support;
- The extent to which the plan demonstrates strategies for the dissemination of information and lessons learned about the Oral Health Initiative;
- The extent to which the proposal includes oral health education and referral systems for pregnant women; and

- The extent to which the proposal addresses issues identified in Regional and State/Jurisdiction oral health strategic plans developed through Head Start Oral Health Forums.

### **C. Criterion III - Results or Benefits Expected (15 points)**

Describe the results and benefits to children, birth to five years, pregnant women, staff, parents, and the community that will be derived from the Oral Health Initiative. Provide assurance that the Head Start program will participate in and cooperate with the national evaluation of the initiative, including staff support for data collection. Describe how the initiative will be sustainable after the end of the project, and what dissemination activities will be developed to inform the field and broader Head Start community about the initiative and lessons learned.

### **D. Criterion IV - Staffing (10 points)**

Describe and explain the roles of program staff who will be involved in the initiative as well as planning for staff development activities. Discuss ways in which staff will be involved with community partners and parent education activities. Identify and include job descriptions (in appendix) for staff members who will have management responsibilities.

### **E. Criterion V - Partnership and Collaborations (20 points)**

Describe current and proposed local and state partnerships for the initiative. Describe strategies to enhance and sustain the partnerships after the initiative is over, and include collaboration agreements with partnering organizations (in appendix).

### **F. Criterion VI - Budget and Budget Justification (10 points)**

Explain the extent to which the project's costs are reasonable and appropriate in view of the activities to be carried out and the anticipated outcomes. Applicants are to submit a budget that clearly indicates the amount of funds being requested to develop and implement the Head Start Oral Health Initiative. Provide both a line-item budget and a narrative budget justification for each line item, in paragraph form, that describes how the costs are derived. Discuss the necessity and reasonableness of the proposed costs. Include the required non-Federal match in the line-item budget and in the budget justification.

The first year request for Federal Head Start funds may not exceed \$75,000. It is expected that funding for the second, third, and fourth years of the project would remain at the first year level. Funding will be based upon availability of funds and acceptable program progress on the initiative.

Applicants should budget for travel to one program meeting for grantees in Washington, DC, where program-specific information will be presented, e.g., update of clinical and scientific advances, standardization of evaluation protocols and methodologies, and recognizing and disseminating innovative and promising practices. Applicants should budget for data-collection activities to support the national evaluation of the initiative.

### **Part IV: Mailing Information**

**The CLOSING DATE FOR RECEIPT of applications is 5:00 p.m. (EDT), Wednesday, July 27, 2005.**

Applications received after the closing date will be classified as late and not considered for funding. Applications that are hand delivered, couriered, or delivered overnight will be received during the normal working hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, on or prior to the established closing date at the address below.

Applications transmitted in any electronic form will not be accepted regardless of the date of submission. All applications must be in hard copy form to be considered eligible and must include one original and one copy of the application.

**Narratives (that part of the proposal that responds to the six criteria noted above) should be no more than 25 pages, double-spaced and typewritten using a 12-point Times New Roman font. Proposals should be no more than 50 pages, including appendices, letters of support, and other supporting documentation.**

Mail applications to:

ACYF Operations Center  
c/o The Dixon Group Inc.  
Head Start Oral Health Initiative  
118 Q Street NE  
Washington, DC 20002

FOR FURTHER INFORMATION PLEASE CONTACT: **ACYF Operations Center at their toll free number: 866-796-1591**

If you intend to submit an application, please e-mail The Dixon Group at [HS@dixongroup.com](mailto:HS@dixongroup.com) with the following information: the name, address, telephone and fax numbers, and e-mail address of the principal contact and the name of your organization. This information is requested to determine the number of expert reviewers needed.

5/05

**Appendix A:  
Head Start Regional Oral Health Consultants**

Region I  
Mary Foley, R.D.H., M.P.H.  
[mary.foley@acf.hhs.gov](mailto:mary.foley@acf.hhs.gov)

Region III  
Harry Goodman, D.M.D., M.P.H.  
[Hsg001@dental.umaryland.edu](mailto:Hsg001@dental.umaryland.edu)

Region IV  
Joe Alderman, D.D.S., M.P.H.  
[jalderman@hrsa.gov](mailto:jalderman@hrsa.gov)



Region VI

Kathy Guerink, R.D.H., M.A.

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Region VII

Lawrence Walker, D.D.S., M.P.H.

[lawalker@acf.hhs.gov](mailto:lawalker@acf.hhs.gov)

Region VIII

Valerie Orlando, R.D.H., B.S.

[valerie.orlando@acf.hhs.gov](mailto:valerie.orlando@acf.hhs.gov)

Region IX

Reginald Louie, D.D.S., M.P.H.

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Region X

Rebecca L. Slayton, D.D.S., Ph.D.

[rslayton@u.washington.edu](mailto:rslayton@u.washington.edu)

**Regions II, V, XI, XII**

John Rossetti, D.D.S., M.P.H.

[jrossetti@hrsa.gov](mailto:jrossetti@hrsa.gov)