

October 2026

Shaping the Future of Oral Health Funding

A report on the findings of the *Shaping the Future of Oral Health Funding Survey* examining the impact of past federal investments in state and territorial oral health programs and priorities for future funding.



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Funding Acknowledgment: This publication was supported by the Centers for Disease Control and Prevention (CDC) under cooperative agreement numbers 5 NU58DP007900-02 and 5 NU58DP007901-02, as part of federal financial assistance awards totaling \$900,000, with 100% funded by CDC/HHS. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC, the U.S. Department of Health and Human Services, or the U.S. Government.

Executive Summary

A survey distributed in June 2026 to current and former governmental oral health staff, funded and unfunded jurisdictions, and key oral health partners collected data on the impacts of funding and priorities for future oral health funding.

Findings

Experiences with CDC funding

- CDC funding supported state and territorial oral health program (S/TOHP) capacity and oral health outcomes, however fewer than two-thirds of respondents agreed that the level of funding was adequate. **Lack of CDC funding contributed to decreased capacity and poorer outcomes across a range of areas.**
- Technical assistance provided through CDC funding was helpful, especially access to subject matter experts and best practice guidance.

Future funding priorities

- Respondents were split on their preference for block grants or cooperative agreements and offered important caveats for block grant funding. Eighty-seven percent of respondents preferred five-year or longer funding cycles.
- Respondents prioritized oral health surveillance as well as growing S/TOHP capacity and infrastructure for future CDC funding. Toolkits, virtual kick-off events, and communities of practice were the most requested types of support requested in future funding opportunities.
- **If future CDC funding is not available, 90% of respondents reported that they would experience disruption or changes in their efforts to advance oral health. If funded by CDC in the future, all respondents' work to advance oral health would expand.**

Recommendations

- Sustain federal investment in core state and territorial oral health infrastructure.
- Expand access to funding across all states and territories.
- Pair direct jurisdictional awards with sustained national technical assistance and capacity-building infrastructure.
- Use longer funding periods and a learning-oriented implementation model.

ASTDD Reflection on the role of national technical assistance and capacity building

The findings reinforce the need for national infrastructure to accompany direct federal investment in S/TOHPs. ASTDD provides a trusted national platform for peer connection, technical assistance, workforce development, evidence translation, and dissemination of effective practices. Respondents identified helpful areas of support and future support preferences that align with ASTDD's capacity building role including access to subject matter experts, best-practice guidance, toolkits, virtual kick-off events, and communities of practice. Sustained funding for ASTDD enables funders to extend the reach, consistency, and long-term impact of investments across both funded and unfunded S/TOHPs.

Introduction

The Association of State and Territorial Dental Directors (ASTDD), the national nonprofit membership organization and the national voice for people who work in, support, and advance State and Territorial Oral Health Programs (S/TOHPs), partnered with evaluation consultants from the Emory Centers for Public Health Training and Technical Assistance Center for Program Evaluation and Quality Improvement to conduct the Shaping the Future of Oral Health Funding Survey. The survey aimed to inform the Centers for Disease Control and Prevention (CDC) and other prospective funders about the impacts of past federal investments as well as respondent priorities for future funding cycles, including sustained federal investment in state and territorial oral health infrastructure, program implementation funds, and national technical assistance and capacity-building support.

ASTDD Reflection Boxes

The survey instrument was designed to collect input on how helpful overall national partner support was for funded organizations, and the kinds of support organizations anticipated being most helpful for them in future funding opportunities. Throughout the report, light purple callout boxes authored by ASTDD provide context about ASTDD's role and support offered as an entity that bolsters oral health infrastructure. Each box with this information is flagged as an "ASTDD Reflection."

Methods

The Shaping the Future of Oral Health Funding Survey was distributed via the ASTDD Members listserv and via personalized outreach from ASTDD to external partner organizations for two weeks in June 2026. ASTDD's national network and longstanding relationships enabled the survey to solicit perspectives from current and former governmental oral health staff, funded and unfunded jurisdictions, and key oral health partners involved across multiple CDC funding cycles. This intentionally wide distribution aimed to solicit perspectives from respondents with varying levels of federal funding, as well as varying infrastructure, staffing, and access to other resources.

The survey asked respondents questions across the following categories:

1. Previous funding experiences
 - a. Funding period accomplishments
 - b. Value of supplemental support and opportunities
2. Future funding prioritization and the potential impact of funding awards and/or loss
3. Respondent demographics

Respondents who reported having experience with three primary funding opportunities over the past ten years were asked a series of follow-up questions about those experiences. The survey asked detailed questions about:

- DP16-1609 Models of Collaboration for State Chronic Disease and Oral Health Programs (funding years: 2016-2018) (subsequently referred to as "1609")
- DP18-1810 State Actions to Improve Oral Health Outcomes (funding years: 2018-2024) (subsequently referred to as "1810")
- DP24-0048 State Promotion of Strategies to Advance Oral Health (funding years: 2024-ongoing) (subsequently referred to as "0048")

Respondents with no experience of CDC funding were asked about the impact of not having funding. All respondents were asked how they would prioritize possible future funding. Blank survey responses and responses where only the first question was answered were removed prior to analysis.¹ Descriptive statistics were calculated for all survey questions.

Limitations

There are a few limitations that should be considered when interpreting the findings. First, the results are descriptive and reflect experiences and perspectives of 66 respondents representing 28 S/TOHPs; therefore, findings should not be interpreted as representative of all S/TOHPs. Additionally, no responses were received from U.S. territories, limiting the

¹The first question reads "in the past ten years, did you work for a S/TOHP while receiving CDC funding." All 10 responses who only answered this question that were excluded answered "No."

applicability of findings to these programs. Some respondents were unsure which funding cycle their program was funded under, which may have affected the accuracy of responses related to funding history. For respondents whose programs received funding several years ago, or for respondents who worked at S/TOHPs several years ago, responses may be subject to recall bias, particularly when reporting details about past activities, experiences, or outcomes. Since ASTDD issued the invitation to complete this survey, responses may also be subject to desirability bias, where respondents report what they think the questioner wants to hear.

