NEW JERSEY

Oral Health Plan

New Jersey Department of Health
Oral Health Services Unit
2023 – 2028

New Jersey State Oral Health Plan 2023-2028

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Table of Contents

A Message from the Commissioner 3

Executive Summary 4

Contributors to the New Jersey State Oral Health Plan 9

Background 15

Public Health Concepts and Strategic Framework that Form the New Jersey State Oral Health Plan 27

State and Local Oral Health Program Functions and Purpose 35

Guidance for the State Oral Health Plan Process and Next Steps 39

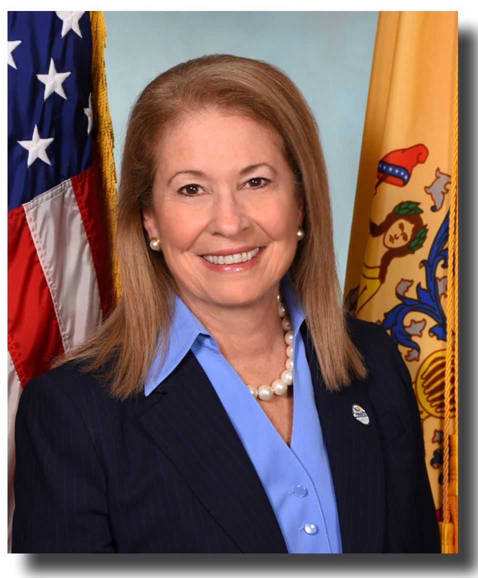
Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners 45

Oral Health Resources, References, Appendices 63

Appendices include:

- A: NJDOH Qualitative Data Collection and Analysis, Final Report Key Themes and Findings for State Oral Health Plan (2020)
- B: Essential Dental Public Health Services to Promote Health in United States
- C: 10 Essential Public Health Services to Promote Oral in the in United States (2021)
- D: Healthy People 2030 Oral Health Indicators
- E. Healthy NJ 2030
- F: Geographic Access to Dental Care: New Jersey, 2017

A Message from the Commissioner



Dear New Jersey Residents,

On behalf of the New Jersey Department of Health, I am pleased to present New Jersey's first-ever State Oral Health Plan (NJ-SOHP) for the five-year period between 2023-2028. This plan could not have been developed without the vision, dedication, expertise, and perseverance of many professionals who gave their time, talent, and passions to set the vision and priorities for high-quality oral health care in New Jersey. I would like to express my gratitude to the individuals and organizations that collaborated to develop the content presented in this plan.

Despite being preventable, dental decay (caries) is the number-one chronic disease in children. Dental decay and other diseases of the oral cavity are public health issues that affect overall health. Although there have been ongoing improvements in oral health both in the United States and New Jersey, significant oral health inequities and disparities still exist for many residents related to their socioeconomic status, education level, race, ethnicity, geographic location, healthcare status and age. These disparities require strategic action that specifically address the social determinants of health known to negatively affect one's individual health, productivity, social isolation, and self-esteem, and impact economic advancement. The inequities within oral health can be addressed through partnerships, collaboration of efforts, education, integration of care and intentional planning and action by and between stakeholders, healthcare practitioners, partners, thought-leaders and decision-makers, community advocates and all New Jerseyans.

Prior to the adoption of this state plan, New Jersey has made great progress by recruiting and hiring a State Dental Director, and by introducing new oral health intervention programs designed to ensure positive oral health outcomes innovatively and effectively for residents.

I am excited to share with you the New Jersey State Oral Health Plan 2023-2028. The NJ-SOHP is intended to be used as a strategic road map by all who share the vision and desire to combat oral disease in the Garden State through coordinated efforts. Although the New Jersey Department of Health (NJDOH) and its key consulting partner, Health Resources in Action (HRiA), led the coordination and development efforts for the plan, significant time, expertise, and resources were committed over the past 24 months by many stakeholders toward its formation. Thank you for all your contributions!

A core component of the NJ-SOHP is in its collaborative development and implementation using key partners. Not one organization, coalition or state agency can work alone to address and thwart oral disease. Both public and private approaches must focus on developing the resources, skills, and opportunities to implement strategies that will positively affect oral health outcomes.

I encourage you to review this plan and find your role in its implementation. New Jersey needs you to join us to be effective and successful in this endeavor. It is important that all New Jerseyans see how the strategies within the State Oral Health Plan can help improve not only oral health but overall health in their community.

Keep Smiling,

Judith M. Persichilli

Judith M. Persichilli, RN, BSN, MA
New Jersey Commissioner of Health

Executive Summary

In January 2018, the Health Resources and Services Administration (HRSA) issued a national funding opportunity titled "Grants to States to Support Oral Health Workforce Activities." The purpose of the program is to help states develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas (Dental HPSAs) in a manner appropriate to each state's individual needs. The aim is to encourage and support state innovation that will increase oral health services for populations living in Dental HPSAs and to sustain those programs that increase the accessibility and quality of oral health services within Dental HPSAs. At that time, there was one major allowable grant activity that was a top priority for New Jersey: *the development of a state dental officer position to coordinate oral health and access issues in the state.* Within the HRSA grant application, NJ successfully demonstrated the need for leadership at the state public health level in oral health, and the importance of having a strategic plan developed to guide future programmatic activities and policies that would provide access to high-quality oral health care for all New Jerseyans.

After being awarded the HRSA grant in September 2018, the NJDOH moved expeditiously to establish the new Oral Health Services Unit and onboard its staff, including the first-ever State Dental Hygienist (in March 2019) and the new State Dental Director – the first-time in nearly 30 years (in July 2019). In June 2020, in collaboration with Health Resources in Action (HRiA), an expert consultant group with strategic planning and implementation services, the State Dental Director (on behalf of the NJDOH) convened an important group of established oral health stakeholders, including state and governmental agencies, professional and advocacy organizations, foundations, academic institutions, consumer healthcare products specialists, and other key partners to develop the first-ever New Jersey State Oral Health Plan 2023-2028.

In developing the plan, the stakeholder advisory group utilized key findings from the group's discussions of combined experiences, successes, ideas from leaders and several organizations, and the existing state studies and reports on oral health and dental care to identify several prominent strengths and issues/challenges in New Jersey. The strengths identified by the work group were the following:

1- **A strong network of Oral Health Care leadership and providers (NJDA, Oral Health Coalition, FQHCs, MCOs);**
2- **A current workforce of dedicated dentists, dental hygienists, and dental students throughout the state;**
3- **A comprehensive Medicaid benefit for both children and adults;**

4- **A strong presence of federally qualified health centers (FQHCs) acting as safety-net practitioners across the state providing access to care through Medicaid benefits and affordable sliding scale fees, while serving as sites for medical-dental integration;**
5- **Having 67% of pediatric dentists participating in NJ FamilyCare (Medicaid);**
6- **Use of mobile units by the FQHCs to provide dental care at schools;**
7- **Having a new State Dental Director (position absent for nearly 30 years); and**
8- **The State's commitment to oral health.**

The challenges identified by the work group include the following:

1- **Access to Care:**
   - Lack of coverage if person has no commercial dental insurance or is not eligible for Medicaid
   - Transportation to care especially in rural and southern areas of the state
   - Minimal access in long-term care facilities
   - Availability for appointment often delayed in Medicaid managed care

2- **Medicaid**
   - Administrative burdens for participating and potential providers
   - Lower reimbursement rates for procedures in comparison to neighboring states (e.g. fluoride varnish)
   - Increased numbers of new Medicaid enrollees due to COVID-19 pandemic
   - Low reimbursements for disability population (e.g. general anesthesia for dental procedure)

3- **Workforce**
   - Shortages in southern parts of the state
   - Limited number of residency programs
   - Lack of representation within providers that represent the diverse populations in the state
   - Limited scope of practice for dental hygienists
   - Lack of specialty providers (e.g. periodontists, endodontists, orthodontists, oncologists)
   - Financial debt and burden on new dental graduates
   - Lack of understanding/skills in treating individuals with intellectual and developmental disabilities

The New Jersey State Oral Health Plan 2023-2028 provides a strategic roadmap for improving oral health conditions and achieving equity in oral health for all New Jerseyans.

4- Medical-Dental Integration
- Lack of connection, communication, and coordination from hospital ER to dental providers
- Lack of oral health education in medical settings
- Lack of patient navigators for oral health (medical only)
- No Electronic Medical Record (EMR) system that integrates medical and dental data

5- Data Collection & Quality Measures
- Lack of clear system to track and collect data
- Lack of robust quality measures that drive outcomes
- Lack of interconnecting data across systems (federal, state, MCOs)

6- Cost/Financing
- Too many payers with different fee structures
- Lack of transparency in insurers' approval process for dental procedures

7- Public Perceptions About Oral Health
- Lack of perception of oral health as part of overall health, leading to neglect for oral care
- Fear of going to the dentist and certain dental procedures
- Lack of (inadequate) funding in public education about the importance of oral health

8- Community Water Fluoridation
- Only 14% of NJ population with access to public water systems that are optimally fluoridated (significantly below the national HealthyPeople2020 target of 79%)
- Approval is municipality-based
- Infrastructure costs of fluoridation can be "high/expensive" for some municipalities to implement without financial support
- Lack of local guidance on fluoride levels

9- Schools/Children
- Lack of school-based sealant programs
- Lack of full-time school nurses
- Lack of time in the curriculum and funding available in budgets for oral health education
- Variation and differences in resources/action plans/vision for oral health across school districts
- Not enough young children seen for dental care

** (see Appendix-A: Phase I Key Themes and Findings pptx presentation, slides 8-15)*

To address these challenges, the stakeholder group developed the New Jersey State Oral Health Plan, for the five-year period between 2023-2028, with a focus on four key oral health priority areas for improving oral health access, equity, and overall health for all New Jerseyans. These priority areas are 1) *Access to Care, 2) Medical-Dental Integration, 3) State Funding Allocation to Oral Health, and 4) Equity and Culturally Competent Practices.*

The New Jersey State Oral Health Plan 2023-2028 provides a strategic roadmap for improving oral health conditions and achieving equity in oral health for all New Jerseyans. It details corresponding strategies, success measures, and key partners for each of these four priority areas. The NJDOH and Advisory Work Group of stakeholders believe that these are the priorities most likely to maintain stakeholder collaboration during the implementation phase and support for a more comprehensive plan in the future. Commitment to the execution of this plan from the NJDOH and contributing stakeholders will be a major step in moving New Jerseyans toward better oral health and, thus, overall health.

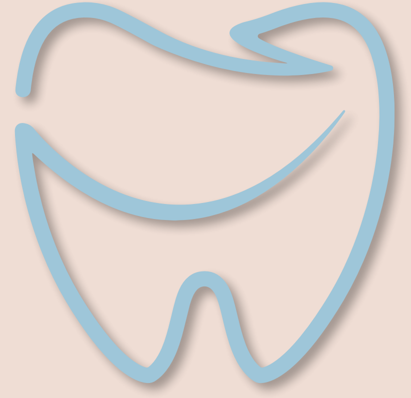
Because the plan is the first-ever developed for the State, the five-year period covered will serve as a foundation toward the ongoing process of providing future guidance that will be revisited after 2027. Thus, the 2023-2028 NJ-SOHP and its outcomes will be used as a reference and basis to develop future multi-year plan updates.

The NJ-SOHP will be reviewed annually to assess progress toward goals, consider emerging oral health needs and best practices, and determine annual work plans. The Oral Health Services Unit (OHSU) in the NJDOH will leverage existing and future federal grants to immobilize the work plan as it seeks sustainable funding through additional grants and intergovernmental collaborations.

The New Jersey State Oral Health Plan 2023–2028 offers the structure for collective action by all stakeholders to assess and monitor oral health status and oral health disparities, prevent oral diseases, increase access to high-quality oral healthcare and dental services, promote best practices, and advance evidence-based policies. Ongoing input and engagement are welcome, encouraged, and necessary as the plan is implemented. Together the NJDOH and Advisory Work Group's vision of a healthy New Jersey for all can be achieved.

NJ successfully demonstrated the need for leadership at the state public health level in oral health, and the importance of having a strategic plan developed to guide future programmatic activities and policies that would provide access to high-quality oral health care for all New Jerseyans.

Contributors to the New Jersey State Oral Health Plan



Contributors to the New Jersey State Oral Health Plan

The New Jersey DOH acknowledges and thanks the following organizations and individuals for their time, efforts, and expertise in developing the New Jersey State Oral Health Plan 2023-2028 (NJ-SOHP). We are immensely appreciative of everyone's participation in the many planning sessions, group discussions, key informant calls and overall contributions in developing and implementing this inaugural plan/report. We express our sincere appreciation to Health Resources in Action (HRiA) for facilitating the meetings. Last, we wish to thank Nashon Hornsby and Dr. Darwin Hayes for their visionary leadership during this process and aiding in writing and reviewing the report. Please note the content within the NJ-SOHP may not represent the official views or recommendations of all the participating organizations.

Stakeholder Organizations

- Allied Dental
- Atlantic Health Care
- Arc of New Jersey
- CAMCare Health Corporation (FQHC)
- GlaxoSmithKline
- Hackensack Meridian Health - Mountainside Medical Center
- Henry J. Austin Health Center (FQHC)
- KinderSmile Foundation
- New Jersey Academy of Pediatric Dentistry
- New Jersey Chapter, American Academy of Pediatrics (NJAAP)
- Newark Beth Israel Medical Center
- New Jersey Coalition on Oral Health Access for Special Needs Groups
- New Jersey Department of Education (NJDOE)
- New Jersey Oral Health Coalition
- New Jersey Dental Association (NJDA)
- New Jersey Dental Hygienists' Association (NJDHA)
- New Jersey Department of Human Services (NJDHS)
- New Jersey Primary Care Association (NJPCA)
- New Jersey State Board of Dentistry
- Rutgers School of Dental Medicine
- Rutgers School of Public Health
- Southern Jersey Family Health Center (FQHC)
- Trenton Public Schools
- QualDent
- Zufall Community Health Centers (FQHC)

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We are immensely appreciative of everyone's participation in the many planning sessions, group discussions, key informant calls and overall contributions in developing and implementing this inaugural plan/ report.

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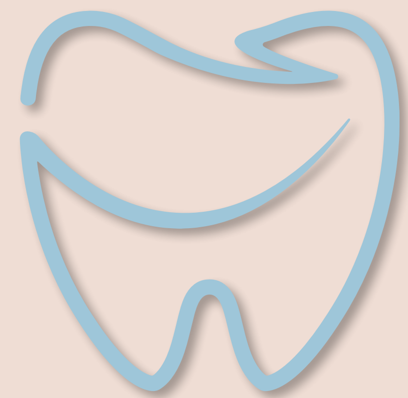
Background

Facts about Oral Health in New Jersey

Why Action is Necessary

Improving Oral Health is part of New Jersey's Commitment to Healthcare

The Development Process for the First-Ever State Oral Health Plan for New Jersey



Background

Facts About Oral Health in New Jersey

New Jersey (NJ) is a northeastern state with a growing population of over nine million (United States Census Bureau). NJ ranks the 11th most populous and the 47th largest state in the country. On average, there are about 1,196 people on every square mile in NJ. County densities range between 189.2 and 14,973.5 persons per square mile. The large population concentration in the small geographic area makes New Jersey the most densely populated state in the nation. As the Census Bureau reports, all NJ counties are urban areas, making NJ the most urban state in the US.

