NEVADA STATE HEALTH DIVISION

2004 State Oral Health Plan

Bureau of Family Health Services

Nevada State Health Division

Department of Human Resources

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"You are not healthy without good oral health"

Dr. C. Everett Koop, Surgeon General of the United States, 1981-1989

The Nevada State Health Division would like to extend a special thank you to the following individuals that assisted in planning the Strategic Meeting of Oral Health Stakeholders:

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1. INTRODUCTION

BACKGROUND OF NEVADA STATE HEALTH DIVISION ORAL HEALTH PROGRAM

The Nevada State Oral Health Program is a statewide program under the Bureau of Family Health Services (BFHS) in Nevada's Health Division. The program is funded through a variety of sources including a grant from the Human Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB), Maternal and Child Health (MCH) Block Grant funds and a cooperative agreement with the Centers for Disease Control and Prevention (CDC) who provided funds for capacity development.

The staff of the State Oral Health Program includes a State Dental Health Consultant, an Oral Health Program Manager, a Biostatistician, a Fluoridation Consultant, an Administrative Assistant, a Health Educator and a Sealant Coordinator. A 13 member Oral Health Advisory Committee (OHAC) provides advice and assists the Oral Health Program in developing, implementing and evaluating program activities. Members of the OHAC currently represent the State Board of Dental Examiners, Nevada Dental Association, Nevada Dental Hygienists' Association, University of Nevada Las Vegas, School of Dental Medicine (UNLV SDM), Miles for Smiles, the Take Care-A-Van, the Washoe and Clark County Health Departments, tribal health centers, seniors, the developmentally disabled and the faith-based communities.

There are currently six coalitions or variations on coalitions in Nevada with a primary focus on oral health. They include the OHAC (statewide), the Northern Nevada Dental Coalition for Underserved Populations (Washoe County), Lyon County Healthy Smiles, Inc. (Lyon County), the Elko Oral Health Coalition (Elko County), the Community Coalition for Oral Health (Clark County) and the Tooth Fairy Council (children's oral health in Clark County). Each group shares activities and information with the other groups.

There are numerous agencies and organizations throughout Nevada working to improve oral health status. The Oral Health Program provides assistance by facilitating communication and collaboration between them.

In 1999, the Nevada State Legislature approved a one-time redirection of MCH Block Grant funds to establish a two-year Oral Health Initiative. The MCH Advisory Board directed the Oral Health Initiative to establish an Early Childhood Caries (ECC) prevention program and to establish community-based prevention and education programs. The Oral Health Program in operation today is largely a result of the implementation of the Oral Health Initiative. As a result of the progress and development of the Program, in 2001, the Health Division was awarded a cooperative agreement from the CDC to pursue 10 capacity building goals. The goals included to:

1. Maintain Oral Health Program leadership capacity.

2. Describe the oral health disease burden, health disparities and unmet needs in the state.
3. Update a comprehensive five-year State Oral Health Plan.
4. Sustain a diverse statewide oral health coalition to assist in formulation of plans, guide project activities, and identify additional financial resources.
5. Enhance the oral disease surveillance system by continuing to collect, analyze, and disseminate data to support program activity, including a surveillance plan logic model consistent with the CDC Surveillance Logic Model.
6. Identify prevention opportunities for systematic, socio-political, and/or policy change to improve oral health by conducting a periodic assessment of policy and systems level strategies with potential to reduce oral disease.
7. Develop and coordinate partnerships to increase state level and community capacity to address specific oral disease prevention interventions.
8. Coordinate and implement a limited community water fluoridation program.
9. Evaluate, document and share State program accomplishments, best practices, lessons learned, and use of evaluation results.
10. Continue to provide assistance in the development, coordination, and implementation of limited school-based or school-linked dental sealant programs.

A number of activities have taken place related to each goal.

In 2003, the State Oral Health Program released three documents describing the oral health disease burden, health disparities, and unmet needs in the state. The Healthy Smile-Happy Child Third Grade Screening Report, the Oral Health Program Report 2003 and the Burden of Oral Disease 2003 are all available online at www.health2k.state.nv.us/oral and will be updated annually.

HISTORY OF THE ORAL HEALTH PLAN

In 2002, An Oral Health Plan for Nevada was released. The document was the outcome of the 2002 Strategic Meeting of Oral Health Stakeholders held in January 2002. The Strategic meeting was funded through a grant from the HRSA Bureau of Primary Health Care (BPHC). The HRSA/BPHC grant provided funding to develop a plan for the State Oral Health Program. On January 23, 2004, stakeholders were once again convened for an Oral Health Summit. The CDC funded the 2004 State Oral Health Summit. The desired outcome was to build upon *An Oral Health Plan for Nevada* and to develop a plan for oral health activities throughout Nevada.

The Summit was structured to use the Surgeon General's *National Call to Action to Promote Oral Health* in updating the plan so that Nevada's plan would reflect national objectives. The *National Call to Action* is "an invitation to expand plans, activities, and programs designed to promote oral health and prevent disease, especially to reduce the health disparities that affect members of racial and ethnic groups, poor people, many who are geographically isolated, and others who are vulnerable because of special oral health care needs."

SUMMARY OF PLANNING PROCESS

Nevada received funding from the CDC to further the state's efforts to implement an oral health plan to ensure optimum oral health for all Nevadan's. Beginning in September 2003, a planning team began meeting to develop a process and outcomes for the 2004 Summit. The planning team included

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Planning activities included reviewing the 2002 oral health plan, the Surgeon General's *National Call to Action*, essential functions of an oral health infrastructure from the Association of State and Territorial Dental Directors (ASTDD), and the CDC's capacity building objectives. The planning team drafted and issued a pre summit survey to solicit participant's assessments of Nevada's oral health infrastructure related to the ASTDD's essential functions. This became the foundation for a situational analysis that was completed during the summit.

Participants were asked to submit their surveys as part of their registration for the summit. The planning team then compiled and analyzed the survey results and developed a presentation on the results for the summit. The results were synthesized into a summary with major themes and issues highlighted for discussion. Finally, the planning team crafted the agenda for the summit and agreed to act as work group leaders during break out sessions.

A number of organizations were identified as key stakeholders and invited to participate in the development of the updated state oral health plan. They included participants from the 2002 Strategic Meeting of Oral Health Stakeholders as well as a number of new oral health stakeholders resulting from the various activities and coalitions developed over the past two years.

Prior to the summit, registrants were sent an informational packet to review and prepare for the upcoming summit. The informational packet contained a copy of *The Burden of Oral Disease 2003,* a report on the status of progress towards meeting the goals in *An Oral Health Plan for Nevada,* and the *National Call to Action.*

Nevada's 2004 Oral Health Summit took place on Friday, January 23, 2004 from 9:00 a.m. to 4:00 p.m. at the Atlantis Casino Resort in Reno, Nevada.

