2007 Give Kids A Smile®
Promising Practices Symposium

August 27, 2007
American Dental Association
Chicago, IL
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Welcome
“Promising Practices” Symposium

ADA Headquarters - Chicago
Monday, August 27, 2007
AGENDA

8:00 Registration / Continental Breakfast

MORNING SESSION

9:00 Welcome and Introductions
Steve Kess, Chair, Give Kids A Smile (GKAS) National Advisory Board
Kathy Roth, D.D.S., President, American Dental Association (ADA)

9:15 Lining up volunteers and free product
C. Bruce Gordy, D.M.D., Orlando, FL

9:35 Screenings, Triage and Treatment
Jeffrey B. Dalin, D.D.S., St. Louis, MO

9:55 Tracking statistics to validate your efforts
Molly M. Pereira, Colorado Dental Association, Denver, CO

10:15 Follow-up Care
David J. Farinacci, D.D.S., North Canton, OH

10:35 MORNING BREAK

10:50 Translate GKAS program to advocacy pitch for access
David J. Owosiany, J.D., Ohio Dental Association, Columbus, OH

11:20 Working with the media
Leslee Williams, Director, Council on Communication,
Division of Public Affairs, ADA

The “Promising Practices” Symposium is intended to provide information on various Give Kids A Smile programs and is not intended or offered as legal or other professional advice. Participants are strongly encouraged to consult their attorneys and other professional advisors for such advice.
AFTERNOON SESSION

1:00  Discussion Panel – Funding Opportunities
Tammy Gass, CFRE, M.P.A., Cook Children’s Health Foundation, Fort Worth, TX
Barkley Payne, Executive Director, ADA Foundation, Office of the AED
Steve Kess, Chair, GKAS National Advisory Board

1:40  Breakout Sessions _ How to take your program to the next level!

Small Programs _ Few Kids up to 50
Marilyn Ketcham, D.D.S., Farmington, NM

Medium Programs – 51- 250 Kids
Tonya Fuqua, D.D.S., Cook Children’s Health Care System, Fort Worth, TX

Large Programs – 250 + Kids
Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

2:40  Demonstration of GKAS Promising Practices SiteScape LOOP
Alan Bardauskis, Manager, Tripartite Data Relations, ADA

3:15  Closing Remarks
Lynne Mangan, Manager, Health Promotion, Council on Access, Prevention and Interprofessional Relations, ADA
Kevin Thomas and Tom Gallop, Dental Trade Alliance Foundation
Steve Kess, Chairman, GKAS National Advisory Board
Jeffrey B. Dalin, D.D.S., St. Louis, MO,
Barkley Payne, Executive Director, ADA Foundation, Office of the AED

Learning Objectives for CE Credits:

At the end of the symposium the participant will be able to:
• utilize the expertise shared by Give Kids A Smile (GKAS) founder Dr. Jeffrey Dalin and colleagues to enhance GKAS events,
• begin a new GKAS program or improve an existing one,
• use knowledge gained in round table discussion facilitated by experts in the field to solve specific problems or improve processes, and
• utilize the resources provided to continue communicating with other colleagues involved in GKAS programs.

The “Promising Practices” Symposium is intended to provide information on various Give Kids A Smile programs and is not intended or offered as legal or other professional advice. Participants are strongly encouraged to consult their attorneys and other professional advisors for such advice.
The ADA and Board of Trustees are truly proud and humbled at the success and enthusiasm of our 5 year old Give Kids A Smile program. The generosity of our dentists, all those on our dental teams, as well as the dental industry have partnered to improve significantly, the oral health of children through the United States.

As the next important outgrowth of the program begins to develop, we are thrilled to bring together volunteers and programming partners in a symposium of challenge. We gather and recognize those who have created exceptional programs of care to highlight and encourage our colleagues everywhere to replicate the success and use the advocacy opportunities.

The purpose of recognizing the promising practices of successful charitable activity is to build the network of success and help others who would be inclined to extend a day of care or a weekend of service, answering some of the severe oral health needs for some of today’s youth.

It is also important to share these promising practices and lessons learned with a broader community. While it would have been exceptional to have hundreds attend our symposium of discussion, we realize that is not practical, so for all of you, we hope you enjoy the “Proceeds” we’ve prepared and find value in the concepts, projects of success and are driven to your own important event for meeting the needs of a community who cries for our help.

Sincerely
Dr. Kathy Roth
President
American Dental Association
Thank you for your involvement in helping provide oral health programs and services to underserved children in your community. Since its inception in 2003, Give Kids a Smile (GKAS) has sought to help rally awareness, interest and support for the importance of oral health for children throughout the nation. In 2007, more than 52,000 dental team members registered to participate on ADA.org. That total included 14,312 dentists, up from 12,246 in 2006 and 10,700 in 2005. Some 2,225 programs signed up, compared to 2,017 in 2006 and almost 1,800 in 2005. Registered participants estimated that they treated more than 757,000 children in 2007, up from 512,649 in 2006 and 485,700 in 2005. Care was valued at $72 million, nearly double the 2006 total.

We recognize that oral health care for children is a year-round undertaking involving thousands of community-based professionals every day. Toward that end, we want to share some promising practices of these programs with you at our first annual Symposium. Our goal is to empower you and enhance your local community activities. We also hope that you can transfer to your community some of the valuable ideas and methods that are being successfully used in other parts of the country. In order to do that, we must be informed by those whom we wish to assist in order to develop programs, resources and products that will address the various unmet or urgent needs. We want to learn how we can best be of assistance to you.

As Chair of the GKAS National Advisory Board, I pledge our continued support for the importance of this undertaking, and hope that we can enhance your activities, helping build awareness and support, and increase resources for your local community. Together we can help make a difference, ideally using the GKAS theme as a national umbrella to build support for oral health care access for children. GKAS can be the tipping point for such a transformation – working together, we believe we can make this happen.

Hope you enjoy the day.

Sincerely,
Steven W. Kess
Vice President
Professional Relations
Henry-Schein, Inc.
The number one objective of the Florida Dental Association’s 2006-2008 Strategic Plan is “Improve Access to Dental Care.” In 2005, the FDA established Give Kids A Smile (GKAS) as the signature program of Children’s Dental Health Month, and an FDA staff member was hired to administer the program. Component and affiliate dental association presidents were notified to appoint Give Kids A Smile Coordinators. The GKAS Coordinators were then asked to recruit volunteers, conduct a program that would provide comprehensive dental care for disadvantaged children, and provide data and publicity generated from their programs to the Florida Dental Association (FDA). To accomplish this, Coordinators were encouraged to conduct their programs any time in February that would accommodate the initial care required, remembering to include the ADA’s first Friday in February GKAS day if possible. Follow-up care to address the dental needs observed through dental screenings, were to be scheduled at a later date.

In 2006 this approach resulted in 29 programs reporting care valued at just over $500,000.00. In 2007, 40 programs reported care valued at over $1 million which met the goal of the 2007 GKAS campaign theme “Million Dollar Smiles.” Keeping data, setting goals, allowing care to begin when most convenient during the month of February with follow-up care scheduled at a later date has been a recipe for success. In 2008 the FDA’s goal is to provide at least $1.5 million in value of care.

GKAS coordinators contributed their recruiting tips and methods of securing free dental health products as complimentary gifts at their programs. The FDA’s presentation for the GKAS “Promising Practices” Symposium will center on these tips and will include a “How To” handout.
Growth of the Florida Dental Association’s Give Kids a Smile Program
Emphasizing Recruiting Volunteers and Lining Up Free Products
Submitted by: Bruce Gordy, DMD, Florida Dental Association

million dollar smiles
GIVE KIDS A SMILE!

AMERICAN DENTAL ASSOCIATION
GIVE KIDS A SMILE "PROMISING PRACTICES" SYMPOSIUM
Aug. 27, 2007

Bruce Gordy, DMD
Florida Dental Association

HOW TO RECRUIT GIVE KIDS A SMILE VOLUNTEERS

1. Plan GKAS event(s) early, and know your need for volunteers. Consider forming a planning committee.
2. Publicize the event internally, and set goals.
3. Personally invite each dentist in the association to take part. Find ways for dentists to participate if they are not comfortable providing care or can’t be at the event.
4. Prepare a roster of volunteers with contact information for each volunteer.
5. Make sure your volunteers know what is expected of them.
6. Remind volunteers of their commitment just prior to the event.
7. Develop partnerships with dental schools, dental hygiene and assisting schools to help recruit students and ancillary personnel.
8. Take photographs of volunteers at the event and share these with your constituent dental association and with local media after the event. Make a PowerPoint show to help recruit volunteers next year.
9. Thank volunteers with a letter, certificate of thanks and an article in the component dental association newsletter.
10. Share post-event results and goals met with volunteers.
11. Let volunteers know about other opportunities to improve access to care after GKAS.

HOW TO LINE UP FREE PRODUCTS FOR GIVE KIDS A SMILE

1. Make a list of the products you will need.
2. Designate one or more GKAS volunteers to procure products.
3. Ask dental society members and recent retirees if they have products to donate.
4. Check ADA deadlines to register and apply for free products for GKAS. Register early!
5. Budget for GKAS in advance.
6. Check with component and constituent dental associations for products they have procured for GKAS.
7. Conduct fundraisers to purchase products that are not available through the ADA or other resources.
8. Locate and apply for grants through children’s groups (Girls and Boys Clubs, Big Brothers, Big Sisters, YMCA).
9. Contact civic organizations and women’s clubs to assist in providing gift bags of products for the program and possible volunteers for the event.
10. Contact local companies for contributions. Wal-Mart, Publix, Target etc. may provide gift certificates to purchase products. Restaurants may give coupons or food for the event in exchange for publicity and their logo on flyers.
11. Call dental supply reps and supply company administrators who may have returned merchandise to donate.
12. Make a GKAS flyer for your office and let patients and friends know that they can help in a variety of ways.
13. Seek sponsorship from a local Area Health Education Center (AHEC).
14. Seek donations from insurance companies that reach low-income communities.

Give Kids A Smile is the Florida Dental Association’s signature program for National Children’s Dental Health Month.
Operated by Project Daniels Care • Funded by the Florida Dental Health Foundation.
Growth of the Florida Dental Association’s Give Kids a Smile Program
Emphasizing Recruiting Volunteers and Lining Up Free Products
Submitted by: Bruce Gordy, DMD, Florida Dental Association

The number one objective of the Florida Dental Association’s 2006-2008 Strategic Plan is “Improve Access to Dental Care.” In 2005, the FDA established Give Kids A Smile (GKAS) as the signature program of Children’s Dental Health Month, and an FDA staff member was hired to administer the program. Component and affiliate dental association presidents were notified to appoint Give Kids A Smile Coordinators. The GKAS Coordinators were then asked to recruit volunteers, conduct a program that would provide comprehensive dental care for disadvantaged children, and provide data and publicity generated from their programs to the Florida Dental Association (FDA). To accomplish this, Coordinators were encouraged to conduct their programs any time in February that would accommodate the initial care required, remembering to include the ADA’s first Friday in February GKAS day if possible. Follow-up care to address the dental needs observed through dental screenings, were to be scheduled at a later date.

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Submitted by: Bruce Gordy, DMD, Florida Dental Association

Lining up volunteers and free products
C. Bruce Gordy, D.M.D.
Orlando, FL
Back in the fall of 2001, a group of dentists from the Greater St. Louis Dental Society gathered together in order to come up with an idea of how to improve access to dental care for those who otherwise do not have access. This committee is where the concept of “Give Kids A Smile” was born. The first “Give Kids A Smile” Clinic took place on February 8-9, 2002. We feel that we have developed a very unique program in St. Louis and would like to share what we do with you today.

There are no shortages of children who are in need of dental care. We prefer to work with area schools and organizations. They tend to be very dependable in getting the children to us at their specified appointments. We have worked with a large number of St. Louis organizations and individuals over the past 6 years. Here is a list of some of them:

1) School Nurses and Counselors from numerous St. Louis City, St. Louis County, and surrounding area School Districts
2) Hispanic Center
3) George Washington Carver House
4) Various Churches from the Metropolitan St. Louis Area
5) LaClinica Health Center
6) Grace Hill Health Center
7) International Institute
8) Salvation Army
9) Youth in Need
10) Youth and Family Center
11) Midtown Catholic Charities
12) Hope House
13) Lydia House
14) St. Louis Department of Health
15) St Louis Housing Authority
16) Jackie Joyner Kersey Youth Center

Every child seen at our “Give Kids A Smile” Clinic is given a specified appointment time and told to plan on spending three hours with us. As they arrive, they are checked in (given a name tag with time checked in and time due out on it) and brought to our
SCREENINGS, TRIAGE, AND TREATMENT
Presented by Jeff Dalin, DDS

Triage area. In Triage, each receives a simple oral examination and necessary digital radiographs. Digital sensors attached to a laptop computers and printers are a fast, high quality way to gather records to be used for the day. We have five stations set up to do this. A paperwork packet, consisting of their health history/permission slip, their digital radiograph images, and their clinic data sheet/treatment completed sheet, is stapled together and a tentative treatment plan is developed. They are then routed through the rest of our clinic.

Every child is brought next to our Hygiene area where they each receive a new toothbrush, dental floss, and toothpaste; thorough oral hygiene instructions; a thorough cleaning and fluoride treatment; and if their teeth are in excellent condition, pit and fissure sealants. If decay is evident (and most of the time the decay found is extensive), they are taken to our restorative area so that some of these teeth can be restored. If the conditions are found to be worse, they are then taken to a different area where root canals and extractions can be performed. If a lot of work has been performed, the child is taken to an “aftercare area” where they can rest and be observed. They are then taken to patient check-out where they are given a packet of information to take home. This packet consists of a post-treatment letter of work performed, complete with monetary value; a list of clinics to call for follow-up care; any needed post-op instructions; and general dental information. The fun then begins. The children are then invited to our “Molar Mania” Entertainment Area where they will find music, games, face-painting, story tellers, and more.

Our “Give Kids A Smile” program has multiple goals. The main goal of this project obviously is to provide quality dental care to children with inadequate access due to financial or geographic reasons at no charge. But this type of program can also create an avenue for public and private companies and other organizations to partner with dental professionals for community benefit. It develops improved dental professional to dental professional relationships. As added bonuses, a “Give Kids A Smile” program promotes volunteerism and community involvement of people who take part in the program and increases community awareness of the caring nature of the dental profession. Programs like these can establish another method of educating the public in issues of dental health.

We run our clinic for two days in February and two days in October. In our eleven clinics to date, we have delivered over $1.8 million dollars worth of dentistry to approximately 5800 children!

Enclosed here are copies of a letter to find kids to attend our clinic, our Volunteer Sign-up Form, a Patient Health History and Permission Form, our Clinic Data Sheet and Treatment Completed Worksheet, and the letter sent home after attending our Clinic. Please feel free to use any of this information in your own programs. And please do not hesitate to contact me if you have any questions or need any help with your programs.
SCREENINGS, TRIAGE, AND TREATMENT

Presented by Jeff Dalin, DDS

American Dental Association
Give Kids A Smile Mission Statement:
The Give Kids A Smile mission is to improve the oral health of America’s children by serving as the catalyst for change through fostering partnerships with all interested communities. Our goal is to build one central voice for the cause of access to dental care for all children. With synergy between the American Dental Association and our strategic partners, we can create ways to increase capacity, increase treatment and education.

WE ALLL WANT TO GIVE KIDS REASONS TO SMILE!!!
SCREENINGS, TRIAGE, AND TREATMENT
Presented by Jeff Dalin, DDS
SCREENINGS, TRIAGE, AND TREATMENT
Presented by Jeff Dalin, DDS

LET’S START THE DAY!
Volunteers and children arrive at the
St. Louis University Center for Advanced Dental Education

At each of our clinics, we try to make it fun for our volunteers and the kids by coming up with a different theme!!!