Although all NJ counties are urban areas, the population is not evenly distributed. When located farther away from the large metropolitan cities, the northwestern and southern most NJ counties have a much lower population density where many of the municipalities are rural. NJ State Office of Rural Health (NJSORH) reports that over one fifth of the NJ municipalities (123 out of 565 municipalities) are rural, which have far-reaching implications for health outcomes. Residents in the northwestern and southern NJ counties where rural municipalities are located often report the shortage of mass transportation, access to health care facilities, and health care professionals as the barriers to desirable health outcomes.

New Jersey has one of the most diverse populations in the country. It has high numbers of immigrants from all over the world, approximately 2 million immigrants or 23% of the population, the second largest Jewish population (after New York state), the second largest Muslim population (after Michigan state), the second largest Cuban population (after Florida state), and the largest population of Peruvians in the country (American Immigration Council). It is the fourth most ethnically diverse state in the nation (US News). In 2018, 54.6% of the population was estimated to be non-Hispanic white, 20.6% Hispanic (of any race), 12.8% non-Hispanic black, and 9.7% non-Hispanic Asian (American Community Survey 2018). In addition, 24.1% of the population was foreign-born, and 31.7% spoke a language other than English (American Community Survey 2018).

A significant number of the State's approximately 9.3 million residents speak languages other than English. According to the U.S. Census, more than one million New Jersey residents report that they speak Spanish, the second most spoken language in the home. Nine other languages are also common enough that providers need to have staff that are fluent in them (Chinese, Portuguese, Tagalog, Italian, Korean, Gujarati, Polish, Hindi, and Arabic, in the order of most spoken to least). Language differences create barriers to access. Additionally, the income gap

between residents in the state creates challenges. New Jersey is one of the wealthiest states in the nation and is also home to some of the nation's poorest residents. In the City of Camden, for instance, over 36% of residents live with household incomes below the federal poverty level and the **median** income is a mere $28,623 per year (in 2020 dollars).

Like elsewhere in the United States, New Jersey residents typically access dental services in different settings than the sites where they receive other health services, and insurance coverage (for those residents that have it) may even be from a different company than the one through which residents access medical services. Importantly, access to care is driven by several factors, including the type of insurance that residents have. Some providers of care do not elect to serve patients who have insurance through traditional Medicaid. Others choose not to participate with Medicaid managed care companies and others still refuse to accept insurance altogether (and instead, require all patients to pay out-of-pocket). Low Medicaid participation by New Jersey dental providers poses challenges for many residents searching for a dental home, especially when research from the American Dental Association's Health Policy Institute (HPI) represents a different reality. HPI's 2017 study indicated that "97% of the population live in areas where there is at least one dentist per 5,000 population within a 15-minute travel time."[1] *(See Appendix E for details)* This study represents a conflicting reality for residents looking for a dentist that accepts their public insurance, despite being close to a participating provider's office relative to travel time. According to HPI's 2021 research brief entitled "Accessing the Distribution of Dentists according to volume of Medicaid patients seen the Past Year," only 30% of New Jersey dental providers participate in Medicaid.[2] These studies highlight some of the ongoing access to care issues within the state.

The New Jersey Department of Health's (NJDOH) Children's Oral Health Program (COHP) was established in 1985 to provide oral health education to school-aged children, with funds from HRSA's Title V Maternal and Child Health Block Grant (MCHBG). The MCHBG awarded grants through a competitive Request for Proposals (RFP) process to health-related agencies in the northern, central, and southern areas of the State to implement "dental disease prevention" projects in nine of New Jersey's 21 counties. Over the next several years, into the

After being awarded the HRSA grant in September 2018, the NJDOH moved expeditiously to establish the new Oral Health Services Unit and onboard its staff, including the first-ever State Dental Hygienist (in March 2019) and the new State Dental Director.

1- https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/new-jersey-access-to-dental-care.pdf

2- Vujicic M, Nasseh K, Fosse C. Dentist Participation in Medicaid: How Should It be Measured? Does It Matter? American Dental Association. Health Policy Institute Research Brief. October 2021, pg.9. Available from: https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1021_1.pdf

Background

early 1990s, the program expanded to reach the remaining 12 counties and regional providers hired dental hygienists to conduct oral health training throughout the State, with a focus on school-aged children. While effective, in many respects, this program solely focused on school-aged children and did not provide direct services to youth in need of oral health services. The program continues and has evolved to include education for pregnant women, in addition to children.

The NJDOH also reimburses licensed federally qualified health centers (FQHCs) throughout the State that have entered into letters of agreement with the NJDOH to deliver dental services to uninsured and underinsured residents. Through the Uncompensated Care Fund (UCF), a State appropriation authorized by the State Legislature, NJDOH annually reimburses FQHCs for primary care, behavioral health, and dental care services, on a per visit basis.

New Jersey has 38 recognized Dental Health Professional Shortage Areas (HPSAs), all of which are federally qualified health centers and federally qualified health center look-alikes (23), correctional facilities (13), and state-run psychiatric facilities (2). The NJDOH reimburses the FQHCs and FQHC Look-Alikes to deliver direct services to vulnerable populations, including children, who are uninsured/underinsured. FQHCs and FQHC Look-Alikes are in each of New Jersey's 21 counties and serve low income, vulnerable populations within the State. These HPSAs serve hundreds of thousands of low-income, Medicaid, uninsured, underinsured and privately insured residents. The vast majority of patients served are covered under Medicaid. Residents eligible for reimbursement of costs associated with accessing care at FQHCs or FQHC Look-Alikes through the Uncompensated Care Fund are the second largest group served at the FQHCs and FQHC Look-Alikes The Uncompensated Care Fund (UCF) – a state appropriation funded program that resides within the NJDOH in the Division of Community Health Services – reimburses FQHCs and FQHC Look-Alikes for medical, behavioral health and dental services provided to uninsured and underinsured residents who have household incomes that do not exceed 250% of the federal poverty level. In SFY2019, the FQHCs served a total of 180,303 uninsured residents, who had 490,420 medical and dental visits that were reimbursable through the UCF. The COVID-19 pandemic significantly impacted service delivery in the years that followed. In SFY2020 *(July 1, 2019 - June 30, 2020),* the FQHCs served a total of 126,870 unique, uninsured residents who had 276,742 medical and dental visits that were reimbursable through the UCF. In SFY2021 *(July 1, 2020 - June 30, 2021)*, the FQHCs served a total of 113,089 unique, uninsured residents who had 269,329 medical, dental, and

behavioral health visits that were reimbursable through the UCF. The projections for SFY2022 *(July 1, 2021 - June 30, 2022)* include serving approximately 120,854 uninsured unique residents with approximately 254,305 medical, behavioral health and dental visits reimbursable through the UCF. It is important to note that the FQHCs, FQHC Look-Alikes, and similar community-based dental homes are key partners and stakeholders in this plan. These community health centers alone have more than 130 sites around the state and are treasured assets in their communities.

New Jersey has the traditional categories of dental providers in its licensed and registered workforce, including 9,268 dentists, 5,908 registered dental hygienists, 3,757 registered dental assistants, 251 resident permits, and five limited teaching certification licensees at the dental school. There have been several requests to explore and expand the provider workforce type; however, the state currently does not license expanded function dental assistants (EFDA), public health dental hygienist practitioners, or dental therapists – three alternative practitioner models found in states near New Jersey. Despite the high density of populations within the state, the dental providers are not evenly distributed throughout New Jersey in a manner that addresses the oral health needs of residents, especially those living in the southern part of the state where known "dental deserts" exist.

Why Action is Necessary

While New Jersey has administered oral health programming for decades that focuses on children's oral health education and a State-funded program (through the Uncompensated Care Fund) to reimburse federally qualified health centers for the delivery of dental services to uninsured/under-insured patients, the State has never had an Oral Health Strategic Plan. Until now, New Jersey was one of 20 states without a CDC-identified state oral health plan (https://www.cdc.gov/oralhealth/funded_programs/oh_plans/index.htm).

Prior to the onboarding of a State Dental Director in 2019 the State had not provided coordinated outreach to promote the safety net services available to meet the public's need for preventive and restorative oral health care. Additionally, New Jersey unfortunately received a grade of "F" (Pew Trust, 2015) for failing to enact policies and programs that provide sealants to low-income and at-risk children and unfortunately, not meeting national sealant goals/objectives.

In developing this plan, the stakeholder advisory group utilized key findings from the group's discussions of combined experiences, successes, ideas from leaders and several organizations, and the existing state studies and reports on oral health and dental care.

Background

New Jersey currently does not participate in the Centers for Disease Control and Prevention's (CDC) **National Oral Health Surveillance System (NOHSS)**. New Jersey is one of only three states and the District of Columbia that do not submit data into the NOHSS. The NOHSS captures information on the percentage of third grade students in each state with dental caries, untreated tooth decay, and that have received dental sealants. States that have a surveillance system that tracks these metrics are best able to provide appropriate interventions to address oral health for children that reside within their borders and improve student attendance and academic performance. According to research findings in a 2018 article, entitled *Does Oral Health Influence School Performance and School Attendance?*, "children with one or more decayed teeth had higher probability of poor school performance (odds ratio = 1.44; 95% confidence interval= 1.24-1.64) and poor school attendance (odds ratio = 1.57; 95% confidence interval = 1.08-2.05) than caries-free children. (Bessa-Rebelo, MA, et. al.) Moreover, the researchers also found that poor parents' perceptions of child's oral health increased the odds of worse school performance (odds ratio = 1.51 ; 95% confidence interval= 1.10-1.92) and poor school attendance (odds ratio = 1.35 95% confidence interval = 1.14-1.57)" (Bessa-Rebelo, MA, et. al.).

Since the Affordable Care Act (ACA) exempts undocumented residents from coverage under the Act and many undocumented residents lack the income to afford health care coverage otherwise, it is estimated that over 60,000 residents will remain without health care coverage in New Jersey for the foreseeable future. And this number has increased undoubtedly during the past two years (2020-2022) throughout the COVID-19 pandemic.

Due to sheltering in place policies during the early phase of the COVID-19 pandemic, there are still many residents in New Jersey who do not regularly see a dentist for preventive oral health visits, and a sizable population without a dental home. In this population are some of New Jersey's most vulnerable: school-aged children and individuals with developmental disabilities. Moreover, despite the inclusion of oral health care in Medicaid's benefit for children, each year less than half of children enrolled in Medicaid receive any dental service (CHCS, Brief, Medicaid contracting Strategies to Improve Children's Oral Health Care Access, 2014).

National reports have consistently ranked New Jersey at the bottom of the list in community water fluoridation, second only to Hawaii. Community water fluoridation (CWF) is known as the single most effective, safe, and efficient public health measure to prevent cavities in

children and adults, by at least 25%, regardless of race or income level. Used programmatically by states across the nation, CWF's power is in its ability to prevent dental caries (the number one chronic disease in children; five times more common than asthma and seven times more common than hay fever) and being a key component of a strong public health infrastructure. According to the CDC, communities of 1,000 or more see an average estimated return on investment of $20 for every $1 spent on water fluoridation. In addition, communities served by fluoridated water save an average of $32 per person each year by avoiding treatment for cavities. When left untreated, tooth decay can lower self-esteem, reduce class participation, and increase the risk of bullying. Annually, tooth decay causes more than 50 million missed hours of school. Studies have also shown a connection between tooth decay and heart disease as oral infections can reach the heart through the blood. Moreover, untreated dental decay can cause serious infections in the head and neck area, requiring possible hospital emergency room treatment and surgery, all of which is preventable with the use of fluoride as a public health initiative.

However, in New Jersey less than 16% of the population is connected to community public water systems that optimally fluoridate the water at the CDC recommended level of 0.7 mg/L of fluoride or 0.7 parts per million. New Jersey's 16% pales significantly to the national average of 73% and to its neighbors in Pennsylvania (64%)[1], New York (71.5%) and Delaware (85.9%)[2], ranking the state at number 50 out of 51 as of 20182. According to the New Jersey Department of Environmental Protection (NJDEP), Bureau of Safe Drinking Water, only 20 of the state's 569 community water systems adjust the fluoride concentration to reach the optimal level[3], resulting in approximately 1,292,000 residents receiving optimally fluoridated water of the 7,948,000 residents being served by community water systems[4].

Lastly, there are still various oral health disparities for many populations within the state regarding ethnicity, race, education, and income. The dental workforce is not as diverse as those represented in the population, leading to missed opportunities to consistently deliver culturally competent and patient centered dental care. The lack of finances to afford dental services and lack of insurance prevents many residents from seeking oral health services in a timely matter. The

In 2017, the NJDOH was part of a reorganization effort that culminated in the integration of physical health, behavioral health, and oral health under one entity and led to the formation of the Integrated Health Services Branch within the Department of Health. At the heart of this reorganization effort was the goal of improving care for New Jersey residents.

1- https://www.health.pa.gov/topics/Documents/Programs/Pennsylvania%20Oral%20Health%20Plan%202020-2030.pdf

2- https://www.cdc.gov/fluoridation/statistics/2018stats.htm

3- New Jersey Department of Environmental Protection, Division of Water Supply and Geoscience. https://state.nj.us/dep/watersupply/

4- https://fluoridealert.org/news/2018-water-fluoridation-statistics-by-state-for-the-u-s/

Background

inability to get to a dental office due to the limitations to and/or lack of transportation is a barrier to access even when dental insurance coverage is secured. All these challenges continue to threaten New Jersey's ability to provide and deliver affordable, high-quality, preventive, and comprehensive oral health care to all its residents. Thus, the time for strategic action is now.

Improving Oral Health is part of New Jersey's Commitment to Healthcare

Over the past five years, the NJDOH has undergone a significant reorganization, supported by both the State Governor and Legislature. This reorganization was undertaken to improve the integrated health infrastructure and the healthcare and public health programs. For the first time in the history of the NJDOH, oral health has been a high priority given the support of NJDOH leadership.

