FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: June 30, 2014

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately! Deadline extensions are not granted for lack of registration. Registration in all systems, including SAM.gov and Grants.gov, may take up to one month to complete.

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Authority: Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2))
EXECUTIVE SUMMARY

This announcement solicits applications for the Perinatal and Infant Oral Health Quality Improvement National Learning Network. Support is available, in the form of a cooperative agreement, from the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB). The purpose of the Perinatal and Infant Oral Health Quality Improvement National Learning Network (the Network) is to coordinate the development and testing of an evidence-informed strategic framework that can inform statewide health care systems transformation. This framework will identify the core elements of successful health care delivery systems change and the processes that drive its implementation, continuous improvement, and endurance. This new knowledge will guide systems change to more efficiently and effectively respond to the oral health needs of pregnant women and infants most at risk. The successful applicant, either a single national organization or consortium led by one, will serve as the Network Management Team for the Network.

Please read the funding opportunity announcement carefully before completing the application.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Perinatal and Infant Oral Health Quality Improvement National Learning Network</th>
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<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-14-090</td>
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<tr>
<td>Due Date for Applications:</td>
<td>June 30, 2014</td>
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<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>$450,000</td>
</tr>
<tr>
<td>Estimated Number and Type of Awards:</td>
<td>One (1) cooperative agreement</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Up to $450,000 per year</td>
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<tr>
<td>Cost Sharing/Match Required:</td>
<td>None</td>
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<tr>
<td>Length of Project Period:</td>
<td>Three (3) years</td>
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<td>Project Start Date:</td>
<td>September 1, 2014</td>
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<tr>
<td>Eligible Applicants:</td>
<td>As cited in 42 CFR 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this Federal funding opportunity. If otherwise eligible, faith based and community organizations are eligible to apply for this Federal funding opportunity. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</td>
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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Perinatal and Infant Oral Health Quality Improvement National Learning Network. Support is available, in the form of a cooperative agreement, from the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB). The purpose of the Perinatal and Infant Oral Health Quality Improvement National Learning Network (the Network) is to coordinate the development and testing of an evidence-informed strategic framework that can inform statewide health care systems transformation. This new knowledge will guide systems change to more efficiently and effectively respond to the oral health needs of pregnant women and infants most at risk. Knowledge gained will comprise the National Strategic Framework for Improving Perinatal and Infant Oral Health through Systems Change. This framework will identify the core elements of successful health care delivery systems change and the processes that drive its implementation, continuous improvement, and endurance. Concrete examples of success will include: increased utilization of preventive dental care by pregnant women, establishment of a dental home1 for infants by age one, reduced prevalence of early childhood caries (ECC), and reduced dental expenditures. Understanding the change process will empower states as they develop their own approach for replicating evidence-informed strategies.

The Network is expected to fulfill four important functions:

1. Assist in state's efforts to strengthen statewide partnership and collaboration;
2. Enhance knowledge transfer between the participants, offering guidance and assistance to better leverage knowledge gained;
3. Provide a secure internet-based workspace for data tracking of the Network participants as they focus on strategy and implementation; and
4. Articulate a clear and comprehensive strategic framework built on the achievements and lessons learned from successful operationalization of innovative strategies for statewide systems change.

The successful applicant, either a single national organization or consortium led by one, will serve as the Network Management Team responsible for coordinating all aspects of the Network. To effectively serve in this position, the successful applicant must demonstrate that it has (or has ready access to) expertise in: (1) governance structures of public health systems3; (2) systems administration and payment of care, specifically for oral health care; and (3) health care delivery systems performance and evaluation.

This funding opportunity is integral to the planned outcomes and impact of the MCHB Perinatal and Infant Oral Health National Initiative, a three-phase, six-year strategy set forth

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to increase access to care for pregnant women and infants and to achieve health equity for those most at risk for oral disease (see Background section of this FOA for details).

Funding for this project will support the three phases of the initiative:

1. Facilitating statewide implementation of an oral health program that has demonstrated success at the community level, developing the foundation of the framework (the Implementation Phase);
2. Facilitating expansion of statewide implementation test-sites and refinement of the strategic framework (the Expansion Phase); and
3. Disseminating an evidence-informed national strategic framework (the National Outreach Phase).

During the first and second phases, achievements and lessons learned will be translated into new knowledge that will bring into focus the fundamental implementation principles that prove successful in leading health care systems change. The Network should design a framework capturing the current knowledge base and clearly articulate a comprehensive process for change.

As an overarching link between the three phases of MCHB’s national initiative, the Network will lead the effort to capture the collaborative process between key state partners who will collectively act towards a common mission to achieve quality improvement in the state and local health care system(s) that serve pregnant women and infants. For the propose of this funding opportunity, “quality improvement” will be defined as the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.4

The Network will assist in fostering collaboration among key state stakeholders, including recipients of the Title V Block Grant funds, as they facilitate the process of developing efficient and effective comprehensive statewide systems of care. It is expected that these collaborative efforts will include a state’s lead Maternal and Child Health agency.

For the purpose of this cooperative agreement, the Network will focus on the state dental director’s capacity to champion a productive and collaborative team of key state stakeholders. This enhanced assistance will be available specifically in states where the Title V Needs Assessment identifies perinatal and/or infant oral health as a priority need and have selected the Title V National Performance Measure for oral health or a state-specific measure that promotes access to care and/or improved oral health of pregnant women and children.

A Glossary of Terms (see Appendix A) is available to support the applicant's efforts in completing their proposal.

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4 Batalden PB, Davidoff F. What is “quality improvement” and how can it transform healthcare? Qual Saf Health Care 2007;16:2–3.
2. **Background**

This program is authorized by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. 701(a)(2)).

**Maternal and Child Health Bureau and Title V of the Social Security Act**

In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. This legislation has provided a foundation and structure for assuring the health of mothers and children in the nation for over 75 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the MCHB, which is a part of HRSA in the U.S. Department of Health and Human Services. Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components—Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems grants.

The mission of MCHB is to provide national leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the maternal and child health (MCH) population which includes all of the nation’s women, infants, children, adolescents, and their families, including fathers and children with special health care needs. To achieve this mission and improve maternal and child health, MCHB strives to improve access, quality, integration, accountability, and equity. Unique in its design and scope, the Maternal and Child Health Formula Block Grant to States program:

1. Focuses exclusively on the entire maternal and child health population;
2. Encompasses infrastructure, population-based, enabling, and direct services for the maternal and child health population;
3. Requires a unique partnership arrangement between Federal, State and local entities;
4. Requires each State to work collaboratively with other organizations to conduct a State-wide, comprehensive Needs Assessment every five (5) years; and
5. Based on the findings of the Needs Assessment, requires each State to identify State priorities to comprehensively address the needs of the MCH population and guide the use of the Maternal and Child Health Block Grant funds.

Given this comprehensive focus, a state’s MCH program would understandably have an interest in statewide partnerships that focus on the oral health needs of this population.

**Oral Health**

The MCHB Oral Health Program, a discretionary program funded under Title V Special Projects of Regional and National Significance (SPRANS), supports the development of innovative approaches to oral health care that effectively and efficiently respond to the needs of MCH populations most at risk. The Oral Health Program promotes the knowledge behind the design, implementation, and utilization of oral health care services and their related health outcomes in order to promote the dissemination and replication of successful approaches.
Understanding the Need

Evidence demonstrates that 25% of women of reproductive age have dental caries; nearly 40% of pregnant women have some form of periodontal disease; and children of mothers who have high caries levels are more likely to get caries. The risk for tooth decay is higher during pregnancy for several reasons: increased acidity in the oral cavity, sugary dietary cravings, and limited attention to oral health. After birth, the bacteria responsible for causing dental caries in children, mutans streptococci, appears to be transmissible from caregivers, especially mothers, to children.

Pregnancy is an ideal time for behavior modification as it can have a ripple effect on the health of the entire family across their life span. Yet, while oral health care has been recognized as both safe and effective for pregnant women, it has not become an integral part of care during pregnancy. The need to change knowledge and behaviors of pregnant women and their health care providers, has most recently been recognized by the American College of Obstetricians and Gynecologists (ACOG) Committee on Healthcare for Underserved Women. In a 2013 opinion paper, the committee acknowledged oral health, as a component of general health, should be maintained during pregnancy.

