SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity: New Jersey Department of Health Children’s Oral Health Education Program

Public Health Functions:
- Assessment – Acquiring Data
- Assessment – Use of Data
- Policy Development – Collaboration and Partnership for Planning and Integration
- Policy Development – Oral Health Program Organizational Structure and Resources
- Assurance – Population-based Interventions
- Assurance – Oral Health Communications
- Assurance – Building Linkages and Partnerships for Interventions
- Assurance – Building State and Community Capacity for Interventions

Healthy People 2020 Objectives:
- OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
- OH-2 Reduce the proportion of children and adolescents with untreated dental decay
- OH-3 Reduce the proportion of adults with untreated dental decay
- OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
- OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
- OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

State: New Jersey
Federal Region: Federal Region
Key Words for Searches: Children's Oral Health, oral health education, classroom education, prevention

Abstract:
The New Jersey Department of Health established the New Jersey Children’s Oral Health Education Program in 1981 and is regionally implemented in the twenty-one counties of the State. The Program provides a variety of interactive, age-appropriate oral health education activities for children in grades pre-K through 12.

Educational activities cover a variety of oral health issues including, but not limited to, good oral health and hygiene practices, fluoride as a preventive measure for tooth decay, dental sealants, healthy food choices, periodontal disease, tobacco cessation, and oral injury prevention. Classroom presentations include interactive discussion, audio-visual materials, and student participation. All Program activities can be adapted for a special needs audience.

To address the importance of good oral health practices, education programs have been developed that target pregnant women through initiatives such as “Project: REACH,” (Reducing Early Childhood Caries Through Outreach and Access to Care).

In addition, “Be a Smart Mouth” Home Visiting and Oral Health Perfect Together was developed for the New Jersey Maternal Infant and Early Childhood Home Visiting Program and implemented to address the importance of good oral health practices to first time families in the State.
The Children’s Oral Health Education Program also provides in-service or workshop programs to non-dental professionals, including school nurses, public health nurses, teachers, WIC Coordinators, and social workers. During the 2015-2016 school year, over 80,000 students, staff, health care providers and consumers in high need/high risk areas of the State received oral health/hygiene instruction and oral health personal care resources.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:
The New Jersey Department of Health implemented the Children’s Oral Health Education Program in 1981 to provide age-appropriate oral health education to children throughout the State. Initially, education programs targeted children in grades of K-6 and focused on oral hygiene and the importance of regular dental visits. Subsequently, the education programs were revised to reflect knowledge and research on other preventive oral health practices and to a target population that included children (grades K through 12). Education efforts included: oral hygiene practices, fluoride as a preventive measure, dental sealants, good nutrition, periodontal disease, smoke and spit tobacco prevention and cessation, oral cancer awareness, prevention of oral trauma, oral piercing, oral implications of substance abuse, and the oral complications of diabetes.

With the availability of additional funding, oral health education efforts expanded to the twenty-one counties of the State. To remain current and address trends in oral health, program emphasis has been enhanced to raise oral health awareness for pregnant women, first time families and multi-disciplinary health care providers. Through a variety of education and train the trainer activities, pregnant women and first time families are being educated about the importance of good oral health practices, regular dental exams and assistance in securing a dental home. Multi-disciplinary health providers receive training, education and resources to emphasize the importance of good oral health and its relation to general health.

Justification of the Practice:
Oral health education plays a major role in promoting good health for children. Optimal oral health established early in life is essential to general overall health and well-being. The Children’s Oral Health Education Program targets its efforts to improve the oral health status of school-age children based on research and national recommendations. The Program promotes good oral health practices to reduce future problems related to oral disease. Children are educated about positive behaviors that promote oral health and prevent dental disease. Education topics include: toothbrushing and flossing, use of fluoride as a preventive measure, making healthy food choices, tobacco cessation, reduction of sugary beverage consumption, oral injury prevention, importance of regular dental check-ups and assistance in establishing a dental home.

