

Statistical Analysis and Overview of the 2010 GKAS Day Data

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Give Kids A Smile Symposium: 2010 Event Data

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Overview

- New capabilities of The Give Kids A Smile Program
 - Better enrollment application
 - A data mart
 - Better data quality
- New capabilities will corrected existing problems and create new opportunities
- 2005 to 2010 trends
 - The number of children participating is trending downward
 - The number of clinical programs is increasing
- Macro and micro analysis of event data will add more value
- Future GKAS programs will be driven by analytics

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What Give Kids A Smile Can Never Be

- What GKAS can never be:
 - The venue by which a substantial percent of the disadvantaged US population receives dental care
 - Some kind of substitute for safety-net providers
 - A dynamite public relations program that can ignore its critics
- What GKAS can be:
 - The best dental charity program in the world

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Why Collect Data About Give Kids A Smile Programs and Events?

- Give Kids a Smile is controversial
- Results in both criticism and praise
 - In positive proportion to its success and longevity
- Net result: A lot of questions
 - Credibility
 - What is the "True" program impact
 - What is the real economic value
 - Effective program or is it a "shell"
 - Motivations
 - It's just public relations
 - It's a token effort
 - Distribution of donated resources

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Why Collect Data About Give Kids A Smile? (cont.)

- Create opportunities for improved management of the program
 - Better allocation of donated resources
 - Improve understanding of what works well
- Grow the GKAS program by increasing
 - Number of events
 - Number of people helped
 - The amount of dentistry provided
 - Funding
- Provide better reporting to
 - Sponsors
 - Participating programs
 - ADA leadership

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Past GKAS Data Collection: What Went Wrong and Why

- Administrative need versus an information design
 - Evolved not designed
 - Ad hoc process
 - Migrated from paper to spreadsheet to simple web form database
 - Focused on contact and ship to information
 - Focused on distribution of donated supplies
 - Focused on program plans, as opposed to results
- Increasing problems began to surround the use of planning data alone
 - Never a real count
 - Always a guess of variable quality
 - Begon to beg criticism
- Past data collection was super simple, but just not very valuable
 - Provided little information about the GKAS program
 - Poor platform for future research
 - Little historical trend data

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The New 2010 GKAS Enrollment Application

- Designed to both to administer the program and provide valuable information
- Permits a program to continue year to year
 - Retains the past year's information
- Separate GKAS events from programs
 - Puts focus on the event
 - Collects necessary data accurately
 - Permits both planned/actual data to be reported
- Stores data in a GKAS Data Mart for program reporting, trending, and analysis
 - Links to other data sources

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What is the Give Kids A Smile Data Mart?



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How Difficult is it to Collect Event Data?

- Design tried to strike a balance between what is needed to manage and improve the program and the amount of work created for participants
- Basic count data is all that is required
- Simplified data entry so people with little or no dental training could identify, collect, and input the data
- Supported data collection with instructions and examples

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What Data is Collected About the Actual GKAS Event?

- Actual number of children, dentists and volunteers
 - Occupational types of volunteers
- Types and numbers of services provided
- Event location and date
- Product requested and product provided
 - Henry Schein and Colgate quantities

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What Data is Collected About Services Provided at the Event and Volunteers?

- Number of services delivered by type
 - Education
 - Oral Prophylaxis
 - Fluoride varnishes
 - Fluoride other types
 - Dental sealants
 - Restoration fillings
 - Crowns
 - Extractions
 - Pulpotomies
 - Other services
- Number of volunteers helping at the event and their occupation type
 - Dentists
 - Hygienists
 - Dental assistants
 - School nurses
 - Dental assistants
 - Other volunteers

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What Do We Know About Trends in the GKAS Program?