Results

From June 2 to 16, 2026, 66 people responded to the survey, including representatives from 28 S/TOHPs (see Table 1). It is unclear whether staff from U.S. territories responded to the survey³.

Table 1. Respondent demographics

Topic	Percent ²	Count
Worked for S/TOHP while receiving CDC funding		
Yes	52%	34
No	38%	25
Unsure	11%	7
Funding Opportunity: Out of 34 respondents working for a S/TOHP while receiving CDC funding, they had experience with:		
1609	21%	7
1810 (Any Component)	76%	26
1810 (Component 2)	38%	13
1901 ³	9%	3
0048	59%	20
Funding awarded prior to 2016	29%	10
Association with S/TOHP		
Current S/TOHP Staff	59%	36
Former S/TOHP staff	16%	10
Have never been affiliated with a S/TOHP	11%	7
Associated with more than one S/TOHP	8%	53
ASTDD Affiliation		
S/TOHP director or manager	46%	27
Associate member employed by or affiliated with a S/TOHP	24%	14
Associate member not affiliated with a S/TOHP	19%	11
Not currently affiliated with ASTDD	8%	5
ASTDD life member	3%	2

Continued on next page

²Percents may not add to 100 due to rounding and/or questions permitting selection of multiple responses (i.e., the question asking about experience with specific funding opportunities)

³No respondents identified themselves as working for territories, however three respondents selected funding opportunity 1901, which was awarded to one territory. As such, it is possible either that respondents were confused about which funding opportunity was which or that respondents chose to not identify their involvement with a territory when asked.

Table 1. Respondent demographics (continued)

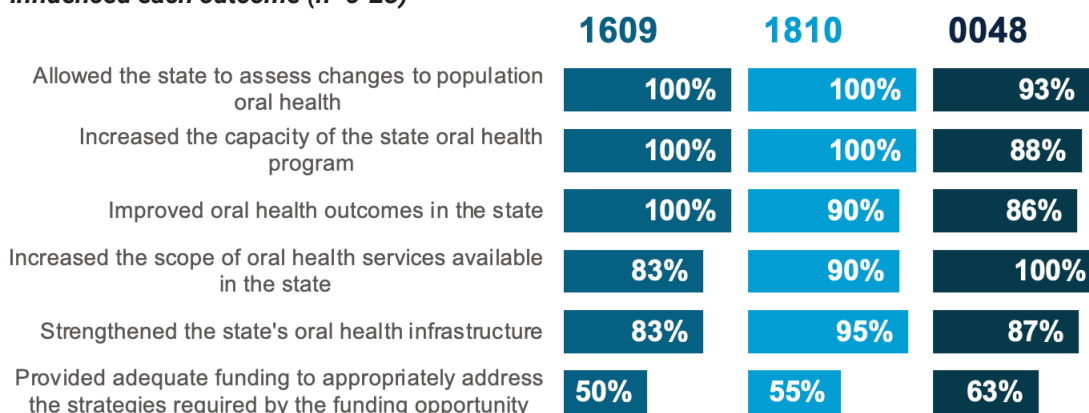
Topic	Percent ²	Count
Number of years working for a S/TOHP		
1 year or less	14%	7
Between 2 and 5 years	20%	10
Between 6 and 10 years	28%	14
Between 11 and 15 years	16%	8
Between 16 and 20 years	8%	4
More than 20 years	14%	7

Funding Experience

By funding opportunity

Respondents who reported having experience with specific funding opportunities were asked about the extent to which each of three funding opportunities supported various outcomes. (See Appendix for more detail, Figures A1-A3.). Funding opportunities supported improved capacity and oral health outcomes, however fewer than two-thirds of respondents agreed that the level of funding was adequate.

Figure 1. Percent of respondents with experience in each funding opportunity who agreed or strongly agreed that the funding opportunity influenced each outcome (n=6-23)⁴



Respondents reporting that each opportunity increased the scope of available oral health services were asked a follow-up question about which services increased and the impact made possible as a result. While specific impacts noted varied by funding opportunity, all funding opportunities solicited examples of increased access to at least one type of oral health service (see Table 2).

⁴Questions had varying levels of participation (6 respondents answered about 1609, 23 respondents answered about 1810, and 17 respondents answered about 0048).

Table 2. Examples of oral health services increased and impacts by funding opportunity

1609	1810	0048
<ul style="list-style-type: none">■ Increased oral health screenings in medical settings and diabetes screenings in dental settings■ Accelerated integration of oral health and chronic disease public health programs■ Increased services and education to early childhood caregivers <p><i>"Our health department's approach that was advanced by our 1609 grantees enabled whole-person public health and clinical approaches..."</i></p>	<ul style="list-style-type: none">■ Increased access to school-based oral health services and sealants■ Increased infrastructure and capacity during grant funding■ Conducted statewide Basic Screening Surveys (BSS)■ Improved medical dental integration efforts <p><i>"The Oral Health Needs Assessment was conducted which in return, provided a robust report for our state coalition and partners to advocate for state funding and provide a snapshot of oral health with our pediatric population..."</i></p>	<ul style="list-style-type: none">■ Expanded oral health surveillance systems and expanded BSS■ Continued medical dental integration efforts, and started efforts for some states■ Preventive services access <p><i>"0048... has supported an expanded and enhanced oral health surveillance system that has resulted in the development of an oral health data dashboard that will be accessible to the public; school-based services have been maintained and in some areas expanded; water systems have received mini-grants to continue CWF and there have been increased IPC trainings and activities..."</i></p>

Respondents who reported that adequate funding to address the strategies required by the funding opportunity was not provided were asked about their future preferences.

Respondents who reported adequate funding was not available were split between preferring more funding or fewer strategies required in the future.

