



**ready, set, smile™**  
dentistry & education

**Prospectus 2020**





Sierra, a 16-year-old girl living in a homeless shelter, had a raging toothache and had been unable to concentrate on her school work because of the pain. In the previous two months, she visited an Emergency Room twice for this toothache and was prescribed antibiotics and told to see a dentist. Sierra had no dental insurance and no money to be able to pay to see a dentist. In all her lifetime, Sierra had never experienced a dental appointment.

The director of her homeless shelter scheduled her with a dentist willing to provide pro-bono services. She was diagnosed with a simple cavity that had burrowed straight to her molar's nerve. Her options were root canal treatment or extraction. Sierra wanted immediate relief so chose to have her permanent tooth extracted.

**Sierra suffered from the most prevalent chronic childhood disease – dental decay. Not only is dental decay most concentrated in children experiencing poverty – it is 100% preventable.**





Ready, Set, Smile (RSS) aims to break the cycle of this all-too-common health disparity reflected in Sierra's story by going directly to children and their families. RSS is a community-based organization with a mission to prepare and empower all children to care for their oral health through education and preventive services. The RSS model is unique because it not only brings school-based dental services to students with the greatest needs, it also provides a classroom curriculum for oral health education. At Ready, Set, Smile, we consider prevention more valuable than treatment.

Ready, Set, Smile serves schools that serve children from low-resourced families in Minneapolis and has solid data to mark its success. With the simplest protocol of routine preventive services, delivered in a timely manner to all children, we are decreasing oral disease in Minneapolis children. The number

of children with active decay drops by 25% when they receive routine care from RSS over the course of 2 years, and we have found that the longer a child remains in the program, the lower their decay rate. With simple portable equipment and our unique professional team, our model is improving the oral health of our children.

Based on our success, we are now positioned to increase our reach and impact across the Twin Cities and beyond. With your support, we will expand our program and be able to advocate for more systemic changes to eliminate this oral health disparity.



## Dental Disease – A Common, Yet Preventable Problem

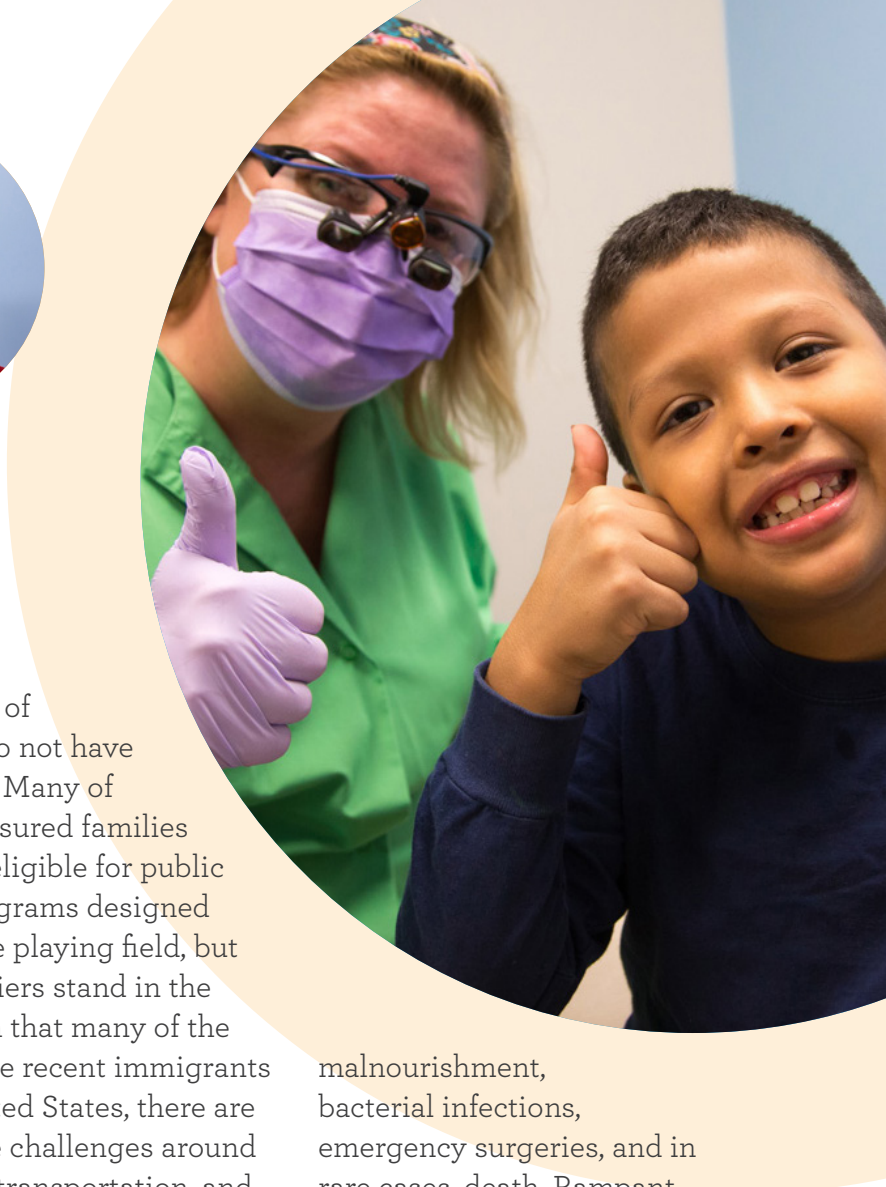
Most people are unaware that dental decay is the most prevalent chronic childhood disease and is concentrated in children experiencing poverty. According to the American Association of Pediatric Dentists (AAPD), 60% of all American children have experienced tooth decay by age 5. Children living in poverty are twice as likely not to have their decay treated as compared to other children, according to Oral Health In America, a report from the Surgeon General in 2013. The deeper the level of poverty in a community, the greater the