Checking in the volunteers

Patient check-in

Physical layout of the facility
SCREENINGS, TRIAGE, AND TREATMENT
Presented by Jeff Dalin, DDS

OFF TO TRIAGE FOR DIGITAL RADIOGRAPHS AND TREATMENT PLANS

TAKING DIGITAL IMAGES WITH DEXIS SENSORS AND GIVE KIDS A SMILE LAPTOPS AND PRINTERS

TREATMENT PLANNING AND ROUTING THE CHILDREN THROUGH THE CLINIC

KIDS MOVE INTO A HOLDING AREA WE HAVE SET UP UNTIL THEY ARE ABLE TO BE SEEN IN BY OUR DENTAL HYGIENISTS
SCREENINGS, TRIAGE, AND TREATMENT
Presented by Jeff Dalin, DDS

THE MAIN CLINIC FROM ABOVE...OUR HYGIENE AREA AND RESTORATIVE AREA

HYGIENISTS HARD AT WORK
Oral Hygiene Instructions, Oral Hygiene Supplies, Examinations, Scaling, Polishing, Fluoride Treatment, and Sealants (as long as no other problems are evident)

RESTORATIVE DENTISTRY
IF NEEDED...OFF TO ORAL SURGERY AND ENDODONTICS AREA

THEN OFF TO OUR AFTERCARE AREA WHERE THEY CAN RELAX AND REGROUP

CHECKING OUT THE PATIENTS: WE GIVE WALKOUT STATEMENTS WITH VALUE OF WORK PERFORMED...ANY NEEDED POST-OP INSTRUCTIONS...EDUCATIONAL MATERIALS...LIST OF AREA MEDICARE CLINICS FOR FOLLOWUP CARE AND CONTINUING CARE

THEN OFF TO OUR ENTERTAINMENT AREA... WE CALL IT MOLAR MANIA!!!
SCREENINGS, TRIAGE, AND TREATMENT
Presented by Jeff Dalin, DDS

PLENTY OF MASCOTS AROUND TO HELP OUT!

GIVE KIDS A SMILE... IT REALLY WORKS!!

SMILES AT THE END OF THE DAY

TIME TO CATCH YOUR RIDE HOME!!!
SCREENINGS, TRIAGE, AND TREATMENT

Presented by Jeff Dalin, DDS

GIVE KIDS A SMILE...

Making a difference in the lives of kids...and in the lives of dentists, hygienists, assistants, and everyone involved with the program!!!

The Rewards You Gain Often Cannot Be Put Into Words...

It Works! Give Kids A Smile!
December 12, 2006

Name
Company
Address
City, State Zip

Dear Name:

With the New Year approaching, consider making a resolution to give the gift of a healthy smile! You can make a lasting, positive difference in the life of a child when you refer that child to Give Kids A Smile (GKAS) for free dental care. Your helping hand and giving heart will provide an important link for a child in need.

We are now taking reservations for our GKAS clinic, to be held on Friday and Saturday, February 2 and 3, 2006, at St. Louis University Center for Advanced Dental Education at 3320 Rutger Street, St. Louis. Please share this information with families you know who might have a need. Free dental care could be a tremendous help for that family having financial needs.

Give Kids A Smile provides free, comprehensive dental care for underserved children, in elementary and middle school, twice annually - spring and fall. We are looking for children from families who cannot currently afford regular dental care for their children. This would typically be a family currently on Medicaid but still having difficulty getting regular appointments or a family having financial needs. These might also be children currently on a free or reduced-price school lunch program. We rely upon you to ask or advise potential families that may currently be having difficulty affording regular care for their children. Doing this, we hope to identify and serve the children most in need.

Some medical conditions may preclude treatment, so please contact the GKAS office (number below) if you have questions about a child's eligibility for care.

GKAS is a program that works. Over the past five years, GKAS has provided over $1,500,000 in care for over 5,100 area children. Together, we can begin to close the gap in dental care for lower income and immigrant children. Did you know that dental disease is the number one chronic childhood illness, and that underserved children are more than twice as likely as their more affluent peers to have untreated dental disease?
At each GKAS clinic, over 500 caring individuals, dental professionals and lay volunteers, work together on behalf of these young patients. Loving care is a priority. Children are treated by licensed, practicing dentists, assisted by hygienists and dental assistants. In addition, each child receives TLC, dental supplies and dental health educational information. Fun characters, clowns, face painters and balloon artists are also on hand to entertain and inform.

To learn more about GKAS, visit our web site, www.GiveKidsASmile.org or call GKAS at 636-39-SMILE (636-397-6453). You can register children for an appointment at 636-397-6453. Each child participating must have an appointment. The clinic fills quickly, so make your reservation as soon as possible.

After you make your appointment, please fax the one-page health history and consent to treatment form (enclosed), signed by a parent or guardian, to 636-278-2676 on or before February 1. For additional copies, feel free to photocopy or download the form from the GKAS web site. If you are unable to fax the form, please mail it to the GKAS office (address in the box below).

Together we can make a difference in the oral health of our community, starting with the children who most need our help. It's so easy. Simply share GKAS information with a family or families whom you know need help affording regular dental care for their children or organize a bus trip to the GKAS clinic for a group of underserved children. For groups of 20 or more, charter buses may be provided courtesy of Delta Dental of Missouri. Once registered, contact me at the GKAS office to determine bus availability.

Thanks so much for being a part of the GKAS family.

Joan Allen
Executive Director
Give Kids A Smile

Give Kids a Smile in St. Louis is a 501(c)3 not-for-profit charity. You can help purchase dental equipment and supplies so that GKAS can provide free dental care for these deserving children. Mail your tax-deductible donation with the enclosed return envelope and form to:

GKAS, Inc.
c/o Donations
340 Mid-Rivers Mall Drive, Suite A
St. Peters, MO 63376

Registration: 636-397-6453 Information: 636-39-SMILE (636-397-6453); Fax: 636-278-2676
Please make your check or money order payable to: Give Kids A Smile.
# SCREENINGS, TRIAGE, AND TREATMENT

Presented by Jeff Dalin, DDS

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## GIVE KIDS A SMILE

### VOLUNTEER SIGN-UP FORM

October 27th & 28th 2006

**PLEASE COMPLETE ALL FIELDS (PRINT OR TYPE):**

*FORM CANNOT BE PROCESSED IF ANY FIELDS ARE LEFT BLANK*

If you have participated in October 2005 GKAS, you may call & update information rather than fill out a new form. Call 636-39Smile (636-397-6453)!

**NAME:**

**HOME ADDRESS:**

Apt./Street   CITY   STATE   ZIP

**HOME PHONE #:**

**CELL PHONE #:**

**PERSONAL E-MAIL ADDRESS:**

**DENTAL OFFICE OR ORGANIZATION:**

**ADDRESS:**

Apt./Street   CITY   STATE   ZIP

**OFFICE PHONE #:**

**OFFICE FAX #:**

**OFFICE E-MAIL ADDRESS:**

**I AM A RETURNING VOLUNTEER:**

- [ ] YES  - [ ] NO

****DOCTORS, PLEASE BRING YOUR OWN ASSISTANTS (EACH BEING SIGNED UP INDIVIDUALLY)****

**Clinic Set Up:**

- (Date): Thursday, Feb 1st, 2007  
  - Time: 5:30 P.M. – 8:00 P.M.

**Clinic Break Down:**

- (Date): Saturday, Feb 3rd, 2007  
  - Time: 6:00 P.M. – 7:30 P.M.

**Clinic Participation:**

- (Date): Friday, Feb 2nd, 2007  
  - Time: 7:30 A.M. – 5:00 P.M.

**Select a Position:**

(3 hours of continuing education credits will be issued per each full day of participation)

### Position Options

1. **DENTIST**

   - Specialty
   - Professional License #
   - State

2. **DENTAL RESIDENT**

   - Specialty
   - (year) 1, 2, 3, 4...

3. **DENTAL STUDENT**

   - (year) 1, 2, 3, 4...

4. **DENTAL ASSISTANT**

   - Specialty

5. **DENTAL ASSISTANT STUDENT**

   - School

6. **HYGIENIST**

   - Professional License #
   - State

7. **HYGIENE STUDENT**

   - (year) 1, 2...
   - School

8. **AMBASSADOR**

**COMMENTS:**

---

**PLEASE FAX OR MAIL YOUR FORM TO:**

GKAS

340 A MID RIVERS MALL DRIVE  
ST. PETERS, MO 63376  
636-39Smile (636-397-6453)

**FAX:** 636-278-2676

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For GKAS Office Use Only: Please do not fill out:

- Date Scheduled: Friday
- Date Scheduled: Saturday
- Position:
- Position:

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# Health History/Consent for Treatment

Please complete this form and sign as parent or guardian. This completed form and a reservation is needed to participate. “Give Kids A Smile” provides free, comprehensive dental care— including diagnostic exams, professional cleanings, sealants, fillings, and extractions.

**Your Appointment Date:**  
**Your Appointment Time:**

Which Organization Referred You? (Identify the school, church, organization):
- Name: 
- Address: 
- City: 
- State: 
- ZIP: 
- Email: 
- Office Phone: 
- Referring Organization/Group Contact Person: 
- Name: 
- Address: 
- City: 
- State: 
- ZIP: 
- Email: 
- Office Phone: 

**To Be Completed by Parent or Guardian**  
**Information about your child**

<table>
<thead>
<tr>
<th>Child’s Name: First</th>
<th>MI</th>
<th>Last</th>
<th>Child’s Gender: Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address: Street</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Cell/Phone:</td>
<td></td>
</tr>
</tbody>
</table>

Name of Parent/Guardian:
- Name: First | MI | Last
- Address: 
- City: 
- State: 
- ZIP: 
- Home Phone: 
- Cell Phone: 

**IN CASE OF EMERGENCY CONTACT:**
- Name: First | MI | Last
- Address: 
- City: 
- State: 
- ZIP: 
- Phone: 

Who should we contact on the day of service to discuss your child’s care?
- Name: First | MI | Last
- Address: 
- City: 
- State: 
- ZIP: 

I, the undersigned, consent for my child to participate in the preventive and restorative dentistry program conducted by the Committee for Community Outreach and Access program, known as Give Kids A Smile. To the best of my knowledge, the medical history questions on page 2 have been answered correctly and accurately. I allow my child to receive local anesthetic (numbing of the mouth), dental treatment, and to be photographed while at the clinic, understanding that the photos may be used in future educational material. Our dental clinic will honor the rights of patients regarding their protected health information with rare exceptions that must occur and disclose only as much information needed to accomplish the intended dental treatment.

Name of Parent/Guardian (Printed)  
Signature  
Date

For reservations call: 636-397-6453 (GKAS)  
Fax completed consent form to: 1-636-278-2676
Or, mail completed consent form to: GKAS, 340-A Mid Rivers Mall Dr., St. Peters, MO 63376

1 of 2 on 9/10/2007  
Printed 11/10/2007

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## Medical History

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that your child may have, or medication that your child may be taking, could have an important interrelationship with the dentistry your child will receive. Thank you for answering the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If yes, explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child under a physician’s care now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child been hospitalized?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child had a major operation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child had a serious neck or head injury?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child taking any medications, pills or drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is your child allergic to any of the following:

- Aspirin
- Penicillin
- Godadon
- Acrylic
- Metal
- Latex
- Local Anesthetic

If yes, please explain.

Does your child have, or have they had, any of the following?

- ARDS/NIH Positive
- Anemia
- Anemia
- Artificial Heart Valve
- Artificial Joint
- Asthma
- Blood Pressure
- Blood Transfusion
- Bursitis/Problems
- Bruises
- Cancer
- Chemotherapy
- Heart or Blood
- Chest Pain
- Cold/Gout/Tender Joints
- Congenital Heart Disease
- Convulsions
- Crohn’s Disease
- Cyst
- Diabetes
- Head Cold
- Headache
- Heart Attack
- Heart Murmur
- Heart Failure
- Heart Failure
- Hypertension
- Hypothyroidism
- Irregular Heart Beat
- Kidney Problems
- Leukemia
- Leprosy
- Liver Disease
- Lupus
- Malaria
- Malaria
- Mantle Cell Lymphoma
- Meningitis
- Molluscum Contagiosum
- Multiple Myeloma
- Myocardial Infarction
- Myasthenia Gravis
- Rheumatic Fever
- Scabies
- Shingles
- Skin Cell Disease
- Stroke
- Sudden Death
- Tissue Disease
- Tuberculosis
- Tumors or Glands
- Wilson’s Disease

May your child ever had any serious illness not listed above? Yes No

To the best of my knowledge, the questions on this Medical History Form have been accurately answered. I understand that providing incorrect information can be dangerous to my child’s health. It is my responsibility to inform Give Kids A Smile of any changes to my child’s medical status.

Signature of Parent/Guardian: ____________________________ Date: ____________________________

2 of 3 - 03/10/2017

Dental ID: 11120170000.
Give Kids A Smile Bi-Annual Clinic Data Sheet

Date: _______ - _______

Patient Check-In

Name of Patient: (First) _______ (MI) _______ (Last) _______

Gender: _____ Male _____ Female
Scheduled appt time: _______ Check-in Time: _______ If late, reason: _______
Time Due to leave clinic: _______ Check-Out Time: _______
Who accompanied this child to clinic today (e.g. parent, guardian, sibling, organization, etc.)?

Health History Form Attached? _____ Yes _____ No

Health History/Warnings:

Special Needs Patient: (Explain)

Appropriate Screening by Referring Organization and GKAS?:
Upon check-in process of this child (with or without parent or guardian), do you feel this patient was appropriately screened and referred to our clinic? _____ Yes _____ No
If No, please explain:

Triage Findings/Recommendations/Concerns:

Behavior: _____ Great Patient _____ Mildly Uncooperative _____ Uncooperative

Radiographs Taken: _____ Yes _____ No (If no please explain, e.g. Uncooperative, Not clinically indicated)

Hygiene Recommended: _____ Scaling _____ Rubber Cup Polish _____ Fluoride Tx
_____ Oral Hygiene Instructions _____ Perio Debridement

Sealants Recommended (if time permits) _____ Yes _____ No Tooth #’s:

Restorative Recommended: _____ Yes _____ No Tooth #’s/Quad:

Endodontics Recommended: _____ Yes _____ No Tooth #’s:

Oral Surgery Recommended: _____ Yes _____ No Tooth #’s:

Routing of Patient Recommended: (Indicate in order of patient’s particular needs e.g. 1=First 2=Second 3=Third, etc.)
_____ Hygiene Department _____ Oral Surgery Department
_____ Restorative Department _____ Aftercare Department
_____ Endodontics Department _____ Check-Out Department
_____ No Treatment based upon Pt. Behavior

Appropriate Screening by Referring Organization and GKAS:
Upon examining this child, do you feel this patient was appropriately screened and referred to our clinic based upon his need both financially & clinically? _____ Yes _____ No
If No, please explain:
## SCREENINGS, TRIAGE, AND TREATMENT
Presented by Jeff Dalin, DDS

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### Treatment Services Completed

#### Triage:
- Examination: 0140 Focused Oral Examination
- Radiographs: 0274-Four Bitewings, 0272-Two Bitewings
  - 0220-PA / Tooth #
  - 0230-PA / Tooth #
  - 0230-PA / Tooth #

#### Hygiene:
- 1120-Prophylaxis, 4355-Difficult Prophylaxis, 1203-Fluoride Treatment, 1330-Oral Hygiene Instruction
- 1310-Nutritional Counseling
- 9999-Oral Hygiene Supplies
- 1351-Sealant: Tooth #, Tooth #, Tooth #, Tooth #, Tooth #, Tooth #, Tooth #, Tooth #, Tooth #, Tooth #

#### Hygienist:
- Print Name: Sign Name: Team Color/Chair Number:

#### Restorative Dentistry:
- Tooth # ADA Code Surfaces Other:
- Tooth # ADA Code Surfaces
- Tooth # ADA Code Surfaces
- Tooth # ADA Code Surfaces
- Tooth # ADA Code Surfaces
- Tooth # ADA Code Surfaces

#### Restorative Dentist:
- Print Name: Sign Name: Chair Color/Number: Team Leader:

#### Endodontics/Oral Surgery:
- Tooth # ADA Code Tooth # ADA Code Anesthesia Given: O Yes O No
- Tooth # ADA Code Tooth # ADA Code ADA Code: 9215
- Tooth # ADA Code Tooth # ADA Code ADA Code: 9230
- Tooth # ADA Code Tooth # ADA Code ADA Code: 9290

#### Endodontist:
- Print Name: Sign Name: Chair Color/Number: Team Leader:

#### Oral Surgeon:
- Print Name: Sign Name: Chair Color/Number: Team Leader:

#### To be Filled out by Treating Dentist:
- RX Required: O Yes O No __ Antibiotics __ Pain Medication
- Does this Pt. Require Additional Treatment? _ Yes _ No
- If yes, Please describe what treatment in your professional opinion is necessary:
  - Maxillary Right
  - Maxillary Left
  - Mandibular Right
  - Mandibular Left

#### Clinic Exit Dentist Only:
- Rx Given: __ Antibiotics __ Pain Meds

#### Clinic Exit Dentist Signature:
- Print Name: Sign Name:
Give Kids A Smile  
St. Louis Style

Dear Parent/Guardian:

Thank you again for allowing your child to participate in this very important process for good oral health. The following services were given to your child at the Give Kids A Smile Project. We were pleased to provide these services to your child at no cost.