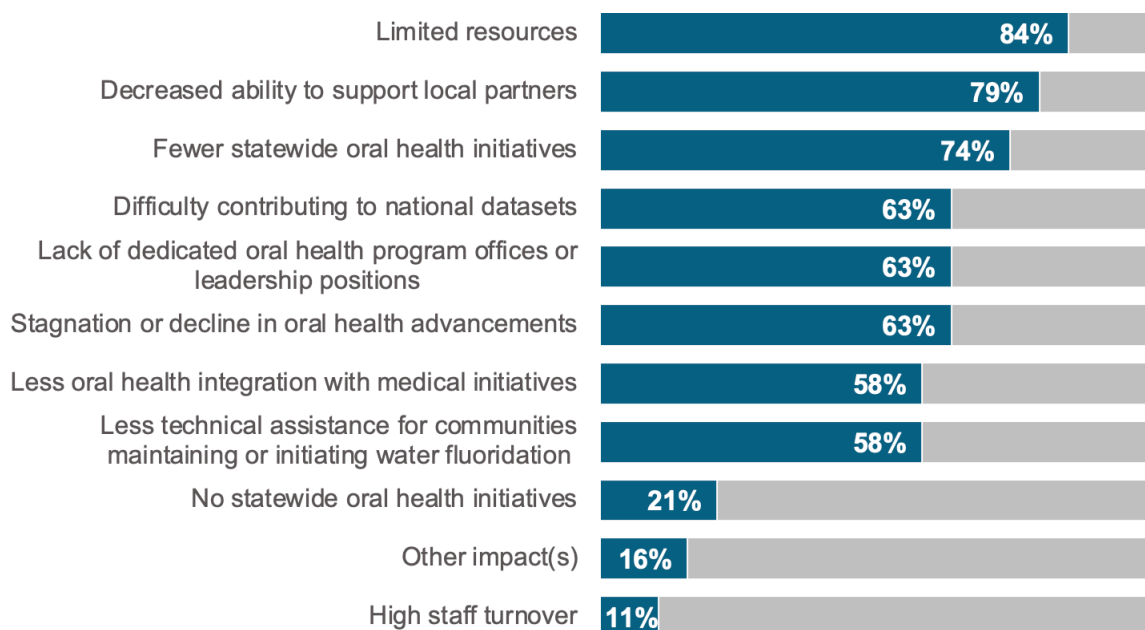
Figure 2. Count of respondents who reported that adequate funding was not available, by preference for future funding strategy (n=14)



Respondents who reported not having received CDC funding in the past ten years were asked to identify the impact of this lack of funding.

Lack of CDC funding contributed to decreased capacity and poorer outcomes across a range of areas.

Figure 3. Percent of respondents out of all who reported not receiving CDC funding in the past ten years who reported each of the following impacts (n=19)^{5, 6}



National Technical Assistance and Capacity-Building Infrastructure

According to respondents, national technical assistance supported S/TOHPs receiving CDC funding. Among respondents who had received CDC funding in the past ten years and answered this question, 94% reported receiving support from at least one national partner or technical assistance provider.

ASTDD Reflection

In its role as a national partner, ASTDD not only provided discrete technical assistance, but also provided capacity-building infrastructure for governmental oral health across the United States. This infrastructure included connecting peers across jurisdictions; translating evidence and federal guidance into usable tools; convening communities of practice; providing access to subject matter experts; supporting onboarding and workforce development; and sharing promising practices across states and territories.

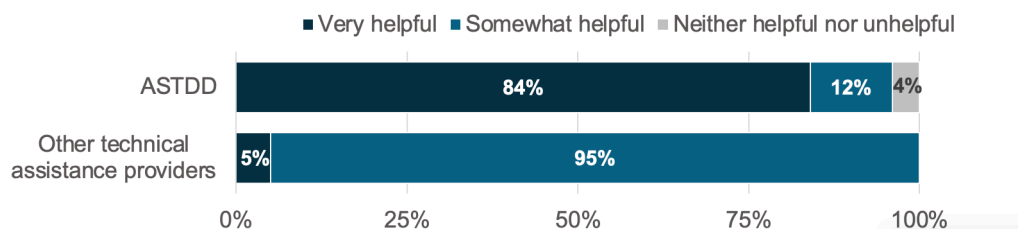
These functions helped ensure that federal investments produced benefits beyond a single awardee or funding cycle. They also helped reduce isolation for jurisdictions with limited staffing or no direct federal award.

⁵This question was a select all that apply question. Five responses indicating only that the respondent had not worked at a S/TOHP in the past ten years were removed from data analysis.

⁶Write-in responses for "other impact(s)": "Dental director position was cut"; "The previous CDC funding restrictions that limited sharing outcomes and progress made with non-CDC funded states was problematic. Whether funded or not, all states should be able to benefit from the lessons learned"; "Limited workforce initiatives, decreased oral health surveillance and data collection, decreased emergency preparedness support for providers and organizations."

Technical assistance provided through CDC funding was helpful.

Figure 4. Percent of respondents reporting helpfulness of support provided by ASTDD (n=25) and other technical assistance providers (n=20)



