



MOLAR (Management Overview for Logistics, Analysis and Reporting) v 1.0

Program Information: Contact Information

2003-2004 Program Information

Edit Contact Information

* Program Name:

Grantee Number: 335355

* Telephone: ext.

FAX: ext.

Web Address:

* Principal Investigator:

* Principal Investigator Telephone: ext.

* Primary OH Cooperative Agreement Contact:

* Primary OH Cooperative Agreement Contact Telephone: ext.

* Business Official:

* Business Official Telephone: ext.

* Fluoridation Program Funded (10a): Yes No Not available
If yes, please list the first year of funding. (YYYY)

* Sealant Program Funded (10b): Yes No Not available
If yes, please list the first year of funding. (YYYY)

Mailing Address

* Address Line 1:

Address Line 2:

* City, State Zip:

Shipping Address

* Shipping Address Same as the Mailing Address: Yes No

* Address Line 1:

Address Line 2:

* City, State Zip:

Program Information: Staff (Continued)

* Primary Role Within Oral Health Program:
 Other (specify):

* Indicate all roles performed by this Staff Member and the percent of Overall Program Time Allocation for each role: (The total of all roles FTE must add up to the overall program time allocation.)

Role	% of Overall FTE	Role	% of Overall FTE
Administrative Support	<input type="text"/> %	Fluoridation Specialist/Coordinator	<input type="text"/> %
Agency Manager	<input type="text"/> %	Grant Writer	<input type="text"/> %
Budget Manager	<input type="text"/> %	Health Communication Specialist	<input type="text"/> %
Coalition Coordinator	<input type="text"/> %	Health Educator	<input type="text"/> %
Community Developer	<input type="text"/> %	MIS Contact	<input type="text"/> %
Computer Technology Support	<input type="text"/> %	Policy Developer	<input type="text"/> %
Data Analyst	<input type="text"/> %	Principal Investigator	<input type="text"/> %
Data Manager	<input type="text"/> %	Program Coordinator	<input type="text"/> %
Dental Consultant	<input type="text"/> %	Program Manager	<input type="text"/> %
Dental Director	<input type="text"/> %	Regional Consultant	<input type="text"/> %
Dental Sealant Coordinator	<input type="text"/> %	Web Designer	<input type="text"/> %
Epidemiologist	<input type="text"/> %	Not available	<input type="text"/> %
Evaluation Specialist	<input type="text"/> %	Other (specify)	<input type="text"/> %
Fluoridation Engineer	<input type="text"/> %		

* What percent of the primary role's overall FTE is funded by CDC DOH?: %

What other sources fund this staff member's salary?:

- Permanent state dollars
- One-time only state dollars
- Medicaid dollars
- CDC/DOH supplemental dollars
- Maternal Child Health block grant
- CDC prevention block grant
- Foundation dollars
- HRSA dollars
- Not available
- Other (specify)

* Employment Type:
 Other (specify):

* Date Started With State Oral Health Program: / (MM/YYYY)

Date Finished With State Oral Health Program: / (MM/YYYY)

Attachments: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Assignment to Work Plan Activities	Status	Time Frame
No activities assigned.		

Program Information: Organization Chart

2003-2004 Program Information

Add Organization Chart

* Document Title:

* File Name and Location: File size cannot exceed 5MB

* Date Revised: / / (MM/DD/YYYY)

* Type:

- Overall state health structure
- State health division structure
- State oral health program structure
- Not available

Resources: Coalitions

2003-2004 Resources

Add Coalition

* Coalition Name:

* Type:

- Community
- Regional
- Statewide
- Not available
- Other (specify)

Number of Members:

* Member Composition:

Government

- Social services
- Environmental health
- State/local health department
- Interagency and/or interdepartmental steering committee
- Not available
- Other (specify)

Community

- Business leader
- Community water supervisor/manager
- Community-based clinic
- Faith-based organization
- Foundation
- Local community health department
- Not available
- Other (specify)

Education

- Local school administrator
- Parent teacher association
- School nurse association
- Education
- Regional staff
- Not available
- Other (specify)

Providers

- Dental hygienist
- Dentist
- Hospital and respective associations
- Physician
- Not available
- Other (specify)

Public

- Consumer advocate
- Foundations
- General public
- Organizations that promote improved quality of life
- Organizations that promote oral health
- Patient care advocate
- Not available
- Other (specify)