number of children with active decay. RSS data confirms these statistics as 56% of the children we serve have active decay at their first visit. And the deeper the poverty in a school served, the greater the number of children with decay and the greater the average number of decayed teeth in each child with active decay. This is in stark contrast to what is seen in higher-income families, where most children grow up with minimal dental decay.

This is a disease that is 100% preventable with both routine professional dental services

and empowered self-care. And yet, this professional care is upsettingly out of reach to many families living under the toxic stress of poverty. Families need to prioritize paying rent, putting food on the table, and transportation, and are often employed in jobs with limited benefits. In addition, their own experiences at the dentist may have been traumatic, if care has been sought only in emergencies. And even though their child's services are fully covered by Medicaid, they fear they may still receive a bill for services they cannot afford.





When public program enrollees attempt to seek dental care, they struggle to find dental clinics that accept their insurance or take on new patients. According to the Centers for Medicaid & Medicare Services (CMS), “Minnesota’s reimbursement rates for dental care for welfare clients are some of the lowest in the nation, prompting many dentists to limit the number of low-income patients they take. Only 37 percent of children on medical assistance in Minnesota received preventive dental care in 2015, well below the national figure of 46 percent.” At this time in Minneapolis, Medicaid-insured children, who need dental treatment in an operating room, are placed on a 5-6 month long waiting list.

Compounding the factors above, RSS has found that in the population we serve,

37 percent of children do not have insurance. Many of these uninsured families would be eligible for public health programs designed to level the playing field, but many barriers stand in the way. Given that many of the families are recent immigrants to the United States, there are immediate challenges around language, transportation, and the general uncertainty that comes with acclimating to a new country. Further, many of these children or their parents are undocumented, so families are often hesitant to engage with public systems.

Children living in poverty face a range of barriers to receiving dental care and as a result, dental infection and pain is one of the most common reasons they miss school. When left untreated, childhood tooth decay can lead to

malnourishment, bacterial infections, emergency surgeries, and in rare cases, death. Rampant decay negatively impacts a child’s overall quality of life, inhibits their cognitive and social development, and compromises their growth and self-esteem.

Dental decay is a treatable problem, but given the barriers to care, RSS understands **we must go directly to the children** and their families to provide preventive dental care and oral health education.

# The Ready, Set, Smile Story

In 2013, Ready, Set, Smile (RSS) was founded out of a private dental practice. This small group practice, over a series of years, participated in the national free day of children’s dental services called Give Kids A Smile. The dentists in this practice observed the overwhelming oral health needs of children who came for free services and began to ask why the oral health of the children who came for free services was so dramatically worse than the oral health of children who grew up in their practice. To address this disparity, the founding dentists formed a school-based program with two pillars: dental care and oral health education.

**RSS provides on-site preventive dental services and education for children in Minneapolis schools and early childhood programs.** We have grown from one school serving 103 children in 2013, to serving 27 schools and 1,300 children in the COVID-shortened 2019-2020 school year. The children served by RSS demonstrate great need. Partner schools report free lunch rates of 66–98% and homeless/highly mobile rates of 12–30%. At our partner elementary schools, anywhere from 45–100% of the families are immigrants.



