Items for inclusion in this index were taken from National documents (the Surgeon General’s Oral Health Report (2000), National Call to Action (2003), Healthy People 2010, Core Public Health Functions, and CDC PA 03022 Performance Measures) indicating National objectives or “what should be done”. Additional items were gathered from proven prevention practice guidelines, literature review regarding what makes an effective plan, as well as from promising practice submissions – published state plans – to reflect “what could be done”. It is up to each state to review these documents in light of what data reveals about the context to reflect “what can be done.” Use of this tool is intended to assist sites in a review of the above mentioned documents. Use of evaluation throughout the process of plan development, dissemination, and implementation will assist each site in understanding “what was done” as well as shed light on what should be done next. Additional information can be found at http://www.cdc.gov/OralHealth/state_programs/infrastructure/activity3.htm.
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Reviewer: ___________________________
SECTION I. Stakeholder Involvement

1. Key stakeholders were involved throughout the plan development process: [Stake]

   a. NGA team [s_nga]
   b. Government [s_gov]
   c. Coalition [s_coal]
   d. Community [s_comm.]
   e. Education [s_edu]
   f. Providers [s_prov]
   g. Public [s_pub]
   h. Third-party payers (including Medicaid) [s_third]
   i. Higher-education [s_high]
   j. Other chronic disease representation [s_chronic]
   k. Drinking water/EPA/Fluoridation [s_drink]
   l. 2010 teams [s_hp]
   m. Not able to identify [s_not]
   n. State Department of Health and Human Services [s_doh]
   o. Others specify: ________________ [s_others]

NOTES:
SECTION II. Plan is Evidence Based

1. State-level burden of oral health disease describe and/or reference burden document [S2_1]
   (If referenced, include copy and source information with plan)

2. Priority populations based on epidemiologic data [S2_2]

3. Priorities based upon assessment of existing infrastructure, resources, and gaps [S2_3]

4. Healthy People 2010 objectives [S2_4]
   
   Oral Health Chapter
   
   21-1 Dental caries experience [HP21_1]
   21-2 Untreated dental decay [HP21_2]
   21-3 No permanent tooth loss [HP21_3]
   21-4 Complete tooth loss [HP21_4]
   21-5 Periodontal diseases [HP21_5]
   21-6 Early detection of oral and pharyngeal cancer [HP21_6]
   21-7 Annual examinations for oral and pharyngeal cancer [HP21_7]
   21-8 Dental sealants [HP21_8]
   21-9 Community water fluoridation [HP21_9]
   21-10 Use of oral health care system [HP21_10]
   21-11 Use of oral health care system by residents in long-term care facilities [HP21_11]
   21-12 Dental services for low-income children [HP21_12]
   21-13 School based health centers with oral health component [HP21_13]
   21-14 Health centers with oral health service components [HP21_14]
   21-15 Referral for cleft lip or palate [HP21_15]
   21-16 State-based surveillance system [HP21_16]
21-17 Tribal, state and local dental programs [HP21_17]

Oral Cancer Objective

3-6 Reduce the oropharyngeal cancer death rate [HP3_6]

Diabetes Chapter Objective

5-15 Increase the proportion of persons with diabetes who have at least an annual dental examination [HP5_15]

Public Health Infrastructure chapter

23-2 Made information available to public in the past year on leading health indicators [HP23_2]

23-4 Population-based HP 2010 objectives with national data for all population groups [HP23_4]

23-8 Specific competencies essential to public health services into personnel systems [HP23_8]

23-11 Meet national performance standards for public health services [HP23_11]

23-12 Local jurisdictions with health improvement plan linked to state plan [HP23_12]

23-14 Provide or assure comprehensive epidemiology services to support essential PHS [HP23_14]

23-15 Review and evaluate the extent to which statutes, ordinances, and bylaws assure deliver of essential PHS [HP23_15]

23-16 Documentation of public health expenditures, categorized by essential PHS [HP23_16]

5. Reference Surgeon General's report [SGRepor]

6. Address Core public health functions [S2_6]

a. Assessment [Core_assess]

b. Policy Development [Core_policy]

c. Assurance [Core_assur]

