## Comment Period Open Related to Title V Block Grant Proposed Updates

The Health Resources and Services Administration (HRSA) has proposed updates to the Title V Maternal and Child Health Services Block Grant guidance for the **next 5-year (2020–2025)** period. This guidance is used by states and jurisdictions in applying for block grants and in preparing the required annual report.

HRSA has proposed several changes to the guidance, which could significantly impact oral health and the oral health national performance measure (NPM 13). The most noteworthy changes impacting NPM 13 are (1) a reduction in the number of NPMs that states are required to select and (2) loss of the cross-cutting/life course domain that includes oral health.

The guidance proposes to reduce the minimum number of NPMs that a state is required to select from eight (the current number) to five. If the proposed updates are put in place, states will be required to select at least one NPM in each of the following population health domains: (1) women/maternal health, (2) perinatal/infant health, (3) child health, (4) children with special health care needs, and (5) adolescent health. Since NPM 13 is part of the cross-cutting/life course domain that is being proposed for elimination, oral health will be incorporated into one of the five aforementioned population health domains that are more age specific or gender specific.

If you are concerned about how these proposed changes for the next 5-year period may impact oral health and NPM 13 in your state, you may submit comments to HRSA during the open public comment period. To read the notice and submit a formal comment, go to [https://www.federalregister.gov/documents/2017/06/09/2017-12003/agency-information-collection-activities-proposed-collection-public-comment-request-information](http://mchoralhealth.us1.list-manage.com/track/click?u=fa877bbb9439d6b8e858775bc&id=dbbde43102&e=d8519bafda" \t "_blank). Comments are due **by August 8, 2017.**

Talking points prepared by the Association of State and Territorial Dental Directors and the National Maternal and Child Oral Health Resource Center to help states prepare comments in response to HRSA’s proposed updates to the Title V Block Grant are listed below. In your comments, please add a brief example of your state’s experience related to NPM 13A and NPM 13B and include data, if possible, which will help showcase the value of an oral health performance measure. You’re welcome to share these talking points with your partners, and please encourage them to submit comments to HRSA.

**Talking Points/Rationale**

**Oral health is a vital component of overall health and well-being**

• Tooth decay is the most common childhood and adolescent chronic disease in the United States. Children and adolescents with poor oral health may experience difficulties with learning, poor school attendance, and difficulties with socialization and are more likely to experience problems with oral health when they reach adulthood, compared with children and adolescents with better oral health.

• Receiving preventive oral health care decreases the likelihood that oral disease will become a chronic health condition.

• Providing pregnant women with oral health care and educating them about preventing and treating dental caries is critical, both for women’s own oral health and for the future oral health of their children. Evidence suggests that most infants and young children acquire caries-causing bacteria from their mothers.

• Studies have established the association between oral infections—primarily periodontal infections—and diabetes, heart disease, and stroke. The effects range from increased risk for disease to increased severity of disease.

**Access to evidence-based and routine oral disease prevention and education services reduces health care disparities**

• Identification of oral health as a fundamental health issue is a significant strategy to eliminate oral health disparities.

• Prevention is critical to stopping a lifetime of oral disease, especially for pregnant women, children, and adolescents from families with low incomes who are less likely to see a dentist for treatment needs that could have been avoided.

• Most children and adolescents who receive treatment, such as fillings and extractions, experience new tooth decay within 2 years, most often because the underlying disease hasn’t been addressed through preventive oral health care.

• Attending to a pregnant woman’s oral health needs has a long-term affect on her and her child; a mother’s oral health is generally a good predictor of the child’s risk for oral disease.

• Lack of access to preventive oral health care, especially for pregnant women, children, and adolescents from families with low incomes, could increase use of hospital emergency departments (EDs) for toothaches and other non-traumatic oral health problems.

**Good oral health reduces health care costs and is an investment in the future**

• Toothache, which is preventable, is the most common type of orofacial (mouth, jaw, and face) pain and is one of the most common reasons that individuals seek oral health care in EDs, which is costly.

• Lack of access to preventive oral health care, especially for pregnant women, children, and adolescents from families with low incomes, could increase use of hospital emergency departments (EDs) for toothache and other non-traumatic oral health problems.