In 2017, the NJDOH was part of a reorganization effort that culminated in the integration of physical health, behavioral health, and oral health under one entity and led to the formation of the Integrated Health Services Branch within the Department of Health. At the heart of this reorganization effort was the goal of improving care for New Jersey residents and reaching underserved populations in an efficient and effective manner. An outgrowth of the reorganization was the creation of the Division of Community Health Services. Formed in December 2017, the division is now home to New Jersey's chronic disease control and prevention services, primary care and rural health, and oral health services. Nashon Hornsby was appointed as the first Assistant Commissioner of the Division of Community Health Services. Mr. Hornsby sought, as his first priority, to identify opportunities to expand and improve oral health services in New Jersey, recognizing that New Jersey had never had a comprehensive oral health program in the past. Part of his priority was to recruit leadership in oral health within the NJDOH. In July 2019, the NJDOH hired Dr. Darwin Hayes, DDS as State Dental Director, marking the first time in nearly 30 years that New Jersey had a dentist in the State Dental Director position. During his tenure, Dr. Hayes has been responsible for recommending policy related to oral health and implementing approved policy; overseeing the work of the Oral Health Services Unit, including the HRSA-18-014 Oral Health Workforce grant and the Children's Oral Health Program (focused on primary prevention of oral health disease through education programming targeting youth and pregnant women); and developing NJ's

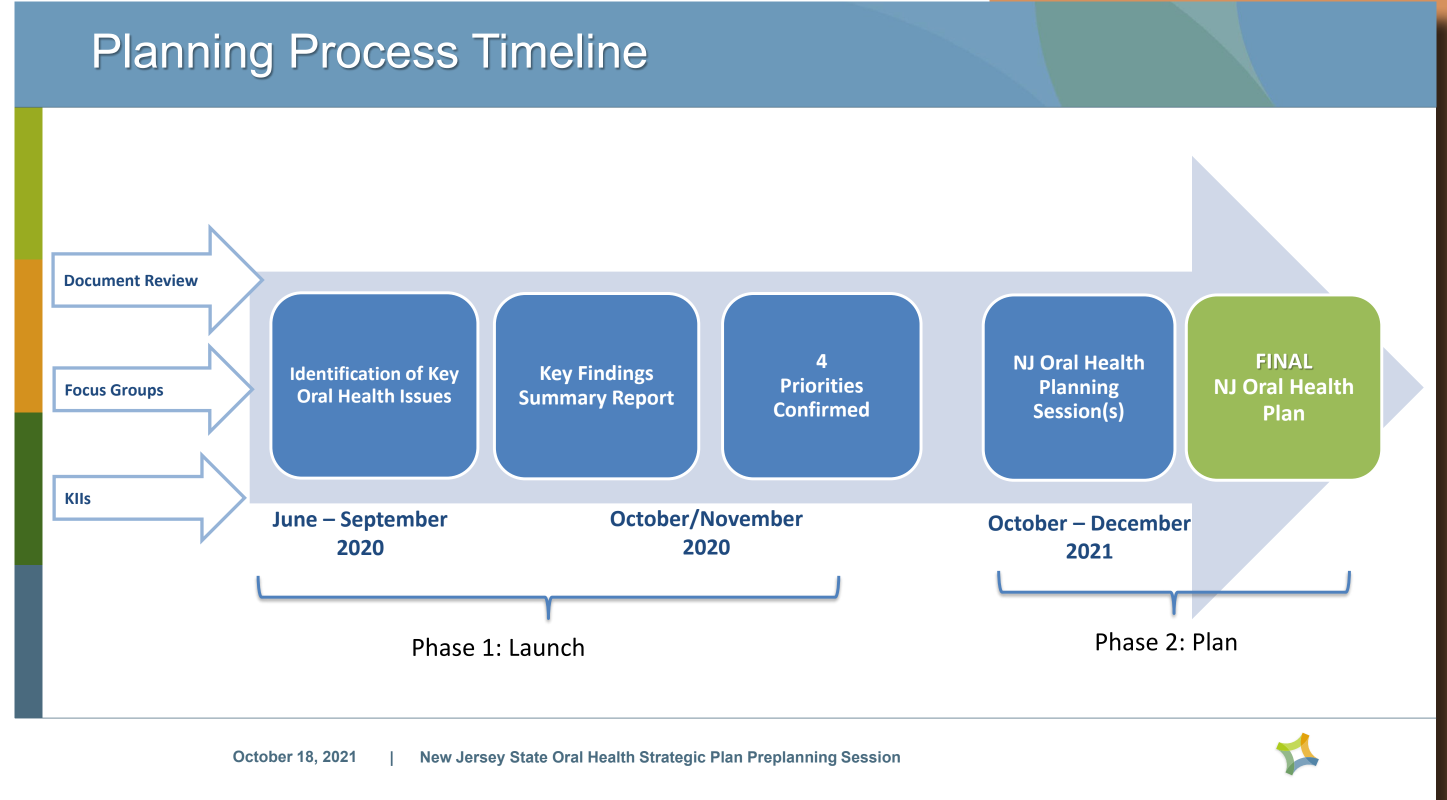
first-ever State Oral Health Strategic Plan with community stakeholder input, collaboration and implementation.

With strong partnerships with colleagues in other New Jersey Executive Branch agencies, community stakeholders (both public and private), programmatic grantees, peers who have implemented best practices in other states, and the federal agencies that fund and support state oral health improvements (HRSA and CDC), the NJDOH possesses the capacity to achieve the short-, intermediate- and long-term goals related to improved oral health outcomes for all New Jersey residents identified within the NJ-SOHP.

The Development Process for the First-Ever State Oral Health Plan for New Jersey

Once approved by HRSA to start activities in its State Workforce grant, the NJDOH went to work quickly to assemble a group of key stakeholders in oral health. Under the leadership of the newly appointed state dental director, the Oral Health Services Unit put together an advisory work group of over 40 stakeholders and invited them to participate in the first of several planning sessions. Convening the group

The New Jersey Department of Health will be working closely with stakeholder groups to expand partnerships to advance the oral health agenda.



Background

brought together old and new faces to the strategic planning table. The timeline for the planning process is noted below:

The scope of activities in Phase I started in June 2020 and included the following:

1) Executive Planning Team telephone meetings to define key objectives for the planning process,
2) A kick-off meeting to launch the process and form the first cross-sector, state-wide Oral Health Advisory Group
3) The collection and review of data from three focus groups and eight key informant interviews
4) A key findings summary presentation with the NJDOH oral planning team and the stakeholder advisory group regarding strengths, challenges, and the potential priorities for the planning activity (December 2020)

Collaboratively the group identified several key themes and noted strengths, challenges, and potential strategies. These are noted in Appendix A.

Continuing with the zoom virtual planning format that was initiated in Phase I, the next steps of the process commenced in September 2021. Phase 2 included the following activities:

1) A reconvening of all previous and new stakeholders
2) An overview of tasks completed in Phase I
3) A preplanning session outlining the terms, definitions, and actions in a strategic plan
4) A total of four individual strategic planning sessions (facilitated by the Executive planning team) each having specific tasks to complete during breakout sessions and the feedback rounds *(see the format on page 25, figure 1)*.
5) Homework and preparation activities (including listening to the planning session recordings) for all participants
6) Participant review and commentary on the preliminary plan draft (all four key priority areas)
7) Participant survey and evaluation of the planning process administered by HRiA
8) Final draft writing, editing, and layout design by the executive committee and planning team

Figure 1

Virtual Format for Strategic Planning, 2021

Preplanning Session 1 hour	Session 1: October 29 11:30am - 1:00pm 1.5 hours	Session 2: November 3 10:00am – 12:00pm 2 hours	Session 3: November 15 10:30am – 1:00pm 2.5 hours	Session 4: November 30 11:00am – 1:00pm 2 hours
SP Planning Overview • SP Priorities • Planning Process Overview • Time Commitment • Next Steps	Priority 1 Draft Goals and provide feedback	Priority 1 Revise Goals, Draft Objectives, provide feedback	Priority 1 Revise Objectives, Draft Strategies, provide feedback*	Priority 1 Finalize Strategies
	Priority 2 Draft Goals and provide feedback	Priority 2 Revise Goals, Draft Objectives, provide feedback	Priority 2 Revise Objectives, Draft Strategies, provide feedback*	Priority 2 Finalize Strategies
	Priority 3 Draft Goals and provide feedback	Priority 3 Revise Goals, Draft Objectives, provide feedback	Priority 3 Revise Objectives, Draft Strategies, provide feedback*	Priority 3 Finalize Strategies
	Priority 4 Draft Goals and provide feedback	Priority 4 Revise Goals, Draft Objectives, provide feedback	Priority 4 Revise Objectives, Draft Strategies, provide feedback*	Priority 4 Finalize Strategies

Participant Criteria
- Able to participate via Zoom (audio AND visual)
- Available to participate in all sessions

Time Commitment
Per participant: **9 hours** of sessions + possible homework

Public Health Concepts and Strategic Frameworks that Form the New Jersey State Oral Health Plan

Risk Factors

Healthy People 2030 Oral Health Objectives

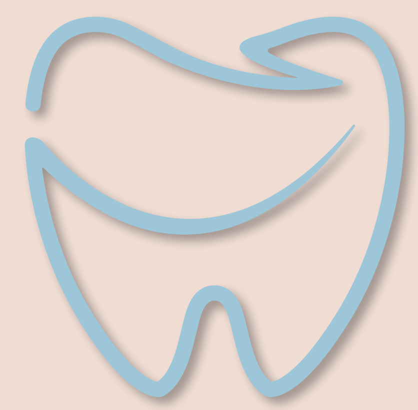
Oral Health in America: Advances and Challenges (2022)

Evidence-Based Recommendations and Best Practice Approaches

Integration of Oral Health and Primary Care

Patient-Center Care, Health Literacy and Culturally Competent Care

Using Data to Inform, Plan and Evaluate Proposed Policies and Programmatic Activities



Public Health Concepts and Strategic Frameworks that Form the New Jersey State Oral Health Plan (NJ-SOHP)

Risk Factors

Researching oral health plans from other states confirms that "oral diseases and other chronic diseases share many common risk factors such as poor dietary choices including soda and other sugar sweetened beverages, and tobacco and alcohol use. Tobacco use is associated with oral cancer, periodontal disease, and tooth loss. Tooth loss is linked to lower consumption of dietary fiber, fruits and vegetables, as well as with a high intake of cholesterol and saturated fatty foods. This in turn could lead to heart disease, hypertension, stroke, cancer, and other chronic diseases. Multiple medications prescribed for chronic conditions also have profound adverse effects on oral health."[1]

Healthy People 2030 Oral Health Objectives

Healthy People 2030 (HP2030) focuses on reducing tooth decay and other oral health conditions and helping people get oral health care services. In the NJ-SOHP, the four priority areas contain strategies that align with the oral health objectives that match with the HP2030 oral conditions and desires outcomes. See Appendix D.

Oral Health in America: Advances and Challenges (2022)

Below is a snippet of the February 28, 2022, press release issued by the National Institute of Dental and Craniofacial Research regarding the necessary changes needed to address oral health inequities and improve oral health for all:[2]

Oral health is intrinsic to overall health and well-being, yet nearly half of adults over age 30 have periodontal (gum) disease, and 90% have caries, or tooth decay, according to the Centers for Disease Control and Prevention. These and other oral diseases disproportionately burden people who are from marginalized and underserved groups. Drawing on findings and recommendations from NIH's comprehensive report on the nation's oral health, Oral Health in America: Advances

1- California Department of Public Health. 2018-2028 California Oral Health Plan. Sacramento, CA. January 2018.

2- https://www.nidcr.nih.gov/news-events/nidcr-news/2022/news-events/guidance-improving-oral-health-all

and Challenges, the authors write that equalizing oral health and access to care will require research and policy initiatives that make oral health care more affordable, accessible, and responsive to communities. These include integrating oral, medical, and behavioral health care in traditional and non-traditional health care settings, such as schools and community health centers, as well as including communities in the planning, design, and execution of oral health care systems. Efforts are also needed to diversify the composition of oral health professionals, address education and training costs, and build a strong oral health research enterprise. Harnessing these policy changes and fully integrating oral health into a new era of discovery with a greater emphasis on prevention can disrupt inequities and improve the overall health of individuals, families, and communities.[3]

In the NJ-SOHP, topics such as access to care, equity and using education to address the integration of oral health and primary medical care are clearly defined with strategies and outcomes.

Evidence-Based Recommendations and Best Practice Approaches

As described by the Association of State and Territorial Dental Directors (ASTDD), a "*Best Practice Approach Report* describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful/innovative implementation". Below are several recommendations and approaches that informed the development of the New Jersey State Oral Health Plan:

1) Association of State and Territorial Dental Directors (ASTDD)
   - Best Practice Approaches:

     State Oral Health Plans and Collaborative Planning
     https://www.astdd.org/bestpractices/BPAStatePlan.pdf

     Oral Health Coalitions and Collaborative Partnerships
     https://www.astdd.org/bestpractices-bpastatecoalitions.pdf

Researching oral health plans from other states confirms that "oral diseases and other chronic diseases share many common risk factors such as poor dietary choices including soda and other sugar sweetened beverages, and tobacco and alcohol use.

3- https://www.nidcr.nih.gov/news-events/nidcr-news/2022/nih-hhs-leaders-research-policy-changes

Public Health Concepts and Strategic Frameworks that Form the New Jersey State Oral Health Plan (NJ-SOHP)

Statutory Mandate for an Oral Health Program
https://www.astdd.org/bestpractices/BPAStatutoryMandate.pdf

Developing Workforce Capacity in State Oral Health Programs
https://www.astdd.org/bestpractices/bpa-developing-workforce-capacity-2016-01.pdf
State-based Oral Health Surveillance System
https://www.astdd.org/docs/BPASurveillanceSystem.pdf

Dissemination of Data from State-Based Surveillance Systems
https://www.astdd.org/bestpractices/approved-data-dissemination-bpar-2021-final.pdf

Community Water Fluoridation
https://www.astdd.org/bestpractices/BPAFluoridation.pdf

The Role of Oral Health Workforce Development in Access to Care
https://www.astdd.org/bestpractices/the-role-of-oral-health-workforce-in-access-to-care.pdf

- Guidelines for State and Territorial Oral Health Programs (March 2021 edition)
  https://www.astdd.org/docs/astdd-guidelines-for-oral-health-programs.pdf

2) The Guide to Community Preventive Services— Improving Oral Health:
   - Community Water Fluoridation
     https://www.thecommunityguide.org/findings/dental-caries-cavities-community-water-fluoridation

3) CDC, Division of Oral Health
   - Chronic Disease Prevention and Health Promotion (Domains)
     https://www.cdc.gov/chronicdisease/about/foa/docs/four-domains-nov2012.pdf

4) ADA
   - Community Water Fluoridation: Fluoridation Facts, Practical Guide Series. 2018.

5) US Department of Health and Human Services, Office of Disease Prevention and Health Promotion
   - Healthy People 2030:
     https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions

6) National Institute of Dental Craniofacial Research
   - National Call to Action to Promote Oral Health: 2000
     https://www.nidcr.nih.gov/research/data-statistics/surgeon-general
   - Oral Health in America: Advances and Challenges (2022)
     Executive Summary:
     https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Executive-Summary.pdf
     Full Report:
     https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf

7) New Jersey Family Care (NJFC)
   - Dental Action Plan for Medicaid and CHIP Programs, 2011.

Integration of Oral Health and Primary Care

As noted in California's Oral Health Plan 2018-2028, in order *"to promote better oral health, the Institute of Medicine (IOM) recommended integrating oral health into primary care. In response, the Health Resources Services Administration (HRSA) developed the Integration of Oral Health and Primary Care Practice Initiative to create oral health core clinical competencies appropriate for primary care clinicians and promote implementation and adoption of the core competencies and its translation into primary care practice in safety net settings. A national curriculum, Smiles for Life, trains primary care providers to screen for oral health problems, deliver preventive services, and refer to dental practitioners for follow up care."* In the NJ-SOHP, the advisory group has outlined clear strategies that incorporate the IOM's recommendation. Additionally, and prior to the development of the NJ-SOHP, the New Jersey Children's Oral Health Program, in collaboration with the NJ Department of Human Services' Division of Medical Assistance and Health Services, Bureau of Dental Services (NJ FamilyCare) created and delivered an oral health education and

Patient-centered care, health literacy and culturally competent care are essential concepts to understand and implement when addressing oral health, especially poor oral health.

Public Health Concepts and Strategic Frameworks that Form the New Jersey State Oral Health Plan (NJ-SOHP)

training webinar in 2020 for Doulas who provided wellness services and support to pregnant and postpartum mothers. This is an example of the types of oral health integration and implementation actions in the primary care setting that the advisory group has prioritized within the plan.