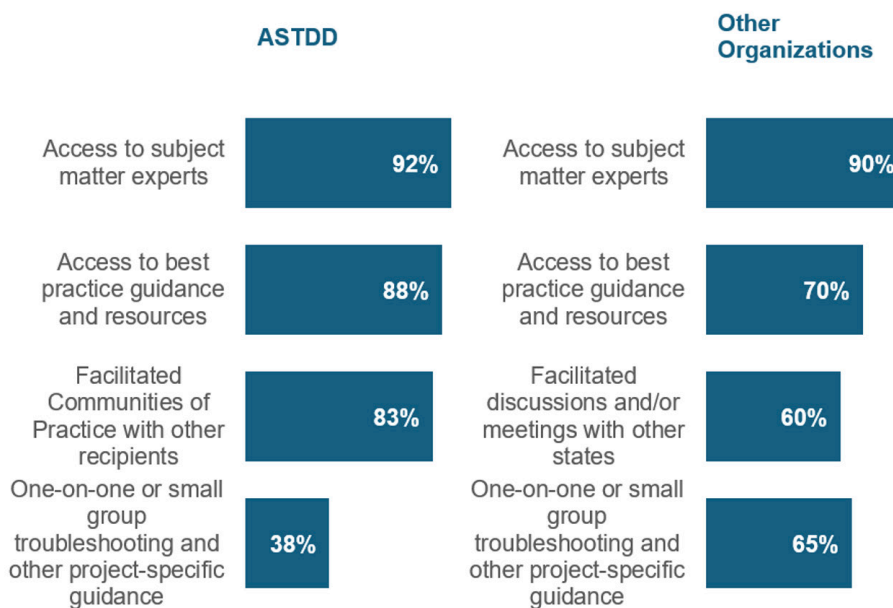
Of respondents who reported working with other technical assistance providers, 47% (15 people) worked with the Association for Dental Safety and 28% (9 people) worked with the National Association of Chronic Disease Directors. These questions were designed to collect feedback around organizations who supported states with their CDC funding opportunities. However, many organizations support similar state efforts that are not CDC funded. Other organizations named as providing support to states included: American Network of Oral Health Coalitions, American Academy of Pediatrics, HeadStart (Maternal and Child Health Bureau), DentaQuest, and National Network for Oral Health Access.

Respondents were asked what was helpful about the support provided for each organization who they reported working with.

Access to subject matter experts and best practice guidance made support from ASTDD and other organizations highly valuable.

Respondents were asked what made the support provided by ASTDD and other organizations helpful and could select as many responses as they wanted. This approach identified which types of support were particularly helpful about each technical assistance approach.

Figure 5. Percent of respondents reporting what made support provided by ASTDD (n=24) and other organizations helpful (n=20)



For ASTDD, one respondent selected “other” and indicated that Basic Screening Survey (BSS) technical assistance was helpful support. For other technical assistance providers, one respondent selected “other” and stated that “both NACDD and NNOHA amplified MDI approaches; bringing in our PCA enabled some of that quite robustly.” However, not all organizations mentioned were involved in CDC-funding opportunities.

Value of Funding Opportunity-Related in-Person Events

Of the 32 respondents who reported receiving CDC funding in the past ten years, 81% (26 respondents) had experience with CDC-hosted in-person convenings or gatherings (e.g., kick-off and/or close-out meetings). These respondents were asked how helpful the gathering was and what made it helpful or unhelpful.

In-person gatherings helped 85% of respondents.

Figure 6. Count of respondents, by how helpful they reported that in-person gatherings were (n=26)

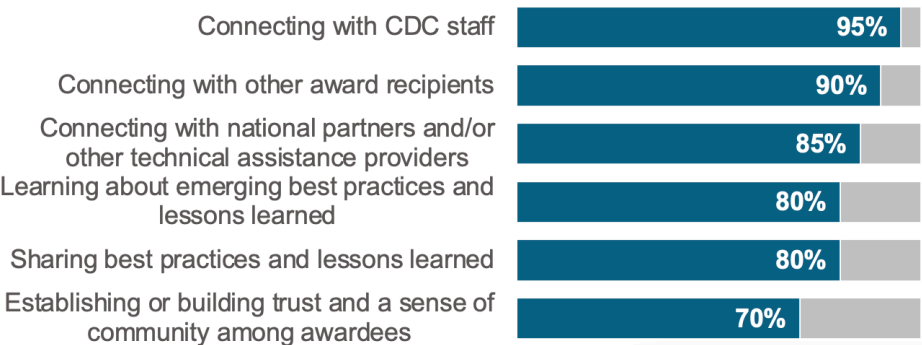


ASTDD Reflection

The elements of technical assistance that respondents reported finding helpful (access to subject matter experts, best-practice guidance, toolkits, virtual support, peer exchange, and topic-specific workgroups) are core elements of ASTDD’s capacity-building model. Continued investment in ASTDD allows CDC and other funders to support not only individual award recipients, but also a national learning system that strengthens the entire governmental oral health field.

In-person gatherings were helpful for many reasons, primarily connecting with CDC staff, other award recipients, and national partners.

Figure 7. Percent of respondents selecting each reason for why in-person gatherings were helpful (n=20)



One respondent selected “other” and specified that they found the in-person convenings or gatherings to be helpful for “getting through complicated federal tasks.” The two people who said the gatherings were “very unhelpful” both reported thinking this because they didn’t gain meaningful insights about the grant at the meeting. One noted that they didn’t meet anyone new at the meeting, and another noted that “CDC staff were not all on the same page so the information was confusing and could have been a Teams or Zoom meeting.”

ASTDD Reflection

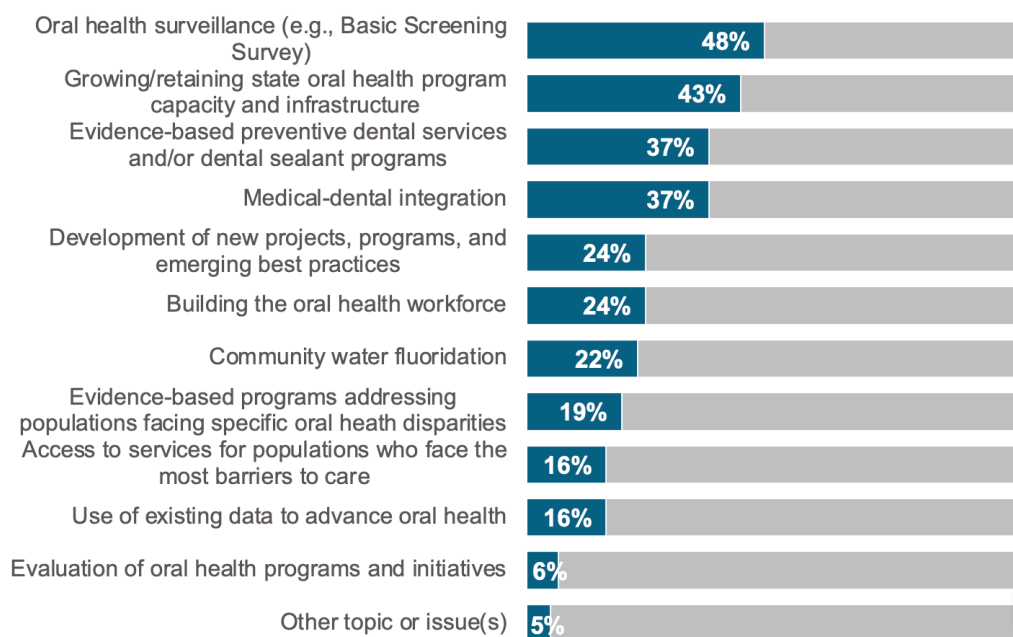
While respondents valued opportunities to connect with CDC staff, peers, and national partners through in-person gatherings, ongoing support is also needed between convenings. ASTDD can extend the value of these events through year-round virtual peer learning, tailored technical assistance, resource development, and rapid sharing of implementation lessons across jurisdictions.