- Examination: $35.00
- X-rays: 35.00
- Oral hygiene instructions: 15.00
- Tooth brush, floss and supplies: 10.00
- Dental prophylaxis (professional cleaning): 45.00
- Professional fluoride treatment: 15.00
- Lunch: 3.00
- Restorations (fillings): $120.00 X ___
- Extractions: $125.00 X ___
- Sealants: $35.00 X ___
- Pulpotomies: $125.00 X ___
- Rootcanals: $600.00 X ___

Total value of services: (No Cost to You!) $___

Your child is in need of further dental care: Yes No

This Care is Urgent: Yes No

If your child should have an emergency after treatment, you may call the Give Kids A Smile Central Office at 636-397-6453.

If your child is in need of additional dental care, we have compiled a list of clinics for you to call. Most are Medicaid providers. Please do not wait...make that call today and get your child the dental care he or she deserves! Your child has taken the first step. Don't stop now!

GIVE KIDS A SMILE SMILES FACTORY OFFICES
636-397-6453

Grace Hill Dental  People's Health Dental  CHIPS Clinic
2500 Hadley  5701 Delmar  2431 N. Grand
St. Louis, MO 63106  St. Louis, MO 63112  St. Louis, MO 63106
314-539-9640  314-367-7848  314-652-9231

Water Tower Health Center  LaClinica Dental Clinic  Dental Care for Kids
4308 N. Grand  3646 Fairview Ave.  4405 Lindell
St. Louis, MO 63107  St. Louis, MO 63116  St. Louis, MO 63108
314-344-3222  314-664-5565

Forest Park Community College School of Dental Hygiene
5600 Oakland Ave. (Exams, x-rays, and professional
St. Louis, MO 63110  cleanings only)
314-644-9331
Give Kids a Smile Day: a day of free dental treatment and education for kids…right? Absolutely…but it’s so much more! On the surface, GKAS is a vehicle for the nation’s dentists to help underserved children, however, the true beauty of GKAS is the message that the program creates. This message, which is conveyed to our legislators, policy makers and the media, is only accomplished with accurate statistics and reporting.

The message of GKAS is this: GKAS is a nationwide program that provides underserved children from low-income families with the dental attention that they desperately need and deserve. However, this program is NOT a cure-all, it is a wake-up call. These children need and deserve more than a single day of dental care — charity is NOT a healthcare system.

What makes this message even more compelling is to add local statistics to help your local reporters and legislators understand how big the access-to-care problem really is. One of the golden rules when talking to the press and policy makers, however, is to never give a fact that you can’t backup. Legislators and the media want to know the truth, and accurate recording of GKAS figures is the only way to accomplish this.

When planning a GKAS event, an incredible amount energy is needed to make the actual day happen. However, it is easy to forget that our job isn’t done when GKAS Friday ends. While we may have a good idea of what went on throughout our state, it is impossible to know the true figures without a good reporting system that is easy to understand and convenient for our dental volunteers to use.

While many volunteer activities qualify for GKAS, most of these volunteer activities fall into one of two categories: dental treatment and dental education. Therefore, two reporting systems must be used to capture the data: a Superbill (record of treatment) and a School Presentation Tracking Form. These two forms will document how many children were given dental treatment, the value of the donated dental treatment and how many children were provided with dental education. Please see the examples of Colorado’s two forms in the following pages. The two reporting forms must be customized to your state.
CREATING A SUPERBILL:

1. List the services that your dental volunteers may be performing for GKAS.

2. Find and list the CDT-Codes alongside the services. These codes will obviously not be used for billing purposes, but some offices are more comfortable using codes rather than descriptions when recording treatment. Remember, the more convenient the form is, the more likely your volunteers will take the time to fill it out.

3. Establish the value of the dental services listed. This is most easily accomplished by a dentist on your GKAS planning committee (if you do not have a dentist on your committee, consider getting help from one of your dental association officers). Once you have fees established on your Superbill, have at least three other dentists review the form. By doing this you’ll verify whether your fees are fair and comparable to the average private practice. If the other three dentists suggest higher or lower fees, go with what the majority suggest or figure the average from those suggestions.

4. Once you have these three columns of data, establish a one-page, easy-to-understand chart for dentists to use for treatment recording. Depending on what statistical information you’re looking for, you might also provide lines for patient age and/or city. Please be careful and aware of HIPAA restrictions. Do not provide lines requesting personal information such as name, address, etc. At the bottom of the form, include a line that clarifies that this form is for your state association’s record keeping purposes only (i.e. Fees are listed for <insert your constituent name> use only to calculate donated dental treatment given on Give Kids a Smile day. These numbers are reported to the legislature, media and ADA. Patients will not be charged for any dental treatment on February #, 200#.)

CREATING A SCHOOL PRESENTATION TRACKING FORM:

1. Make a list of the information that you would like to learn from those dental volunteers providing educational presentations at schools, community centers, etc. (i.e. the number of kids educated, the city where education is taking place, the facility name, the age/grade of the kids, etc.)

2. Format your requested items in a one-page, easy-to-read layout.

Once you have your two reporting forms completed, copy them and include the forms with instructions in the final packet/correspondence that you send to your GKAS volunteers prior to the event. Make sure your instructions clearly state how you’d like the forms filled out and how volunteers can return the forms to you (include your fax and mailing address for convenience). It is also a good idea to post these forms as PDF files on your Web site in case volunteers misplace their copies at the last minute.
On the Monday or Tuesday following GKAS day, be sure to send out an e-mail blast thanking volunteers for their dedication to the GKAS program and applauding their volunteer efforts. Next, reinforce that you’ll be sharing the success stories of GKAS with local and national policy makers, but that you can’t do this without their help. Communicate that if they haven’t already done so, to please fill out and send in their Superbills and School Presentation Tracking Forms. Be sure to give your volunteers a deadline to return the forms, and either attach the forms to the e-mail or direct your volunteers to the PDF link on your Web site.

As the forms are faxed and mailed in, do your best to keep track of the offices that the forms are coming from. If you find that you still haven’t heard from a large number of volunteers, consider sending a second e-mail reminder or placing a courtesy phone call.

Establishing new methods and procedures takes a little time for volunteers to get used to. Remember, convenience is the key to successful reporting and record keeping. By clearly spelling out the purpose of these new methods and offering easy-to-understand instructions, volunteers will be happy to accommodate you.

TIPS FOR GKAS REPORTING AND STATISTICS TRACKING

DO’S

• **DO** take the time to establish a reporting program that is unique to your state and your GKAS day event(s).

• **DO** make the forms available to your volunteers by e-mail, mail and fax. The more convenient you make the forms, the more people will use them.

• **DO** send at least two reminder e-mails to your volunteers encouraging them to fill out the tracking forms and mail/fax them back to you.

• **DO** stress to volunteers that this is your ONLY method of recording GKAS day efforts, and without these forms, the association cannot determine an accurate account of donated services.

• **DO** keep track of who sends their reporting forms back to you. While this is a little more time consuming, it will help you figure out who you still need forms from and how accurate your statistics are based on how many volunteers those statistics represent.

• **DO** publish your results in an association publication to members and on your Web site. Volunteers like to know final numbers, and these numbers will encourage vol-
unteer retention and further recruitment. DO make a fact sheet for legislative and media use. This fact sheet should include a brief description of your state’s GKAS efforts and report the successes from the program.

DON'TS

• DON'T assume that your volunteers read everything that you mail to them. Be sure to have all GKAS instructions and forms in an easy-to-find place on your Web site.

• DON'T assume that all of your volunteers are comfortable with technology. While you can also create an online reporting system, sometimes it is easier for the volunteer to have a hardcopy to fill out as they’re treating the patient. Once they complete the forms, all they need to do is fax them in, rather than remember to report their successes online when they have a spare moment in the future.

• DON'T hound volunteers for their reporting forms, rather encourage them to fill them out and send them back. Be sure to explain the importance of those reporting forms. Once volunteers understand that GKAS isn’t just a free day of dental care but rather a program to educate policy makers and the media, they’re usually more than willing to do their part.

• DON'T let yourself be overwhelmed with the number of reporting forms that you receive back. While some data entry is needed to compile the reporting forms into one spreadsheet, the results are very valuable and worthwhile.

Molly Pereira is the associate executive director of communications and operations for the Colorado Dental Association. She has been with the CDA since 2002 and has been involved with the GKAS program since its inception. Molly can be reached at 800-343-3010 x104 or molly@cdaonline.org.
Give Kids a Smile Day Symposium

Reporting Your State’s Success Stories

What is Give Kids a Smile Day?

- GKAS is a fantastic program that provides countless hours of dental attention for children who otherwise might not receive dental care.
- BUT...there's more.

What is Give Kids a Smile Day?

- GKAS is the largest proactive approach on a national level to address the ongoing issue of access-to-care.
- While we are providing immediate dental attention for kids, it is the GKAS message to legislators, policymakers and the media that will hopefully influence change for kids in the future.

What is Give Kids a Smile Day?

- While GKAS is a vehicle for the nation's dentists to help underserved children, the true beauty of GKAS is the message that the program is meant to create:
  - *This program is not a cure-all, it is a wake-up call...these children deserve more than a single day of free care; they deserve a better healthcare system.*

The GKAS Message

- How do you make your GKAS message more influential to the press and legislature?
  - Local statistics
  - Accurate reports from your state's GKAS efforts
- This will communicate that the access-to-care problem is in their "backyards."

What Goes into Planning a GKAS Event?

- Finding dental volunteers
- Publicity, writing articles, e-mail blasts, fax blasts, presentations
- Finding patients to treat
- Locating schools interested in dental presentations
- Finding translators
- Organizing media coverage
- Media training dentists for interviews
- Arranging for the governor or local lawmaker to attend your event
- Worrying about "no-show" patients
- Feeding volunteers
- Putting out "day-of" fires
- The list goes on...
What Goes into Planning a GKAS Event?

- At 5pm on GKAS Friday, after the last patient is seen...breathe a sigh of relief, sit back and enjoy a margarita.
- Mission accomplished...right?
- Well, not quite...

Gathering Statistics

- You’ve accomplished the first half of GKAS: Providing free dental services to deserving children.
- Now it’s time for the second half of GKAS: Statistics and reporting to make your access-to-care message more compelling.

GKAS Tracking

- Numerous activities count for GKAS day but most of these activities fall into 2 categories:
  - Dental Treatment
  - Dental Education
- Two reporting or tracking systems are needed:
  - Superbill (a chart to record delivered treatment)
  - School Presentation Tracking Form

GKAS Tracking

- The Superbill and School Presentation Tracking Form will document:
  - The number of children who were given dental treatment
  - The value of the donated dental treatment
  - The number of kids who were provided with dental education

Creating a Superbill

1. List the services that may be provided by GKAS volunteers.
2. Match those services with the appropriate CDT-Codes.
3. Establish a dollar value for each of the services.
4. Create a one-page, easy-to-understand chart.
   (**Make sure you’re HIPAA sensitive!!**)
Creating a School Presentation Tracking Form

1. Make a list of the information that you would like to learn from volunteers giving educational presentations.
   - Number of kids educated
   - City where education is taking place
   - Age/grade of kids educated
   - Facility name, address, etc.
2. Format your requested items in a one-page, easy-to-understand format.

I’ve created my forms …now what?

- Once your 2 reporting forms are created, make copies and include them with instructions in the final packet that you send to your GKAS volunteers prior to the event.
- Make sure your instructions clearly state how you’d like the forms filled out and sent back to your office.
- Include a deadline.

Convenience is the Key to Success

- The easier you make the reporting process, the more likely your volunteers will accommodate your requests.
- Make your reporting forms available by mail, fax, and e-mail, and post them as PDF files on your Web site.
- Cater to individual requests.

Gentle Reminders Don’t Hurt Either

- On the Monday or Tuesday after GKAS day, send an e-mail blast thanking volunteers and encouraging them to send in their reporting forms.
- Do your best to keep track of which offices the forms are coming from.
- Send a second e-mail blast or place a courtesy phone call to those offices you still haven’t heard from.

It Takes Time…

- The Colorado Dental Association has been involved with GKAS since its inception.
  - 2003: 29 registered participants
  - 2004: 98 registered participants
    - Disorganized reporting system in place
    - (42 reported back to CDA)
  - 2005: 216 registered participants
    - Better reporting system
    - (BUT didn’t record # of dentists who reported back)
  - 2006: 251 registered participants
    - Reporting system under control
    - (175 reported back to CDA)
  - 2007: 258 registered participants
    - Use of same (2006) reporting system
    - (184 reported back to CDA)
Reporting Your State’s Success Stories Influencing Change Through Accurate Reporting

By Molly Pereira, Associate Executive Director, Colorado Dental Association

It Takes Time…

- While gathering these statistics takes a little time and a little data entry, the results are worth reporting.
- The CDA started with 29 registered participants, zero media coverage and nothing factual to report in 2003.
- In 2007, the CDA proudly reports 258 registered participants, 34 statewide media stories, 1,480 children given dental treatment, 3,500 children given dental education, and $441,298 donated in dental services.

Success Stories

- Establishing new methods take some time for volunteers to get used to BUT once these methods are in place, your success stories will be able to influence change through accurate reporting.

Colorado Lt. Gov. Jane Norton at Colorado’s Give Kids a Smile Day
Give Kids a Smile Day
School Presentation Tracking Form

If you are visiting schools/community centers to provide education about good oral health for Give Kids a Smile Day, please fill this form out with the information requested. The CDA would like to keep track of the schools and areas of the state that have received dental education for future educational outreach purposes.

Thank you for helping Colorado kids!

Name(s) of School(s) Visited:

City That School(s) is/are Located:

Grade Level or Age of Children Educated:

Approximate Number of Children Educated:

Dentist/Dental Professional Name: __________________________
Address: ____________________________________________
City, Zip: __________________________________________

Please Return by Mail or Fax:

Colorado Dental Association
3690 S. Yosemite St., #100
Denver, CO 80237
303-740-6900 or Fax 303-740-7989
Reporting Your State’s Success Stories Influencing Change Through Accurate Reporting
By Molly Pereira, Associate Executive Director, Colorado Dental Association

CDA GIVE KIDS A SMILE DAY SUPERBILL FOR FEBRUARY 2, 2007

Please make copies and fill this form out for every child you treat on Give Kids a Smile Day

Return all forms to the Colorado Dental Association via fax 303-740-7989

<table>
<thead>
<tr>
<th>Tooth</th>
<th>Surface</th>
<th>Description of Service</th>
<th>Procedure Code</th>
<th>Estimated Fee*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Comprehensive oral evaluation</td>
<td>D0150</td>
<td>$45.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introral-periapical-first film</td>
<td>D0220</td>
<td>$20.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introral-periapical-each additional film</td>
<td>D0230</td>
<td>$18.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleeding-two films</td>
<td>D0272</td>
<td>$40.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleeding-four films</td>
<td>D0274</td>
<td>$70.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Panoramic film</td>
<td>D0330</td>
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<tr>
<td></td>
<td></td>
<td>Prophylaxis-adult</td>
<td>D1111</td>
<td>$75.00</td>
</tr>
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<td></td>
<td></td>
<td>Prophylaxis-child</td>
<td>D1120</td>
<td>$55.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Topical application of fluoride (prophylaxis not included)</td>
<td>D1203</td>
<td>$25.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sealant-per tooth (permanent molars)</td>
<td>D1351</td>
<td>$55.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amalgam-one surface, primary or permanent</td>
<td>D2140</td>
<td>$135.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amalgam-two surface, primary or permanent</td>
<td>D2150</td>
<td>$175.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amalgam-three surface, primary or permanent</td>
<td>D2160</td>
<td>$195.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resin-one surface, anterior</td>
<td>D2330</td>
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<td></td>
<td></td>
<td>Resin-two surface, anterior</td>
<td>D2331</td>
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</tr>
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<td></td>
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<td>Resin-three surface, anterior</td>
<td>D2332</td>
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<td>Resin-four or more surfaces or involving incisal angle</td>
<td>D2335</td>
<td>$255.00</td>
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<td>Prefabricated stainless steel crown-primary tooth</td>
<td>D2930</td>
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<td></td>
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<td>Extraction, coronal remnants</td>
<td>D7111</td>
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<tr>
<td></td>
<td></td>
<td>Extraction, erupted tooth or exposed root</td>
<td>D7140</td>
<td>$110.00</td>
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</table>

Total Charges: $__________________

Dentist Name
Address
City, State, Zip Code
License Number

Return to:
Colorado Dental Association
3690 S. Yosemite Street, Suite 100
Denver, CO 80237
303-740-6900; fax: 303-740-7989

* Fees are listed for CDA use only to calculate donated dental treatment given on Give Kids a Smile Day. These numbers are reported to the legislature and ADA. Patients will not be charged for any dental treatment on February 2, 2007.
Follow-up Care

David Farinacci, D.D.S., North Canton, OH

One of the best features of “GKAS Day!” is the flexibility we have in our own events. “GKAS DAY” can be anything from one dentist in their own office seeing a couple needy kids and treating them for free, or a large setting, such as a dental school clinic opening its doors and treating hundreds of children in a single day! Each program is unique and certainly there is enough need for many more programs.