Patient-Center Care, Health Literacy and Culturally Competent Care

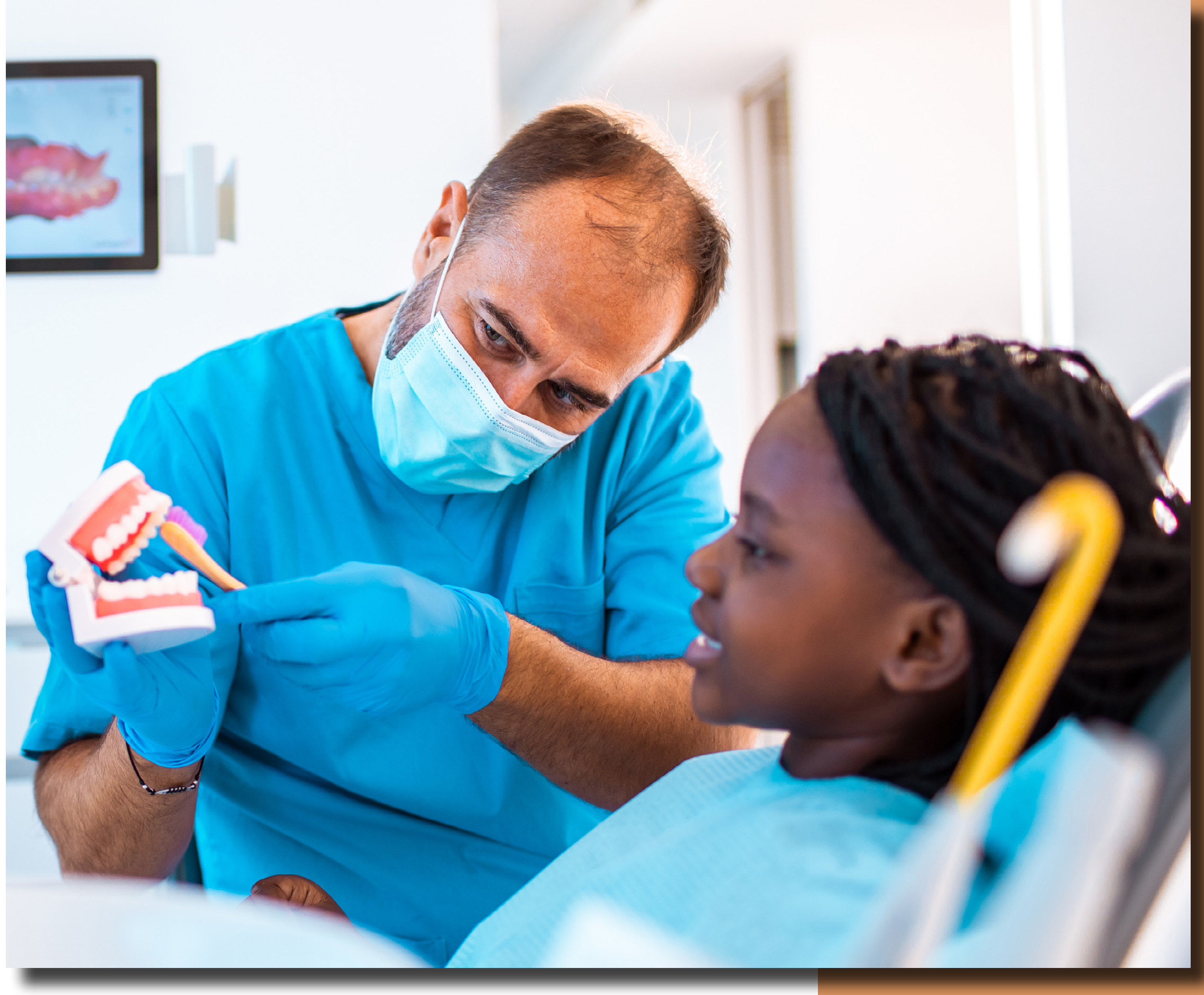
Patient-centered care, health literacy and culturally competent care are essential concepts to understand and implement when addressing oral health, especially poor oral health. The Institute of Medicine (IOM) defines patient-centered care as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."[4] According to HRSA, health literacy is the degree to which individuals have to obtain, process and understand basic health information needed to make appropriate health decisions."[5] These concepts were considered and included as a key priority within the NJ-SOHP.

Using Data to Inform, Plan and Evaluate Proposed Policies and Programmatic Activities

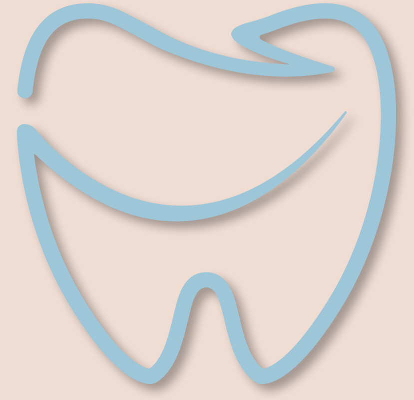
A core tenet of public health is to perform ongoing assessment. The use of data should be used at all cycles of program development and implementation. As the NJDOH explores grant opportunities and begins plans to develop programs to respond to funding opportunities, the Department actively engages in analysis of the public health challenges that the NJDOH seeks to address through programmatic activities. As part of every grant, the NJDOH submits a plan for collecting and evaluating data to track the effectiveness of our efforts. The CDC notes that "effective program evaluation is a systematic way to improve and account for public health actions. Evaluation involves procedures that are useful, feasible, ethical, and accurate."[6]

4- https://healthleadsusa.org/resources/patient-centered-care-elements-benefits-and-examples/
5- https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html
6- https://www.cdc.gov/evaluation/framework/index.htm

Additionally, surveillance is an essential activity in connection with planning, implementing, and evaluating public health practices. Surveillance data links to programmatic activities so that the NJDOH can articulate the impact that it has had on addressing challenges described in its grant proposals. Effective programs reduce disparities such as oral health outcomes that the NJDOH tracks through the Behavioral Risk Factor Surveillance System (https://www.nj.gov/health/chs/njbrfs/) and the Basic Screening Survey (https://www.astdd.org/basic-screening-survey-tool/). The degree to which programs make such impact will dictate changes in oral health policies and programs.



State and Local Dental/Oral Health Programs Functions and Services



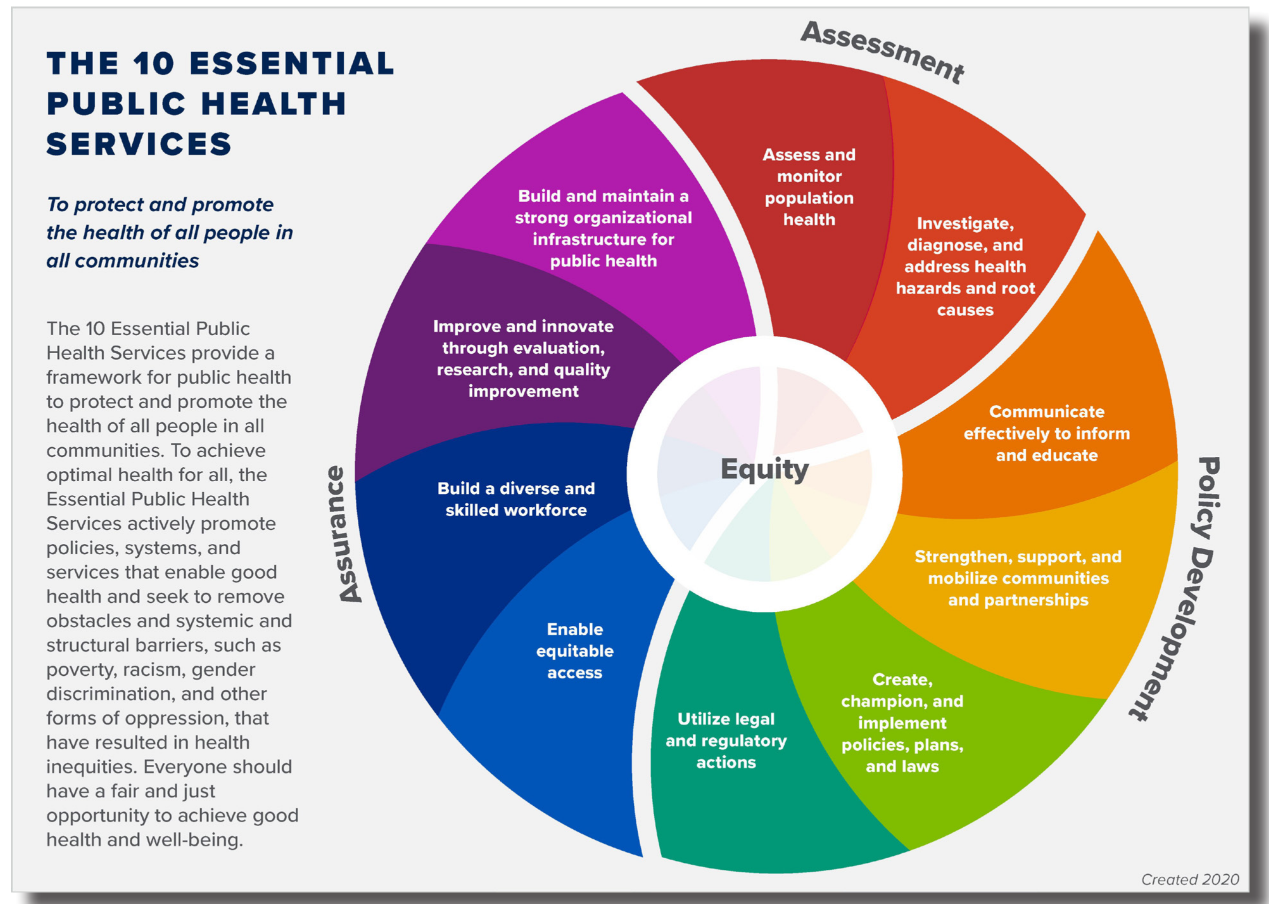
State and Local Dental/ Oral Health Programs Functions and Services

State oral health programs must strive to improve oral health through public health core functions.[7]

These three functions are: Assessment, Policy development, and Assurance. Assessment efforts evaluate and monitor the oral health status and needs of communities and populations. Policy development provides an environment to promote better oral health. Assurance activities improve the access and availability of quality oral health care, including prevention services.[2]

In 1994, the Public Health Functions Steering Committee of the ASTDD identified 10 essential elements that would build infrastructure and capacity for state oral health programs. This led to ASTDD's development of *Guidelines for State and Territorial Oral Health Programs.*[3] The guidelines identify the three-core dental public health services and provide a guide to public health administrators for the development and operation of oral health programs to ensure better oral health of the public 3 *(See Appendix C)*.

The ten essential elements (within the three public health core functions) are below and on the next page:



The 10 Essential Elements

Assessment

1. Establish and maintain **a state-based oral health surveillance system** for ongoing monitoring, timely communication of findings, and the use of data to initiate and evaluate interventions.

Policy Development

2. Provide **leadership** to address oral health problems with a full-time state dental director and an adequately staffed oral health unit with competence to perform public health functions.
3. Develop and maintain a **state oral health improvement plan** and, through a collaborative process, select appropriate strategies for target populations, establish integrated interventions, and set priorities.
4. Develop and promote **policies** for better oral health and to improve health systems.

Assurance

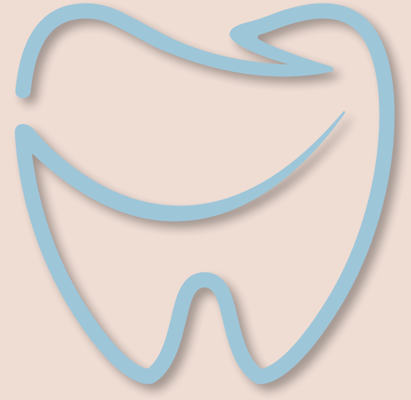
5. Provide oral health **communications and education** to policymakers and the public to increase awareness of oral health issues.
6. Build **linkages with partners** interested in reducing the burden of oral diseases by establishing a state oral health advisory committee, community coalitions, and governmental workgroups.
7. Integrate, coordinate, and implement **population-based interventions** for effective primary and secondary prevention of oral diseases and conditions.
8. Build **community capacity** to implement community-level interventions.
9. Develop **health systems interventions** to facilitate quality dental care services for the general public and vulnerable populations.
10. Leverage **resources** to adequately fund public oral health functions.

Additionally, there is a public health services component to the essential public health functions that should be followed to promote and protect the health of all people (including oral health). The ten essential public health services[4] are:

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

7- Association of State and Territorial Dental Directors (ASTDD). Guidelines for State and Territorial Oral Health Programs. July 1997. https://www.astdd.org/state-guidelines/

Guidance for the State Oral Health Plan Process and Next Steps

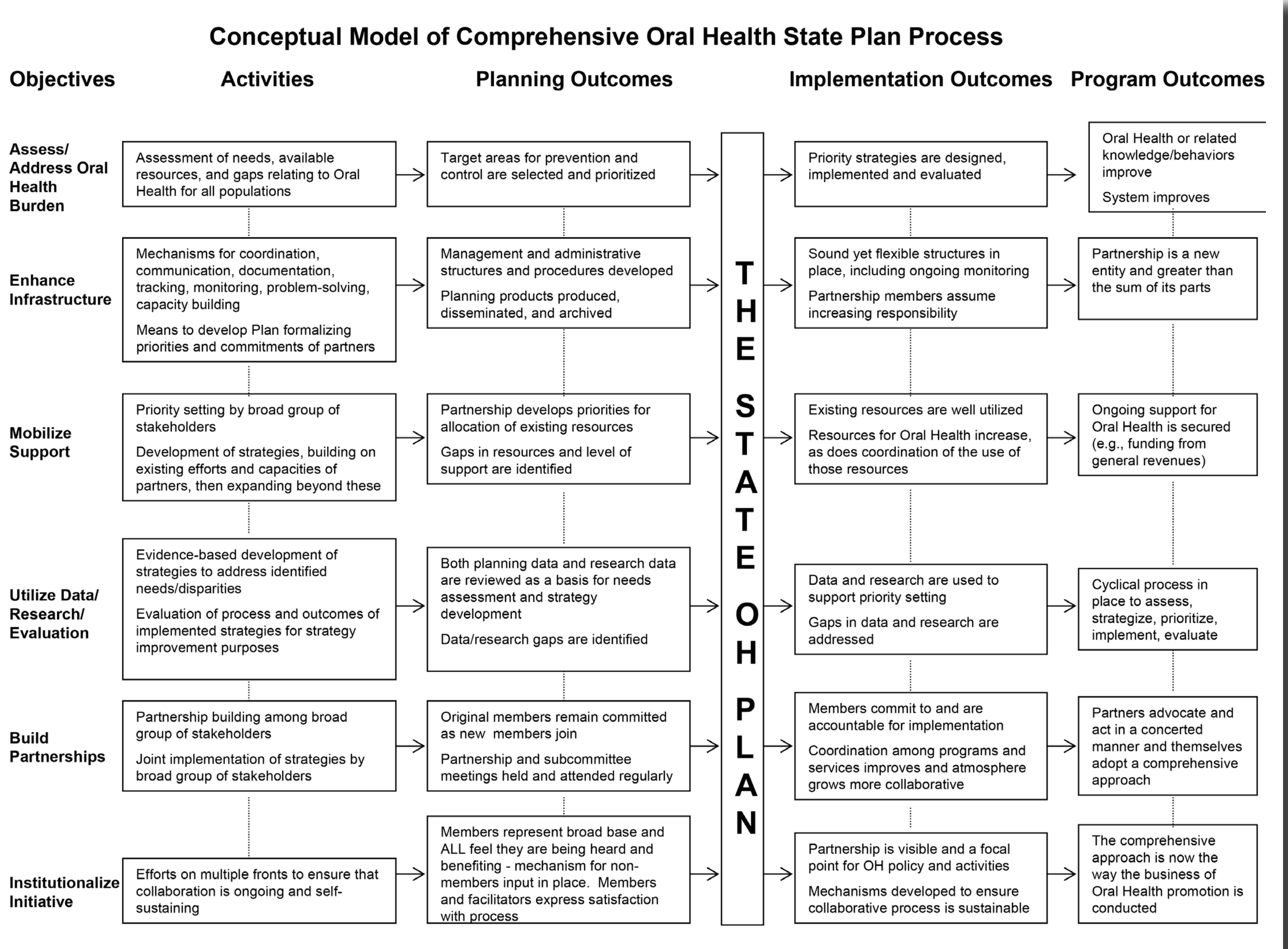


Guidance for the State Oral Health Plan Process and Next Steps

The CDC (Division of Oral Health) and ASTDD provide guidance and basic strategies to assist state oral health programs for developing their oral health plans. The following Conceptual Model of Comprehensive Oral Health State Plan Process reflects how the NJDOH and its key partners will fulfill their commitment to implement the ASTDD Guidelines *(see figure 2)*.

