

Public Health Programs (<http://www.cdc.gov/mmwr/>), the CDC Guide to Evaluating Surveillance Systems (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm>), and consider assessments of changes in oral health outcomes, as well as process evaluations consistent with the Association of State and Territorial Dental Directors' Best Practices evaluation criteria (see <http://www.cdc.gov/OralHealth/index.htm>); (b) document outcome evaluation measures including but not limited to percentage of population receiving fluoridated water and dental sealants; (c) include evaluation efforts consistent with indicators developed for "supported States evaluation plan" (see <http://www.cdc.gov/OralHealth/index.htm>); (d) be used to improve recipient activities above; and (e) be institutionalized as an on-going activity. Sharing of State program accomplishments, best practices, and lessons learned may include participation in forums for exchanging ideas and identification of methods and avenue for dissemination such as the CDC Chronic Disease Conference, and the National Oral Health Conference as well as local and State supported forums (e.g., State Summits, State dental and dental hygiene association meetings).

Performance will be measured by evidence that evaluation has been completed, State evaluation capacity and activities have become institutionalized; State program accomplishments have been collected, evaluated, and shared with stakeholders; and evaluation results are used to improve program performance. Evidence can be shown by: (1) Documentation of evaluation activities consistent with (a) through (e) above; and (2) documentation of participation in scientific forums consistent with the activities above.

(10) Capacity Building Prevention Intervention (To be undertaken after Part 1 Capacity Building Program 1–9 from above have been met).

a. Develop and Implement a water fluoridation program. Provide or develop fluoridation educational materials, as appropriate, to promote water fluoridation. Implement a program to support new replacement water fluoridation equipment. Evaluate the accomplishments of the water fluoridation program.

Performance will be measured by the development, implementation, and coordination of a water fluoridation program. Evidence can be shown by: (1) Documentation of appropriate education and promotion efforts; (2) documentation of communities and

populations receiving replacement fluoridation equipment by funding source; (3) extent of progress towards reaching or exceeding Health People 2010 objective of 75 percent of population on public water supplies receiving fluoridated water.

b. Develop, coordinate and implement limited school-based or school-linked dental sealant programs. Describe and document the number of eligible public elementary or secondary schools, and existing related oral health assets. Document infrastructure is in place for the coordination and management of school-based or school-linked dental sealant program and show collaborative working relationships and formal agreements (e.g., MOA, MOU, or other written agreement between the State Health Department and the State educational agency).

Develop school-based or school-linked dental sealant programs targeting public elementary or secondary schools located in: (a) Urban areas, and in which more than 50 percent of the student population of that school or school entity is participating in Federal or State free and reduced meal programs; or (b) rural school districts having a median income that is at or below 235 percent of the poverty line, as defined in section 673(2) of the Community Services Block Grant Act [42 U.S.C. 9902(2)].

Performance will be measured by the development, implementation, and coordination of school-based/school-linked dental sealant programs. Evidence can be shown by: (1) Extent that priority populations have been identified; (2) extent that implementation strategies appropriate to State setting have been developed; percent and number of children in funded programs receiving at least one permanent molar sealant; proportion of eligible schools participating in program; and proportion of children participating in free and reduced cost lunch program receiving at least one sealant.

Optional Cost Analysis Recipient Activities and Performance Measures: Measures include the collection, tracking, and completion of cost analysis for school-based/school-linked dental sealant program. Evaluate the accomplishments, efficiency, and effectiveness of the implemented school-based/school-linked dental sealant programs. Proposals may include requests for technical assistance for the following optional performance measures:

Performance will be measured by the collection, tracking, and accomplishment of a cost-analysis for school-based or school-linked dental

sealant programs. Evidence can be shown by: (a) Documentation of baseline mean pit and fissure caries severity (i.e., pit and fissure DMFS) in targeted permanent molars among children three years older than target population; (b) cost-analysis report published and submission made to the ASTDD Best Practices Project.

1.b. Part 2 BASIC IMPLEMENTATION Program Recipient Activities and Performance Measures: Basic Implementation Recipient Activities and Performance Measures include evidence that applicant continues to meet CAPACITY BUILDING program and CAPACITY BUILDING-PREVENTION INTERVENTION program activities and performance measures in section 1.a. above.

(1) Develop a Statewide community water fluoridation program or maintain Statewide fluoridation program that has reached the Healthy People 2010 objective. Enhance or expand existing community water fluoridation demonstration or pilot project into a statewide program showing annual progress.

Performance will be measured by evidence that water fluoridation efforts result in significant progress towards meeting, maintaining or exceeding Healthy People 2010 goals. Evidence can be shown by: (a) Extent that Statewide water fluoridation program incorporates and makes progress in meeting the Engineering and Administrative Recommendations for Water Fluoridation (EARWF, 1995), including: (1) Monthly monitoring and participation; (2) additional fluoridation engineers and/or specialist if appropriate; (3) all fluoridation engineers and/or specialists attend CDC fluoridation training or equivalent; (4) all water plant operators receive basic fluoridation training; (5) all adjusted fluoridated water systems have annual inspections to insure that all the technical recommendations, including the (a) safety requirements of EARWF are followed; (b) all split sampling reference labs should participate in the CDC Lab Proficiency Testing Program; (c) document progress in increasing percent of fluoridated water systems consistently maintaining optimal levels of fluoride as defined by State and consistent with recommendations outlined in EARWF; (d) document progress toward reaching or exceeding Healthy People 2010 objective; (e) document communities and populations receiving new or replacement fluoridation equipment.

(2) Develop Statewide school-based or school-linked dental sealant program or