/home/ec2-user/sec/disk/omb/icr/200703-0920-003/doc/3141501

Office of Management and Budget (OMB) Statement: Public reporting burden of this collection of information is estimated to average nine hours per response (interim and annual reports). An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC?ASTDR Reports Clearance Officer: 1600 Clifton RD. Atlanta, GA

Resources: Coalitions (Continued)

Third Party Providers

- Insurance
- Managed care
- Medicaid
- Not available
- Other (specify)

Policy Makers

- Federal legislator
- Local/community policy maker
- Policy advocate
- State legislator
- Not available
- Other (specify)

Higher/Professional Education

- Allied health school
- Dental and dental hygiene school
- Medical school
- Nursing school
- Prevention research center
- Public health school
- Not available
- Other (specify)

* Meeting Frequency:

- Monthly
- Quarterly
- Semi-annually
- Annually
- Not available
- Other (specify)

* Coalition Focus Areas:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Infants and toddlers <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Older adults <input type="checkbox"/> Access <input type="checkbox"/> Aging population <input type="checkbox"/> Assessment <input type="checkbox"/> Caries <input type="checkbox"/> Communications/marketing <input type="checkbox"/> Disparity <input type="checkbox"/> Education <input type="checkbox"/> Evaluation <input type="checkbox"/> Fluoridation <input type="checkbox"/> Funding | <ul style="list-style-type: none"> <input type="checkbox"/> Infection control <input type="checkbox"/> Infrastructure <input type="checkbox"/> Injury prevention <input type="checkbox"/> Oral and systemic disease <input type="checkbox"/> Oral cancer <input type="checkbox"/> Periodontal disease <input type="checkbox"/> Policy <input type="checkbox"/> Program/system sustainability <input type="checkbox"/> Sealants <input type="checkbox"/> Surveillance <input type="checkbox"/> Tobacco cessation <input type="checkbox"/> Work force <input type="checkbox"/> Not available <input type="checkbox"/> Other (specify) <input type="text"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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Resources: Coalitions (Continued)

* Priority Areas Addressed by Specific Subgroups:

- Infrastructure Yes No Not Available
- Fluoridation Yes No N/A, HP2010 objectives have been met Not Available
- Sealants Yes No N/A, HP2010 objectives have been met Not Available

List Any Coalition Subgroups:

* Sustainability Evidence Type:

- 501c3 status
- By-laws
- Clerical staff support
- Established internal communication network
- Evaluation of coalition and coalition activities
- Funding and institutionalization
- Letter of support
- Leveraging resources
- Meeting minutes/schedules
- Membership maintenance/list
- Memorandum of agreement/understanding
- Policy development
- Products and impact
- SMART action plan development and implementation
- Visibility
- Written priorities/plans/strategies
- Written vision/mission statements
- Not available
- Other (specify)

Sustainability Evidence Attachments:

To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Assignment to Work Plan Activities

Status

Time Frame

No activities assigned.

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Planning: State Plan (Draft)

2003-2004 Planning

Add State Plan

* Plan Status: Draft Published

* Working Title:

* Anticipated Publish Date: / (MM/YYYY)

Attach Plan: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives	Status	Time Frame
No information entered.		

Planning: State Plan (Published)

2003-2004 Planning

* required field

Add State Plan

* Plan Status: Draft Published

* Published Title:

* Time Frame: - (YYYY-YYYY)

* Date Published: / (MM/YYYY)

* Date Last Revised: / (MM/YYYY)

Web Address:

* Dissemination of Plan:

<input type="checkbox"/> Academia/school	<input type="checkbox"/> National organization and state affiliate
<input type="checkbox"/> Advisory/partner group	<input type="checkbox"/> Other federal government agency
<input type="checkbox"/> Business/industry sector	<input type="checkbox"/> Other local government agency
<input type="checkbox"/> Coalition	<input type="checkbox"/> Other state government agency
<input type="checkbox"/> Federal health government agency	<input type="checkbox"/> Priority population organization
<input type="checkbox"/> General public	<input type="checkbox"/> Private/public policy maker
<input type="checkbox"/> Governor and staff	<input type="checkbox"/> State health government agency
<input type="checkbox"/> Hospital/health care agency	<input type="checkbox"/> Third party payer
<input type="checkbox"/> Legislator	<input type="checkbox"/> Not available
<input type="checkbox"/> Local health government agency	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Media	<input type="text"/>

