



Opportunities for Collaboration between State Oral Health and Maternal and Child Health Programs to Improve Early Childhood Oral Health

Prepared in collaboration by the Association of
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Association of Maternal & Child Health Programs



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Purpose

This Issue Brief is intended to help maternal and child health (MCH) program directors and staff, state oral health program (SOHP) directors and staff, and others improve oral health within the MCH population by better integrating oral health activities and information into state MCH Early Childhood Programs. This Issue Brief focuses on MCH state-level Early Childhood Programs relevant to oral health, specifically the Early Childhood Comprehensive System (ECCS) and the Maternal, Infant, and Early Childhood Home Visiting Program (Home Visiting).



The Importance of Oral Health

In 2000, the Surgeon General emphasized that oral health is essential to the general health and well-being of all Americans.¹ Dental caries (tooth decay) is the most prevalent chronic disease affecting children, and can lead to pain, systemic infection, poor speech development, difficulty eating, disrupted sleep and a lack of concentration.¹ Despite recent improvements in oral health status nationally, prevalence of dental decay among 2 to 5-year-olds increased significantly from 24% in 1988-1994 to 28% in 1999-2004.² Furthermore, profound oral health disparities exist in minority and low-income populations.² Factors that contribute to oral health disparities include the lack of dental providers in rural areas and/or Medicaid dental providers, restrictive state dental practice acts, lack of a regular source of health care (including dental care), lack of health or dental insurance, lack of awareness of the importance of oral health to overall health and certain health beliefs.³ These factors highlight the need for greater collaboration between SOHPs and state MCH programs to improve early childhood health.

Healthy People 2020 lists 17 specific oral health objectives to prevent and control oral diseases and reduce oral health disparities.⁴ Title V MCH programs accordingly recognize oral health as a priority for MCH populations. In fact, one of the Title V Block Grant national performance measures requires states and territories to report the percentage of 3rd graders who have protective sealants on at least one permanent molar.⁵ Additionally, a review of the 2010 Title V Information System (TVIS) data showed 29 states and territories reported oral health as a priority area in their recent 5-year needs assessment. The majority of these oral health priorities focused on increasing access to oral health care or improving oral health in general.⁵

What is the Association of State and Territorial Dental Directors (ASTDD)?

ASTDD is a non-profit organization representing staff of state public health agency programs for oral health and other partners. Organized in 1948, it is one of 17 affiliates of the Association of State and Territorial Health Officials.

ASTDD's mission is to provide leadership and support to: promote a strong governmental infrastructure and workforce in each state and territory; formulate and promote oral health policy; promote evidence-based practices; increase awareness of oral health issues; and assist in developing and implementing initiatives for prevention and control of oral diseases.

For more information on ASTDD and membership, visit www.astdd.org.

State Oral Health Programs (SOHPs)

Dental public health programs administered by state agencies are termed state oral health programs. The role of the SOHP is to improve oral health by increasing awareness of the relationship of oral diseases to systemic health and addressing the *Healthy People 2020* oral health goals to “prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services.”⁴ State oral health programs with adequate infrastructure and capacity are integral to the mission of state health agencies and strive to accomplish their objectives through strong partnerships and input from stakeholders.

State Maternal and Child Health Programs

State MCH programs share a common mission to improve the health and well-being of women, children, including children with special health care needs, and families. In any given jurisdiction, the scope of the program is configured to best address the population needs and resources in that state or territory.⁶ MCH programs play a significant role in delivering clinical and preventive and primary care services to women, children and youth with state or local health agency staff. MCH programs also identify MCH priority needs and address these priority needs through comprehensive services that include infrastructure building, population-based services, enabling services and direct health care services. Most MCH programs administer adolescent health, early childhood, epidemiology, reproductive health and women’s health programs. Most Children and Youth with Special Health Care Needs (CYSHCN) programs include direct care, care coordination, and financial assistance, medical homes and transition programs.⁷

HRSA Maternal and Child Health Bureau (MCHB)

The Health Resources and Services Administration’s (HRSA) MCHB provides leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the MCH population, which includes all of the nation’s women, infants, children, adolescents and their families, including fathers and children with special health care needs. MCHB carries out its work through an array of grant programs and initiatives, many of which are funded through the Title V MCH Block Grant, and which include block grants to states, MCH Research Programs, MCH Training Programs, Special Projects of Regional and National Significance (SPRANS), Community Integrated Service Systems (CISS) and other categorical programs.⁸ The Title V program is a partnership with state MCH and CYSHCN programs, and is the only federal program that focuses solely on improving the health of all mothers and children.⁹

What is the Association of Maternal & Child Health Programs (AMCHP)?

