



**ACNJ Lunch and Learn:
Oral Health is the Gateway
to Total Health and Wellbeing**

Michal Herman, DDS
COO, KinderSmile Foundation

Mission and Vision

The mission of KinderSmile Foundation is to provide underserved children with access to comprehensive dental care and educate children and their families about the importance of dental hygiene.

We envision a future where every child has access to a dentist, and preventable dental diseases are eradicated.

KinderSmile Foundation

KinderSmile Foundation was established in 2007 with the values of Education, Intervention and Prevention as methods to combat oral health care inequality for underserved marginalized communities by establishing community partnerships, reducing barriers, and providing a prompt link to a permanent Dental Home.

Over the past 16 years, KinderSmile Foundation has provided more than \$12 million of in-kind dental services, and impacted over 47,000 underserved patients, in order to eliminate dental disease, the #1 epidemic of economically disadvantaged children.

Oral health is the gateway to total health and wellbeing!

Over 47,000 Smiles Served!





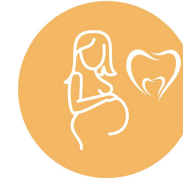
KinderSmile Oral Health Program (KSOHP)

Brings oral health education and preventive dental services to schools and community centers, by forging partnerships with schools, early childhood and Head Start programs, schools serving children with special needs, and family-service agencies. Children are promptly linked to a Dental Home.



Give Back a Smile (GBAS) Program

Offers licensed dentists and dental hygienists the opportunity to donate their services to uninsured and underserved children in NJ at offsite visits and in our Dental Homes. Professional volunteers earn CEUs.



Perinatal Health and Wellness Program (PHWP)

Breaks the dangerous cycle of untreated dental diseases by empowering pregnant & recently postpartum women with informative, personal, and culturally-sensitive training about the importance of maternal oral health and its impact on the developing fetus and young children under the mother's care. Graduates of the training program earn 1 year of free dental care to restore their smiles to full functionality and painlessness.



KinderSmile Community Service Learning Program (CSLP)

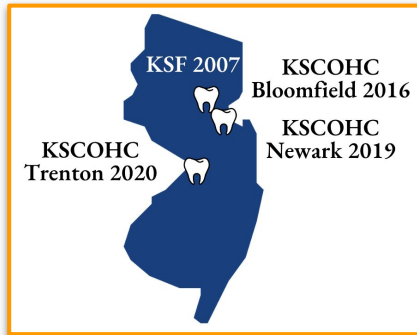
Mentors future philanthropic & healthcare leaders by providing volunteer opportunities to students from high school through graduate school. Clinical shadowing and nonprofit internships help prepare students from pre-dental to public health, education and business.



KinderSmile Community Oral Health Centers Bloomfield, Newark, and Trenton

KinderSmile Foundation incorporates a crucial link to a permanent barrier-free Dental Home at KSCOHC Bloomfield, Newark, and Trenton for all children in our community, including those served offsite at partnering schools, those who are very young, those with developmental disabilities, perinatal mothers, other adults, and seniors.

In 2023 KinderSmile Foundation provided over **\$6,124,700** of preventive and comprehensive dental care.



Barriers in Access to Care

To achieve health equity, barriers must be removed, and social determinants of health must be just.

In an effort to reach health equity KinderSmile Foundation's programs eliminate typical barriers in access to care for uninsured and underserved communities, such as:

- Insurance status or lack of coverage for dental care
- Lack of providers willing to accept very young children or those who require additional time
- Lack of transportation or childcare
- Lack of convenient hours for working parents
- Language barriers
- Fear due to immigration status
- Fear of discrimination or bias related to racial or socioeconomic status



- Due to inequities in oral health care access, disparities persist for children living in poverty and for some race & ethnic groups in the US.
- Among young children, the prevalence of untreated decay is much higher for Black and Hispanic children than for non-Hispanic White children.
- Although Medicaid offers dental coverage for children, only 13% of eligible 1 year old children in NJ receive preventive care, and only 38% of children aged 2-3. The average across all ages is 40%.



