

Dental Public Health Activity Descriptive Summary

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Ready Set Smile

Ready Set Smile (RSS) is a community-based organization whose mission is to prepare and empower all children to care for their oral health through education and preventive services. RSS provides on-site atraumatic dental services and classroom education for under-resourced children in nine Minneapolis schools serving children from pre-K through 8th grade. RSS has seen improvements in the dental health of the students it serves over four years. The clinical team: a collaborative dental hygienist oversees clinics, an advanced dental therapist provides evaluations and Interim Therapeutic Restorations (ITR), and community health workers (CHWs) serve as dental assistants, teach in the classrooms and serve as the liaisons to school staff and parents. Services include toothbrush polishing, scaling, sealants and fluoride varnish application (FVA). Two atraumatic techniques are used to control active caries: silver diamine fluoride (SDF) and interim therapeutic restoration (ITR). Children with urgent needs are referred to a home dental clinic for comprehensive care.

RSS uses the [New England Survey System](#) (NESS) tablet technology to track each student's oral health and caries data. At baseline 48% of the population served has untreated decay. In the first three years the number of children with active caries was reduced by almost 30% and the number of teeth with decay was reduced by 25%. The atraumatic techniques are successfully controlling caries.

The average annual cost per child is \$350.00.

Challenges we face are that 35% of the children served are uninsured. Outreach to families whose children have urgent needs is difficult at best. CHWs require on-the-job training to do their work effectively. CHWs who reflect the communities served are an asset. Our goal is not to perform comprehensive care in the schools, but to break the chain of a preventable disease with preventive services and education.

Lessons Learned:

Community Health Workers who reflect the population of the schools are the strength of our program. When children in unfamiliar circumstances hear the voice of their home language spoken or see someone who looks like them, their entire state-of-mind changes. They are ready to trust, accept and learn.

An oral health curriculum for CHW training needs to be established. There are seven institutions in Minnesota who train CHWs and none of them have an oral health curriculum. This makes on-the-job training necessary for an organization that relies on this workforce. We are working hard to develop an online website with modules to educate on oral health.

Dental hygienists in Minnesota may apply SDF. This was accomplished through an RSS staff member going to Minnesota State Board of Dentistry meetings when SDF was discussed and advocating for this to be added to the scope of practice for dental hygienists. The policy passed, with our influence.

Having an Advanced Dental Therapist is powerful in school-based program.

A workforce of oral health CHWs is greatly needed. Extensive on-the-job training is provided to develop our CHW staff. The skills they must learn are broad: from motivational interviewing to charting teeth to the biology of caries to case management. We use modules developed for other oral health professionals. We use online college courses and hire guest educators. We are in the processes of developing a curriculum for Oral Health Community Health Workers. It is costly for an emerging nonprofit to provide all this training, but a workforce of oral health CHW does not exist.

Expectation should be low on parents response rates to their children's' oral health condition. Other school-based programs have reported similar frustrations. Precious resources can be wasted trying to get parents to take their children for comprehensive care. In our first year, we attempted to report negligence to the proper county children's welfare agency for children with infection and pain. The attorneys were unwilling to consider our cases because they pale in comparison to other issues they cover. It is best to stick to a protocol and then pass the information to your school's health staff or social worker. This is why we must get ahead of the curve on this preventable disease.

A financial hardship is that 35% of the children served are uninsured. Most of these children are either undocumented or have undocumented relative(s). In an attempt to decrease the number of uninsured children, we have had our CHWs trained as insurance navigators. In September 2018, they will begin reaching out to uninsured families to help them register or renew their medical and dental insurance. Online training for CHWs is provided through the Minnesota Department of Human Services.

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