Oral disease in children can begin during infancy, with evidence that early childhood caries (ECC) can be particularly virulent, forming caries (i.e., cavities) soon after tooth eruption, progressing rapidly, and having a lasting detrimental impact on the dentition. This disease affects the general population but is 32 times more likely to occur in infants who are of low socioeconomic status, who consume a diet high in sugar, and whose mothers have a low education level. Caries in primary teeth can affect a child’s growth, diminish overall quality of life, and result in significant pain and potentially life-threatening infection.

The American Academy of Pediatric Dentistry (AAPD) is the membership organization representing the specialty of pediatric dentistry and is a recognized authority on children’s oral health, developing and disseminating evidence-based policies and clinical guidelines. In 2012, AAPD confirmed that early establishment of a dental home, including ECC prevention and
management, is the ideal approach to infant oral health care. The American Academy of Pediatrics (AAP) Section on Oral Health provides education, training, and advocacy for pediatricians, other health professionals (including dentists), and families. As a national counterpart to AAPD, AAP works to improve children’s oral health through communication and collaboration between the medical and dental homes, and to make pediatricians and other health professionals an essential part of the oral health team. In 2009, AAP reaffirmed their policy statement for risk assessment timing and the establishment of a dental home by one year of age. Since medical health care professionals are far more likely to see new mothers and infants than are dentists, it is essential that they be aware of the infectious etiology and associated risk factors of ECC, make appropriate decisions regarding timely and effective intervention, and facilitate the establishment of the dental home. Yet, recent studies, noting that a majority of pediatricians and general dentists were not advising patients to bring their child to a dentist by one year of age, point to the need for increased infant oral health care education in the medical and dental communities.

**Taking Action**

Given the environment (i.e., a mix of budget cuts, new funding rules, and changing provider regulations), efforts to improve oral health services for the maternal and child health population will require an efficient and effective comprehensive systems approach. In 2006, MCHB turned to newly released scientific findings that focused on the mother-infant dyad. In 2008, in response to the evidence supporting the safety of oral health care during pregnancy and efforts of the earliest adopter in changing the state's health care system (i.e., New York), MCHB convened an expert workgroup to develop strategies for improving oral health care during the perinatal period. Five priority strategies and the next steps needed to fulfill these strategies were identified:

- **Priority Strategy 1:** Promote the use of guidelines addressing oral health during the perinatal period, and disseminate them to MCH professionals and oral health professionals.
- **Priority Strategy 2:** Expand opportunities for health professional education (for both students and professionals) on risk assessment, anticipatory guidance, prevention, and treatment of oral health issues during the perinatal period.
- **Priority Strategy 3:** Integrate oral health risk assessment, education, and referrals for follow-up oral health care as part of routine perinatal care.
- **Priority Strategy 4:** Educate women on how to improve oral hygiene and access oral health care resources.

**Priority Strategy 5:** Increase dental insurance coverage for women during the perinatal period.

**Next Steps:**
- Identify oral health champions, especially state legislators, to promote legislation to increase access to dental insurance coverage.
- Develop better perinatal oral health data systems to provide more national-level information on dental insurance coverage and level of dental care utilization across a range of insurance types.
- Research potential use of “pay-for-performance” measures in Medicaid for perinatal oral health.

During this timeframe, many national organizations issued statements and recommendations for improving oral health care during pregnancy and early childhood, including the AAPD, AAP, and ACOG; others followed, including the American Academy of Periodontology, the American Academy of Physician Assistants, and the American College of Nurse-Midwives. Also, several states (i.e., California and Washington) replicated New York, developing their own state guidelines for perinatal oral health care. This response, from both state and national stakeholders, provided the leverage for HRSA to convene a second expert workgroup in collaboration with ACOG and ADA in 2011. The outcome of this meeting resulted in the *Oral Health Care During Pregnancy: A National Consensus Statement.*

This consensus statement is the first national effort identifying the necessary guidance for oral health care for pregnant women for both prenatal health care professionals and oral health professionals. Its publication accomplishes the first strategic priority set forth in 2008; one which the planning committee determined would support the accomplishment of the remaining four strategic priorities:
- expanding education for professionals,
- integrating oral and perinatal health care,
- educating women, and
- improving financing for oral care during pregnancy.

Developed and distributed by the **National Maternal and Child Oral Health Resource Center (OHRC)**, over 30,000 copies of the consensus statement have been distributed since its release in August 2012. Short-term outcomes following widespread dissemination includes numerous states (13) and one U.S. territory using the national consensus statement for professional training, one state adopting the statement as its own (South Carolina), and another using the national consensus statement in its development of a statewide perinatal oral health plan (Michigan).

Also in 2011, the importance of quality oral health care and the capacity for the health care system to provide such care was highlighted in an Institute of Medicine (IOM) report commissioned by HRSA. This IOM report, *Improving Access to Oral Health Care for*  

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Vulnerable and Underserved Populations, is direct in acknowledging an effective system of care is dependent on the accessibility of quality care that is affordable. Yet, while quality of oral health care may be improving with the availability of evidence-based practice guidelines, innovative approaches that increase access to an effective, comprehensive, statewide system of care remain lacking.

The Perinatal and Infant Oral Health National Initiative
In 2012, in a response to an undeniable need and four identified national strategic priorities, MCHB launched the Perinatal & Infant Oral Health National Initiative (PIOHNI) in tandem with the release of the document: Oral Health Care During Pregnancy: A National Consensus Statement. MCHB is using a multi-phase, six-year approach to accomplish this initiative (see PIOHNI Timeline in Appendix B). The purpose of the PIOHNI is to pursue sustainable statewide systems change that ultimately achieves meaningful improvements in access to and utilization of quality oral health care for pregnant women and infants, resulting in sustainable reduction in the disparities of oral health that are present in both pregnant women and infants most at risk. The PIOHNI logic model provides a graphic depiction of the logical relationship between the available resources, planned activities, and expected outputs and outcomes of the initiative, concluding with final impact of the initiative efforts (see Appendix C.1 for a schematic depiction of the logic model and Appendix C.2 for the descriptive review).

Phase 1: The Implementation Phase
In 2013, MCHB initiated the first phase of the PIOHNI initiative with funding from the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) grant program. The grant recipients of this four-year pilot project are tasked with identifying strategies and lessons learned as they adapt a successfully integrated community-based oral health program for implementation statewide. The recipients of this first phase include: State of Connecticut Department of Social Services, New York State Department of Health, and West Virginia Department of Health and Human Resources (see Appendix D). Outcomes of their efforts will include increased utilization of preventive and restorative dental services among pregnant women and infants. The ultimate impact will be reduced cost for oral health restoration and reduced oral health disparities among these MCH populations.

The purpose of this implementation phase is to develop and test strategies that lead to new knowledge which will form the strategic framework. Specifically, the result of these efforts will offer guidance on how to develop, put into practice, and continuously assess:

1. A statewide approach that responds to the comprehensive oral health needs of pregnant women and infants most at risk;
2. A state data system that drives quality improvement; and
3. A fiscal leveraging strategy that achieves program sustainability.

Collaborative learning methodology will be used to support the PIOHQI grantees as they adapt and adopt innovative approaches across multiple settings statewide, achieving systems change to deliver effective prevention and treatment services. All grantees are required to participate in both intra- and interstate collaborations such as the following:

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28 Texas Collaborative for Teaching Excellence: Professional Development Module on Collaborative Learning. [Internet] [Available at: http://www.texascollaborative.org/Collaborative_Learning_Module.htm ]
(1) Within a team specifically selected for the purpose of implementing a strategic plan with statewide reach and
(2) Collectively, through a national learning network (the Network).