Demographics

2023



At KinderSmile Foundation in 2023:

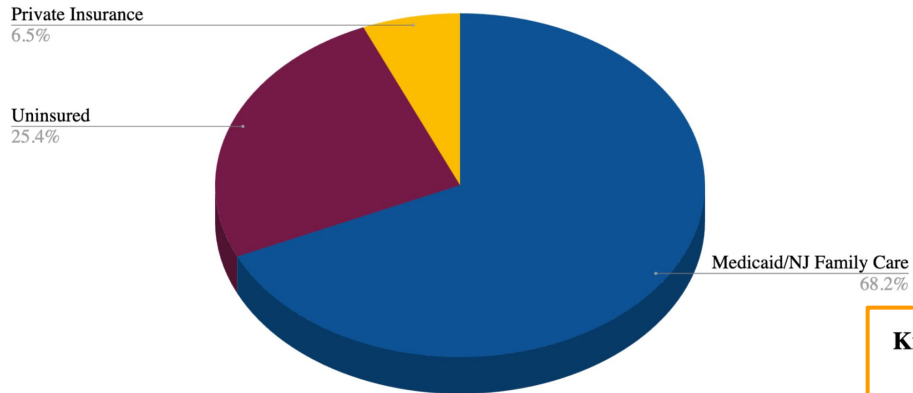
Over 93.5% of the children we served came from at-risk families with income between 100-150% of the Federal Poverty Level:

- 68.18% insured by Medicaid
- 25.36% uninsured
- 6.46% privately insured

New patients in 2023 were racially and ethnically diverse:

- 41.09% Black/African American
- 45.6% Hispanic/Latino
- 2.43% Black & Hispanic
- 1.37% White & Hispanic
- 0.86% Asian
- 0.81% Middle Eastern/N. African
- 6.83% Non-Hispanic White

KinderSmile Foundation Insurance Breakdown 2023



KinderSmile Foundation Demographics Breakdown 2023

Other
1.0%

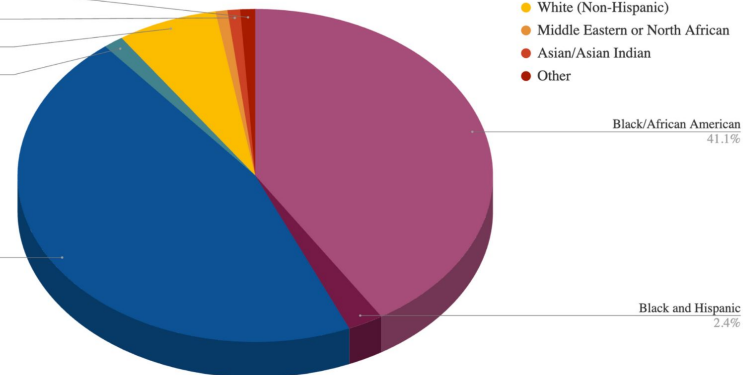
Asian/Asian Indian
0.9%

White (Non-Hispanic)
6.8%

Hispanic and White
1.4%

Hispanic, Latino, or Spanish
45.6%

- Black/African American
- Black and Hispanic
- Hispanic, Latino, or Spanish
- Hispanic and White
- White (Non-Hispanic)
- Middle Eastern or North African
- Asian/Asian Indian
- Other



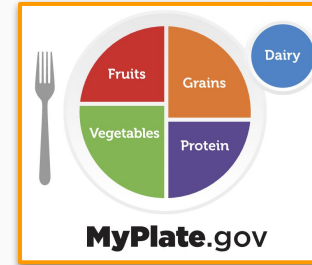
Oral Health and Nutritional Education

KinderSmile Foundation's mission and programs focus on the values of **Education, Intervention, and Prevention.**

With repeated oral health education and routine access to care, we strive to improve the oral health of at-risk youth from age 1 or the eruption of the first tooth, concentrating on **Value over Volume.**

At KSF we repeat oral health education, oral hygiene instructions, nutritional counseling related to dental disease, and caries risk assessment, at every offsite visit, and every recall visit.

We recommend and encourage the placement of dental sealants on healthy permanent molars and premolars, as recommended by the AAPD.



Oral Health and Nutritional Education



For optimal oral health:

1. Brush your teeth **2** times a day for **2** minutes
2. Floss every day
3. Visit your dentist **2** times a year



Water is your friend:
Drink **8** cups of water every day!

Have fun and exercise
for your health!

Don't let candy
ruin your smile!



