Community Dental Care
Annual Report 2014-2015

Quality dental care and preventive education for all.
Dear Friends, Partners, and Colleagues,

What an honor it is to share with all of you Community Dental Care’s Annual Report for 2014-2015. On behalf of all of our patients, staff, Board of Directors and Advisory Council, we thank you for your support of our mission to ensure equal access to quality dental care and preventive education for all. We would not be able to provide such important and crucial dental care without your support!

Community Dental Care grew not only in service but also through our programs. Just to highlight a few, in January 2014, we opened our doors at a new clinic in Robbinsdale, MN. This clinic neighbors North Minneapolis, New Hope, Crystal, Brooklyn Park, Brooklyn Center, New Brighton, and many others.

In March 2014, we joined the Olmsted County Children’s Oral Health Task Force in Rochester to promote children’s oral health by fostering collaboration between dental and non-dental providers in the community.

Community Dental Care sponsored the Early Dental Prevention Initiative Bill (Omnibus Bill SF 1458) which passed Minnesota legislation in May 2015 making history in the state of Minnesota as one of the first dental bills to support the state’s Oral Health Program!

The success of our mission would not be possible without our passionate and dedicated board, advisory council, and staff. Our work would not be possible without the financial support by our generous funders and donors. We are excited to share what can happen when action meets compassion. Thank you for your support throughout this journey!

Warm regards,

Cedric Long
Board Chair

Vacharee Peterson, DDS
Chief Executive Officer
Who We Are
Community Dental Care (CDC) is a 501(c)(3) nonprofit organization and safety net clinic providing general dental services to people in need, especially low-income, minority, and refugee communities.

Our Mission
Our mission is to ensure equal access to quality dental care and preventive education for all. We fulfill our mission through clinical services, preventive education programs, training of professionals, and advocacy.

Our Vision
Our vision is that all people will have access to high quality affordable, dental care in a convenient, caring and respectful environment.

Our Programs
Program to Improve Community Oral Health (PICOH) provides in-clinic oral health prevention and education for children and pregnant women; outreach to the general community; and school-based preventive oral health programming.

Our Student Training Program offers clinical training for oral health professional students (advanced dental therapists, dental hygienists, dental assistants) and nursing students in collaboration with nine Minnesota schools.

Our Values
Community – We work collaboratively to improve the quality of life for the community through preventive education and oral health care.

Compassion – We are committed to helping and advocating for those who cannot help themselves and providing an environment that values the dignity of all.

Integrity – We strive to do what is morally and ethically right, acting with fairness, honesty and respect.

Professionalism – We hold ourselves to the highest standard of excellence and ensure the needs of our patients always come first.

Quality – We are committed to rigorous evaluation, accountability, and continuous improvement for the good of the patients.

Inclusivity – We believe diversity strengthens and enriches every aspect of our organization and our community.

Our Services
- Preventive
- Restorative
- Emergency Procedures
- Endodontic
- Oral Surgery
- Pediatric
- Prosthodontic
Who We Serve

Currently, we have 76,297 unduplicated patients of record (2013 - 2015). Many of our patients have serious oral health disease—far greater than is seen in more affluent populations. Of our patient base, 46% are children and 65% are an ethnic minority. 84% of our patients are enrolled in public insurance programs, 8.5% have commercial insurance and 7.5% are uninsured.

