

## Request for Proposals (RFP)

### Central Oregon Health Council Regional Health Improvement Plan Promote Enhanced Physical Health Across Communities Workgroup: Oral Health

**Project Name:** Decreasing Barriers to Preventative Dental Care

**Access Code:** BARRIERS24

#### Future State Measures:

Future State Measure: By December 2024, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventative dental visit by a member of the Oral Health Care Team by 10% in each county.

**Contact Person:** Mary Burns

**Email:** mary.burns@cohealthcouncil.org

**Phone Number:** 541-306-3523

## About the Central Oregon Health Council

The [Central Oregon Health Council](#) (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon.

Central Oregon Health Council champions diversity, equity, inclusion, and belonging in our work culture, grant-making, and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity, and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before the onset of the COVID-19 pandemic.

We recognize that when we invest in long-term, preventative solutions, we build a Central Oregon that is better able to respond to present and future crises. Therefore, we

reserve most of our funds for projects whose impact can be measured over decades. The goal of this request is to support long-term, system-level change.

We also provide smaller funding opportunities for \$5,000 or less called mini-grants [HERE](#).

## Description of Grant Opportunity

The Regional Health Improvement Plan (RHIP) Enhanced Physical Health workgroup is investing in programmatic efforts to increase the number of community members who engage in annual preventative dental care visits.

We recognize the multitude of barriers that impact an individual's engagement in preventative dental care. We encourage applicants to reflect upon obstacles they have encountered and create an approach that goes beyond traditional patient engagement and retention strategies.

Programming should focus on strategies to increase oral health knowledge and empowerment, reduce dental patient anxiety, foster patient transitions and care navigation, and/or widen the care bottleneck. These should be community-level interventions that include but are not limited to, OHP members.

This opportunity is not limited to dental care providers. We seek to support initiatives that will increase the utilization of preventative dental care visits via one or some of the following:

- Activities that are complementary to covered services, e.g. therapy dogs, hand massages, virtual reality to reduce patient anxiety, etc. These should be non-billable activities.
- Community-level education regarding dental health promotion, prevention, and oral health.
- Patient incentives, framed as a part of prevention and education campaign.
- Non-covered services by dental Community Health Workers (CHW). These must be non-covered. Non-billable does not mean the service is non-covered. If the issue is the inability to bill due to provider type or infrastructure, that does not make the service itself non-covered.
- Community-wide campaign to promote awareness and use of dental CHWs.
- Development of social media material addressing barriers surrounding dental care. Must be community-wide education, not marketing/advertising for a DCO or provider's office.

- Dental patient incentives, framed as part of a prevention and education campaign.
- Build collaboration between community-based organizations and clinical providers to improve culturally specific dental care.
- Medical liaison programs to increase communication and collaboration between Oregon Department of Human Services, medical/dental providers, and foster families.
- CHW-led community-level groups related to oral health promotion.
- Incentives for teachers and schools to increase student participation in a school-based dental sealant program.
- Outreach and awareness to improve culturally specific care, but must be led by a Community Based Organization level, not clinical provider.

## Why are these efforts needed?

Oral health plays a vital daily role in the physical, mental, social, and economic well-being of Oregonians. According to Healthy People 2030, Tooth decay is the most common chronic disease in children and adults across the United States. By emphasizing the importance of regular check-ups, cleanings, and oral health education, we can support well-being and mitigate the risk of more severe health issues down the road, support improved overall health outcomes, and decrease downstream healthcare costs.

## Proposal Requirements

### Project Criteria

1. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.
2. Projects must directly impact the specified Future State Measures of the Regional Health Improvement Plan (see above).
3. Projects must take place within Central Oregon or serve the following tribal members:
  - Crook, Deschutes, and Jefferson Counties
  - Northern Klamath County, limited to Gilchrist, Chemult, Crescent, Crescent Lake Junction, and Beaver Marsh (Zip codes at 97731, 97733, 97737, and 97739)

- Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes
4. Projects partnering with tribes may be required to submit a memorandum of understanding (MOU) or letter of support.
  5. Projects partnering with other organizations will be required to submit a memorandum of understanding (MOU) or letter of support
  6. Projects must include prioritized populations\* & communities intentionally excluded from power, access, and privilege.
  7. Projects must be culturally and linguistically responsive to prioritized populations.
  8. Applicants will include their mission and vision statements.
  9. Applicants will provide available baseline data regarding the measures they seek to impact. For example, if your program seeks to increase the number of Spanish-speaking patients completing annual preventative dental visits, provide numbers indicating your organization's current performance.
  10. Applicants will provide a short explanation of how they have previously attempted to address the barriers outlined in their programming. Describe what you or your organization did, and any successes or lessons learned. How will you apply the lessons learned to your current attempt? If there have been no previous attempts, why not?

## **Restrictions**

Regional Health Improvement Plan grants cannot be used for:

- Activities that can be billed as clinical services
- Administrative activities to support the delivery of covered services
- Tenant assistance, housing assistance, housing construction, and utilities
- Building new buildings and capital investments in facilities designed to provide billable health services
- Projects benefiting a single individual or single household
- Projects that do not address the specified Future State Measures of the RHIP
- Projects only serving undocumented community members
- COHC staff and household members cannot apply
- Projects that are primarily designed to control or contain healthcare costs
- Provider workforce development and certification training, including provider credentialing
- Broad assessments or research that does not directly improve community health

- Advocacy work that does not directly improve community health or healthcare quality
- Patient incentives and items and services that could be covered by Flexible Services
- Projects that are inherently religious

## Recommended Partnerships

Partnerships that leverage existing community assets and knowledge to improve future state measures are encouraged. Partnerships to consider include, but are not limited to, community-based organizations, county public health departments, Dental Care Organizations, dental providers, established Community Health Workers, Emergency Departments and/or urgent care centers, and school districts.

## Evaluation Criteria

The RHIP Promote Enhanced Physical Health Across Communities Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal.

## Funding Details and Important Information

**Maximum Award Amount:** \$125,000

**Available Funds:** \$499,521.46

**Funding Duration:** Single and multi-year projects will be considered.

### Anticipated Selection Schedule

Request For Proposal (RFP) Released: July 22, 2024

Application Submission Closes: September 16, 2024

Notification of Award: November 11, 2024

## How to Apply

This Request for Proposal is posted on our website [HERE](#).

Instructions on how to submit your Proposal are [HERE](#).

Instructions on how to access this application are [HERE](#).

Once registered and logged in to the grant platform, use this access code to apply for this grant: BARRIERS24

## Support

The RHIP Promote Enhanced Physical Health Across Communities Workgroup is available to support this project in a collaborative advisory role and to provide networking support.

If you have questions about this Request for Proposal or need technical assistance filling out the application, please contact Mary Burns by email at [mary.burns@cohealthcouncil.org](mailto:mary.burns@cohealthcouncil.org) or by phone at 541.306.3523.

If you have questions about using the grant platform, please contact Kelley Adams by email at [Kelley.adams@cohealthcouncil.org](mailto:Kelley.adams@cohealthcouncil.org) or by phone at 541.306.3523.

## Resources

2019 Regional Health Assessment [HERE](#)

2020-2024 Regional Health Improvement Plan [HERE](#)

Central Oregon Health Data website [HERE](#)

Glossary of Terms: [HERE](#)

Grant Writing Support: [HERE](#)

### \*COHC definition of **prioritized populations**:

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. Prioritized populations are those that experience health disparities due to social, political, cultural, and economic exclusion, and discrimination. Marginalization occurs because of unequal power relationships regardless of reason based on geography, age, sex, size, race, ethnicity, national origin, language, culture, disability, spiritual beliefs, gender identity, sexual orientation, education, criminal background, housing status, income, wealth, displacement, immigration status. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. Poverty is both a consequence and a cause of being marginalized.

### \*\*COHC definition of **rural**:

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of

resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less AND one or more of the following:

Low income such as:

- High levels of poverty\*\*
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

Limited infrastructure, such as:

- Regional connectivity (transportation, communications)
- Social services (affordable childcare, emergency food, shelters)
- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

\*\*Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.