Future Funding Priorities

All respondents were given the opportunity to prioritize the top three topics or issues they believed were most important for future CDC oral health funding.

Respondents prioritized oral health surveillance as well as growing S/TOHP capacity and infrastructure for future CDC funding.

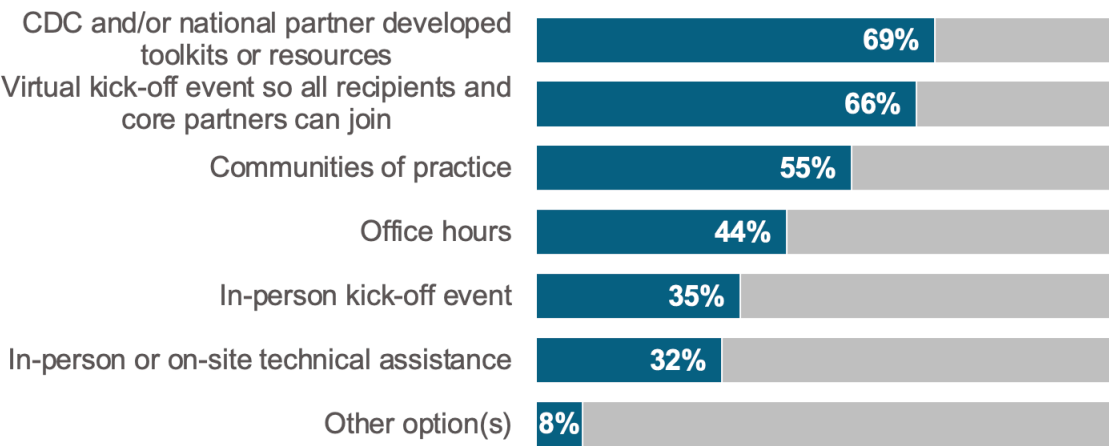
Figure 8. Percent of respondents selecting each topic or issue area as one of their top three priorities for future CDC funding (n=63)⁷



⁷Write-in responses for “Other topic or issue(s)” included: “Minimal Invasive Dentistry MID”; “Please make sure all schools can receive preventive dental services as non-qualifying schools also are seeing oral health concerns”; “Support for state oral health coalitions.”

Toolkits, virtual kick-off events, and communities of practice were the most requested types of support for future funding opportunities.

Figure 9. Percent of respondents selecting each type of support they would like to see in future CDC funding (n=62)⁸

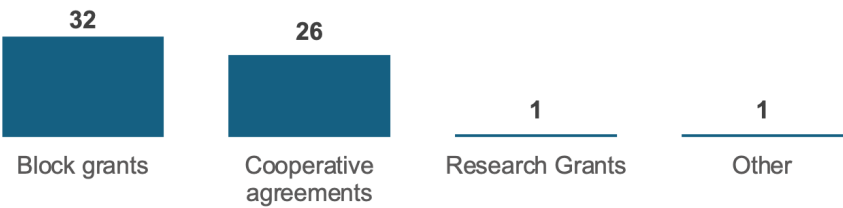


ASTDD Reflection

The types of support most frequently requested by respondents (toolkits, virtual kick-off events, and communities of practice) illustrate the importance of a national intermediary that can rapidly translate funding requirements into practical implementation support. ASTDD is uniquely positioned to provide and coordinate these services through its established governmental oral health network, subject-matter expertise, and experience supporting states and territories at different levels of readiness and capacity.

Respondents were split on their preference for block grants or cooperative agreements and offered important caveats for block grant funding.

Figure 10. Count of respondents selecting that they would prefer each of the following types of funding mechanisms (n=60)



Four ‘other’ responses mentioning block grants were included with “block grants” responses. Of these, two responses named the importance of ensuring “specific requirements to include a state dental director and a cap on state-level admin costs” and “clear guardrails to keep activities at state and local level for intended use of S/TOHPs.” One additional comment reported that “it would be great if all states could get a block grant to help with oral health, or at least all those needing the most help.”

⁸Write in options for “other”: “annual conference”; “breakout spaces at NNOHA/NOHC”; “more collaboration of CDC with HRSA, SAMSHA, NIA, EPA programs and their grantees to support S/TOHP activities”; “topic specific/regional workgroups facilitated by SMEs to discuss activities”; “virtual technical assistance.”

The one remaining “other” response indicated that “Training grants and workforce grants are helpful in building state program infrastructure and provide support for increasing workforce.”

Eighty-seven percent of respondents preferred five-year or longer funding cycles.