Enrollment in Free-and-Reduced Lunch Programs



Latino (non-white Hispanic)



African American



Asian



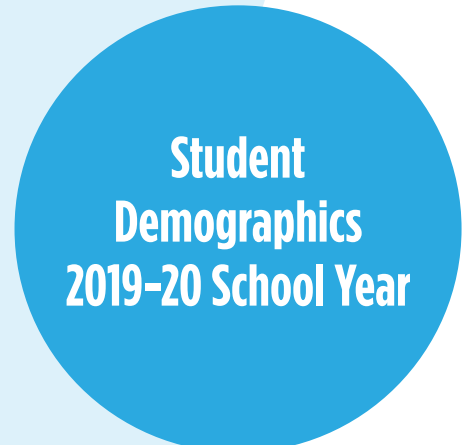
White



Somali



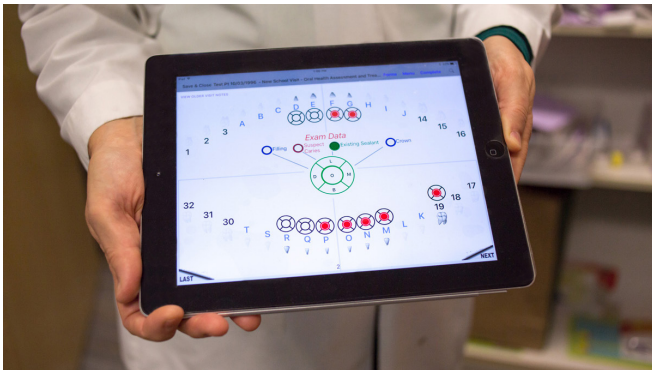
Special Needs



Student Demographics 2019-20 School Year

## Oral Health Literacy

Improving dental health is not only about dental services, but empowering the children, their families, school staff, and the broader community with oral health literacy. Ready, Set, Smile’s oral health curriculum is hands-on and geared to each grade level, integrating science and self-care habits with hands-on activities at age-appropriate levels. In participating schools, each classroom receives two lessons on oral health during the school year.



The curriculum focuses not only on the importance of brushing and flossing, but on the science behind dental disease and the impact of nutrition and sugar consumption on overall health, the process of decay progression, the dangers of tobacco and vaping, and the importance of the HPV vaccine. Understanding the connection between general and oral health extends to school staff and families through the regular presence of RSS staff, leading to the larger community’s greater wellness.

## Preventive Dental Services and Decay Stabilization

Based on national best practices, RSS brings simple, portable dental equipment into schools to set up no-cost dental services to our families. Our team of dental professionals provides basic preventive dental services including toothbrush cleaning, sealants, and fluoride treatments, plus two innovative and non-invasive/non-traumatic dental techniques to arrest or stabilize dental decay.

A dental decay risk assessment for each child served is conducted with each dental visit. Our risk evaluation tool is simple, does not require a parent interview, and provides the best practice of an additional fluoride varnish treatment each year. A child at high risk for dental decay will receive a third fluoride varnish treatment between their semiannual clinic visits.

When a child’s dental needs are beyond the scope of care that can be provided in the school, the student is referred to one of our partnering dental clinics. We have four partnering clinics in the Minneapolis metro area that prioritize our families.

When a family calls and states the child was seen by RSS they do not have to go on a waiting list for treatment but are scheduled at the first opening.

**“This service has been life changing for many of our scholars. To be able to learn about the importance of dental hygiene and to be able to have support with dental issues allows students to then focus more on their learning. Parents have been so grateful for the support that they have received from Ready, Set, Smile over the years. It's so much more convenient to have access to dental support in the schools.”**

-Principal Ryan Gibbs, Loring Community School (Minneapolis Public School System)



## The Progressive Ready, Set, Smile Team Includes Two Emerging Professions

Our licensed clinical team is made up of dental therapists, dental hygienists, and a dental assistant. Volunteer dentists also work as available. The newly licensed dental therapist role was a compelling reason for the RSS founding dentists to step into the nonprofit arena. This mid-level practitioner, similar to a nurse practitioner or physician’s assistant, can provide all the services that a dentist can provide for children, more cost effectively. Minnesota was the first state to legislate licensure of dental therapists with the goal of increasing access to care.

