

Including Oral Health in the Title V Maternal and Child Health 5-Year Needs Assessment and State Action Plan

This tip sheet provides information about the Title V Maternal and Child Health (MCH) Services Block Grant 5-year needs assessment and state action plan and about how oral health program directors and staff and community partners can contribute to the needs assessment process.

What is the Title V MCH 5-year needs assessment?

The Title V MCH Services Block Grant provides funding to states and jurisdictions (hereafter referred to as states) to ensure that mothers, children, and adolescents, including those with special health care needs (MCH population), have access to preventive and primary health care. The Title V legislation directs each state to conduct a comprehensive, statewide MCH needs assessment every 5 years to identify the need for preventive and primary health care. The next 5-year needs assessment must be completed by July 15, 2020.

How does the needs assessment process work?

Each state has flexibility in how it conducts its needs assessment, but generally states use focus groups, questionnaires, small group interviews, and surveys to obtain input from stakeholders. Many states also convene advisory committees or work groups to guide the needs assessment process. The process culminates in the development of a comprehensive needs assessment report that describes a range of findings about the need for preventive and primary health care. The findings provide information for the state to select 7–10 priorities for focused programmatic efforts over the next 5 years (i.e., 2020–2025). The priority needs selected should address areas that the state believes it can improve upon. The needs assessment also lays the foundation for the selection of national performance measures (NPMs), development of state performance measures (SPMs), and development of a state action plan to address identified priority needs.

Why should oral health be included in the needs assessment?

- Including oral health will focus attention and resources on oral health.
- Including oral health will galvanize statewide support for oral health efforts.

How can we help ensure that oral health is included in the needs assessment?

- Your state's MCH director or Title V coordinator have likely begun the needs assessment process. As soon as possible, talk them to learn about the process. Find out how you can get involved in the identification of priority needs, the selection of NPMs, the development of SPMs, and the development of the state action plan. If you are invited to participate in the needs assessment process, do so.
 - Determine the contact for the Title V needs assessment. It may be the MCH program director, the Title V coordinator, or another staff member.

- Strategize your communication with the contact. Develop points that support including oral health in the needs assessment; these can be used in an e-mail or as talking points in a conversation. Make sure your communication strategy includes a request for a meeting. See *“Elevator Pitch” for Introducing Oral Health Issues to MCH Director or Title V Coordinator*. Reach out to the contact as early as possible, because conducting the needs assessment is a lengthy process, and the assessment must be completed by July 15, 2020.
- Learn the process for conducting the needs assessment in your state.
- Present current state and local data on oral health related to pregnant women, children, and adolescents, including those with special health care needs. Sources of state and local data may include the Basic Screening Survey of children, the Centers for Medicare & Medicaid Services CMS 416 (information from state Medicaid and CHIP programs), the Head Start program information report (PIR), the National Survey of Children’s Health (NSCH), and the Pregnancy Risk Assessment Monitoring System (PRAMS). Head Start PIR, NSCH, and PRAMS present self-reported data, which may underestimate the extent of the issue being reported, but these data can serve as a proxy of health status and utilization of health care. Your state MCH program may not be using these data or may not be familiar with them.
- Provide information on available data to measure progress.
- Offer information on effective programs and services that prevent oral diseases and promote oral health.
- Identify local oral health stakeholders (e.g., program administrators, health professionals, families) to take part in the needs assessment and other parts of the process through focus groups, questionnaires, small group interviews, and surveys. Help formulate questions, and share personal stories that explore the scope of the oral health problem in your state.
- Identify local oral health stakeholders (e.g., program administrators, health professionals, families) in different regions of the state to attend the regional needs assessment meetings. Strategize with them beforehand about advocating for oral health. Encourage them to gather personal stories that illustrate the oral health problem in their region.
- Identify oral health activities funded by government agencies, national or state organizations, or foundations in your state that you may be able to collaborate with to address NPM 13. For example, see the list of oral health multi-year projects funded in 2018 by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) on page 3.
- Help develop a state performance measure (SPM) addressing oral health.

What are national performance measures?

The Title V MCH Block Grant guidance includes 15 NPMs grouped into 5 MCH population domains and 1 cross-cutting/life course domain. States are asked to use findings from their needs assessment as a basis for selecting at least 5 of the 15 NPMs to address over the next 5 years, with 1 NPM selected for each of the 5 MCH population domains. There is no maximum number of NPMs that states can select. These NPMs will be included as part of the state action plan.

One of the NPMs, NPM 13, directly addresses oral health and has two parts:

- 13.1: dental visit for pregnant women

- 13.2: preventive dental visit for children and adolescents ages 1–17

In FY 2019, 32 states selected NPM 13:

Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Mississippi, Montana, New Jersey, New Mexico, New York, North Dakota, Northern Mariana Islands, Oregon, Puerto Rico, Rhode Island, Utah, Vermont, Virgin Islands, Virginia, and West Virginia

States are not required to select both parts of NPM 13. A state can select NPM 13.1 without selecting NPM 13.2, or vice-versa.

What are state performance measures?

States can also develop SPMs as part of their state action plan to meet needs not addressed by NPMs. There is no minimum or maximum number of SPMs that states can establish.

What resources are available?

- Association of Maternal and Child Health Programs. 2015. [*Data to Action: Needs Assessment, Performance Measurement, and Practice.*](#)
- Association of Maternal and Child Health Programs. [*Needs Assessment Resources*](#) [webpage].
- Association of State and Territorial Dental Directors. 2015. [*MCH Title V National Performance Measure for Oral Health.*](#)
- Centers for Disease Control and Prevention. [*Community Health Assessment and Health Improvement Planning*](#) [webpage].
- Centers for Disease Control and Prevention. [*State Oral Health Plans*](#) [webpage].
- National Maternal and Child Oral Health Resource Center. [*Title V MCH Services Block Grant Oral Health Toolkit*](#) [webpage].
- University of Kansas, Work Group for Community Health and Development [webpage]. [*Community Tool Box: Assessing Community Needs and Resources.*](#)

Where can we obtain more information?

For more information about the needs assessment process and identifying priorities, the selection of NPMs, and the development of the state action plan, contact the Association of State and Territorial Dental Director (ASTDD) or the National Maternal and Child Oral Health Resource Center (OHRC).

ASTDD

Kathy Geurink
kathygeurink1@gmail.com

Harry Goodman
harrygoodman2307@gmail.com

OHRC

Katrina Holt
kholt@georgetown.edu

Susan Lorenzo
susan.lorenzo@georgetown.edu

Reginald Louie
reglouie@sbcglobal.net

States	CDC Grants for State Actions to Improve Oral Health Outcomes (Components 1 [C1] and 2 [C2])	HRSA Grants to Support Oral Health Work Force Activities
Alaska		X
Arizona		X
Arkansas	C1	
Colorado	C1, C2	X
Connecticut	C1, C2	X
District of Columbia		X
Federated States of Micronesia		X
Florida	C1	X
Georgia	C1	X
Idaho	C1	X
Illinois		X
Indiana		X
Iowa	C1	X
Kansas	C1	
Louisiana	C1	
Maryland	C1	X
Massachusetts		X
Minnesota	C1	
Mississippi		X
Missouri	C1	X
Montana		X
New Hampshire	C1	X
New Jersey		X
New York		X
North Carolina		X
North Dakota	C1, C2	X
Northern Mariana Islands		X
Ohio		X
Oregon		X
Pennsylvania	C1	X
Rhode Island	C1	X
South Carolina	C1, C2	X
Texas		X
Vermont	C1	X
Virginia	C1, C2	X
Washington		X
West Virginia	C1	