The need for a National Strategic Framework for Improving Perinatal and Infant Oral Health through Systems Change

Historical context is helpful to understand the purpose of developing a national strategic framework. Over the years, MCHB has supported numerous demonstration projects for developing innovative approaches to strengthen the state’s oral health infrastructure and/or the service system in support of improved oral health care for the MCH population. The MCHB Oral Health Program recognizes a need to now focus on other complementary, targeted efforts. Currently, the change package is a preliminary framework composed of five (5) steps. Aware of the successful work in identifying best practices for state and community oral health programs, these steps will align with the five (5) best practices approach criteria established by the Association of State and Territorial Dental Directors (ASTDD).\(^\text{29}\) In its final draft, the national strategic framework will offer an evidence-informed strategy to states as they strive to integrate best-practices into a statewide system of care. The following outlines the five (5) steps of the preliminary strategic framework:

1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery.
   - Responds to ASTDD’s Best Practice criteria: Objectives/Rationale

2) Mobilize and/or build capacity to address needs.
   - Responds to ASTDD’s Best Practice criteria: Objectives/Rationale and Collaboration/Integration

3) Develop/Finalize a comprehensive State Strategic Plan.
   - Responds to ASTDD’s Best Practice criteria: Objectives/Rationale, Collaboration/Integration, Efficiency, and Sustainability

4) Implement evidence-based prevention policies, programs and practices and infrastructure development activities.
   - Responds to ASTDD’s Best Practice criteria: Collaboration/Integration, Efficiency, and Sustainability

5) Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.
   - Responds to ASTDD’s Best Practice criteria: Impact/Effectiveness and Sustainability

The Need for a PIOHQI National Learning Network

As state health care systems adapt to the new Patient Protection and Affordable Care Act (ACA), there is a need to ensure this reform does not exclude opportunities that effectively and efficiently serve the oral health needs of the MCH population (e.g. the oral health care of pregnant women). The establishment of the PIOHQI National Learning Network (the Network) provides for a structured coordination of the successes and lessons learned throughout the Perinatal and Infant Oral Health National Initiative.

\(^{29}\) Association of State and Territorial Dental Directors Best Practice Approaches: Proven and Promising Best Practice Approaches for State and Community Oral Health Programs [Internet]. [Available at: http://www.astdd.org/best-practices/ ]
The Network will coordinate the development and testing of an evidence-informed strategic framework that can inform statewide health care systems transformation. This framework will identify the core elements of successful health care delivery systems change and the processes that drive its implementation, continuous improvement, and endurance to more efficiently and effectively respond to the oral health needs of pregnant women and infants most at risk. The Network is expected to fulfill four important functions: (1) Assist in state's efforts to strengthen statewide partnership and collaboration; (2) Enhance knowledge transfer between the participants, offering guidance and assistance to better leverage knowledge gained; (3) Provide a secure internet-based workspace for data tracking of the Network participants as they focus on strategy and implementation; and (4) Articulate a clear and comprehensive strategic framework built on the achievements and lessons learned from successful operationalization of innovative strategies for statewide systems change.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program Responsibilities

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, MCHB responsibilities include the following:

- Provide services of experienced MCHB Oral Health Program personnel as participants in the planning and development of the project;
- Provide ongoing review of activities and procedures to be established and implemented to accomplish the goals of the cooperative agreement;
- Participate, as appropriate, in routine conference calls and meetings conducted during the period of the cooperative agreement;
- Provide information resources;
- Review all project information prior to dissemination;
- Provide assistance and referral in the establishment and facilitation of effective collaborative relationships with Federal and State agencies, MCHB grant projects, and other entities that may be relevant to the project's mission;
- Collaborate with awardees to develop and implement assessment and evaluation strategies under this announcement; and
- Participate in the dissemination of project activities and products.

Cooperative Agreement Recipient’s Responsibilities

In collaboration with MCHB, the responsibilities of the cooperative agreement recipient will include the requirements and obligations of the awardee as defined in the Project Narrative section of this funding opportunity announcement and the following:
• Collaborate and communicate in a timely manner with the MCHB project officer, including a first awardee-project officer conference call within 7 days from date of issuance of the Notice of Award (NoA);
• Participate in ongoing conference calls and webinars as designated by the project officer;
• Provide the project officer with an opportunity to review project information prior to dissemination;
• Establish contacts that may be relevant to the project's mission such as Federal and non-Federal partners, and other HRSA grant projects that may be relevant to the project's mission;
• Coordinate activities with other MCHB Oral Health Program awardees, where applicable, to develop and implement assessment and evaluation strategies; and
• Respond to HRSA and MCHB special requests.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2016. Approximately $450,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to $450,000 per year. The project period is three (3) years, September 1, 2014 through August 31, 2017. Funding beyond the first year is dependent on the availability of appropriated funds for the Perinatal and Infant Oral Health Quality Improvement National Learning Network in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this Federal funding opportunity. If otherwise eligible, faith based and community organizations are eligible to apply for this Federal funding opportunity.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of $450,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.
IV. Application and Submission Information

1. Address to Request Application Package

HRSA requires applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA’s *SF-424 Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

**Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of EIGHTY (80) pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

**Program-specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA’s *SF-424 Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. **Project Abstract**

   See Section 4.1.ix of HRSA’s *SF-424 Application Guide*.

ii. **Project Narrative**

   This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

   Your application must follow the outline as presented below. All five (5) sections must appear as they do in the format presented. Sub-sections should be organized and formatted in such a way that they can be clearly recognized in the response.

   **Please note the entire application, including attachments, may not exceed 80 pages (as printed by HRSA); for this reason, it is strongly recommended that all attachments be uploaded as a PDF.**
The following section headers for the Narrative are as follows:

- **NEED/PURPOSE -- Corresponds to Section V’s Review Criterion # 1, NEED**
  The purpose of the Perinatal and Infant Oral Health Quality Improvement National Learning Network (the Network) is to coordinate the development and testing of an evidence-informed strategic framework that can inform statewide health care systems transformation. This new knowledge will guide systems change to more efficiently and effectively respond to the oral health needs of pregnant women and infants most at risk.
  Knowledge gained will comprise a *National Strategic Framework for Improving Perinatal and Infant Oral Health through Systems Change*. This framework will identify the core elements of successful health care delivery systems change and the processes that drive its implementation, continuous improvement, and endurance. To effectively coordinate this effort, the applicant must demonstrate that it has (or has ready access to) expertise in: (1) governance structures of public health systems; (2) systems administration and payment of care, specifically oral health care; and (3) health care delivery systems performance and evaluation.

  **In the Need/Purpose section,** the Network applicant should:

  a. Exhibit a solid understanding of the current state of sustainable statewide health care systems, specifically health care systems that address the oral health needs of pregnant women and infants in at-risk communities. The applicant should also identify problem(s) to be addressed and necessary gaps that need to be filled.

  b. Briefly describe relevant factors that characterize the dynamic health care environment, not excluding the implementation of the Patient Protection and Affordable Care Act (aka Affordable Care Act or ACA), and how these factors impact the oral health care of pregnant women and infants.

  c. Briefly describe the purpose of a national learning network, including but not limited to the impact collaborative learning can have on the initiative's intent. This description should be unique, reflecting the strengths of the applicant.

  d. Provide a brief, but comprehensive, description of the responsibilities of the Network; specifically, how the Network will provide expert-driven leadership in fulfilling the four primary functions of the Network.

  e. Demonstrate familiarity with the MCHB’s Oral Health Program's past and current efforts in support of oral health during pregnancy, including the Perinatal and Infant Oral Health National Initiative (PIOHNI), including but not limited to the PIOHQI Pilot project and the development of the *Oral Health Care During Pregnancy – A National Consensus Statement* document.

  When describing the need, the Network applicant should use and cite data whenever possible to support the information provided. The applicant should discuss any relevant barriers and gaps that the project hopes to overcome.

- **METHODOLOGY/WORK PLAN -- Corresponds to Section V’s Review Criterion #2, RESPONSE**
  This section should present the methods and the work plan that will be used to address the stated needs. The applicant should clearly describe how it will accomplish project
requirements and expectations described in this funding opportunity announcement. Proposals should detail the nature of the activities to be undertaken, how they address system gaps and identified needs, and how they will assist in achieving the overall project goals and objectives.

At a minimum, the stated goals, objectives, strategies, activities and work plan should respond to the four primary functions of the Network:

1. Assist in state's efforts to strengthen statewide partnership and collaboration;
2. Enhance knowledge transfer between the participants, offering guidance and assistance to better leverage the knowledge gained;
3. Provide a secure internet-based workspace for data tracking of the Network participants as they focus on strategy and implementation; and
4. Articulate a clear and comprehensive strategic framework built on the achievements and lessons learned from successful operationalization of innovative strategies for statewide systems change.

