**ANNEX II: PLATFORM FOR BETTER ORAL HEALTH IN EUROPE – BEST PRACTICES IN ORAL HEALTH CARE CRITERIA**

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|  | **Criterion** | **Criterion weight** | **Categories** |
| 1 | Aims & Objectives | 10 | The objectives of the best practice are Specific, Measurable, Acceptable for the target population, Realistic and Time-framed (SMART) |
| 2 | Description of intervention strategies and methods of implementation | 9 | This addresses the intervention’s sequence, frequency, intensity, duration, recruitment method and location  |
| The method of the intervention is described in concrete activities |
| 3 | Equity (combined with) Target Population | 9 | Target different dimensions of equity: gender, socioeconomic status, education level, ethnicity, rural-urban area, minority groups  |
| Document specific characteristics and strengths of target population |
| Improve accessibility for minority groups to relevant services  |
| Address relevant stakeholders to promote the use of participation in the intervention  |
| 4 | Adequacy, capacity and resources | 9 | Estimation of the human resources, material, non-material and budget requirements |
| Sources of funding are specified dependent on stability and commitment |
| 5 | Comprehensiveness | 8 | The best practice is aligned with a policy plan at a local, national, institutional or international level |
| 6 | Empowerment and Participation (combined with) Multi-Stakeholder Approach | 8 | Different dimensions of a multi-stakeholder approach are taken into consideration (i.e multidisciplinary, multi-/inter-sector, partnerships and alliances) |
| The best practice creates ownership of the intervention among the target population and stakeholders  |
| 7 | Evaluation | 8 | Results are linked to the stated goals and objectives at each stage of implementation process |
| Information/monitoring systems are in place to deliver data aligned with evaluation and reporting needs |
| Use of validated evaluation methods and/or tools |
| The intervention is assessed for impact (i.e. health impact and any consequences derived) and for efficiency |
| Defined evaluation framework assessing structure, process and outcome |
| Regularity of monitoring reports |
| 8 | Sustainability | 7 | The continuation of the project is ensured through means such as ownership, follow up funding, human resources, structural continuity and/or institutional anchoring  |
| Broad support for the intervention amongst those who implement it and the target populations  |
| 9 | Scalability | 7 | There are specific knowledge transfer strategies in place (evidence into practice)  |
| Intervention scalability is assessed in terms of sustainability (sufficiency of resources, commitment, ownership and institutional anchoring), potential size of the population and an analysis of requirements for scaling up |
| 10 | Leadership and capacity building | 7 | Clear leadership commitment and well-defined responsibilities of the different partners and the relationships among them |
| Trained and competent professionals to support individual’s self-management (e.g. professional development programmes to promote patient empowerment) |
| There was a defined strategy to align staff incentives and motivation with the objectives |
| The provision of resources covers all the elements for the intervention |
| The information generated by the intervention was systematically recorded and is accessible to professionals and patients, and where appropriate embedded in existing information systems. |
| 11 | Ethical Considerations | 6 | The intervention's objectives and strategy are transparent  |
| The intervention is implemented equitably |
| Benefits and burdens of the intervention are fairly-balanced  |
| Potential burdens of the intervention for the target population are addressed |
| 12 | Innovation | 6 | The intervention utilises the latest techniques and technology to advance its aims |
| The intervention utilises existing techniques and technology in new ways  |
| 13 | Context and Needs Analysis | 6 | The intervention was based on a clear assessment of the needs of the target population  |
| Assessment of cost-effectiveness of relevant interventions  |
| The intervention was based on a clear understanding of the contextual factors that would affect the outcomes (i.e. characteristics of the health system, coverage, specifics of population, socio-economic, legal and political environment). |
|   |   | **100** |  |

