Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW

Name of the Practice:
New Jersey Oral Health Coalition

Public Health Functions:
Assessment – Acquiring Data
Assessment – Use of Data
Policy Development – Collaboration & Partnership for Planning and Integration
Policy Development – Oral Health Program Policies
Policy Development – Oral Health Program Organizational Structure and Resource
Assurance – Population-based Interventions
Assurance – Oral Health Communications
Assurance – Building Linkages & Partnerships for Interventions
Assurance – Building Community Capacity for Interventions
Assurance – Access to Care and Health System Interventions

HP 2010 Objectives:
21-1 Reduce dental caries experience in children.
21-2 Reduce untreated dental decay in children and adults.
21-3 Increase adults with teeth who have never lost a tooth.
21-4 Reduce adults who have lost all their teeth.
21-5a Reduce gingivitis among adults.
21-5b Reduce periodontal disease among adults.
21-6 Increase detection Stage I oral cancer lesions.
21-7 Increase number of oral cancer examinations.
21-8 Increase sealants for 8 year-olds’ first molars and 14 year-olds’ first and second molars.
21-9 Increase persons on public water receiving fluoridated water.
21-10 Increase utilization of oral health system.
21-11 Increase utilization of dental services for those in long-term facilities, e.g., nursing homes.
21-12 Increase preventive dental services for low-income children and adolescents.
21-13 Increase number of school-based health center with oral health component.
21-14 Increase number of community health center and local health departments with oral health component.
21-15 Increase states with system for recording and referring orofacial clefts.
21-16 Increase the number of states with State-based surveillance system.
21-17 Increase the number of State & local dental programs with public health trained director.

State:
New Jersey
Region:
Northeast Region II
Key Words:
Oral health coalition, oral health summit, partnerships

Abstract:
While great strides have been made to enhance oral health, in New Jersey there remains disparities in the oral health of the citizens. In the fall of 2000, individuals from a diverse group of organizations representing federal, state and local government, academia, education, health care providers, and insurance companies met to discuss issues related to oral health. The outcome was the establishment of the New Jersey Oral Health Coalition. An accomplishment of the Coalition is the New Jersey Oral Health Summit, which took place in September 2001.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:
Since its inception in the fall of 2000, the New Jersey Oral Health Coalition, a diverse group of individuals from organizations representing federal, state and local government, academia, education, health care providers and insurance companies have worked to foster and promote the equitable access of quality oral health care throughout New Jersey.

Justification of the Practice:
In his landmark report on oral health, Surgeon General David Satcher spoke of the “silent epidemic” of oral diseases which face this country. Interestingly, oral disease may well be the most prevalent and yet most preventable disease affecting Americans today. The New Jersey Oral Health Coalition is strongly committed to finding solutions that will make comprehensive oral health care and oral health programs available to all New Jersey residents. In September 2001, the Coalition sponsored the first New Jersey Oral Health Summit that identified the existing problems and their possible solutions. As a result, the Coalition’s immediate goals include: educating the public about the importance of good oral health and what must be done to achieve it, expanding school-based oral health initiatives, and promoting the benefits of water fluoridation.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:
The mission of the New Jersey Oral Health Coalition is to foster and promote the equitable access of quality oral health care services throughout New Jersey. Such services include both the comprehensive treatment provided by the State’s dentists and dental hygienists, as well as the many dental disease preventive modalities provided by public oral health programs and private practices. The New Jersey Oral Health Summit 2001, an achievement of the Coalition, also provided participants with the Summit manual, “Improving the Oral Health of all New Jerseyans.” The manual consists of the Coalition’s missions and goals, subcommittee reports, various articles on oral health, and the Center for Disease Control’s recommendations for using fluoride to prevent and control caries.

The New Jersey Oral Health Coalition is comprised of a number of organizations from both the private and public sector that are committed to finding solutions that will make comprehensive oral health care and oral health programs accessible to all New Jersey residents. Coalition members include representatives from the New Jersey Department of Health and Senior Services (DHSS), New Jersey Department of Human Services, UMDNJ-New Jersey Dental School, New Jersey Dental Assisting Association, New Jersey Dental Hygienist’s Association, New Jersey Dental Association, Legal Services of New Jersey, New Jersey Primary Care Association, New Jersey Association of Pediatric Dentistry, New Jersey Society of Dentistry for Children, Association of Retarded Citizens, New Jersey Health Officers’ Association, local health departments, federally-qualified health centers, hospitals and private insurers. In addition to general Coalition membership, members also serve on the executive, financial, legislative and education subcommittees of the Coalition.

The Coalition will continue to advocate for the development of the oral health resources/services that are required, and for the development of statewide oral health planning policies to adequately address and implement programs to finance those services. The New Jersey Oral Health Coalition will accomplish its mission through the establishment of both private and public partnerships, as well as through linkages among both professional/consumer organizations and all levels of government. It is intended that these diverse groups will effectively work together to provide strong leadership and advocacy, which is central in the successful pursuit of the Coalition’s mission. The Coalition is now in the process of creating partnerships with legislators, health professionals, educators, community-based organizations, businesses and the people of New Jersey to help achieve its goal of improving the oral health and well-being of all people of New Jersey.

Budget Estimates and Formulas of the Practice:
At present, members donate their time and services as an in-kind contribution of their agency or organization.

Lessons Learned and/or Plans for Improvement:
The Coalition was formed in the fall of 2000 and is going through various developmental stages.
Available Resources - Models, Tools and Guidelines Relevant to the Practice:
SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness
Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

The New Jersey Oral Health Coalition sponsored the New Jersey Oral Health Summit on September 12, 2001 to:
1. Enable summit participants to discuss the issues and legislative policies that impact oral health in New Jersey;
2. Develop strategies to improve accessibility to oral health care clinicians and programs.
3. Develop and design preventive strategies to positively impact the oral health of New Jerseyans.
4. Discuss the integral role that oral health clinicians play in the health care delivery system.

As a result of the Summit, the Coalition’s immediate goals include: educating the public about the importance of good oral health and what must be done to achieve it, expanding school-based oral health initiatives and promoting benefits of water fluoridation.

Efficiency
Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

Coalition members donate their time and efforts to attend the Coalition meetings and support activities. These are in-kind contributions of their agency/organization.

Demonstrated Sustainability
Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The NJ Oral Health Coalition has been in existence since the fall of 2000. Meetings are held approximately every other month with subcommittees meeting on an as-needed basis.

Collaboration/Integration
Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

The New Jersey Oral Health Coalition is comprised of individuals/organizations from both the public and private sector that are committed to finding solutions that will make comprehensive oral health care accessible to all New Jersey residents. Members include, but are not limited to: New Jersey DHSS, New Jersey Department of Human Services, UMDNJ-NJ Dental School, New Jersey Association of Pediatric Dentistry, New Jersey Dental Association, New Jersey Health Officers’ Association, and local health departments and hospitals.

Objectives/Rationale
Does the practice address HP 2010 objectives, the Surgeon General’s Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The Coalition’s efforts will support advancement in HP 2010 Oral Health Objectives and address reducing disparities as cited in the Surgeon General’s Report on Oral Health.

Extent of Use Among States
Is the practice or aspects of the practice used in other states?

Many states have state and local oral health coalitions. We are not certain which states have an oral health coalition or the total number of oral health coalitions in existence at this time.