

# 2010

## COLGATE/ADHA COMMUNITY OUTREACH AWARD

*Dental Hygienists Caring for the Community*



**American Dental Hygienists' Association**  
444 North Michigan Avenue, Suite 3400  
Chicago, Illinois 60611-3980  
312/440-8904  
[www.adha.org](http://www.adha.org)

## Colgate/ADHA Community Outreach Award GUIDELINES

Award recipient will be notified immediately following the judging. Presentation to the first-place winner will be made at the 2010 ADHA Annual Session in Las Vegas, Nevada June 24 - 26, 2010.

### OVERVIEW

The American Dental Hygienists' Association (ADHA) in conjunction with Colgate Oral Pharmaceuticals, Inc., a subsidiary of the Colgate-Palmolive Company, has established the Colgate/ADHA Community Outreach Award.

This component award program recognizes an ADHA component and individual submitting on behalf of a component that has implemented significant community outreach programs, focusing on preventive oral health care.

### AWARD

One award recipient will receive a commemorative award, recognition in an ADHA publication, complimentary registration for one representative from the winning component for the 2010 Annual Session in Las Vegas, Nevada, recognition at Annual Session, 2 days per diem (for representative) at Annual session, air travel (for representative) to Annual Session, 2 nights lodging (for representative) at Annual Session, and a \$2,000 donation to his/her component.

### JUDGING

Judging will be conducted by the ADHA Council on Public Health. Judges' decisions will be final. Entries will be judged on the following criteria:

- Collaboration with appropriate nondental 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

### ELIGIBILITY

Eligibility is limited to ADHA components and individuals submitting entries on behalf of an ADHA component organization. (Any ADHA constituent *without* a component organization *on record* with ADHA may also be eligible.) Each project submission must have completed one full cycle (one year) of implementation. Submitters must also be current, active members of ADHA.

- Community projects are those that document a community need and have specific measurable objectives.
- Community projects must involve volunteer dental hygienists and may include other members of the oral health care team.
- Examples of community projects are:
  - school programs
  - programs for special populations
  - media public information 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, as long as it is not a previous award-winning entry/project.

Colgate/ADHA Community Outreach Award  
**Guidelines (continued)**

INELIGIBILITY

- Examples of ineligible entries would be:
  - Entries/projects which allow students to fulfill scholastic requirements
  - Entries/projects in which participating hygienists receive a salary for any portion of the described activity
  - Entries/projects submitted by an employee or family member of the American Dental Hygienists' Association, the ADHA Council on Public Health, the Colgate Oral Pharmaceutical, Inc., a subsidiary of the Colgate-Palmolive Company.
  - Entries/projects submitted by an individual outside of an ADHA component
  - Entries/projects that have not completed one full year of implementation.
- Components may **not re-submit** variations of their **previous award-winning** entries/projects

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SUBMISSION OF ENTRY

- All entries must be accompanied by a signed application. All entries must be verified on the application by an officer of the ADHA component through which it is being submitted. *The verification may not be made by the individual submitting the entry.*
- All entries must be *received* in ADHA's Corporate Development no later than **Monday, February 1, 2010**, for programs which were newly implemented or on going that has completed one year of implementation.
- A description of not more than 2-3 typewritten, double-spaced pages, *and* a 100-word summary, must be submitted along with the necessary documentation. It is recommended that the "POARE" model be used.
- 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.
- Entry materials must be typed or printed.
- Entry materials will not be returned.