AMCHP is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

AMCHP’s members include directors of MCH programs, directors of programs for children with special health care needs and other public health leaders who work with and support state MCH programs. AMCHP’s membership also includes academic, advocacy and community based family health professionals, as well as families.

AMCHP builds successful programs by disseminating best practices; advocating on their behalf in Washington; providing technical assistance; convening leaders to share experiences and ideas; and advising states about involving partners to reach our common goal of healthy children, healthy families, and healthy communities.

For more information, visit www.amchp.org.

Select MCH Early Childhood Programs

The MCHB-supported Early Childhood Programs support federal, state, and local agencies, through collaborative efforts, to effect changes that will improve the health and well-being of young children and their families by addressing healthy child development within the framework of life course development and a socio-ecological perspective.¹⁰ Several programs, including ECCS and Home Visiting, offer opportunities for SOHPs to implement collaborative oral health initiatives with their state health programs. For a complete list of MCHB Early Childhood Programs, including community-focused programs, such as Healthy Start, visit: <http://mchb.hrsa.gov/programs/earlychildhood/index.html>.

The Association of State and Territorial Dental Directors (ASTDD) conducted an online survey of State Dental Directors in the spring of 2011 to learn more about the current level of collaboration between SOHPs and selected MCH programs. Thirty-eight SOHPs responded with the following results (no territories responded):¹¹

	ECCS	Home Visiting
Percentage of states that collaborated	47.4% (n=18)	23.1% (n=9)
Collaboration had positive impact	72.2% (n=13)	100% (n=9)
States with positive impact	AZ, CO, DC, KS, ME, ND, NE, NH, OK, SC, UT, WV, WY	CO, CT, IA, KS, NH, OK, VA, WV, WY

Early Childhood Comprehensive Systems (ECCS)

In 2002, the MCHB Strategic Plan for Early Childhood Health called upon State MCH agencies to work together with teams of public and private partners to foster the development of cross-service systems that serve all the needs of children and families.

In 2003, MCHB launched the State Maternal and Child Health Early Childhood Comprehensive Systems (ECCS) Initiative to support states and communities in their efforts to build and integrate early childhood service systems that address the critical components of access to comprehensive health services and medical homes; social-emotional development and mental health of young children; early care and education; parenting education; and family support. ECCS has successfully built infrastructure within states that support families and communities in the development of children that are healthy and ready to learn at school entry.¹⁰

Currently, ECCS grantees work in 47 states (all but Mississippi, Pennsylvania and South Dakota), the territories of the Commonwealth of the Northern Mariana Islands, Guam, Palau, and Puerto Rico, as well as Washington, D.C. All 52 projects collaborate with other early childhood systems-building efforts in their state and have the overall goals of expanding and integrating the ECCS Initiative core components to reach as many children as possible.

ECCS efforts involve a broad range of public and private agencies and organizations, parents, and communities who share the goal of promoting the health and well-being of children from birth to 5 years of age. The ECCS Initiative’s overall goal is to develop systems that meet the needs of children and families more effectively.¹⁰



Examples of Oral Health Integration into State ECCS Programs

The following examples were reported in the ASTDD Survey. This is not a comprehensive list of all activities in all states, but instead highlights the types of oral health collaboration and activities that can be accomplished through the ECCS program.¹¹