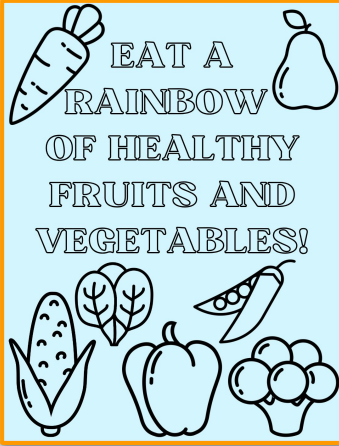
Rethink your drink:

Drinking beverages with added sugars
contributes to
obesity, diabetes, and tooth decay.

Avoid sugary drinks like soda and juice.



Eat a **RAINBOW** of fruits and vegetables
and a balanced diet for healthy teeth and body!



שמרו על

ההיגיינה!



¡BEBE 8 TAZAS
DE AGUA TODOS
LOS DÍAS!



The Rule of 2's

NATIONAL CHILDREN'S DENTAL HEALTH MONTH!

THE RULE OF 2'S

The optimal guide to make it easy to remember how to care for your teeth, and your children's teeth:

Brush your teeth **2** times per day using fluoridated toothpaste



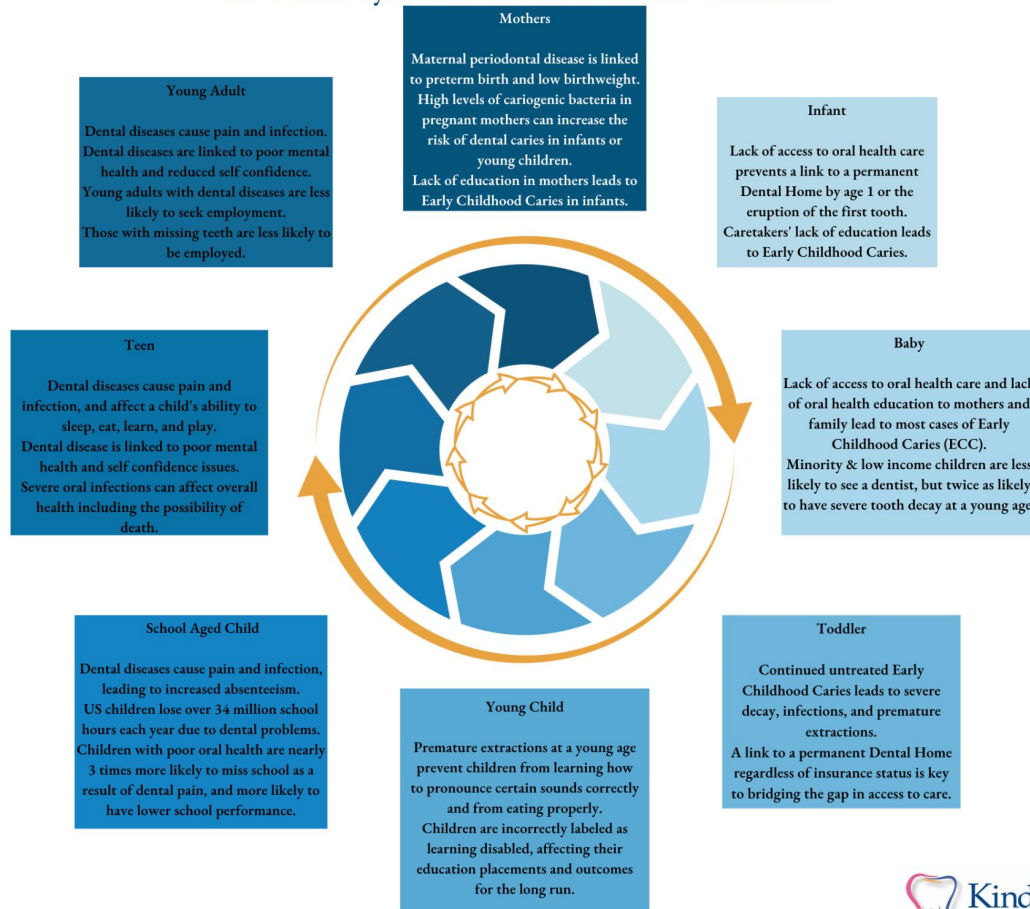
Brush for **2** minutes each time



Visit the dentist **2** times per year



The Vicious Cycle of Lack of Access to Oral Health Care



The Vicious Cycle of Lack of Access to Oral Health Care

Oral Health During Pregnancy



25 Year Old PHWP Mother

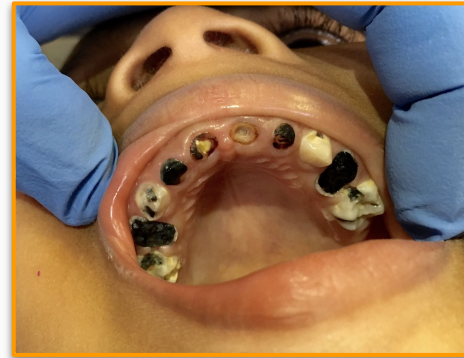
This vicious cycle starts with our matriarchs:

- Maternal periodontal disease is linked to preterm birth and low birthweight, although treatment of periodontal disease during pregnancy has been shown to be safe and effective.
- High levels of cariogenic bacteria in pregnant mothers can increase the risk of dental caries in infants or young children.