Figure 11. Count of respondents by preferred funding cycle length (n=61)

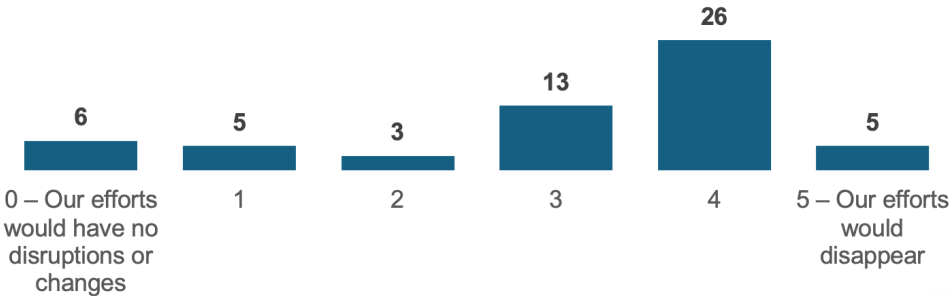


Potential Impact of Loss or Continuation of CDC Funding

All respondents were given the opportunity to anticipate the potential future impacts of CDC funding for oral health. Across all questions, respondents indicated that CDC funding is highly influential. If future CDC funding is not available, 90% of respondents would experience disruption or changes in their efforts to advance oral health.

When asked to rate the extent of the impact on a scale from zero to five, where zero represented no disruption and five represented oral health advancement efforts completely disappearing, respondents indicated that their state, territory or organization’s mean impact at a 3.1 and median impact of 4.

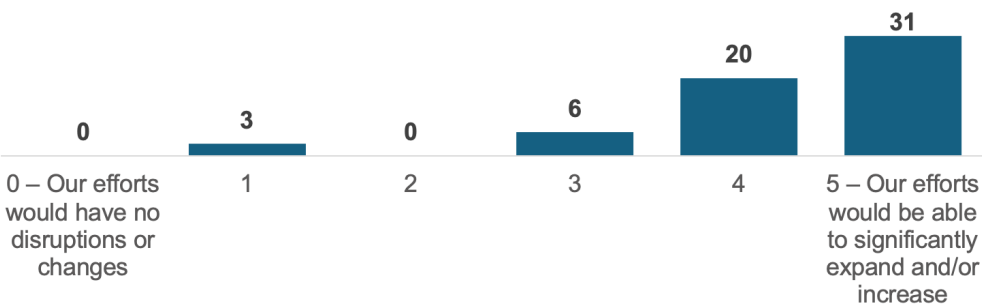
Figure 12. Count of respondents by the level of impact on their state, territory, or organization’s efforts to advance oral health if future CDC funding opportunities are not available (n=58)



If funded by CDC in the future, all respondents’ work to advance oral health would expand.

When asked to rate the extent of the impact on a scale from zero to five, where zero represented no disruption and five represented significant expansion or increase of oral health advancement efforts, respondents indicated that their state, territory or organization’s mean impact at a 4.3 and median impact of 5.

Figure 13. Count of respondents by the level of impact on their state, territory, or organization’s efforts to advance oral health if they receive future CDC funding (n=60)



Respondents emphasized the importance of federal funding, specific funding priorities they hope will be considered, the need to fund all interested and capable programs, and the need for flexibility.

When asked what CDC should consider in developing a future oral health funding opportunity, respondents provided extensive detail (see Appendix Table A1 for full list). Themes that emerged from the open-ended responses are detailed in Table 3.

Table 3. Themes that respondents think CDC should know while developing a future oral health funding opportunity (n=28)

Theme	Sample Quote or Detail
Importance of federal funding (8 respondents mentioned)	<i>"There is a lack of oral health funding and resources to support state oral health programs. Without funding support, state oral health programs are at greater risk of elimination or reductions in staff, increasing the difficulty to improve oral health outcomes in populations of need."</i>
Expansion into specific funding priorities (5 mentions)	<i>Including "focus on periodontal disease prevention and treatment and oral cancer screening," Minimally invasive dentistry using silver diamine fluoride in school programs, funding across the lifespan (not just younger populations), and state oral health coalition support</i>
Need to fund all programs, for example with block grants (6 mentions)	<i>"Please find a way to fund all states that are ready and willing to participate." "It would be nice if oral health programs were funded as block grants to all state health agencies..."</i>
Flexibility (4 mentions)	<i>"We encourage CDC to maintain flexibility within funding opportunities so states can tailor evidence-based strategies to their unique populations" "Do not put a limit on funding for staffing. In order to implement programs, staffing is required."</i>
Community water fluoridation (3 mentions)	<i>"Water fluoridation equipment grants are in high demand and have drastically improved safety for water operators and improved overall operations - in addition to the oral health benefits provided to the community. CWF is still the most cost effective way to impact the oral health of an entire community."</i>
Data systems and modernization (3 mentions)	<i>"It would be helpful to have WFRS/SEALS capacity back with whatever funding is available."</i>
National partners (2 mentions)	<i>"The loss of in-person CDC support has been difficult but the national partners have stepped up and provided as much assistance as possible."</i>
Longer funding for sustainability (2 mentions)	<i>"A NOFO that goes passed [sic] 3 years would allow for the states to build and sustain."</i>

Recommendations and Conclusions

Based on these findings and insights from ASTDD's experience as a national technical assistance and capacity-building partner, four recommendations for funders emerge.

1. **Sustain federal investment in core state and territorial oral health infrastructure.** Future funding should support essential capacity, including governmental oral health leadership, epidemiology, surveillance, evaluation, data systems, partnership development, and program administration. Respondents consistently described the importance of this foundational infrastructure to advancing prevention, reducing disparities, and demonstrating program impact.
2. **Expand access to funding across all states and territories.** Respondents described uneven access to federal resources and substantial consequences when programs operate without stable support. CDC should consider approaches that provide a base level of funding to all ready and willing states and territories, while allowing flexibility for jurisdictions to implement locally relevant and evidence-based strategies.
3. **Pair direct jurisdictional awards with sustained national technical assistance and capacity-building infrastructure.** Federal investments should include dedicated support for national partners, such as ASTDD, to provide tailored technical assistance, workforce development, peer learning, communities of practice, implementation tools, and dissemination of lessons learned. A national network like ASTDD's helps states and territories translate federal investments into effective practice and supports the spread of successful approaches across funded and unfunded jurisdictions.
4. **Use longer funding periods and a learning-oriented implementation model.** Respondents largely preferred funding cycles of five years or longer and identified a need for ongoing support through kick-off events, toolkits, virtual technical assistance, and communities of practice. Multi-year funding, paired with ASTDD-supported national learning and technical assistance, would strengthen planning, staff retention, institutional knowledge, implementation quality, and sustainability.