Inputs, Activities, Outputs and Outcomes of the Practice:
The Children’s Oral Health Education Program is administered by the New Jersey Department of Health and targets activities throughout the twenty-one counties of the State. The Program is regionally implemented with a regional oral health coordinator directing activities. Additional dental hygienist program staff conduct programs in school, WIC offices and assist in other education activities. The north region of the State targets the counties of Morris, Passaic, Sussex and Warren; the central region of the State covers the counties of Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Somerset and Union and the south region of the State targets Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem.
A variety of age-appropriate school based oral health education programs are provided including:

- **Sugar-Less Day to Prevent Tooth Decay**: This program promotes the importance of reducing sugary drinks and snacks in the daily diet and emphasizes the importance of good oral hygiene, regular dental check-ups, and healthy food choice selection. Students participate in a “Sugar-Less Day to Prevent Tooth Decay” themed poster contest. Each student receives a certificate of participation and oral health care kit for take home use. The local press highlights the school efforts in the local media to emphasize the importance of good oral health and healthy food choices.
  
  During the 2015-2016 school year, 19 schools with 1,367 students participated in the activity.

- **Project: SMILE**: This program targets students in grades 2 and/or 3 while addressing the importance of good oral health practices that contribute to improved general health. Students participate in an interactive oral health education presentation that addresses healthy food choice selection and includes a brushing and flossing demonstration with student volunteers. Each student receives an oral health care kit to promote good oral hygiene practices at home. The kit contains a toothbrush, toothbrushing timer, oral health sticker, Dudley Activity Book and tooth saver container.
  
  During the 2015-2016 school year, 20 schools with 1,532 students participated.

- **Project: BRUSH**: This program addresses the importance of good oral hygiene practices for children in grades K and 1. One school in each of the 21 counties of the State participated. Students participate in an age-appropriate oral health education program, receive an oral health take home kit which includes a toothbrush, toothbrushing timer, sticker and education material. Students also participate in the “Ask a Dental Hygienist” activity whereby they email oral health related questions to the regional oral health program and receive a response to the question. The participating school also receives a series of scripted oral health announcements that are provided by school administrative staff via the school public address system throughout the year. In addition, the school receives Project: BRUSH posters for school display that helps to engage the entire school community in oral health dialogue about good oral health practices.
  
  During this pilot program over 300 students were educated.

- **Protect Your Smile Oral Health Program**: This new initiative targets student’s in grades 6 to 8. The “Save face. Wear a Mouth Guard” poster developed by the American Association of Orthodontists (2013) is distributed to each participating school. Students participate in an education program and receive a toothbrush and floss. The program is being conducted in one school in each of the State’s twenty-one counties during the 2016-2017 school year.

  1. **Smiles for a Lifetime**: targets students in Pre-K through 2
  2. **Oral Health News You Can Use**: targets grades 3-5
  3. **Watch Your Mouth, Oral Health Matters More Than You Think**: targets students in grades 6-8
  
  These 3 education programs are offered State-wide and target students in the specific grades.

- **Miles of Smiles**: An annual school newsletter developed and distributed to over 3,500 schools throughout the State. The newsletter contains timely oral health topics appropriate to school age children. The development and distribution of the newsletter began in 1991 and continues to the present with the statewide mailing taking place during the beginning months of the school year. The newsletter is also available on the Children’s Oral Health Program website. Newsletter topics may include: smoke and spit tobacco cessation, oral injury prevention,
reduction of sugary beverage consumption, healthy food selection, dental emergencies, oral manifestations of eating disorders, effect of marijuana on oral health, dental sealants, importance of reading food labels and risks of oral piercing.

- **Women Infant Children (WIC) Newsletter**: An annual newsletter developed and distributed to WIC programs throughout the State. It contains timely oral health topics for clients served by the WIC program.

- **New Jersey Dental Clinic Directory, “Dial A Smile”:** The directory is a central source of information on public dental clinics and services in New Jersey. The services are primarily provided by local health departments, hospitals and Federally Qualified Centers (FQHC’s). The Directory is designed to assist people who have difficulty accessing dental care due to insurance or financial constraints. The clinics are organized by county along with a “key to services” heading to easily identify types of services provided. The Directory is provided to school nurses and is also available on the New Jersey Department of Health website.