<table>
<thead>
<tr>
<th>2014 Statistics</th>
<th>St. Paul</th>
<th>Maplewood</th>
<th>Rochester</th>
<th>Robbinsdale</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient encounters</td>
<td>27,146</td>
<td>58,363</td>
<td>17,754</td>
<td>7,626</td>
<td>110,889</td>
</tr>
<tr>
<td>Unduplicated Patients seen</td>
<td>10,206</td>
<td>19,874</td>
<td>4,851</td>
<td>2,488</td>
<td>37,419</td>
</tr>
<tr>
<td>Emergency patients</td>
<td>2,270</td>
<td>6,479</td>
<td>952</td>
<td>956</td>
<td>10,657</td>
</tr>
<tr>
<td>New patients</td>
<td>3,471</td>
<td>8,611</td>
<td>2,898</td>
<td>2,128</td>
<td>17,108</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2015 Statistics</th>
<th>St. Paul</th>
<th>Maplewood</th>
<th>Rochester</th>
<th>Robbinsdale</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient encounters</td>
<td>29,922</td>
<td>63,702</td>
<td>20,644</td>
<td>13,818</td>
<td>128,086</td>
</tr>
<tr>
<td>Unduplicated Patients seen</td>
<td>10,705</td>
<td>22,402</td>
<td>5,339</td>
<td>4,450</td>
<td>42,896</td>
</tr>
<tr>
<td>Emergency patients</td>
<td>2,435</td>
<td>7,737</td>
<td>1,311</td>
<td>1,848</td>
<td>13,331</td>
</tr>
<tr>
<td>New patients</td>
<td>3,879</td>
<td>8,987</td>
<td>2,607</td>
<td>3,249</td>
<td>18,722</td>
</tr>
</tbody>
</table>

Currently, we have 76,297 unduplicated patients of record (2013 - 2015). Many of our patients have serious oral health disease—far greater than is seen in more affluent populations. Of our patient base, 46% are children and 65% are an ethnic minority. 84% of our patients are enrolled in public insurance programs, 8.5% have commercial insurance and 7.5% are uninsured.
Our Staff
We currently have 233 employees (184 full-time) including 37 dentists, 32 dental hygienists, and 67 dental assistants. All staff is experienced in delivering treatment through the services of interpreters and 63% are ethnic minority and/or bi-lingual (in 24 languages). Languages spoken by staff include: English, Hmong, Thai, Laotian, Vietnamese, Karen, Burmese, French, Farsi, Oromo, Somali, Arabic, Spanish, Hindi, Urdu, Amharic, Marathi, Punjabi, Swahili, Dinka, Luganda, Ukrainian, German and Russian.

Our Volunteers
In 2014, 253 community volunteers contributed 1,848 hours of service, equating to $44,924 worth of services based on Independent Sector’s estimated dollar value of volunteer time at $24.31 per hour. In 2015, 311 community volunteers contributed 2,654 hours of service, equating to $65,899 worth of services based on Independent Sector’s estimated dollar value of volunteer time at $24.83 per hour. Volunteers contributed time to Give Kids a Smile Day; assisted with health resource fairs and distributed oral health care kits; participated in the annual two-day Mission of Mercy; assisted with special events; and donated professional consultant services.

Our Charity Care Policy
Community Dental Care underwrites between 3-4% of its budget in uncompensated care annually. That equaled $478,511 in 2014 and $493,561 in 2015. We also provide emergency care for patients unable to pay, funded through donations from private donors, foundations and clinic revenue. In 2014, this included $20,002 for 196 patients, 18 of whom were children. Grants paid an additional $12,748 in preventive and restorative care for 306 children in our school-based program.

In 2015, this included $19,962 for 196 patients, 17 of whom were children. Grants paid an additional $2,979 in preventive and restorative care for 41 children in our school-based program. All of our services are available on a sliding fee scale of 10-50% for low-income patients not eligible for public programs.
Program to Improve Community Oral Health (PICOH)

<table>
<thead>
<tr>
<th>School-based Prevention &amp; Education</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating elementary schools</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Children receiving classroom education</td>
<td>2,910</td>
<td>3,859</td>
</tr>
<tr>
<td>Children receiving fluoride varnish</td>
<td>590</td>
<td>749</td>
</tr>
<tr>
<td>Children receiving sealants</td>
<td>450</td>
<td>469</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>In-Clinic Prevention &amp; Education</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Children served (0-12)</td>
<td>3,525</td>
<td>4,908</td>
</tr>
<tr>
<td>Pregnant women served</td>
<td>250</td>
<td>333</td>
</tr>
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<table>
<thead>
<tr>
<th>Community Outreach</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of presentations at schools and community events</td>
<td>103</td>
<td>64</td>
</tr>
<tr>
<td>Children, pregnant women, parents and seniors participating</td>
<td>5,072</td>
<td>7,962</td>
</tr>
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Our Student Training Program

