



## The Impact of Elimination of HRSA MCHB Funding on the Capacity of States to Improve the Oral Health of Underserved Populations

**Background:** The Association of State and Territorial Dental Directors (ASTDD) is a national non-profit organization representing state-level oral public health programs. The State Oral Health Program (SOHP) is the primary state agency performing essential public health functions in oral health. Since 2000 ASTDD has fulfilled cooperative agreements with Health Resources and Services Administration Maternal Child Health Bureau (HRSA MCHB) to provide SOHPs with technical support and specialized expertise on public health activities for children. ASTDD has been notified that HRSA will not publish a funding opportunity for which ASTDD is eligible to apply to conduct public oral health activities after August 1, 2011 due to a greater than 20% reduction in the HRSA MCHB budget.

### Impact of Elimination of HRSA MCHB Funding for State Oral Health Programs

- **WITHOUT HRSA FUNDING: ASTDD Must Eliminate All Activities That Support State School-Based Oral Health Programs.** School-based Oral Health Programs are evidence-based best practices that target children at greatest risk of dental disease. Elimination of HRSA funding will end ASTDD's ability to provide resources and consultants to create, support and evaluate school-based oral health programs. This is counter to recommendations by the IOM in their report, "Improving Access to Oral Health Care for Vulnerable and Underserved Populations" and from CMS in their April 2011 Oral Health Strategy. The IOM Report recommends that states use school-based programs to provide preventive and other oral health services to reach dentally underserved children. In 2010, 23 SOHPs utilized ASTDD resources and consultants to create, support and evaluate school-based oral health programs. ASTDD's support of school based oral health programs must now be eliminated.

*"As a hygienist working in a school-based sealant program, ASTDD's Best Practices and other school based materials are invaluable."*

*"ASTDD provided ideas from Best Practices on school health that our State Oral Health Program used to guide publication of a tool for school administrators."*

- **WITHOUT HRSA FUNDING: ASTDD Must Reduce By More Than 40% its Capacity to Support Perinatal and Early Childhood Programs.** Even though federal law requires states to use Title V funding to improve the health of mothers and infants, 11% of two year-olds and 44% of five year olds have tooth decay. ASTDD's Perinatal and Early Childhood Committee provides states with expertise to analyze data and direct early childhood and perinatal oral health activities to encourage the integration of oral health into early childhood and perinatal health programs. These efforts reduce the prevalence of dental caries in young children through early preventive intervention and caregiver oral health education. With the loss of HRSA funds ASTDD expects an increased financial burden to State Medicaid program budgets, which are already inadequate. Weakened SOHPs will not achieve Healthy People 2020 objectives for early childhood indicators on dental caries and preventive interventions.

*"Oral health is an essential and integral component of our State Title V program, including a key part of our Statewide MCH needs assessment, and it is one of our state-specific MCH Performance Measures."*

*"ASTDD support for our Head Start Forums allows us to maintain a connection with the Head Start Collaboration Office and grantees. A key outcome is the use of the "Cavity Free Kids" oral health curriculum in grantee programs. This fall it will support our "Head Start Dental Home Initiative" kick-off."*

- **WITHOUT HRSA FUNDING: ASTDD Must Eliminate All Support for State Efforts to Improve the Oral Health of Children and Youth with Special Health Care Needs (CYSHCN).** Title V requires states to use funding to promote the health of CYSHCN. National child health surveys indicate that dental care is the number one unmet health need in families with CYSHCN. ASTDD has provided 17 states with funding for CYSHCN oral

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health forums and follow-up projects to address the unique oral health needs of this population. ASTDD also has a consultant dedicated to CYSHCN that was fully funded by the HRSA funds. The loss of funding will mean that ASTDD will no longer be able to support states in their efforts to improve the oral health of CYSHCN.

*“ASTDD sponsored a focus group on oral care for children with special health care needs from Hispanic households.”*

*“SOHP staff integrates oral health into our contracts and grants to state and local MCH entities. SOHP staff participates in including oral health into CYSHCN, adolescent and women’s health program plans, objectives and activities. Title V funds directly support the SOHPs for infrastructure and population based public health services, such as leadership and partnership building, and school-based prevention programs.”*

- **WITHOUT HRSA FUNDING: ASTDD Must Reduce By More Than One Third Its Capacity to Assist States with Data Collection and Reporting.** The federal government requires all states to report child oral health data through MCH block grant reports. SOHPs collect this data through an ASTDD coordinated instrument, the Basic Screening Survey (BSS). This data is also provided to the National Oral Health Surveillance System. Many SOHPs do not have statisticians or epidemiologists and are not able to complete the BSS and Block Grant reporting without ASTDD assistance. To date, 43 states have used the ASTDD BSS to collect data on caries experience, untreated tooth decay and presence of sealants in third graders. Increasingly, states are also using the ASTDD BSS materials to collect data on children enrolled in Head Start.

*“The technical assistance ASTDD provided was invaluable when we conducted our first Basic Screening Survey in 2006-2007. We had no epidemiologist at that time and the ASTDD consultant provided school sampling, Epi-info, data analysis and also wrote the draft report.”*

*“The assistance provided by ASTDD supported the Massachusetts Department of Public Health Office of Oral Health in implementing its statewide oral health assessment of two high-risk populations. With the ASTDD’s Epi support, a random sampling was done of the sites, the data was analyzed and input was provided in writing the final methodologies section for the report which was released in July 2010.”*

- **WITHOUT HRSA FUNDING: ASTDD Must Eliminate Travel Stipends for Water Plant Operators, State Dental Directors and Fluoridation Staff to Attend Water Fluoridation Training.** Community water fluoridation has been identified as one of the ten greatest public health achievements of the 20<sup>th</sup> century. It is one of only two preventive services to have been identified by the U.S. Preventive Health Services Task Force as effective community approaches to dental caries prevention. Although the benefits of community water fluoridation are clear, many states still struggle in their efforts to fluoridate. ASTDD supports attendance at comprehensive fluoridation trainings designed for state officials, which provides states with the knowledge and confidence necessary to support and lead state fluoridation efforts as well as monitoring the quality of the fluoridation process and equipment.

*“The ASTDD survey on fluoridation equipment was the right information at the right time to help inform funding opportunities through health reform. “*

- **WITHOUT HRSA FUNDING: ASTDD Must Reduce by More Than 40% its Ability to Assist SOHPs with Evaluation Expertise.** ASTDD’s evaluation expertise has been used by states to improve their ability to plan, document program effectiveness and efficiency, apply for grant funding, and improve programs. Loss of funding will limit the amount of technical assistance that ASTDD can provide to states, thus reducing their ability to improve programmatic evaluation capabilities and capacity.

*“ASTDD’s evaluation consultant helped us with our program evaluation and guided us into a better idea of the items that we really wanted to evaluate.”*

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