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## UTILIZING AND IMPLEMENTING AN ORAL HEALTH PROGRAM FOR UNDERSERVED CHILDREN: A GUIDE TO DELIVERING A GIVE KIDS A SMILE PROGRAM

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UTILIZING AND IMPLEMENTING AN ORAL HEALTH PROGRAM FOR  
UNDERSERVED CHILDREN: A GUIDE TO DELIVERING A GIVE KIDS A SMILE  
PROGRAM

by

Jennifer McKinnies

BSDH, Southern Illinois University, 1999

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the  
Master of Science in Human Sciences

School of Human Sciences  
in the Graduate School  
Southern Illinois University Carbondale  
December 2022

**RESEARCH PAPER APPROVAL**

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Approved by:

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Graduate School  
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## CHAPTER 1

### DENTAL CARE IN THE UNITED STATES

Health issues in the United States such as poor access to healthcare have been an ongoing issue for many years, especially among those of a lower socioeconomic status, even with the many advances in modern medicine and the improvements in overall access to healthcare (Riley, 2012). As indicated by Fellows et. al. (2022), there is an overall 31 percent increase in untreated dental caries for low-income families compared to those outside of the low-income bracket. Mortality from disease is obviously what brings about the highest concern for the healthcare profession. One of the greatest causes of death in the United States is heart disease, followed only by cancer death as the second leading cause of death among those in our society (Rothwell, 2001). The one connection both devastating diseases have in common is oral health and that both are adversely affected by deprived oral hygiene. Poor oral hygiene can be a precursor to cancerous changes in the oral cavity and bring about poor heart health, which can ultimately lead to heart disease (Kim et al., 2013). Simply providing greater oral health care for those of low socioeconomic status or those with poor access to oral healthcare, could lead to better disease outcomes.

One of the most chronic diseases identified in the lives of children over the last 20 years is tooth decay (Mouradian et al., 2000). Lack of oral care in children leads to poor overall health and can negatively affect speech, nutrition intake, and mental health. One specific population that experiences this disparity of care, is school age children. The American Academy of Pediatric Dentistry reported that between 2019 and 2020, the percentage of children aged 1–17 years who had a dental examination or cleaning in the past 12 months decreased by nearly 3 percentage points, from 83.8% to 80.9%. For many, they are not receiving the type of oral care

that is needed to meet the current standards within the dental profession. Moreover, Naavaal and Kelekar (2018) found that over 34 million hours of school are missed each year because of dental disease.

There are various reasons why dental care is one of the greatest unmet healthcare needs in America. One likely cause of this unmet need is lack of dental insurance, or poor insurance coverage (Mouradian et al., 2000). As the cost of living continues to rise, so does the costs of dental care. When a family is forced to choose between food and electricity or dental care, the latter is not a priority.

Another likely reason that dental needs go unmet is access to care (Fellows et al., 2022). The need for dental practitioners in rural areas is significant, and finding a dentist who accepts state Medicaid, or operates on a sliding fee scale is a rarity. In a 2018 study completed by the American Dental Association, only 38% of dentists in the United States accepted medical cards. Specific to Illinois, less than 20% of dentists are billing out to Medicaid while only 18.3% of dentists in Illinois are treating at least 100 patients or more (Warder & Burton, 2017).

In addition, the field of dentistry is currently experiencing a labor shortage along with a growing need for dental services by the baby boomer population, which is making the ability to find a dental home even more difficult (BLS, 2022). To exacerbate the issue even more, is the overall view of dental care and its lack of importance compared to other health care needs. This was illustrated in 2020 when COVID was first addressed in America. Many dental practices were closed for nonemergency care, which illustrated it was not viewed as an essential service for health care (Fellows et al., 2022).

With the abundant need for oral health care throughout the nation, safety net dental clinics can be established to meet the overwhelming need of underserved communities. These safety



net clinics may begin as a temporary solution, but can soon become permanent dental homes for those facing substantial barriers to accessing dental care. There is one dental facility in Jackson County, where Southern Illinois University was founded, that treats underserved pediatric patients, however, there is only one pediatric dentist at this facility. There are three rural health dental facilities in Union, Perry, Franklin, and Williamson counties combined, all of which surround Jackson County Illinois, but none of them employ a pediatric dentist. While each facility employs one to two general dentists, their focus is on adult patients, leaving pediatric patients underserved. This significant gap of patient to provider ratio makes it nearly impossible for children to receive adequate oral care. The aforementioned reasons are why the Give Kids a Smile (GKAS) program at Southern Illinois University began. The purpose of this paper is to act as a resource to those interested in providing their community with an event such as GKAS, whether they are a dental professional, community health worker, school nurse, or someone who has a passion for helping underserved children.

## CHAPTER 2

### **GIVE KIDS A SMILE: NATIONALLY, REGIONALLY, AND JACKSON COUNTY**

In 2002, two St. Louis area dentists were considering ways they could give back to their community. The overall need for dental care in their region was significant, and both felt the necessity for pediatric dental care was in great demand. The dentists identified the poverty-stricken city of East St Louis, Illinois as the community with the most need. The dentists were granted one day use of a soon-to-be demolished dental clinic in East St. Louis. They were able to gather together 15 dental chairs, and then organized a free dental day for local children. After a successful day of treating 400 patients, the dentist's efforts were recognized by the American Dental Association (ADA) for their work and community service. Then in 2003, the event was held for the first time as a national event, which has now developed into the Give Kids a Smile (GKAS) program.

GKAS is held annually across the country providing free preventive and restorative services for underserved children. According to the ADA (Burger, 2022), since the inception of GKAS, participating programs have provided care to over 7 million children. What began as a grassroots effort by two dentists, has now grown to over 6,500 dentists and 30,000 dental team members volunteering for the program each year.

#### **Give Kids a Smile at Southern Illinois University (SIU)**

Southern Illinois University is located in Carbondale, Illinois, in Jackson County. According to the US census bureau, there are over 52,000 residents in Jackson County, and it is closely surrounded by multiple neighboring rural counties including Union, Perry, Franklin, and Williamson (QuickFacts, 2021). Looking at Jackson county solely, 17.2% of residents are considered at poverty level, an average of 2.5% higher than its neighboring counties [Union

12.1%, Perry 17.2%, Franklin 15.1%, Williamson 14%] and 5% above the state level [12.1%] (QuickFacts, 2021). As of April 2020, the percentage of residents in this county who are considered children was 24.1%, and more than 63% of those children qualified for free and reduced lunch (ZipDataMaps, 2022). This indicates the number of children who would be considered in a lower income bracket is over half the percentage of children residing in Jackson County. According to National County Health Rankings (NCHR), nine percent of children in Illinois are considered to be living in poverty as compared to 24% of children residing in Jackson County who are considered to be at or below the poverty level (NCHR, 2020).