* Content Areas:

<input type="checkbox"/> Burden of disease	<input type="checkbox"/> Infection control
<input type="checkbox"/> Partnerships	<input type="checkbox"/> Strategies to address oral health promotion across the lifespan
<input type="checkbox"/> Caries	<input type="checkbox"/> Leveraging of resources
<input type="checkbox"/> Periodontal diseases	<input type="checkbox"/> Strategies to identify best practices
<input type="checkbox"/> Evaluation strategies and recommendations for monitoring the outcomes and impacts of plan implementation	<input type="checkbox"/> Oral cancer
<input type="checkbox"/> Plan maintenance	<input type="checkbox"/> Water fluoridation
<input type="checkbox"/> Healthy People 2010 objectives	<input type="checkbox"/> Oral health infrastructure
<input type="checkbox"/> Priority populations	<input type="checkbox"/> Not available
<input type="checkbox"/> Implementation strategies	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> School-based or school-linked sealant programs	<input type="text"/>

* Does the plan include specific, measurable and time phased objectives?: Yes No Not Available

Attach Plan: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives	Status	Time Frame
No information entered.		

Planning: Surveillance Plan (Draft)

2003-2004 Planning

Add Surveillance Plan

* Plan Status: Draft Final

* Working Title:

* Anticipated Publish Date: / (MM/YYYY)

Attachments:
(Attach logic model, surveillance grid and narrative)

To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives	Status	Time Frame
No information entered.		

[Save](#)

[Cancel](#)

Planning: Surveillance Plan (Final)

2003-2004 Planning

*required f

Add Surveillance Plan

* Plan Status: Draft Final

* Title:

* Time Frame: - (YYYY-YYYY)

* Date Completed: / (MM/YYYY)

* Date Last Revised: / (MM/YYYY)

* Has a logic model been developed for the plan?: Yes No Currently being developed Not available

* Identify the data sources used for the surveillance plan:

- ASTDD State Synopsis
- Basic Screening Surveillance (BSS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Medicare and Medicaid Services (CMS)
- Chronic Disease Indicators (CDI)
- Dental, Oral and Craniofacial Data Resource Center (DRC)
- Health Plan Employer Data and Information Set (HEDIS)
- Hospital Discharge Data
- National Health and Nutrition Examination Survey (NHANES)
- National Immunization Survey (NIS)
- National Oral Health Surveillance System (NOHSS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- U.S. Bureau of Census
- Vital statistics
- Water Fluoridation Reporting System (WFRS)
- Woman, Infants, and Children (WIC)
- Youth Risk Behavior Surveillance System (YRBSS)
- Youth Tobacco Survey (YTS)
- Not available
- Other (specify)

Attachments:
(Attach logic model, surveillance grid and narrative)

To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives	Status	Time Frame
No information entered.		

[Save](#)

[Cancel](#)

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Planning: State/Local Specific Data Sources

2003-2004 Planning

Add State/Local Specific Data Source

* Data Source Name:

* Describe Purpose of Data Source:

* Describe Population Sampled:

* Describe Collection Methods:

* Frequency: On-going collection Single collection

* Most Recent Year Collected: (YYYY)

Planning: Burden Document (Draft)

2003-2004 Planning

Add Burden Document, Priority Population and Unmet Needs

* Status: Draft Published

* Working Title:

* Anticipated Publish Date: / (MM/YYYY)

* Describe Progress to Date:

Attachments: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives

Status

Time Frame

No information entered.

