

## HP 2010 Oral Health Planning Self-Assessment

**Assess your knowledge of what is occurring in your state/territory that can be used for the HP 2010 Initiative. If you don't know the answer, place an × in the DK "don't know" option, and then research the answer.**

At what stage is your state in having a HP 2010 Plan?  
 completed     in progress     not started     DK

Is there a Web site to access the information?  
 yes     no     DK

Are any oral health objectives included in the HP 2010 Plan?  
 yes     no     DK

If yes, is oral health a separate chapter or focus area?  yes     no     DK

Are there any local or tribal HP 2010 plans?  yes     no     DK

What sources of funding have been used to support HP 2010 planning efforts?  DK  
Governmental:  federal     state     county/local  
Private:  national     state     local  
Other:

Is there a statewide oral health coalition?  yes     no     DK

Are there any other oral health coalitions for specific communities or purposes?  
 yes     no     DK

Is there a written state oral health plan?  yes     no     DK

Has your state participated in a NGA Policy Academy?  yes     no     DK

Has your state had any Oral Health Summits or Forums?  yes     no     DK

Does your state have a State Oral Health Program/Dental Director?  
 yes     no     DK

If yes, is he/she  full-time     part-time?  DK

Does he/she have dental credentials?  yes     no     DK

Does he/she have public health credentials?  yes     no     DK

State \_\_\_\_\_

Title \_\_\_\_\_