<table>
<thead>
<tr>
<th># of Students Trained</th>
<th>2014</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Dental Hygiene Students</td>
<td>131</td>
<td>148</td>
</tr>
<tr>
<td>Dental Assistant Students</td>
<td>34</td>
<td>35</td>
</tr>
<tr>
<td>Nursing Students</td>
<td>61</td>
<td>129</td>
</tr>
<tr>
<td>Total # of Students Trained</td>
<td>226</td>
<td>312</td>
</tr>
</tbody>
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Bridging the Gap to Dental Access
The barriers our patients face to accessing dental care include language and cultural barriers, transportation and day care issues, insurance coverage limitations, and a shortage of dentists treating this population. Lack of access especially impacts young children. Evidence increasingly shows that newly erupting baby teeth, because of immature enamel, may be at higher risk of developing cavities, and that preventive interventions, including providing parents with the knowledge and skills to provide daily oral hygiene and ensure children receive routine oral health care starting as early as six months of age, is critical to ensuring good oral health over a lifetime.
Our patients tell us they have a difficult time finding dentists who will treat public program patients. Many are immigrants that have never been taught why oral health care is important or the relationship between oral disease and overall health.

They have never learned how tooth decay or periodontal disease can contribute to serious medical problems such as diabetes, heart and lung disease, stroke and low-birth-weight premature births in adults; and how it can lead to serious health problems in children, including poor nutrition, impaired physical development, speech problems, difficulty learning, absence from school and psychological problems.

We use culturally sensitive approaches to bridge the gaps that many of our patients face accessing proper dental treatment.

The barriers our patients face to accessing dental care include language and cultural barriers, transportation and day care issues, insurance coverage limitations, and a shortage of dentists treating this population.
Our Goals
Our organizational goals, as defined by our current strategic plan, include:
1) Expand dental care services to meet the growing needs of low-income and minority populations; 2) Expand Community Dental Care’s preventive education programs; 3) Train health professionals to provide quality dental care and preventive education services to low income and multicultural communities; 4) Actively participate in the development of appropriate public policy to improve the oral health of the state’s underserved populations; 5) Implement an annual Clinical Quality Assurance/Quality Control Audit program; 6) Ensure adequate financial resources to implement this Strategic Plan and sustain a healthy organization; 7) Build Community Dental Care’s organizational capacity.

The Early Dental Prevention Initiative
In May 2015, Minnesota legislation passed the Early Dental Prevention Initiative Bill (sponsored by CDC) which states: “The commissioner of health, in collaboration with the commissioner of human services, shall implement a statewide initiative to increase awareness among communities of color and recent immigrants on the importance of early preventive dental intervention for infants and toddlers before and after primary teeth appear.

a) The commissioner shall develop educational materials and information for expectant and new parents within the targeted communities that include the importance of early dental care to prevent early cavities, including proper cleaning techniques and feeding habits, before and after primary teeth appear.

b) The commissioner shall develop a distribution plan to ensure that the materials are distributed to expectant and new parents within the targeted communities, including, but not limited to, making the materials available to health care providers, community clinics, WIC sites, and other relevant sites within the targeted communities.

C) In developing these materials and distribution plan, the commissioner shall work collaboratively with members of the targeted communities, dental providers, pediatricians, child care providers, and home visiting nurses.

d) The commissioner shall, with input from stakeholders listed in paragraph (d), develop and pilot incentives to encourage early dental care within one year of an infant’s teeth erupting.”
With deepest gratitude, thank you to the following foundations, corporations, community organizations, and individual donors for their partnership in our work!

*denotes gifts in both 2014 and 2015

Foundations, Corporations, & Community Organizations
ADA Samuel D. Harris Foundation
America’s ToothFairy National Children’s Oral Health Foundation
AmeriCorps VISTA*
Carl and Verna Schmidt Foundation
Delta Dental of Minnesota Foundation *
Delta Dental of Minnesota Foundation – Smiles@School*
Edwards Memorial Trust
Faegre Baker Daniels Foundation*
Hardenbergh Foundation*
Healthier Minnesota Community Clinic Fund
Mayo Clinic Foundation
Medica Foundation
Minnesota Dental Foundation*
Minnesota Department of Health – Clinical Dental Innovations Grant*
Minnesota Department of Health – Community Clinic Grant*
Minnesota Department of Health – Emerging Professions
Foundations, Corporations, & Community Organizations Continued…
Minnesota Department of Health – Medical Education and Research
Minnesota Department of Health – Safety Net Grant*
Minnesota Department of Health – Smiles@School*
Otto Bremer Trust*
Pohlad Family Foundation
Rotary Club of Crystal, New Hope, Robbinsdale
The Saint Paul Foundation
The Saint Paul Foundation – Management Improvement Fund
UCare Foundation
University of Minnesota Community Health Initiative