State	Collaborations with ECCS Programs
Colorado	<i>Colorado’s SOHP participated in the ECCS state level collaborative, and oral health measures related to perinatal oral health and first dental visit by age 1 were included within the ECCS framework. In addition, a toolkit based on health community standards as they relate to oral health is in development.</i>
Connecticut	<i>The Connecticut Home by One Program’s goals originated as a collaboration with Early Childhood partners and the Early Childhood Cabinet on Education, the ECCS programs in the state. Home by One staff 1) attend an annual resource training, where information is shared with early childhood consultants; 2) participate in a medical home initiative and family support network for CYSHCN through parent advocacy and oral health trainings; and 3) provide fluoride varnish training and care coordination to medical providers. In addition, home visitors are trained along with WIC professionals in oral health risk assessment for non-dental professionals through the Home by One Program.</i>
Kansas	<i>The Kansas SOHP collaborated on education for medical providers and home visitors about the importance of oral health.</i>
Oklahoma	<i>The Oklahoma SOHP provides child and adolescent oral health consultation and education to participants at ECCS training activities.</i>
South Carolina	<i>In South Carolina, a staff member in the Oral Health Division of the state’s Department of Health (DOH) serves on the ECCS committee, attends monthly meetings, and provides oral health policy and practice updates. ECCS has included an oral health focus in the medical home initiative, and was instrumental in ensuring that oral health was included in the CHIPRA quality measure project for the state, which includes the number of eligible children receiving dental services. In addition, ECCS funds a staff member from the oral health division to attend the annual Community Access to Child Health Conference. Outcomes related to oral health integration included a survey and follow-up on medical provider fluoride varnish adoption and development of an oral health toolkit for parents and clinicians.</i>
West Virginia	<i>The West Virginia SOHP provides educational materials and oral health supplies to early childhood settings including Head Start.</i>

Maternal, Infant, and Early Childhood Home Visiting Program (Home Visiting)

State MCH programs have a long history of utilizing home visiting strategies to improve the health of vulnerable families. Prior to passage of the Affordable Care Act, nearly 40 states managed or financed home visiting programs; a majority of these programs are managed by state MCH programs. The federal Title V legislation encourages home visiting, and many states use Title V MCH Block Grant funds to support home visiting programs. For pregnant women and mothers with new babies, these programs deliver educational visits, provide parent education and link new mothers and families to needed health and social services.¹²

The Patient Protection and Affordable Care Act (P.L. 111-148) includes a provision authorizing the creation of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) under a new section of Title V. This provision responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.¹⁰



This program is designed: (1) to strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at-risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.¹⁰ The new home visiting program also requires states to focus on three- and five-year outcome benchmarks to measure improvements in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency,

family economic factors and the coordination of community resources. There are opportunities to help assure the benchmark on coordination of community resources includes a focus on linking home visiting program participants to essential health services including oral health.

The law reserves the majority of funding for one or more evidence-based home visiting models. In addition, the legislation supports continued innovation by allowing up to 25% of funding to support promising approaches that do not yet qualify as evidence-based models.¹⁰ Some models may present various, unique venues for oral health collaboration. As these programs move towards implementation, SOHPs can serve as a resource and partner to help link services provided.

Examples of Oral Health Integration into the State Home Visiting Programs

The following examples were reported in the ASTDD Survey. Again, this is not a comprehensive list, but highlights the types of oral health collaboration and activities that can be accomplished through the Home Visiting program.¹¹

State	Collaborations with Home Visiting Programs
Colorado	<i>Colorado's SOHP provides training and materials to home visitors on oral health anticipatory guidance.</i>
Connecticut	<i>Connecticut's Department of Public Health Oral Health Program participated in and included oral health measures in the state's Home Visiting Grant proposal. Since receipt of the grant, the SOHP has trained Home Visiting staff to recognize early signs of oral disease and identify risk factors for early childhood caries. Home visitors receive a resource guide that includes a caries risk assessment screening form, which can be used to guide oral health communication between home visitors and parents at weekly home visits.</i>
New Hampshire	<i>The New Hampshire SOHP has worked closely with the state's Home Visiting Program to 1) train New Hampshire's home visitors on oral health; 2) develop an oral health message for home visitors; and 3) incorporate oral health into the total health of families served by Home Visiting New Hampshire.</i>
Virginia	<i>Virginia's SOHP trained home visitors to provide dental education and care coordination through relationships with their HRSA Oral Health Workforce Grant staff in underserved areas.</i>

