

## Request for Proposals

# Community and Care Transformation

In the United States, the oral health care needs of historically marginalized communities have continually been unmet, and the oral health outcomes of these populations suggest that traditional forms of oral health care delivery through education and clinical treatment are not responsive to these communities' expressed needs.

Data from [CareQuest Institute's 2022 State of Oral Health Equity in America](#) survey demonstrates limited access to adequate oral health care for marginalized communities alongside the unfavorable, sometimes unwelcoming experiences for these patients within oral health care settings:

- Black adults and American Indian or Native Alaskan adults are two and three times more likely, respectively, to visit the emergency department (ED) for a dental condition than white adults. At the same time, nearly half of Hispanic adults, Asian adults, and Black adults report experiencing discrimination in an oral health setting.
- LGBTQ+ individuals, when compared to non-LGBTQ+ individuals, were 77% more likely to have visited a hospital ED for dental care within the past year. At the same time, LGBTQ+ individuals were 77% more likely to report experiencing discrimination on a weekly basis.
- Adults with poor mental health (including depression) are more likely to have one or more unmet oral health needs and are less likely to seek care for these needs than those with better mental health.

These examples of oral health disparities at the population level, while not exhaustive, illustrate how existing approaches to oral health care can be stigmatizing and tend to negatively impact patient engagement within the oral health system. In fact, our existing oral health system is constructed to support these very outcomes.

In order to advance oral health equity and access to quality, whole-person care at a systemic level, CareQuest Institute for Oral Health, along with other partners in oral health care, have been at the forefront in the development and testing of care transformation best practices. Some of the practical care transformation concepts that have proven to be effective in advancing whole-person care include medical

### Key Dates and Deadlines

- **May 10**  
Request for Proposals Open
- **June 30**  
Deadline for Proposal Submission  
([via Fluxx](#))
- **Mid-September**  
Decision Notification

### Contact

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and dental integration, value-based care, teledentistry, and minimally invasive care.\* Within the broader oral health field, there is energy and effort around the creation and implementation of innovative payment models. Across the US, oral health professionals work to test and operationalize, build evidence for associated cost savings, and develop models of payment that support the implementation of these concepts in clinical settings. Still, this work is largely driven by clinical practitioners and shared among clinical stakeholders.

Within CareQuest Institute's philanthropy, it is a central principle that oral health care solutions cannot be equitable or effective without those individuals most impacted by oral health disparities driving the work. Ideally, this means being involved in the identification, planning, implementation, and evaluation of potential health care solutions that affect their lives.

Through the Community and Care Transformation Request for Proposals, CareQuest Institute is seeking to fund projects and partners that combine two core interrelated elements of work: (a) **carry forward care transformation concepts** (listed above); and (b) **ensure authentic and deep community engagement\*** is embedded in the practical implementation of those concepts. Applicants will likely be community organizations looking to expand how oral health care is delivered or safety net clinical facilities looking to grow their community engagement.

## Examples of projects within the Community and Care Transformation Request for Proposals



**a safety net partner** piloting new value-based care procedures within clinical practice, overseen by a representative patient/community body that has active input into the planning, implementation, and evaluation of the new practice impact on patient experience



**a community-based or grassroots organization** building power among community members to participate in advocacy in local or state policy spaces around care transformation concepts



**a state policy organization** utilizing a formal process that ensures ongoing community input and involvement to advocate for medical/dental integration measures within state Medicaid policy



**a safety net organization** collaborating with community partners to expand and use innovative workforce models that are representative of their patients and families

**Projects aligned with this RFP will both recognize and address the need to authentically engage community members to drive care transformation and promote oral health equity.**

\* See Appendix

# Background

CareQuest Institute for Oral Health is a nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We champion oral health transformation because good overall health depends on good oral health.

We operate as a catalyst for systems change, bringing forth ideas and solutions to create a more accessible, equitable, and integrated health system for everyone. We do this through our five Areas of Activation — grantmaking, research, health improvement, policy and advocacy, and education — as well as our leadership in dental benefits and innovation.

