



Missouri Department of Health and Senior Services

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RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Jane Drummond
Director



Matt Blunt
Governor

Community Readiness Form

This assessment will help your community determine its readiness to engage in a community initiative (ie. Health Care Delivery System enhancement, Missouri Oral Health Preventive Services Program, etc). The information collected will be used by the Missouri Department of Health and Senior Services staff to assist your community.

Form with fields for DATE, NAME OF COMMUNITY GROUP/COALITION, CONTACT NAME, ADDRESS, CITY, STATE, ZIP, COUNTY, E-MAIL, TELEPHONE, and FAX.

1. PARTNER ORGANIZATIONS: (Please check all that apply)

- List of partner organizations with checkboxes: Associations, Clinics, Hospitals, Health Departments, Health Professional Organizations, Family & Youth Resource Centers, Schools / School Districts, Advocacy Groups, Faith-Based Organizations, Businesses, Civic Organizations, Financial Institutions, Local Government, Health Care Providers, Child Care Facilities (Head Starts, Daycares), Social Services, Vulnerable Populations, Individuals, Others (please list).

2. Does your community recognize oral health as an issue of concern?

- Yes
No

3. Does your coalition/group address oral health issues?

- Yes
No

4. What activities has your coalition/group done to target oral health?

- Media Campaigns
Presentations
Data Collection
Other (please list)

5. Please describe any barriers or challenges within your group/coalition that exist regarding oral health.

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6. What oral health outcomes does your group/coalition expect to achieve?

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7. How do you rate your community's readiness to improve oral health?

- Very Ready
- Somewhat Ready
- Not Ready at all

8. Would your group/coalition be interested in learning more about any of the following?  
(check all that apply)

- Data Collection and Analysis
- Community Development Initiatives
- Technical Assistance
- Other

Thank you for completing this readiness assessment. If you have questions or comments, please contact our office at 800-891-7415. To return the form, please fax to 573-522-8146 or mail to:

Missouri Department of Health and Senior Services  
Office of Primary Care and Rural Health  
PO Box 570  
Jefferson City MO 65102

[www.dhss.mo.gov](http://www.dhss.mo.gov)

**Healthy Missourians for life.**

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.