Other Opportunities to Collaborate with Title V Programs

As previously mentioned, state Title V MCH agencies recognize the importance of oral health, and have supported programs to improve oral health for mothers and children. Examples of initiatives that target oral health in early childhood include population services such as community water fluoridation and dental sealants; improving access to care, especially early and preventive services; and improving access and services to CYSHCN. Many MCH programs also support SOHPs with Title V funds.⁵

While MCH and SOHP collaboration varies from state to state, preliminary results of an ASTDD phone survey with selected state Title V Directors offer insight into how oral health is being integrated into other state Title V programs. Respondents often indicated that SOHP provided oral health data and information for their Title V MCH Block Grant 5-year needs assessments. In some cases, this led to a state priority and/or performance measure on oral health. Some states also reported that SOHP staff attend regular MCH program meetings. Preliminary survey results also offer other examples:¹³

- **MCH Surveillance:** In Alaska, the MCH program is working with SOHP to integrate oral health questions into its Childhood Understanding Behaviors Survey, a three-year post-PRAMS survey.
- **Injury prevention:** In North Dakota, a SOHP consultant helped integrate oral health into the Title V injury prevention efforts through the use of car seats and safety belts, and use of mouthguards in contact sports.
- **Infant Mortality Reduction:** The Michigan MCH program engaged the SOHP in its State Infant Mortality Reduction Plan and implementation to integrate oral health in its effort to improve birth outcomes.
- **Prenatal health:** In South Dakota, SOHP staff assisted in planning for the MCH program's prenatal conference to include oral health information and educational materials.

Summary

Collaborations between SOHPs and state MCH programs are valuable ways to address state and community oral health issues and improve early childhood health. Integrating oral health activities and information into MCH programs can also lead to desirable outcomes for all MCH populations, such as:¹⁴



- Increased understanding of the interaction between oral diseases and other systemic conditions.
- Improved identification of oral diseases, injuries, and craniofacial disorders leading to timely referral for care and coordination of services.
- Improved oral health behaviors such as proper tooth-brushing with fluoride toothpaste, appropriate feeding and eating practices, healthier food choices, using mouthguards and helmets during sports and recreational activities, and cessation of tobacco use.
- Increased access to preventive oral health services, especially for families with low incomes or those with inadequate or no insurance.
- Opportunities for improved birth outcomes, less-frequent ear infections and prevention of obesity.

The budget tightening and resource limitations facing many state health departments highlight the need for collaboration and sharing of resources in an effort to sustain programs that promote the health and well being of communities. This Issue Brief presents a few opportunities and examples where state MCH and oral health programs can benefit from collaboration. It is critical to continue to identify these opportunities and build relationships between programs to facilitate alliances so families and communities receive the information and services they need to ensure optimal health in early childhood and beyond.

Key Resources

- **Association of Maternal & Child Health Programs** website: <http://www.amchp.org>
- **Association of State and Territorial Dental Directors** website: <http://www.astdd.org>
- **ECCS**: <http://eccs.hrsa.gov/index.htm>
ECCS state plans: <http://eccs.hrsa.gov/PlansModels/stateplans.htm>
- **Home Visitation:**
AMCHP Resources: <http://www.amchp.org/Advocacy/Home-Visiting/Pages/default.aspx>
HHS Home Visiting Evidence of Effectiveness (HomVEE) website:
<http://homvee.acf.hhs.gov/Default.aspx>
- **Oral Health:** Guidelines for State and Territorial Oral Health Programs, a resource to assist health agency officials and public health administrators develop and operate strong oral health programs: <http://www.astdd.org/state-guidelines/>
- **Maternal and Child Health Bureau:** <http://mchb.hrsa.gov>
- **State Title V Profiles:** <http://www.amchp.org/Advocacy/BLOCK-GRANT/Pages/StateProfiles.aspx>

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Endnote

- a. In general, throughout the paper, the term “state” and “states” also refers to US territories and jurisdictions.