In the Methodology/Work Plan section, the Network applicant should clearly describe:

- **Goals and Objectives**
  Applicants will state the overall goals and specific objectives for the project. The objectives must be observable and measurable with specific outcomes that are attainable. These outcomes will be criteria for the evaluation of the project.

- **Strategies and Activities**
  Applicants will need to identify strategies and/or activities for each objective. Applicants are expected to explain the rationale for the specific activities proposed and present a clear connection between proposed activities and the identified system gaps and needs. Clarification as to why these specific activities were selected is appropriate (i.e. has this approach been successful in other settings?).

- **Resolution of Challenges**
  The applicant will discuss barriers or challenges likely to be encountered in designing and implementing the activities described in the Methodology, especially those barriers relevant to completing the Work Plan. The applicant will clearly state approaches that will be used to resolve these barriers and challenges. In particular, the applicant will address the barriers and challenges anticipated in performing the duties of a learning network as well as those anticipated within the state projects that could inhibit the impact of the learning network.

- **Work Plan with Project Timeline**
  A three-year Work Plan with Project Time Line should clearly identify (1) goals; (2) objectives; (3) activities; (4) staff responsible for each activity; and (5) anticipated dates of completion. The objectives must be measurable with attainable outcomes specified for each project year. The timeline should provide mid-year projections.
    - Specific to the preliminary technical content and planned activities, the timeline should stipulate:
First communication with MCHB Staff within 7 days from date of issuance of the NoA, and;
First communication with Network participants (i.e., PIOHQI grantees) within 30 days from date of issuance of the NoA.

- Specific to the orientation to the Network and subsequent technical assistance provided, the timeline should stipulate:
  - Availability of a secure internet-based workspace for data tracking within 60 days from date of issuance of the NoA

- The Work Plan with Project Timeline is to be provided in Attachment 1

Fundamental tasks that are to be clearly articulated in the Methodology/Work Plan section include:

Preparation for the Network

The applicant should describe the initial preparation for the Network, including:

- Identification of the Network Management Team (comprised of subject matter experts) and their individual roles, including but not limited to: a project director or two project co-directors; a quality improvement advisor; a systems process advisor; the Network evaluator; and subject matter experts. The management team could also include individual Pilot Project Team Advisors. HRSA envisions collaborating with the awardee through joint planning group discussions.
  - The Network Management Team will have (or have ready access to) expertise in: (1) governance structures of public health systems; (2) systems administration and payment of care, specifically oral health care; and (3) health care delivery systems performance and evaluation.
  - The Roles and Responsibilities of Network Management Team is to be provided in Attachment 2
  - The Biographical Sketches of Network Management Team is to be provided in Attachment 3

- Development of preliminary technical content and planned activities for the MCHB staff and Network participants (i.e., MCHB PIOHNI grantees). Initial activities include:
  - Developing communication strategies with the MCHB staff and Network participants;
  - Reviewing individual PIOHQI participant work plans for strategic interventions where weaknesses and barriers appear;
  - Drafting revisions to the five (5) steps of the preliminary strategic framework; and
  - Planning for tracking Network improvement and progress.

Participant Orientation to the Network and Subsequent Technical Assistance Provided

The applicant should describe how the learning collaborative efforts of the Network will highlight gaps that exist between current service systems and ideal service systems. The applicant will share goals for the learning collaborative, providing the scientific basis for interventions or systems change that have closed such gaps. The applicant should describe how the collaborative learning portion of the Network will support the pilot project performance through active learning and accountability. Fundamental tasks clearly articulated in the project plan include:

- Engaging the Network participants, initially the PIOHQI grantees, in a constructive
discussion of collaborative, continuous improvement and systematic efforts that result in effective change.

- The Network is encouraged to utilize the communication tool developed by the National Maternal and Child Oral Health Resource Center for the MCHB-Funded Projects (http://www.mchoralhealth.org/Projects/piohqi.html).

- Conducting constructive collaborative learning with the Network participants and offering to:
  - Examine improvement strategies for achieving greatest impact;
  - Present a vision for evidence-informed service delivery of comprehensive oral health care for pregnant women and infants;
  - Examine continuous quality improvement tools to identify effective processes and overcome barriers for improvement;
  - Analyze progress, including discussions on testing and adaptation of interventions, with guidance from experts, partners and peers; and
  - Develop plans for the implementation, sustainability and spread of effective change.

- Synthesize the experience within the Network and summarize successful methods and lessons learned into resources such as reports or data files for potential spread to other implementation sites (e.g., major changes implemented, barriers resolved, outcomes realized) and to “hold the gains” in the pilot sites.

- Provide opportunities for the Network participants to give feedback.

- Provide a secure website for data tracking of the Network participants.
  - This capability should allow the PIOHQI grant recipients to report on both the required set of data indicators and any project-specific measures.
  - Such a system should be capable of receiving, tracking, and displaying multiple types of data in real time and in a uniform format to allow for comparisons and tracking over time.
  - The successful applicant should make every effort to utilize an already existing Internet-based system that may support these activities.

- Develop plans to facilitate spread of this technical assistance effort beyond MCHB-funded grant programs, including efforts to support Title V Block Grant funded programs’ efforts relevant to oral health.
  - The successful applicant will include in these efforts a plan to support state dental director’s efforts to champion a productive and collaborative team of key state stakeholders, including recipients of Title V Block Grant funds.
  - Enhanced assistance will be directed to those state dental directors whose states select the Title V National Performance Measure for oral health or select a state-specific measure that promotes access to care and/or improved oral health of pregnant women and children.

Final Product Development

The applicant will collect and translate new knowledge into a strategic framework that identifies the core elements of successful statewide health care systems change. This framework will focus on fundamental processes, from a state and local perspective that

30 The data required of all PIOHQI grantees is documented in the 2013PIOHQI Pilot funding opportunity announcement [Found at: http://www.mchoralhealth.org/PDFs/FOA_HRSA-PIOHQI.pdf]
drive successful implementation, continuous improvement, and endurance change through this national initiative.

- The applicant will include a plan to review material in support of the PIOHNI, in cooperation with the MCHB Oral Health Program, and indicate a process for revising these steps of the strategic framework as needed before formally launching the Network.
- The applicant should clearly describe the process for completing this framework called a *National Strategic Framework for Improving Perinatal and Infant Oral Health through Systems Change*. The applicant should briefly describe the process it will use to review and revise the five (5) steps of the preliminary strategic framework:
  1. Profile population needs, resources, and readiness to address the problems and gaps in service delivery;
  2. Mobilize and/or build capacity to address needs;
  3. Develop/finalize a comprehensive State Strategic Plan;
  4. Implement evidence-based prevention policies, programs and practices and infrastructure development activities; and
  5. Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace programs/activities that fail.
- The applicant should clearly describe strategies for operationalizing the framework, including, but not limited to, the identification of change indicators, data sources, and tools to guide data analysis; and instruction on how data can be communicated and used for decision-making.

Upon completion of the national initiative the Network will produce:
  1. A final report synthesizing lessons learned and presenting successful integration of best practices, including case studies;
  2. The *National Strategic Framework for Improvement of Perinatal and Infant Oral Health through Systems Change*;
  3. A strategic plan for dissemination nationwide.

**EVALUATION -- Corresponds to Section V’s Review Criterion #3, EVALUATIVE MEASURES**

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary grant projects, including infrastructure and systems support projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health, and performance outcome indicators, rather than solely on intermediate process measures. The protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, grant activities, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded.

In the Evaluation section, the applicant must submit an evaluation plan to address how the major goals and objectives of the project will be achieved. It will be clear that the designated Network evaluator is the lead for the evaluation plan. The evaluation plan should clearly assess the effectiveness of methods used as well as the impact of the project,
including but not limited to the functions of the Network and the development of the described change package.

To evaluate effectiveness of the Network, the evaluation plan will:

- Clearly describe that ongoing monitoring and evaluation activities that are structured to gain quantifiable information permitting objective rather than subjective judgments;
- Clearly describe how performance data will be collected, analyzed and reported. Also, describe how data analysis and reporting will facilitate evaluation of the project outcomes; and
- Clearly describe who on the project will be responsible for refining, collecting, and analyzing data for the evaluation and how the applicant will make changes to the project based on evaluation findings as part of a continuous quality improvement effort.