The fact that there is such a high percentage of low-income families and children in the county leads one to believe this county and its population of people would be at an even greater disadvantage when it comes to healthcare needs. This was illustrated through data described by the CDC when it reported the number of children aged 5 -19 years old from low-income families were twice as likely to have cavities, compared with children from higher-income households (Centers for Disease Control and Prevention [CDC], 2022).

When considering the previously mentioned statistics for low-income families, it becomes very apparent that there is a great need for oral hygiene care in Jackson County, especially for young residents. This issue is further complicated when you consider the number of facilities that are open to low-income families and the lack of professional services available to them. It is no secret that in Jackson county as well as other surrounding counties, the number of facilities that accept these low-income families on Medicaid and provide them with dental services is one per county. This means that for a decent percentage of the children in Jackson County, there is only one dental facility to provide services for all their oral hygiene needs. When you consider these astonishing statistics, it becomes apparent why Southern Illinois University (SIU) Dental

Hygiene program adopted the mission of the ADA, and in 2003 hosted its first GKAS program. The vision for the SIU Give Kids a Smile program is to ensure access to quality oral healthcare for all children at no cost, regardless of where they reside in Southern Illinois.

The SIU Dental Hygiene (DH) clinic is a 32-chair facility, equipped with five x-ray rooms and four additional private treatment rooms. Our program consists of 11 full-time faculty (nine Registered Dental Hygienists (RDH) and two dentists (Doctor of Dental Surgery (DDS)) and approximately 90 dental hygiene students (excluding freshman students as they are unable to volunteer for dental services at this stage of their education). All DH faculty and students staff the event, as well as local RDH's and DDS's. On average, about 2 to 5 RDH's volunteer for the GKAS program, and about five to six DDS's each year. Each of these volunteers give an eight-hour day of their professional services for free. While the organizer of the program puts in about 60 hours of their time during months of preparation in order to prepare for all of the services offered, as well as preparing the paperwork for each child who will receive oral hygiene care.

When registering to host a GKAS event via the American Dental Association, coordinators have three options in regard to what type of program they plan to host: educational, screening, or prevention and restorative. Educational programs focus on providing the child and/or caretaker with information on the prevention of dental disease. Screening programs provide a cursory dental exam in order to inform the parent or guardian of the oral care that the child needs. The third option, which is prevention and restorative, provides dental exams, cleanings, X-rays, fluoride treatments, dental sealants, fillings, and other tertiary care to children who participate. Due to the vast need in our area, SIU dental hygiene chose to combine options to host a prevention and restorative program, as well as an added educational component. The best, most cost-effective way to improve oral and overall health is to reduce the need for care. This is most

easily accomplished by providing oral hygiene education to parents/guardians and children through visual aids, such as demonstrating brushing on manikins or viewing intraoral photos to show parents areas in the mouth that could be concerning. Discussing proper nutrition such as cariogenic food versus healthy snack options is also a fundamental part of the educational portion of the program. By providing routine examinations, cleanings, x-rays, dental sealants, and fluoride treatments, patients and parents are at an increased advantage in preventing oral health disparities.

The success of this program is based on all of the volunteer hours offered by these community professionals and the program would not have experienced the success it has, had it not been supported by all involved. To exemplify this point, of all the programs nationwide, only 5% of the programs in existence today have been participating in GKAS for over 10 years (ADA, 2022). The longevity of this program in Southern Illinois, illustrates the overall dedication of the professionals in this region as well as the need of the program for the regions underserved children and the fact they are lacking specific oral hygiene care.

## CHAPTER 3

### HOSTING A COMMUNITY ORAL HEALTH PROGRAM

Planning, implementing, and evaluating a community oral health event occurs in stages. These stages take place over the course of a 12-month time frame and act as a program guide. Creating a guide that is specific to your needs will enrich program development and can increase your chances of a successful event. This chapter will discuss the planning stages of the SIU Give Kids a Smile program, day-of event processes, and how the coordinator evaluates the program.

#### **Timeline**

Creating a timeline is a crucial part of organizing a large community service event. The timeline serves as a guide that sets expectations and deadlines for the event planner, as well as those assisting with the event. Preparing for each GKAS event requires planning as far in advance as 12 months, and a timeline ensures each task is accounted for, and completed in an appropriate length of time prior to the event.

Table 1. Program Planning Timeline

12 months	Determine the date of the program Secure a venue Determine budget Begin recruiting volunteers
6 months	Solicit funding Determine event theme Contact legal services Send reminders to volunteers Contact potential partners
4 months	Register your event with ADA (registration opens Oct 1 <sup>st</sup> ) T-shirt design contest
3 months	Begin advertising event Reconnect with legal services Secure food vendors Contact potential table vendors
2 months	Make initial contact with the media Contact recall patients

	Begin recruiting new patients Order shirts for faculty/students/volunteers Contact Athletics Reconnect with partners regarding specific details
1 month	Meet with faculty volunteers Contact parking division
2 weeks	Organize supplies Meet with student volunteers Confirm with non-University affiliated volunteers Prepare CE certificates for licensed volunteers
1 day prior	Confirm patients Decorate clinic/waiting room area
Day of event	Place signage in the parking lot Brief volunteers/Introduce volunteers to students/staff
Post Event	Gather event statistics Select the date for the following year's event Send out thank you cards to sponsors and volunteers

## Partnerships

Developing strong community partnerships for an oral health program is essential for many reasons. Collaborations improve program visibility, expand your resources, and can enhance the likelihood of a successful event. Partnerships can be local health departments, school nurses, or

unconventional partners such as athletic teams. Securing diverse partnerships can open doors to create an even more effective event.

Table 2. Potential Program Partners and their Role

School nurses	Identify children in need and those non-compliant with state of Illinois dental exam requirements; Distribute flyers to families
Local Health Departments	Advertise for event
Local Dental/Dental Hygiene Societies	Distribute volunteer requests, solicit donations
Lions Club	Vision testing and eye education for children 6 months-6 years
University Athletics	Donate tickets to sporting events, meet and greet with athletes, Kids club sign up
SIU Nursing Program	Blood pressure screenings for children and their guardians, check-in patients
SIU Nutrition Program	Offer nutritional lunches for patients
SIU Parking Division	Provides metered parking at no cost to participants
Greater St. Louis Food Bank	Provide information to parents about food bank options, and Illinois Link card registration
Local Library	Offered a free book to each patient
Social Service programs	Identifies children in need of a dental exam
Local Audiologist	Hearing screenings
Local Media Organizations	Advertisement pre and post-program

### Identifying eligible children

How programs determine income eligibility for participation is at the discretion of the event coordinator. Eligibility options can include: current participation the free and reduced lunch program, state medical card recipients, or families with incomes below the federal poverty guidelines. The SIU Give Kids a Smile program takes the approach that anyone reaching out for



an appointment must need our services. Therefore, we do not have income requirements, or any other eligibility requirements. No child will be turned away based on residency, income, or insurance status. Patients are accepted on a first come, first served basis, and a wait list is created for those interested who were unable to secure an appointment.