- **Pregnant women with chronic periodontal disease are up to 7 times more likely to have premature births than those without.**
- The CDC reports that **60% to 75% of pregnant women have gingivitis**, an early stage of periodontal disease that occurs when the gums become red and swollen from inflammation caused by hormonal changes during pregnancy.
- The AAPD recommends that healthcare providers implement preventive measures and caregivers' education to help prevent Early Childhood Caries, which remains a significant—but preventable—public health problem.

Early Childhood Caries



- The National Health and Nutritional Examination Surveys found that the prevalence of **Early Childhood Caries in the United States ranges between 24% and 28%**.
- ECC are more common in racially, ethnically, and socioeconomically historically marginalized communities, although they are preventable with continued oral health education and timely access to oral health care.
- Premature extractions in children lead to long term speech and pronunciation differences.



Early Childhood Caries

The AAPD states that Early Childhood Caries remains a significant chronic disease of childhood and public health concern.

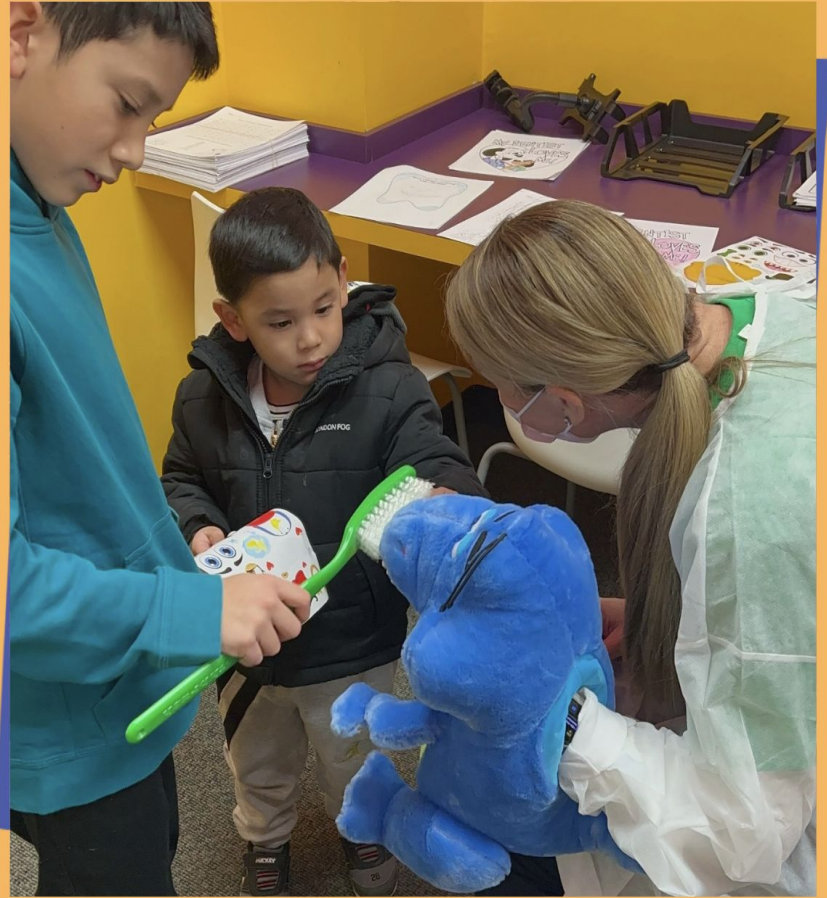
To Decrease the Risk:

1. Establish a Dental Home by age 1 or the eruption of the first tooth
2. Avoid frequently consuming sugary foods and drinks:
 - a. Eliminate baby bottle and breastfeeding beyond 12 months. 🍼
 - i. If you choose to continue to breastfeed beyond 12 months, always wipe the baby's teeth and never allow her to go to sleep with a bottle or on the breast.
 - b. Eliminate 100% fruit juice before age 1. 🍹
 - c. Encourage children aged 6-12 months to drink 4-6 oz of water per day. 💧
 - d. Limit juice to no more than 4 oz/day for children aged 1-3. 🍷
 - e. Avoid sugar in foods and drink in children under the age of 2. 🍭🍬
3. Implement early oral hygiene measures immediately, and no later than the eruption of the first tooth:
 - a. Gently wipe a baby's gums as part of her bedtime routine or twice a day. 🧼
 - b. Toothbrushing by a parent or caretaker twice a day using a small soft toothbrush. 🪥
 - c. Use of toothpaste with fluoride: smear under age 3, and pea size from age 3.
4. Receive professional preventive dental care and fluoride varnish treatments two times a year. 🦷
5. Medical-dental integration to ensure all infants and toddlers have access to oral health education, dental screenings, and preventive care. 🏥
6. Educate parents, caretakers, oral health professionals, and medical professionals about ECC. 📖📝
7. Support Community Water Fluoridation as a primary prevention for dental caries for underserved and vulnerable communities. 💧
8. Raise awareness among legislators, policy makers, and third-party payors regarding ECC and access to care for all. 🏛️
9. Advocate for improved reimbursement systems to allow access for all children.



School Aged Children

- US children lose over **34 million school hours** each year due to dental problems.
- Children with poor oral health are nearly **3 times more likely to miss school** as a result of dental pain and more likely to have **lower school performance**.
- Poor dentition, such as missing, discolored, or broken teeth, can lead to behavioral, cognitive, and social problems such as depression, low self-esteem, social anxiety, and shame.
- In the last year New Jersey began to collect oral health data for the first time, finding that **36% of all NJ 3rd graders had untreated dental disease**, compared to the national average of 20%.
- On any given day **15% of NJ's 3rd graders need URGENT dental care**



Mental Health, the Workforce, and Incarceration

- The American Psychiatric Association states that dental diseases can impact quality of life and lead to or exacerbate mental health concerns.
- The ADA reports that nearly **30% people entering the workforce**, aged 18 to 34, state that the appearance of their teeth prevented them from successfully seeking or interviewing for jobs.
- Moreover, people with poor oral health are less successful in advancing their careers due to negative associations with missing or discolored teeth.
- The World Health Organization found a high prevalence of dental caries and periodontal disease, as well as poor oral health and nutritional habits in people who are incarcerated.
- Patients are more likely to engage and trust dental providers who look like them or share their culture. Dental providers who are relatable, instill a higher level of compliance, and reduced dental fear and trauma.
- Due to limited diversity in the dental workforce bias in clinical decisions exists when treating racial/ethnic minority patients. For similar symptoms, Black patients have been shown to be more likely to be treatment-planned for extractions rather than root canal therapy, compared to their counterparts.
- Mentorship and internship opportunities in low income communities can lead to an increase in diversification in the dental workforce and in public health.



