

Required Performance Measures and Minimum Data Elements

Component 1: Basic Capacity for Collective Impact

Program Strategies	Annual Performance Measures	Minimum Reportable Data Elements
Strategy 1. Develop program leadership and staff capacity	(Process) Evidence of oral health programmatic staff support	Position Name % FTE Date Start/Finish program Employment Type
Strategy 2. Develop and coordinate partnerships with a focus on prevention interventions; Establish and sustain a diverse statewide oral health coalition; Collaborate and integrate with disease prevention programs	(Outcome) Evidence of partnership/collaboration effectiveness	Completed evaluation of partnerships including: - Resources committed and shared - Level of integration - Partnership objectives met - Results of collaborative efforts - Lessons learned
	(Process) Established statewide oral health coalition	Governing documents/Action plan(s) Organizational chart Leadership staff Funding sources
	(Outcome) Evidence of ability to leverage resources	% solicited funds and factors supporting awarded grant applications # and description of non-competitive funding and in-kind resources
Strategy 3. Develop or enhance oral health surveillance	(Process) Established oral and craniofacial health surveillance system utilizing ASTDD Best Practices Plan Guidelines (http://www.astdd.org/docs/BPASurveillanceSystem.pdf)	Surveillance plan
		NOHSS Indicators for children's oral health from Basic Screening Survey: % of 3 rd grade students with caries experience % of 3 rd grade students with untreated tooth decay % of 3 rd grade students with sealants WFRS Reports: Monthly fluoridation status of adjusted water systems ASTDD State Synopsis Report: Demographics oral health infrastructure, program administration, and disease prevention activities At least three additional data sources, including BRFSS; YRBS; PRAMS; State cancer registries; Orofacial cleft data; Medicaid dental claims data
	(Process) Published information on the burden of oral disease	Burden document
Strategy 4. Build evaluation capacity	(Process) Established systematic implementation and use of	# and summary of completed process evaluation on infrastructure activities

Program Strategies	Annual Performance Measures	Minimum Reportable Data Elements
	evaluation	# and summary of completed outcome evaluations on program capacity, policy, systems and/or environmental change
Strategy 5. Assess facilitators/barriers to advancing oral health	(Process) Extent of support for environmental and systems strategies to improve oral health	Environmental Assessment Results
	(Process) Prioritized policy and environmental interventions	Policy Assessment and Prioritization Tool and Consensus Process
Strategy 6. Develop plans for state oral health program and activities	(Process) Published State Oral Health Plan	5-year oral health plan that meets ASTDD's best practice guidelines
	(Outcome) Evidence of implementation of State Oral Health Plan	Description of progress toward reaching SMART objectives are included in the annual work plan for the 5-year state oral health plan
	(Outcome) Evidence of use of data for decision making	SMART objectives in Program Work Plan Program improvement plan(s) Description of partner use of data
Strategy 7. Implement communications activities to promote oral disease prevention	(Process) Established communications strategies to increase awareness of the importance of oral health to overall health and wellness	# of speeches and presentations given to state and community leaders on oral disease prevention # of success stories developed Examples of organizations that have taken action to support oral health

Component 2: Implementation of Evidence-based Preventive Interventions and Strategic Approaches to Impact Health Systems and Access to Clinical Preventive Services

Program Strategies	Annual Performance Measures	Minimum Reportable Data Elements
Strategy 1. Maintain Component 1 strategies and enhance program leadership and staff capacity	(Process) Evidence of oral disease prevention intervention staff support	Position Name % FTE Date Start/Finish program Employment Type
Strategy 2. Coordinate /Implement school-based/linked sealant programs, targeting low-income and/or rural settings	(Outcome) % of eligible schools with dental sealant programs	# of school-based sealant programs in a public elementary or secondary school located in an urban area in which more than 50% of students qualify for the federal or state free and reduced price program # of schools in a public elementary or secondary school located in an urban area in which more than 50% of students qualify for the federal or

		state free and reduced price program <u>AND</u> # of school-based sealant programs located in schools in a rural area and, with respect to the school district in which the school is located, the district involved has a median income that is at or below 235% of the poverty line (as defined by 42 U.S.C. 9902(2)) # of schools located in a rural area and, with respect to the school district in which the school is located, the district involved has a median income that is at or below 235% of the poverty line (as defined by(42 U.S.C. 9902(2))
	(Outcome) Number of children in sealant programs receiving at least one molar sealant	# of children receiving at least one molar sealant; stratified by grade and age
Strategy 3. Collect and report sealant program data to track program efficiency and reach	(Process) Evidence of systematic collection of sealant program data	Example of data collection forms Name/description of data collection process (i.e., SEALS software)
	(Outcome) Cost-effectiveness, efficiency and impact of sealant program	% children with treated decay % children with untreated decay % children without sealants at screening # of sealants placed % children referred for dental treatment % children with referrals for urgent dental treatment Cost-analysis (baseline measures of mean pit and fissure caries severity), age, and 1-year retention Type and amount of portable equipment purchased Total costs for portable equipment purchased
Strategy 4. Collect and report program data and track policy changes on community water fluoridation	(Process) Cost-effectiveness and impact of community water fluoridation	Estimated averted decay and/or treatment costs attributable to water fluoridation
	(Outcome) Proportion of people served by community water systems who receive optimally fluoridated water	# of people served by community water systems who receive optimally fluoridated water # of people served by community water systems
Strategy 5. Educate on the benefits of community water fluoridation	(Process) Established communications strategies to increase knowledge of the benefits of community water fluoridation	# of requests for scientific evidence on the safety and effectiveness of community water fluoridation # and location of communities where outreach occurred # of media placements promoting water fluoridation
Strategy 6. Promote and provide support for quality control and management of fluoridated water systems	(Process) Evidence of progress in implementing quality improvement in water fluoridation practices	# of water operator trainings provided # of water operators trained on engineering and administrative guidelines for maintaining optimal fluoridation levels # of water system inspections performed # of water systems participating in split sampling and % in correlation

		<p># of water systems needing replacement equipment # of water systems receiving new or replacement equipment Dollar amount provided for purchasing new and/or replacement equipment</p>
	<p>(Outcome) % of adjusted water systems that maintain optimal fluoridation levels annually</p>	<p># of adjusted water systems at optimal fluoridation levels each month # of adjusted water systems (i.e. those that adjust fluoride content)</p>
<p>Strategy 7. Implement strategies to affect the delivery of targeted clinical preventive services and health systems changes Program Strategies</p>	<p>(Outcome) Extent of policy and practice changes that increase access to care and/or improve quality of care</p>	<p># and % of children who had a dental visit in the past year # and % of adults with a past year dental visit # or % of dental providers that provide pediatric oral health preventive services to Medicaid and CHIP populations # and/or % of Medicaid or CHIP children that received a preventive dental service Proportion of School-based Health Centers that provide dental sealants, restorative dental services, topical fluorides Proportion of dental providers with policies or systems that integrate chronic disease prevention Policies that increase the proportion of non-dental providers that integrate oral health screening and prevention # or % of Medicaid children that receive oral health services provided by a non-dentist # or % of patients that receive any oral health service at FQHCs each year</p>