ORAL HEALTH SUMMIT APPROACH

The approach selected by the planning team utilized traditional goals driven planning activities to develop the goals and action steps for the plan. Specific aspects of the approach incorporated into the agenda included:

1. **Review and update situation analysis**. This process used the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis approach to understand how systems, resources and needs may have changed since the 2002 planning process. Participants then used the results to make decisions throughout the rest of the planning process.

2. **Define and prioritize critical issues**. The results of the situation analysis were analyzed to identify all of the significant issues facing Nevada related to oral health. Issues were defined so that participants had a common understanding of what the issue was so they could then prioritize the issues they wished to address in the action plan activities.

3. **Develop goals**. The next step was to define clear, measurable goals or targets for Nevada to accomplish related to oral health in the coming years.

4. **Define strategies to accomplish each goal**. Strategies were then brainstormed to define the overall approach or methods by which goals could be achieved. A number of strategies and alternative approaches were developed for the goals selected. The goals and strategies were documented for inclusion in the oral health plan.

5. **Test strategies for alignment in addressing critical issues**. Strategies were evaluated to ensure they addressed each of the top priority issues.

ORAL HEALTH SUMMIT AGENDA

The summit began with a welcome and introductions from Yvonne Sylva, the Administrator of the Nevada State Health Division.

Following the introductions, R. Michael Sanders, DMD, State Dental Health Consultant described changing demographics in Nevada and the impact they will have on oral health in Nevada. He then reviewed the goal of the meeting.

Christine Forsch, Oral Health Program Manager, provided an overview of the background materials distributed to participants and gave attendees some history and accomplishments of the Oral Health Program.

Kelly Marschall, Social Entrepreneurs, Inc., conducted the situational analysis by first reviewing the survey results, and presenting key themes related to Nevada's oral health infrastructure. Participants then reviewed and revised the goals from 2002 and took part in a SWOT analysis for each goal.

Following the SWOT analysis, attendees were asked to sign up to participate in two of four possible categories for action planning that would build upon *An Oral Health Plan for Nevada*. The four categories included:

a. Infrastructure building.

b. Population based services (such as fluoride treatments, fluoridation of water supplies, and sealants.)

c. Enabling services (such as transportation, translation, and case-management.)

d. Direct health services.

Attendees broke out into four groups with instructions and a time limit for their activities. Members of the summit planning team served as work group leaders for the four groups. Each group established the goal and objectives for the category they were participating in, using the *National Call to Action* objectives as a starting point for consideration. Objectives were then discussed and prioritized by the group, using a consensus building process. The top priority objectives were included in the action plan and strategies or action items were identified to achieve the objective. After a set period of time, participants moved to a second group and reviewed, revised, and built upon the work of the first group of participants, to ensure the maximum number of perspectives were included in the action plan activities.

Following development of the action plans each work group leader reported the results of the planning activities to the participants. Participants engaged in a discussion regarding emerging themes and the implications of implementing each of the four goals. The next steps of the planning process were explained to participants along with the timing for the final completion of the plan. The summit concluded with final thoughts from Dr. Sanders and an evaluation of the event.

Results of the summit are found in section 3 of this report.

2. DESCRIPTION AND SITUATIONAL ANALYSIS

All aspects of planning depend on having a clear understanding of mission and vision. The mission defines the fundamental purpose for the organization to exist. The vision of an organization describes the long-term dreams of stakeholders, should the mission be achieved. The vision defines the fundamental changes that will be realized should the organization achieve its mission. The mission and vision are provided as a navigational tool during the planning process.

NEVADA ORAL HEALTH PLAN MISSION

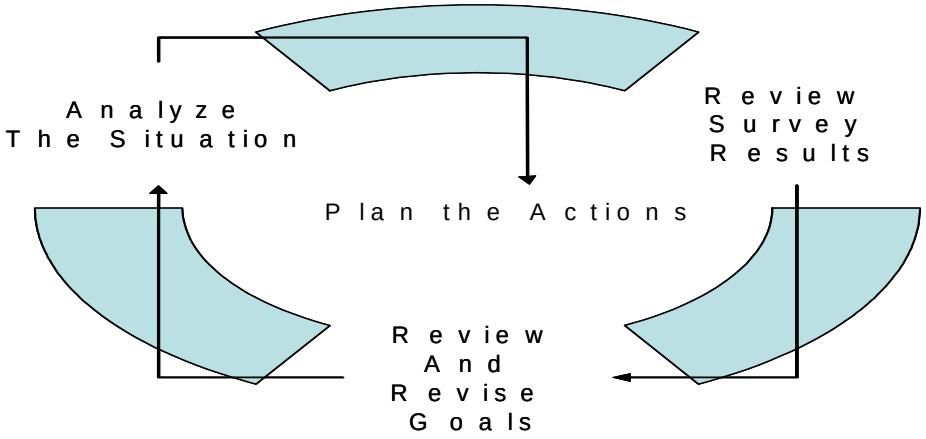
To improve the oral health of Nevadans through education and prevention.

NEVADA ORAL HEALTH PLAN VISION

Optimal oral health for all Nevadans.

PARTICIPANT SURVEY RESULTS

The situational analysis included the pre summit survey and a SWOT analysis. The survey results were used to provide context so participants could review and if necessary revise Nevada's goals prior to engaging in action planning. The revised goals then become the road map to achieving the mission. The SWOT analysis was conducted on the revised goals to assist participants in understanding Nevada's current status related to those goals and to identify what possibilities exist to help Nevada achieve those goals. The following diagram illustrates this part of the planning process.



A pre summit survey was issued to all invitees. The survey was comprised of a ten-item questionnaire. Participants were asked to rate items on a scale from 1 to 5 to assess the degree to which Nevada has accomplished particular activities with 1 meaning "Not at all accomplished" and 5 meaning "Very accomplished." Each item allowed for the choice of "Don't know" being denoted by zero. Each activity assessed was one of the ASTDD's essential functions related to an oral health infrastructure. Forty-five of the 71 registrants returned the survey. The mean rating for each of the ten questions ranged between "2" and "3". The following are the ten essential functions with their mean score, listed highest to lowest:

1. 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. (3.0)

2. Provide leadership to address oral health problems with a full-time dental director and an adequately staffed oral health unit with competence to perform public health functions. (2.6)

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. (2.6)

4. Develop and promote policies for better oral health and to improve health systems. (2.6)

5. Provide oral health communications and education to policymakers and the public to increase awareness of oral health issues. (2.4)

6. Develop health systems interventions to facilitate quality dental care services for the general public and vulnerable populations. (2.2)

7. Integrate, coordinate, and implement population based interventions for effective primary and secondary prevention of oral health diseases and conditions. (2.2)

8. Leverage resources to adequately fund public health functions. (2.1)

9. Build community capacity to implement community-level interventions. (2.0)

10. 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. (2.0)

Themes of surveys

The highest scoring function was to 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. Thirty-three of the 45 surveys received rated it three or higher. This is largely attributed to the resources and effort that has gone into coalition building and collaboration through the State Oral Health Program over the past two years.