Key Takeaway

The survey findings demonstrate that federal oral health funding is more than a project resource. It is also a cornerstone of state and territorial public health capacity. Direct investments allow jurisdictions to sustain leadership, data systems, prevention programs, and cross-sector partnerships.

Complementary investment in national partner support, such as the support provided by ASTDD, ensures that investments are strengthened by a national professional home for governmental oral health; one that provides technical assistance, workforce support, peer learning, and rapid dissemination of evidence-based practices. Together, stable funding for jurisdictions and national infrastructure offer CDC the strongest pathway to achieve sustained oral health improvement across all states and territories.

Appendix

Figure A1. Percent of respondents who received 1609 funding by the extent to which they agreed that the funding influenced each outcome (n=6)

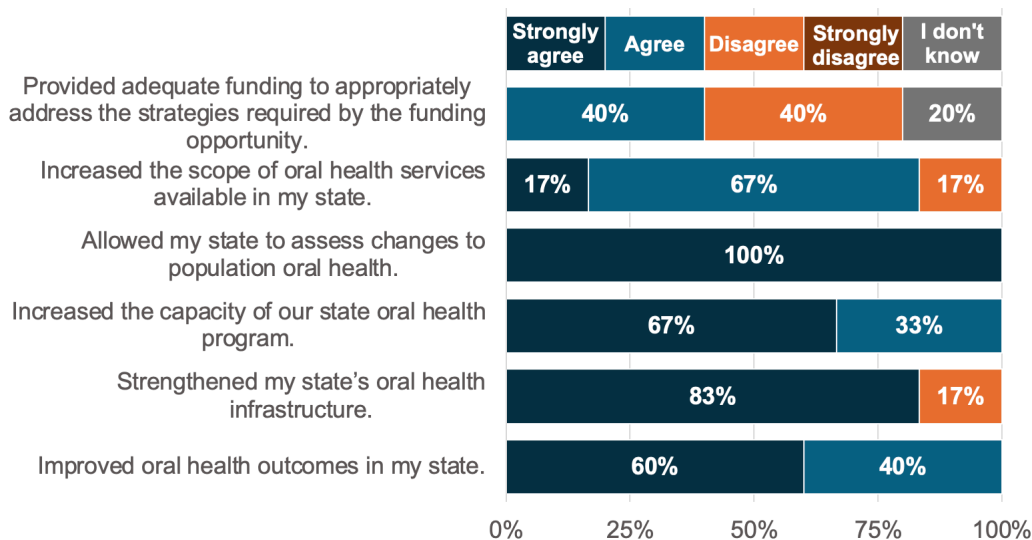
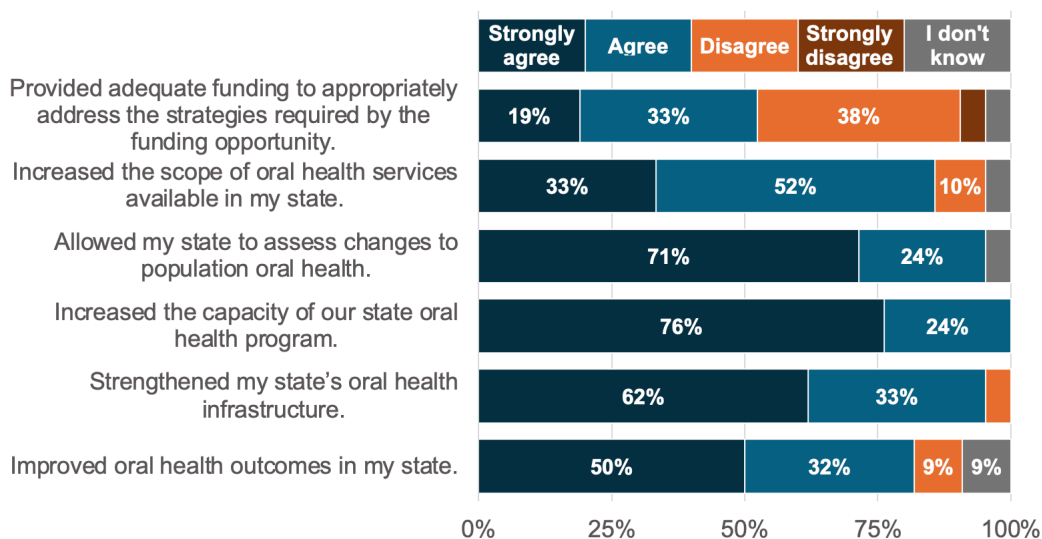
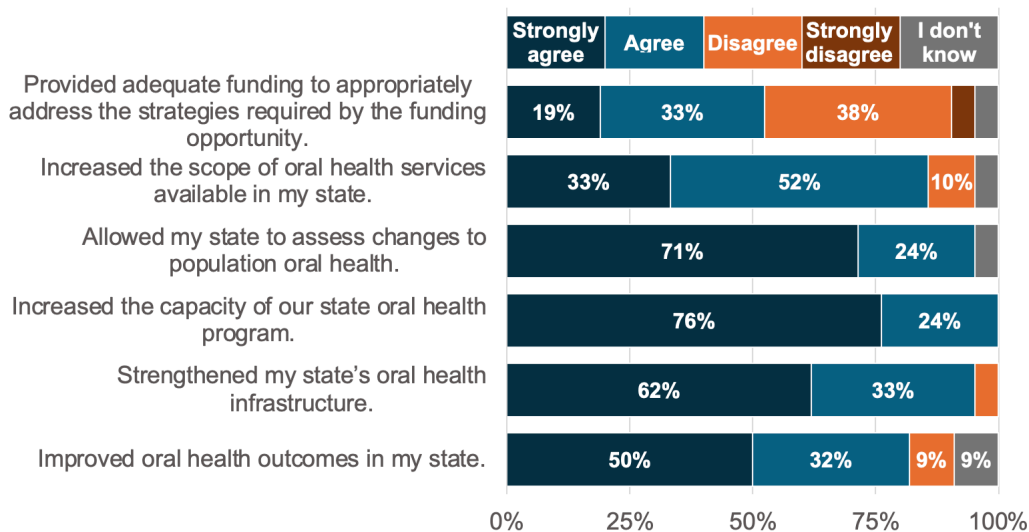