Oral Health is the Gateway to Total Health and Wellbeing

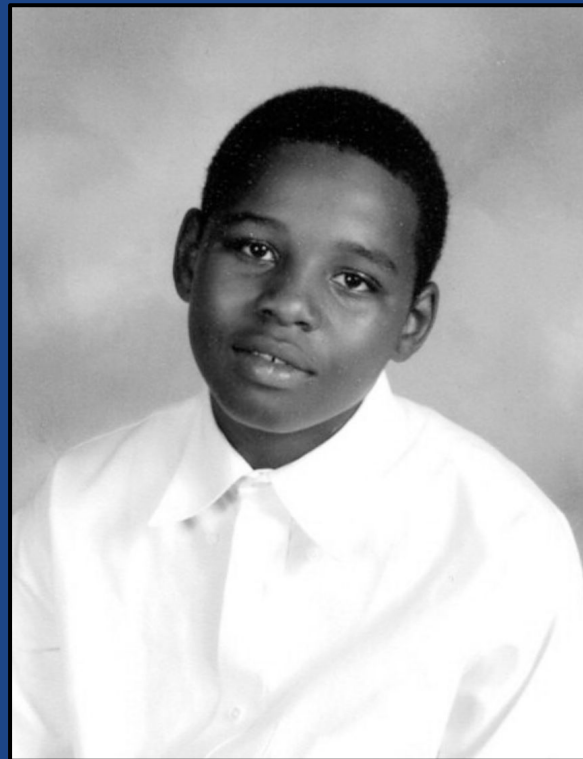
- The fact that oral health is the gateway to overall health cannot be overstated. Poor oral health can affect:
 - Mental health, energy levels, confidence, self esteem
 - School performance
 - Job success
 - Physical and systemic health
 - Nutrition and appetite
- Stemming from bacteria from oral infections that can travel in the bloodstream, research links periodontal disease (gum disease) to:
 - Diabetes
 - Heart disease
 - Respiratory infections
 - Dementia
- Maternal periodontal disease is linked to preterm birth and low birthweight. High levels of cariogenic bacteria in pregnant mothers can increase the risk of dental caries in infants or young children.
- Oral cancer is the most common head and neck cancer. It affects more than twice as many men as women, most commonly occurs in ages 40, and is mostly related to tobacco and/or alcohol. Regular dental check ups lead to early detection and improve outcomes.
- **Severe oral infections can affect overall health up to and including death.**



**KinderSmile Foundation was established in 2007
following the death of
12-year old Deamonte Driver
from Prince George's County Maryland,
who died from a tooth infection that traveled to his brain.**

**No child should ever lose a life due to
lack of access to oral health care.**

**No mother should have to bury her child due to
lack of access to oral health care.**



The Toll of Emergency Dental Visits



Emergency visits to hospitals to address dental disease cost taxpayers an average of **\$749**, for a total of over **\$2 billion per year in the US.**

Since the opening of our first Dental Home in 2016, we have served over **4,173 emergency visits**, and have saved NJ taxpayers over **\$3,125,577.**

In 2023 alone we served over **1,000** emergency visits.

KinderSmile Foundation's Contributions: Access to Care, Service, Mentorship, Workforce, Data Collection

Total Value of Care Provided in 2023: Over **\$6,124,000**

Total In-kind Care Provided in 2023: Over **\$2,250,000**

KinderSmile Foundation incorporates a crucial link to a permanent barrier-free Dental Home at KSCOHC Bloomfield, Newark, and Trenton for all children in our community, including those served offsite at partnering schools, those who are very young, those with developmental disabilities, Perinatal mothers, other adults, and seniors.



In 2023 **41 CSLP** students donated over **1,980 hours** of their time in clinical, administrative, public health, and outreach positions, and **GBAS** professional volunteers (dentists and dental hygienists) donated **285.5** hours of their time!

In the last 16 years **317 CSLP** volunteers have donated over **16,180 hours**, and over **70** have been accepted into Dental Schools!

KSF's Perinatal Health and Wellness Program has enrolled, educated, and provided free preventive and comprehensive dental care to over **363 perinatal mothers** and counting since the start of the program.

Continued efforts in **dental workforce development** in the state, through partnerships with schools and organizations for dental professionals of all levels.

Our programs, including KinderSmile Oral Health Program and our Perinatal Health and Wellness Program include large sets of **data collection**, placing KSF in a position to assist the State of New Jersey in assessing the effectiveness of providing access to care and medical-dental integration on improving children's oral health and maternal health outcomes for Black and Hispanic mothers in New Jersey.

Community Partnership

KinderSmile Foundation was founded in the community and for the community.

We affiliate with various organizations in the community who help us connect with the families in need of our services. Developing relationships with a diverse network of community partners allows us to raise awareness of the inequities of oral health care access across the spectrum of child advocates and to educate more caregivers about dental hygiene as related to total health and wellbeing.