The other high-ranking functions all have to do with the infrastructure development efforts of the past two years. For example, the second highest function was to 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. Other functions that scored highly included developing and promoting policies for better oral health, improving health systems, and providing leadership to address oral health problems with a full time dental director and an adequately staffed oral health unit with competence to perform public health functions.

In contrast, the low scoring functions largely related to resources and service capacity issues. These functions received either a 2.0 or 2.1. The two lowest scoring functions were to 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. This was tied with building community capacity to implement community level interventions. This received a 2.0 with 19 responses rating it 2 or 1. Another low scoring function was leveraging resources to adequately fund public health functions. This scored 2.1 with 20 responses rating it 2 or 1.

There was some variance in the ratings, which seemed to relate specifically to the geographic area of the respondent. This was born out by comments that corresponded to the rating and referenced that one part of the state was dong better or worse than another on a particular essential function.

Comments indicated a clear sense of the progress that has been made in the past two years as well as acknowledgements that there is considerably more to be done. One challenge noted repeatedly was the lack of resources available to support efforts such as resources to support dental coalitions working throughout the state. At the same time, a strength that was mentioned many times was the excellent leadership provided by the program staff.

Policies and planning were perceived as strengths in Nevada with the greatest risk being lack of resources to build capacity as needed. In all areas, surveys indicated education is needed even within stakeholders groups to ensure they are aware of the policies, practice, and programs that make up these essential functions.

NV ORAL HEALTH PLAN 2002 GOALS AND OBJECTIVES

The four goals, their objectives, and outcome measures that comprised the 2002 oral health plan include:

Infrastructure Building

Goal Statement #1: To develop an oral health system in Nevada.
Outcome/Measurement: Development of oral health leadership for the state.

Objectives:

1.1. Establish an Oral Health Program.

1.2. Establish an Oral Health Advisory Committee.

1.3. Identify baseline resources and capacity, develop a needs assessment, and develop a community based reporting system.

1.4. Develop ongoing surveillance.

1.5. Develop policies to promote oral health

Population Based Services

Goal Statement #2: To assure all Nevadans achieve optimal oral health.
Outcome/Measurement: Population based education and services for all populations.

Objectives:

2.1. Determine barriers to achieving optimal oral health.

2.2. Identify highest risk groups.

2.3. Create coalitions.

2.4. Develop educational programs including information relating oral health to general health.

Direct Health Services

Goal Statement #3: To provide access to direct dental services.
Outcome/Measurement: The number of patients, the number of encounters, the relative value units of the services provided, the number of referrals made, and the number of cases completed.

Objectives:

3.1. Develop regional care plans.

3.2. Target specific populations such as schools, seniors, etc. utilizing portable equipment to implement a basic care network

Enabling Services

Goal Statement #4: To ensure communication between providers, patients, and payers to reduce barriers to care.
Outcome/Measurement: Treatment needs will be measured and met for all Nevadans.

Objectives:

4.1. Develop a screening instrument to evaluate client needs.

4.2. Develop a standardized format for evaluating client information related to eligibility, waivers, etc.

4.3. Develop a resource directory.

4.4. Develop strategies and a marketing plan for recruitment of providers.

SITUATIONAL ANALYSIS

Once the 2002 goals were reviewed the participants performed SWOT analysis related to the goals.

GOAL 1: To develop an Oral Health System in Nevada.

Strength

- Nevada has a number of people who are passionate and advocate for oral health.
- The overall leadership provided by the Health Program has made a tremendous difference.
- The diversity of interests and people at the planning table makes for a strong planning process.
- The effort to coalesce by bringing groups from across Nevada together to address formal programs.

Weakness

- Nevada needs to solidify funding for services and ensure sustainability.
- In Southern Nevada, there are many fragmented programs that cause fractures in the "system" of oral health.
- There is a lack of reimbursement programs and payer policies become prohibitive for participation.
- The high percent of employers in Nevada who do not offer dental insurance.
- Lack of availability of services for children.
- Lack of specialty care for toddlers and preschool age children.

Opportunity

- There is a greater opportunity to have impact on individuals in Nevada via the oral health system.

- We have a chance to engage the public.
- There is an opportunity to raise awareness of the value of oral health and the oral health system.
- Nevada has the opportunity to use technology to identify and serve target populations.

Threat
- First Health, the fiscal agent for the Division of Health Care Financing and Policy (DHCFP) is currently holding 6,000 claims, which jeopardizes the number of providers and the delivery of services.
- It is a threat to just try and get through this year.
- The current budget situation.
- The sun setting of legislation allowing licensing by credential.

GOAL 2: To assure that all Nevadans achieve optimal oral health.

Strength
- Fluoridation in Southern Nevada.
- Evolution of fluoride varnish in medical settings.
- High quality core of dentists.

Weakness
- Lack of resources to replicate best practice programs.
- General practitioners do not always connect the dots the way they could.
- Large numbers go unserved in part because of established targets of services.
- Fluoridation is not yet in all parts of Nevada.
- There are a high number of undocumented families in Southern Nevada.
- Cultural barriers prevent all Nevadans from access to oral health.

Opportunities
- Educational programs have been developed that can be used throughout the state.
- Dental school students will now be seen as a resource.
- Link overall health to dental health.
- There are a number of models for services that can be replicated throughout the state.
- AmeriCorp volunteers and development of a work force.

Threats
- Low-income clients suffer a larger burden of oral disease and are harder to engage in the system.
- Patients do not always take responsibility for their care and have attitudes that are counterproductive.
- Aging of the dental workforce.
- Insufficient resources to pay for dental school.

GOAL 3: To provide access to direct dental services.

Strength
- Including dentists in planning processes.
- Licensure by credential.
- Incentives to address infrastructure and put providers in underserved areas.
- Centers for Medicaid and Medicare Services (CMS) recognizes seniors' needs.

Weakness
- Limited participation of dentists in process.
- Lack of specialty care for underserved.
- Lack of incentives for providers.
- Services are delivered too late.
- Lack of funding.

Opportunities
- Manage disease through planning.
- Every child can have a dental home.
- Small grants for seniors to receive services.
- Connect licensure, renewal, and community service.
- Target daycare and education.
- Fluoride supplements.