To evaluate impact of the Network, the evaluation plan will:

- Include a detailed plan describing the effectiveness of activities on the outcomes and impact observed. The plan should include short, intermediate, and long-term outcomes and impacts. Outcomes and impacts to be addressed should respond to those presented in the PIOHNII Logic Model (see Appendices C.1 and C.2); and
- Include a logic model specific to the functions of the Network, including components that demonstrate the relationship among resources, activities, outputs, target population, and short-term, intermediate, and long-term outcomes. See Section VIII, Other Information in this announcement for more information on developing logic models.

- The Network Logic Model is to be provided as Attachment 4,

**IMPACT** -- Corresponds to Section V’s Review Criterion #4, IMPACT

The applicant should document the extent and effectiveness of the project, including: plans for dissemination of project results, including the national strategic framework; the extent to which project results should be national in scope; and the degree to which the project activities are shared with other stakeholders. The applicant should describe the sustained utility of Network deliverables beyond the project period.

**Sustainability:**
The applicant should provide a plan that projects sustainability of aspects of the project beyond the Federal funding period.

**Dissemination:**
The applicant should provide a detailed plan describing how it will market the products developed by the Network to others interested in the topic area. The plan should address the extent and effectiveness of project results and products and/or the extent to which the project results and products are national in scope. Additionally, the plan should address the degree to which the project activities and products are replicable.

**ORGANIZATIONAL INFORMATION/TECHNICAL CAPACITY** -- Corresponds to Section V’s Review Criterion #5, RESOURCES/CAPABILITIES

This section will provide information on the organizations’ (or consortiums’) histories, current missions, and scope of current activities relevant to the intent of this project. This
section will also describe the technical capacity to carry out the requirements and to meet expectations of the proposed national learning network.

When describing **Organization Information**, the applicant will clearly identify that the proposed Network Management Team is a national organization (or consortium led by one) that clearly has (or easy access to) expertise in: (1) public health systems improvement and state governance, including work force development; (2) systems administration and payment of care, specifically oral health care; and (3) health care delivery systems performance and evaluation.

The applicant will describe its experience in developing and disseminating informational materials and providing guidance to improve a state’s health care systems process. The applicant will describe any past performance managing Federal grants at the national level; expertise of staff relating to the scope of work proposed; and maternal and child health expertise available within core staff and not through consultants. The applicant will discuss collaborative efforts with other pertinent agencies that enhance its ability to accomplish the proposed project.

- *A Project Organizational Chart* will be provided in **Attachment 5**.
- *Letters of Agreement and/or Description of Proposed or Existing Project-related Contracts (project-specific)* will be provided in **Attachment 6**.

When describing **Technical Capacity** the Network applicant must exhibit the capacity and capability to carry out a collaborative learning network, including assistance to individual pilot projects in support of optimal outcomes. In this section the applicant should acknowledge current experience, skills, and knowledge, including previous work of a similar nature.

The applicant should identify, upon submission of the proposal, **the Network Management Team**. The experts selected should be clearly capable of informing and supporting the aims and measurable goals of the learning network, including identifying appropriate measures to track improvement, and ultimately spreading new knowledge and best practices to foster adoption of successful strategies.

The applicant should discuss in this section the governing body's ability to identify subject matter experts that would participate in the Management Team or act as consultants for the Network. These experts should clearly have the expertise to assist the awardee to finalize the technical content and help provide technical support to Network participants. The applicant should pay particular attention to the selection of the project director (or co-directors), and the quality improvement and systems process advisors since these roles are critical to the success of the learning collaborative.

The project director (or co-directors) shall be a noted authority in the health care systems providing oral health care to pregnant women and infants, preferably one with experience and/or knowledge in systems change. The main role of the project director is to create a shared vision and provide intellectual leadership to the Network Management Team and grantee participants. The project director is outcome-focused and has the experience to guide the Management Team, assisting the quality improvement and systems process advisors to develop and modify the technical content of the learning network. The quality improvement and systems process advisors should be experts in improvement theory and
methods, and should be key to the outcome of the learning network and the participant’s projects.

The applicant should identify the Network evaluator, who on the Network Management Team will be responsible for refining, collecting, and analyzing data for the evaluation of the Network. Changes to the project will be based on evaluation findings as part of a continuous quality improvement effort. The applicant will describe all methods and tools used to collect data for tracking the progress of the national learning network including its contributions to the individual participant’s projects.

iii. Budget and Budget Justification Narrative

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

See Section 4.1.iv and v. of HRSA’s SF-424 Application Guide. In addition, the Perinatal and Infant Oral Health Quality Improvement National Learning Network program requires the following:

A Budget Justification Narrative that explains the amounts requested for each line in the budget. The budget justification should clearly describe and justify what resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. Individual explanations should be written in such a way that it is clear to the reviewer the relationship between line-items. For clarity, it is recommended to include in-kind support and/or other funding support to fully represent the total investment in the project.

A budget period is for one year. The applicant must submit one-year budgets for each of the subsequent budget periods at the time of application (three in total). For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification must be concise. Do not use the justification to expand the project narrative.

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s SF-424 Application Guide for additional information.

iv. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by
the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB’s authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the Perinatal and Infant Oral Health Quality Improvement National Learning Network and Submission of Administrative Data

To prepare successful applicants of their reporting requirements the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U44_2.HTML.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

v. Attachments
Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. Each attachment must be clearly labeled.

Attachment 1: Work Plan with Project Timeline
Planning a collaborative requires several labor-intensive activities particularly in the first few months. Please include a timeline specifying needed tasks particularly focusing on those prior to the formal learning sessions (“pre-work”) such as convening the planning group, finalizing the charter, strategic framework and measurement strategy, drafting learning session agendas, selecting and registering grantees, etc.

Attachment 2: Roles and Responsibilities of Network Management Team
Clearly identify the members of the Network Management Team, including: project director (or co-directors); the quality improvement and systems process advisors; and any key subject matter experts. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Network Management Team
Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. The biographical sketch should identify the team member’s qualifications for the stated role and responsibilities.
Attachment 4: Network Logic Model
Include a logic model specific to the functions of the Network that demonstrates the relationship among resources, activities, outputs, target population, and short- and long-term outcomes.

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 6: Letters of Agreement and/or Description of Proposed or Existing Project-related Contracts (project-specific)
Provide any documents that describe working relationships between the applicant partner organizations and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachments 7-15: Other Relevant Documents
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is June 30, 2014 at 11:59 P.M. Eastern Time.

4. Intergovernmental Review

The Perinatal and Infant Oral Health Quality Improvement National Learning Network is not a project subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than $450,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Applications with budget requests exceeding the ceilings specified above will be deemed noncompliant and will not be considered for funding.
The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA’s SF-424 Application Guide for additional information.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application. The applicant’s proposal should be unique in its description and include minimal text verbatim from this funding opportunity announcement.

Review Criteria are used to review and rank applications. The Perinatal and Infant Oral Health Quality Improvement National Learning Network has six (6) review criteria:

- **Criterion 1. Need 10 points**
- **Criterion 2. Response 30 points**
- **Criterion 3. Evaluative Measures 20 points**
- **Criterion 4. Impact 10 points**
- **Criterion 5. Resources/Capabilities 20 points**
- **Criterion 6. Support Requested 10 points**

**Criterion 1: NEED (10 points) – Corresponds to Section IV’s Need/Purpose**
The extent to which the application demonstrates the problem and associated contributing factors to the problem, and the quality of the description.