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Nicole Napier

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Lisa Talcott
Thai Christian Fellowship
Blia Thor
Jodi Vance
Jonathan Watson*
Nicholas Weinand*
Bee Thao & Linda Xiong*
Crystal Yang*
Lou Yang

Your support impacts our most vulnerable and high-risk patients – children. Your support allows us to provide emergency treatment for many patients in desperate situations, just like Nina. We received a call from a representative at the refugee clinic. She was calling to schedule an appointment for a new refugee who just arrived from Nepal. The parents called and explained that their 5-year-old daughter Nina was in a lot of pain and had been crying because of her tooth. Nina was having difficulty eating and sleeping through the night. Their family had only been in Minnesota for 11 days and their Medical Assistance application with the state was still pending. When Nina arrived at our clinic, she was very scared. Unfamiliar to her surroundings and still in pain, she cried throughout her visit. She had severe dental decay and three teeth that needed to be extracted due to abscesses. As newly arrived refugees and without any means to pay, we provided the family a mini-grant to help cover the costs. Her parents were beyond grateful for the generosity.
STATEMENT OF FINANCIAL POSITION

Assets
Cash & Equivalents $1,242,499
Property & Equipment 3,463,386
Other Assets 2,829,220
Total Assets $7,535,105

Liabilities & Net Assets
Current Liabilities $1,497,844
Long-term Liabilities 1,688,383
Total Liabilities $3,186,227

Net Assets
Unrestricted $2,578,054
Restricted 377,236
Increase(Decrease)Net 1,393,588
Total Net Assets $4,348,878

Total Liabilities & Net Assets $7,535,105

STATEMENT OF ACTIVITIES & CHANGES IN NET ASSETS

Unrestricted Revenues
Gains & Other Support $14,812,235
Operating Expenses 13,730,553
Operating Income 1,081,682
Non-Operating Gains (Losses) 165
Restricted Contribution 517,044
Net Assets Released (205,303)
Change in Net Assets $1,393,588

Expenditures 2014

9% Program Services
1% Mgmt & General
90% Fundraising
### STATEMENT OF FINANCIAL POSITION

**Assets**
- Cash & Equivalents: $1,139,198
- Property & Equipment: 4,294,933
- Other Assets: 3,042,059
- **Total Assets**: $8,476,190

**Liabilities & Net Assets**
- Current Liabilities: $1,832,520
- Long-term Liabilities: 1,429,368
- **Total Liabilities**: $3,261,888

**Net Assets**
- Unrestricted: $3,971,642
- Restricted: 377,235
- Increase(Decrease)Net: 865,425
- **Total Net Assets**: $5,214,302

**Total Liabilities & Net Assets**: $8,476,190

### STATEMENT OF ACTIVITIES & CHANGES IN NET ASSETS

**Unrestricted Revenues**
- Gains & Other Support: $17,227,673

**Operating Income**
- Operating Expenses: 16,329,188
- Operating Income: 898,485

**Non-Operating Gains (Losses)**
- Restricted Contribution: 476,089
- Net Assets Released: **(402,378)**

**Change in Net Assets**: $865,424

### Expenditures 2015

- **Program Services**: 90%
- **Mgmt & General**: 9%
- **Fundraising**: 1%
Maplewood
1670 Beam Ave, Ste. 204
Maplewood, MN 55109
(651) 925-8400

Saint Paul
828 Hawthorne Ave E
St. Paul, MN 55106
(651) 774-2959

Rochester
1926 College View Rd. SE
RCTC Heintz Center
Rochester, MN 55904
(507) 258-4046

Robbinsdale
3359 West Broadway
Robbinsdale, MN 55422
(763) 270-5776

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