The backbone of our organization is our team of Community Health Workers (CHWs) who grew up in the communities we serve. They are health generalists who bridge the gap between oral health disparities and access to oral health care. CHWs come to RSS armed with a certificate to be health educators and RSS has designed an on-boarding process to train them specifically on oral health. CHWs touch every aspect of our program: they are trained to be assistants and scribes in our clinics, teach the oral health literacy curriculum in the classrooms, serve as liaisons to the school administrators, school nurses, and social workers, and case manage the children diagnosed with needs beyond the scope of our school-based clinic. Through these roles, our community health workers become part of the school culture as representatives of good oral health.



### Ready, Set, Smile’s unique professional team is built to improve access to health:

1. **Dental Therapists** are the newest members of oral health care teams in the United States. They are licensed oral health professionals who work under the supervision of a licensed dentist. Their purpose is to improve access to oral health care for underserved populations and to help these marginalized groups achieve better oral health. As a member of the oral health care team, they are educated to provide evaluative, preventive, restorative, and minor surgical dental care within their scope of practice.
2. **Community Health Workers** are trusted, knowledgeable frontline health personnel who typically come from the communities they serve. CHWs bridge cultural and linguistic barriers, expand access to coverage and care, and improve health outcomes. As critical links between their communities and the health care system, CHWs reduce health disparities, boost health care quality, cultural competence, and affordability, and empower individuals and communities to achieve better health.

Throughout our programs, RSS prioritizes communicating in a culturally relevant way with students and families from a range of backgrounds. Our CHWs reflect the communities that RSS serves and as native speakers of Spanish, Hmong, and Somali, they help us bridge the cultural divides that often keep uninsured children and families from getting the health care they need. RSS has found that nearly 37 percent of children served have no insurance coverage, though many are eligible. CHWs can help connect families to resources that navigate state health programs available. With CHWs as the point of contact, RSS is able to improve communication and understanding, as well as learn the evolving needs of those we serve so that we can adjust our program to best suit them.

Outreach to families is achieved through CHWs participation in after-school events. Through February of last school year (shortened due to the pandemic), CHWs attended over 80 extra-curricular school events such as orientations, conference days, carnivals, family nights and health fairs. They brought healthy snacks, tooth related games, and information on oral health to share with families.

Since we began using Community Health Workers, we have seen a demonstrable increase in the impact of our work. As a result, we are prioritizing the CHWs role within RSS.

## 2020 Challenges and Clarity

Our work has been upended by the COVID-19 pandemic, but this health crisis has also given us clarity on the importance of our mission. The pandemic has amplified the racial inequities throughout our nation and the site of George Floyd's killing is just blocks from Ready, Set, Smile's office, so we are acutely aware of the

heightened issues resulting from racial tensions in the community. Minneapolis has become an epicenter of a growing wave of racial justice awareness, and the connection between health disparity and racial injustice inspires us to strengthen our model of healing.

In these uncertain times, our school-based program has made the following pivots:

- We are seeking alternative sites for portable clinics in institutions such as community centers, daycare centers, congregations, teen parent programs, and teen homeless shelters.
- A local dentist loaned us his office to serve children when not in use.
- We are piloting our portable clinic in our current office space for the children in our immediate neighborhood.
- We are pursuing designation as a Telehealth provider in order to provide oral health education to families and schools.

The pandemic has upended our school-based routine. On the flip side, it has forced us to expand into new community venues. Telehealth technology increases our opportunities to deliver oral health literacy. These pivots have diversified our avenues to serve which will carry into the long term.

At the same time, we have learned that when we are unable to go directly to the children, there is a dramatic drop in the number of children served because of the traditional barriers that parents face. While this is a short term challenge, it validates our model of bringing services directly to the children to eliminate the barriers of transportation and time. We look forward to returning to this founding school-based strategy.



# Track Record of Success

Our data clearly demonstrate that we are reducing the percentage of children with active decay. Even with new children entering our program each year, tooth decay in the students we serve decreases each year. More striking, we have reduced the number of children with urgent needs (swelling, fistula, pain, or non-restorable tooth) from as high as 17% in our early years to 8% this last school year. These successes speak to the impact of our critical referral management system for children with urgent needs.

Of the students we serve, 56% are living with untreated decay at first visit – almost 300% higher than the state average for children from affluent communities. Our data is consistent with the Minnesota Department of Health reported decay rate of children from low-resourced populations. Our data also shows that the higher the rate of a school’s free-and-reduced lunch program, the greater the number of cavities each child experiences. By bringing our preventive dental care and oral health education into preschools, elementary, and middle schools where poverty is highest, we are reaching students with the greatest need and closing the dental health equity gap facing Minneapolis children.

