

# 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 MCH program 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, 2025.

## How does the needs assessment process work?

State MCH program directors and Title V coordinators have flexibility in how they conduct their state needs assessments and often convene advisory committees or work groups to guide the process. Many programs use focus groups, questionnaires, small group interviews, and surveys to obtain input from stakeholders (e.g., program administrators, health professionals, families). They also identify stakeholders to participate in meetings in different regions of the state to provide input.

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 (e.g., 2025–2030). 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 or selection of state performance measures (SPMs), and development of a state action plan to address identified priority needs. More information about NPMs and SPMs is provided on pages 2–3.

## Why should oral health be included in the needs assessment?

There are several important reasons for including oral health in the needs assessment. See [Rationale for Including Oral Health in the Title V 5-Year Needs Assessment](#). For example

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

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

- Determine the contact for the Title V needs assessment. It may be the MCH program director, the Title V coordinator, or another staff member. Find out how you can get involved in the identification of priority needs, the selection of NPMs, the development or selection of SPMs, and the development of the state action plan.
- Establish a strategy for communicating with the contact. Develop points that support including oral health in the needs assessment; these can be used as talking points or included in written communication. Make sure your communication strategy includes a request for a meeting. See [Making a 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, 2025.
- Present current state data on oral health. Sources of data may include the following:
  - Association of State and Territorial (ASTDD) [Basic Screening Survey](#)
  - Centers for Disease Control and Prevention [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)
  - Centers for Medicare & Medicaid Services [CMS-416](#)
  - Health Resources and Services Administration [National Survey of Children's Health \(NSCH\)](#)
  - Office of Head Start [Program Information Report \(PIR\)](#)NSCH, PIR, and PRAMS present self-reported data, which may underestimate the extent of the issue being reported, but these data can serve as a proxy for health status and utilization of health care.
- Present current sources of local data. Sources of data may include community health centers, primary care associations, and primary care organizations.
- Provide information on available data to measure progress.
- Offer information on effective programs and services that prevent oral disease and promote oral health.
- Identify oral health stakeholders to take part in the needs assessment and participate in focus groups, questionnaires, small group interviews, and surveys. Also identify oral health stakeholders to participate in meetings in different regions of the state to provide input. Help formulate questions, and share personal stories that explore the scope of the oral health problem in your state.
- 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 the NPM on oral health.

## What are NPMs?

The Title V MCH Block Grant guidance includes 20 NPMs grouped into 5 MCH population domains: women/maternal health, perinatal/infant health, child health, adolescent health, and children with special health care needs. A sixth domain, cross-cutting/systems building, allows states to focus on public health system issues that impact all MCH population groups.

States are asked to use findings from their needs assessment as a basis for selecting at least 5 NPMs, with 1 NPM for each of the 5 MCH population domains. Two NPMs are identified as universal NPMs (i.e., postpartum visit, medical home), which

every state is required to address and report on in their MCH Block Grant Application/Annual Report. There is no maximum number of NPMs that states can select. These NPMs will be included as part of the state action plan.

The NPM on oral health has two parts:

- Preventive dental visit for pregnant women
- Preventive dental visit for children and adolescents ages 1–17

States are not required to select both parts of NPM on oral health.

## What are SPMs?

States can also develop or select 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 on the needs assessment and state action plan are available?

- Health Resources and Services Administration. [no date]. [Exploring the Title V Federal-State Partnership](#) [webpage].
- Health Resources and Services Administration, Maternal and Child Health Bureau. 2023. [Title V Maternal and Child Health \(MCH\) Services Block Grant](#) [webpage].
- Health Resources and Services Administration, Maternal and Child Health Bureau. [no date]. [Title V Maternal and Child Health Services Block Grant to States Program Application/Annual Report Guidance](#) (10th ed.). Rockville, MD: Health Resources and Services Administration.
- National Maternal and Child Oral Health Resource Center. [no date]. [Title V Oral Health](#) [webpage].
- National MCH Workforce Development Center, Association of Maternal and Child Health Programs, MCH Navigator. 2024. [MCH Needs Assessment Toolkit](#). Chapel Hill, NC: National MCH Workforce Development Center; Washington, DC: Association of Maternal and Child Health Programs; Washington, DC: MCH Navigator.

## What can we do to 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 ASTDD or the National Maternal and Child Oral Health Resource Center (OHRC).

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## Cite as

National Maternal and Child Oral Health Resource Center, Association of State and Territorial Dental Directors. 2024. *Including Oral Health in the Title V Maternal and Child Health 5-Year Needs Assessment and State Action Plan*. Washington, DC: National Maternal and Child Oral Health Resource Center.

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This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an annual award totaling \$1,475,000 with no funding from nongovernmental sources. Its contents are the responsibility of solely the authors and do not necessarily represent the official view of HRSA, HHS, or the U.S. government.

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