

maintain school-based or school-linked dental sealant program if the Healthy People 2010 objective has been met. Enhance or expand existing school-based or school-linked dental sealant demonstration or pilot project into a Statewide program showing annual progress. School eligibility criteria as stated in (10)(b) above will be used.

Performance will be measured by evidence that grantee is implementing and expanding school-based or school-linked dental sealant programs Statewide. Evidence can be shown by: (a) Documentation of progress towards reaching or exceeding goal of school-based or school-linked sealant programs in at least 50 percent of eligible schools; (b) significant progress towards increasing: The percent and number of children in Statewide funded programs receiving at least one permanent molar sealant; proportion of eligible schools participating in program; and proportion of eligible schools participating in program; and proportion of children in funded programs participating in free and reduced cost lunch program receiving at least one sealant; (c) demonstrated participation in ASTDD Best Practices project; (d) demonstrated leadership capacity in dissemination and technical assistance to other State sealant programs; (e) progress towards sustainability and institutionalization of sealant program through leveraging of dollars, partnership participation, billing Medicaid and/or SCHIP or other sources of support.

(3) Develop other evidence-based, population-based, intervention strategies consistent with the State Oral Health Plan. Strategies should include policy and systems level approaches. Interventions should be population based, with objectives that specify the population wide changes sought and may address use of dental sealants, water fluoridation efforts, tobacco use, diabetes, poor nutrition, oral health education and, secondary prevention.

Performance will be measured by demonstration of implementation of evidence-based, population-based strategies. Evidence will be shown by: (a) Documentation of evidence-based for intervention initiative; (b) extent that population-based interventions meet the established objectives specifying the population-wide changes sought; and (c) submission to the ASTDD Best Practices Project.

(4) Evaluate intervention components. Design and implement a public health practice evaluation system that collects and analyzes information to be used to measure program progress, community capacity changes, short-term and distal

outcomes. Evaluation results and related findings should be used to add to and/or enhance program implementation.

Performance will be measured by evidence that State evaluation capacity and activities have become an on-going normative activity and that State program accomplishments have been collected, evaluated and shared with stakeholders. Evidence can be shown by: (a) Demonstration that the recipient is taking a leadership role in providing technical assistance and transfer of practice knowledge to other States; and (b) quantification (in terms of dollars) of resources used and returns on those resources.

(5) Expand oral health program leadership capacity. Expand State oral health team beyond CAPACITY BUILDING level. Provide National leadership by sharing results, with one another, best practices, and other lessons learned to help shape the national agenda and improving the oral health of the public. Capacity should include: (a) Epidemiologic support .50 time at a minimum; (b) demonstrated access to 1.0 time fluoridation engineer/specialist or coordinator (may be less for States with small number of water systems or more for States with a large number of water systems); and (c) demonstrated access to appropriate program support at a minimum: 1.0 time program coordinator, 1.0 time dental sealant coordinator, .50 time capacity for health education, .50 time health communication, .50 time data manager, .25 time grant writer, 1.0 time support staff, and regional consultants, through leveraging of dollars, shared dedicated resources, and letters of support.

Performance will be measured by evidence of expanded leadership and access to needed functions through personnel, leveraging of dollars, shared dedicated resources and/or letters of support, sharing through publications and presentations at national and regional meetings. Evidence can be shown by: (a) The minimum composition of the oral health program is consistent with the activities outlined above; (b) demonstrated with the activities outlined above; and (c) demonstrated evidence of sharing best practices and other lessons learned inside and outside of the State borders through publications and meeting presentations.

(6) Develop and maintain expanded surveillance capacity. The surveillance system is maintained and sustainable, and able to compare State or smaller area data to those from national data sources. Surveillance system should be able to conduct original analyses or forge good working relationships with

in-State agencies that will conduct the original analyses. Refer to surveillance logic model at Web site for more information.

Activities should include: (a) Development of regional or county level indicators; (b) development of surveillance system quality checks, establishment of data cleaning protocol, and document data linkages and security procedures; (c) utilization of original analytic analyses and comparisons to national data in dissemination activities and reports; (d) documentation of regional or county level indicators; and (e) collaboration with other programs in the health department to answer key epidemiological questions of mutual interest, *e.g.*, diabetes, tobacco, cancer, MCH.

Performance will be measured by evidence that surveillance is on-going, sustainable activity within the State, is expanded beyond the basic requirements of a core system, and uses data to direct program planning and oral health promotion. Evidence can be shown by: Documentation of activities (a) through (e) above.

(7) Expand the diverse statewide oral health coalition. Expand statewide oral health coalition and address institutionalization and sustainability.

Performance will be measured by evidence of a sustained, diverse statewide oral health coalition with established plans for membership and recruitment of diverse stakeholders. Evidence can be shown by: (a) Extent that coalition has been significantly expanded in both numbers and types of members and documentation of expanded coalition activities; (b) documentation of dedicated support staff; (c) documentation of established communication measures and outreach to community, policy makers and stakeholders; (d) extent of progress towards coalition sustainability such as meeting minutes, schedule of meeting dates and locations; and (e) documentation of active support from stakeholders including funding sources and in-kind contributions.

(8) Address program sustainability by broadening resources. Address the institutionalization of the oral health unit, oral health surveillance system, statewide coalition, and the State's best practice programs.

Performance will be measured by demonstration of condition supportive of the sustainability of State oral health infrastructure and programs. Evidence can be shown by measures including: (a) Non-award funding and measures that activities are institutionalized; (b) demonstration of environment