### **Recruitment and retention of volunteers**

The SIU dental hygiene program utilizes its students and faculty to treat the majority of the patients, however no event is complete without a multitude of volunteers. Approximately 12 months prior to the program date, local dentists are sent a recruitment letter that includes information regarding the upcoming event, and a registration form (see Appendix A for the recruitment letter and registration form). The recruitment letter informs the dentist of the date of the event and highlights the impact of volunteers throughout the history of the program. The registration form should offer potential volunteers' multiple options in regards to the amount of time they will donate, as well as the role they plan to assume during the event.

For example, a retired dentist may prefer to participate for four hours in the morning, providing only dental exams and opt out of performing restorative procedures due to time away from the profession. Dentists can also be given the option to bring their dental staff to volunteer.

The biggest drive for volunteers is giving back to the community, however providing small incentives as a thank you is beneficial. Offering breakfast/lunch, an event t-shirt, and licensing required continuing education hours could entice providers and others to participate. Showing appreciation and acknowledging those who have donated time or a monetary donation is a necessity. Publicly recognizing volunteers on social media websites, sending hand written thank you notes, and registering them as a volunteer through the American Dental Association Give Kids a Smile national data collection system is advantageous in the retention process. By

providing volunteers with a sense of community, and making them feel valued, a loyal volunteer base can be established for future events.

### **Advertising event**

Promoting a Give Kids a Smile event should be fun and energetic. Creating an attractive, eye catching flyer outlining key information will appeal to parents/guardians and draw them in (see Appendix B for flyer). Flyers can be posted on social media pages such as Facebook, Instagram, and Twitter, with the option for others to share your advertisement post. Event partners such as school nurses, public health departments, and local food banks can offer assistance in distribution of the flyer. Contacting local media outlets (television and radio) requesting assistance in advertising to a broader audience.

### **Patient registration**

Patient registration packets are given to parents/guardians upon arrival at the scheduled appointment. All documents in the packet are within health literacy reading levels, and are available in English and Spanish. Forms include demographic information regarding the patient, health and dental histories, Notice of Privacy Practices, and a limited doctor/patient relationship form (see Appendix C for all patient forms).

Collecting an accurate health and dental history is vital to patient treatment. Medical history information can influence treatment and allows the provider to ensure appropriate care of the patient. Dental history information provides insight into previous dental treatment or experiences and potential dental concerns.

In accordance with federal law, a parent or guardian must be provided with a Notice of Privacy Practices. This notice states how the patients protected health information (PHI) may or may not be used, and how it is protected by SIU dental hygiene and Give Kids a Smile. Parents

and guardians are provided with a copy of our Privacy Practices, and sign a form stating that they received it.

Lastly, each patient must have a signed Limited Patient/Doctor relationship form prior to beginning treatment. The purpose of this form is to ensure awareness that the parent/guardian does not hold the volunteer dentist responsible for the patient's treatment after the event. The form also states that parents/guardians have relinquished any right to legal action against the providing dentist(s), and waive and release from liability any persons or volunteers associated with the event.

### **Day-of event processes**

The SIU Give Kids a Smile program opens its doors for volunteers around 7:45am, although the event coordinator usually arrives at 7:00am. After volunteers check in and get acquainted with the clinical area, the coordinator conducts a morning huddle to brief everyone on the process of the day. Volunteers are then assigned a working area, names of patients they will be providing dental care for, and will be introduced to their section supervisor. Volunteers are provided with step-by-step instructions regarding the process of patient treatment (see Appendix D for volunteer instructions).

- Patient check in begins at 8:15 am.
- Upon check in, registration packets are given to parents/guardians to complete. All forms are returned to the receptionist after completion.
- After confirming the paperwork is thoroughly completed, it is then distributed to the clinician. The clinician must review the medical and dental history prior to beginning treatment to ensure there are no medical concerns that would prohibit treatment.
- X-rays are taken.

- The clinician then assesses the patient's oral homecare in order to provide proper oral hygiene instructions and nutritional counseling.
- If the patient is cooperable and compliant, a dental cleaning is provided.
- A volunteer dentist will provide a thorough dental exam which will outline treatment needs (additional x-rays, sealants, fillings) and provide the child with the State of Illinois Proof of school dental exam (see Appendix E).
- All preventive treatment is completed and recorded on the services rendered portion of the patient treatment form.
- If time allows, restorative care (fillings, extractions) will be completed. If restorative care is not completed due to lack of time or patient cooperation, referrals are made to the SIU Community Dental Center or local general and/or pediatric dental offices.

### **Realistic scope of services/services offered**

Although an event coordinator may hope to provide all needed treatment to each patient, a realistic scope of services offered needs to be considered. Issues may arise during the event that can hinder the amount of treatment provided. Patient cooperation, time restrictions, and the extent of dental issues all play a role in what services will be completed during the event.

Parents/guardians are made aware that all treatment may not be completed during the allotted time. Referrals are made when necessary, and if funds are available, patients are referred to our in-house dental clinic, the SIU Community Dental Center.

### **Post-event data collection**

After the event is held, the event coordinator is responsible for compiling patient data such as demographic information and services rendered. Additionally, the total dollar value of the treatment provided must be calculated. The American Dental Association requires all

coordinators to upload their program data with the Give Kids a Smile national data collection system. Failure to comply with ADA can potentially result in ineligibility to receive product donations and/or grant funding for future GKAS events.

## **CHAPTER 4**

### **EVALUATION AND PROCESS**

The purpose of this section is to describe and evaluate an oral hygiene program, which provides dental services to underserved children. This program is known as Give Kids A Smile (GKAS) and has been developed in multiple regions. The program evaluated in this paper is offered at Southern Illinois University (SIU) in Carbondale Illinois.

#### **Findings**

This section will provide specific information on the SIU GKAS program and the data that has been collected over the past 19 years. The data included will pertain to demographics such as age, gender, and county of residence. The data will also include dental caries rate or the number of children found to have cavities. The statistics will also entail services rendered such as exams, cleanings, x-rays, fluoride treatments, sealants, extractions, and fillings. The final portion of information that will be offered is the total dollar value of the treatment provided for the entire event, which was completed at no cost to the patients. This data will be utilized to examine the SIU program and describe the benefits of offering this type of assistance to an underserved population.

#### **Demographics**

The total number of patients seen over the past 19 years was 2,526. Of these patients, 1,307 were male and 1,219 were female. The age of the patient population was 466 one to three years old's, 630 four to six years old, 554 seven to nine year old's, 307 ten to eleven year old's, 359 twelve to fourteen-year-olds, and 212 fifteen to eighteen years old. See Figure 1 for age range of patients for 19 years.