Threats
- Licensure by credential going away.
- Lack of appropriate incentives to get providers to communities with unmet needs.
- Not enough providers.

GOAL 4: To ensure communication between providers, patients and payers and to reduce barriers to care.

Strength
- New dental school.
- Residency in pediatrics.
- Southern Nevada dentists with bilingual staff.
- More focus in dental and dental hygiene programs on cultural competency.
- There is better access via Health Access Washoe County (HAWC) which is where 60% of the Latinos in Northern Nevada are served.

Weakness
- Communication between providers and Medicaid is at rock bottom.
- Technical support is not available online.
- Insurance barriers.
- Lack of cultural competence.
- Missed opportunity for cultural workforce development in schools.
- Medicaid is not functional for providers or patients.

- Need to address and include tribes in the oral health plan.

Opportunities
- Survey consumers and support and engage dentists in oral health plan.
- Change culture of how people access care and bypass prevention.
- Opportunity to separate goals across the various coalitions and create community based plans.
- UNLV is showing an appreciation for cultural differences.
- Create a system where upon receipt of a first paycheck, an employee would have access to care ("Denticaid.")

Threats
- Tension between standards of care and number of providers (premium vs.low-cost systems.)
- Aging dentists in rural Nevada.
- Slow and non-payment by Medicaid may mean Nevada loses pediatric dentists.

The situational analysis was developed in a large group exercise including all participants. It was then used by each of the break out groups to help identify potential actions and opportunities in the plan. The planning results are found in the following section.

KEY RECOMMENDATIONS OF THE NEVADA ORAL HEALTH PLAN 2004

The main goals and objectives identified by summit participants are listed below.

Infrastucture Building

Goal 1: To maintain and expand an Oral Health System in Nevada.

1.1. Maintain a State Oral Health Program.
1.2. Maintain an Oral Health Advisory Committee.
1.3. Identify resources and capacity, determine needs, and develop a community based reporting system.
1.4. Develop an ongoing surveillance system.

Goal 2: To change the culture of accepted norms.

2.1 Utilize targeted, community-based social norms marketing regarding oral health throughout the lifespan.
2.2. Link medical and dental health.
2.3. Provide oral health education and care in schools and other appropriate venues.
2.4 Educate public officials and community leaders utilizing the *National Call to Action*.
2.5. Assist communities in using the *National Call to Action* to develop local plans.
2.6. Make it easy to seek care and information.

Goal 3: To develop policy to promote oral health.

3.1. Develop and disseminate concise and relevant messages for policymakers and administrators at local, state, and federal levels related to the results of oral health research and the oral health status of their constituents.
3.2. Expand Medicaid coverage to include basic oral health services for adults, especially seniors.
3.3. Pursue policy changes to improve provider participation in public health insurance programs and enhance patient access to care (provider recruitement and training, electronic billing, presumptive eligibility.)
3.4. Seek legislative policies to provide dental service coverage, especially for at-risk populations.
3.5. Increase oral health care access and improve oral health outcomes by amending Nevada Revised Statute (NRS) and Nevada Administrative Code (NAC) related to licensure and scope of practice.
3.6. Allow a portion of the continuing education requirement for licensure to be completed by providing oral health services on a volunteer basis.
3.7. Expand the oral health workforce capacity and productivity in Dental Health Professional Shortage Areas (HPSA) by creating new and expanding existing incentives.
3.8. Implement legislation to prohibit the sale of soda pop in K-12 schools, require oral health screening prior to school enrollment, require oral health education in school curricula and promote consumption of fluoridated water in schools.
3.9. Dedicate a portion of "sin taxes" for oral health programs.

Goal 4: To develop sustainability of the State Oral Health Program.

4.1. Build and nurture broad-based coalitions that incorporate the views and expertise of all stakeholders and that are tailored to specific populations, conditions, or programs.
4.2. Engage stakeholders and coalitions to advocate for the goals of the Oral Health Program.
4.3. Engage stakeholders and coalitions to advocate for funding for the Oral Health Program.

<u>Population Based Services</u>

Goal 5. To promote effective disease prevention and treatment strategies and programs.

5.1. Promote expansion of existing and establishment of new school based sealant programs.
5.2. Promote use of sealants by safety net providers and private practice dental offices.
5.3. Promote an increase in the percent of Nevadans with access to optimally fluoridated community water systems.
5.4. Promote the use of fluoride varnish for at risk populations.
5.5. Promote the integratation of oral health education into existing educational programs such as tobacco and drug cessation programs, pre-natal education, parenting classes, and school curricula.
5.6. Reduce the morbidity and mortality from oral cancer**.**

<u>Direct Services</u>

Goal 6: To increase accees to direct dental services.

6.1. Eliminate barriers to provider participation in public health insurance programs.
6.2. Publicize successful programs that promote oral health to facilitate their replication.
6.3. Create a stable source of funding for safety net providers.
6.4. Establish new safety net sites.

Enabling Services

Goal 7: To reduce barriers to care.

7.1. Enhance patient access to care.
7.2. Identify flexible alternative care delivery sites.
7.3. Identify consumer access issues.
7.4. Provide culturally compentent care.

Several strategies suggested by participants were not fully developed and in some cases, lacked the information to sufficiently define how the strategy would be employed. While not part of this plan, they are referenced below to document the suggestion for future consideration:

- Developing a "Denticaid" program.

- Developing and implementing a single payer system.

3. ACTION PLAN

Infrastructure Building

Goal Statement #1: To maintain and expand an oral health system in Nevada.

Outcome/Measurement: Development of oral health leadership for the state.

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
1.1. Maintain a State Oral Health Program. (H.P. 21-17)	The Oral Health Program maintains the capacity to perform the essential functions of a State Oral Health Program as defined by ASTDD.	Does the Oral Health Program perform the essential functions of a State Oral Health Program as defined by the ASTDD?	Health Division.	Ongoing.
1.2. Maintain the OHAC.	Membership of the OHAC includes a diverse group of stakeholders. The OHAC meets quarterly. The OHAC has a strategic plan.	Does the OHAC represent a diverse group of stakeholders, meet quarterly and have a Strategic Plan?	Health Division.	Ongoing.