Following this model and the guidelines will assist the NJDOH and its key partners achieve the objectives that result in a robust state oral health program. This model also outlines the mechanisms needed to be in place for directing the resources to achieve a reduction of burden from oral disease.

Figure 2



https://www.cdc.gov/oralhealth/funded_programs/pdf/stateplans.pdf

Next Steps

The summary below from the ASTDD highlights the reasons why and how states should incorporate specific guidelines when approaching the next steps in their process to develop and implement a comprehensive oral health plan:

"While the oral health of Americans has vastly improved in the last 60 years, significant oral health disparities still exist. The role of state oral health programs is to improve oral health by increasing awareness of the relationship of oral diseases to systemic health and addressing the Healthy People 2030 Oral Conditions goal to "Improve oral health by increasing access to oral health care, including preventive services." State oral health programs with adequate infrastructure and capacity are integral to the mission of state health agencies and cannot accomplish their objectives without strong partnerships and input from stakeholders."[8]

The next steps in improving oral health in New Jersey include:

1) Following the goals, objectives, strategies and activities contained in the plan which will provide a roadmap for achieving improvements in population oral health and health equity over the course of the five-year NJ-SOHP;
2) Ensuring concerted efforts and participation on the part of key partners and stakeholders so the plan is launched in the implementation phase;
3) Expanding and using partnership building among a broad group of stakeholders as a basic strategy to achieve collective impact; and
4) Utilizing joint implementation strategies as a comprehensive approach to address the oral health of residents.

Toward that end, the NJDOH will be working closely with stakeholder groups to expand partnerships to advance the oral health agenda. The NJ State Dental Director and the Oral Health Services Unit (OHSU) worked closely with the Advisory Work Group to develop the priority areas, objectives, strategies, and a list of key partners. The NJDOH seeks to formalize an Oral Health Advisory Council that will inform, support, and assist with implementing the strategies and evaluating the outcomes outlined within the plan.

The strategies and activities in the NJ-SOHP will be used to create an initial two-year plan of action, including communication and surveillance plans, to focus on those areas where immediate impact could be made.

The NJDOH seeks to formalize an Oral Health Advisory Council that will inform, support, and assist with implementing the strategies and evaluating the outcomes outlined within the plan.

Guidance for the State Oral Health Plan Process and Next Steps

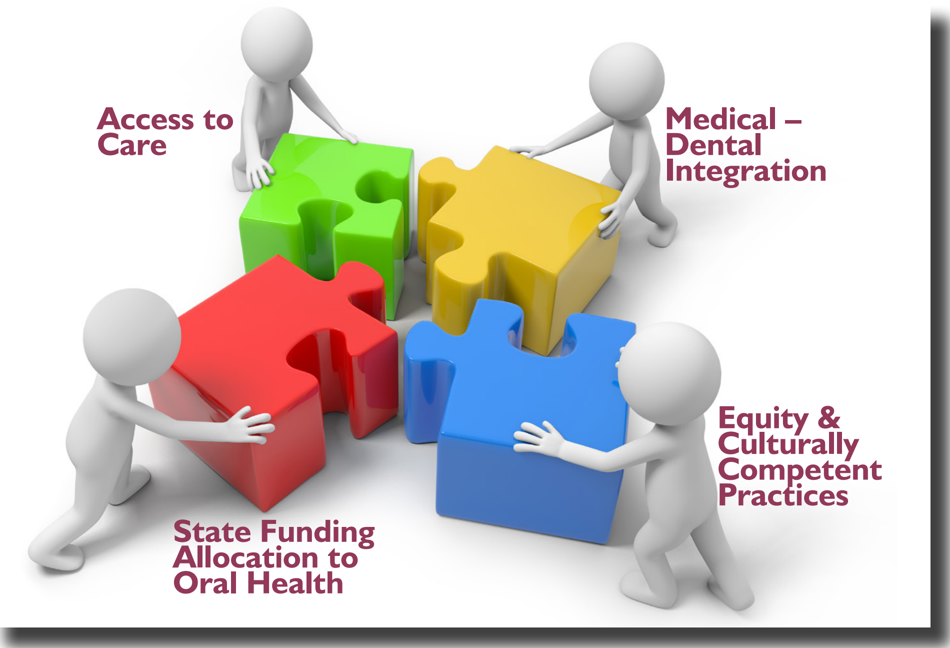
Subsequently, yearly plans of action will then be developed depending on the availability of additional resources.

The plan priority areas, goals, objectives, strategies, success measures, and list of key partners are provided in the section starting on page 35.

Sustainability

Through continued work with stakeholders and partners, the NJDOH Oral Health Services Unit anticipates leveraging upcoming federal grants, when awarded, through HRSA (period 2022-2026) and CDC (period 2023-2028) to complete the basic staffing needs of the program as well as implement the noted strategies within each priority area objective. These strategies represent proposed work efforts and possibilities that can and should be explored, and indicators of progress that map to the desired outcomes of the plan.

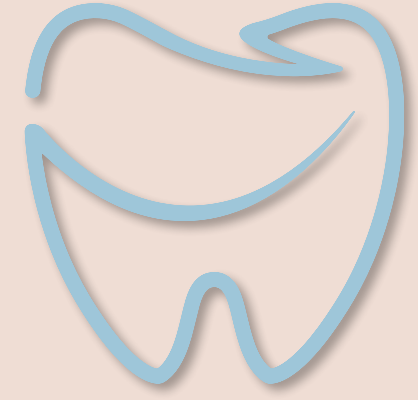
The success reached through the current federal grants (HRSA-Oral Health Workforce Grant, HRSA- Maternal Child Health Block Grant, and CDC-Preventive Health and Health Services Block Grant) will increase the likelihood of New Jersey being awarded future cycles of external funding. There are also potential cross-cutting collaborations with other state government programs, including maternal and child health and opioid response programs, in addition to the programs that focus on chronic disease, including tobacco, diabetes and cancer. Linking oral health to systemic disease and other public health programming targets bolsters recognition that good oral health is essential to overall health.



8- https://www.astdd.org/docs/astdd-guidelines-for-oral-health-programs.pdf

The New Jersey Department of Health will be working closely with stakeholder groups to expand partnerships to advance the oral health agenda. The NJDOH will form an Oral Health Advisory Council that will inform, support, and assist with implementing the strategies and evaluating the outcomes outlined within the plan.

Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners



Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners

Priority Area 1: Access to Care

Goal 1: Achieve optimal oral health for all New Jersey residents.

Strategies for Objective 1.1:
Develop policies and programs for equal and equitable access to oral care by 2024.

a. Develop/identify data collection tools to inform policies and programs by including oral health questions on existing state data surveys such as Basic Screening Survey (BSS), New Jersey State Cancer Registry (NJSCR), Behavioral Risk Factor Survey (BRFS), and Pregnancy Risk Assessment Monitoring System (PRAMS).
b. Collect data and ensure it is aligned with national data collection efforts.
c. Coordinate data across all priority areas to ensure comprehensive use throughout the oral health plan.
d. Develop community contacts and focus groups to identify best practices (consumers, providers, existing community groups, etc.) including samples of successful programs from other states that could be adapted for New Jersey.
e. Explore collection of data by local health agencies and develop cross agency/organization memoranda of agreement/ understanding for data sharing purposes.
f. Identify and convene stakeholders to share data, share best practices and identify the barriers to access oral care.
g. Coordinate in the development of recommendations and ways for stakeholders to advance programs and policies.
h. Identify current grassroots dental advocacy toolkits that could be modeled or duplicated to improve unmet dental needs.
i. Engage and collaborate with the NJ Primary Care Association (NJPCA) and the Federally Qualified Health Center dental departments to identify gaps in dental care among those most at risk for dental diseases in their communities.

Success Measures:

- Equitable policies and programs are developed.

Priority Area 1: Access to Care

Objective 1.1:
Develop policies and programs for equal and equitable access to oral care by 2024.

Objective 1.2:
Establish and enhance the coordination (dissemination) of locations to receive oral healthcare services in New Jersey by 2025.

Objective 1.3:
Increase outreach to residents (consumers, students, parents, school administrators) through patient education on oral health by 2023.

Objective 1.4:
Establish oral health educational opportunities for all multidisciplinary health workforce practitioners by 2023.

Strategies for Objective 1.2:

Establish and enhance the coordination (dissemination) of locations to receive oral healthcare services in New Jersey by 2025.

a. Identify the state-wide delivery points of oral healthcare services (e.g., dental clinics, schools of dentistry, dental hygiene, school-based dental services, health departments, hospital-based, etc.).
b. Disseminate to and encourage stakeholders to utilize the Dial-A-Smile Directory (DAS) resource.
c. Establish an inclusive "body" of stakeholders (work group) to coordinate and disseminate these points of care.
d. Develop and implement a communication plan which is disseminated state-wide to all oral healthcare practitioners and non-dental partners about the state-wide dental directory of oral health services.
e. Explore the creation of a virtual "dental home"– a community-based oral health delivery system utilizing telehealth technology to link allied dental personnel with dentists.
f. Engage, explore and introduce to the NJ State Board of Dentistry the use of telehealth/teledentistry models to increase access to oral healthcare locations for community populations at highest risk for dental disease and unable to travel to point of care location.
g. Engage and collaborate with the NJ Department of Transportation (NJ Transit) to identify and include the public transportation routes near dental care centers/offices/locations noted in the Dial-A-Smile (DAS) Directory.

Success Measures:

- Number of coordinated points of services
- Dial-A-Smile (DAS) Directory of dental access points is updated
- Number of times dental directory (DAS) is accessed from the website(s)
- Number of times the DAS is noted as the referral source of dental services

❖ Resources

CDC's Healthy Communities 2030
New Jersey Hospital Association's data on vulnerable communities by zip code (20 metrics developed)
Health Information Exchange (HIE)
Medicaid Management Information System (MMIS)
Oral Health Progress and Equity Network (OPEN)
National Dental Data Standards
School Development Authority (SDA districts, commonly known as Abbott Program)

Key Partners (1.1)

Hospital dental departments/clinics
Individuals on Medicaid and Medicare
New Jersey Academy of Pediatric Dentistry
New Jersey Coalition on Oral Health for the Aging
New Jersey Dental Association
New Jersey Dental Hygiene Programs
New Jersey Department of Education
New Jersey Department of Human Services
- Division of Medical Assistance and Health Services
- Division of Disability Services
New Jersey Department of Environmental Protection
New Jersey State Board of Dentistry
New Jersey Hospital Association
New Jersey Health Care Quality Institute
New Jersey State League of Municipalities
New Jersey Mayors Wellness Campaign
Public and private transportation groups
Rutgers School of Dental Medicine
New Jersey School Development Authority (SDA districts)
Urgent care medical centers (community-based)

Key Partners (1.2)

Dental health coordinators
Dental residency programs
Dental hygiene schools and clinics
Primary care medical residency programs
Dental school
Dentists
Disability advocacy organizations
Federally Qualified Health Centers (FQHCs)
Group homes
New Jersey Hospital Association (Hospitals)
Independent living centers
Local and County Health Officers/ Departments
New Jersey FamilyCare/Medicaid
New Jersey Primary Care Association
Organizations serving those with mental illness
New Jersey Department of Education (Schools)
New Jersey Dental Association
New Jersey State Board of Dentistry

Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners

Priority Area 1: Access to Care

Objective 1.1:
Develop policies and programs for equal and equitable access to oral care by 2024.

Objective 1.2:
Establish and enhance the coordination (dissemination) of locations to receive oral healthcare services in New Jersey by 2025.

Objective 1.3:
Increase outreach to residents (consumers, students, parents, school administrators) through patient education on oral health by 2023.

Objective 1.4:
Establish oral health educational opportunities for all multidisciplinary health workforce practitioners by 2023.

Strategies for Objective 1.3:

Increase outreach to residents (consumers, students, parents, school administrators) through patient education on oral health by 2023.

a. Identify the oral health education needs (gaps, requests) for consumers and patients.
b. Establish common glossary of terms (for dental plans and/or oral health literacy/education).
c. Create a multicultural advertising/educational campaign to reach all populations on why they need oral healthcare, early oral healthcare (identifying risk factors that can lead to other chronic health problems), and the importance of routinely utilizing and implementing best practices in oral healthcare.
d. Partner with internal and external chronic disease campaigns to include the intersection of oral health.
e. Coordinate with the Department of Education to explore requiring a dental exam for all children entering pre-school, kindergarten, middle school, and high school.
f. Provide referrals to schoolchildren and their families to establish dental homes.
g. Collaborate with New Jersey school districts and school nurses through the NJ Department of Education to increase oral health awareness activities.
h. Support oral health literacy and education across the lifespan and with vulnerable populations including the elderly, people in long-term care facilities, people with disabilities and people with mental health/substance use disorder.
i. Explore ways to collaborate and deliver oral health education within the New Jersey Children's Health Insurance Program.
j. Fund and expand tele-dentistry resources to assisted living, the homebound, nursing homes, institutions and DHPSAs (Dental Care Health Professional Shortage Areas).
k. Increase oral health education for non-oral health professionals working with consumers using Children's Oral Health Program as a training resource.
l. In collaboration with NJ FamilyCare and the Federally Qualified Health Centers, explore ways to convert and increase the numbers of those uninsured patients onto Medicaid rosters.
m. Extend/expand KinderSmile Foundation *Give Back A Smile* program to all 21 counties in New Jersey *(see 1.4 strategy-k)*.