- **Save Our Smiles” Fluoride Mouthrinse Program**: The Program is a voluntary school-based weekly mouthrinse program. The 32-week program which requires parent/guardian consent for student participation is an active intervention to help reduce tooth decay in elementary school children. The Program is implemented in areas of the State where the public water supply is not optimally fluoridated. The Program is funded by the State of New Jersey and is administered by the mix and pump method or unit dose system. While the State fully funds the mix and pump method for participating schools, if a school chooses the unit dose system, the school pays the cost difference between the two methods.

  Participating schools receive on-going consultation and technical assistance and the identified fluoride mouthrinse school coordinator receives a comprehensive manual that highlights the program while providing guidelines for implementation and program policy. Compliance visits are made to participating schools and a yearly monitoring form is completed by all participating schools. During the 2015-2016 school year, 83 schools participated in the “Save our Smiles” program with over 11,500 students. The cost of one mix and pump fluoride mouthrinse kit was $91.80 and served 75 students for the school year program.

**Budget Estimates and Formulas of the Practice:**
The annual budget for the Children’s Oral Health Program is approximately $450,000 and includes federal and State funds. Additional funds are allocated to implement the “Be a Smart Mouth” Home Visiting and Oral Health Perfect Together Initiative as part of the New Jersey Maternal Infant and Early Childhood Home Visiting Program.

**Lessons Learned and/or Plans for Improvement:**
The Children’s Oral Health Education Program has been in existence for over 35 years and continues to provide oral health education and resources to school-age children in high need/high risk areas of the State. In addition, in efforts to address trends in oral health, education programs targeting first time families in the State through Given the long-term history of the Program, numerous oral health education activities developed and implemented, there are no plans to implement changes to a well-established successful program.

**Available Information Resources:**

**SECTION III: PRACTICE EVALUATION INFORMATION**

**Impact/Effectiveness**

*How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?*
The Children’s Oral Health Education Program has been in existence for over 35 years and has a long-term history of successful program activities targeting school-age children, pregnant women, first time families and multi-disciplinary health care providers.

Efficiency
How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

While programs experience staff and budget reductions, the New Jersey Children’s Oral Health Education Program has sustained program efforts throughout its long-term history. This has been accomplished by the program Director, a Ph.D. prepared nurse with over 30 years of public health experience. Staffing for the program consists of the one full-time person.

Demonstrated Sustainability
How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The New Jersey Children’s Oral Health Education Program has a long-term successful 35-year history of serving school-age children in the State.

Collaboration/Integration
How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Program efforts include collaboration with a variety of State and local organizations including the New Jersey Departments of Children and Families and Education and Colleges of Nursing. These efforts have enhanced the importance of educating a multi-disciplinary non-dental staff about the importance of including good oral health practices into client care. In addition, close working relationships are established with school nurses, public health nurses, WIC Coordinators and multi-disciplinary staff at State Federally Qualified Health Centers and faith based organizations to address the importance of good oral health and general health.

Objectives/Rationale
How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

Numerous Healthy People 2020 objectives have been addressed directly and indirectly because of program efforts conducted by the Children’s Oral Health Program. Through school-based education efforts and the State funded fluoride mouthrinse program, “Save Our Smiles,” OH-1 Objective: to reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth and OH-2 Objective: to reduce the proportion of children and adolescent with untreated dental decay have been addressed. In attempts to reduce costly emergency room dental care visits, while addressing OH-7 Objective: to increase the proportion of children, adolescents and adults who used the oral health care system in the past year, program efforts address the importance of securing a dental home and assist by providing the New Jersey Dental Clinic Directory, “Dial a Smile” which is a central source of information on public dental clinics and services in the State. Because program education efforts also address the importance of regular dental check-ups, OH-8 Objective: to increase the proportion of low income children and adolescents who received any preventive dental service during the past year addresses this through comprehensive use of the New Jersey Dental Clinic Directory, assistance to school staff to secure a dental home for students and through the “Be a Smart Mouth,” home visiting oral health program, first time families in the State are assisted to secure a dental home. Parent education about the importance of dental sealants has addressed OH-12 Objective: to increase the proportion of children and adolescents who have received dental sealants on their molar teeth.