**Annex II – Best practices application form**

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|  | **Criterion** | **Criterion weight** | **Categories** | **Best Practice** | **Score[[1]](#footnote-1)** |
| 1 | Aims & Objectives | 10 | The objectives of the best practice are Specific, Measurable, Acceptable for the target population, Realistic and Time-framed (SMART) | Click or tap here to enter text. |  |
| 2 | Description of intervention strategies and methods of implementation | 9 | This addresses the intervention’s sequence, frequency, intensity, duration, recruitment method and location  | Click or tap here to enter text. |  |
| The method of the intervention is described in concrete activities | Click or tap here to enter text. |  |
| 3 | Equity (combined with) Target Population | 9 | Target different dimensions of equity: gender, socioeconomic status, education level, ethnicity, rural-urban area, minority groups  | Click or tap here to enter text. |  |
| Document specific characteristics and strengths of target population | Click or tap here to enter text. |  |
| Improve accessibility for minority groups to relevant services  | Click or tap here to enter text. |  |
| Address relevant stakeholders to promote the use of participation in the intervention  | Click or tap here to enter text. |  |
| 4 | Adequacy, capacity and resources | 9 | Estimation of the human resources, material, non-material and budget requirements | Click or tap here to enter text. |  |
| Sources of funding are specified dependent on stability and commitment | Click or tap here to enter text. |  |
| 5 | Comprehensiveness | 8 | The best practice is aligned with a policy plan at a local, national, institutional or international level | Click or tap here to enter text. |  |
| 6 | Empowerment and Participation (combined with) Multi-Stakeholder Approach | 8 | Different dimensions of a multi-stakeholder approach are taken into consideration (i.e. multidisciplinary, multi-/inter-sector, partnerships and alliances) | Click or tap here to enter text. |  |
| The best practice creates ownership of the intervention among the target population and stakeholders  | Click or tap here to enter text. |  |
| 7 | Evaluation | 8 | Results are linked to the stated goals and objectives at each stage of implementation process | Click or tap here to enter text. |  |
| Information/monitoring systems are in place to deliver data aligned with evaluation and reporting needs | Click or tap here to enter text. |  |
| Use of validated evaluation methods and/or tools | Click or tap here to enter text. |  |
| The intervention is assessed for impact (i.e. health impact and any consequences derived) and for efficiency | Click or tap here to enter text. |  |
| Defined evaluation framework assessing structure, process and outcome | Click or tap here to enter text. |  |
| Regularity of monitoring reports | Click or tap here to enter text. |  |
| 8 | Sustainability | 7 | The continuation of the project is ensured through means such as ownership, follow up funding, human resources, structural continuity and/or institutional anchoring  | Click or tap here to enter text. |  |
| Broad support for the intervention amongst those who implement it and the target populations  | Click or tap here to enter text. |  |
| 9 | Scalability | 7 | There are specific knowledge transfer strategies in place (evidence into practice)  | Click or tap here to enter text. |  |
| Intervention scalability is assessed in terms of sustainability (sufficiency of resources, commitment, ownership and institutional anchoring), potential size of the population and an analysis of requirements for scaling up | Click or tap here to enter text. |  |
| 10 | Leadership and capacity building | 7 | Clear leadership commitment and well-defined responsibilities of the different partners and the relationships among them | Click or tap here to enter text. |  |
| Trained and competent professionals to support individual’s self-management (e.g. professional development programmes to promote patient empowerment) | Click or tap here to enter text. |  |
| There was a defined strategy to align staff incentives and motivation with the objectives | Click or tap here to enter text. |  |
| The provision of resources covers all the elements for the intervention | Click or tap here to enter text. |  |
| The information generated by the intervention was systematically recorded and is accessible to professionals and patients, and where appropriate embedded in existing information systems. | Click or tap here to enter text. |  |
| 11 | Ethical Considerations | 6 | The intervention's objectives and strategy are transparent  | Click or tap here to enter text. |  |
| The intervention is implemented equitably | Click or tap here to enter text. |  |
| Benefits and burdens of the intervention are fairly-balanced  | Click or tap here to enter text. |  |
| Potential burdens of the intervention for the target population are addressed |  |  |
| 12 | Innovation | 6 | The intervention utilises the latest techniques and technology to advance its aims | Click or tap here to enter text. |  |
| The intervention utilises existing techniques and technology in new ways  | Click or tap here to enter text. |  |
| 13 | Context and Needs Analysis | 6 | The intervention was based on a clear assessment of the needs of the target population  | Click or tap here to enter text. |  |
| Assessment of cost-effectiveness of relevant interventions  | Click or tap here to enter text. |  |
| The intervention was based on a clear understanding of the contextual factors that would affect the outcomes (i.e. characteristics of the health system, coverage, specifics of population, socio-economic, legal and political environment). | Click or tap here to enter text. |  |
|   |   | **100** |  |  |  |

1. Please keep this column empty. Members of the Oral Health Platform Best Practice Task and Finish Group will fill in their score under this column, based on their evaluation of the information provided in the intervention description. [↑](#footnote-ref-1)