## Highlights of 2019-20 School Year Impact (COVID-Shortened)

1346

children received preventive services (cleanings, fluoride treatments, and sealants)

604  
(45%)

# of children with untreated decay

97  
(8%)

# of children with urgent needs

511

children had **1,963** teeth sealed with dental sealants (protection from decay)

425

children had **1,118** teeth receive Silver Diamine Fluoride (decay arresting treatment)

“RSS provides a great service to our scholars and families. Parents are so thankful to have the services provided to their children at school. When writing foundation grants, we include [RSS] to impress our funders and when prospective parents tour our school, we provide information on your services because we know they will value this service.”

-Principal Julie Guy, Sojourner Truth Academy (Minneapolis Charter School)



# Stories That Touch The Heart

1

A kindergartener with special needs who had never had a dental visit was diagnosed with eight cavities. RSS staff was unable to get her to cooperate for treatment. Fear of the unfamiliar dental environment made her distrustful, even when her favorite school aide held her for treatment. The severity of the child's oral health required us to report her to the school's social worker. The social worker shared that this child's single mother did not have the capacity to follow up on this referral. With time, our staff made every effort to build trust with the girl until she was able to get in the dental chair and eventually progressed to treatment. We achieved our goal to stabilize the decay in all eight teeth. On return visits, she happily jumps into the dental chair so we can monitor her teeth as she matures into a child who can participate in her oral health care.

2

An RSS staff member was called to the nurse's office where a tearful 14-year-old Somali boy stood before an exasperated school nurse. With her hands on her hips, the nurse explained that the boy had been in her office three times in the last 10 days complaining of a toothache. He now had a fever. His parents were not responding to her request to make him a dental appointment. She asked if we would look in his mouth. The boy pulled back his cheek to reveal an abscess permanent molar with swelling in his cheek. As the RSS staff member explained the boy's urgent need for immediate care, the child broke down crying. He explained that his father could not take off work to bring him to the dentist and his mother did not drive. With new appreciation for the situation, the nurse arranged for a social worker while RSS staff set up a same-day appointment with one of our partner clinics. The social worker brought both the mother and child to the appointment. A grateful father called us the next day to say that he did not understand that his son's tooth could make him sick and that his family felt blessed for our services.

3

Upon entering one of our schools, RSS staff noticed posters throughout the school about sugar consumption. Posters were designed by students with slogans like "Rethink Your Drink" and "Be Sugar Smart." The school's teachers were happy to tell us that these posters were the result of our influence. Each year the student council organizes a school-wide campaign to present to all students. This particular year, inspired by our curriculum, the student council chose to spread the word about the evils of sugar for their campaign.



# Investments that Make a Difference!

Ready, Set, Smile's success is based on our ability to go to the children who need us the most. Now that we have a proven model, we are poised to increase our impact by expanding and replicating our programs as well as moving upstream to address the systemic barriers that lead to dental health inequity. Our vision is that every child has the opportunity to be free of dental disease. To reach this goal, we are seeking investments in the following areas:



## Scaling Within Our Community - \$200,000

At this time, RSS serves 27 schools and additional schools have requested our services. RSS has also been offered an opportunity in an inner-ring school district where schools serve low-resourced families. To scale our program to meet this growth, RSS will need:

- Additional portable dental equipment and chairs.
- Teledentistry equipment, including x-ray equipment, for more comprehensive diagnostics.
- The recruitment and training of additional staff to serve more children per day per school, and to provide clinics at multiple sites each week; this includes more Community Health Workers who reflect the ethnicities of the community we serve and can help ensure we are delivering our program in culturally-responsive ways.

A one-time investment of \$200,000 will enable us to expand to 12 additional schools.

“Ready, Set, Smile has always provided my daughter (Genecis) the best dental care. All the staff are very courteous. I am incredibly grateful to Ready, Set, Smile for taking care of Genecis’ oral health despite COVID. Now, I have less things to worry about and it lightens my load of being unable to provide dental care to my child.”

Norma, Minneapolis parent



## Expanding Oral Health Literacy - \$100,000

We also envision a future with additional RSS programs to expand educational outreach to children and families from under-resourced populations. This includes:

- Establishing telehealth systems to provide virtual home visits that motivate families to follow best oral health practices.
- Introducing our training to local health professionals (e.g., occupational therapists, nurses' aides, nutritionists, etc.) who could share oral health information with their patients.
- Working with teen parent programs to educate both parents and their children on preventive oral health care.

Through programs such as these, we will help to eliminate dental health disparities within our community. An initial investment of \$25,000 would cover the cost for initial program development and outreach. An additional investment of \$75,000 would finance program implementation for the first three years.