The resources required for a large scale, one visit event just aren’t possible in an area without a suitable facility, a large enough concentration of providers, and enough underserved people to accommodate within a reasonable distance. As a result, many events must divide the screening/diagnosis and treatment into different visits. This is most often accomplished by identifying kids at the screening visit that are at risk, sending a letter home notifying the parent or guardian about the need for follow-up care, instructing them to call a certain dentist or agency to make arrangements for the treatment to be done for free, and then relying on the parents/guardian to make the contact, usually by phone. This process is often overwhelming to the very people we are trying to serve and is probably the Achilles Heel of the whole program. Being able to screen and treat in one visit eliminates the need for follow-up care. One event I know of exemplifies this point: 135 kids screened had dental disease and were sent to the parent/guardian explaining the need for follow-up; only 17 requests for treatment were ever made. Of those 135 children only 1 appointment was kept. If you experienced similar results you are not alone. In my experience hearing about the outcome and results of many of the events, it is common to have poor results with follow-up care. The survey done in preparation for this symposium showed one of the most frequent requests was for a follow-up care plan.

Although the subject of follow-up care is unique to smaller events, the lessons learned can assist the larger one visit events by helping them understand some of the concerns of this at risk population. We must understand that in a life that is often filled with roadblocks, and limited options, the more we can do to streamline the process the better. Events that need to divide the screenings and treatment into separate days need to develop ways of making the care as easy to attain as possible. The answers to this problem will be as diverse as the events, area and children they serve. Each event must struggle with unique logistics.

I would like to tell you about a program in Ohio. There was a test project developed in conjunction with an order of nuns, the Sisters of Charity. The mission of this test project, The Bethlehem Project, was to see if the dental health care needs of the poor and underserved could be improved, by helping families practice good oral hygiene on a daily basis, seek regular dental care, and establish a “dental home“.
A “dental home” is one provider that the family will utilize consistently over time. This was accomplished through one on one visits to the home. The results were remarkable! Of the 643 appointments scheduled, there were only 44 no-shows (6.8 per cent). Typically no show rates would be closer to 50%. We incorporated some of these very things into a less intensive approach targeting families that were identified by the “GKAS Day!” screening. Although our results weren’t as good as the Bethlehem Projects it showed a significant improvement over previous years. As part of this project, we interviewed the families and examined the reasons given for not utilizing the follow up plan. We can improve our results, if we can eliminate or reduce these reasons.

Let’s examine the reasons used by the parents/guardians not following up:

- Lack of transportation/too far to travel
- Taking the child for treatment would cost several hours of parent/guardian lost wages.
- Not important since they “aren’t in pain now”.
- They are only “baby teeth”.
- A basic distrust: “Why would someone want to help my kid/me?”

Local resources must be considered in any GKAS Day Program. Each event’s area and children they serve have unique characteristics making a single plan method for improving follow-up care percentages impossible. Here are some general ways to improve follow-up care:

- Look for ways to involve other organizations who can be enlisted in the cause. Who can help with the particular problems of your event? Is it transportation over a distance? Is there an organization that could provide gas vouchers or other methods of transportation?
- Is it possible to follow-up more than once? If a letter is sent could someone make a call? Ideally this should be someone the family knows and trusts. A case worker or school nurse would be wonderful.
- Providing written or hand-out information to the family that would help them understand the importance of the care.
- What can be done to streamline the process for the patient? Anything that can eliminate roadblocks, for example, having the family only need to make one call to set up the follow-up, instead of first calling to get a providers name, then calling the provider.
• Is it possible to take the treatment to various locations, such as the schools the children attend in order to reduce transportation issues? If a provider has portable equipment or a van then it could go “onsite” and treat children during the school day.

This is by no means an all inclusive list. This is offered as a way to help stimulate ideas and provide a springboard for your own ways to improve. I am looking at refining the project we did in Ohio to see if we can’t develop better methods for helping this problem. As providers, when we help someone it is rewarding to have people respect your time and efforts. No shows or not wanting treatment after being screened will deflate the volunteers’ energy and commitment to GKAS for future years. Improvement in follow-up care percentages is vitally important! The kids that benefit from your efforts could be spared severe dental problems and improve their overall health, self esteem and appearance.
Follow-up Care
David Farinacci, D.D.S., North Canton, OH

Reasons for no “follow-up”

- Lack of transportation/too far to travel.
- Taking the child for treatment would cost several hours of parent/guardian lost wages.
- Not important since they “aren’t in pain now”.
- They are only “baby teeth”.
- A basic distrust: “Why would someone want to help my kid/me?”

Ways to improve follow-up care:

- Making the follow-up care easier to access will help more patients receive the treatment they need.
- Is it possible to follow-up more than once? If a letter is sent could someone make a follow-up call? Ideally, this should be someone the family knows and trusts, such as a case worker or school nurse.

Ways to improve follow-up care (cont.):

- Talking with the family, or at the minimum, providing written information to help them understand the importance of the dental care.
- Think of ways to streamline the process for the patient. Have the family only need to make one call for the follow-up.

Ways to improve follow-up care (cont.):

- Take the treatment to the children. Go to the schools the children attend and use in-office portable equipment or a van, and treat the children during school hours.
- Look for ways to involve other organizations who can be enlisted in the cause. If transportation is a problem, is there an organization that could provide gas vouchers or other methods of transportation?
- Form partnerships with the schools. Educators can be very helpful with reinforcing the need for follow-up.

In Closing

- Improving follow-up care will provide help for more children in need. Giving them an understanding of the importance of dental care, and the chance to live a happy and healthy life.
- Give Kids A Smile!
Translate GKAS program to advocacy pitch for access

David J. Owsiany, J.D., Ohio Dental Association, Columbus, OH

Give Kids a Smile Day Programs: Tools for Successful Advocacy

David J. Owsiany, JD
Executive Director
Ohio Dental Association

Ohio’s Give Kids a Smile Day Program

- 2003
  - 700 volunteers
  - 10,000 children
  - $200,000 = value of care donated
- 2007
  - 2,000 volunteers (more than 520 dentists)
  - 24,000 children
  - Over $1 million in free care

Key to Successful GKAS Day Events

- Motivate volunteers – statewide
  - Ohio has programs in all 25 component dental societies
  - Encourage registration with ADA
  - Seek sponsorships and partners
  - Giveaways – educational brochures, toothbrushes, toothprints
  - Recognize participants

Brushing Up on Smiles
Why your child needs to see the dentist
Translate GKAS program to advocacy pitch for access
David J. Owsiany, J.D., Ohio Dental Association, Columbus, OH

Have a Statewide Kick-off Program

- Dayton, Columbus, Cleveland, Toledo, etc.
- Invite dignitaries
  - ADA officers
  - Local media – print, broadcast
  - Policymakers
Translate GKAS program to advocacy pitch for access
David J. Owsiany, J.D., Ohio Dental Association, Columbus, OH

Turn GKAS Day into an Advocacy Tool

- Work with media representatives
- Press releases – local media outlets
- Make leaders in each area available for interviews
- Key message

Turn GKAS Day into an Advocacy Tool

- Emphasize GKAS Day at every opportunity
  - Media interviews
  - Dental and non-dental meetings
  - Legislative testimony on any issue
  - Printed brochures/cards
Translate GKAS program to advocacy pitch for access
David J. Owsiany, J.D., Ohio Dental Association, Columbus, OH

Turn GKAS Day into an Advocacy Tool

- GKAS Day provides:
  - Care for under-served children
  - Education on importance of oral health
    - Children
    - Parents
    - Teachers
    - Media
    - Policymakers
  - Education on what dentistry is doing for access to care

Turn GKAS Day into an Advocacy Tool

- Survey – average ODA member gives more than $13,000 in free care to the underserved
- ODA members give more than $50 million in free care
- GKAS Day creates the opportunity to discuss dentistry’s commitment to access to care

Conclusion

- Develop a good statewide GKAS Day program
- Use that success to educate media and policymakers
- Gain credibility on Medicaid and other access to care initiatives
Translate GKAS program to advocacy pitch for access
David J. Owsiany, J.D., Ohio Dental Association, Columbus, OH

The Ohio Dental Association (ODA), in existence since 1966, represents 80 percent of Ohio’s practicing dentists—more than 5,500 members—and is a constituent society of the American Dental Association. It is comprised of 25 component societies in Ohio, serving each of Ohio’s 88 counties. The ODA’s mission is to improve oral health and strengthen dentistry in Ohio by providing resources to advance the dental profession, improving dental team skills, and increasing public and professional oral health knowledge.

The ODA:

- Advocates for legislative and regulatory change that directly and positively impacts access to oral health services for all Ohioans.

- Provides educational opportunities for its members.

- Provides a range of public service and consumer-oriented programs that are focused on improving the oral health literacy of all Ohioans.

- Serves as Ohio’s resource for oral health information to help consumers understand the importance of their oral health, and that having good oral health can contribute to their good overall health.

Examples of the ODA in action include:

- The Ohio Smile Network—See back of card for more details about this important network of services and programs aimed at improving access to dental care throughout the state of Ohio.

- Dental Medicaid Funding—The ODA has been the driving force in advocacy for the retention of funding for Ohio’s dental Medicaid program.

- Operation T.A.C.T.I.C.—Teens Against Chewing Tobacco In the Community is a program that educates elementary through high school students on the dangers of smokeless tobacco, with information and tips on preventing use, and to help those who do use to stop.

Ohio Dental Association • 1370 Dublin Rd. • Columbus, OH 43215-1098
Phone: 614.486.2700 • Fax: 614.486.0381
Translate GKAS program to advocacy pitch for access

David J. Owsiany, J.D., Ohio Dental Association, Columbus, OH

More than $50 million in Donated Care and Services annually

The efforts of the ODA and its member dentists to improve access to dental care are second to none. The ODA’s Ohio Smile Network advances initiatives that impact access to care in a substantive way through the safe provision of dental services to the public.

Access to dental care is: The ability of all Ohioans to acquire timely oral health care services necessary to assure oral function and freedom from pain/infection, which requires access to the full range of dental services, not just those services limited to emergency care or prevention or screening. - Ohio Department of Health

Dental O.P.T.I.O.N.S.
OPTIONS is a joint effort of the ODA and Ohio Department of Health that links low income patients who lack dental insurance with dentists who have agreed to provide free or reduced-fee care. In just 10 years, the program has grown to include 925 volunteer dentists and has provided more than $8 million in free dental services to more than 10,200 Ohioans.

Give Kids a Smile!
Since 2003, nearly 94,000 disadvantaged children in Ohio have received a wide range of donated dental services through this philanthropic effort, with a reported value in excess of $4 million. The number of dentist and dental auxiliary volunteers has grown from several hundred at its inception to more than 2,000 in 2007.

Ohio Dentist Loan Repayment Program
During its first two-year funding term, more than 20,000 Ohioans received dental care regardless of their ability to pay from new dentists practicing in state-designated professional shortage areas. In return, the dentists receive student loan repayment assistance. This program is funded by fees collected from dentist license renewals and was created through legislation developed by the ODA.

Smiles for Seniors
This free, award-winning program is designed to improve awareness of the unique oral health issues the elderly may experience such as inability to brush due to illness or impairment. More than 1,000 programs have been distributed to long-term care facilities, assisted living programs and senior centers to educate care-givers on maintaining daily oral hygiene.

The Ohio Dental Association Foundation
The Foundation is the philanthropic arm of the ODA. Since 1995, the Foundation has funded $173,020 in grants and $94,500 in scholarships. Disbursements have assisted dental clinics and dental education programs in training Ohio’s dental professionals of tomorrow.

Volunteerism
In addition to serving their community through philanthropic efforts outside of dentistry, the average dentist provides more than $13,000 in free dental care each year to needy Ohioans.
Working with the media

Leslee Williams, Director, Council on Communication, Division of Public Affairs, ADA

Working With The Media – How To Generate Publicity For Your Event

Leslee Williams
ADA Department of Public Affairs

5+ Reasons to Seek Media Coverage

- “Puts a face” on the access issue
- Raises long-term awareness about need to improve access
- Provides opportunity to deliver your solutions
- Builds a “bank of goodwill” with lawmakers, opinion leaders, the public and your members
- Positions you as an oral health news source

Why Should Reporters Care About Your GKAS Event?

- Media coverage is not “a given”
- Competition for reporters’ attention is fierce
- Hard news takes precedence over soft news (“if it bleeds, it leads”)
- Reporters may not realize the importance of oral health to overall health

3 Phases of GKAS Publicity

- Before—get your event on reporters’ radars
- During—on site interviews, taping and photos
- After—send photos and press releases with event statistics to local media

Help Reporters See the Big Picture

Focus on what GKAS does for the public, but emphasize need to improve access to care.

The Washington Post

U.S. Dentists ‘Give Kids a (Free) Smile’ This Friday

Monday, February 1, 2010 / 11:34 AM

PEORIA, Ill., (UPI) — More than 750,000 kids across America are eligible for free dental services Friday, Feb. 1, as part of the fifth annual Free Kids’ A Smile program, offered by the American Dental Association (ADA).

This one-day event is designed to raise national awareness and decrease among dentists/gap children — provide free screenings and necessary dental services to children from low-income families.

This year, more than 75,000 dental professionals will volunteer their time to offer their services at more than 2,700 sites across the nation.

“Giving kids a smile is our national mission to ensure everyone on the international dental community is a healthy child,” Wooton said.

“We also hope to get the media to see what we do and we need more to be done,” Wooton added in a prepared statement.

Serve As a Resource to Reporters:

- Send a press release about your event and about access to care
- Compile local statistics on tooth decay, Medicaid use, etc. to send with press release
- Find a family willing to be interviewed
- Pick up the phone and call reporters—convince them why GKAS and the access issue deserve media coverage
Working with the media
Leslee Williams, Director, Council on Communication, Division of Public Affairs, ADA

No Need to Reinvent the Wheel
- Seek the expertise of your dental society staff
- Ask if your society has a proposal to improve access to care and incorporate these ideas in your interview talking points
  - For example, Wisconsin legislators told WDA they could not increase $ for dental Medicaid, so WDA developed a proposal called 2¢ for tooth sense

No Need to Reinvent the Wheel
ADA also offers step by step publicity materials including:
- Timeline
- Fill in the blank press release
- Fill in the blank public service announcements
- Sample letter to invite elected officials
- Tips for selecting a GKAS spokesperson
- Media interview tips including spokesperson talking points

Media Relations Takes Time
- Patience and perseverance are key
- Prove yourself a trusted, credible resource for reporters, and your GKAS event will make headlines
Identifying, Securing and Maintaining Funding for your Program

Tammy Gass, CFRE, M.P.A., Cook Children’s Health Foundation, Fort Worth, TX

Promising Practices Symposium Presentation

Identifying, Securing and Maintaining Funding for your Program
What’s in Your Toolbox?

Programs that support the GKAS philosophy come in all different shapes and sizes. In this session you will learn about the key characteristics of a model program and review strategies that will help you prepare for the next step: searching for funding opportunities.

The second phase of the session will walk through a variety of funding scenarios with you to help identify potential opportunities that might have success in your community. We will touch on government funding, private foundations, corporate giving, and community and special event fund raising and offer suggestions and feedback to your fundraising questions and roadblocks.

Next, we will review the core components of a successful proposal and proposal process plan. By walking through the elements that help build a successful proposal you will be prepared to take this information back and apply it to your own programs. And last, we will leave you with a comprehensive set of questions to consider as you formulate your presentations and proposals for potential funding opportunities.