Success Measures:

- Number of campaigns, events, educational courses, webinars, and trainings developed for consumers and patients

- Number of consumers and patients attending these opportunities, with attention to vulnerable populations
- Number of dental visits (inclusive of dental hygiene clinics and dental clinics), with attention to vulnerable populations (*see Centers for Medicare & Medicaid Services report CMS-416)
- Increased numbers enrolled in state or private oral health insurance programs or plans, with attention to vulnerable populations
- Pre-and post-test results (by program)
- Oral health exam requirement for public school children
- Referral tools for school nurses (all school nurses have and utilize Dial-A-Smile Dental Directory)
- Oral health included in curriculum (e.g., nutrition, personal hygiene)

Strategies for Objective 1.4:

Establish oral health educational opportunities for all multidisciplinary health workforce practitioners by 2023.

a. Identify education needs for providers.
b. Establish common glossary of terms.
c. Train providers (e.g., dental/dental hygiene students, dental hygienists, community dental health workers, practicing dentists) and other members of the oral health workforce on engaging with specific patient populations (e.g., babies, geriatric patients, people with disabilities, pregnant women).
d. Engage New Jersey State Board of Dentistry in conversations to review scope of practice, workforce issues and align New Jersey with national dental best practices to increase access to care for vulnerable populations.
e. Create a dental workforce survey (to understand dental workforce issues) to be administered through the Office of Attorney General/Division of Consumer Affairs contact.
f. Engage and educate executive level administrators and directors/officers at hospitals and Federally Qualified Health Centers (FQHCs) on the advantages and community benefit associated with serving people at increased risk for and disproportionately affected by dental decay as a preventable chronic disease.
g. Develop, implement, and enhance continuing education (CE) programs targeted to interdisciplinary audiences discussing diversity and inclusion for providers.
h. Engage staff in non-traditional settings (e.g., childhood centers, schools, nursing, assisted living, group homes) through education

Key Partners (1.3)

AARP
Advance Equity in Healthcare
Dental Schools
Diverse Dental Society
Head Start programs
Hospital residency programs
Long-term care facilities
National, State, Local Dental & Dental Hygiene Associations
New Jersey Department of Education
New Jersey Department of Human Services (NJ FamilyCare)
New Jersey school districts
New Jersey Association of School Administrators (NJASA)
New Jersey Principals and Supervisors Association (NJPSA)
Patients, including vulnerable populations
School nurses (NJ State School Nurses Association)

Key Partners (1.4)

AARP
Advocates for Children of New Jersey
American Association of Public Health Dentistry
American Dental Association
American Dental Hygiene Association
American Medical Association
Care managers
Complete Care Health Network Foundation
Dental hygiene programs
Doulas
Federally Qualified Health Centers
Head Start programs
Health Care Association of New Jersey (HCANJ)
Hispanic Dental Association
Justice in Aging
Long-term care facilities
National Dental Association (state and national chapters)
New Jersey Academy of Nutrition and Dietetics
New Jersey Academy of Pediatric Dentistry
New Jersey Association of Directors of Nursing Administration/LTC
New Jersey Board of Dentistry
New Jersey Dental Association

continued

Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners

Priority Area 1: Access to Care

Objective 1.1:
Develop policies and programs for equal and equitable access to oral care by 2024.

Objective 1.2:
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Objective 1.3:
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Objective 1.4:
Establish oral health educational opportunities for all multidisciplinary health workforce practitioners by 2023.

and the use of evidence-based research (e.g., data and statistics collection) on the needs and importance of oral health for their populations using best practices.

i. Highlight best practices from inclusive dental provider groups across New Jersey as a model for future implementation.
j. Create an operational step-by-step guide (with case studies) to help dental practices develop a clinical inclusive environment that starts from intake to completion of care.
k. Develop patient surveys to measure their experience as it relates to the delivery of culturally competent care of a practice. *(see 1.3 strategy- c)*
l. Extend/Expand KinderSmile Foundation *Give Back-A-Smile* program to all 21 counties in New Jersey
m. Sponsor CE for dentist-lead teams to educate and advise about the creation of safe and sustainable business models within DHPSAs (Dental Care Health Professional Shortage Areas).

Success Measures:

(see Objective 2.1 for additional potential success measures)

- Number of webinars/trainings developed for providers
- Number of webinars/trainings providers attended
- Number of continuing education programs that address cultural competency, equity, implicit bias, and cultural humility
- Pre-and post-tests within continuing education programs to measure change in awareness
- Development and utilization of rubric for providers
- Patient survey results

Key Partners (1.4) *continued*

New Jersey Dental Hygienists' Association (Becky Pugh, CFO)
New Jersey Department of Community Affairs
New Jersey Geriatrics Society
New Jersey Office of Minority and Multicultural Health
Nursing Home Administrators Licensing Board
Oral Health America
Patients, including vulnerable populations
Primary Care Association of New Jersey (NJPAC)
Private care models
Dr. Samuel Wakim
KinderSmile Foundation, Dr. McGrath-Barnes
Providers
Rutgers School of Dental Medicine
Social workers
Special Care Dentistry Association
Special Olympics
Statewide Clinical Outreach Program for the Elderly (S-COPE)
The Arc of New Jersey
The Gerontologic Society of America

Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners

Priority Area 2: Medical-Dental Integration

Goal 2: Improve the oral health of all New Jersey residents across the lifespan through Medical-Dental integration.

Strategies for Objective 2.1:
Increase dental and medical provider education and training by 2027.

a. Engage leadership of health boards (e.g., medical, nursing, physical therapy, behavioral health, community health, pharmacy, nutrition, social work, speech/function therapists, etc.) and Dental Board to gain support for interdisciplinary integration.
b. Support post-doctoral training in hospital-based residency programs to foster integration and collaboration with medical peers during earliest stages of the dental General Residency Program (GPR).
c. Support the development of standardized education training programs at schools.
d. Explore and support the introduction and implementation by all health professions boards for Continuing Education requirements for licensure renewal that include training in the subject of "medical-dental integration".
e. Support the establishment of additional numbers of residency positions in existing residency programs.
f. Engage in and support the discussions requiring a post-doctoral dental residency as a requirement (or alternative pathway) for licensure.
g. Increase the number of hospital-based dental residencies (GPR and Specialty).
h. Increase and expand the number of dental workforce practitioners in public health settings.
i. Explore the feasibility of loan forgiveness for dentists who treat patients with special needs/developmental disabilities.
j. Explore possible state funding opportunities that would increase the number of locations of Rutgers' CODE off-campus programs, increase dental school student class size, and expand the number of residents in post-graduate programs.

Priority Area 2: Medical-Dental Integration

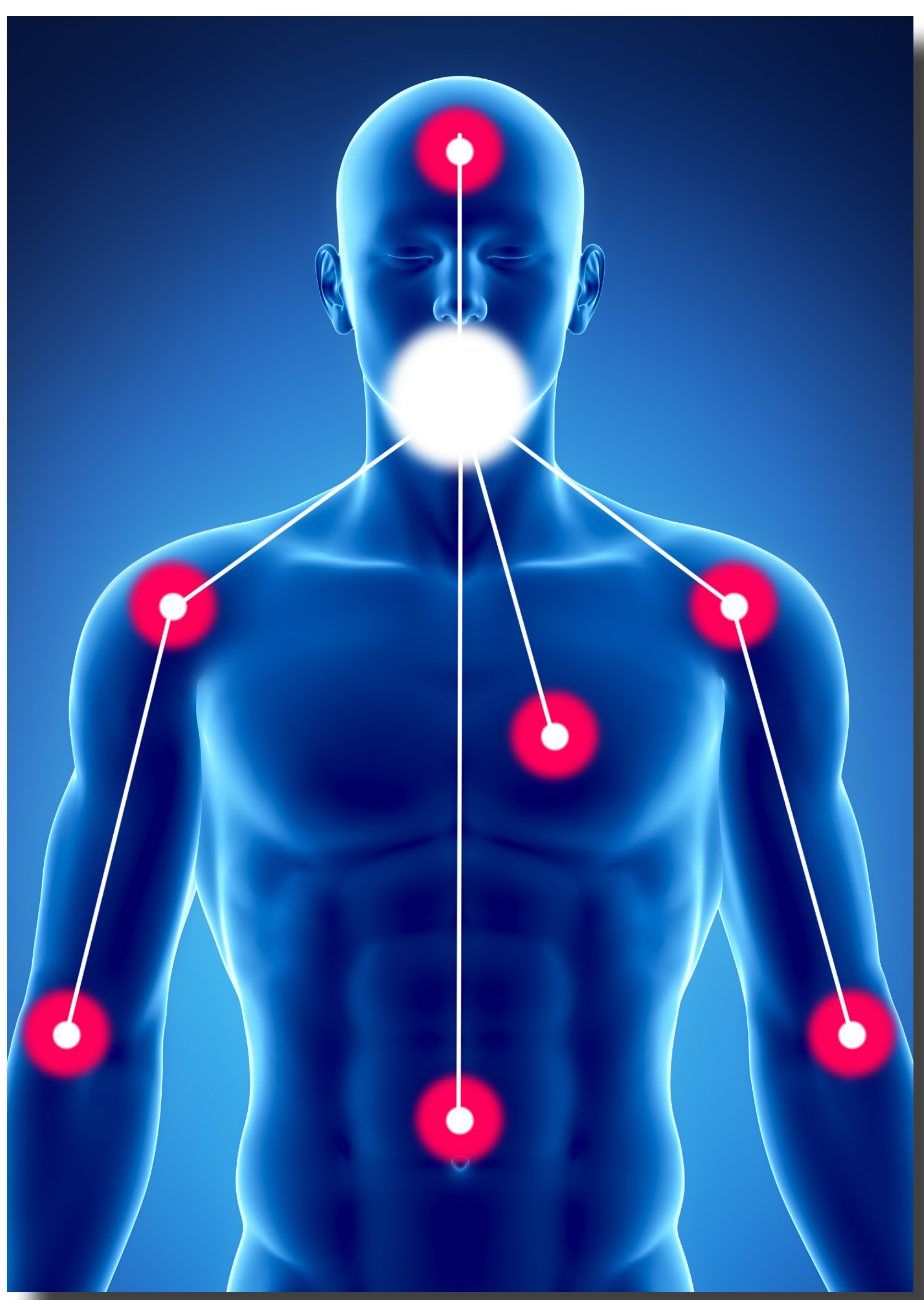
Objective 2.1:
Increase dental and medical provider education and training by 2027.

Objective 2.2:
Increase coordination of care through insurance benefit expansion that crosscuts (and includes) medical conditions by 2027.

Objective 2.3:
Increase access to existing electronic health information to allow for coordination of care by 2027.

Success Measures:

- Courses for CE and curriculum for schools established
- List of speakers developed
- Number of residencies that cross train medical/dental residents
- Number of dental referrals
- Pre-and post-tests



Key Partners (2.1)

All state-wide academic Institutions (medical, nursing, dental/dental hygiene, pharmacy)
American Dental Association
American Dental Hygienists' Association
Rutgers Dental School - Community Outreach Dental Education (CODE) program
Federally Qualified Health Centers
Local and County Health Departments
New Jersey Academy of Pediatric Dentistry
New Jersey Board of Dentistry
New Jersey Chapter, American Academy of Pediatrics
New Jersey Dental Association's Oral Health Coalition
New Jersey Dental Hygiene Association
New Jersey Department of Education
New Jersey Department of Human Services
New Jersey School Nurses Association
Other health boards (medical, nursing, physical therapy, behavioral health, community health, pharmacy, nutrition, social work, speech/function therapists, etc.)
Residencies – all disciplines
Schools (K-12, colleges/universities, professional)
The Arc of New Jersey

Key Partners (2.2)

Academic Institutions
American Dental Association
American Dental Hygienists' Association
Rutgers Dental School - Community Outreach Dental Education (CODE) program
Federally Qualified Health Centers
Local and County Health Departments
Managed Care Organizations (MCOs)
New Jersey Department of Human Services, Division of Medical Assistance and Health Services (NJ FamilyCare)
New Jersey Academy of Pediatric Dentistry
New Jersey Association of Health Plans
New Jersey Board of Dentistry
New Jersey Chapter, American Academy of Pediatrics
New Jersey Dental Association
New Jersey Dental Hygienists' Association

continued

Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners

Priority Area 2: Medical-Dental Integration

Objective 2.1:
Increase dental and medical provider education and training by 2027.

Objective 2.2:
Increase coordination of care through insurance benefit expansion that crosscuts (and includes) medical conditions by 2027.

Objective 2.3:
Increase access to existing electronic health information to allow for coordination of care by 2027.

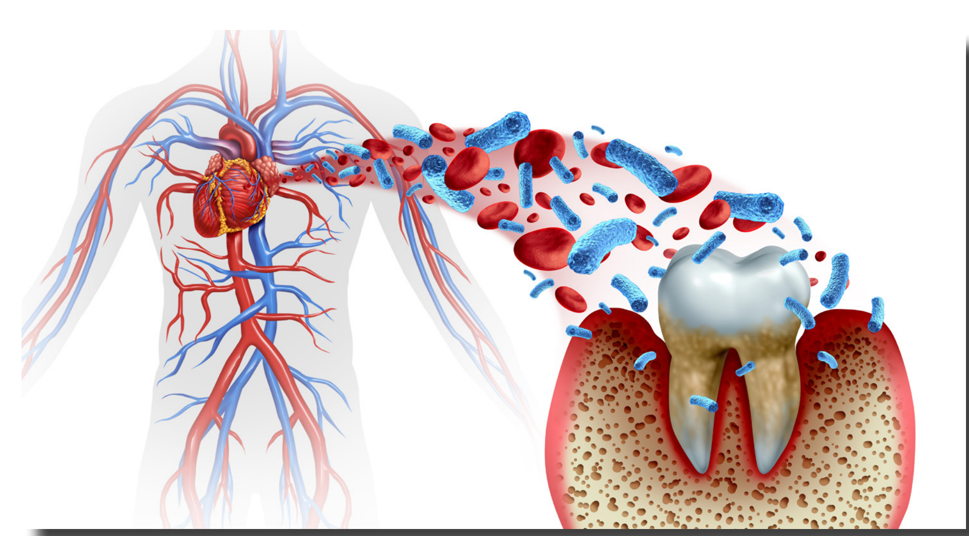
Strategies for Objective 2.2:

Increase coordination of care through insurance benefit expansion that crosscuts (and includes) medical conditions by 2027.

a. Adopt and implement the use of existing select diagnosis codes as standard for better medical-dental communication.
b. Include training for providers on proper coding for all patient populations and practice settings.
c. Explore ways to improve the cross-referencing of medical and dental codes.
d. Promote and implement the screening of common chronic illnesses (e.g., diabetes) in dental settings, and oral screenings for transplant patients and those with common chronic illnesses.
e. Engage with the managed care organizations (MCOs) and New Jersey Association of Health Plans (NJAHP) to address network adequacy and member outreach.
f. Investigate and address that the current law does not require a uniform credentialing platform to be launched by the NJ Department of Banking and Insurance (DOBI).
g. Explore and support ways for dental insurance that covers preventive and restorative care with affordable co-pays for patient members.
h. Explore ways that provide compensation (reimbursement) for NJ FamilyCare providers who utilize certain health prevention services to improve oral health.

Success Measures:

- Number of dental referrals to and from medical providers
- Pre- & post-surveys to demonstrate changes in coding and screenings



Strategies for Objective 2.3:

Increase access to existing electronic health information to allow for coordination of care by 2027.

a. Identify barriers of dental access to existing electronic health information.
b. Explore ways to expand dental access to the existing Health Information Exchange network.
c. Develop professional trainings on how to access electronic health information.
d. Prepare and support dental providers for shift to full utilization of electronic health records systems.

Success Measures:

- Barriers of dental access to existing electronic health information identified
- Number of barriers of dental access to existing electronic health information
- Number of professional trainings on how to access electronic health information
- Increased numbers of dental offices with electronic health records (EHR)

Key Partners (2.2) *continued*

New Jersey Department of Banking and Insurance (DOBI)
New Jersey Department of Education
New Jersey School Nurses Association
Oral Health Coalition
Other health boards (medical, nursing, physical therapy, behavioral health, community health, pharmacy, nutrition, social work, speech/function therapists, etc.)
Residencies
Schools (K-12, colleges/universities, professional)
The Arc of New Jersey

Key Partners (2.3)

Academic Institutions
American Dental Association
American Dental Hygienists' Association
Rutgers School of Dental Medicine Community Outreach Dental Expansion (CODE)
Dental Insurance industry/plans
Federally Qualified Health Centers
Local and County Health Departments
New Jersey Health Information Network (Department of Health)
New Jersey Academy of Pediatric Dentistry
New Jersey Board of Dentistry
New Jersey Chapter, American Academy of Pediatrics
New Jersey Dental Association
New Jersey Dental Hygiene Association
New Jersey Department of Education
New Jersey School Nurses Association
Oral Health Coalition
Other health boards (medical, nursing, physical therapy, behavioral health, community health, pharmacy, nutrition, social work, speech/function therapists, etc.)
Residencies
Schools (K-12, colleges/universities, professional)
State and national researchers and funders
The Arc of New Jersey

Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners

Priority Area 3: State Funding Allocation to Oral Health

Goal 3: Establish and maintain an annual fiscal year funding allocation that sustains a viable State Oral Health Program that includes a Dental Director and staff to oversee, implement, monitor, and evaluate the state oral health plan.