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Planning: Burden Document (Published)

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2003-2004 Planning

Add Burden Document, Priority Population and Unmet Needs

* Status: Draft Published

* Title:

* Date Published: / (MM/YYYY)

Date Last Revised: / (MM/YYYY)

Web Address:

* Dissemination of Report:

<input type="checkbox"/> Academia/school	<input type="checkbox"/> National organization and state affiliate
<input type="checkbox"/> Advisory/partner group	<input type="checkbox"/> Other federal government agency
<input type="checkbox"/> Business/industry sector	<input type="checkbox"/> Other local government agency
<input type="checkbox"/> Coalition	<input type="checkbox"/> Other state government agency
<input type="checkbox"/> Federal health government agency	<input type="checkbox"/> Priority population organization
<input type="checkbox"/> General public	<input type="checkbox"/> Private/public policy maker
<input type="checkbox"/> Governor and staff	<input type="checkbox"/> State health government agency
<input type="checkbox"/> Hospital/health care agency	<input type="checkbox"/> Third party payer
<input type="checkbox"/> Legislator	<input type="checkbox"/> Not available
<input type="checkbox"/> Local health government agency	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Media	<input type="text"/>

Identify the target population(s) from the burden report:

* Race:

- African American or Black
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- Not specified
- Not available

* Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Not specified
- Not available

* Gender:

- Male
- Female
- Not available

* Geography:

- City
- Community
- County/Parish
- Entire State
- Entire Territory
- Frontier
- Rural
- Tribal reservation
- Urban
- Not available
- Other (specify)
-

* Age:

- 0-5 years
- 6-11 years
- 12-19 years
- 20-49 years
- 50-64 years
- 65 years and older
- Not specified
- Not available

* Income:

- Medicaid eligible
- 100% of poverty (poor)
- 200% of poverty (near poor)
- At or below 235% of poverty
- Not specified
- Not available

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Planning: Burden Document (Published), Continued

Additional Target Population Comments:

* Identify the data sources used for the burden report:

- Basic Screening Surveillance (BSS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Medicare and Medicaid Services (CMS)
- Chronic Disease Indicators (CDI)
- Dental, Oral and Craniofacial Data Resource Center (DRC)
- Health Plan Employer Data and Information Set (HEDIS)
- Hospital Discharge Data
- National Health and Nutrition Examination Survey (NHANES)
- National Immunization Survey (NIS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- U.S. Bureau of Census
- Vital statistics
- Woman, Infants, and Children (WIC)
- Youth Risk Behavior Surveillance System (YRBSS)
- Youth Tobacco Survey (YTS)
- Not available

Burden report includes indicators consistent with:

- * National Oral Health System (NOHSS):
 - Not Used
 - Percentage of people who visited the dentist or dental clinic within the past year.
 - Percentage of people who had their teeth cleaned in the past year.
 - Percentage of people aged 65 years and older who have lost all natural permanent teeth.
 - Percentage of people served by public water systems who receive fluoridated water.
 - Percentage of 3rd grade students with caries experience, including treated and untreated tooth decay
 - Percentage of 3rd grade students with untreated tooth decay.
 - Percentage of 3rd grade students with dental sealants on at least one permanent molar tooth.
 - Cancer of the oral cavity and pharynx
 - No data available

- * Association of State and Territorial Dental Directors (ASTDD) State Synopsis:
 - Not Used
 - Population served by public water system
 - Number of dental hygiene schools
 - Number of community-based low-income dental clinics
 - Number of school-based health centers with an oral health component

- * Water Fluoridation Reporting System (WFRS):
 - Not Used
 - Communities and populations receiving new or replacement fluoridation equipment.
 - Percent of fluoridated water systems consistently maintaining optimal levels of fluoride as defined by State and consistent with EARWF;
 - Percentage of people on public water systems receiving fluoridated water.
 - Population served by public water system

* Burden report includes description of:

- Oral health assets
- Oral health burden
- Oral health unmet needs
- Oral health disparities
- Not available

Additional Burden Document Information:

Attachments:

To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives

Status

Time Frame

No information entered.

Planning: Assessments

2003-2004 Planning

Add Systemic, Sociopolitical, and Policy Change Assessment

* Assessment Title:

* Date of Assessment: / (MM/YYYY)

* Next Expected Assessment Date: / (MM/YYYY)

* Level:
 State
 Local
 Region within state
 Not available
 Other (specify)

* Frequency of Assessment: Semi-annually Annually Bi-annually Not available Every years

* Describe Process for Conducting the Assessment (Methodology):

* Summarize Opportunities Identified (Findings):

* Change as a Result of the Assessment (Use of Findings):

* Identify stakeholders involved in the developing, conducting, analyzing or evaluating the assessment:

Additional Assessment Information: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives	Status	Time Frame
No information entered.		