Figure A2. Percent of respondents who received 1810 funding by the extent to which they agreed that the funding influenced each outcome (n=21)*



*All unlabeled sections of the above chart correspond to 5% of responses

Figure A3. Percent of respondents who received 0048 funding by the extent to which they agreed that the funding influenced each outcome (n=21)*



*All unlabeled sections of the above chart correspond to 5% of responses

Table A1. Considerations for CDC as they work to develop a future oral health funding opportunity

Responses have been grouped, edited, and condensed for ease of reading.

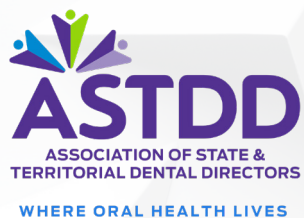
Importance of federal funding (n=8)
CDC funding is essential to improving oral health across the nation
CDC has been an integral part of how our state is able to provide most of our state oral health prevention, education, and programming. Our state has no state funding...
Funding is necessary to impact change, without we will see outcomes diminish
Oral health funding is desperately needed for state other [sic] health programs...
Our program is small and with no funding will only get smaller...
Prior funding has been extremely helpful in growing oral health infrastructure...
...Without funding support, state oral health programs are at greater risk of elimination or reductions in staff, increasing the difficulty to improve oral health outcomes in populations of need.
Federal funding is critical to sustaining state oral health programs. In many states like ours, there is little or no dedicated state funding for oral health...
Need to fund all programs, for example through block grants (n=6)
...Oral health is important in all areas of the country and a stable funding source would be extremely helpful for all state oral health programs.
All states should be funded at a base level.
Have funding available for all states that have oral health programs and not make it competitive.
Please find a way to fund all states that are ready and willing to participate...
It would be nice if oral health programs were funded as block grants to all state health agencies...
Block grants to all states for oral health programming would be most helpful...

⁹Other (n=4) responses included: "...look at available data on oral health in vulnerable populations in partnership with other agencies that focus on research and policy (NIDCR, AHRQ)...consider support[ing] ...oral health interventions ...that can be adapted at all levels to achieve significant downstream impacts"; "Having an oral health epidemiologist is critical..."; "Include youth in workforce development opportunities"; and "Clear funding timelines and guidelines: Predictable communication and timely release of requirements help [state] agencies prepare, coordinate, and implement programs more efficiently..."

Table A1. Considerations for CDC as they work to develop a future oral health funding opportunity (continued)

Responses have been grouped, edited, and condensed for ease of reading.

Expansion into specific funding priorities (n=5)
...a focus on periodontal disease prevention & treatment and oral cancer screening [as opposed to previous focus limited to caries] would be helpful.
Minimal Invasive Dentistry...using silver diamine fluoride in school programs can reduce dental trauma in children who fear the dentist.
More funding for across the lifespan. Previous funding...primarily focused on the younger population.
Past CDC funding included support for state oral health coalitions...This support was key to the early creation of our state coalition and increased its organizational capacity to leverage other funds...
Workforce capacity development: [we] face recruitment and retention challenges. Support for onboarding, training, and professional development would strengthen ...program sustainability. Support for innovation: Providing opportunities to pilot new strategies, technologies, or care models would help us improve prevention and expand access, specifically in rural, and DHPSA areas.
Flexibility (n=4)
...we encourage CDC to maintain flexibility within funding opportunities so states can tailor evidence-based strategies ... while continuing to build sustainable infrastructure...
Can CDC ...integrate its funding approaches based on state and territorial needs versus topical areas? For instance, have integrated approaches on school health. And can our Tribal partners get more robust funding to hopefully collaborate more sustainably and strategically with S/TOHPs?
Do not put a limit on funding for staffing. In order to implement programs, staffing is required.
...Flexible funding would allow us to scale efforts appropriately and address both rural and urban areas...Allowing flexible use of funds would improve responsiveness and reach for access to care.
Community water fluoridation (n=3)
Funding Opportunities related to the expansion of data surveillance, community water fluoridation, MDI, and support for our EBDPS in a school setting and public health settings would be beneficial.
...we submitted...to pilot new technologies for community water fluoridation... This initiative could provide fluoridated water to a significant portion of the state at minimal startup cost...
Water fluoridation equipment grants are in high demand and have drastically improved safety for water operators and improved overall operations - in addition to the oral health benefits ...
Data systems, infrastructure, and modernization (n=3)
It would be helpful to have WFRS/SEALS capacity back with whatever funding is available.
...Sustained investment in data modernization and maintenance is essential for accurate reporting and effective program planning.
...Support for data modernization, surveillance, evaluation, and the use of claims and utilization data would strengthen states' ability to...measure outcomes, and demonstrate program impact.
National partners (n=2)
TA with ASTDD has been great, but clinical support would be of great support as well.
...the national partners have stepped up and provided as much assistance as possible.
Longer funding for sustainability (n=2)
A NOFO that goes passed 3 years would allow for the states to build and sustain.
Sustainable funding for infrastructure: Long-term resources are needed to maintain surveillance systems, upgrade technology, and sustain core public health infrastructure...



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