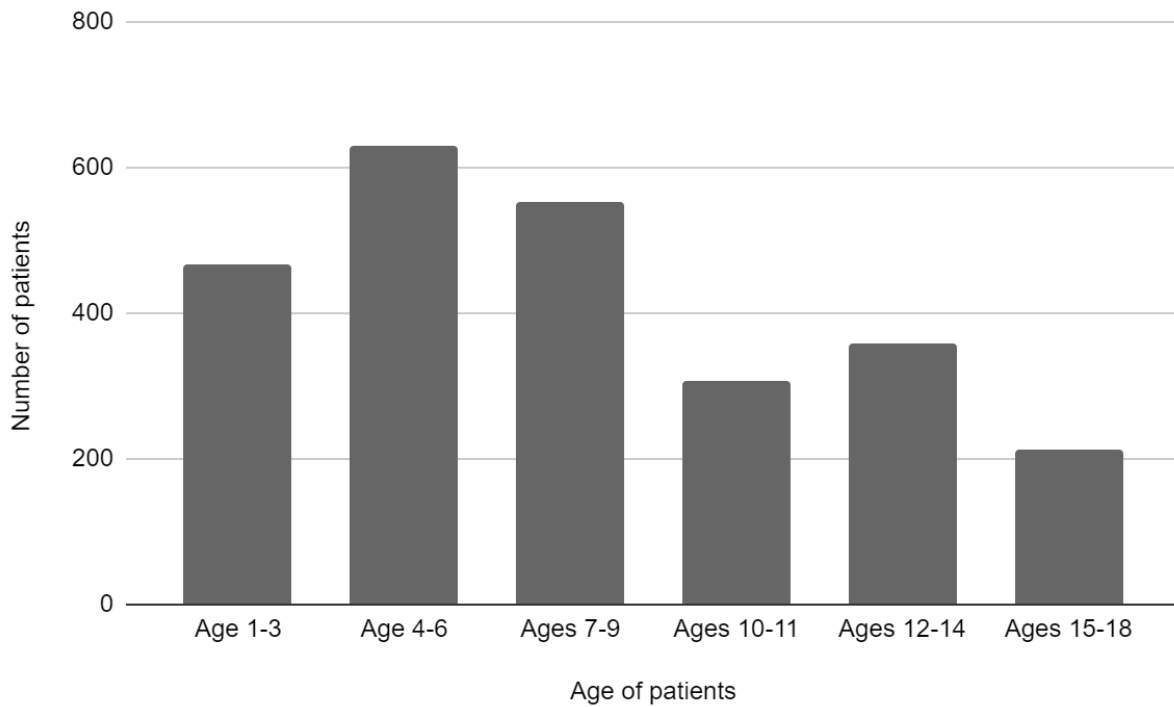


Figure 1. Age Range of Patients

### Patients by County

The demographics for the patient population for this program are housed in five specific counties (Jackson, Williamson, Union, Perry, and Franklin) as well as a miscellaneous group for all other counties in Illinois where patients live. Over the 19-year span of GKAS day, the largest percentage of patients resided in Jackson county at 58%, followed by Williamson county at 18.5%, Union and Franklin county at 4.7%, and Perry county at 4.27%. Other counties in Illinois accounted for 7.08%. See Figure 2 for patients' county of residence.

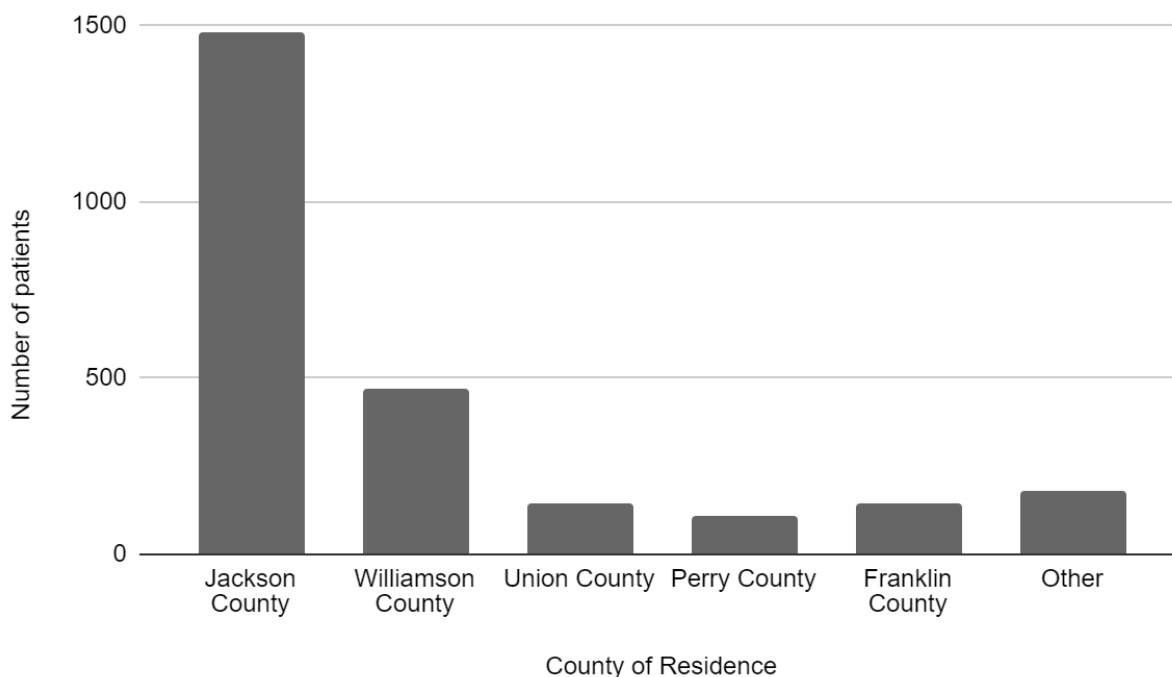


Figure 2. Patients' County of Residence

### Caries Rate

Within this program the coordinator was also able to document the number of patients with dental caries and the number of cavities each child presented with. For all 19 years 305 children presented with one area of decay which equaled 12.07%. The number of patients with two areas of decay were 224 patients, which equaled 8.86%. Patients with three cavities was 123 children or 4.86%. Patients with four areas of decay were 115, which equaled 4.55% of the total patient volume. The final clinical assessment recorded was those patients with five areas of decay or more. This statistic equaled 296 patients or 11.71% of the overall patients in the 19 years documented. See Figure 3 for the number of patients and number of cavities for each patient seen.



