**Required Performance Measures and Minimum Data Elements**

**Component 1: Basic Capacity for Collective Impact**

| **Program Strategies** | **Annual Performance Measures** | **Minimum Reportable Data Elements** |
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| Strategy 1. Develop program leadership and staff capacity | (Process) Evidence of oral health programmatic staff support | Position Name% FTE Date Start/Finish programEmployment 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 chartLeadership staffFunding 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/BPASurveillance System.pdf) | Surveillance plan  |
| NOHSS Indicators for children’s oral health from Basic Screening Survey: % of 3rd grade students with caries experience% of 3rd grade students with untreated tooth decay% of 3rd grade students with sealants  |
| WFRS Reports: Monthly fluoridation status of adjusted water systems |
| ASTDD State Synopsis Report: Demographicsoral 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 evaluation  | # and summary of completed process evaluation on infrastructure activities # 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 PlanProgram 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 developedExamples 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**

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| **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 programEmployment 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 AND# 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 formsName/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 retentionType and amount of portable equipment purchasedTotal 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(Outcome) Proportion of people served by community water systems who receive optimally fluoridated water | Estimated averted decay and/or treatment costs attributable to water fluoridation # 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# of water systems needing replacement equipment# of water systems receiving new or replacement equipmentDollar amount provided for purchasing new and/or replacement equipment |
| (Outcome) % of adjusted water systems that maintain optimal fluoridation levels annually | # of adjusted water systems at optimal fluoridation levels each month# of adjusted water systems (i.e. those that adjust fluoridate content) |
| Strategy 7**.** Implement strategies to affect the delivery of targeted clinical preventive services and health systems changes**Program Strategies**  | (Outcome) Extent of policy and practice changes that increase access to care and/or improve quality of care  | # 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 fluoridesProportion of dental providers with policies or systems that integrate chronic disease preventionPolicies 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  |