Strategies for Objective 3.1:
Increase the amount of funding that supports the Dental Director and additional oral health program staff by July 2024.

a. Develop a model of the Oral Health Program funded in its entirety by determining budget specifics for personnel, programs, and interventions, including how the NJDOH Dental Director would work closely with the Department of Human Services Medicaid Dental Director.
b. Identify best practices by existing groups/practices/institutions currently conducting collaborative care models to explore ways to increase the amount of state funding for oral health.
c. Oral Health Program will develop and submit annual budget plan.
d. Seek internal and external support at each level of the budget approval process, from the New Jersey Department of Health Commissioner to the New Jersey Governor's budget office.
e. Identify public/private collaborations from different health fields and explore and implement ways to achieve increases in oral health funding.
f. Explore the feasibility of using a portion of taxes already being collected on sugar or sugar-sweetened beverages as a resource to be utilized to increase state funding for the Oral Health Program.
g. Obtain federal [e.g., Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA)] and non-profit and private funding sources to support programs.
h. Establish a state mandate for the New Jersey Oral Health Program.
i. Explore the feasibility of an oral health funding allocation from the new $4M Governor-approved funding for healthcare.
j. Establish the New Jersey State Dental Director as a permanent position within the Department of Health.

Success Measures:
- Barriers of dental access to existing electronic health information identified

Priority Area 3: State Funding Allocation to Oral Health

Objective 3.1:
Increase the amount of funding that supports the Dental Director and additional oral health program staff by July 2024.

Objective 3.2:
Establish funded oral health surveillance surveys that align with overall best practices and national and CDC recommendations by July 2024.

Objective 3.3:
Provide adequate funding for facilities, agencies, and groups providing oral health care for people at increased risk for and disproportionately affected by dental diseases by 2027.

- Number of barriers of dental access to existing electronic health information
- Number of professional trainings on how to access electronic health information
- Increased numbers of dental offices with electronic health records (EHR)

Strategies for Objective 3.2:

Establish funded oral health surveillance surveys that align with overall best practices and national and CDC recommendations by July 2024.

a. Allow school-based sealant and oral health programs staffed by Registered Dental Hygienists and in contact with collaborating dentists via Tele Dentistry to provide oral health/dental exams to children in schools.
b. Partner with other state-related programs collecting similar data to leverage costs of performing such surveys in New Jersey.
c. Identify provider data that supports surveillance objectives.
d. Demonstrate to others (stakeholders, champions, and healthcare advocates) the value of investing in oral health data collection activities and how it supports/aligns with the overall health infrastructure.

Success Measures:

Oral health surveillance surveys are funded fully

Strategies for Objective 3.3:

Provide adequate funding for facilities, agencies, and groups providing oral health care for people at increased risk for and disproportionately affected by dental diseases by 2027.

a. Explore ways to receive funding support from decision-makers and those people at increased risk for and disproportionately affected by dental diseases.
b. Allocate a portion of the budget for non-FQHCs (Federally Qualified Health Centers) to provide oral health care for people at increased risk for and disproportionately affected by dental diseases.
c. Identify the facilities, groups, and agencies providing oral health care directly to residents.
d. Identify the non-FQHCs providers providing oral health care directly to residents and allocate funding/reimbursement for the uninsured patients they serve.
e. Explore ways to allocate supplemental state funding to reimburse oral

Key Partners (3.1)

Centers for Disease Control and Prevention
Health Resources and Services Administration
New Jersey Department of Health Commissioner
New Jersey Governor's budget office
Partnership across New Jersey and other states to apply for funding (e.g., New Jersey sister agencies such as DHS, DEP, etc.)
Public/private collaborations

Key Partners (3.2)

New Jersey Board of Dentistry
New Jersey state programs with connections to oral health
Dental Health Care Providers
State and national universities and colleges with public health programs (graduate and PhD)

Key Partners (3.3)

AARP
American Medical Association
Arc of New Jersey
Agencies
Facilities
Groups
March of Dimes
Medicaid
Managed Care Organizations (MCOs)
Patients
Special Olympics

health providers (not part of the NJ Health Centers) that treat patients in underserved communities.

f. Work with Medicaid and MCOs to add a tier for patients whose salaries place them just above the Medicaid cutoff, but who cannot afford comprehensive care (e.g., dentures).
g. Support expansion of Medicare to include dental benefits for eligible adults.
h. Explore ways that support, fund, and expand the New Jersey Dental Lifeline Network and Donated Dental Service Program.
i. Establish mobile dentistry programs across New Jersey.
j. Solicit funding for a van fleet and provider recruitment.
k. Explore ways to expand and increase the recruitment and issuance of a New Jersey Health Professions Loan Program with a structured arrangement for a repayment timeframe or subsidy forgiveness for providers who agree to practice in DHPSA (Dental Health Professional Shortage Areas).

Success Measures:

- Amount of funding provided by oral health program to sister state agencies and other groups

Priority Area 4: Oral Health Equity and Culturally Competent Practices

Objective 4.1:
Expand (and develop) the New Jersey oral health workforce to align more closely with the demographics of New Jersey by 2027.

Objective 4.2:
Increase access to affordable, sustainable, comprehensive, quality dental care in New Jersey for vulnerable populations by 2027.

Objective 4.3:
Develop and implement a community water fluoridation plan by 2027.

Priority Area 4: Oral Health Equity and Culturally Competent Practices

Goal 4: All New Jersey residents have equitable, inclusive, and culturally supportive dental care.

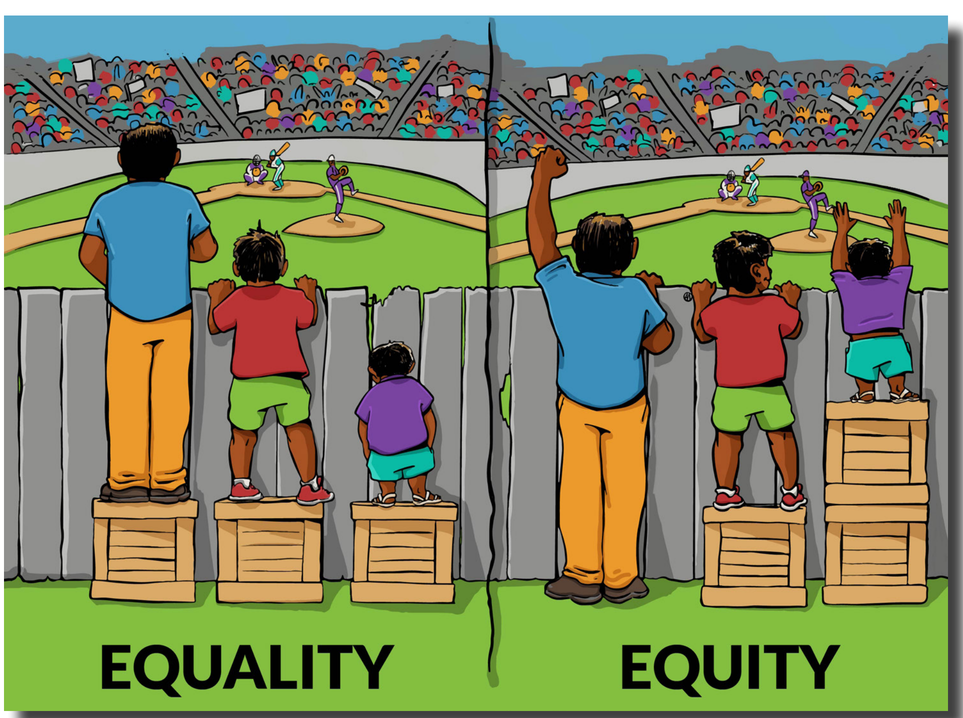
Strategies for Objective 4.1:
Expand (and develop) the New Jersey oral health workforce to align more closely with the demographics of New Jersey by 2027.

a. Identify the dental health workforce (e.g., dentists, hygienists, assistants, and other staff) gaps and shortage areas demographically through a needs assessment (and survey).
b. Develop a statewide educational seminar series that provides information about oral healthcare and professional opportunities for non-oral health workers and patient-centered health educators (e.g., community health workers, social workers, etc.) that represent and are inclusive of the people they serve.
c. Support and promote all opportunities and activities that encourage diversity in the oral health workforce, including opportunities for cultural competency, respect of cultural differences, and a culture of inclusion.

d. Explore and implement ways to successfully recruit and retain students and faculty of underrepresented groups in oral health professional schools.
e. Explore and implement ways to successfully recruit and retain underrepresented groups in the oral health workforce.
f. Support the implementation of more CODE (Community Outreach Dental Education) programs throughout the state, specifically in underserved communities.
g. Explore the ability to create a pipeline program that establishes a dental health therapist practitioner as an alternative oral (mid-level) health provider.
h. Establish support mechanisms and mentorship for students and new graduates from underrepresented/underserved groups and their communities.
i. Survey underrepresented students in current dental and dental hygiene programs to determine the barriers they faced to become enrolled and the barriers they face staying in the program.

Success Measures:

- Number and demographics of applicants, enrollees and graduates of dental schools, hygiene schools, and dental assisting programs.
- Data on where graduates are going to practice (e.g., in which zip code; data may not be available).



Key Partners (4.1)

Academic institutions
Advance Equity in Health Care: Sheila Reynertson
American Association of People with Disabilities
Equity and Innovation Advisory Group
Hispanic Dental Association
Minority and Multicultural Health Advisory Commission, New Jersey Office
National Dental Association (Commonwealth – New Jersey Chapter)
New Jersey chapter of HOSA (Future Health Professionals)
New Jersey Dental Association
New Jersey Dental Hygienists' Association
New Jersey Office of Diversity and Inclusion (Hester Agudoci, Chief Diversity Officer)
New Jersey Policy Perspective (Sheila Reynertson)
New Jersey Community College Consortium for Workforce & Economic Development
New Jersey Council of County Colleges
All New Jersey Counties' Centers for Workforce Development & Professional Education

Key Partners (4.2)

Robert Wood Johnson Foundation (Advancing Health Equity)
Central Jersey Family Health
Rutgers School of Dental Medicine
New Jersey Dental Hygiene schools
Dental health coordinators
Dentists
Disability advocacy organizations
Diverse Dental Society (Hispanic Dental Association, National Dental Association, and Society of American Indian Dentists)
Elected officials with a history of supporting health legislation
Federally Qualified Health Centers (FQHCs)
Head Start programs/centers
Hospital-based dental residency programs
Independent living centers

continued

Priority Areas, Goals, Objectives, Strategies, Success Measures, and Key Partners

Priority Area 4: Oral Health Equity and Culturally Competent Practices

Objective 4.1:
Expand (and develop) the New Jersey oral health workforce to align more closely with the demographics of New Jersey by 2027.

Objective 4.2:
Increase access to affordable, sustainable, comprehensive, quality dental care in New Jersey for vulnerable populations by 2027.

Objective 4.3:
Develop and implement a community water fluoridation plan by 2027.

Strategies for Objective 4.2:

Increase access to affordable, sustainable, comprehensive, quality dental care in New Jersey for vulnerable populations by 2027.

a. Define the individuals considered inclusive of the term "vulnerable populations."
b. Enhance outreach to increase enrollment to insurance programs and/or dental benefit plans.
c. Develop website to inform and compare oral health insurance programs and/or dental benefit plans available to residents.
d. Promote the use of dental residency and dental hygiene programs as point of care locations.
e. Support those that advocate for and actively support increased legislation for coverage for all kids in New Jersey (look to South Dakota as a model).
f. Increase collaboration with FQHCs and the New Jersey Primary Care Association (NJPCA) to make sure that every community has free to low-cost dental service within a close range.
g. Conduct a study of why so few dentists participate in NJ FamilyCare, including the current reimbursement rates and barriers to entry (e.g., administrative, operational, etc.).
h. Explore and research ways to assist residents with an undocumented immigration status.
i. Explore ways to allocate funding to facilities who are conducting or implementing Dental Assisting, Dental Hygiene, and/or Dental Residency Programs.
j. Ensure that the members/leaders within state dental committees and subcommittees, as well as partnering organizations, are representative of the individuals and the marginalized communities they serve.
k. Explore ways to expand the scope of practice of registered dental hygienists to bring preventive oral care to vulnerable populations, such as the elderly in nursing homes and children in schools.
l. Explore ways to establish and expand a school-based sealant program to all 21 New Jersey counties for all vulnerable student populations.

Success Measures:

- % enrollment to insurance and dental benefit plans, by demographics
- % of appointments within respectable period of time, to be defined
- % of population utilizing dental services
- TBD: measure on finding a dentist for care
- CMS state performance on the core measure sets, specifically access to dental care for children
- NJ FamilyCare Quality Dashboard for HEDIS measures on dental care

- Number of points (locations) of dental care for underserved and uninsured New Jersey residents, with alternative and affordable payment options

Strategies for Objective 4.3:

Develop and implement a community water fluoridation plan by 2027.

a. Reapply for a Centers for Disease Control & Prevention (CDC) block grant in 2023 to fund elements of the community water fluoridation plan.
b. Explore the feasibility of using a portion of tax policies on sugar or sugar-sweetened beverages to support funding community water fluoridation.
c. Identify private foundations willing to support community water fluoridation efforts.
d. Develop an advocacy and education action plan for community water fluoridation.
e. Hire personnel for data collection, evaluation, and grant writing.
f. Develop and implement a state-wide community campaign and communication plan.
g. Identify the root cause(s) of opposition to community water fluoridation throughout New Jersey through polls, focus groups, and comparisons to other neighboring states.