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
1.3. Identify resources and capacity, determine needs and develop a community based reporting system.	Produce an annual report documenting oral health resources, capacity, and needs in the state.	Is an annual report documenting oral health resources, capacity and need produced annually?	Health Division, OHAC	Annually.
1.4. Develop an ongoing surveillance system. (H.P. 21-16, NCTA 2.1.c.)	Collect, analyze and report Basic Screening Survey (BSS), Behavior Risk Factor Surveillance Survey (BRFSS), water fluoridation data and oral health data from sources such as Crackdown on Cancer, the Nevada State Board of Dental Examiners (NSBDE) and Medicaid. Investigate additional data collection sources and variables. Convene organizations/agencies who collect oral health data to collaborate to develop uniform data elements, collection strategies and reporting methods. Evaluate the data collected.	Does the annual report include an analysis of oral health data from the BSS, BRFSS, Water Fluoridation Reporting System (WFRS), and other sources such as Crackdown on Cancer, the NSBDE and Medicaid?	OHAC, State Health Division, DHCFP, UNLV SDM, NSBDE, dental hygiene schools, private dentists, Nevada Dental Association (NDA) , dental societies.	Annually.

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	Evaluate financial impact of oral disease. Identify target audience for report Evaluate impact of report			

Goal Statement #2: Change the culture of accepted norms

Outcome/Measurement: Policy makers and consumers recognize that oral health is essential to overall health.

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
2.1. Utilize targeted, community-based social norms marketing regarding oral health throughout the lifespan. (NCTA 1.1.)	Secure funding. Identify partners including the Nevada Broadcaster's Association (NBA), NDA, Nevada Dental Hygienists' Association (NDHA), media, faith-based organizations, Women, Infant and Children's (WIC), Head Start, Family to Family, Family Resource Centers, Boys and Girls Clubs, Long Term Care/Skilled Nursing Facility (LTC/SNF) administrators, senior centers, AARP, and other community-based organizations. Form workgroup.	Has awareness among consumers increased? Has the value placed on oral health increased? Has the incidence of oral disease decreased? Has the incidence of untreated oral disease decreased	Health Division, OHAC, NDA, NDHA, county health departments, coalitions, social marketing firm, NBA, media, faith-based organizations, WIC, Head Start, Family to Family, Family Resource Centers, Boys and Girls Clubs, LTC/SNF administrators, senior centers, AARP, and other community-	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	Define target population. Identifiy and hire a social marketing firm. Develop an evaluation plan. Draft messages. Test messages. Implement message. Evaluate impact of messages.		based organizations identified.	
2.2. Link medical and dental health. (NCTA 1.3.a, 1.3.b., 1.3.c., 1.3.d., 2.1.b.)	Secure the cooperation of partners including the medical, nursing, dental, and dental hygiene schools and medical, nursing, dental and dental hygiene professional associations. Recruit workgroup members including the University of Nevada	Do the UNSOM and the nursing programs in the state include oral health information in their curricula? Do health care providers routinely	Health Division, OHAC, coalitions, UNSOM, UNLV SDM, AHEC, NDA, NDHA. .	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	School of Medicine (UNSOM), UNLV SDM, Area Health Education Centers (AHEC), health care provider associations and societies. Evaluate the existing level of integration. Develop curricula that integrate oral health and medical health. Implement curicula. Evaluate outcome.	include an oral health assessment as part of their overall health assessment? Are health providers referring for oral health care appropriately? Is the incidence of oral disease decreasing? Is the incidense of untreated oral disease decreasing?		
2.3. Provide oral health education and care in schools and other appropriate venues. (H.P. 21-1, 21-2, 21-13)	Form a workgroup including representatives from the Health Division, UNSOM, UNLV SDM, AHEC, NDA, and NDHA. Evaluate the quality of existing oral health education and care in schools.	Has an evaluation of current oral health education and care in schools been done? Has a curriculum been developed?	Health Division, OHAC, coalitions, UNSOM, UNLV SDM, AHEC, NDA, NDHA, Department of Education, county	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	Determine the need for curricula changes. Determine the need for policy changes (for example, mandatory oral health evaluation prior to school enrollment, change in educational standards.) Pursue identified curricula and/or policy changes. Implement changes Evaluate the outcome of changes.	Is the curriculum being utilized? Has the incidence of oral disease in school children decreased? Has the incidence of untreated disease decreased?	school districts.	
2.4. Utilize the National Call to Action to educate public officials and community leaders. (NCTA 1.2.)	Secure the cooperation of the county health departments, AHEC, local health coalitions, Great Basin Primary Care Association (GBPCA), NDA, NDHA. Establish a workgroup including representation from the county health departments, AHEC, local	Has the National Call to Action been disseminated? Have public officials and community leaders used the National Call to	Health Division, OHAC, coalitions, county health departments, AHEC, GBPCA, NDA, NDHA.	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	health coalitions, GBPCA, NDA, NDHA. Identify the target population of public officials and community leaders. Evaluate the existing knowledge and awareness of public officials and community leaders. Develop concise, meaningful messages using the National Call to Action. Disseminate the messages. Evaluate the impact of the messages.	Action to set policy and develop programs? Has the incidence of oral disease decreased? Has the incidence of untreated oral disease decreased?		
2.5. Assist communities in using the National Call to Action to develop local plans.	Secure the cooperation of the county health departments, AHEC, local health coalitions, GBPCA, NDA, NDHA.	Have communities used the National Call to Action to develop local plans?	Health Division, OHAC, county health departments, AHEC, local health coalitions,	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
(NCTA 1.2.)	Form a workgroup including representatives from the county health departments, AHEC, local health coalitions, GBPCA, NDA, NDHA. Identify communities with existing agencies or organizations that could use the National Call to Action for development of local plans. Disseminate the National Call to Action to existing agencies or organizations in identified communities. Meet with agencies or organizations in identified communities who could provide assistance in using the National Call to Action to develop local plans. Evaluate the extent that communities	Have the plans been implemented? Has the incidence of disease been reduced? Has the incidence of untreated disease been reduced?	GBPCA,NDA, NDHA..	

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	have used the National Call to Action to develop local plans.			

Goal Statement #3: Develop policy to promote oral health.

Outcome/Measurement: Policies to promote oral health have been identified, implemented and evaluated.

