

**ORAL HEALTH NEEDS ASSESSMENT AND PLANNING
GRANT APPLICATION**

(Fiscal Year 2011 — July 1, 2010 through June 30, 2011)

In order to streamline the grant application process, the Division of Oral Health has developed several tools to assist with grant submission as well as program planning. The grant application guidance and grant award request form are enclosed. An electronic copy of the grant application forms can be obtained by emailing <Stacey.Ballweg@illinois.gov>. Send **the original and two copies by the close of business on June 10, 2010** to the Illinois Department of Public Health, Office of Health Promotion, Division of Oral Health, 535 West Jefferson, Springfield, Illinois 62761 or by e-mail to <Stacey.Ballweg@illinois.gov>. Late grant applications will not be reviewed.

The enclosed Grant Award Request Form, narrative, and timeline are all required.

ATTACHMENTS:

Oral Health Needs Assessment and Planning Grant Application Guidance
Grant Award Request Form – Narrative and Timeline
Fact Sheet and Chart

**ORAL HEALTH NEEDS ASSESSMENT AND PLANNING
Grant Application Guidance**

(Fiscal Year 2011 — July 1, 2010 through June 30, 2011)

A. Program Description

The Oral Health Needs Assessment and Planning Program assists communities to determine oral health status and plan comprehensive oral health programs designed to meet community needs. The Division of Oral Health will provide your agency with training, technical assistance and copies of the Association of State and Territorial Dental Directors (ASTDD) “Seven-Step Model” and the Division of Oral Health Supplemental Guidance. These tools facilitate a systematic data collection and analysis process that translates into an action plan. The process is completed with development of appropriate community intervention strategies and implementation of the action plan. For review for this application, an electronic copy of the Model can be found on the ASTDD Website at <www.astdd.org> and an electronic copy of the Guidance can be obtained by contacting Stacey Ballweg at the Division of Oral Health at <Stacey.Ballweg@illinois.gov>. The training sessions will be scheduled in July 2010.

By the end of the program year, the grantee will establish a comprehensive community-based oral health plan consisting of measurable oral health objectives and intervention strategies.

B. Program Requirements

The applicant must:

- Complete an Oral Health Needs Assessment and Plan using the ASTDD: Seven-Step Model and the Division of Oral Health Supplemental Guidance and Worksheets.
- Form a community planning group.
- Review oral health data.
- Translate oral health data into measurable oral health objectives and formulate intervention strategies.
- Submit to the Division of Oral Health, all appropriate worksheets found in the Seven Step Manual/Supplemental Guidance, community objectives, and oral health plan.

C. Payment Methodology

The Department will pay the Grantee \$1,000 upon completion of the project and Department acceptance of the Oral Health Needs Assessment and Plan using the ASTDD “Seven-Step Model” and Division of Oral Health Supplemental Guidance.

Payment to the grantee shall be made on a fee-for-service basis. The grantee shall submit to the Division of Oral Health, by the end of the program year, all appropriate worksheets from the model, community objectives and oral health plan. After Department review and approval, a state of Illinois Invoice Voucher shall be prepared and processed through the Office of the State Comptroller for payment to the grantee.

D. Application

A program narrative consisting of no more than **one page** shall be submitted to describe the grantee's plan to complete the assessment and planning process, and must include a **timeline**.

F. Source of funds

Maternal and Child Health Services Block Grant

H. Contact:

For additional information, please contact Ms. Julie Ann Janssen at 217.785.4899 or e-mail at [<Julie.Janssen@illinois.gov>](mailto:Julie.Janssen@illinois.gov).

Please submit the original and two copies of the application by the close of business June 10, 2010, to:

**Illinois Department of Public Health
Division of Oral Health
535 West Jefferson Street
Springfield, Illinois 62761**

**ORAL HEALTH NEEDS ASSESSMENT AND PLANNING
GRANT AWARD REQUEST**

(Fiscal Year 2011 — July 1, 2010 through June 30, 2011)

Agency _____

County(ies) Served _____

Address _____

Contact Person _____

Phone _____ Fax _____

E-Mail _____

NARRATIVE: (No more than one page including timeline)

ORAL HEALTH NEEDS ASSESSMENT & PLANNING

**Association of State & Territorial Dental Directors (ASTDD)
SEVEN-STEP MODEL**

**Illinois Department of Public Health, Division of Oral Health
SUPPLEMENTAL GUIDE**

Why Oral Health Needs Assessment & Planning?

Your oral health program will best meet the needs of your community when it is tailored to match current needs and to solve current health problems. Resources are best used when targeted to populations currently at risk, rather than toward established programs or localities with a past incidence or prevalence of disease.

most effectively match your program's capabilities and oral health goals.

The model relies on a systematic data collection and analysis process that is translatable to an action plan. Oral health needs assessment in your community will provide valuable data which can help determine, establish and adapt services and programs to best serve community needs.

About the Seven-Step Model & Supplemental Guide

If carried out properly, the model and guide will help educate your community about the importance of oral health and build community capacity to address the identified oral health needs.

The Seven-Step Model and Supplemental Guide are assessment and planning tools tailored specifically to determine oral health needs and develop a comprehensive community-based oral health plan. When used effectively, the process provides integrated information about health status, the existing health system and health resources.

The model and guide incorporate risk assessment methods to assist in identifying individuals or groups who are at risk for poor oral health.

Just as you do not need to read the entire cookbook to prepare a meal, you don't have to use the entire Manual to conduct a community oral health needs assessment. Review the set of options and select those tabbed sections that

Step-by-Step with the Seven-Step Model & Supplemental Guide

The model & guide provide a step-by-step, logical approach to help you conduct an oral health needs assessment and develop an oral health plan. It is based on a large-scale consensus-building process involving a number of diverse key stakeholders. Involving a community planning group is critical to the success of your needs assessment and plan.

At the heart of this model is a core set of information that all oral health programs should include as well as optional information items.

For More Information Contact:

Illinois Department of Public Health
Division of Oral Health
535 West Jefferson Street
Springfield, Illinois 62761
217-785-4899

Model Oral Health Needs Assessment