- Strength and clarity of the applicant’s description of their understanding of the current state of sustainable statewide health care systems, specifically health care systems that provide for the oral health needs of pregnant women and infants in at-risk communities.
- Strength and clarity of the applicant’s description of relevant factors that characterize the dynamic health care environment, not excluding the implementation of the ACA, and how these factors impact the oral health care of pregnant women and infants.
- Strength and clarity of the applicant’s plan for a national learning network, including but not limited to the impact collaborative learning can have on the initiative's intent.
- The degree to which the description is unique and reflects the strengths of the applicant organization.
- Strength and clarity of the applicant’s description of the responsibilities of the Network; specifically, how the Network will provide expert-driven leadership in fulfilling the four primary functions of the Network.
- The degree to which the applicant demonstrates familiarity with the MCHB's Oral Health Program's past and current efforts in support of oral health during pregnancy, including the Perinatal and Infant Oral Health National Initiative (PIOHNI).
- The degree to which the applicant uses and cites data to support the purpose of the project.
- The degree to which problem(s) and necessary gaps that need to be filled are identified and the strength and clarity of the applicant’s discussion on how they are to be overcome or addressed.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology/Work Plan
The extent to which the proposed project responds to the initiative’s purpose and aims as described. The strength of the proposed goals, objectives, strategies and activities, and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the purpose and attaining the project objectives. The extent to which the project responds to barriers and challenges. The extent to which the Work Plan with Project Timeline is reasonable and attainable. Specifically:

- The degree to which the stated goals, objectives, strategies, activities and work plan respond to the four primary functions of the Network:
  1. Assist in state efforts to strengthen statewide partnership and collaboration;
  2. Enhance knowledge transfer between the participants, offering guidance and assistance to better leverage the knowledge gained;
  3. Provide a secure internet-based workspace for data tracking of the Network participants as they focus on strategy and implementation; and
  4. Articulate a clear and comprehensive strategic framework built on the achievements and lessons learned from successful operationalization of innovative strategies for statewide systems change.
- Strength and clarity of the goals and specific objectives for the project. The degree to which the objectives are observable and measurable with specific and attainable outcomes. The degree to which the outcomes are relevant to the evaluation of the project.
- Strength and clarity of strategies and/or activities identified for each objective. The degree to which selected activities are appropriate for the objective and/or goal (i.e. has this approach been successful in other settings?).
- The degree to which the applicant acknowledges barriers or challenges likely encountered in designing and implementing the activities described in the Methodology, especially those barriers relevant to completing the Work Plan. The strength and clarity of the applicant’s approach(es) used to resolve these barriers and challenges. In particular, the degree to which the applicant addresses both the barriers and challenges perceived in performing the duties of a learning network and within the state projects that could inhibit the learning network’s impact.
- The clarity of a three-year Work Plan with Project Timeline that clearly identifies (1) goals; (2) objectives; (3) activities; (4) staff responsible for each activity; and (5) anticipated dates of completion. The degree to which objectives are observable and measurable with attainable outcomes specified for each project year. A timeline that provides mid-year projections.
• A Project Timeline that specifically stipulates:
  o First communication with MCHB Staff within 7 days from issuance of the NoA;
  o First communication with Network participants (i.e., PIOHQI grantees) within 30 days from date of issuance of the NoA; and
  o Availability of a secure internet-based workspace for data tracking within 60 days from date of issuance of the NoA.
• The degree to which fundamental tasks of the Network Management Team are articulated in the Methodology/Work Plan, including:
  o Preparation for the Network
    ▪ Clearly identifies the Network Management Team (including commitment of team members, evidence of expertise, and delegation of roles/responsibilities) comprised of a project director (or co-directors); quality improvement advisor; systems process advisor; and the Network evaluator. The management team could also include individual Pilot Project Team Advisors and other subject matter experts.
  o Preparation of technical content and planned activities articulating:
    ▪ Communication strategies for both the MCHB staff and Network participants;
    ▪ A plan to review individual PIOHQI participant work plans for strategic interventions where weaknesses and barriers appear;
    ▪ A plan to draft revisions to the five (5) steps of the preliminary strategic framework; and
    ▪ A plan for tracking Network improvement and progress.
  o Orientation to the Network and subsequent technical assistance in support of participants’ performance through active learning and accountability articulating how the Network Management Team will:
    ▪ Engage the Network participants;
    ▪ Plan for constructive collaborative learning;
    ▪ Synthesize methods and lessons learned into resources;
    ▪ Provide opportunities for the Network participants to give feedback;
    ▪ Provide a secure website for data tracking of the Network participants; and
    ▪ Develop plans to facilitate spread of technical assistance, including assistance to state dental directors whose states have recognized perinatal and/or infant oral health as a Title V priority need.
  o Final product development describes:
    ▪ The process to be used to review and revise the five (5) steps of the preliminary strategic framework. and
    ▪ The strategies for operationalizing a state strategic plan using the National Strategic Framework for Improving Perinatal and Infant Oral Health through Systems Change.
• The degree to which upon completing this project, it will be clear the Network will produce:
  1. A final report that synthesizes lessons learned and presents successful integration of best practices, including case studies;
2. The National Strategic Framework for Improvement of Perinatal and Infant Oral Health through Systems Change; and
3. A strategic plan for dissemination nationwide.

**Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation**

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The degree to which the applicant’s evaluation plan addresses how the major goals and objectives of the project will be achieved.
- The strength and clarity as to how the selected goals and objectives will assess the effectiveness of the Network methodology and Work Plan, and the impact of the program on the participant’s capacity to respond to their respective projects.
- The clarity as to who on the project will be responsible for refining, collecting and analyzing data for evaluation.
- The degree to which the applicant describes how feedback from evaluation findings will be incorporated into the project’s plan for continuous quality improvement.
- The strength and clarity of the plan to track required annual performance data and outcome measures.
- The degree to which the plan is effective in the development of the Network and achievement of planned outcomes. The degree to which the planned outcomes can realistically attain the short, intermediate, and long-term impacts.
- The degree to which the plan is clear that the final products will be of the highest quality, and clearly effective in their purpose. The final products will include, but not be limited to:
  1. A final report that synthesizes lessons learned and presents successful integration of best practices, including case studies;
  2. The National Strategic Framework for Improvement of Perinatal and Infant Oral Health through Systems Change.; and
  3. A strategic plan for dissemination nationwide.

**Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Impact**

The overall impact of the project on the field; the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results are national in scope; the degree to which the project activities are replicable, and the potential for sustainability of the project beyond the Federal funding.

- The strength and clarity of the applicant’s approach in leading dissemination efforts for the initiative’s findings and the resulting products (i.e., the national strategic framework).
- The extent to which the project results and products are national in scope.
- The degree to which the products lend themselves to efficient and successful replication.
- The extent to which the applicant plans to facilitate the replication of successes proven effective by the multi-site project.
- The degree to which there is a plan for sustaining some aspect of the Network beyond the Federal funding period.

**Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Organizational Information and Technical Capacity**

The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.

- The strength and clarity of administrative and organizational structure within which the project will function, including a project organizational chart (Attachment 5).
- The degree to which the Organizational Information clearly articulates:
  - The applicant, as the proposed Network Management Team for the Network, is a national organization (or consortium led by one) that clearly has (or easy access to) expertise in: (1) public health systems improvement and state governance, including workforce development; (2) systems administration and payment of care, specifically oral health care; and (3) health care delivery systems performance and evaluation;
  - Expertise and experience in the development and dissemination of informational materials and providing guidance to improve a state’s health care systems process;
  - Past performance managing Federal grants at the national level; expertise of staff as it relates to the scope of work proposed; maternal and child health expertise that is available within core staff and not through consultants; and
  - The degree to which the applicant has participated in collaborative efforts with other pertinent agencies that would/will enhance the ability to accomplish the proposed project.
- The degree to which the applicant is accountable for the Technical Capacity to be offered articulating:
  - A Network Management Team whose members are capable of informing and supporting the aims and measurable goals of the learning network, identifying appropriate measures to track improvement such as a dashboard, and ultimately spread new knowledge and best practices to foster adoption of successful strategies;
  - Identification of the subject matter experts that will participate in the Management Team or act as consultants for the Network. The applicant articulates how the available expertise in the team will assist the awardee to finalize the technical content and help provide technical support to Network participants;
  - The degree to which the applicant is engaged in a selection process of team members that can accomplish tasks planned including the project director (or co-directors), and the quality improvement and systems process advisors since these roles are critical to the success of the learning collaborative. Including:
    - Key personnel who have adequate time devoted to the project to achieve project objectives.; and
    - Biographical sketches of staff that indicate expertise required to carry out the program.
  - The degree to which project director (or co-directors) have authority in the health care systems that provide oral health care to pregnant women and infants, preferably one with experience and/or knowledge in systems change; are outcome-focused and clearly
have the experience to guide the Management Team; and have the capability to assist
the quality improvement and systems process advisors to develop and modify the
technical content of the learning network;
  o The degree to which the quality improvement and systems process advisors are experts
    in improvement theory and methods and ultimately key to the outcome of the learning
    network and the participant’s projects; and
  o The degree to which the designee responsible for refining, collecting, and analyzing
data for the evaluation of the Network can accomplish these tasks. The strength and
clarity to which the applicant will make changes to the project based on evaluation
findings as part of a continuous quality improvement effort. The applicant describes
all methods and tools to be used for collecting data to track the progress of the national
learning network, including its contributions to the individual participant’s projects.

**Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s**
**Budget/Budget Justification**
The reasonableness of the proposed budget for each year of the project period in relation to the
objectives, the complexity of the activities, and the anticipated results. The extent to which costs,
as outlined in the budget and required resources sections, are reasonable given the project
planned. The extent to which key personnel have adequate time devoted to the project to achieve
project objectives.

- The degree to which the proposed budget and budget justification is reasonable according
to the work to be accomplished, and links to the statement of activities, evaluation plan,
and expected outcomes.
- The strength and clarity of the budget justification. The degree to which individual
explanations are written so that a clear relationship between line-items is presented. The
degree to which in-kind support and/or other funding support is fully represented,
identifying total investment in the project.
- If applicable, the extent to which contracts for proposed subcontractors and consultants are
clearly described in terms of contract purposes, how costs are derived, and that payment
mechanisms and deliverables are reasonable and appropriate.

2. **Review and Selection Process**

Please see Section 5.3 of HRSA’s *SF-424 Application Guide*.

3. **Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2014.

**VI. Award Administration Information**

1. **Award Notices**

The Notice of Award will be sent prior to the start date of September 1, 2014. See Section 5.4 of
HRSA’s *SF-424 Application Guide* for additional information.
2. Administrative and National Policy Requirements

See Section 2 of HRSA’s *SF-424 Application Guide*.

**Implementation of United States v. Windsor and Federal Recognition of Same-sex Spouses/Marriages**

The following policy applies to:
- all grants except block grants governed by 45 CFR part 96, part 98, and grant awards made under titles IV-A, XIX and XXI of the Social Security Act.
- programs which base eligibility or otherwise make distinctions in program participation or content on such terms as "marriage," "spouse," "family," "household member," or similar references to familial relationship.

A standard term and condition of award will be included in the final Notice of Award (NOA); all grant recipients will be subject to a term and condition that instructs grantees to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction, when applying the terms of the Federal statute(s) governing their awards. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," "family," "household member," or similar references to familial relationship to reflect inclusion of same-sex spouses and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA’s *SF-424 Application Guide* and the following reporting and review activities:

1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

- **Other required reports and/or products.**
  - The awardee will submit a mid-year report. The first mid-year report will be due to the Project Officer sixty (60) days following the notice of award for year two.
  - At the conclusion of the Perinatal and Infant Oral Health National Initiative funded efforts, the awardee will produce the: (1) *National Strategic Framework for Improving Perinatal and Infant Oral Health Through Systems Change* and (2) a strategic plan for dissemination nationwide.
• Further information will be provided when Program and awardee first gather to finalize the plan and development of the project.

2) **Performance Report(s).**
The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB’s authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

1. **Performance Measures and Program Data**
To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U44_2.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U44_2.HTML).

2. **Performance Reporting**
Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA’s Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U44_2.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U44_2.HTML). This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees will be required, within 120 days of the NoA, to enter HRSA’s EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

3. **Project Period End Performance Reporting**
Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U44_2.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U44_2.HTML). The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.
VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Vanessa Fleming, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8337
Fax: (301) 443-6343
Email: VFleming@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Pamella Vodicka, M.S., RD
Program Director
Maternal and Child Health Bureau Oral Health
Division of Child, Adolescent, and Family Health
Parklawn Building, Room 18A-39
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2753
Fax: (301) 443-1296
Email: pvodicka@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA’s Electronic Handbooks (EHBs). For assistance with submitting information in HRSA’s EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV
VIII. Other Information

Logic Models:
Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s SF-424 Application Guide.


<table>
<thead>
<tr>
<th><strong>Comprehensive Health Care</strong></th>
<th>Care, including oral health services, provided through a delivery system that meets the total health care needs of the target population it serves.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuous Quality Improvement</strong></td>
<td>A systematic approach to improving processes and outcomes through regular data collection, examination of performance relative to predetermined targets, review of practices that promote or impede improvement, and application of changes in practices that may lead to improvements in performance.</td>
</tr>
<tr>
<td><strong>Data Indicators</strong></td>
<td>Data collected for the purposes of benchmarking and measuring progress towards an intended goal.</td>
</tr>
<tr>
<td><strong>Early-Adopter</strong></td>
<td>A leading oral health, public health and/or health care expert that has successfully integrated comprehensive oral health care for pregnant women and infants into some portion of the State’s health care system at a community level.</td>
</tr>
<tr>
<td><strong>Evidence-Based Approach</strong></td>
<td>A selected approach for systems change that can be substantiated with at least one peer-reviewed, impact study that finds statistically significant results that include some of the selected indicators.</td>
</tr>
<tr>
<td><strong>Evidence-Informed Approach</strong></td>
<td>A selected approach that is very similar to evidence-based, but the level of evidence supporting the approach is not as strong— the approach is emerging or promising in its design, allowing for innovation while still incorporating lessons learned.</td>
</tr>
<tr>
<td><strong>Expansion Phase</strong></td>
<td>The second phase of the MCHB’s Perinatal and Infant Oral Health National Initiative during which a strategic framework is created that supports the expansion success efforts identified during the first phase of the initiative, the implementation phase.</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>A long-term target or direction of development. Goals provide the basis for decisions about the nature, scope, and relative priorities of all projects and activities. Everything the institution does should help it move toward the attainment of one or more goals.</td>
</tr>
<tr>
<td><strong>Health Care Delivery Systems</strong></td>
<td>[Or health care system] is the organization of people, institutions, and resources to deliver health care services to meet the health needs of target populations.</td>
</tr>
<tr>
<td><strong>Implementation Phase</strong></td>
<td>The first phase of the MCHB’s Perinatal and Infant Oral Health National Initiative during which early-adopters have identified key principles for successful Statewide implementation of innovative approaches that have proven effective at the community level. National Outreach: Application of this strategic framework on a national scale to guide successful replication of these efforts.</td>
</tr>
<tr>
<td><strong>Infants</strong></td>
<td>Children less than one year of age not included in any other class of individuals. (Title V glossary <a href="https://performance.hrsa.gov/mchb/mchreports/Glossary.html">https://performance.hrsa.gov/mchb/mchreports/Glossary.html</a>)</td>
</tr>
<tr>
<td><strong>Key Positions</strong></td>
<td>Any position that is vital to the planning, implementation, administration and evaluation of the Network.</td>
</tr>
<tr>
<td><strong>Letters of Agreement</strong></td>
<td>A letter of commitment between the Network Project Director and a key stakeholder that indicates the professional organization, select person from said organization, and agreement of time commitment for the purpose of supporting the efforts acknowledged within the agreement.</td>
</tr>
<tr>
<td><strong>Letters of Intent</strong></td>
<td>A letter identifying the intention of a select Network member who has yet to commit prior to the submission of the proposal. This letter must include persuasive language that substantiates an intended team member’s role, tasks, and time designated for the proposed commitment.</td>
</tr>
<tr>
<td><strong>National Outreach Phase</strong></td>
<td>The third phase of the MCHB’s Perinatal and Infant Oral Health National Initiative that begins a national effort to successfully replicate effective, innovative approaches that improve access and utilization of quality oral health care for pregnant women and infants, using the <em>National Strategic Framework for Improving Perinatal and Infant Oral Health Through Systems Change</em> as a guide.</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>A measurable target or benchmark that must be met on the way to attaining a goal.</td>
</tr>
<tr>
<td><strong>Perinatal</strong></td>
<td>Period from gestation of 28 weeks or more to 7 days or less after birth. <em>(Title V glossary <a href="https://performance.hrsa.gov/mchb/mchreports/Glossary.html">https://performance.hrsa.gov/mchb/mchreports/Glossary.html</a>)</em></td>
</tr>
<tr>
<td><strong>Perinatal and Infant Oral Health National Initiative</strong></td>
<td>MCHB launched this initiative, in 2012, in pursuit of sustainable public health systems change that ultimately achieves meaningful improvements in the access and utilization of quality oral health care for pregnant women and infants.</td>
</tr>
<tr>
<td><strong>Pregnant Woman</strong></td>
<td>A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus. <em>(Title V glossary <a href="https://performance.hrsa.gov/mchb/mchreports/Glossary.html">https://performance.hrsa.gov/mchb/mchreports/Glossary.html</a>)</em></td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
<td>The combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development</td>
</tr>
<tr>
<td><strong>Reliability of Data</strong></td>
<td>Consistency of a measure to capture the intended construct (e.g., a person answering the questionnaire will most likely answer in a similar way both today and tomorrow). It is most frequently quantified through inter-rater reliability, test-retest reliability or internal consistency.</td>
</tr>
<tr>
<td><strong>Statewide Needs Assessment</strong></td>
<td>A statewide needs assessment includes an identification of communities with concentrations at-risk prenatal, maternal, newborn, or child health, including oral health; and, identification of the quality and capacity of existing programs/initiatives for pregnant women and infants in the State, including those that service their oral health needs.</td>
</tr>
<tr>
<td><strong>Validity of Data</strong></td>
<td>The degree to which a measure is capturing the construct it is intending to capture (e.g. the measure is capturing depressive symptoms and not anxiety). It is frequently expressed as construct validity, content validity or criterion validity.</td>
</tr>
</tbody>
</table>
APPENDIX B: Perinatal and Infant Oral Health National Initiative Time Line