We have over 225 community partners in New Jersey:

- Head Starts and Early Head Start programs
- Public and private school
- Community agencies with events to provide dental screenings, referrals, and/or education
- Networks to advocate for oral health equity such as ACNJ
- Agencies with mutual partnerships to cross-refer families in need of services
- Pre-professional programs or organizations to help promote a pathway for workforce development especially in public health and community dentistry
- State-wide agencies such as the NJDOH, Nurture NJ, and NJHCQI
- Hospitals such as Hackensack Meridian Mountainside Medical Center and Capital Health
- FQHCs such as Henry J. Austin and Zufall
- And many more!



Grateful for the Strides that New Jersey Has Taken

We are grateful for recent successful efforts in the state to address disparities in oral health care:

- Appointment of a State Dental Director within the Department of Health
- Expansion of Medicaid to cover all qualified children, regardless of immigration status
- Applications and activities of HRSA grants related to oral health care
- Creation of the State's first Oral Health Plan, pending approval
- Inclusion of dentists in the State of NJ Primary Care Practitioner Loan Redemption Program for providing care in Health Professional Shortage Areas
- Completion of eligibility forms for Trenton's designation as HPSA from HRSA, enabling sites to qualify for NHSC Loan Repayment.
- **But there is so much more that need to be done...**



A Roadmap to Improving Access to Oral Health Care in the State of NJ

Medicaid coverage is intended to place members in the same position of having access to care as the rest of the population. In New Jersey, there are not enough Medicaid providers to be able to achieve that goal. Without additional funding and equitable reimbursement rates to attract additional providers to participate in Medicaid, access to care cannot be expanded.

Some of the answers:

1. Add a line item in the state budget to support oral health.
2. Mandate oversight and regulation of NJ's 5 Managed Care Organizations (MCOs) in order to increase the number of providers willing to participate in the plans:
 - a. Regulate reimbursement rates to be at least the NJ Medicaid FFS listed rates to every willing provider that meets quality measures
 - b. Mandate participation in all 5 MCOs
 - c. Expect acceptance all children from age 0
 - d. Require updated provider directories regularly
 - e. Improve quality measures to reflect value over volume
 - f. Request prompt credentialing
 - g. Incentivize providers to join public health or diversify the dental workforce
3. Permanently fund a dental director and staff in the DOH.
4. Mandate dental screenings for all children ages 2-12 prior to starting school.
5. Reproduce KinderSmile Perinatal Health and Wellness Program (PHWP) state-wide, to address the healthcare inequities in high-risk communities that impact maternal and infant health (S-4153 2022-2023; A897 2024-2025).
6. Include oral health in the Medicaid expansion for maternal care.
7. Regulate water fluoridation system in the entire State of New Jersey, which is currently ranked 49th in the nation in water fluoridation.

Conclusion

KSF bridges the gap in access to oral health care, and raises awareness of the importance of oral health to total health and wellbeing.

Continued initiatives related to oral health and dental disease data collection are necessary to make access to oral health care the standard of care in our state, ensuring that underserved families are promptly linked to a Dental Home for oral health education and comprehensive care, as we work towards the goal of eradicating dental disease and reaching health equity.

Let us work together to prevent a tragedy from happening in our Garden State!



Thank you.

GARDEN STATE FILM FESTIVAL
MARCH 21-24 | TICKETS AT GSFF.ORG

**Toothache:
The Painful Truth
About Oral Health
Care Inequity**

JS23
12:00 PM - 2:00 PM



TOOTHACHE
The Painful Truth About Oral Health Care Inequity

"What tooth is bigger to them than mine is understandable, but the mouth is connected to our body. It all starts there... it all starts with oral health."
Nicole McGrath Barnes DDS FACD
Newark, NJ

"Toothache's mother had tried to call 311 several. All 311 dispatches said, 'they would not send them because the girl had been diagnosed with the tooth pain earlier in life... look, we've tried to find them... I could not have her like that die.'"
Harold Berger DDS MPH FACD
Newark, NJ

GARDEN STATE FILM FESTIVAL
Garden State Film Festival
NEW JERSEY'S PREMIER INDEPENDENT FILM FESTIVAL®

New Jersey
Department of Community
Development and the Arts
ARTS