CareQuest Institute has a long and deep commitment to supporting the broad integration of oral health into primary care within the safety net. Through historical grantmaking initiatives and programs such as Strengthening the Oral Health Safety Net (SOHSN), the National Oral Health Innovation and Integration Network, and Medical Oral Expanded Care (MORE Care), we have sought to demonstrate the unique and powerful role that the safety net can play in advancing oral health value-based care. In more recent years, and in response to the COVID-19 pandemic, CareQuest Institute launched the Community Oral Health Transformation (COHT) Initiative, which now serves as a learning community for the implementation of medical-dental integration and value-based oral health care.

CareQuest Institute’s ongoing efforts to advance integration, value-based care, and health equity also include intentional investments in historically marginalized communities across

the United States. These investments and collaborations create pathways for those impacted by inequity within our health system to raise the awareness of opportunities to improve oral health in their local environment, connect with relevant stakeholders, and strengthen their capacity to advocate for changes that will lead to more equitable oral health outcomes for all populations. CareQuest Institute’s community-driven work began in 2015 with the signature Grassroots Engagement Initiative, an investment strategy that aimed to shift the conversation and traditional power dynamics that have persisted in the oral health system toward community-identified issues and solutions to ultimately inspire and sustain transformative change. As with the Grassroots Engagement Initiative in 2015, funding through this RFP is intended to disrupt systems, build power within systemically disenfranchised communities, and position our collective skillsets and efforts toward the destination of oral health equity for all.

This request for proposals (RFP) represents an opportunity for CareQuest Institute to deepen its investment into the advancement of care transformation efforts, while also highlighting and addressing the need for communities to be engaged in this work. Additionally, this is an opportunity for oral health providers, advocates, and researchers to share information, act, and collaborate with communities toward a healthier, more equitable future.

# Eligibility

Applicants must be based and operating in the United States or its territories and may be either a public entity or nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue code. Applicants will likely be community organizations looking to expand how oral health care is delivered or safety net clinical facilities looking to grow their community engagement.



## Selection Criteria

The Community and Care Transformation Initiative seeks to fund creative, innovative community-driven projects that advance the evidence base for, support for, and/or implementation of care transformation best practices. The parameters for selection of proposals are intentionally broad, recognizing that innovative work aligned with this strategy may employ a variety of tactics, partnerships, etc. Compelling projects should effectively identify and incorporate opportunities for community engagement that will inform and assess the effectiveness of the project/solution.

### **Proposals will be reviewed, and grantees selected, based on the following criteria:**

- a demonstrated understanding or willingness to learn about the care transformation topic(s) related to the project (medical/dental integration, value-based care, teledentistry and/or minimally-/noninvasive care) and experience, or desire to strengthen capacity, in advocating for and advancing care transformation
- a demonstrated commitment to, or willingness to deepen, engagement of community members, community organizations, and/or health care consumers in the planning, implementation, and evaluation of organizational work
- a demonstrated commitment to health and racial equity and clear identification of which communities or populations will be most directly impacted by care transformation efforts in the proposed project environment (individual organization, region, state, country)
- clarity and practicality of the proposed activities, including intended/anticipated outcomes and the potential impact of the proposed project on community members, patients, and health care consumers broadly
- experience in effective data collection and analysis as well as project reporting/communications
- willingness to seek and engage other funders in supporting this work
- willingness to leverage and partner with existing network (Oral Health Progress and Equity Network, other CareQuest Institute grantees, etc.) to spread learnings, opportunities, and thought leadership to strengthen community engagement in care transformation across the broader oral health field

## Use of Grant Funds

### **Grant funds may be used for:**

- project staff salaries
- subgrants to project partners/community organizations
- consultant fees
- data collection and analysis
- meetings
- supplies
- activities related to fundraising and development
- project-related travel
- other direct project expenses

### **Grant funds, including subgrants, may not be used for:**

- direct services
- capital expenditures
- lobbying
- endowments
- scholarships
- substitute for funds currently being used to support similar activities

# Request for Proposals FAQs

## **Is there a dedicated grant amount for proposed projects?**

CareQuest Institute will fund 10 projects at \$125,000 each through the Community and Care Transformation Request for Proposals.