By adding to your toolbox of funding information we hope that you will have a few new ideas and practices that will help you build successful programs.
Identifying, Securing and Maintaining Funding for your Program
Tammy Gass, CFRE, M.P.A., Cook Children’s Health Foundation, Fort Worth, TX

Characteristics of Model Programs
- reflect creativity and efficiency in approach
- demonstrate innovative models of care with potential for broad replication
- involve salient partnerships with other service providers and the community
- meet pressing needs which would otherwise go unmet
- are financially sound and justified
- have specific goals and measurable outcomes
- have predetermined plans of continued operations and sustainability after the grant funds are depleted

General Strategies
- Become an expert about the need your program serves. Collect and maintain relevant national, state and local statistics. These make your case for funding more compelling and substantiate need. Use that data in your presentations and proposals and reference it completely.
- Become an expert about your organization: who, what, when, where and why

General Strategies
- Use existing community resources (such as Communities In Schools) to maximize benefit and minimize costs and duplication of services
- Evaluate your program on an ongoing basis, both in terms of satisfaction surveys completed by the beneficiaries and volunteers and in examining your long-term vision and sustainability. (SWOT Analysis)
Identifying, Securing and Maintaining Funding for your Program
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**Governmental Grants: Federal Agencies**
- Subscribe to grants.gov daily free email announcing federal funding opportunities
- Review all Requests for Proposals (RFPs) of potential interest and note all rules and obligations
- Follow-up with federal contacts listed on RFP for clarification and to build a relationship
- Coordinate all federal grants through your agency’s Governmental Affairs Department and/or lobbyists

**Governmental Grants: State Agencies**
- Subscribe to free funding bulletins offered by your state
- Review all RFPs of potential interest and note all rules and obligations
- Contact state points of contact listed on RFPs of interest to clarify questions and build relationships
- Participate in any pre-proposal conferences, teleconferences or RFP reviews

**Governmental Grants: Local (City and County) Agencies**
- Read your local newspaper
- Contact city and county officials to inquire about grant cycles and areas of interest
- Review all RFPs of potential interest and note all rules and obligations
- If you proceed with City and County grants, your program’s leadership may want to call or visit City Council, Commissioner’s Court, etc. to discuss your organization, project and the need you meet in the community
- Inquire about both on-cycle (competitive) and off-cycle (non-competitive) grant opportunities

**Other Funding Opportunities: Private Foundations, Corporate Foundations, Community Organizations and Special Events**
- Read your local newspaper’s real estate and property section
- Follow up with your local area nonprofits
- Look for any new funding opportunities
- Use free resources on the Internet to learn more
- Think strategically about what foundations and organizations might have a natural link to your organization or project
- Coordinate all efforts with your organization’s Development Department and Board of Directors
- Always be thinking of ways to use your relationships with staff, volunteers, and other nonprofits for funding opportunities and connections to key resources

**Private Foundations**
- You can find information about private foundations by utilizing your community resources
- By searching on key words on the Internet (e.g., foundations, community), you can find possible funding opportunities
- Do you have collaborative partners who might have the research resources?
- Key funding criteria: healthcare, oral health, underserved population, children’s health needs, meets collaborative guidelines

**Corporate Funding**
- Make a list of potential corporate partners
- Use the Internet to investigate their corporate giving philosophy
- Do they have a corporate foundation? If so, do they have a formal proposal process?
- Maybe they sponsor events. Could they sponsor your program? Be a sponsor for a community event like “Give Back a Smile Day” brought to you by Fred’s Food Stores
- Giving corporations exposure and linking them to a program that is meeting an important community need is a great selling point.
Identifying, Securing and Maintaining Funding for your Program
Tammy Gass, CFRE, M.P.A., Cook Children’s Health Foundation, Fort Worth, TX

Corporate Partners

Other funding opportunities continued...
Adding to your toolbox

- **Organizations** – Investigate the landscape of your community and start making a list: Rotary Clubs, Sororities and Fraternities, Churches, Women’s organizations – Altrusa, Business groups, etc.
- Recruit a volunteer to start making calls to these organizations to find out about possible funding opportunities. Most of them do give money away and just by asking the criteria might help get you in the door.
- Organizations can also be a good source for volunteers if you need them.

Special Event Fundraising

- What events in your community raise funds for children’s issues or healthcare related needs?
- Go to them and share your program.
- Is there a way to tie your program to an event that supports several charitable needs?

Core Components of a Successful Grant Proposal

- **Institutional Overview**: Credibility statement describing your organization’s mission and goals, accomplishments, audience and capabilities. Who are you and why are your services exceptional?
- **Problem or Need Statement**: Broad description of need supported by statistical evidence. Describe your target population or clients that your program serves. What is the geographical area you propose to serve?
- **Program Description and Impact**: Structure of the proposed program, describe staffing and sequence of activities. How will you respond to the stated need? What makes your program unique and more effective than others? Can your program be replicated? What strategies will be implemented to achieve the desired impact/outcome?
- **Measurable Goals and Objectives**: What is your overall goal? What are the methods via which you will achieve your goal? Develop specific measurable outcomes for each goal.

Core Components of a Successful Grant Proposal (cont.)

- **Evaluation**: Define your evaluation criteria. Describe your data collection and analysis methods. Develop an evaluation plan to measure the results or outcomes of your program. How effective is your program in achieving the stated objectives? Has your program successfully addressed the stated need? Evaluation tools to utilize:
  1. Surveys/Questionnaires
  2. Pre/Post Tests
  3. Periodic Activity Logs
  4. Program Reports
- **Quality Improvement**: How will you utilize the evaluation outcomes to improve your program?

Core Components of a Successful Grant Proposal (cont.)

- **Budget**: Plan your budget requirements. Research costs for staff, equipment, space, travel etc. Develop a detailed, realistic budget with program costs broken down in line items – factor in unexpected costs. Include a budget narrative to further explain the line items.
- **Sustainability**: Develop a sustainability plan for your program. How will you continue to operate your program after the grant is expended? What other funding sources support your program? How will you leverage resources and maximize funding for your program?
- **Collaborations**: Describe your collaborative efforts with other organizations. List and briefly describe constituents you are partnering with.
- **Grants and Summary**: Develop a clear and concise summary that captures the essence of your proposed project.
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Process Plan

Quick Notes

- Develop your niche. Be innovative.
- Follow proposal guidelines carefully.
- Be precise, direct and to the point. Do not use jargon. Clarity is key.
- Plan your program so that expected results are realistic and achievable.
- Do not include information that is not requested.

Questions to Consider As You Formulate Your Presentations and Proposals

- Is this a new program?
- What problem/issue does your proposed program address? Are you currently addressing any of these problems/issues before formally implementing the proposed program?
- Who is to be served? Within that group, what are the ages, diagnoses, ethnicity, economic status, gender breakdown?
- How will your participants be referred to your program?
- How many will you serve every month/year?
- What space will you use?
- What are your program’s goals? What are your objectives and measures?
- What materials/equipment will you utilize/need?
- What is your projected timeline?

More Questions

- What is your budget? What in-kind contributions will your organization make?
- What personnel will you use? What credentials do they have? Will you use volunteers, students, etc.? If using students, will they receive a stipend or other reward?
- What other resources will supplement the grant request? Will there be any revenues?
- How will the project be sustained financially?
- Is the project replicable?
- Is the project innovative?
- Is the program cost-effective?
- With what other entities will you collaborate?
- Are the services you plan to offer available elsewhere in the community?
- If so, what distinguishes your proposed program from the others in the community?

Determining which tools are right for you

- Where is your program today?
- Where do you want it to be in 1 year, 5 years?
- What level of commitment do you have from colleagues, community leaders, collaborative partners?
- Build on what you have and dream for a bright future.

What makes this all worthwhile!
Small Programs – Few Kids up to 50

Marilyn Ketcham, D.D.S., Farmington, NM

GKSD: ORGANIZING YOUR EVENT
(<50 Patients)

ELECT A COMMITTEE CHAIRPERSON AND FORM A COMMITTEE –
• 4 people works best for a small program
• Try to include one pediatric dentist

CREATE A MISSION STATEMENT – Example: The NWDDS will provide one day per year of free comprehensive care to underserved children ages 6-15 giving priority to the uninsured.

CREATE GOALS
• HAVE FUN!
  o This is the most important part of the project!
• PROVIDE CAMARADERIE AMONG THE DENTAL COMMUNITY
• BRING THE COMMUNITY TOGETHER.
• IDEAL # OF PATIENTS YOU WOULD LIKE TO TREAT

DETERMINE OBJECTIVES:
• ACUTE CARE VS. COMPREHENSIVE CARE VS. PREVENTATIVE CARE
• PRIMARY TEETH VS. PERMANENT TEETH
• AGE GROUP

LOCATE FACILITY TO HOST YOUR EVENT
• LOCAL COMMUNITY CLINIC
• PRIVATE OFFICE
• DENTAL SCHOOL OR HYGIENE SCHOOL

DETERMINE A BUDGET FOR YOUR EVENT
• DONATIONS OF SUPPLIES AND CASH
DETERMINE SCOPE OF SERVICES:

CONSIDERATIONS:
• EQUIPMENT – Especially availability of hand pieces and curing lights
• FACILITY
• TIME
• PROVIDER AVAILABILITY
• BUDGET
• SUPPLIES

EXAMPLES:
• RADIOGRAPHS
• PROPHYLAXIS
• FLUORIDE
• EXAMS
• SEALANTS
• ORAL HYGIENE INSTRUCTION
• AMALGAMS
• GLASS IONOMERS
• COMPOSITES
• EXTRACTIONS
• STAINLESS STEEL CROWNS
• PULPOTOMIES

DETERMINE THE MAN POWER NEEDED FOR YOUR EVENT
• FRONT DEST – SIGN IN AND PAPERWORK COMPLETION
• SOCIAL WORKER
• ASSISTANTS
• HYGIENISTS
• STERILIZATION
• ORAL HYGIENE TEAM
• DENTISTS
• RUNNERS
• FOREIGN LANGUAGE INTERPRETOR
DETERMINE IF AND WHAT OTHER ORGANIZATIONS YOU WOULD LIKE TO INCLUDE IN YOUR EVENT:

- PUBLIC SCHOOLS (NURSES)
- BOYS AND GIRLS CLUB
- UNITED WAY
- SOCIAL SERVICES
- COMMUNITY HEALTH CENTERS
- KIawanas CLUB
- LOCAL RESTAURANTS OR BUSINESSES
- STUDENTS
- PEDIATRICIANS

WHAT ROLES WILL THE OTHER ORGANIZATIONS PLAY?

- REFERRAL OF PATIENTS
- TRIAGE
- SCHEDULING _ See Attached
- COORDINATING
- REFERING PATIENTS
- DONATIONS

SIGN UP WITH ADA GKSD FOR FREE PRODUCTS

- www.ada.org – follow the links or enter Give Kids a Smile Sign Up in the SEARCH Box

SELECT A DATE FOR YOUR EVENT

SELECT HOURS OF OPERATION

CREATE SUPPLIES AND EQUIPMENT LISTS

- HANDPIECES – Possible suggestions include:
  - Have handpieces donated to your dental society through a foundation.
  - Have providers bring their own handpieces. Make sure they are compatible with equipment.
• RADIOGRAPHS – digital vs. film
• ANESTHETIC
• MOUTH PROPS
• FLUORIDE – varnish vs. gel, trays, disposable brushes
• SEALANTS – pumice, etch, bonding agent, sealant material, curing light
• COMPOSITE – curing light, etch, bonding agent, composite, glass ionomer
• GENERAL SUPPLIES – cotton rolls, dry angles, 2x2s, HVE, A/W tips, barriers, saliva ejectors, needles (27 & 30 gauge), patient napkins, cotton tip applicators, disposable dappen dishes, masks, gloves, cups, microbrushes, disposable brushes
• PROPHYLAXIS SUPPLIES – toothbrush vs. rubber cup, prophylactic paste, floss
• AMALGAM – bands, wedges,
• PULPOTOMY – formocresol
• STAINLESS STEEL CROWNS – cement, crimpers, scissors
• LOCAL ANESTHETIC – LIDOCAINE, CARBOCAINE

DETERMINE WHAT SUPPLIES TO BE BROUGHT BY PROVIDERS IF ANY
• PROOF OF MALPRACTICE INSURANCE
• STATE DENTAL LICENSE
• HAND INSTRUMENTS
• BURS
• MOUTH PROPS
• SYRINGES
• FORCEPS (150S, 151S)
• MATRIX BANDS AND WEDGES
• CRIMPERS AND HOWE PLIERS
• SSC
• HANDFUL OF COMPOSITE AND GUN

PROMOTE YOUR EVENT – SEE ATTACHED
• RADIO STATIONS
• TV STATIONS
• NEWSPAPER
CREATE FLOW CHART OF HOW THINGS WILL RUN – SEE ATTACHED

EVALUATE YOUR EVENT
• ASK FOR FEEDBACK FROM PROVIDERS
• SCHEDULE A POST GKSD COMMITTEE MEETING

ASSIGN A MONETARY VALUE TO YOUR EVENT – SELECT A FEE SCHEDULE
• UNITED CONCORDIA
• DELTA DENTAL

Sample Flow Chart

RECEPTION AREA

CLASSROOM (OHI)

RECEPTION AREA

PATIENT

TX

RECEPTION AREA

PARENT (AFTER CONSENT)

MEDICAID INQUIRY

RECEPTION AREA
Small Programs – Few Kids up to 50
Marilyn Ketcham, D.D.S., Farmington, NM

GKSD: Organizing Your Event
(<50 Patients)

Getting Started
- Elect a committee chairperson
- Form a committee
- 4 people works best for a small program.

Create a Mission Statement
- Example:

  The NWDDS will provide one day per year of free comprehensive care to
  underserved children ages 6-15 giving priority to the uninsured.

Determine Objectives:
- Acute care vs. Comprehensive care vs. Preventative care
- Primary teeth vs. Permanent teeth
- Age group

Create Goals:
- Have Fun!
- Provide camaraderie among the dental community
- Bring the community together.
- Ideal # of patients you would like to treat
Small Programs – Few Kids up to 50
Marilyn Ketcham, D.D.S., Farmington, NM

Locate Facility
- Local community clinic
- Private office
- Dental school or hygiene school

Determine Scope of Services:
- CONSIDERATIONS:
  - Equipment – especially availability of handpieces and curing lights
  - Facility
  - Time
  - Provider availability
  - Budget
  - Supplies

Determine Scope of Services: (Cont)
- EXAMPLES:
  - Radiographs
  - Prophylaxis
  - Fluoride
  - Exams
  - Sealants
  - Oral hygiene instruction
  - Amalgams
  - Glass Ionomers
  - Composites
  - Extractions
  - Stainless steel crowns
  - Pulpotomies

Determine Man Power Needed
- Front desk
  - Sign in and paperwork completion
- Social worker
- Assistants
- Hygienists
- Sterilization
- Oral hygiene team
- Dentists
- Runners
- Foreign language interpreter

Include Organizations
- Pediatricians
- Public schools (nurses)
- Boys and girls club
- United way
- Social services
- Community health centers
- Kiwanis club
- Local restaurants or businesses
- Students

Roles of Organizations
- Referral of patients
- Triage
- Scheduling
- Coordinating
- Donations
Small Programs – Few Kids up to 50
Marilyn Ketcham, D.D.S., Farmington, NM

Planning
- Select a date for your event
- Determine hours of operation
- Fund Raising
  - Donations of supplies and cash
- Determine a budget for your event

Free Products
- Sign up with ADA GKAS for free products (www.ada.org/) follow the links or enter “Give Kids a Smile sign up” in the SEARCH box

Determine Supplies
- HANDPIECES
- RADIOGRAPHS – digital vs film
- ANESTHETIC
- MOUTH PROPS
- GENERAL SUPPLIES AND DISPOSABLES

Supplies (Cont)
- FLUORIDE – varnish vs. gel, trays, disposable brushes
- SEALANTS – pumice, etch, bonding agent, sealant material, curing light
- COMPOSITE – curing light, etch, bonding agent, composite, flowable, glass ionomer
- AMALGAM – bands, wedges,

Supplies (Cont)
- PROPHYLAXIS SUPPLIES
  - toothbrush vs. rotary, brush heads, prophy paste, floss
- PULPOTOMY – Formocresol
- STAINLESS STEEL CROWNS – cement, crimpers, scissors
- LOCAL ANESTHETIC – Lidocaine, carbocaine

Determine Supplies to be Brought by Providers
- Proof of malpractice insurance
- Dental license
- Hand instruments
- Burs
- Mouth props
- Syringes
- Forcips (150s, 151s)
- Matrix bands and wedges
- Crimpers and howe pliers
- SSC
- Handful of composite and gun
- Rubber dam supplies
Small Programs – Few Kids up to 50
Marilyn Ketcham, D.D.S., Farmington, NM