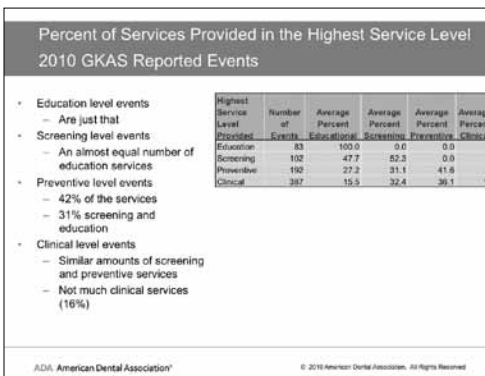
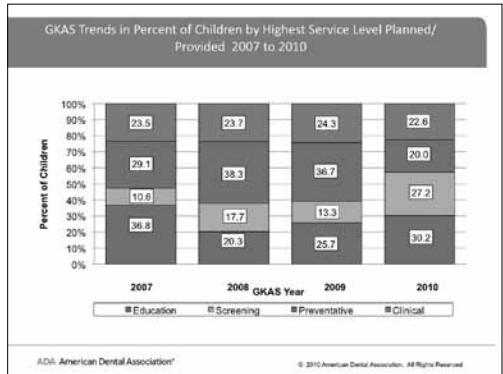
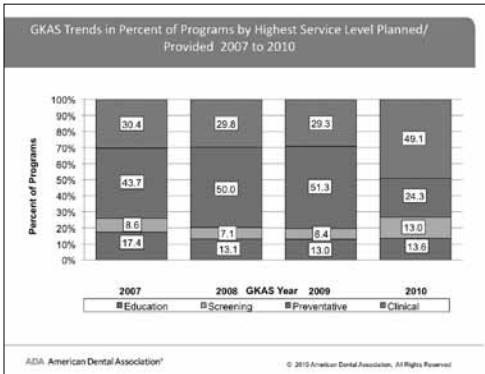
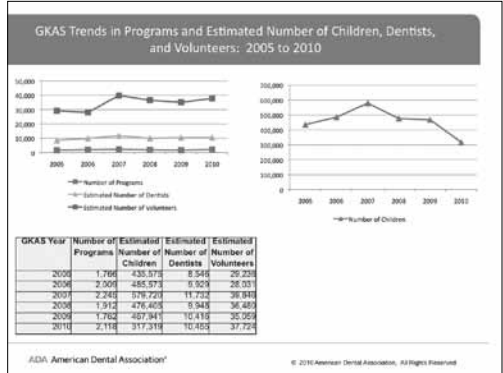
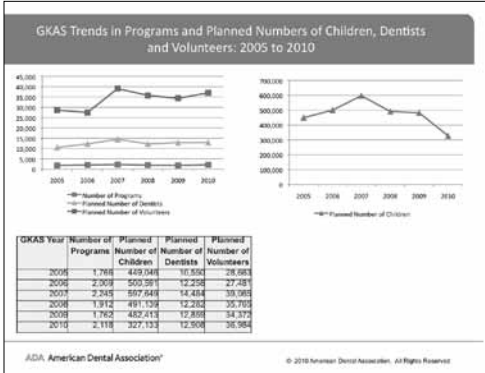
- Two types of trends
 - Numbers of children, volunteers, and programs
 - Highest level of planned/provided service
- Both are hampered by the quality of past data collection and the reliance on planning data
- Highest level of planned/provided is a created variable
 - Based on the mix of services provided
 - Indicates the highest level possible

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Efforts Taken to Collect 2010 Event Data

- Requested during the 2010 enrollment process when program data was entered
- E-mails sent to program contacts in March asking them to return to ADA.ORG and enter their data
- Phone follow-up for non-responding programs conducted in April, May, and June
- Resulted in a 37% response rate for events (789/2118) at analysis cut-off date

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2010 Give Kids A Smile Events by Highest Level of Service Provided: Events that Reported Actual Data (n=789)



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Macro Examination of the GKAS Program

- Accurate capture of real numbers
 - Total children helped
 - Total dentists participating
 - Total number of volunteers involved
 - 10 categories of service
- Differences between planned and actual
- Greater detail for state dental societies
- Allocation of donated supplies by actual demand
- Volunteer composition at events by level of service provided
- Sponsor specific reports
- Permits simple productivity analysis
 - Dentist team to children ratios
- Hints at possible Best Demonstrated Practices

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Micro Examination of the GKAS Program

- Numbers of events, highest service level for a metropolitan area
 - Distribution of volunteers at events
 - Recognize dentists involved for their contribution
- Permits opportunities to support the growth of the program
 - Local sponsorship/stakeholders
- Made more valuable by including census facts about the community served
 - Population characteristics
- Mapping adds still more value

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Why Map GKAS Events?

- Prove value in the community
- Shows coverage
 - Identify areas of coverage improvement
- Permits a dialog with local stakeholders to emerge
 - Common geography = common ground with community stakeholders
- Permits the identification of excluded populations

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The Value of Mapping Local GKAS Events Lies at the Event Planning Level

- Would more locations add value
 - Start up a new event
 - Split an event across two locations
- Would a different location be valuable
 - Accessible to patients?
 - Accessible to volunteers?
 - Logistics
 - Parking
 - Security
- Did we promote/advertise in the areas where we are visible to the poor?

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