• Pain from toothache contributes to the opiate abuse epidemic in the country, resulting in tragedy for families and increasing health care costs.

• Health care costs can soar when pregnant women, children, and adolescents (maternal and child health [MCH] population) experience oral disease, especially if the disease goes untreated.

• Lack of access to oral health care among the MCH population can lead to an increased cost to society (e.g., more emergency rooms visits; compromised employability; and worse oral health, including pain).

• Productivity for adults who experience a lifetime of oral disease is undermined if they suffer from pain at work or if they miss work because of an oral health problem or an oral-health-related medical problem.

**Oral disease is a fixable problem if we stay the course**

• Practically all tooth decay is preventable if we use time-tested, cost-effective, preventive strategies that can put the MCH population on a path to a lifetime of good oral health.

**Oral Health** **Recommendations to HRSA Related to Proposed Updates to the Title V Block Grant**

**1. Maintain eight national performance measures**

• NPMs related to specific health issues, such as oral health, call attention to those issues as important concerns and can stimulate the development and implementation of oral-health-related strategies at all levels.

• Keeping the number of NPMs that states are required to select and track at eight will more effectively promote optimal health and well-being for the MCH population than reducing the number to five.

• Requiring states to select and track fewer NPMs may prompt them to reduce the scope of their activities as well, owing to limited resources and other factors. This is of particular importance to NPM 13.

• State-level experience shows that tracking performance measures specific to oral health is a significant driver for initiating and sustaining oral-health-related activities at the state level.

• Tracking NPM 13A, the percentage of women who had a dental visit during pregnancy, provides opportunities for systems change by facilitating the coordination of oral health care and primary care. For example, states can develop and implement initiatives that encourage prenatal care providers to refer pregnant women for oral health care and also incorporate oral health messages into prenatal care. These efforts increase interdisciplinary collaboration and contribute to improved health outcomes.

*[Describe state experience, with data]*

• Tracking NPM 13B, the percentage of children and adolescents ages 1 through 17 who had a preventive dental visit in the past year, reflects the Maternal and Child Health Bureau’s (MCHB’s) longstanding emphasis on the importance of oral health and related interdisciplinary collaborative efforts on behalf of children’s and adolescents’ overall health and well-being, as exemplified by the following statements: “oral health care remains the greatest unmet health need for children” and “insufficient access to oral health care and effective preventive services affects children’s health, education, and ability to prosper.”1

*[Describe state experience, with data]*

• For example, when MCHB had a NPM on dental sealants on which all states were required to report, state oral health initiatives showed an increased focus on initiating, expanding, and supporting school-based and school-linked oral-disease-prevention programs, which often provide children and adolescents who otherwise might not receive them with dental sealants. Dental sealants, which are effective at preventing caries and stopping the progression of early caries, reduce the probability that caries will occur or progress and provide a benefit that may last from 5 to 10 years.

**2. Retain the cross-cutting/life course population domain that includes oral health**

• Oral health is a vital component of overall health and remains fundamental throughout life, beginning in early childhood and continuing through older adulthood. Life course theory considers health as an “integrated continuum rather than as disconnected and unrelated stages.”2

• Without the cross-cutting/life course domain, oral health will be placed in an age- or gender-based population health domain (i.e., women/maternal health, perinatal/infant health, child health, children with special health care needs, adolescent health) with potentially less emphasis and overall impact because of its association with an age group or gender. Oral health, which is essential to overall health, would risk being subsumed or even lost as a secondary issue.

• Changing the cycle of disease with early interventions, particularly preventive interventions, will result in better health outcomes. Thus, for example, focusing on improving the oral health of pregnant women and continuing those interventions through childhood and adolescence increases the likelihood that an individual will have good oral health throughout adulthood. Good oral health can positively impact an individual’s educational achievement, employment, and career advancement.

• If the number of NPMs that states are required to track is reduced from eight to five, and if oral health is not retained as a cross-cutting/life course domain, opportunities for medical/dental integration will likely be diminished.

References

1. *Oral Health in America: A Report of the Surgeon General.* [https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf](https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.%40www.surgeon.fullrpt.pdf)

2. *Life Course and Social Determinants.* <https://www.ncemch.org/guides/lifecourse.php>

Resource

*The Life-Course Approach to Health.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470580