Promote Your Event
- Radio stations
- TV stations
- Newspaper

Create Flow Chart

Final Step
- Evaluate your event
  - Ask for feedback
- Assign a monetary value to your event – select a fee schedule
  - Ex: United Concordia
  - Ex: Delta Dental
- Thank all of your participants

Thank you!
### Small Programs – Few Kids up to 50

*Marilyn Ketcham, D.D.S., Farmington, NM*

---

**GKSD SUPPLIES INVENTORY LIST**

<table>
<thead>
<tr>
<th>Category</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goodie Bag to hand out</td>
<td>Toothbrushes, Toothpaste, Floss, Disclosing Tablets, Stickers, Coloring Page</td>
</tr>
<tr>
<td>Air Water Tips</td>
<td>Cotton Rolls, 2x2 Gauze, 3x3 Gauze, Disposable Bite Blocks, Disposable Dappen Dishes, Floss, Fluoride Gel, Fluoride Varnish, Fluoride Trays, Microbrushes, Prophy Paste, Prophy Angles</td>
</tr>
<tr>
<td>Etchant</td>
<td>Conditioner, Fuji Plus Luting Cement, Fuji II, Fuji IX, Amalgam, Composite, Articulating paper, IRM, Formocresol, Stainless Steel Crowns</td>
</tr>
<tr>
<td>Gloves</td>
<td>Small, Medium, Large, Non-Latex, Small, Medium, Microbrushes</td>
</tr>
<tr>
<td>Cups</td>
<td>Sealant material, Local Anesthetic, Topical, Carbocaine, Lidocaine, Film</td>
</tr>
<tr>
<td>Pt. Napkins</td>
<td>Prophy Paste, Prophy Angles</td>
</tr>
<tr>
<td>Barriers</td>
<td>Lights, Headrest covers, Chair, HVE, Air Water, Film</td>
</tr>
<tr>
<td>Saliva Ejectors</td>
<td>Size 0, Size 1, Size 2, Size 4, Panorex</td>
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<tr>
<td>HVE</td>
<td>Size 1, Size 2, Size 4</td>
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<tr>
<td>Dry Angles</td>
<td>Size 2, Size 4</td>
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<tr>
<td>Cotton Tipped Applicators</td>
<td>Size 4, Panorex</td>
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<tr>
<td>Dental Bonding Agent</td>
<td>(Prompt – L- Pop)</td>
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67
## GKAS APPOINTMENT SHEET

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<thead>
<tr>
<th>Chair</th>
<th>8:30</th>
<th>9:30</th>
<th>10:30</th>
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<td>6</td>
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</tr>
</tbody>
</table>
ACKNOWLEDGEMENT OF RECEIPT OF GIVE KIDS A SMILE NOTICE OF PRIVACY PRACTICES

"You May Refuse to Sign This Acknowledgement"

I, ____________________________________________, have received a copy of the Give Kids a Smile Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name ______________________________

Relationship to Patient ______________________________

For Program Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

0 Individual refused to sign

D Communications barriers prohibited obtaining the acknowledgement

11 An emergency situation prevented us from obtaining acknowledgement 11

Other (Please Specify) ______________________________

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Reproduction and use of this form by dentists and others involved in providing services through the Give Kids a Smile program is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This Form does not constitute legal advice and covers only federal law.
CONFIRMACIÓN DE RECIBO DEL AVISO DE LAS PRÁCTICAS DE PRIVACIDAD "GIVE KIDS A SMILE"

*Usted Puede Rehusarse a Firmar EstaConfirmación*

Yo, ________________________________________________, he recibido una copia del Aviso de las Prácticas de Privacidad de este consultorio.

Nombre en letra de imprenta

______________________________

Firma

______________________________

Fecha

Si esta confirmación es firmada por un representante personal de parte del paciente, llene lo siguiente:

Nombre del Representante Personal

______________________________

Relación al Paciente

______________________________

Para uso del consultorio solamente

Intentamos obtener confirmación por escrito del recibo de nuestro Aviso de las Prácticas de Privacidad, pero no se pudo obtener la confirmación porque:

1:1 El individuo rehusó firmar

El Barreras en la comunicación prohibieron obtener la confirmación El Una

situación de emergencia nos impidió obtener la confirmación D Otras

(Especifique por favor)

______________________________

______________________________

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(Este Formulario es exclusivamente educativo, no constituye asesoramiento legal, y sobre solamente la ley federal.)
Give Kids a Smile

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

Dentists participating in the Give Kids a Smile program may be required by applicable federal and state law to maintain the privacy of your health information. Protection of patient privacy is important to participants in the Give Kids a Smile Program. This notice summarizes the privacy practices that will be followed by participants in the Give Kids a Smile Program, and your rights concerning your health information. This Notice takes will apply to information collected in connection with the Give kids a Smile program to be held on February 4, 2005, and will remain in effect until we replace it.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may
Give Kids a Smile®

AVISOS DE LAS PRÁCTICAS DE PRIVACIDAD

ESTE AVISO DESCRIBE CÓMO LA INFORMACIÓN ACERCA DE SU SALUD PUEDE SER UTILIZADA Y REVELADA Y CÓMO PUEDE USTED OBTENER ACCESO A ESTA INFORMACIÓN.

PDA el AVISO REVÉS IMPLÍCITAMENTE LA PRIVACIDAD DE SU INFORMACIÓN DE SALUD ES IMPORTANTE PARA NOSOTROS.

NUESTROS DEBERES POR LEY

La ley federal y estatal puede requerir que dentistas participando en el programa "Give Kids a Smile" mantengan la privacidad de su información de salud. La privacidad del paciente es importante para los participantes de "Give Kids a Smile. " Este Aviso resume las prácticas de privacidad que seguirán los participantes de "Give Kids a Smile" y sus derechos acerca de su información de salud. Este Aviso se referirá a información de salud investigada en relación con el programa "Give Kids a Smile" y entrará en vigor a partir del __/__/__ y estará vigente hasta que lo reemplacemos.

Ud. puede solicitar una copia de nuestro Aviso en cualquier momento. Para mayor información acerca de nuestras prácticas de privacidad, o para obtener copias adicionales de este Aviso, sírvase comunicarse con nosotros utilizando la información al final de este Aviso.

USOS Y FORMAS DE REVELAR LA INFORMACIÓN DE SALUD

Utilizamos y revelamos información de salud acerca de usted para el tratamiento. Por ejemplo, podemos utilizar o le podemos revelar su información de salud a otro dentista, médico u otro proveedor de asistencia médica que proporcionan el tratamiento a usted.

Su Autorización: Si Ud. nos da una autorización, puede revocarla por escrito en cualquier momento. Su revocación no afectará ningún uso o revelación permitida mientras la autorización estuvo vigente. A menos que nos dé su autorización por escrito, no podemos ni usar ni revelar su información de salud por ninguna razón excepto aquellas descritas en este Aviso.

Su Familia y sus Amigos: Deberemos revelarle su información de salud a usted, como está descrito en la sección de los Derechos del Paciente en este Aviso. Podemos revelar su información de salud a algún familiar, amigo u otra persona hasta el grado necesario para ayudar con sus cuidados de salud.

Personas Involutadas en su Cuidado: Usaremos también nuestro juicio profesional y nuestra experiencia con las prácticas usuales para hacer inferencias razonables acerca de su mejor interés al permitir a una persona recoger sus recetas, equipos médicos, radiografías, u otras formas similares de información de salud.

Mercadeo de Servicios Relacionados a la Salud: No usaremos su información de salud para comunicaciones de mercadeo sin su autorización escrita.

Requerido por Ley: Podemos usar o revelar su información de salud cuando sea requerido por ley.

Abuso o Negligencia: Podemos revelar su información de salud a las autoridades correspondientes si tenemos razones para creer que usted es una posible víctima de abuso, negligencia, o violencia doméstica o es víctima posible de otros crímenes. Podemos revelar su información de salud hasta el grado necesario para evitar una amenaza seria a su salud o seguridad o la salud o la seguridad de otros.

Seguridad Nacional: Podemos revelar a las autoridades militares la información de salud del personal de las Fuerzas Armadas bajo ciertas circunstancias. Podemos revelar a los funcionarios federales autorizados la información de salud requerida para la inteligencia legal, contraespionaje, y otras actividades de la seguridad nacional. Podemos revelar a los funcionarios de una institución penitenciaria o a un oficial de la policía que tenga la custodia legal la información de salud de un presidiario, o paciente bajo ciertas circunstancias.
GKAS
North-West District New Mexico Dental Society

Health History and Consent Form

Patient has Medicaid □ Yes □ No

First ___________________ MI _______ Last ___________________

Date of Birth ___________________ Sex ___________________

Address ___________________ Emergency contact ___________________

Does your child have or has your child had:

Asthma Y N  Congenital heart disease Y N
Heart Murmur Y N  Rheumatic heart disease Y N
Diabetes Y N  Bleeding problems Y N
Seizures Y N

Is your child taking any medications? Y N
If Yes, what medications ___________________

Does your child have any allergies? Y N
If Yes, what allergies ___________________

Has your child had any other serious illness or operation? Y N
If Yes, what illness or operation ___________________

Is there anything else we should know about the health of your child?
If Yes, please list __________________________________________

I give consent for my child to participate in the preventive and restorative dentistry program conducted by the New Mexico North West District Dental Society. To the best of my knowledge, the medical history questions have been answered correctly and accurately. I allow my child to receive local anesthetic (numbing of teeth) and dental radiographs (x-rays).

Name of Parent/Guardian (print) __________________________
Signature ___________________ Date ____________
Small Programs – Few Kids up to 50
Marilyn Ketcham, D.D.S., Farmington, NM

GKAS

North West District New Mexico Dental Society

Historia del salud y forma de contencimiento

El paciente esta con Medicaid?  
  Si  No

Nombre  Apellido

Fecha de nacimiento
Sexo
Dirección
Teléfono
Para Emergencia llamar a

Tiene su niño?  
  Si  No

Asthma
Problems del corazón
Diabetes
Problemas mentalidades
Enfermedades cardíacas
Enfermedades rheumatoïdes
Enfermedades del sangre

Esta tomando medicamentos su niño?  
Cuales clases y cuantos?

Tiene su niño cualquier alergia?

Tiene su niño cualquier enfermedad o una operation en el pasado?  

Hay algo más que nosotros debemos saber sobre la salud de su niño?

Yo doy mi autorización como el padre de mi niño para participar in la prevention y dentadura restorativo, el programa manejada por la sociedad de New Mexico North West District Dental Society. Yo certifico que la información de la salud de mi niño fue contestadas correcta y verdad. Y dejo mi niño a recibir anestesias para el dolor de los dientes y dejo mi niño recibir rayos equis (x-ray).

Nombre del padre

Firma  Fecha
GKAS

North-West District New Mexico Dental Society

Photo Permission Form

I hereby give the New Mexico North West District Dental Society permission to use my or my minor child’s likeness in photography for publications, promotional purposes, websites, media press releases and coverage, and any other such purpose on behalf of Give Kids a Smile Day.

I understand that I, or my minor child (underage 18) will not receive compensation for the use of this likeness in any form.

Description of project: Give Kids a Smile Day programs on February 3, 2006

________________________________________
Child’s Name (please print)

________________________________________
Name of Parent/Guardian (please print)

________________________________________
Signature of Parent/Guardian

________________________________________
Date
GKAS
North-West District New Mexico Dental Society

Permiso para fotografía

Yo por la presente autorizo a la sociedad New Mexico North-West District Dental Society a usar mi fotografía o la foto de mi hijo para publicaciones y promociones públicas. Los medios de promociones no están limitados a sitios electrónicos, por ejemplo el web site, información al diario o de la prensa por medio del programa de Give Kids a Smile Day.

Yo entiendo que yo ni mi hijo recibirán ninguna compensación por el uso público.

Descripción del proyecto: Give Kids a Smile Day programs.

______________________________
Nombre del niño

______________________________
Nombre del padre

______________________________
Firma del padre

Fecha
Small Programs – Few Kids up to 50  
Marilyn Ketcham, D.D.S., Farmington, NM

Give Kids a Smile Day Patient Record Form  
New Mexico Dental Association 3736 Eubank NE Ste D-2, Albuquerque, NM 87111  
Phone 505.294.1368  fax 505.294.9958

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Date of Birth</th>
<th>Home Address</th>
<th>Phone</th>
<th>School</th>
<th>Value of Services Rendered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Significant Health History

<table>
<thead>
<tr>
<th>Diagnosis and Restorative needs: Please indicate diagnosis and suggest a treatment -</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 A B C 7 8 9 10 H I J 14</td>
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<tr>
<td></td>
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<tr>
<td>3 A B C 7 8 9 10 H I J 14</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>30 T S R 26 25 24 23 M L K 19</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Use top line for diagnosis</td>
</tr>
<tr>
<td>Use lower line for treatment</td>
</tr>
<tr>
<td>Ex - 9</td>
</tr>
<tr>
<td>Decay</td>
</tr>
<tr>
<td>SSC</td>
</tr>
</tbody>
</table>

What treatment did you complete?

- Exam
- Fluoride treatment
- Composite’s - teeth #s
- BW x
- PA(s) x
- Alloys - teeth #s
- Pano
- Glass Ionomers - teeth #s
- Extractions - teeth #s
- Other

Did you complete treatment today?

- Yes
- No

Will you complete treatment in the future?

- Yes
- No

If no, Estimated cost for treatment to be completed: $

Anything we should be aware of?

Does this child need a referral?  Circle all that apply  
ENDO  ORTHO  SURG  PERIO

What are the needs?

White - Student Copy  Yellow - Dentist Copy  Pink - NMDA Copy

Dentist - Please send pink duplicate to NMDA (see top for address)
Medium Programs – 51-250 Kids,

Tonya Fuqua, D.D.S., Cook Children’s Health Care System, Fort Worth, TX

Community Health Outreach Department
August 27, 2007

Cook Children’s mission:
To improve the health status of each child in our region through the prevention and treatment of illness, disease and injury.

Cook Children’s
Hubbard Heights Elementary

Cook Children’s

dental screening results
school year 2006-2007

Program in 14 Fort Worth ISD elementary schools, 3 HEB ISD elementary schools and 2 elementary schools in Keller ISD served by Communities In Schools.

- 7,088 children screened of the 7,887 children enrolled (90%)
- 783 children identified as Class 1; (Class 2-1,298)
- 26 volunteer dentists did screenings with a dollar value of $12,040

survey highlights
(5 pilot schools)
1st year

children
- 58% of the children (first and non-first dental visits) reported dental pain prior to participating in the Save a Smile program.
- 58% of the children surveyed missed school due to dental pain.
- Save a Smile provided a free dental visit to 75% of the children who participated in the program.
- 53% of the children surveyed (43) missed one to five days of school.

Cook Children’s

survey highlights

parents
- Ninety nine percent of the parents said that their child learned something about dental care and/or diet.
- Ninety four percent (89) of the parents felt that the dentist did a good job of treating their child.
- Ninety two percent (75) of the parents also felt that Spanish speaking staff helped them while participating in the program.

dentists
- Ninety six percent of the dentists who completed the survey felt that the SAD program had an impact on the community and they all planned to participate in the program next year.

school nurses
- On average, the school nurses used to see 3-4 children weekly with dental pain and other dental health problems. The numbers have decreased to 1-2 children weekly with dental pain and dental health problems.

Cook Children’s
Medium Programs – 51-250 Kids
Tonya Fuqua, D.D.S., Cook Children’s Health Care System, Fort Worth, TX

**save a smile ytd statistics**

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>children examined</td>
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<td>544</td>
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<td>volunteer dentists</td>
<td>30</td>
<td>30</td>
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<td>appointments</td>
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<td>16</td>
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<td>classes taught</td>
<td>320</td>
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<td>760</td>
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<tr>
<td>received dental care</td>
<td>100</td>
<td>227</td>
<td>364</td>
<td>504</td>
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<tr>
<td>total follow-up visits</td>
<td>203</td>
<td>495</td>
<td>499</td>
<td>414</td>
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<tr>
<td>total dollar value of dental services</td>
<td>$13,756</td>
<td>$13,709</td>
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</table>

**Communities In Schools**

- Transportation
- Translations
- Clothing assistance
- Emergency food
- Optometry appointments
- Medical appointments
- School supplies

A licensed, master's level social worker supports 6 counselors who set up their own hours and work closely with the teachers, school nurses, and the school nurse practitioner. They also help with same-day语言 learners and help address any other privacy needs.

