



Dental Public Health Activities & Practices

Practice Number: 33016
Submitted By: University of Medicine and Dentistry of New Jersey-New Jersey Dental School and New Jersey Department of Health & Senior Services
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: The Oral Cancer Consortium		
Public Health Functions: Assessment – Acquiring Data Assessment – Use of Data Policy Development – Collaboration & Partnership for Planning and Integration 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 Assurance – Program Evaluation for Outcomes and Quality Management		
HP 2010 Objectives: 21-6 Increase detection Stage I oral cancer lesions. 21-7 Increase number of oral cancer examinations. 21-10 Increase utilization of oral health system.		
State: New Jersey	Region: Northeast Region II	Key Words: Oral cancer, oral cancer consortium, partnership, prevention, oral cancer screening
Abstract: In 1998, University of Medicine and Dentistry of New Jersey-NJ Dental School joined with other major regional dental schools to create the Oral Cancer Consortium. The purpose was to raise the consciousness of providers and the public alike to address the need for periodic oral cancer examinations, changes in risk factors such as smoking and excess alcohol consumption, as well as identification and treatment of existing disease. The morbidity of this disease had not changed appreciably in forty years. It was felt that by promoting early detection and treatment, the morbidity could be reduced. The New Jersey Dental School administrated free oral cancer screenings yearly, along with twenty-nine other institutional sites in the consortium. Publicity for the screenings has been multimedia and funded through a corporate grant. Additional activity includes continuing education programs sponsored by the consortium.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Dean of University of Medicine and Dentistry of New Jersey-NJ Dental School attended a meeting of the Regional Dental School Deans in 1999 for the purpose of addressing the lack of change in the morbidity of oral cancer patients over the last forty years. It was felt that early detection and treatment was the key to a change in morbidity. Hence the Oral Cancer Consortium was born.

In 1998, University of Medicine and Dentistry of New Jersey-NJ Dental School joined with other major regional dental schools to create the Oral Cancer Consortium. The purpose was to raise the consciousness of providers and the public alike to address the need for periodic oral cancer examinations, changes in risk factors such as smoking and excess alcohol consumption, as well as identification and treatment of existing disease.

Justification of the Practice:

The morbidity of oral cancer had not changed appreciably in forty years. It was felt that by promoting early detection and treatment, the morbidity could be reduced. The Consortium, through education and raising the consciousness of the public to periodic examinations, aims to make a change in the morbidity rate.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

At present there are over eighteen institutions in New Jersey and New York actively participating in the Consortium. The Consortium facilitates a yearly free oral cancer screening program in twenty-nine sites throughout the region. Publicity for the screening program is multimedia, being funded through a corporate grant. Collaborative partnerships with faith-based community leaders, educators, healthcare providers and civic officials have been established to "get the word out" about oral cancer screenings to the underserved. Continuing education programs are also sponsored. Each Consortium member contributes in-kind volunteers and equipment. Over 4,000 citizens have been screened in 1999 - 2001.

Budget Estimates and Formulas of the Practice:

Through corporate grants, the Consortium sustains its public relations multimedia campaign prior to the free cancer screenings. Each member of the Consortium has an in-kind contribution to the initiative.

Lessons Learned and/or Plans for Improvement:

- 1) Revised data collection forms are needed each year.
- 2) Each institution learns the best method for its local media campaign e.g.: Community Leader Model used at University of Medicine and Dentistry of New Jersey-New Jersey Dental School, Newark, N.J
- 3) Faith-based community leaders, among others, conduct the outreach.

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)?

Over 4,000 citizens have been screened in 1999-2001. The media campaign has spread nationally and the consortium has aided schools in Massachusetts to form a similar consortium, known as the Oral Cancer Partnership.

Efficiency

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

Although our "raising consciousness" media campaign is targeted to the general state population, models have been created to target underserved people in urban areas of need. This is accomplished by the involvement of community leaders and their organizations.

Demonstrated Sustainability

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

The Consortium is in its third year and has plans to spread nationally by forming other alliances.

Collaboration/Integration

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

In our urban areas, we have formed collaborative partnerships with faith-based community leaders, educators, health care providers and civic officials to "get the word out" about oral cancer screenings to the underserved.

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 consortium supports efforts to achieve the following Healthy People 2010 objectives:

- 21-6 Increase detection Stage I oral cancer lesions.
- 21-7 Increase number of oral cancer examinations.
- 21-10 Increase utilization of oral health system.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

Oral cancer consortium/partnerships have also been developed in these states:

- Oral Cancer Consortium, New Jersey/New York
- Oral Cancer Partnership, Massachusetts
- University of Pittsburgh, Pennsylvania