## **How long is the funding period for grants through this RFP?**

At this time, CareQuest Institute is able to provide one year of funding to accepted applicants. Following satisfactory completion of this one-year grant period, organizations funded through this RFP can apply for future CareQuest Institute grant opportunities.

## **Are organizations that have not previously received funding from CareQuest Institute eligible to apply?**

Yes. CareQuest Institute welcomes new prospective partners to apply through this RFP.

## **Are organizations that have previously received grant funding from CareQuest Institute eligible to apply?**

Yes. CareQuest Institute is interested in deepening relationships with existing partners through this RFP.

## **Are organizations that are in an active grant period with CareQuest Institute eligible to apply?**

Organizations may not have two concurrent grants from CareQuest Institute. However, existing grantees may apply through funding within this RFP if the intended grant “start date” is equal to or following the “end date” of the current grant from CareQuest Institute.

## **Is there a geographic focus or scope for this RFP?**

CareQuest Institute is open to applications focused on national, state, and local contexts. However, there is particular interest in projects serving geographic areas and/or specific demographic populations that have been historically underserved.

## **How does CareQuest Institute define community engagement as it relates to this RFP?**

CareQuest Institute, in partnership with Community Science, has developed a robust measurement framework for community engagement within oral health systems-change work. The Community Engagement Continuum provides detailed examples of community engagement on a progressive scale. CareQuest Institute’s intent is to encourage progression along the continuum within funded projects and within the field of oral health overall.

## **Will funding through this RFP necessitate participation in CareQuest Institute’s MORE Care or CORHT Initiatives?**

No. The goals of the Community and Care Transformation Request for Proposals are aligned with CareQuest Institute’s MORE Care and CORHT initiatives. However, the RFP will operate and be executed as a separate initiative.

## **Can current MORE Care or CORHT partners submit a proposal?**

Yes. With clear communication about participation in MORE Care or CORHT, current partners in these initiatives may apply for funding through the RFP. Additional documentation around the distinct scopes of work within each initiative may be requested by CareQuest Institute within the review process.

## **What support beyond funding is provided by CareQuest Institute?**

Partners funded within this initiative will have access to, and ongoing communication with, a network of community-driven partners doing similar work through a facilitated learning community. Partners will also have opportunities to collaborate on earned-media strategies and promotion of work via CareQuest Institute dissemination channels, including newsletters and social media. CareQuest Institute’s philanthropy staff will provide technical assistance to build organizational and project capacity. Lastly, partners will have opportunities to learn from CareQuest Institute and other subject-matter experts around topics such as evaluation and value-based care.

## **Who can I contact with further questions?**

Organizations interested in applying may contact CareQuest Institute Philanthropy Staff, listed on page 1 of this document.

# 2023 CareQuest Institute for Oral Health Community and Care Transformation Proposal Form

We understand that many organizations and their staff members may want to approach this Request for Proposals collaboratively. With that in mind, the Philanthropy team at CareQuest Institute for Oral Health prepared this document, which includes all the questions that are on the official proposal form in [Fluxx](#), to assist you/your organization as you prepare your final submission. **Please note that only proposals submitted through Fluxx by June 30, 2023, will be eligible for review.** If you have any questions or concerns, please contact [grants@carequest.org](mailto:grants@carequest.org).