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
3.1. Develop and disseminate concise and relevant messages for policymakers and administrators at local, state, and federal levels related to the results of oral health research and the oral health status of their constituents. (NCTA 1.2.a., 1.2.b.)	Secure the cooperation of the county health departments, AHEC, local health coalitions, GBPCA, NDA, NDHA. Establish a workgroup including representation from the county health departments, AHEC, local health coalitions, GBPCA, NDA, NDHA. Secure funding or in-kind Obtain the services of a professional consultant. Develop an evaluation plan. Develop concise, meaningful	Has awareness of policy makers and administrators at local, state, and national levels regarding oral health research and the oral health of their constituents increased? Have policy and programs been developed as a result of increased awareness of oral health research and oral health health status in policy	Health Division, OHAC, coalitions, county health departments, AHEC, local health coalitions, GBPCA, NDA, NDHA.	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	messages. Test the messages. Evaluate the impact of the messages.	makers and administrators at local, state, and national levels? Has the incidence of oral disease decreased? Has the incidence of untreated oral disease decreased?		
3.2. Expand Medicaid coverage to include basic oral health services for adults, especially seniors. (H.P. 21-3, 21-4, 21-5a, 21-5b, 21-10, 21-11)	Form a workgroup. Determine what services would be covered. Determine the cost of expanded coverage. Disseminate the information to policy makers. Advocate for expansion of coverage.	Has the number and percent of adults who report having seen an oral health care provider in the last 12 months increased? Has the number and percent of adults who report having their teeth cleaned within the last 12	DHCFP, legislators, OHAC, coalitions, safety net providers, NDA, NDHA..	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	Expand coverage. Evaluate the impact of expansion of coverage.	months increased? Has the percent of adults who report having lost teeth due to oral disease decreased? Has the incidence of oral disease in adults, especially seniors decreased? Has the incidence of untreated decay in adults, especially seniors decreased?		
3.3. Pursue policy changes to improve provider participation in public health insurance programs and enhance patient	Secure the cooperation of the DHCFP, Health Division, OHAC, NDA, NDHA, local health coalitions. Establish a workgroup including representation from the DHCFP,	Has a workgroup been formed? Have policy changes been identified? Has a plan to evaluate	DHCFP, Health Division, OHAC, NDA, NDHA, local health coalitions.	2006

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
access to care through stratgeies such as provider recruitement and training, electronic billing, and presumptive eligibility. (NCTA 2.2.d.)	Health Division, OHAC, NDA, NDHA, local health coalitions. Identify policy changes to improve provider participation in public health insurance programs and enhance patient access to care. Develop a plan to evaluate the impact of proposed policy changes. Obtain baseline data related to provider participation in public health insurance programs and patient access to care. Implement the policy changes. Evaluate the effect of the policy changes.	the impact of the changes been developed? Has baseline data been obtained? Have the policy changes been implemented? Has the effect of the policy changes been evaluated?		
3.4. Seek legislative policies to provide dental service coverage especially	Demonstrate cost/benefit of providing dental services to legislators.	Has legislation to facilitate increased dental insurance coverage for target	Legislature, NSBDE, NDA, NDHA, OHAC, oral health coalitions,	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
for at-risk populations.	Advocate for employer incentives to provide dental insurance. Advocate for sponsored insurance programs. Provide staff reimbursement or incentives to participate in pro bono care programs, including the use of dental, hygiene and assisting students.	populations been introduced? Have methods to pay staff for supporting dentists providing donated services (particularly assistants) emerged? Is there evidence that dental schools, dental hygiene schools and dental assisting schools award academic credit for participating in community service?	UNLV SDM, dental hygiene and dental assisting programs.	
3.5. Increase oral health access and improve oral health outcomes by continued evaluation of NRS	Secure the cooperation of the NSBDE, the NDA, the NDHA and safetynet providers. Establish a workgroup including representatives from the NDA, the	Has the ratio of oral health care providers to population increased? Does the distribution	Legislature, NSBDE, OHAC, coalitions, NDA, NDHA	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
and NAC regarding licensure and scope of practice. (NCTA 4.3.d.)	NDHA and safety-net providers. Identify existing NAC/NRS barriers. Develop a plan to address existing policy barriers. Develop a plan to evalute changes in NAC/NRS. Implement changes in NAC/NRS. Evaluate the impact of NAC/NRS changes.	of oral health care providers match the distribution of the general population? Does the general population report better access to oral health care? Has the incidence of oral disease decreased? Has the incidence of untreated oral disease decreased?		
3.6. Allow a portion of the continuing education requirement for licensure to be completed by providing oral	Identify potential advocates. Form a workgroup Investigate and document other states policies.	Are oral health care providers requesting continuing education credit for the proviision of oral health care services on a voluntary basis?	NSBDE, OHAC, coalitions, NDA, NDHA	2006

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
health services on a voluntary basis.	Provide the NSBDE with a formal request and accompanying documentation. Implement the change. Evaluate the impact of the change.	Has the number and percentage of oral health care providers who provide oral health services on a voluntary basis increased? Has the incidence of disease decreased? Has the incidence of untreated disease decreased?		
3.7. Expand the oral health workforce capacity and productivity in Dental Health Professional Shortage Areas (HPSA) by creating new and expanding	Secure the cooperation of the NSBDE, NDA, NDHA, the Western Interstate Commission on Higher Education (WICHE), and other stakeholders. Establish a workgroup including representatives from theNDA, NDHA, and other stakeholders.	Have new incentives been created and have existing incentives been expanded? Has the number of oral health professionals in	Legislature, WICHE, NSBDE, OHAC, coalitions, NDA, NDHA.	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
existing incentives. (NCTA 4.3.a., 4.3.b.)	Identify potential incentives. Develop a plan to implement incentives. Implement incentives. Evaluate the impact of incentives.	Dental HPSAs increased? Has the number of uninsured, Medicaid and Nevada Check Up clients receiving care in Dental HPSAs increased? Has the incidence of disease in Dental HPSAs decreased? Has the incidence of untreated disease in Dental HPSAs decreased?		
3.8. Implement legislation to prohibit the sale of soda pop in K-12 schools, require oral health screening	Identify stakeholders. Establish a workgroup Document the financial and social impact of oral disease.	Has legislation been passed? Do schools no longer sell soda pop? Are children	Legislature, OHAC, coalitions, Department of Education, county school districts, School Nurses	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
prior to school enrollment, require oral health education in school curricula and promote consumption of fluoridated water in schools.(H.P. 21-1, 21-2)	Document the evidence base supporting a prohibition on the sale of soda pop in K-12 schools, requiring oral health screening prior to school enrollment and requiring oral health education in school curricula. Document the cost of a prohibition on the sale of soda pop in K-12 schools, requiring oral health screening prior to school enrollment and requiring oral health education in school curricula. Develop clear and concise messages for policy makers on the financial and social costs of oral disease, the evidence base for a prohibition on the sale of soda pop in K-12 schools, requiring oral health screening prior to school enrollment and requiring oral health education in school curricula and the cost of a	receiving an oral health screening prior to school enrollment? Does school curricula include oral health education? Has oral health awareness and knowledge of school children and their families increased? Has there been a decrease in the incidence of oral disease in school children? Has there been a decrease in the incidence of untreated oral disease in school children?	Association, Parent Teachers Associations (PTA), county health districts, UNLV SDM, dental hygiene programs, NDA, NDHA.	