7. Five-points of Call to Action [S2_7]

a. Change perception of oral health [call_chg]

b. Overcome barriers to implement what works [call_over]

c. Build a balanced science base [call_build]
d. Increase oral health workforce [call-inc]
e. Join forces to fix problems [call-join]

SECTION III Plan Framework

1. Plan is based on state-wide goals and objectives [S3_1]
2. Plan reflects a solid “call-to-action” [S3_2]
3. Plan includes a summary statement [S3_3]
4. Plan is well-organized [S3_4]
5. Plan is easy to read [S3_5]
6. Plan has identified clear, definable, goals [S3_6]
   a. Goals project for at least a 5 year time frame [S3_6A]
   b. Goals emphasize infrastructure development for sustained achievements [S3_6B]
   c. Goals address system changes [S3_6C]
   d. Goals are realistic for the environment [S3_6D]
   e. Strategies are based upon environmental assessment [S3_6E]
7. Plan has identified clear, definable, objectives or action steps [S3_7]
   a. Objectives/action steps are realistic towards the accomplishment of goals [S3_7A]
   b. Objectives/action steps include identification of person(s)/organization(s) [S3_7B] responsible for implementation
   c. Objectives/action steps include identification of resources needed to accomplish [S3_7C]
4. Objectives/action steps are defined in S.M.A.R.T. format [S3_7D]
   i. Specific [S2_7D1]
   ii. Measurable [S2_7D2]
   iii. Attainable [S2_7D3]
   iv. Results oriented [S2_7D4]
   v. Time-phased [S2_7D5]

8. Plan goals and objectives integrate with other chronic disease areas including strategies to partner and leverage resources [S3_8]

9. Plan is published for public consumption [S3_9]

10. Plan is posted on state website [S3_10]

SECTION IV. Strategies and Programs

1. Plan addresses access [S4_1]
   a. Provide approximate percentage of plan devoted to access issues [S4_1A]
      Number of objectives or items discussed in plan __________
      Number of objectives or items devoted to access __________
      Number of objectives or items devoted to prevention __________
   b. Access for children [S4_1B]
   c. Access for adults [S4_1C]
   d. Access for seniors [S4_1D]
   e. Access for populations experiencing disparity [S4_1E]
   f. Access for low-income populations [S4_1F]
   g. Increase number of dental schools [S4_1G]
h. Increase number of hygiene/technical schools [S4_1H]

i. Loan repayment program [S4_1I]

j. Increase workforce [S4_1J]

k. Identification of alternative providers [S4_1K]

l. Practice act/expanded duties [S4_1L]

m. Mandates and/or policy change [S4_1M]

n. Increase reimbursement issues (Medicaid/SCHP) [S4_1N]

o. Equipment/buildings [S4_1O]

p. Increase public health in existing schools [S4_1P]

q. Increase pediatric dentistry and/or residency [S4_1Q]

r. Licensure issues [S4_1R]

s. Referral networks [S4_1S]

t. Safety nets [S4_1T]

u. Residency training, other training for working with high risk populations [S4_1U]

v. Coordinate management or system of care [S4_1V]

w. Private insurance [S4_1W]

x. Increase number of students in dental school [S4_1X]

y. Increase number of students in hygiene or technical school [S4_1Y]

NOTES:
2. Plan addresses proven prevention strategies [S4_2]
   a. Provide approximate percentage of plan devoted to prevention issues [S4_2A]
   b. Fluoridation [S4_2B]
      i. Water fluoridation [S4_2B1]
      ii. Mouthrinse and/or tablet program [S4_2B2]
      iii. Awareness campaigns [S4_2B3]
      iv. Legislative issues [S4_2B4]
      v. Varnish programs [S4_2B5]
      vi. Water testing [S4_2B6]
   c. School-based, school-linked sealant programs [S4_2C]
   d. Community-based sealant programs [S4_2D]

