



Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)
Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Community-based Oral Health Needs Assessment and Planning

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
X	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	8. Assure an adequate and competent public and private oral health workforce
X	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
X	10. Conduct and review research for new insights and innovative solutions to oral health problems

[*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	Healthy People 2020 Oral Health Objectives
X	OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2 Reduce the proportion of children and adolescents with untreated dental decay
X	OH-3 Reduce the proportion of adults with untreated dental decay
X	OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
X	OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
X	OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
X	OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9 Increase the proportion of school-based health centers with an oral health component
	OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

X	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
X	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

"X"	Other national or state Healthy People 2020 Objectives: (list objective number and topic)	

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Community-based Assessment, Community-based Planning, action plan, seven-step model

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The **Oral Health Needs Assessment and Planning Program (OHNAP)** assists communities in Illinois determine the oral health status and plan the necessary comprehensive oral health programs to meet the community needs. The Association of State and Territorial Dental Directors (ASTDD) "Seven-Step Model" and the *Illinois Supplemental Guidance* are used by the Illinois counties to facilitate a systematic data collection and analysis process that translates into an action plan. The step-by-step process in this model engages the community to provide integrated information about oral health status, the existing health system and resources. Community resources are best used when targeted to populations currently most at risk. The process is completed with development of appropriate community intervention strategies and implementation of the action plan. The Illinois Department of Public Health (IDPH), Division of Oral Health, provides the training and technical assistance to communities participating in this program.

Since the program's inception, 73 of the 102 Illinois counties, plus an additional 10 communities have been assessed through the OHNAP. IDPH provides a \$2,000 grant award to conduct the OHNAP. At the end of the grant cycle, the community advisory committee is able to identify the oral health needs and resources available for the county and formulate a plan to address the deficiencies. A final report at the end of the grant period is to be submitted to IDPH.

Outcomes of the OHNAP Program include:

- (1) Participating communities have garnered support and strengthened or initiated oral health programs. The number of dental sealant grant programs, public health dental clinics and referral programs for oral health care has increased.
- (2) The Illinois Medicaid agency responded to community needs by offering funding for efforts to develop public health dental clinics as a result of the OHNAP process.
- (3) The community plans provide DOH with a sound foundation for planning and resource leverage. This responsiveness to local needs by state partners has proven invaluable as the

DOH supports efforts to improve oral health in Illinois.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Verdana 9 font.**

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

The State of Illinois requires local health departments to assess local health needs and plan community-specific interventions for State certification and has developed a model for doing so entitled Illinois Project for Local Assessment of Needs (IPLAN). In 1996, the Division of Oral Health (DOH) initiated the Oral Health Needs Assessment and Planning (OHNAP) Program in response to the needs of communities to determine target groups and to build capacity for oral health issues and programs. DOH designated a portion of the Maternal and Child Health Block Grant funds for OHNAP grants to 14 county health departments covering 16 counties. Grantees attended a one-day training workshop presented by the DOH where they were provided the following educational sessions: Using the ASTDD Seven Step Model, Principals of Data Analysis, Dynamics of Needs Assessment & Community Planning, Introduction to Computer-based Assessment Tools, Behavioral Risk Factor Surveillance System, Proven Intervention Strategies and a Case Study Developing a Comprehensive Community Oral Health Plan. The training prepared the grantees to identify high-risk populations to better use scarce oral health resources, to identify the need for improved oral health problem prevention and access to oral health care services for low-income residents and, most importantly, to build community capacity to address oral health issues through developing linkages between public and private partners.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Many community based MCH oral health programs in Illinois are unable to document, demonstrate or evaluate their effectiveness because of a lack of data. Because of sampling design, existing national and state studies cannot adequately identify specific state and local populations with a high prevalence of oral diseases. Therefore, the DOH developed the OHNAP Program to assist in determining the oral health needs of Illinois citizens and, at the same time, direct preventive and therapeutic programs to respond to those needs.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

July 1996 - Division of Oral Health (DOH) initiates OHNAP planning grant to 14 county health departments covering 16 counties.

1998 - DOH re-evaluated the first-year grantees to determine to determine the continued status of oral health programs resulting from the OHNAP process.

2015 - DOH has increased the grant funding from \$1,000 to \$2,000.

June 30, 2018 – 73 counties and 10 communities have completed an OHNAP.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

The OHNAP program is administered by the Division of Oral Health. DOH provides all the training and technical support as well as grant program administration. Funding for the OHNAP program is supported through the Maternal and Child Health Block Grant.

Community collaboration is a necessity for a successful oral health needs assessment. A group of stakeholders from all aspects of the community is vital.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

The Division Chief for DOH directs the OHNAP Program. The three DOH regional Oral Health Consultants promote the program and assist in providing technical assistance and training to the grantee communities. The grant manager administers all written aspects of the grant for the Illinois Department of Public Health.

The operations of the OHNAP are done at the local level by the health department. The steps of the OHNAP are as follows: Assessment, Planning, Implementation, and Evaluation. The cycle consists of forming a diverse advisory committee, formulating goals for the needs assessment, developing the needs assessment, surveying availability of existing data, identifying perceived community needs, coming up with a plan, communicating findings/outcomes and finally evaluation of how the OHNAP process worked.

Grantees submit a quarterly update showing progress and detail of any challenges. The DOH review may result in the provision of additional guidance or supports to the OHNAP grantee.

DOH maintains records of completed OHNAPs and uses this to outreach to communities with an older or outdated OHNAP.