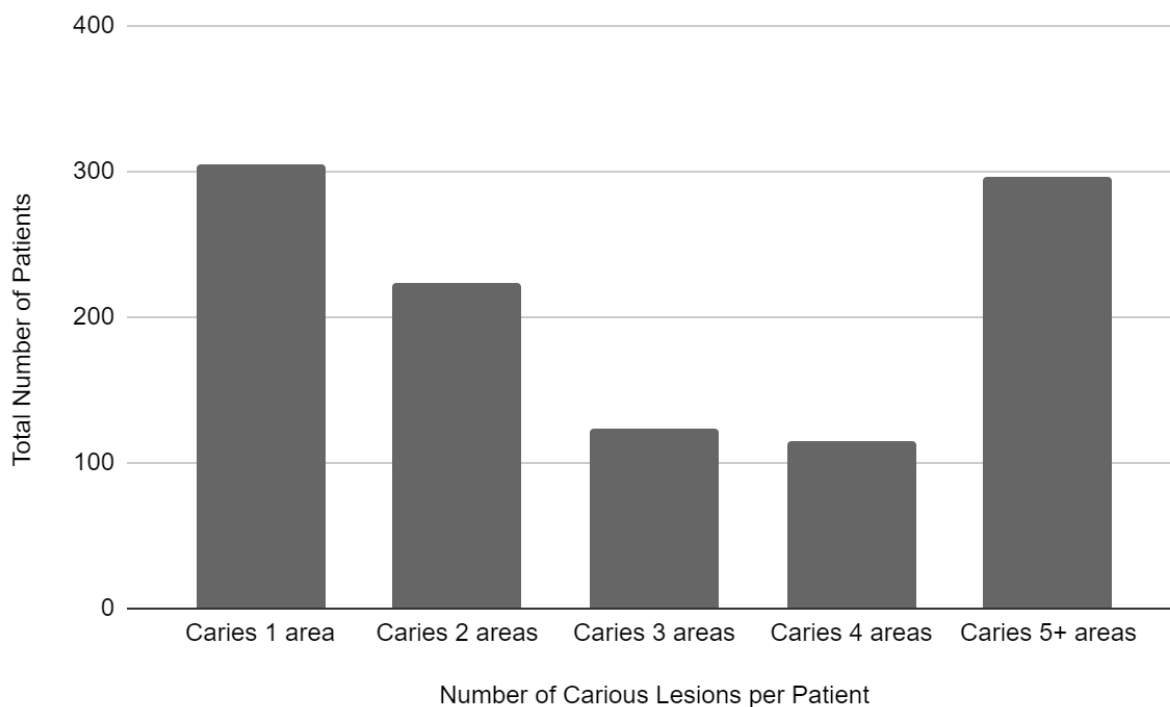


Figure 3. Number of Patients with Carious Lesions

### Services Rendered

Over the span of 19 years, the GKAS program has provided free oral health care to 2526 children. This includes 2525 dental exams, 2210 prophylaxis, 2123 fluoride treatments, 3042 sealants, 1502 sets of bitewing x-rays, 76 panorex x-rays, 141 fillings, and 38 extractions. No data will be provided for the year 2020, as the CDC and University would not allow this type of programming during the pandemic. Using state of Illinois Medicaid reimbursement rates to calculate a total dollar value of treatment, over \$299,125.95 of free treatment has been provided since 2002. See Figures 4 thru 7 for services rendered for all 19 years.