3. Plan addresses education and/or awareness programs [S4_3]
   a. Public awareness [S4_3A]
      i. Provide name of program
   b. Policy maker outreach [S4_3B]
   c. In non-traditional settings [S4_3C]
   d. Provider training and/or awareness programs [S4_3D]
   e. School-based education [S4_3E]

4. Plan addresses state-wide summit (explain if other type meeting) [S4_4]
5. Plan addresses caries [S4_5]
   a. Experience [S4_5A]
   b. Untreated decay [S4_5B]
   c. ECC [S4_5C]
   d. In children [S4_5D]
   e. In youth [S4_5E]
   f. In adults [S4_5F]
   g. In seniors [S4_5G]

6. Plan addresses periodontal disease [S4_6]

7. Plan addresses oral cancer [S4_7]
   a. Early detection [S4_7A]
   b. Awareness/education programs [S4_7B]
   c. Coordination with tobacco/cancer programs [S4_7C]

8. Plan addresses infection control issues [S4_8]

9. Plan addresses policy and systems change [S4_9]
   a. Practice act [S4_9A]
   b. General policy issues [S4_9B]
   c. Mandatory screening [S4_9C]
   d. Increase in Medicaid reimbursement [S4_9D]
   e. Change in Medicaid filing requirements [S4_9E]
10. Plan addresses surveillance [S4_10]
   a. Plan specifies state data sources [S4_10A]
   b. Plan addresses expansion of surveillance efforts [S4_10B]
   c. Plan addresses infrastructure needed to support surveillance [S4_10C]
   d. Plan addresses fluoridation surveillance [S4_10D]
   e. Program surveillance [S4_10E]
   f. School or state needs assessment [S4_10F]

11. Plan addresses issues related to the integration of oral health with overall health [S4_11]

12. Plan addresses infrastructure development [S4_12]

13. Plan addresses issues of sustainability of program and/or infrastructure [S4_13]

14. Oral and facial injuries [S4_14]
   a. Face masks [S4_14A]
   b. Mouth guards [S4_14B]
   c. Awareness [S4_14C]

NOTES:
SECTION V. Partnerships

1. Plan addresses partnerships with other chronic disease areas: [S5_1]
   a. Diabetes [S5_1A]
   b. Tobacco [S5_1B]
   c. Violence/Injury [S5_1C]
   d. Early childhood [S5_1D]
   e. Maternal and child health [S5_1E]
   f. Cancer [S5_1F]
   g. Cardiovascular [S5_1G]
   h. Health promotion [S5_1H]
   i. Coordinated school health [S5_1I]

2. Plan addresses partnerships with other department of health and/or government agencies [S5_2]
   a. Board of education [S5_2A]
   b. Department of education [S5_2B]
   c. Medicaid [S5_2C]
   d. WIC [S5_2D]
   e. Head Start [S5_2E]
   f. Drinking water [S5_2F]
   g. EPA [S5_2G]
   h. Schools in general [S5_2H]
   i. Dental schools, research, hygiene schools [S5_2I]
3. Plan describes technical assistance to be provided to partners to assist in the implementation of the plan [S5_3]

4. Business, local industry [S5_4]

SECTION VI. Implementation

1. Plan identifies person(s) and organization(s) responsible for implementation of objectives/action steps [S6_1]

2. Plan identifies technical assistance to be provided to partners to assist in the implementation of the plan [S6_2]

3. Plan addresses sustainability of programs and health achievements [S6_3]

4. Plan addresses resources needed to implement the plan [S6_4]

5. Plan describes strategies for obtaining needed resources [S6_5]

6. Plan describes clear, realistic dissemination plan [S6-6]

SECTION VII. Evaluation

1. Plan has identified evaluation strategies for goals and objectives [S7_1]
   a. Evaluation strategies include measurable markers [S7_1A]

2. Plan identifies evaluation of dissemination strategies [S7_2]

3. Plan includes logic mode [S7_3]

4. Plan identifies potential outcomes and unintended effects [S7_4]

5. Plan includes system for using evaluation results to update plan strategies to promote great health gains [S7_5]

6. Plan identifies need for outside evaluation assistance [S7_6]

7. Describes need for monitoring implementation [S7_7]