## Replication Beyond our Community - \$250,000

Our program is not only scalable, it is also transferable. In addition to expanding to more schools in Minneapolis, we see ourselves widening our reach as a model for similar programs around our state and country. Funding would support development of a replication tool kit to transfer our model to other school districts beyond the Twin Cities. Ready, Set, Smile staff would provide consultation services to institutions choosing to replicate our program, including setting up the necessary infrastructure, staffing, financials, etc.

In addition to supporting direct program replication, we also plan to increase our impact by raising general awareness about the RSS model. This will include:

- Investing in statistical software to analyze data for all programs.
- Publishing results and presenting findings at conferences.
- Providing oral health education for Community Health Workers, Public Health Workers, Occupational Therapists, or any health professional allies active in the replication of our program.

This is a one-time investment to build a replication service as an RSS social enterprise. Through this social enterprise we will help to eliminate the dental health disparity beyond our community.



## Advocacy for Lasting Change - \$45,000

Nothing is more powerful than systemic changes through advocacy to increase access to dental care for under-resourced students. For that reason, RSS plans to build our organization's capacity for advocacy work. This work would include:

- Educating legislators and policymakers about how current policies and systems (e.g., Medicaid reimbursement) affect access to dental care in communities, especially with regard to disparities among social-economic levels and racial/ethnic groups.
- Joining advocacy networks and building relationships with local community leaders, civic groups, and other nonprofits working for similar change, so that our advocacy efforts can be coordinated and our impact can be magnified.

To make this vision a reality, we are seeking \$45,000 to cover the cost of joining oral health advocacy networks and staff time to build relationships at the Minnesota Capitol or with other government agencies. This would be an annual budget item.

**The Ready, Set, Smile model brings lasting change to the health of children, their families, and their communities. Dental decay is preventable with simple, timely services and the empowerment that comes through education. With your support, RSS will use its proven solutions to help eliminate a health disparity and bring bright, confident smiles to all communities.**



**“I am very thankful to Ready, Set, Smile for helping me set up an appointment. Without Ready, Set, Smile, it would be extremely difficult to get access to dental care for my son. Thank you, Ready, Set, Smile, for all the good experiences and for treating my son.”**

Veronica, Minneapolis parent

# Financial Projections

July 2017 through June 2022

			COVID-19 Forced March Shutdown	COVID-19 Pivots and Shutdown	Assumes Return to Pre-Pandemic Levels
<b>Income</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Donations by Individuals and Corporations	133,516	129,719	165,451	145,000	160,000
Foundation Grants	139,008	176,182	216,274	105,000	200,000
Earned Income					
<b>Net Insurance Revenue</b>					
Insurance Revenue	519,169	564,555	592,865	185,000	1,067,157
Uncompensated Care - Insurance	-425,193	-463,136	-458,256	-142,450	-800,368
Net Insurance Revenue	\$93,976	\$101,419	\$134,609	\$42,550	\$266,789
Education Revenue	\$1,438	\$14,861	\$7,397	\$6,000	\$15,000
<b>GROSS INCOME</b>	<b>\$367,938</b>	<b>\$422,181</b>	<b>\$523,731</b>	<b>\$298,550</b>	<b>\$641,789</b>
<b>Expenses</b>					
Payroll Expenses	\$322,773	\$310,360	\$270,046	\$192,000	\$435,000
Contract & Professional Fees	\$21,342	\$35,781	\$60,381	\$31,000	\$70,000
Occupancy	\$7,200	\$6,750	\$8,116	\$12,000	\$12,000
Office Expenses	\$7,559	\$15,231	\$14,824	\$10,000	\$18,000
Program-Specific Expenses	\$46,423	\$49,778	\$39,303	\$37,000	\$60,000
Insurance	\$3,392	\$3,309	\$3,359	\$3,359	\$4,000
Equipment	\$2,216	\$12,535	\$659	\$8,000	\$30,000
Meetings & Trainings, Other	\$3,326	\$5,258	\$4,307	\$3,500	\$5,000
<b>TOTAL EXPENSES</b>	<b>\$414,231</b>	<b>\$439,002</b>	<b>\$400,995</b>	<b>\$296,859</b>	<b>\$634,000</b>
<b>SURPLUS/DEFICIT</b>	<b>\$(46,293)</b>	<b>\$(16,821)</b>	<b>\$122,736</b>	<b>\$1,691</b>	<b>\$7,789</b>



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