

System (WFRS), and the ASTDD State Synopsis.

(3) Develop or update a comprehensive State Oral Health Plan. Develop or update a comprehensive State Oral Health Plan for oral health promotion, disease prevention, and control that includes specific objectives for future reductions in oral disease and related risk factors and objectives for the promotion of oral health. The plan should provide specific, measurable, and time-phased objectives to accomplish each goal related to the logic model (see <http://www.cdc.gov/OralHealth/index.htm> for additional information). In addition, develop a comprehensive State Oral Health Plan (suggest five-year plan) that is available to the public, periodically updated, and developed in collaboration with the assistance of stakeholders. The Plan should address the following oral health areas: (a) Oral health infrastructure including current resources, gaps in resources and recommendations for their elimination; (b) Healthy People 2010 objectives; (c) caries; (d) water fluoridation and school-based or school-linked sealant programs; (e) description of priority populations and burden of disease; (f) strategies to address oral health promotion across the lifespan; (g) strategies to identify best practices that can be replicated; (h) evaluation strategies and recommendations for monitoring the outcomes and impacts of plan implementation; (i) implementation strategies, leveraging of resources, partnerships, and plan maintenance including roles and responsibilities of State and local agencies; and (j) oral cancer, periodontal diseases, and infection control.

Performance will be measured by evidence that a comprehensive State Oral Health Plan has been completed. Evidence can be shown by development of a plan consistent with the process described and with elements (a) through (j) above.

(4) Establish and sustain a diverse Statewide oral health coalition. Establish a coalition to assist in the formulation of plans, guide project activities, and identify additional financial resources for this project. Coalition membership should be representative of stakeholder organizations within the State health department, within the State government and groups external to State government, for examples see <http://www.cdc.gov/OralHealth/index.htm>.

Performance will be measured by evidence of a sustained, diverse statewide oral health coalition. Evidence can be shown by: (a) Extent of progress towards coalition

sustainability, such as written by-laws, goals and objectives, plans and procedures for operation, past accomplishments, clerical staff support, and evidence of leveraging of resources; (b) membership entities representing each, but not limited to, categories in the coalition framework at Web site; (c) clear responsibility; (d) coalition activity in infrastructure, community water fluoridation, and sealants. Coalition activities must address all of the following activities: Infrastructure development, community water fluoridation, school-based/school-linked dental sealant programs, unless the grantee can document how current activities in the State have already met or exceeded Health People 2010 objectives for these activities.

(5) Develop or enhance oral disease surveillance system. Develop key resources, data sources, and capabilities to promote the State's surveillance needs. See <http://www.cdc.gov/OralHealth/index.htm> for detailed outline of data sources to consider. Activities should include: (a) Establish plan for how data collection, analysis, and dissemination will support program activity, including a surveillance plan logic model consistent with the CDC Surveillance Logic model (see <http://www.cdc.gov/OralHealth/index.htm>); (b) conduct surveillance so that key oral health indicators have been collected in a valid and timely manner using standard approaches with attention to comparability across States and consistent with annual data submission to the ASTDD's State Synopsis and data submissions to NOHSS, and updated at least every five years; and (c) monitor water fluoridation on a monthly basis comparable and consistent with WFRS.

Performance will be measured by evidence of a developed or enhanced oral disease surveillance system. Evidence can be shown by: Documentation that key resources, data sources, capabilities and surveillance plan are in place to provide an adequate surveillance system via activities consistent with (a) through (c) above.

(6) Identify prevention opportunities for systemic, socio-political and/or policy change to improve oral health. Conduct a periodic assessment of policy and systems level strategies with potential to reduce oral diseases. The assessment should include identification of opportunities to make changes in policy and health systems to overcome barriers, capitalize on assets, increase capacity, and coordinate prevention interventions.

Performance will be measured by evidence of identification of socio-political and policy changes. Evidence

can be shown by periodic assessments consistent with the activities above.

(7) Develop and coordinate partnerships to increase State-level and community capacity to address specific oral disease prevention interventions. Identify, consult with and involve appropriate partners to assess areas critical to the development of State-level and community-based oral health promotion and disease prevention programs, avoid duplication of efforts, ensure synergy of resources, and enhance the overall leadership within the State. Partnerships should augment the oral health coalition.

Performance will be measured by evidence of the development and coordination of partnerships. Evidence can be shown by: (a) Collaborative partnerships with Statewide and local entities (e.g., Memorandum of Understanding (MOU) with other State agencies, joint dedication of resources); (b) broad range of partnerships inside and outside of the State Health Department, encouraging the focus on prevention interventions.

(8) Coordinate and implement limited community water fluoridation program management. Provide coordination and management of a fluoridation program, provide/develop fluoridation training materials for engineers and water plant operators, and evaluate community water fluoridation accomplishments and new and/or replacement water fluoridation equipment.

Performance will be measured by the development, implementation, and coordination of a water fluoridation program. Evidence can be shown by: (a) Extent the water fluoridation program incorporates and makes progress towards the 1995 Engineering and Administrative Recommendations for Water Fluoridation (EARWF), including: (1) Daily testing; (2) access to .50 fluoridation engineer; (3) targeted inspection activity; (4) basic fluoridation training; (b) monthly monitoring consistent with the Water Fluoridation Reporting System (WFRS); (c) percent of fluoridated water systems consistently maintaining optimal levels of fluoride as defined by State and consistent with EARWF; (d) document communities and populations receiving new or replacement fluoridation equipment.

(9) Evaluate, document, and share State program accomplishments, best practices, lessons learned, and use of evaluation results. Evaluation activities should: (a) Be consistent with the CDC oral health global logic model, work plan: (see <http://www.cdc.gov/OralHealth/index.htm>) the CDC Evaluation Framework for Evaluating