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	prohibition on the sale of soda pop in K-12 schools, requiring oral health screening prior to school enrollment and requiring oral health education in school curricula. Disseminate messages. Identify legislators willing to support legislation. Secure support for the legislation. Pass the legislation. Document the effect of the legislation.			
3.9. Dedicate a portion of "sin taxes" for oral health programs.	Identify stakeholders. Form a workgroup. Document the financial and social impact of oral disease. Identify products and services to be taxes.	Has funding for oral health programs increased? Have new programs been implemented and existing programs expanded?	Legislature, OHAC, coalitions, safety-net providers, county health districts, NDA, NDHA.	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	Develop a plan to collect taxes and disseminate funds. Develop clear and consise messages for policy makers on the financial and social costs of oral disease, and the cost of evidence based programs. Disseminate the messages. Identify legislators willing to support the legislation. Secure support for the legislation. Pass the legislation. Document the effect of the legislation.	Has the number of clients served by oral health programs increased? Has there been a decrease in the incidence of oral disease? Has there been a decrease in the incidence of untreated oral disease?		

Goal Statement #4: Develop sustainability of the State Oral Health Program

Outcome/Measurement: The State Oral Health Program is funded through a variety of sources including the State General Fund and grant awards.

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
4.1. Build and nurture broad-based coalitions that incorporate the views and expertise of all stakeholders and tailored to specific populations, conditions, or programs. (NCTA 5.1.c.)	Identify coalitions with the potential to advocate for sustainability of the Oral Health Program. Identify strategies the Oral Health Program can use to support efforts of targeted coalitions. Implement identified strategies to support coalitions. Evaluate the impact of the strategies used to support coalitions. Document the strategies and the impact of the strategies used to support coalitions.	Do broadbased coalitions that incorporate the views of expertise of all stakeholders and that are tailored to specific populations, conditions or programs exist?	Health Division, OHAC.	2005

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	Disseminate the report documenting the strategies and the impact of the strategies used to support coalitions.			
4.2. Engage stakeholders and coalitions to advocate for the goals of the Oral Health Program.	Conduct an analysis of the financial and social impact of oral disease Develop concise and relevant messages about the financial and social impact of oral disease. Identify opportunities to disseminate information about the financial and social impact of oral disease to policy makers and funders.	Are stakeholders and coalitions advocating for the goals of the Oral Health Program?	Health Division, OHAC, Coalitions.	2007
4.3. Engage stakeholders and coalitions to advocate for funding for the Oral Health Program.	Identify private and public funding opportunities. Pursue public and private funding opportunities. Secure public and private funding opportunities.	Has the Oral Health Program secured additional funding?	Health Division, OHAC, coalitions, Legislature, public and private funders.	2009

Population Based Services

Goal Statement #5: Promote effective disease prevention strategies and programs.

Outcome/Measurement: The percent of Nevadans with a history of caries and the percent of Nevadans with untreated decay has decreased.

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
5.1.Promote expansion of existing and establishment of new school-based sealant programs. (H.P. 21-1, 21-8, 21-12, NCTA 2.3.a.)	Compile the evidence base for school-based dental sealant programs. Evaluate the impact of existing programs. Convene a meeting of existing school-based dental sealant programs to identify other stakeholders. Establish a workgroup with representation from existing programs and new stakeholders Identify gaps in service.	Has the number of school-based dental sealant programs increased? Has the number and percent of schools participating in school-based sealant programs increased? Has the number of sealants placed in school-based dental sealant programs increased?	Health Division, OHAC, coalitions, existing school-based dental sealant programs, Department of Education, school districts, School Nurses Association, UNLV SDM, dental hygiene programs, NDA, NDHA.	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	Identify barriers to expansion of existing and establishment of new school-based programs. Identify strategies to overcome barriers. Implement strategies to overcome barriers Evaluate the impact of methods on expansion of existing programs and establishment of new programs.	Has the percent of children with at least one dental sealant on a permanent molar increased? Has the incidence of decay decreased?		
5.2. Promote use of sealants by safety-net providers and private practitioners. (H.P. 21-1, 21-8, NCTA 3.2.a.)	Secure the cooperation of the DHCFP, UNLV SDM, dental hygiene programs, NDA, NDHA. Establish a workgroup including representation from the DHCFP,UNLV SDM, dental hygiene programs, NDA, NDHA, and safety net providers. Compile the evidence base for dental sealants.	Have the number of insurance claims for dental sealants by safety net providers and private practice dentists increased? Has the percentage of children with at least one dental sealant on a permanent molar	Health Division, OHAC, coalitions, UNLV SDM, dental hygiene programs, NDA, NDHA.	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	Document the level of sealant placement by safety net providers and private practice dental offices Develop strategies to promote placement of dental sealants by safety net providers and private practice dental offices. Implement strategies. Evaluate the effectiveness of strategies to promote sealant placement by safety net providers and private practice dental offices.	increased? Has the incidence of decay decreased?		
5.3. Promote an increase in the percent of Nevadans with access to optimally fluoridated community water systems. (H.P. 21-1, 21-9, NCTA 3.2.a.)	Identify all community water systems in Nevada. Identify communities with community water systems that are optimally fluoridated. Identify communities with community water systems that lack	Has the percentage of the population with access to optimally fluoridated community water systems increased? Has the incidence of decay decreased?	Health Division, OHAC, coalitions, UNLV SDM, dental hygiene programs, NDA, NDHA, community and faith-based organizations.	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	access to optimally fluoridatd community water supplies. Determine the size of populations served by unfluoridated community water systems and the nature of the community water system, Identify communities with community water systems that are not optimally fluoridated and with systems that lend themselves to water fluoridation. Identify a key community stakeholder interested in promoting water fluoridation. Identify other community supporters. Evaluate the level of advocacy and level of opposition in the community.			

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	Develop and implement community-based oral health awareness and education. Reevaluate community support for and opposition to water fluoridation. Continue community-based awareness and education efforts and evaluation efforts until it is determined that support is stronger than opposition. Place the question on the ballot when the level of support indicates potential success.			
5.4. Promote the establishment of community-based fluoride varnish programs for at-risk populations. (H.P. 21-1, 21-12)	Compile the evidence base for fluoride varnish. Identify existing community-based fluoride varnish programs. Secure the collaboration of partners including representation from	Has the number of community-based fluoride varnish programs increased? Has the number and percentage of community-based	Health Division, OHAC, coalitions, county health districts, county school districts, School Nurses Association, safety net providers, UNLV	2006

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	existing programs, the DHCFP, UNLV SDM, dental hygiene programs, NDA, NDHA, faith-based organizations, and community-based organizations. Establish a workgroup including representation from the DHCFP, UNLV SDM, dental hygiene programs, NDA, NDHA, faith-based organizations, and community-based organizations. Evaluate the impact of existing programs. Identify gaps in service. Identify barriers to expansion of existing and establishment of new fluoride varnish programs. Identify strategies to overcome barriers.	organizations participating in fluoride varnish programs increased? Has the number of fluoride varnish treatments placed in community-based fluoride varnish programs increased? Has the percent of children who receive fluoride varnish treatments increased? Has the incidence of decay decreased?	SDM, dental hygiene programs, NDA, NDHA, community and faith based organizations.	