Success Measures:

- Community water fluoridation plan is developed
- Community water fluoridation plan is implemented
- Number of towns receiving fluoridated water
- Increased % (more than 16%) of population with access to public water systems that optimally fluoridate the water per the CDC recommendation

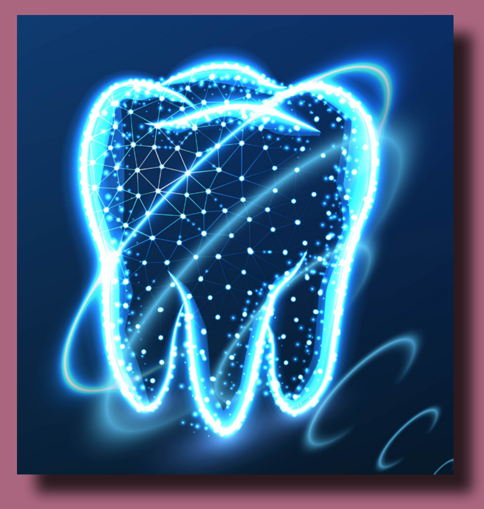
Key Partners (4.2) *continued*

- Long-term care facilities
- National, State, and Local Dental Associations
- New Jersey Dental Association - legislative and governmental affairs
- New Jersey Dental Hygienists' Association
- New Jersey Department of Education Division of Student Support Services Executive County Superintendents
- New Jersey State Legislature Senate & Assembly Health Committees
- New Jersey Primary Care Association (NJPCA)
- New Jersey school districts
- Office of Minority and Multicultural Health (NJ Department of Health)
- Nurture New Jersey
- OBGYN/Midwifery community
- Organizations serving those with mental illness
- Partnership for Maternal and Child Health of Northern New Jersey
- Patients, including vulnerable populations
- New Jersey State/County School Nurses Association
- Southern New Jersey Perinatal Cooperative
- The Maternal and Child Health Consortia

Key Partners (4.3)

- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- American Fluoridation Society (AFS)
- Oral Health Progress and Equity Network (OPEN)
- Association of State and Territorial Dental Directors (ASTDD)
- Governor's office
- Private foundations
- National Association of Counties and City Health Officials (NACCHO)
- New Jersey Department of Environmental Protection
- New Jersey Dental Association
- New Jersey Dental Hygienists' Association
- New Jersey League of Municipalities
- Water companies/purveyors in New Jersey

Oral Health Resources
References
Appendices



Oral Health Resources

Dental Health Center Dial-A-Smile Directory (by county/ in English & Spanish)

http://www.nj.gov/health/fhs/oral/documents/dental_directory.pdf

Children's Oral Health Program (New Jersey Department of Health)

https://www.nj.gov/health/fhs/oral/about-us/
https://www.nj.gov/health/fhs/oral/contact-us/

Health Care Assistance (Medical & Dental)

NJ FamilyCare is New Jerseys publicly funded health insurance program that includes CHIP (Children's Health Insurance Program) Medicaid and Medicaid expansion populations. It helps qualified residents get access to affordable health insurance and services. http://www.njfamilycare.org/

NJPCA

New Jersey Primary Care Association: "NJPCA is committed to its mission of planning, promoting and facilitating equal access to quality health care for individuals and their families." https://www.njpca.org

Maternal and Infant Oral Health

KinderSmile's Perinatal Health and Wellness Program (PHWP) breaks the dangerous cycle of untreated dental diseases by empowering uninsured pregnant and up to three years postpartum women with informative, personal, culturally sensitive training about the importance of maternal oral health and its impact on the developing fetus and young children. Graduates of the three-hour training program earn a full year of free dental care to restore their smiles to full functionality and painlessness, and the benefit of having a link to a Dental Home for their children from their first year. PHWP is perfectly aligned with Nurture NJ and Healthy Women, addressing the healthcare inequities in high-risk communities that impact maternal and infant health. https://www.kindersmile.org/programs/phwp/

Oral Health in America: Advances and Challenges (2022)

Executive Summary: https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Executive-Summary.pdf
Full Report: https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf

Centers for Disease Control and Prevention / Oral Health

https://www.cdc.gov/oralhealth/

Donated Dental Services of New Jersey

This program is offered in New Jersey by the New Jersey Dental Association (NJDA). It provides comprehensive dental services from volunteer licensed dental health professionals for eligible individuals. Applicants into the program must lack adequate income to pay for dental care and have a permanent disability, are elderly (age 65 or older), or qualify as medically fragile. https://dentallifeline.org/new-jersey/

Dentistry for Individuals with Developmental Disabilities (I/DD) & Special Needs

Rutgers School of Dental Medicine (RSDM) operates one of the few facilities in the region treating individuals with special needs, including autism, cerebral palsy, Alzheimer's, Down Syndrome, geriatric patients and those with psychological disorders. https://sdm.rutgers.edu/academics/departments/pediatric-dentistry-community-health/special-needs-patients

The Arc

The Arc of New Jersey has a dental resource that assists anyone who is seeking Medicaid MCO dental care for persons with I/DD. https://www.arcnj.org/programs/mainstreaming-medical-care/

Dental Treatment for Homebound Residents

Many conditions, ailments and diseases leave patients unable to leave their homes. These patients continue to need denture adjustments, cleanings, and other routine dental care, but are unable to make it out of their house to be driven to a dental office. (Note: The individual dental office fees will apply, and, in some cases, a house call fee may apply). https://www.njda.org/homebound-visiting-dentists

Information on State Loan Repayment Programs

View information about the New Jersey Primary Care/Health Practitioner Loan Redemption Program https://www.hesaa.org/Pages/LoanRedemptionPrograms.aspx

New Jersey Dental Associations & Organizations

https://www.njda.org/

NJ Academy of General Dentistry

Dr. Arlene O'Brien, President
www.njagd.org

New Jersey Chapter of National Dental Association (NDA, Commonwealth):

Dr. Dorita Newsome-Dobbins, President
https://ndaonline.org/nda-districts/

New Jersey Dental Hygienists Association

Dorothy Ferreira, RDH, President
www.njdha.org

NJ Academy of Pediatric Dentistry

Dr. Elisa Velazquez, President
www.njapd.org

NJ Society of Periodontology & Implant Dentistry

Dr. Nima Mirmadjlessi, President
www.njperio.org

New Jersey Association of Orthodontists

Dr. Mike Perillo, President
www.njbraces.org

New Jersey Society of Oral and Maxillofacial Surgeons

Dr. Shahid Aziz, President
www.njsoms.com

New Jersey Association of Endodontists

Dr. Marc Baison, Executive Director
www.njendo.org

New Jersey Dental Society of Anesthesiology

Dr. Petar Hinic, President
www.njdsa.org

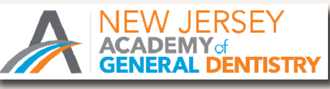
New Jersey section of American College of Prosthodontists

www.prosthodontics.org

New Jersey Dental Assistants Association

Sarah Siroka, CDC, RDA, President
www.njdaa.org

Oral Health Resources



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Appendices

APPENDIX A

New Jersey Department of Health Qualitative Data Collection and Analysis Final Report Key Themes and Findings for State Oral Health Plan, November 2020

New Jersey Department of Health
Qualitative Data Collection and Analysis Final Report
Key Themes and Findings for State Oral Health Plan

November 17, 2020

APPENDIX B

The Association of State and Territorial Dental Director's (ASTDD) Guidelines for State and Territorial Oral Health Programs identifies the following essential dental public health services: https://www.astdd.org/docs/astdd-guidelines-for-oral-health-programs.pdf

I. Assessment

A. Assess oral health status and needs so that problems can be identified and addressed.
B. Analyze determinants of identified oral health needs, including resources.
C. Assess the fluoridation status of water systems and other sources of fluoride.
D. Implement an oral health surveillance system to identify, investigate, and monitor oral health problems and health hazards.

II. Policy Development

A. Develop plans and policies through a collaborative process that support individual and community oral health efforts to address oral health needs.
B. Provide leadership to address oral health problems by maintaining a strong oral health unitwithin the health agency.
C. Mobilize community partnerships between and among policymakers, professionals, organizations, groups, the public and others to identify and implement solutions to oral health problems.

III. Assurance

A. Inform, educate, and empower the public regarding oral health problems and solutions.
B. Promote and enforce laws and regulations that protect and improve oral health, ensure safety, and assure accountability for the public's well-being.
C. Link people to needed population-based oral health services, personal oral health services, and support services and assure the availability, access, and acceptability of these services by enhancing system capacity, including directly supporting or providing services when necessary.
D. Support services and implementation of programs that focus on primary and secondary prevention.
E. Assure that the public health and personal health work force has the capacity and expertise to effectively address oral health needs.
F. Evaluate effectiveness, accessibility, and quality of population-based and personal oral health services.
G. Conduct research and support demonstration projects to gain new insights and applications of innovative solutions to oral health problems

APPENDIX C

10 Essential Public Health Services to Promote Oral Health in the US (2021)
https://www.astdd.org/docs/astdd-guidelines-for-oral-health-programs.pdf

Appendices

Each of these items contain specific roles states should accomplish and several examples of specific activities that should be achieved:

Assessment

1. Assess and monitor the population's oral health status, factors that influence oral health, and community needs and assets
2. Investigate, diagnose, and address oral health problems and hazards affecting the population.

Policy Development

3. Communicate effectively to inform and educate people about oral health and influencing factors and educate/ empower them to achieve and maintain optimal oral health.
4. Mobilize community partners to leverage resources and advocate for/act on oral health issues.
5. Develop, champion, and implement policies, laws and systematic plans that support state and community oral health efforts.
6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices.

Assurance

7. Reduce barriers to care and assure access to and use of personal and population-based oral health services.
8. Assure an adequate, culturally competent, and skilled public and private oral health workforce.
9. Improve and innovate dental public health functions through ongoing evaluation, research and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for dental public health.

APPENDIX D

Healthy People 2030 Oral Health Indicators

https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions

The primary goal for oral health in Healthy People 2030 is to improve oral health by increasing access to oral health care, including preventives services. Therefore, Healthy People 2030 focuses on reducing tooth decay and other oral health conditions and helping people get oral health care services.[1]

The strategies for achieving the oral health objectives fall under the following areas:

Oral Conditions — General

Reduce the proportion of adults with active or untreated tooth decay — OH 03

Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH 07

Increase use of the oral health care system — OH 08

Adolescents

Reduce the proportion of children and adolescents with lifetime tooth decay — OH 01

Reduce the proportion of children and adolescents with active and untreated tooth decay — OH 02

Health Policy

Increase the proportion of people whose water systems have the recommended amount of fluoride — OH 11

1 - The National Academies (2011). Improving Access to Oral Health Care for Vulnerable and Underserved Populations. Retrieved from https://www.hrsa.gov/sites/default/files/publichealth/clinical/oralhealth/improvingaccess.pdf [PDF - 3.4 MB]

Appendices

APPENDIX D *continued*

Older Adults

Reduce the proportion of older adults with untreated root surface decay — OH 04

Reduce the proportion of adults aged 45 years and over who have lost all their teeth — OH 05

Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis — OH 06

Preventive Care

Increase the proportion of low-income youth who have a preventive dental visit — OH 09

Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH 10

Public Health Infrastructure

Increase the number of states and DC that have an oral and craniofacial health surveillance system — OH D01

APPENDIX E

Healthy New Jersey 2030

Healthy New Jersey 2030 is the State's Health Improvement Plan and its health promotion and disease prevention agenda for the 2020-2030 decade. It is modeled after the federal Healthy People 2030 initiative. Every decade, the Healthy New Jersey initiative develops a new set of evidence-based, 10-year objectives with the goal of improving the health of all New Jerseyans. The development of Healthy New Jersey 2030 (HNJ2030) includes establishing a framework for the initiative, determining topic areas to organize the project, developing goals, creating action plans, identifying new objectives, setting targets values, and implementing action plans to achieve those targets by the end of the decade.

The development of HNJ2030 is a multiyear process with input from a diverse group of subject matter experts, organizations, and members of the public.

Subscribe to HNJ News to be emailed about updates.

https://www.nj.gov/health/healthynj/2030/

Healthy NJ 2030 Development Timeline for 2022

Establish Action Teams

- "All ACT" kickoff meeting: 1/21/22
- ACT-specific kickoff meetings: 2/4/22 – 2/18/22
- Appoint chairs
- Establish meeting schedules by 2/25/22

January-February

Create Action Plans

- ACTs: Develop action plans by 5/20/22
- HNJAC: Approve action plans on 6/21/22
- HNJCC: Get senior staff approval

March-June

Identify Objectives

- ACTs: Select objectives & targets
- HNJAC: Adjust/approve objectives & targets
- HNJCC: Get senior staff approval
- Post online = END OF DEVELOPMENT PHASE!

July+

ACT = Action Team ● HNJAC = Healthy NJ Advisory Council ● HNJCC = Healthy NJ Coordinating Committee

as of 2/11/22

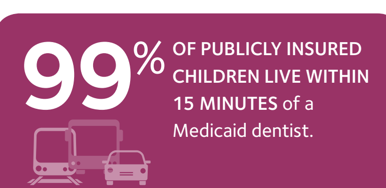
APPENDIX F

Appendices

Geographic Access to Dental Care: New Jersey, 2017
https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/new-jersey-access-to-dental-care.pdf

Geographic Access to Dental Care:
New Jersey

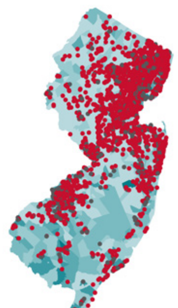
99% OF PUBLICLY INSURED CHILDREN LIVE WITHIN 15 MINUTES of a Medicaid dentist.



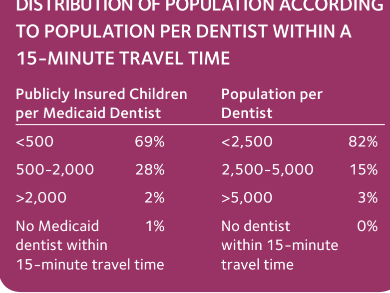
97% of publicly insured children live in areas where there is at least one Medicaid dentist per 2,000 publicly insured children within a 15-minute travel time.

97% of the population live in areas where there is at least one dentist per 5,000 population within a 15-minute travel time.

DENTAL OFFICE LOCATIONS AND PERCENTAGE OF CHILDREN WITH PUBLIC INSURANCE

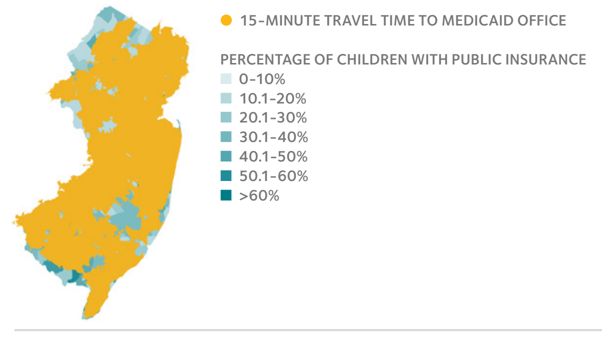


DISTRIBUTION OF POPULATION ACCORDING TO POPULATION PER DENTIST WITHIN A 15-MINUTE TRAVEL TIME

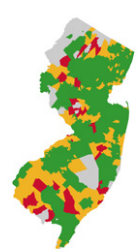


Publicly Insured Children per Medicaid Dentist		Population per Dentist	
<500	69%	<2,500	82%
500-2,000	28%	2,500-5,000	15%
>2,000	2%	>5,000	3%
No Medicaid dentist within 15-minute travel time	1%	No dentist within 15-minute travel time	0%

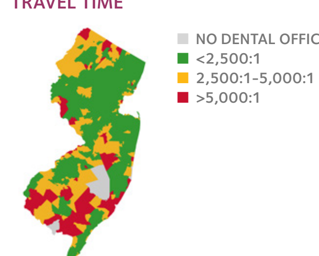
GEOGRAPHIC COVERAGE OF MEDICAID DENTISTS



PUBLICLY INSURED CHILDREN PER MEDICAID DENTIST WITHIN A 15-MINUTE TRAVEL TIME



POPULATION PER DENTIST WITHIN A 15-MINUTE TRAVEL TIME



Sources: Based on ADA Health Policy Institute analysis of the 2015 ADA office database and 2011-2015 American Community Survey. For full methodology, see Nasseh K, Eisenberg Y, Vujicic M. **Geographic access to dental care varies in Missouri and Wisconsin.** *J Public Health Dent.* 2017 Jan 11. **Notes:** In this infographic, a Medicaid dentist is a dentist who is an enrolled provider in Medicaid or the Children's Health Insurance Program. Percentages in table might not add up to 100% due to rounding. For analyses based on alternative travel time or population-to-provider thresholds, contact **hpi@ada.org**.

For more information, visit **ADA.org/HPI** or contact the Health Policy Institute at **hpi@ada.org.**

NEW JERSEY

Oral Health Plan

New Jersey Department of Health
Oral Health Services Unit
2023 – 2028

NEW JERSEY
Oral Health Plan
New Jersey Department of Health
Oral Health Services Unit
2023 – 2028
THE GREAT SEAL OF THE STATE OF NEW JERSEY
NJ Health
New Jersey Department of Health
ACCREDITED HEALTH DEPARTMENT
PHAB
Advancing public health performance
PUBLIC HEALTH ACCREDITATION BOARD
C2881