Planning: Evaluation Plan (Not Started)

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2003-2004 Planning

Add Evaluation Plan

* Evaluation Type: Overall
Other

* Plan Status: Not started Planning Implementation

* Anticipated Publish Date: / (MM/YYYY)

Attachments: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives

Status

Time Frame

No information entered.

Planning: Evaluation Plan (Planning/Implementation)

2003-2004 Planning

*required field

Add Evaluation Plan

* Evaluation Type:

* Plan Status: Not started Planning Implementation

* Time Frame: - (YYYY-YYYY)

* Has a logic model been developed for the plan?: Yes No Currently ongoing Not available

* Stakeholders Involved: Yes No None currently involved Not available

* Evaluation Questions:

* Data Sources Used:

<input type="checkbox"/> ASTDD State Synopsis	<input type="checkbox"/> National Oral Health Surveillance System (NOHSS)
<input type="checkbox"/> Basic Screening Surveillance (BSS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System (PRAMS)
<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS)	<input type="checkbox"/> U.S. Bureau of Census
<input type="checkbox"/> Centers for Medicare and Medicaid Services (CMS)	<input type="checkbox"/> Vital statistics
<input type="checkbox"/> Chronic Disease Indicators (CDI)	<input type="checkbox"/> Water Fluoridation Reporting System (WFRS)
<input type="checkbox"/> Dental, Oral and Craniofacial Data Resource Center (DRC)	<input type="checkbox"/> Woman, Infants, and Children (WIC)
<input type="checkbox"/> Health Plan Employer Data and Information Set (HEDIS)	<input type="checkbox"/> Youth Risk Behavior Surveillance System (YRBSS)
<input type="checkbox"/> Hospital Discharge Data	<input type="checkbox"/> Youth Tobacco Survey (YTS)
<input type="checkbox"/> National Health and Nutrition Examination Survey (NHANES)	<input type="checkbox"/> Undetermined at this time
<input type="checkbox"/> National Immunization Survey (NIS)	<input type="checkbox"/> Not available

* Tools Used:

State Plan

- State Plan Index
- State Plan Planning and Review Tool Index
- Not available

Coalitions

- Coalition Effectiveness Inventory (CEI)
- Initial Coalition Survey
- Meeting Effectiveness Inventory
- Member Satisfaction Survey
- Partnership Self-assessment
- Risk Factors for Collaborative Participation Worksheet
- Starting a Coalition Checklist
- Not available

Sealants

- School/Community Follow up survey
- Sealant Follow-up form
- Sealant Placement Survey
- Sealant Program Cost Analysis/Improve Productivity
- Sealant Provider Survey
- Staff and Volunteer Satisfaction Survey
- Tracking Program Implementation
- Not available

Surveillance

- Surveillance System Evaluation Tool
- Not available
- Other (specify)
- Undetermined at this time

* Evaluation Design Plan: Yes No Currently being developed Not available

* Use of Evaluation:

Attachments: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Work Plan Objectives	Status	Time Frame
No information entered.		

Work Plan: Output Objective

2003-2004 Work Plan

[Back to Work Plan Summary](#)

Add Output Objective

Specific

* Title:

* Description:

* Status:

* Primary Goal:

- Develop Oral Health program leadership capacity.(1)
- Describe the oral disease burden, health disparities, and unmet needs in the State.(2)
- Develop or update a comprehensive State Oral Health Plan.(3)
- Establish and sustain a diverse Statewide Oral Health Coalition.(4)
- Develop or enhance oral disease surveillance system.(5)
- Identify prevention opportunities for systemic, socio-political and/or policy change to improve oral health.(6)
- Develop and coordinate partnerships to increase State-level and community capacity to address specific oral disease prevention interventions.(7)
- Coordinate and implement limited community water fluoridation program management.(8)
- Evaluate, document, and share State program accomplishments, best practices, lessons learned, and use of evaluation results.(9)
- Develop and Implement a water fluoridation program.(10a)
- Develop, coordinate and implement limited school-based or school-linked dental sealant programs.(10b)
- Other (specify)

Secondary Goal: (select up to 2)