<table>
<thead>
<tr>
<th>Funding Opportunities:</th>
<th>Implementation Phase: Statewide implementation of innovative approaches that have succeeded at the community level.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal and Infant Oral Health Quality Improvement Expansion (PIOHQIE) grant program [FY15 – FY19]</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C.1: Perinatal and Infant Oral Health National Initiative Logic Model [Schematic]

The National Strategic Framework for Improving Perinatal and Infant Oral Health through Systems Change

INPUTS

Agency/Bureau/Program

OUTPUTS

Perinatal & Infant Oral Health National Initiative

Phase 1 Grantees

Phase 2 Grantees

PROCESS

National Learning Network

OUTCOMES

IMPACT

Assumptions

- Key partnerships & collaboration using data-driven strategies will identify and effectively demonstrate approaches that have meaningful impact

- Peer-to-peer information sharing, guided by subject matter experts, will mediate exchange of new knowledge, accelerating implementation of promising practice

EXTERNAL INFLUENCES

- Shifting political leadership and priorities at local or federal levels

- Shift in strategies due to change in sociological, economic, and demographic environments and the growing recognition of disparities and barriers to care;
APPENDIX C.2: Perinatal and Infant Oral Health National Initiative Logic Model [Descriptive]

<table>
<thead>
<tr>
<th>Federal</th>
<th>Federal</th>
<th>State</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Strategic Plan</td>
<td>Program Initiative</td>
<td>Enhanced strategic plan</td>
<td>Improved coordination among partners, focused on developing evidence-informed change processes</td>
<td>Improved local capacity to access resources</td>
<td>Sustained statewide strategic plan and partnerships that maintain systems change/integration</td>
</tr>
<tr>
<td>Bureau Strategic Plan</td>
<td>Program Strategy</td>
<td>Interstate/intra-state collaboration</td>
<td></td>
<td>Informed decision-making &amp; development of policies, standards of care, &amp; workforce</td>
<td></td>
</tr>
<tr>
<td>Program Vision</td>
<td>Program Funding Opportunities</td>
<td>Real-time structured learning</td>
<td></td>
<td>Advancing spread of strategic plan</td>
<td></td>
</tr>
<tr>
<td>Program Mission</td>
<td>Implementation</td>
<td>Facts &amp; new knowledge, including barriers &amp; lessons learned</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Goals</td>
<td>Collaborative Methodology</td>
<td>New databases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Funding</td>
<td>Testing/monitoring</td>
<td>Reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Resources</td>
<td>Data Collection/ Evaluation</td>
<td>Publications</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assumptions**
- Key partnerships & collaboration using data-driven strategies will identify and effectively demonstrate approaches that have meaningful impact.
- Peer-to-peer information sharing, guided by subject matter experts, will modulate exchange of new knowledge, accelerating implementation of promising practice.

**EXTERNAL INFLUENCES**
- Shifting political leadership and priorities at local or federal levels.
- Shift in strategies due to change in sociological, economic, and demographic environments and the growing recognition of disparities and barriers to care.
APPENDIX D: Perinatal and Infant Oral Health Quality Improvement Pilot Program

EXECUTIVE SUMMARY

An evidence-based, oral health care approach that serves pregnant women is the ideal for improving the oral health disparity among this MCH population. Yet, while evidence-based practice guidelines do exist, such as those recognized in the Oral Health Care During Pregnancy – A National Consensus Statement, a statewide approach that is integrated into a comprehensive system of care, providing for oral health care needs of both pregnant women and infants, remains elusive.

The purpose of the project is to integrate a successful community-based approach into a health care system with statewide reach, accomplishing statewide availability and increased utilization of quality preventive dental care and restorative services for pregnant women and infants most at risk. The long-term goal of this effort is to achieve sustainable improvement in the oral health care status of this MCH population. Documentation of successful outcomes and lessons learned will be applied to the development of a national strategic framework for the purpose of replicating effective and efficient approaches to serving the oral health care needs of this targeted MCH population.

This grant program, a four-year pilot, will assist up to four states and/or state organizations which have already demonstrated success in developing community-based oral health programs for pregnant women and infants. The purpose of the pilot is to integrate a successful approach into a health care system with statewide reach that succeeds at improving the oral health status of pregnant women and infants most at risk. Long-term success of this pilot, beyond this Federal funding, will result from the integration of a sustainable approach into the selected health care system(s). Documentation of successful outcomes and lessons learned will be applied to the development of a national strategic framework for the purpose of replicating effective and efficient approaches to serving the oral health care needs of this targeted MCH population.

Applicants must clearly demonstrate success in developing a community-based oral health program that serves the oral health needs of pregnant women and infants. In so doing, the applicant will be recognized as an early-adopter who: (1) has successfully integrated evidence-based oral health practices for pregnant women and infants into some portion of the state’s health care system at the local level and (2) is capable of taking this innovation to scale statewide.

The recipient of these funds will:

1. Engage in collaborative learning methodology to support the individual pilot projects as they adapt and adopt innovative approaches across multiple settings statewide, achieving systems change to deliver effective intervention and treatment services;

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32 Break through Collaborative term. In the improvement process, the leader (the early adopter) within the organization who is willing to try new ideas (introduced by innovators) and whose positive results attract others in the organization to adopt the successful changes. [Rogers E. Diffusion of Innovations. 4th ed. New York, N.Y.: The Free Press; 1995].
2. Work collectively alongside key state public and private partners and national stakeholder organizations through the participation in a state-national learning network; and
3. Identify successful outcomes and lessons learned for the development of a national strategic framework that will translate new knowledge into successful replication and expansion of these efforts.

The overarching goals of this pilot grant program will be to develop, put into practice, and continually assess:
1. A statewide approach that responds to the comprehensive oral health needs of pregnant women and infants most at risk;
2. A statewide data system that drives quality improvement; and
3. A fiscal leveraging strategy that sustains this improved delivery of care.

Access to the PIOHQI funding opportunity announcement and the project abstracts for the PIOHQI grantees can be found at: [http://www.mchoralhealth.org/Projects/piohqi.html](http://www.mchoralhealth.org/Projects/piohqi.html)

**PIOHQI PILOT RECIPIENTS** –

- Connecticut Department of Social Services  
  [http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_CT.pdf](http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_CT.pdf)

- Health Research Inc./New York State Department of Health  
  [http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_NY.pdf](http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_NY.pdf)

- West Virginia Department of Health and Human Resources  
  [http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_WV.pdf](http://www.mchoralhealth.org/Projects/granteePDFs/PIOHQI_Abstract_WV.pdf)