**Submissions should be sent to:**

American Dental Hygienists' Association  
Attn: Colgate/ADHA Community Outreach Award  
444 North Michigan Avenue, Suite 3400  
Chicago, Illinois 60611-3980  
(312) 440-8904

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

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*ADHA and Colgate Oral Pharmaceutical, a subsidiary of Colgate-Palmolive Company retain the right to award a prize only if they deem a qualified entry is received in an award category.*

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**The American Dental Hygienists' Association does not endorse any specific products or services, including those provided by exhibitors or used to promote an Association activity.**

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**ENTRIES WILL NOT BE RETURNED.**

## 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.

**P**roblem  
**O**bjectives  
**A**ctions  
**R**esources  
**E**valuation

**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 “hows” 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.

# Entry Form

Deadline for entries of community outreach programs that has completed one year of implementation **MUST be received** in ADHA's Corporate Development **no later than Monday, February 1, 2010.**

PLEASE TYPE OR PRINT

NAME OF SUBMITTING ADHA COMPONENT ORGANIZATION:				
INDIVIDUAL SUBMITTING THE APPLICATION ON BEHALF OF THE ABOVE COMPONENT:				
NAME				
HOME ADDRESS				
CITY			STATE	ZIP CODE
TELEPHONE	DAY	EVENING	EMAIL ADDRESS (OPTIONAL)	

The following section must be completed by an officer of the applicant's ADHA component organization for the entry to be considered. *(This section may not be completed by the individual submitting the entry).*

NAME OF COMPONENT OFFICER				
TITLE				
TELEPHONE	DAY	EVENING	EMAIL ADDRESS (optional)	
SIGNATURE			DATE	

- No employees or family members of the ADHA, the ADHA Council on Public Health, the Colgate Oral Pharmaceutical, a subsidiary of Colgate-Palmolive Company or its subsidiaries are eligible.
- No entries/projects which allow students to fulfill scholastic requirements are eligible
- No entries/projects in which participating hygienists receive a salary for any portion of the described activities are eligible
- No entries/projects submitted by individuals outside of an ADHA component are eligible.

# Summary

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Name of component or individual

*Please type all entry information in double-spaced format. Submit a **100-word summary** of the program. 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

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Name of component or individual

*Please type all entry information in double-spaced format. In not more than three typewritten, double-spaced pages, describe the program in detail. Include how the program was conducted; how many residents of the community participated in the program; evidence that the objectives were 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**

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Name of component or individual

*Please type all entry information in double-spaced format.* List all amounts and sources of funding for the program, including how the money was used.

# Component Member Program Participants

Name of component or individual

*Please type all entry information in double-spaced format. Please list all ADHA component volunteers who participated in the program. (Use additional sheets, if necessary).*

NAME		NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	

NAME		NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	

NAME		NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	

NAME		NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	

NAME		NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	

NAME		NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	

NAME		NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	

# Consent Form

We would like to make available for distribution and/or printing in a future *Access* article, the names of the components, their programs, and contact information (contact name and phone number) if applicable, for the “2010 Colgate/ADHA Community Outreach Award” submissions.

If you consent to having the name and contact information of your component and programs, appear in a future issue of *Access*, you **MUST** check the box below, complete the sections below, and **RETURN** this form with your completed entry forms.

We hereby give the American Dental Hygienists’ Association the absolute right and permission to publish, \_\_\_\_\_ in a future issue of *Access*, our component and program name, along with contact information for our \_\_\_\_\_ submission for the “2010 Colgate/ADHA Community Outreach Award” program.

CONTACT NAME (include credentials) FOR PUBLICATION
CONTACT PHONE FOR PUBLICATION (specify whether day or evening)

**Signature of contact person who is submitting the original application, or component officer:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of: \_\_\_\_\_  
(Name of component)

or, Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Component president)

**Please categorize your component’s program:**

- Children’s Program:**       General                       Head Start       Programs in schools
- Health Fairs                                       Programs for underserved
- Programs at shelters                               Sealant programs
- Programs for senior populations               Special events and activities
- Programs for special needs                       Tobacco intervention or cessation programs
- Other (*please list*) \_\_\_\_\_

***Unless we receive the consent form with the entry form for your component’s project, we will assume your component does not want to be included in a published summary of the 2010 Colgate/ADHA Community Outreach Award Program submissions.***