- Develop Oral Health program leadership capacity.(1)
- Describe the oral disease burden, health disparities, and unmet needs in the State.(2)
- Develop or update a comprehensive State Oral Health Plan.(3)
- Establish and sustain a diverse Statewide Oral Health Coalition.(4)
- Develop or enhance oral disease surveillance system.(5)
- Identify prevention opportunities for systemic, socio-political and/or policy change to improve oral health.(6)
- Develop and coordinate partnerships to increase State-level and community capacity to address specific oral disease prevention interventions.(7)
- Coordinate and implement limited community water fluoridation program management.(8)
- Evaluate, document, and share State program accomplishments, best practices, lessons learned, and use of evaluation results.(9)
- Develop and Implement a water fluoridation program.(10a)
- Develop, coordinate and implement limited school-based or school-linked dental sealant programs.(10b)
- Other (specify)

Measurable and Achievable

* Measure of Success: Develop Oral Health program leadership capacity.

- Existence of full-time dental director
- Existence of .25 time epidemiologic support
- Access to at least .50 time of a water fluoridation engineer/specialist or coordinator
- Access to .50 to one time dental sealant coordinator
- Access to .25 time capacity for health education, health communication
- Access to .25 time support staff
- Not available
- Other (specify)

* Baseline:

Baseline Unknown (explain how it will be determined below)

* Target:

* Evidence of Successfully Measuring Target:

Work Plan: Output Objective (Continued)

Relevant

* Describe how this objective will establish, strengthen or expand your program's capacity to plan, implement, and evaluate population-based oral disease prevention and health promotion programs, targeting populations and oral disease burden:

Time-Bound

* Estimated Start Date: / (MM/YYYY)

* Estimated End Date: / (MM/YYYY)

Work Plan: Major Activities

2006-2007 Work Plan

Add Activity

Related Objective: (Related Objective Title displayed here) (Proposed, 01/2006-01/2008)

* Title:

* Activity Description:

* Current Status:

* Lead Staff Role Assigned:

- Other Staff Roles Assigned:
- Administrative Support
 - Agency Manager
 - Budget Manager
 - Coalition Coordinator
 - Community Developer
 - Computer Technology Support
 - Data Analyst
 - Data Manager

- Contractors Assigned:
- American Association of Dental Hygienists
 - Evaluation Specialists
 - Gallup Company
 - Meeting Facilitators, Inc

- Partners Assigned:
- American Dental Association
 - Coalition for fluoridation and sealants
 - Coalition for fluoridation sealants carriers and all other Oral health related topics
 - Community based coalition
 - Oregon Dental Hygienists Association
 - Oregon Water Works

Partner Involvement Description:

* Estimated Start Date: / (MM/YYYY)

* Estimated End Date: / (MM/YYYY)

Work Plan: Activity Progress

2006-2007 Work Plan

Add Activity Progress

Related Activity: (Related Activity Title displayed here) (In process, 01/2006-11/2006)

* Date Progress Occurred: / (MM/YYYY)

* Describe Progress:

Work Plan: Objective Progress and Results (Target Met = Yes)

2006-2007 Work Plan

* required field

Add Objective Progress & Results

Related Objective: (Related Objective Title displayed here) (Proposed, 01/2006-01/2008)

* Date Progress Occurred: / (MM/YYYY)

* Describe Progress:

* Objective's Target Met:
 Yes
 No
 Currently ongoing

* Date Met: / (MM/YYYY)

* Measure Achieved:

* Facilitating Factors for Success:

Barriers Encountered While Achieving the Objective's Target Measure:

Plans to Overcome Barriers:

Other Outcomes or Collateral Effects (positive or negative):

/home/ec2-user/sec/disk/omb/icr/200703-0920-003/doc/3141501

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Work Plan: Objective Progress and Results (Target Met = Currently Ongoing or No)

2006-2007 Work Plan

Add Objective Progress & Results

Related Objective: (Related Objective Title displayed here) (Proposed, 01/2006-01/2008)

* Date Progress Occurred: / (MM/YYYY)

* Describe Progress:

* Objective's Target Met:
 Yes
 No
 Currently ongoing

Current Measure Toward Target:

Barriers Encountered While Achieving the Objective's Target Measure:

Plans to Overcome Barriers:

Other Outcomes or Collateral Effects (positive or negative):

Work Plan: Products

2006-2007 Work Plan

Add Product

Related Objective: (Related Objective Title displayed here) (Proposed, 01/2006-01/2008)

* Product Title:

* Product Description:

Product Attachments: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.