**how to get started**

- Establish a local coalition
- Find out who all the interested parties are with children's oral health issues
- Identify a lead organization
- Identify the need in your community
- Survey schools nurses, doctors, families, etc.
- Working relationship with your local dental society
- Coordinate a "Cook Kids a Smile Day" for your area
- Utilize the GXRAS information to sun off a prevent and prepare program
- Develop an advisory board or committee to help provide awareness and raise funds
- Start small and then expand. Once everything is in place and working well, expand!
- Partner with Communities in Schools for the social service component (www.chicago.org and www.4children.org)
- Establish a network of volunteer dental (screenings and treatment)

**sincere appreciation**

Cook Children's would like to thank our collaborative partners:
- Communities in Schools
- Fort Worth District Dental Society
- Fort Worth ISD
- Hurst-Euless-Bedford ISD
- Keller ISD

Cook Children's also gives special thanks to Kohl's Department Store for their generous support and compassion.
Large Programs – 250 + Kids

Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

Give Kids a Smile Day
Quad Cities Programs Meet the Challenge
Of Providing Dental Care for Underserved Children

Scott Caldwell, Director
Success By 6™, United Way of the Quad Cities Area

Learn more about Give Kids a Smile at
http://www.unitedwayqc.org/sb6/index.htm
http://www.ada.org/prof/events/featured/gkas/index.asp

Give Kids a Smile Day had its origins in 2002 in St. Louis. Since then, under the umbrella of the American Dental Association, more than 1800 locations throughout the US have held their own Give Kids a Smile Day, providing free dental care to underserved children through the efforts more than 41,000 dental team volunteers, including 11,000 dentists.

In the Quad Cities, Give Kids a Smile (GKAS) Day is coordinated by United Way of the Quad Cities Area Success By 6™. The project was launched after two community needs assessments, conducted in 2002, indicated that limited access to dental care was an obstacle to children achieving success in school.

In addition to meeting the needs of children, GKAS Day also serves as a call to action to influence policymakers and the general public to work with dental professionals to develop strategies that address equal access to dental care for all citizens.

During GKAS Day, a dental exam, X-rays, cleaning, and fluoride treatment are provided to children age 3 to 15 years who:
- Have no access to dental care
- Have never seen a dentist
- Do not have private insurance
- Are eligible for free or reduced price lunches

Dentists throughout the Quad Cities sign up for GKAS Day and indicate the number of children and the age groups they are able to see. School nurses and nurses located at childcare centers and preschools identify eligible children. The admission process requires the consent of a parent or guardian. Once children have been identified, screened, and parental consent has been given, they are matched with area dentists by our GKAS Day Coordinator.

The match is based on the age groups and numbers dentists have signed up for and, generally, the proximity of the dental clinic to children’s school, preschool, or childcare center. The coordinators work out the logistics for dental appointments on GKAS Day, including times, transportation, and transportation to follow-up appointments if necessary.
United Way’s Success By 6™ project coordinated the GKAS Day in 2003, 2004, 2005, 2006, and 2007. Success By 6™ is the largest early childhood development coalition in the US. Its goal is to ensure that all children enter kindergarten with an optimal chance to succeed.

Through the work accomplished by GKAS Day over the last five years, more than 1,990 underserved children from low-income have received free dental screenings. About 86% of these children were identified as needing follow-up treatment, and approximately 84% received this care. Dentists have generously donated their time and expertise to complete follow-up work, some of which is extensive, including fillings, tooth extractions, orthodontia, and reconstructive work. Moreover, the value of area dentists’ in-kind contributions for our *dental health initiatives has exceeded $900,000 over the last five years.

Clearly, the success of GKAS Day would have been impossible without the active commitment of dentists and their staff, as well as that of the many local agencies, schools, and transportation providers who support Success By 6. Plans are already under way for Give Kids a Smile Day in 2008!

*This also includes in-kind support for our Volunteer Care Network (VCN) a dental health access program for underserved patients of any age.
Large Programs – 250 + Kids
Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

Give Kids A Smile Day!
United Way of the Quad Cities Area

United Way SUCCESS By 6

United Way of the Quad Cities Area:
- United Way of the Quad Cities Area is located in Davenport, Iowa
- Quad Cities is 170 miles west of Chicago and 170 miles east of Des Moines
- UMQCA serves and engages partners in two counties/states:
  * Rock Island County, Illinois
  * Scott County, Iowa
- Quad Cities Metro Area, population 308,042, generally refers to:
  * Davenport & Bettendorf, Iowa
  * Rock Island & Moline, East Moline, Illinois

United Way SUCCESS By 6

Scott County Demographics
- Population: 158,668
- In Davenport and Bettendorf: 129,634
- Total number of 0–6 year olds in Scott County: 13,196
- Total number of families with 0-5 year olds living at or under the poverty guideline: 1,609
  *18.6% of Scott County families

Source: U.S. Bureau of the Census, Census 2000

United Way SUCCESS By 6

Rock Island County Demographics
- Population: 149,374
- In Rock Island, Moline/East Moline: 130,785
- Total # of 0–6 year olds in Rock Island County: 11,336
- Total number of families with 0-5 year olds living at or under the poverty guideline: 1,566
  *21.1% of Rock Island County families

United Way SUCCESS By 6


Give Kids A Smile Day!
- Began in 2002 as a nationwide event founded by the American Dental Association (ADA).
- A call to mobilize people around the issue of access to dental care for low income, underserved children.
- A perfect fit with the missions of both the dental community and Success By 6.
Dental Profession’s Mission:
“To encourage the improvement of the health of the public, to promote the art and science of dentistry and to represent the interests of the members of the dental profession and the public which it serves.”

Success By 6 Mission
Awareness of the need for maximizing early childhood for all children.
Create Better access to services and resources (i.e., Dental Care).
Collaboration with others who share our goals and values (e.g., dental community, educators, health practitioners, social services, parents, concerned citizens & volunteers).

History of the Success By 6 National Initiative
- Began in Minneapolis, Minnesota in 1988
- Focuses on early childhood health, care, & education
- School Readiness by age six to ensure success in school and in life
- United Way Success By 6 initiatives are present in over 355 communities

Why Focus on Dental Care?
- Success By 6 Neighborhood Outreach Project research
- Area Head Starts mandated by Federal Government
- Child healthcare professionals unable to find dental care for low-income children
- Community Health Care Dental Clinic unable to handle community need due to inability to recruit new dentists
- Hope Dental Clinic served uninsured children with only one part-time retired dentist – Dr. John Cannon

Why Focus on Dental Care?
- United Way and Quad City Health Initiative 2002
  Community assessments
- Quad Cities Area is a federally designated Dental Health Professional Shortage Area for the poverty population of 54,000, who are estimated to be underserved
- Medicaid reimbursement rate is 36% of charges in Illinois and 75% in Iowa resulting in only 8 dentists in the Quad Cities who accepted Medicaid patients in 2003
- 52 million school hours are lost each year due to dental pain

What did United Way Success By 6 do?
- Researched previous efforts to engage dentists
- Listened to area dentists’ concerns
- Made a decision to support dentists in their mission by forming an Oral Health Task Force in the fall of 2002
- Learned of the first annual Give Kids A Smile Day sponsored by the American Dental Association to take place in February of 2002
Large Programs – 250 + Kids
Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

What did United Way Success By 6 do to address the problem?

Mission of the Success By 6 Oral Health Task Force:
- Educate parents about the importance of dental hygiene
- Coordinate Give Kids A Smile Day efforts for Quad Cities dentists

What did United Way Success By 6 do to address the problem? Found Champions.
- Recruited a “champion” to chair the Task Force – Carolyn Bledsoe, RN with Rock Island County Health Department
- Engaged Dr. Chris Larsen (then Rock Island District Dental Society President) as another champion for GKASD. Over 20 dentists agreed to participate.
- Davenport District Dental Society dentists got on board in Scott County.
- First Give Kids A Smile Day (February 2003), 52 dentists served 200+ children from Quad Cities agencies.

Community Collaboration Efforts
- Soon after Success By 6 formed the Oral Health Task Force, the Quad City Health Initiative decided to form a dental team named Smiles For All.
- In order to avoid duplication, staff from QCHI attended the Success By 6 prevention work group meetings, and staff from United Way attended the QCHI prevention work group meetings.
- Success By 6 partnered with QCHI and Community Health Care – Quad City Oral Health Partners - to apply for nomination for a Volunteers in Health Care/American Dental Association dental access grant

Community Collaboration Efforts
- Only six grants in the nation. One of four to be fully funded for $50,000
- An additional $12,500 in matching funds ($7,500 United Way Community Partnership Grant fund, $2,000 Trinity, $2,000 Genesis, $500 each district dental society)
- Created the Volunteer Care Network for low-income people of all ages
- Coordinated by Chris Allers

Community Collaboration Efforts
- Volunteer Care Network became integrated into United Way’s InfoLINK services
- Volunteer Care Network has served 246 patients in three years
- 68 dentists have participated since 2004
- $235,610 total in-kind services to the community
- As long as dentists continue to volunteer, we will continue to look for sustaining funds

Funding Sources for GKAS Day
Funded in part by Quad City Oral Health Partners Grant
- Quad City Health Initiative
- Community Health Care
- United Way of the Quad Cities Area
- Trinity Health Foundation
- Genesis Health Systems
- United Way Community Partnership Grant
- Individual contributions to Success By 6
Large Programs – 250 + Kids
Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

Other Contributors to GKAS Day

United Way
Pierre Fauchard Academy
ADA Foundation
Skate City
Illinois State Dental Society Foundation

Partners for Give Kids A Smile Day 2007

Iowa
Community Action of Eastern IA Head Start
Davenport Schools
BetterUDENT Schools
North Scott Schools
Pleasant Valley Schools

Illinois
Dolton/East Dolton
Rock Island/Milan Schools
Riverdale Schools
Carbon Crest Schools
Henry County Health Department
Mercer County Health

Number of Participating Dentists

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Number of Children Served

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<td>474</td>
</tr>
<tr>
<td>06</td>
<td>397</td>
</tr>
<tr>
<td>07</td>
<td>305</td>
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</table>

Classifications:

0 = No follow-up work required
1 = 1 to 3 fillings/restorative treatment needed
2 = 4 to 7 fillings/restorative treatment needed
3 = 8+ fillings/major restorative treatment needed

2004 Combined Classifications

- Classification 0: 54%
- Classification 1: 22%
- Classification 2: 16%
- Classification 3: 8%
Large Programs – 250 + Kids
Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

2005 Combined Classifications

2006 Combined Classifications

2007 Combined Classifications

GKASD Follow-up Treatment

Children returning for GKASD Day from 2006 to 2007
~ 10% or 31 Children ~

Appointments Kept for GKASD
Large Programs – 250 + Kids
Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

Transportation
- 2003: In Iowa, parents transport kids: Results in 44% "No Show" rate. Overall GKAS Day attendance rate 77%
- 2004: Davenport Schools provide transportation: 47% increase in attendance. Overall attendance rate 90%
- 2005: Contracted with Davenport Schools' bus services, Act II, and River Bend Transit. Overall attendance rate 93%
- 2006 & 2007: Contracted with First Student bus service. Act II Transportation, River Bend Transit, Johannes Bus Service, RI-Milan School Nurses. Overall attendance rate 94%

2007 Dental Care Awareness Campaign:
- 64,000 motorists saw 8 billboards daily from February 1, 2007 through May 31, 2007
- PSAs reached 160,000 households 3 times each

Final Outcomes:
Total in-kind contribution of nearly $660,000
1996 children screened since from 2003 - 07
2002: Eight area dentists provided dental care through Medicaid, Hawk-I
2006-07: Ninety-five dentists participate in GKASD
Increase of over 1000%!
Large Programs – 250 + Kids
Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

GKAS Day Packets & Forms
- Health History Form
- Waiver & Release Form
- Parent Information Letter

Time Line for GKAS Day 2008
- October 19: Dentist participation questionnaires due to United Way
- Week of November 5 _ 9: establish available slots
- December 14: Return completed waivers/health history forms to United Way
- January 2008: match children with dentists
- Friday, February 1, 2008: Give Kids A Smile Day!
- Follow-up appointments February - June 2008
Large Programs – 250 + Kids
Scott Caldwell, United Way of the Quad Cities, Davenport, IA
Chris Allers, United Way of the Quad Cities, Davenport, IA

September 24, 2007

Dear Dr. «Last_Name»,

We are pleased to announce that the American Dental Association has designated
Friday, February 1, 2008 as the sixth annual Give Kids a Smile Day!

We are asking local dentists to volunteer their time and services on this day to children between the ages of three and fifteen who do not have access to dental care. Services on this day include an examination, X-rays, cleaning, and fluoride treatment.

Last year, 95 dentists in Rock Island and Scott County volunteered their time and screened 305 children for this event! In addition, many of these dentists provided follow up care in their offices for children who were identified on this day.

This year, our goal is to recruit 100 local dentists, who will see at least 500 children in their offices on February 1, 2008.

We remind you that February 1, 2008 is only intended to be a screening day. Because many of these children have never been to a dentist, we want to give them the opportunity to become acclimated to the experience before they receive treatment. It is also important to note that if you cannot join us on this day, you may select a different date to participate.

All participating children will be pre-identified for eligibility by agencies and schools. These entities will also take responsibility for transporting the children to their appointments on this day to prevent “no-shows.”

United Way of the Quad Cities Area Success By 6™ will act as the liaison between the agencies and schools and the dental offices. A full-time staff person will be dedicated to gathering the information about each child, assigning the children to the dentists’ offices, and following-up with the agencies and schools after the event to arrange follow up care.

Please let us know if you will be able to join your peers and participate in Give Kids A Smile Day by completing the included questionnaire and returning it in the provided envelope. We are requesting that you complete and turn in the questionnaire even if you have signed up online through the ADA. This will help us maintain an up to date roster. Any questions regarding this event may be directed to Scott Caldwell at 355-4310.

Sincerely,
Scott Caldwell
Director, Success By 6™
Give Kids A Smile Day 2008 Participation Questionnaire

Duration of GKAS Day could last February – June depending on follow-up care needed

SECTION A

Yes! I would like to participate in Give Kids A Smile Day 2008! I understand that by choosing to do so, I agree to see children in my office on Friday, February 1, 2008 (or another day of my choosing) and provide an examination, x-rays, cleanings, and fluoride treatment at no cost.

No, thank you, I will not be able to participate this year. Please send me information next year regarding this event.

SECTION B

Dentist’s Name: ______________________ Office Phone: ______________________

Office Address: ______________________ Office Fax: ______________________

Email Address: ______________________

Office Manager / Scheduling Point Person’s Name: ______________________

PLEASE SEE NEXT PAGE FOR MORE QUESTIONS
Dear Parent or Guardian:

We have an opportunity to help brighten your child’s smile. I am pleased to inform you that local area schools, daycare centers, and child service agencies are partnering with United Way’s Success By 6 for the 6th annual Give Kids A Smile Day dental program on Friday, February 1, 2008.

On this day, Iowa and Illinois dentists will donate their services at no cost to children enrolled in these agencies or schools. If eligible, your child could receive a dental examination, X-Rays, a cleaning, and a fluoride treatment. In addition, several dentists, but not all, have volunteered to provide follow-up services to children they see who may need further care, as referenced in the attached waiver.

Transportation will be provided in most cases and volunteers will accompany children to their initial dental visit. It is strongly encouraged by the dentists, that parents attend the appointments with their children. Parents are welcome to ride the bus with their children or they can meet them at the dentist’s office.

Your child may qualify for these services on Give Kids A Smile Day if:

1. Your child has never been to a dentist.
2. If your child is not covered through private dental insurance coverage (children covered by Medicaid, Kid Care, and Hawk-I are still eligible.)
3. If you child is eligible for free or reduced lunches.
4. If your child has had a dental screening, but restorative work has not been completed.
5. If your child has been through the GKAS Day program in the past.
6. If your child has not been to the dentist within 6 months of the February 1, 2008 program date.
7. If your child has been to Community Health Dental Clinic on a regular basis, they will not be eligible for the program as they have a “dental home” with them.

This program is open to children who do not otherwise have access to dental care. Children, who have a dentist, and are a patient of record with them, will not be eligible for this program. This is only open to children who do not have a consistent dental home.

If you feel your child qualifies for this program, please complete the attached forms and give them to your school nurse or administrative personnel. A limited number of slots are available, so parents are encouraged to turn in their forms today, as these slots will be filled on a first come, first served basis. Filling out the attached forms does not constitute an automatic appointment slot. Sheets will be reviewed and prioritized according to individual needs.

The dental services being offered to your child at no cost are generally very expensive, so please take advantage of this special one time opportunity to help improve your child’s oral health. If you have any questions, please feel free to contact your child’s school nurse or appropriate agency personnel.