- 1. Please provide a description of the proposed project's desired outcomes, priority activities or tactics, and specific final deliverables that you are anticipating through this work.**
- 2. What systemic oral health inequities will this project aim to address in your specific environment (region, state, or community of focus)?**
  - How did your organization identify the issues you aim to address?
  - In what ways have community members or community-based partners contributed to or validated the need for the solutions proposed in this project?
  - How will this work apply to a larger systems-change strategy that intentionally engages marginalized communities and supports community decision-making?
- 3. Partnerships between clinical and community-based organizations are central to care transformation. How will your organization engage, collaborate, and lead with these stakeholder groups through the proposed project?**
- 4. Please describe your organization's history and capacity to support oral health transformation work as outlined above.**
  - What does "success" look like at the end of the grant period and how will your project's stakeholders inform and evaluate that definition?
  - How will you measure and track progress during the grant period?
- 5. What tools, resources, or reports will you create or utilize to spread learnings or best practices obtained through this grant? How could advocacy and policy change help sustain the impact of your proposed project?**
- 6. If awarded grant funding through CareQuest Institute, describe your organization's plan(s) to continue the work detailed in this proposal after completion of the grant.**
  - Briefly describe your plan to identify and secure additional funding/matching resources (including in-kind support) to support ongoing work.

# Appendix

This appendix further defines care transformation and other concepts underscored in the Community and Care Transformation Request for Proposals. Refer to [www.carequest.org](http://www.carequest.org) for more information.

**Community Engagement:** CareQuest Institute, in partnership with Community Science, has developed a robust measurement framework for community engagement within oral health systems-change work. [The Community Engagement Continuum](#) provides detailed examples of community engagement on a progressive scale. CareQuest Institute's intent is to encourage progression along the continuum within funded projects and within the field of oral health overall.

**Medical-Dental Integration:** Medical-dental integration encourages providers to create comprehensive care plans for the whole person. Medical-dental integration can help build that critical bridge between oral health and overall health. It's an approach to care that integrates dental medicine into primary care and behavioral health. It also promotes the practice of dental providers integrating into their care such services as screenings for chronic diseases. It is a model of care that encourages providers to come up with comprehensive care plans for the whole person.

**Value-Based Care:** For more than two centuries, dentists have practiced in a fee-for-service reimbursement environment. That is, the system incentivizes performing more — and more complex — procedures, not preventing disease and lowering costs. Value-based care is designed to align the system of care, the person, the provider, and the community to achieve better health outcomes at lower costs. Successful designs in dentistry are prevention-focused, minimally invasive, and risk-based to ensure an equitable distribution of resources. They also involve integration of data, care across the continuum, and a range of person-centered models, such as teledentistry. A successful value-based care model prevents dental disease and keeps patients healthy. The resulting payment model is also beneficial because providers and payors can ensure a steady revenue stream for the patient base even if there are fluctuations in care pathways driven by risk status or by disruptions to practice operations.

**Teledentistry:** Despite the realities revealed to our nation more explicitly by way of the pandemic, there was and remains an overdue need for telehealth services, particularly teledentistry. Teledentistry enables providers to triage patients, reserving office visits for those who need them most, while providing oral hygiene advice, prescriptions, or other services virtually as appropriate. The benefits are especially pronounced for certain populations. More than 56 million Americans, for example, live in areas with a shortage of dental professionals. Others face limitations such as impaired mobility, inflexible job schedules, and emotional barriers such as fear of going to the dentist. Teledentistry also saves money. Remote visits offer a safe alternative during crises such as the COVID-19 pandemic, but because of their numerous advantages, they are also becoming a permanent part of the oral health system.

**Minimally Invasive Care:** Within the provider and patient relationship, minimally invasive care stands to serve as both a menu of oral health care options that are trauma informed and a gateway to promoting patient agency in the delivery of care. Some of these minimally invasive care options include the application of fluoride varnish, silver diamine fluoride (SDF), glass ionomer, povidone, and sealants. However, this approach to oral health care also includes the promotion of overall health improvement and increased access to care through medical-dental integration. Furthermore, there are policy opportunities specifically related to the [expansion of the dental and medical workforce](#) to support the increased implementation and support the sustainability of minimally and noninvasive care techniques.