The OHNAP program was devised and implemented to enable communities. Since the initiation of the OHNAP program, the participating communities that did not have oral health programs or did not have community support for their oral health programs have garnered support and strengthened or initiated programs. The total number of dental sealant grant programs in the school has remained steady. The OHNAP participants must evaluate the entire program:

- the Advisory Committee
- the steps of the OHNAP process
- planning, data collection, analysis, and the report findings

The OHNAP participants will then gather all the information, compile the data, and translate each health priority issue into a community health plan. A complete executive summary and final report is submitted to DOH by the end of the grant cycle. The intent of the plan that is garnered by the OHNAP process is to improve the oral health priority issues that were identified. These priority issues may be achieved short, intermediate, or long-term, depending on the need identified. 25 counties have utilized the OHNAP a second time to re-evaluate their community and update their individual plan.

Identifying data sources is Step Three of the planning process. The advisory committee must conduct an inventory of readily available data, identify the community resources, and decide how to compile

additional sources (survey's, hospital emergency room data). Each OHNAP participant will have slight variances with Step Three.

Community engagement is at the heart of the OHNAP process. All grantees have created community planning groups and reported capacity built around oral health issues because of the OHNAP process.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

The OHNAP program was devised and implemented to enable communities identify the oral health needs and resources available for the county and formulate a plan to address the deficiencies. Since the initiation of the OHNAP program, communities that did not have oral health programs or did not have community support for their oral health programs have garnered support and strengthened or initiated programs. The numbers of public health dental clinics have increased by approximately 16. Additional communities have implemented unique referral programs to increase access to oral health care using private provider offices.

The Division of Oral Health framed its first Statewide Oral Health Conference agenda in 1998 around oral health issues addressed in the community plans. The conference fostered emerging public and private partnerships with presentations from funding sources, successful community health endeavors, updates on early childhood caries (baby bottle tooth decay), dental sealants, oral injuries, tobacco cessation and fluoride/fluoridation. The conference also provided an opportunity for the burgeoning number of public health dental clinic administrators and those interested in dental clinic development to meet, share and plan together. This group has continued to meet and has grown into a statewide coalition called IFLOSS, Communities Working to Improve Oral Health in Illinois. IFLOSS has continued to host the statewide conference annually.

In the early 2000's, the Illinois Department of Healthcare and Family Services (Medicaid Agency) responded by offering funding for clinic development to community efforts to develop public health dental clinics as a result of the OHNAP process. One of the Medicaid agency's grant evaluation criteria and condition of award is successful completion of the OHNAP program. Lastly, the community plans provide DOH with a sound foundation for State planning and resource leverage. This responsiveness to local needs by the State has proven invaluable as the DOH leads and supports efforts to improve oral health in Illinois.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:

- a. How outcomes are measured
- b. How often they are/were measured
- c. Data sources used
- d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Community based data gathered through the OHNAP process has been used to impact the Illinois care delivery system. In 2018, OHNAPs from two communities were shared with an educational institution to build a pro forma. This information was used to evaluate and substantiate the needs and feasibility of adding a satellite DMD educational site in a rural Illinois community.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

The OHNAP program grant is \$2000 per grantee. The total annual budget is based on the number of approved grant applications.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Necessary staffing includes all of DOH. The Division Chief oversees the entire program. The three DOH regional Oral Health Consultants promote the program and assist in providing technical assistance and training to the grantee communities. This does require some travel to the specific counties in Illinois. The grant manager administers all written aspects of the grant for the Illinois Department of Public Health.

3. How is the activity funded?

The funding from for the OHNAP program is supplied through the Maternal and Child Health Block Grant.

4. What is the plan for sustainability?

The funding from for the OHNAP program is supplied through the Maternal and Child Health Block Grant, which is a Title V Federal grant.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

In the early years of the OHNAP program, the communities had the most difficulties with data issues. The majority could not find secondary oral health data for all core data elements in the Seven-Step model. They used optional data elements and 11 of the 14 original grantees collected county-specific primary data. Only one of the grantees developed a comprehensive oral health plan using measurable outcome, impact and intervention strategies, although all developed community driven plans.

As a result of the findings, DOH developed additional tools to assist communities in providing expanded prevention programs and improved access to oral health care initiatives. The Division also re-structured the training workshop to intensify data collection, analysis and developing measurable objectives. Twelve months after completion of the 1996 OHNAP program, the Division re-evaluated the first-year grantees to determine the continued status of oral health programs resulting from the OHNAP process. In the survey, seventy percent of the grantees stated that the OHNAP program was instrumental in addressing oral health issues in the community and sixty percent stated that community-based oral health intervention strategies were implemented.

As a result of the 1997 findings, DOH has a training program in place for all new grantees. The Oral Health Consultants will travel to each community to provide hands on training.

2. What challenges did the activity encounter and how were those addressed?

Communities of all size (by population and square miles) have completed the process for a small amount of grant funding (\$1,000 during the early years of the program) and within only one year's time. Based on OHNAP process evaluation (Evaluation Checklist III), grantees reported using less than one FTE staff person for the OHNAP, all felt the funding level was too low and one-half felt they needed more time. In 2015, the grant award was increased to \$2,000.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

Attach:

[Association of State and Territorial Dental Directors \(ASTDD\) "Seven-Step Model"](#)

Illinois Supplemental Guidance

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	16008
Associated BPAR:	State and Territorial Oral Health Programs and Collaborative Partnerships
Submitted by:	Illinois Dept. of Public Health, Division of Oral Health
Submission filename:	DES16008ILcommunity-assessment-2018
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