Sincerely,

Scott Caldwell
Director, Success By 6
United Way of the Quad Cities Area
Responsibilities for agencies for GKAS Day

1. Identify/screen children who could qualify for Give Kids a Smile Day based upon specific criteria.

2. Responsible for seeing that parent’s fill out the necessary paperwork and turn it in by a given deadline. If papers are incomplete, agencies will be asked to retrieve any necessary information that may be needed to complete the forms.

3. Agency must be willing to provide and/or set up transportation for each child to screening day appointment.

4. Agencies must stress to parents the importance of being an active part in their child’s follow up appointments. If parents aren’t willing to attend follow up appointments with their child, then the child will not be eligible for the program. They must be told this even before paperwork is handed out to them.

5. Oral Health Care Coordinator is responsible for recruiting the dentists, slotting kids into appointment times, and setting up follow up appointments for restorative care.

6. Oral Health Care Coordinator will work directly with the agencies and agencies will work directly with the parents.

7. Communication between the Oral Health Care Coordinator and the agencies is a big part of having a successful GKAS Day.

8. This may not be a complete list of responsibilities, as things beyond our control can happen during this event.
Dr. Joe Smith, 123-456-7890 / Contact: Mary
1234 Jersey Ridge Road Davenport, IA 52807

Friday, February 2, 2007  Will do follow up on all

20 kids (0 – 15)

Agency: Davenport Head Start, Madison and Garfield

Volunteer: Volunteer needed in the office

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<th>Time</th>
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<th>Child #2</th>
<th>Child #3</th>
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<td>10:00</td>
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<tr>
<td>10:20</td>
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</tbody>
</table>
Waiver and Release

In consideration of the free dental services received on the date signed below, I, for myself and anyone entitled to claim through me, do hereby waive and release Dr. _______________ or any persons acting on their behalf or sponsoring or volunteering at this office from all claims of liability arising out of my acceptance of such free care including but not limited to medical or dental care or advice.

Services being provided today include examination, x-rays (2), cleaning and fluoride. Other services provided today include _______________

My prompt arrival to my scheduled appointments is mandatory or I will be excused from the program.

The dentists participating in Give Kids A Smile Day are available to us for this one-time promotion and not on a regular basis. The free screening services provided today do not constitute acceptance of the patient(s) into the dentist’s practice. The dentists and their staff participating in Give Kids A Smile Day are volunteering their time and expertise to make this a positive experience for you and your children.

All patients that are seen will be prioritized and any follow up appointments that are needed, will be made through Success By 6, with the dentists who are participating in the follow-up program. I consent to any other follow-up treatment services to be provided by a referring dentist or specialist, as part of the follow-up care program and further waive and release any such follow-up dentists or any persons acting on their behalf or sponsoring or volunteering at this office, from all claims of liability arising out of my acceptance of such free care including but not limited to medical or dental care or advice.

I give my permission to have my child transported on the screening day, as well as permission for my child to be transported back to the screening dentist, for any restorative work that may need completed. School district personnel, outside volunteers, or transportation services will be providing the transportation on both occasions.

I also agree to accompany my child to any follow up appointments that require the services of a specialist. A specialist could be someone who extracts teeth, does root canals, treats gum disease, or straightens teeth with braces. These specialists require a parent present during these visits, so if not agreed to, the child will not receive any follow up work that needs to be completed.

I give my permission for a photographer and/or other news media personnel to take pictures of me and/or my child. I understand that these pictures and/or film or interviews may be published in newspapers, may be used on radio or television and may be shown to community groups.

I hereby authorize the release of all dental/medical records from the Give Kids A Smile Day program to a referring dentist or agency involved with Give Kids A Smile Day.

I have read, or had read to me, and understand and agree to all of the above.

Patient Name __________________________________________

Parent/Guardian Signature __________________________ Date __________

Please indicate which coverage your child has:

_____ Medicaid (also known as Title 19) _____ Hawk-1 _____ other, please list

Card number __________________________

__________________________
PATIENT INFORMATION

First ___________________ MI ___________________ Last ___________________
Date of Birth ___________________ Sex ___________________
Address ___________________ Street ___________________ City ___________________ Zip ___________________
Phone ___________________ Emergency ___________________

PATIENT MEDICAL HISTORY

Does your child have or has your child had:

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<th>Condition</th>
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<td>Respiratory Problems</td>
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<tr>
<td>pneumonia</td>
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<tr>
<td>Headache/Migraine</td>
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<tr>
<td>Chicken Pox</td>
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<tr>
<td>Rheumatic Fever</td>
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<tr>
<td>High Blood Pressure</td>
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<tr>
<td>Low Blood Pressure</td>
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<tr>
<td>Fainting Seizures</td>
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<tr>
<td>Epilepsy/Convulsions</td>
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<tr>
<td>Leukemia</td>
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<tr>
<td>Frequently Tired</td>
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<tr>
<td>AIDS or HIV</td>
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<tr>
<td>Arthritis</td>
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<tr>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>Chest Pains</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Recent Weight Loss</td>
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<tr>
<td>Disabilities List</td>
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</tbody>
</table>

Physician ___________________ Office Phone ____________ Date of Last Exam ____________

1. Please list all ALLERGIES/SENSITIVITIES/DRUG REACTIONS __________________ Reaction Type ____________

2. Is your child taking any medications now? If yes, please list __________________

3. Is your child under medical treatment now? If yes, please explain __________________

4. Does your child use tobacco? __________________

5. Does your child use controlled substances? __________________

6. Does your child wear contact lenses? __________________

7. Has your child had any other serious illness or operation? If yes, please explain. __________________

8. Is there anything else we should know about the health of your child? Please list __________________

Please See Other Side
10. Has your child ever had a heart infection? If yes, please explain. ________________________________

11. Was your child born with any heart defects or problems with their heart? If yes, please explain.

---

**PATIENT DENTAL HISTORY**

Name of previous dentist and location ____________________________

Date of last exam ____________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child’s gums bleed while brushing or flossing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are your child’s teeth sensitive to hot or cold liquids/foods?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are your child’s teeth sensitive to sweet or sour liquids/foods?</td>
<td></td>
<td></td>
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<tr>
<td>4. Does your child feel pain to any of his/her teeth?</td>
<td></td>
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<tr>
<td>5. Does your child have any sores or lumps in or near the mouth?</td>
<td></td>
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<tr>
<td>6. Has your child had any head, neck, or jaw injuries?</td>
<td></td>
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<tr>
<td>7. Has your child experienced any of the following problems in the jaw?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clicking</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pain (joint, ear, side of face)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Difficulty in opening or closing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Difficulty in chewing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Does your child have frequent headaches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Does your child clench or grind his/her teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does your child bite his/her lips or cheeks frequently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Have you ever received oral hygiene instructions regarding the care of your child’s teeth and gums?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Does your child like his/her smile?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I give consent for my child to participate in Give Kids A Smile Day program conducted by the Ill/Iowa Dental Society and the Committee for Oral Health of Success By 6. In addition, I agree to share my child’s dental information with Success By 6 in order for my child to receive the necessary follow-up dental care.

Name of Parent/Guardian (Printed) ____________________________________________

Signature ____________________________ Date ____________________________
Demonstration of GKAS Promising Practices
SiteScape LOOP

Alan Bardauskis, Manager, Tripartite Data Relations, ADA

**THE LOOP**

**USING THE LOOP**
- Logging on to the Loop
- Adding a new discussion topic
- Adding a reply to a topic
- Adding a new document
- Email notification
- Changing your loop password
- Viewing new or unseen topics

**LOGGING ON TO THE LOOP**

**ADDING A NEW DISCUSSION TOPIC**
Demonstration of GKAS Promising Practices SiteScape LOOP
Alan Bardauskis, Manager, Tripartite Data Relations, ADA

ADDING A NEW DOCUMENT

EMAIL NOTIFICATIONS FROM THE LOOP
- Daily, the Loop sends you an automated email alert to any new postings.
- To unsubscribe, please send email to SiteScape.Sites@ada.org
- To prevent these alerts going into your spam filter, please add this address to your contact list.

From:
SiteScape.Sites@ada.org
Chris, Allers – Davenport, IA
Chris joined the United Way team as a part time employee in July 2004. Her primary responsibilities include coordinating and implementing the annual Give Kids A Smile Day program, as well as the Volunteer Care Network dental referral program.

In addition to coordinating those two programs, Chris also facilitates their quarterly Oral Health Advisory Team meetings, which are comprised of local area dentists, pediatricians, and staff from Community Health Care, Quad City Health Initiative, and United Way.

Chris attends monthly Quad City Health Initiative “Smiles For All” meetings. This team seeks to increase access to dental care prevention and treatment services for the underserved.

Chris’ work background is primarily in retail, payroll, and customer service. Her exceptional coordination abilities and customer service skills have made her a perfect match for the Oral Health Care Coordinator position.

Scott Caldwell – Davenport, IA
Scott joined the United Way team in August 2004. Scott’s primary responsibilities include advancing the Success by 6 mission by working with the new goals and strategies set by United Way of America to bring to them to the local level, including public awareness, improving the quality of early childhood education, and collaborating with local, early childhood efforts to improve the quality of life for young children in the Quad Cities.

In addition, Scott coordinates our United Way’s the Youth Assets initiative by engaging all sectors in developing assets, providing training and education on assets developments, mobilizing youth as resources to guide and ensure the relevancy of these efforts, and general public awareness.

Scott has over twenty years of experience in human services, including direct service, administration, grant writing, program development, and clinical assessment. He is also a Licensed Independent Social Worker in Iowa, and a Licensed Clinical Social Worker in Illinois.
Jeffrey B. Dalin, D.D.S. – St. Louis, MO

Jeffrey B. Dalin, D.D.S., a St. Louis native, has been in private practice in St. Louis for the past 27 years. Dr. Dalin is a 1980 graduate of Indiana University School of Dentistry. He was a former clinical instructor in the Department of Operative Dentistry at Washington University School of Dental Medicine. He has earned Fellowships from the American College of Dentists, the Academy of General Dentistry, and the International College of Dentists. Over the years, Dr. Dalin has published numerous articles and lectured on various subjects such as Eating Disorders, Geriatrics, High Tech Digital Dental Equipment, and the Internet. He is editor of St. Louis Dentistry Magazine and spokesperson and critical issues response team chairperson for the Missouri Dental Association and the Greater St. Louis Dental Society. He is also the author of a monthly column for Dental Economics Magazine. His articles have appeared in numerous other publications across the country.

In the fall of 2001, Jeff co-founded, planned, and implemented Give Kids A Smile, a program designed to deliver full service dental care to children who do not have access to dentistry. In February 2002, his dream became reality with the first Give Kids A Smile Clinic. This Clinic runs for two days in February and two days in October. Over 5800 St. Louis area children have received almost $2 million dollars worth of dental care in eleven two-day clinics. This Give Kids A Smile program was adopted by the American Dental Association as its National Children's Dental Access Day in 2002.

Jeff has won numerous dental journalism awards from the International College of Dentists. He has also won Awards of Merit and Distinguished Service and the Gold Medal Award from the Greater St. Louis Dental Society; a Dentist of the Year Award from the Missouri Dental Association; and a Presidential Citation from the American Dental Association. He has also been recognized by the Missouri Senate and Missouri House of Representatives. He has won awards for his work with Give Kids A Smile from the Shils Foundation, Bank of American Foundation, FOCUS St. Louis, and the Progressive Youth Commission. Most recently he received the Maynard Hine Award from the Indiana Dental Association.

David J. Farinacci, D.D.S. – North Canton, OH

Dr. Farinacci graduated from The Ohio State University College of Dentistry in 1980, and has been in private practice since that time in North Canton, Ohio. He served as editor for the Stark County Dental Society for several years, before becoming President in 1992. Along with his involvement on the local level, he has been a delegate to the Ohio Dental Association. Dr. Farinacci also served on Ohio’s Council on Communications and Public Service for four years with one year as chair. He also served on Ohio’s Council on Dental Education and Licensure and chaired the council in 2003. Additionally, he served as liaison to the ODA’s Annual Sessions Committee. On the national level, Dr. Farinacci has been both an alternate delegate and a delegate to the ADA. He also has served on the ADA’s Council on Communications as both Vice Chairman and Chairman. He is currently on the GKAS National Advisory Board as a committee member. He and his wife Susan, reside in North Canton, Ohio. They
have four children: Joseph, Michael, Maria and Angela. Dr. Farinacci is a licensed pilot and enjoys this hobby with his family.

**Tonya K. Fugua, D.D.S. – Fort Worth, TX**
Tonya K. Fuqua is a general dentist in private practice part-time in Southlake, Texas with her husband who is a prosthodontist. Dr. Fuqua received her Doctor of Dental Surgery Degree from the University of Texas Health Science Center in San Antonio, Texas. She then served 3 years in the United States Air Force as an active duty dental officer, Preventive Dentistry Officer and the Manpower Disaster Team Chief. After moving to Fort Worth, Texas in 1998 she quickly got involved in the local dental society serving her community. Currently serves as Director of the Child Study Center Dental Clinic, treating children with developmental/behavior disabilities and Manager of the Save a Smile program led by Cook Children’s serving indigent children pre-kindergarten through third grade in targeted schools in Tarrant County. Dr. Fuqua served as Chair for Give Kids A Smile on behalf of the Fort Worth District Dental Society from 2003-05 and continues to volunteer to treat children on GKAS Day ever since. She also works with numerous local collaborations and community groups on children’s oral health issues and serves on the legislative committee for the Children's Oral Health Coalition. She is a member of countless dental, civic and professional business organizations. Dr. Fuqua, in her spare time, is a wife and mother of two wonderful little girls.

**Tammy Gass – Fort Worth, TX**
Tammy Gass has almost 20 years of experience in philanthropy and non-profit management. She currently is the Director of Annual Giving at Cook Children’s Health Foundation where she has worked for the last eight years.

Tammy is a Certified Fundraising Executive (CFRE) with a M.P.A. in Non-Profit Management. She has served on not-for-profit boards and on the faculty for Rockhurst College, teaching classes in fundraising.

Throughout her career, Tammy has worked with a variety of non-profit organizations that support the health and well-being of children and their families. Tammy says that being part of an organization that focuses on the needs of children is inspiring and motivating.

**C. Bruce Gordy, D.M.D. – Orlando, FL**
Dr. C. Bruce Gordy has been in private practice for 29 years. He received his Doctor of Dental Medicine Degree from Medical College of Georgia School of Dentistry in Augusta, GA. For the past 22 years, Dr. Gordy has been a member of ADA and an active council member of the Florida Dental Association. He is a Fellow in the American College of Dentists. As a leader in the volunteer community, Dr. Gordy in 1996 established a dental clinic for the Healthcare Center for the Homeless in Orlando, FL. He received the ADA and FDA Humanitarian Award and Volunteer of the Year Award from the Greater Orlando Dental Society. Dr. Gordy and his wife SuSu have four children and reside in Orlando, FL.
Marilyn Ketcham, D.D.S. – Farmington, NM
Dr. Marilyn Ketcham is from Farmington, New Mexico. She is a 1992 graduate from the University Of Colorado School Of Dentistry. She has chaired a small (<50 patients) but productive GKAS campaign for the past 3 years.

David J. Owsiany, J.D. – Columbus, OH
David Owsiany has been the executive director of the Ohio Dental Association since 2002. Previously, he served as the ODA’s director of legal and legislative services from 1994 to 1999. He has also worked as chief of policy at the Ohio Department of Insurance and is a past president of the Buckeye Institute for Public Policy Solutions. Before coming to Ohio, David worked on the staff of the United States Senate Judiciary Committee in Washington, D.C., and clerked for Justice Robert W. Cook of the Illinois Appellate Court. Mr. Owsiany has written dozens of articles on legal and public policy issues that have appeared in various publications including the University of Toledo Law Review, Columbus Dispatch, Cincinnati Enquirer, and Akron Beacon Journal. He also writes a regular column on dental issues in the ODA Today and regularly gives public presentations on dental, legal, and legislative issues. Mr. Owsiany received his law degree from Washington University in St. Louis and his B.A. from the University of Michigan in Ann Arbor.

Molly Pereira – Denver, CO
Molly M. Pereira is the associate executive director of the Colorado Dental Association. She has been with the CDA since 2002 and oversees the association’s communications, operations, volunteer efforts and public education. Prior to the CDA, Molly was a communications specialist with the Colorado Bar Association and Denver Bar Association, both membership organizations for attorneys. She also has public relations agency and newspaper reporting experience. Molly is a Colorado native and a journalism graduate from the University of Colorado at Boulder.
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<th>Phone</th>
<th>Email</th>
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<tbody>
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