

# Dental Public Health Activity Descriptive Summary

**Practice Number:** 16008  
**Submitted By:** Illinois Department of Public Health, Division of Oral Health  
**Submission Date:** April 2002  
**Last Reviewed:** August 2018  
**Last Updated:** August 2018

## Community-based Oral Health Needs Assessment and Planning

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.

## Lessons Learned:

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.

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.

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