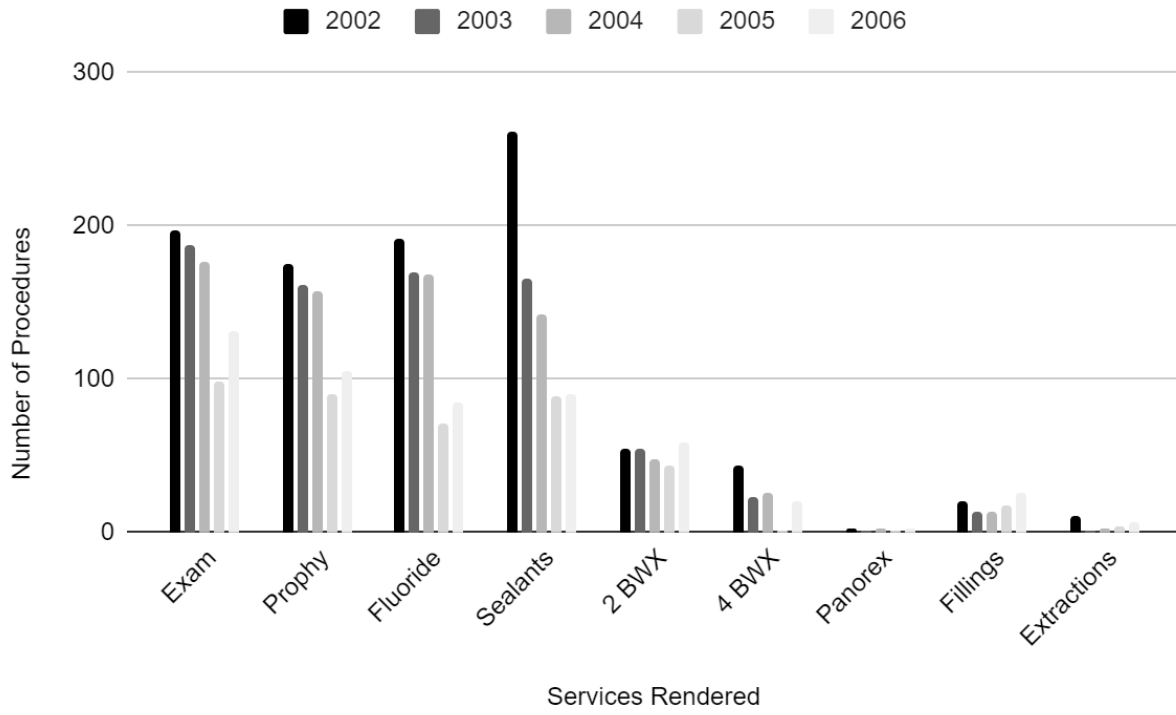


Figure 4. Number of Services Rendered from 2002 to 2006

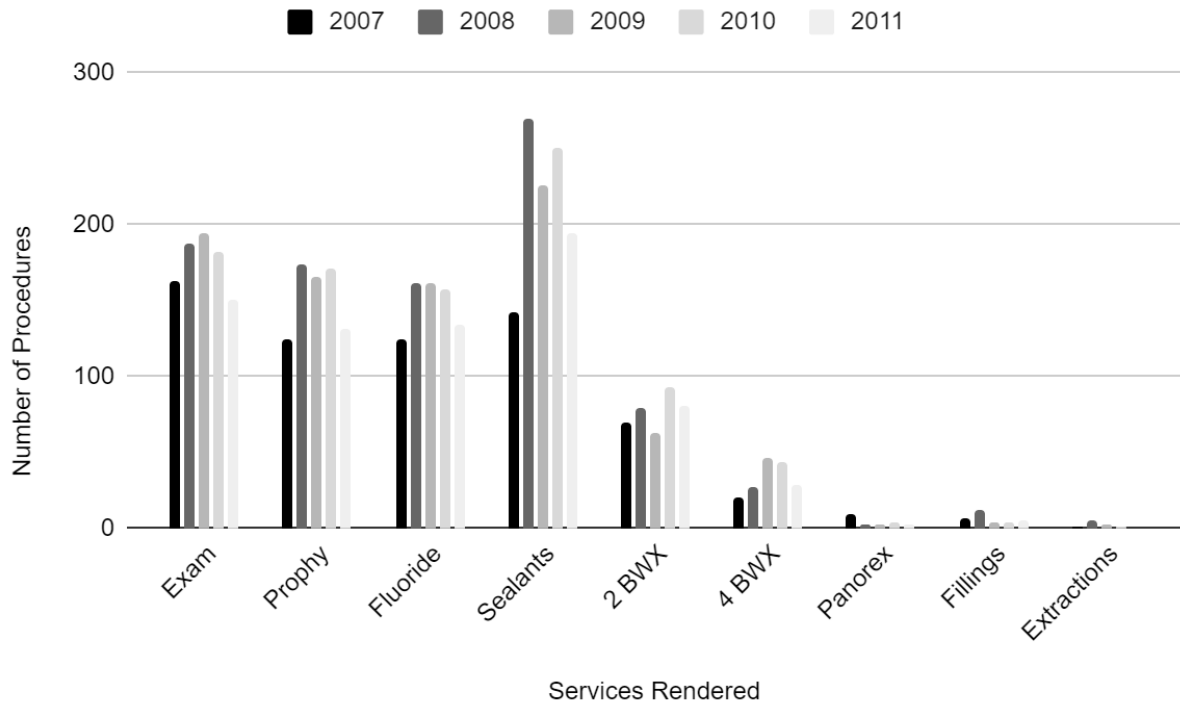


Figure 5. Number of Services Rendered from 2007 to 2011

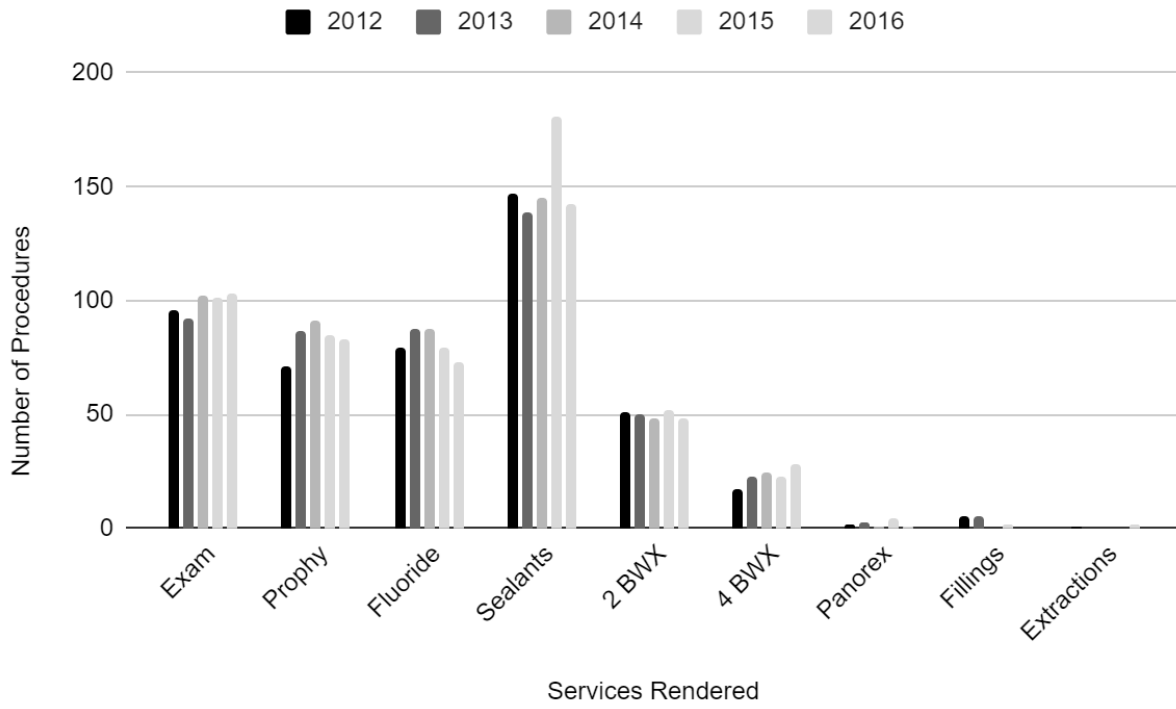


Figure 6. Number of Services Rendered from 2012 to 2016

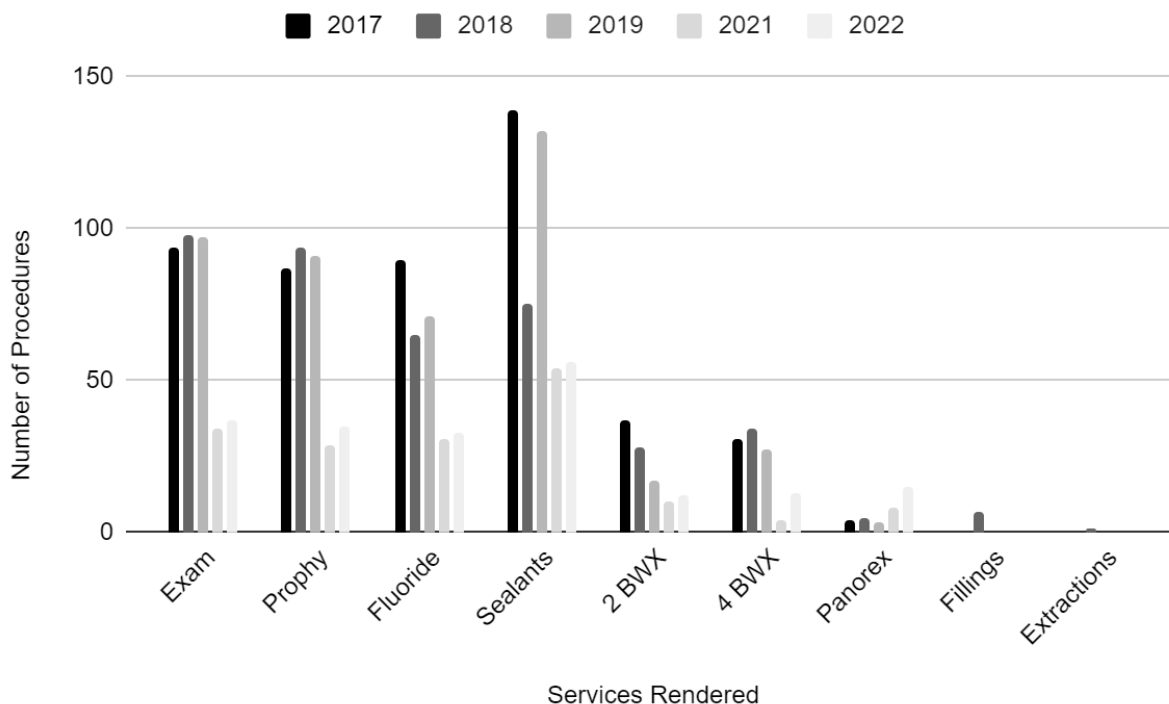


Figure 7. Number of Services Rendered from 2017 to 2022

### Benefits and Outcomes of the Program

The SIU Give Kids a Smile program has increased access to preventive dental care for over 2500 families in the southern Illinois region. An increase in preventive care can lead to a decrease in missed school days and less emergency room visits. Early detection and treatment of dental disease can reduce costs of restorative dental care and the possibility of infection. This service also fulfills the state of Illinois mandated dental exam for children in kindergarten, second, sixth, and ninth grade, which can be a challenge for school nurses to accomplish for 100% of the children in their school district due to lack of access to preventive dental care .

