**WVDHA Community Outreach Award**

**Application Guidelines**

**Award Description**

The Community Outreach Award recognizes individuals and organizations that wish to implement significant community outreach programs, focusing on preventive health and oral health care. Awardees will be granted anywhere from $500-$7500 if chosen based on project criteria and program needs.

**Eligibility**

Eligibility is limited to:

* WVDHA components
* WV-based SADHA chapters
* WVDHA members *without* a component organization
* WV-based service organizations desiring a dental community service project

**Community Projects**

* + Community projects are those that document a community need and have specific measurable objectives.
  + Community projects must involve dental hygienists and may include other members of the oral health care team such as dentists, and dental assistants.
  + Examples of community projects are:
    - school programs
    - programs for special populations
    - media public information programs
    - educational programs
  + Any component or individual responsible for implementing a community project concerned with some aspect of preventive oral health may submit an entry.
  + The number of entries each component may submit is not limited. An entry may be submitted by an individual or group of individuals on behalf of a component; however, duplicate entries submitted by more than one component or individual will not be considered.
  + Any entry for a project newly implemented or on-going that has completed one year of implementation will be considered, if it is not a previous award-winning entry/project.

**Judging**

Judging will be conducted by the WVDHA Executive Board. The boards decisions will be final. Entries will be judged on the following criteria:

* + Collaboration with appropriate non-dental and dental partners
  + Thoroughness of needs assessment and planning
  + Congruence of program strategies with established objectives
  + Innovation and creativity in application of proven strategies
  + Ability of project to improve oral health
  + Appropriate evaluation of process and outcome
  + Ease and desirability of replication in other communities
  + Adherence to applicable policies, e.g., informed consent, infection control
  + Continuity and stability of project, e.g. resources, ongoing commitment

**Submission of Entry**

All entries must be accompanied by a signed application.

* + Entries will be received on a rolling cycle and can be electronically submitted to WVDHA at any time
  + A description of no more than 2-3 pages typewritten and a 100-word summary must be submitted along with the necessary documentation. It is recommended that the “POARE” model be used, which is described in the following section.
  + Information on the amount and source of program funding, as well as how the money was used must be submitted
  + Personal job descriptions, resumes, and/or curricula vitae should not be submitted.

***Entries which do not fulfill the above requirements will be ineligible.***

**Community Oral Health Care Planning**

To write a clear and useful community oral health care plan, you can use the “POARE” model. This model is recommended as a planning tool in your community outreach programs.

* + Problem
  + Objectives
  + Actions
  + Resources
  + Evaluation

**Problem:** Decide which oral health care problems are of the greatest concern in your community. You can do this by asking people in your community to define the greatest oral health care problems or targeting a subgroup of the population. These surveys may already exist. State or county health departments can be a great resource and potential partner in your project.

After identifying the oral health care problem, ask yourself these questions:

* 1. How serious is the oral health care problem?
  2. Can it be treated? How expensive is the treatment?
  3. Can it be prevented? How expensive or difficult would a prevention program be?

**Objectives:** For each problem that you address in your oral health care plan, write one or more objectives, addressing what you can realistically achieve. Objectives should be measurable results expected from the proposed intervention. An example might be to apply sealants to 90% of children in X school who are eligible for free or reduced lunch programs.

**Actions:** These are the “how’s” of your plan. What actions will you take to reach your objectives? Does the program include innovative, creative, and scientifically-sound activities to meet its objectives? Can the program be easily replicated? Are other health care workers and community

members involved? These activities could include programs such as educating parents or implementing a sealant program for low-income children.

**Resources:** How much money and other resources will you need to achieve your plan? Identify both resources you have access to, and resources you’ll need to acquire. Identify or list possible sources for resources you don’t have. This is a good opportunity to develop private and public partnerships to support your program.

**Evaluation:** Put simply, how will you know if you have met your objectives? Keep evaluation simple and measurable. Evaluation is needed to identify strengths or weaknesses of the intervention and will be helpful in future efforts.

**Application Questions**

**Component Office Contact Information**

Please provide the name and contact information for the individual submitting this application.

First and Last Name:

Position:

Email Address:

Phone Number:

Name of Component/Organization/SADHA Chapter (if applicable):

**Program Information**

Summary: Please submit a 100-word summary of the program. In a 2-3 page document, include name of program, date and place the program was conducted, target audience, objectives of the program, and indicate adherence to applicable policies (e.g., informed consent, infection control) etc.

**Program Description**

Describe the program in detail. Include how the program is to be conducted; how many residents of the community will likely participate in the program; evidence that the objectives will be achieved; long-term effects on the community; replicability of the project, etc. Do not include personal job descriptions, resumes and/or curricula vitae.   
Use the “POARE” model as a guide: Problem, Objectives, Actions, Resources, Evaluation

**Funding Sources Summary**

Please list additional amounts and sources of funding for the program, including how the money was used.

**Categorize your component's program**

 General Children's Program

 Head Start Children's Program

 Children’s programs in schools

 Health Fairs

 Programs at shelters

 Programs for senior population

 Program for individuals with special health care needs

 Programs for underserved

 Sealant Programs

 Special Events and activities

 Tobacco intervention or cessation

 Other

**Reviewer Scoring Form**

Please rate the application submission by giving a score for each of the categories listed below.

**Rating Scale**

1 = Strongly Disagree 2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree (the submission meets and exceeds all the criteria)

**Reviewer Questions**

* 1. Collaboration with Appropriate Non-Dental and Dental Partners
  2. Thoroughness of Needs Assessment and Planning
  3. Congruence of Program Strategies with Established Objectives
  4. Innovation and Creativity in Application of Proven Strategies
  5. Ability of Project to Improve Oral Health
  6. Appropriate Evaluation of Process and Outcome
  7. Ease and Desirability of Replication in Other Communities
  8. Continuity and Stability of the Project, e.g., Resources, Commitment
  9. Adherence to applicable policies, e.g., informed consent