Another attribute to the GKAS program is the educational possibilities for each patient and family member. One of the educational components is connecting oral disease and overall health (i.e. sugary foods, tobacco products, etc....), which will allow patients the ability to prevent

future health risks related to this type of disease and issues associated oral health. Other educational components detailed through this program to patients are general home care for oral hygiene such as brushing and flossing and the importance of these preventive methods.

## CHAPTER 5

### SUMMARY AND CONCLUSION

The purpose of this paper was to provide a resource to those interested in offering their community an event such as GKAS, whether they are a dental professional, community health worker, school nurse, or someone who has a passion for helping underserved children. The benefits of this program have been illustrated through the data presented in this paper and helps healthcare professionals see the multiple services as well as financial resources that have been provided as a free service to an underserved community. In this chapter the summary will be used to discuss some of the data and what it demonstrated once reviewed.

#### **Summary**

When analyzing the data in regards to county of residence, over 50% of the children treated were from Jackson county. This may be due to convenience of the GKAS event location, as it is held at SIU in Jackson County. There are many counties around Jackson County that have lower poverty rates than Jackson County. The possibility of providing transportation to the surrounding counties to increase participation might be something to consider if starting a GKAS program in a comparable region.

The majority of children who received treatment were 4-9 years old, and 15-18 years old accounted for the least number of patients. The coordinator believes the rationale for the age group of 15-18 years old being the lowest was due to the fact that the state of Illinois does not mandate dental exams after 9<sup>th</sup> grade. This makes one wonder how this age group is receiving dental care and if a program for older adolescents should be created. A strong recommendation from this paper would be the need for more research and data to evaluate the need for dental care for this age group and how beneficial it might be, especially in the Southern Illinois region.

The most astounding finding was the number of children with dental decay. In a 19 year span, 42% of patients treated at GKAS had decay, and the percentage of children with one area of decay verses children with five areas of decay differed by only 0.03%. Depending on the age of the children and if they had multiple cavities, this could necessitate sedation dentistry, which would have required a special referral. Also, by having multiple cavities the patients could experience further pain and be more likely to develop oral infections, which can lead to further nutritional degradation, speech issues, disrupted sleeping patterns, as well as self-esteem issues. By providing the GKAS program it ensures that each of these patients who have one cavity or multiple decay issues will receive a referral to general or specialty dentist to prevent further issues as discussed.

### **Conclusion**

The GKAS program at SIU began in 2002, and has provided services for over 2500 children in southern Illinois. Some families may have not received preventive services without the existence of the GKAS program.

While this study was fairly inclusive, there are some limitations that should be discussed. The first identifiable limitation to this study is the lack of comparison of age to dental caries. If this information was available, I could have demonstrated which age group faces the most experience with dental decay. The younger the child, the greater the possibility for referral to pediatric dentist for sedation dentistry, which is extremely limited in Jackson County.

Lack of restorative care providers is a limitation of the SIU GKAS program, and is an aspect that would need to be considered by an individual interested in beginning a GKAS program in their area. Volunteer dentists tend to choose to provide only dental exams rather than restorative care, which could prove to be an issue as children may not receive the tertiary care so desperately



needed. The final limitation considered for this program is the lack of data and patient services that were lost during the first year of the COVID-19 pandemic. COVID-19 prevented the program from taking place during the year 2020 due to the guidelines of CDC and the University. The pandemic also affected the years following, as only a small number of patients were allowed due to continued strict CDC and University guidelines.

Reducing oral health disparities in underserved children can have a reflection on overall health into adulthood. Routine dental care such as exams and cleanings, as well as educating children and their parent/guardian on the oral systemic link is a crucial piece of prevention. In rural communities, one way to combat the oral healthcare inequity is to initiate a safety net dental clinic in order to provide the necessary routine preventive dental care children deserve.

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## **APPENDICES**

**APPENDIX A**

**Letter of intent to volunteer**



June 14, 2021

Dear Doctor:

We at the Southern Illinois Dental Hygiene Program hope this letter finds you well, and hope you have had a successful year in your practice. Once again, the time approaches when we have the opportunity to give back to our community, reunite with colleagues, and most importantly cure and prevent decay in our pediatric patients that otherwise have limited or no access to care. All of the faculty and students here at SIU are excited for this year's 19th annual Give Kids a Smile Day (GKAS)! To date, this program has provided treatment to over 2,000 children.

The 2022 Give Kids a Smile day will take place Friday, March 18, 2022, from 8:30 to 4:30. If you have volunteered with us in the past, we sincerely thank you and look forward to an opportunity to work with you again. If you have never volunteered for GKAS Day, we ask that you strongly consider giving back on this day, to work alongside your peers and top dentists in the area.

In the past, many of you have generously contributed your time or a monetary donation. I have included a registration form if you are interested in participating or donating. We also welcome any staff members in your practice to participate. We will be providing continuing education credits for volunteers.

Thank you, again, for your time and support. If you have questions about any aspect of Give Kids a Smile, feel free to contact us at any time.

Jennifer McKinnies, RDH, PHDH, BSDH  
Clinical Instructor  
618-453-8826  
jenn10@siu.edu

## Give Kids a Smile Registration Form

Dentists Name \_\_\_\_\_

**Yes! I am interested in participating in Give Kids a Smile Day.**

I would prefer to participate:

\_\_\_\_\_ 8:30 am-12:00 pm

\_\_\_\_\_ 1:00 pm- 4:30 pm

I would prefer to provide:

\_\_\_\_\_ Exams only

\_\_\_\_\_ Restorative treatment

\_\_\_\_\_ Exams and/or restorative treatment

The following members of my team will be joining me:

\_\_\_\_\_

**No, I am not available to participate this year, but am interested in providing a monetary donation. Please make check payable to SIUC Dental Hygiene, and mail to the address below.**

Please return to: Jennifer McKinnies, RDH, PHDH, BSDH  
SIU Dental Hygiene Program  
School of Allied Health, Mail code 6615  
1365 Douglas Drive  
Carbondale, IL 62901-6615  
Fax 618-453-7020

APPENDIX B

Program Flyer

**SIU DENTAL HYGIENE**  
**Give Kids a Smile**

EXAMS  
CLEANINGS  
X-RAYS  
FLUORIDE  
AGES 3-14

**FREE**

**MARCH 18, 2022**  
**8:30AM-4:30PM**

**PLEASE CALL**  
**618-453-8826**  
**FOR AN APPOINTMENT**

Made with OfferUp.com  
Getty Images



**APPENDIX C**  
**Patient Paperwork**

**Give Kids a Smile Day  
Parental Consent, Registration & Health History Form**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Is your child under a physician's care now? Yes No If yes, explain \_\_\_\_\_

Has your child had a serious head or neck injury? Yes No If yes, explain \_\_\_\_\_

Is your child taking any medications? Yes No If yes, explain \_\_\_\_\_

Please list medications \_\_\_\_\_

**Is your child allergic to any of the following?**

Latex Penicillin Peanuts/Tree nuts Gluten Local Anesthetics

Other, please explain \_\_\_\_\_

**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	Joint or organ transplant	Y	N
Seizures	Y	N	Pregnancy	Y	N

**Is there anything else we should know about the health of your child?** If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When was your child's last dental visit?** \_\_\_\_\_

**Is your child having dental pain?** Yes No

**I give permission for my child's photograph to be taken. Yes or No**

**My child can receive: X-rays Fluoride Treatment Sealants**

I give consent for my child to participate in the Give Kids a Smile Day program. To the best of my knowledge, the medical questions above have been answered accurately.

**Name of Parent/Guardian (Printed)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### SIU Dental Hygiene Give Kids a Smile 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.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect \_\_\_/\_\_\_/\_\_\_, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

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.

#### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**Treatment.** We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

**Payment.** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

**Healthcare Operations.** We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

**Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts.

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

**Public Health Activities.** We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**National Security.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal official's health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

**Secretary of HHS.** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Worker's Compensation.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Law Enforcement.** We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

**Health Oversight Activities.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of

death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Fundraising.** We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

#### Other Uses and Disclosures of PHI

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

#### Your Health Information Rights.

**Access.** You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Disclosure Accounting.** With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

**Right to Request a Restriction.** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

**Alternative Communication.** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We

will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

**Amendment.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

**Right to Notification of a Breach.** You will receive notifications of breaches of your unsecured protected health information as required by law.

**Electronic Notice.** You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

#### Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Our Privacy Official: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**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:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_

© 2005 American Dental Association All Rights Reserved 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.

# SIU Dental Hygiene Give Kids A Smile

## Limited Doctor/Patient Relationship

I, \_\_\_\_\_, recognize that dentist is treating/ examining my child today during the SIU Dental Hygiene Give Kids A Smile event at my request. I realize that my child's relationship with the dentist is limited to my child's visit today. I understand that dentist, and the SIU Dental Hygiene clinic are not my child's dentist, and that my child is not their patient.

I acknowledge that the dentist owes my child no duty to treat any condition my child may have.

I understand that, if the dentist recommends need for further treatment for my child, it is my responsibility to make/keep that appointment and be sure that my child received further care.

**Patient Name:** \_\_\_\_\_

**Parent or Legal Guardian Name (Print):** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## APPENDIX D

### Give Kids a Smile Volunteer Instructions

#### Give Kids a Smile Day Volunteer Instructions

1. Seat your patient, review the health history. Take the patients temperature and record it in the additional notes section of the treatment page.
2. Perform an Intra/Extra oral exam and document findings. Record patient's treatment needs (caries-fillings, extractions, etc.) at the top of the treatment page.
3. Determine need for X-rays. All children age 5 and older will receive BWX. If the child is under 5 and has decay, please attempt BWX. The dentist can request a panoramic x-ray as well. All X-rays need to be printed when complete
4. Disclose and provide oral hygiene education/nutritional counseling. This is the most important portion of the appointment! Please provide an oral hygiene demonstration. Nutritional counseling can include discussion of candy/soda consumption, watering juice down for children, acid exposure, etc.
5. Debride (cleaning) & polish (if necessary).
6. You must get an exam by a dentist during the appointment (after x-rays have been taken). If the dentist recommends sealants, please complete them before the end of the appointment.
8. After the exam, the dentist will complete the Illinois school exam form. Please give the Illinois Dental Exam form to the parent/guardian, along with a print out of the patient's x-rays. Discuss all treatment needs with the parent/guardian.
9. Apply fluoride varnish and provide the patient, as well as the parent/guardian, post-op instructions.
10. Complete the GKAS services rendered form. Return patient registration packets to the front desk.

**APPENDIX E**

**State of Illinois Proof of School Dental Examination**



State of Illinois  
Illinois Department of Public Health

## PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 885) states all children in kindergarten, second, sixth, and ninth grades of any public, private, or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign, and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that require attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print)

Student's Name: Last		First	Middle	Birth Date: (Month/Day/Year)
Address: Street		City		ZIP Code
Name of School:		ZIP Code	Grade Level:	
Parent or Guardian: Last Name		First Name		
Select from the below general racial category which most clearly reflects the student's recognition of his or her community or with which the student most identifies.				
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or More Races				

To be completed by dentist

Date of Most Recent Examination: \_\_\_\_\_ (Check all services provided at this examination date)  
 Dental Cleaning   
 Sealant   
 Fluoride treatment   
 Restoration of teeth due to caries

Oral Health Status (check all that apply)

- Yes  No **Dental Sealants Present on Permanent Molars**
- Yes  No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes  No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes  No **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

- Restorative Care — amalgams, composites, crowns, etc. Appointment Date: \_\_\_\_\_
- Preventive Care — sealants, fluoride treatment, prophylaxis Appointment Date: \_\_\_\_\_
- Pediatric Dentist Referral Recommended Treatment Completion Date: \_\_\_\_\_

Dental Office Address: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX F**

**Give Kids a Smile Treatment Needs and Services Rendered form**

**SIU Give Kids a Smile  
Treatment Needs and Services Rendered**

**Treatment needs:**

Tooth # _____	Procedure _____	Tooth# _____	Procedure _____
Tooth # _____	Procedure _____	Tooth # _____	Procedure _____
Tooth # _____	Procedure _____	Tooth # _____	Procedure _____
Tooth # _____	Procedure _____	Tooth # _____	Procedure _____
Tooth # _____	Procedure _____	Tooth # _____	Procedure _____
Tooth # _____	Procedure _____	Tooth # _____	Procedure _____

**Temperature:**

**Intra/Extra oral exam findings:**

**Additional notes, comments:**

**Preventive treatment completed:  
(Check all that apply)**

Exam                       Prophylaxis  
 2 Bitewings               4 Bitewings               Panoramic film  
 Fluoride Varnish         Oral hygiene inst.         Nutritional counseling  
 Sealants completed (list each tooth #) \_\_\_\_\_  
 Gave parent copy of school exam form and films if taken.

Hygiene student signature \_\_\_\_\_

Dentist signature \_\_\_\_\_

Faculty signature \_\_\_\_\_

**VITA**

Graduate School  
Southern Illinois University

Jennifer M. McKinnies

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Southern Illinois University Carbondale  
Bachelor of Science, Dental Hygiene, August 1999

Research Paper Title:

Utilizing and Implementing an Oral Health Program for Underserved Children: A Guide  
to Delivering a Give Kids a Smile Program

Major Professor: Dr. Juliane Wallace