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	Implement strategies to overcome barriers. Evaluate the impact of stratgeies on expansion of existing programs and establishment of new programs.			
5.5. Promote the integratation of oral health education into existing education programs such as tobacco and drug cessation programs, pre-natal education, and parenting classes.	Identify existing educational programs. Secure the collaboration of existing programs. Establish a workgroup including representation from existing programs. Identify gaps in oral health education in existing programs. Identify barriers to inclusion of oral health education in existing programs. Identify strategies to overcome	Has the number of existing education programs such as tobacco and drug cessation programs, pre-natal education, and parenting classes that integrate oral health education increased? Has the number of individuals who receive oral health education through educational programs such as tobacco and drug cessation	Health Division, OHAC, coalitions, county health districts, safety net providers, UNLV SDM, dental hygiene programs, NDA, NDHA, community and faith based organizations.	2006

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	barriers. Implement strategies to overcome barriers. Evaluate the impact of strategies to include oral health education into existing programs.	programs, pre-natal education, and parenting classes increased? Has the oral health awareness and knowledge of individuals participating in educational programs such as tobacco and drug cessation programs, pre-natal education, and parenting classes increased? Has the incidence of oral disease decreased?		
5.5. Reduce the morbidity and mortality from oral	Develop educational materials and programs.	Has the percent of oral health care providers who report	Health Division, OHAC, coalitions, county health	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
and pharyngeal cancer. (H.P. 21-6, 21-7)	Test educational materials. Implement programs. Disseminate educational materials. Evaluate the impact of the educational materials and programs.	performing an oral cancer examination as part of initial and recall examinations increased? Has the percent of the population who reports having ever had an oral cancer examination increased? Has there been an increase in the detection of Stage 1 oral cancer lesions? Has there been a decrease in the mortality rate from oral and pharyngeal cancer?	districts, safety net providers, UNLV SDM, dental hygiene programs, NDA, NDHA.	

Direct Health Services

Goal Statement #6: To increase access to direct dental services.
Outcome/Measurement: The number of patients, the number of encounters, the relative value units of the services provided, the number of referrals made, the number of cases completed.

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
6.1. Eliminate barriers to provider participation in public health insurance programs. (H.P. 21-1, 21-2, 21-10, NCTA 2.2.c.)	Increase efficiency of Medicaid Administration. Streamline claims submissions and processing (electronic billing, presumptive eligibility.) Provide appropriate reimbursement to participating Medicaid providers. Provide timely reimbursement to participating dentists to improve their retention as Medicaid providers Develop an effective case	Has expedited eligibility verification process (presumptive eligibility) been developed? Has electronic claims submittals and processing been established? Are standardized CDT-4 procedure codes for claims utilized?	DHCFP, Legislature, Small Business Administration (SBA) or Internal Revenue Service (IRS), Health Division, OHAC, coalitions, safety net providers, NDA, NDHA.	2005

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	management system to reduce "no shows." Develop a universal tracking form. Explore options to increase capacity to provide oral health services to managed care and fee-for service clients (i.e. eliminate gatekeepers.) Develop an active provider recruitment and training program. Increase loan repayment options for seeing Medicaid/Nevada Check Up. Create SBA loans or tax incentives. Develop a buying cooperative for Medicaid/Nevada Check Up providers. Conduct exit interviews when a	Has reimbursement for patient-appropriate services such as general anesthesia been increased? Are claims being paid in a timely manner? Has there been an increase in the number of dentists enrolled in Medicaid/Nevada Check Up? Has there been an increase in the number of children who have seen a dental provider?		

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	provider leaves the system.	Has there been an increase in the number of cases completed? Has there been an increase in the number of children able to access specialty dental services? Has the percent of public health insurance funding spent on oral health services increased? Has there been a reduction in the number/percent of "no shows"?		

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
		Has the number and percent of providers participating in public health insurance plans increased? Have the number and percent of public health insurance program clients receiving oral health services increased? Has the incidence of disease decreased? Has the incidence of untreated disease decreased?		
6.2. Promote and publicize successful programs that	Develop criteria to determine success of programs.	Has the number of programs based on best practices	Health Division, OHAC, coalitions, safety net providers,	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
improve oral health to facilitate their replication. (H.P. 21-14, NCTA 3.2.d.)	Identify successful programs. Collect information about successful programs. Produce a best practice report. Disseminate the best practice report. Evaluate the impact of the best practice report.	increased?	county health districts, UNLV SDM, dental hygiene programs,NDA, NDHA..	
6.3. Create a stable source of funding for safety net providers. (H.P. 21-14, NCTA 2.2.j.)	Identify existing funding sources. Identify costs associated with operation of safety net clinics. Identify opportunities for development of sustainable funding. Develop clear and concise messages for policy makers describing cost saving associated with funding safety net providers.	Has the percent of funding safety net providers received from sustainable funding sources increased? Has spending on oral health increased per capita? Has the legislature	Health Division, OHAC, coalitions, safety net providers, county health districts, UNLV SDM, dental hygiene programs, NDA, NDHA.	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
		authorized additional funding for oral health programs?		
6.4. Establish new safety net sites. (H.P. 21-14)	Identify existing community resources. Identify populations or communities lacking access to care. Identify stakeholders in communities or populations lacking access to care. Develop stakeholder support to establish new service sites. Develop strategies to establish new service sites. Identify resources. Implement strategies.	Have new safety net service delivery sites been created? Has there been an increase in the number of clients served by safety-net providers? Do clients report increased ability to access care? Has the number of hours clinics are open increased? Has the incidence of oral disease	Health Division, OHAC, coalitions, safety net providers, county health districts, UNLV SDM, dental hygiene programs, NDA, NDHA.	2009

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or Actions to meet the objective	Evaluation Criteria	Agencies/ organizations involved	Time frame to meet objective
	Establish new sites. Reevaluate community/population needs.	decreased? Has the incidence of untreated oral disease decreased?		

Enabling Services

Goal Statement #7: Reduce barriers to care
Outcome/Measurement: Treatment needs will be measured and met for all Nevadans

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
7.1. Enhance patient access to care. (H.P. 21-10, NCTA 2.2.d.)	Efficiently identify and enroll eligible target populations. Collaborate with faith based / community based groups to access populations in need. Encourage sliding fee scales to make care more affordable.	Have collaborations with faith based and community organizations that result in increased access to target populations been developed? Do facilities providing dental services to target populations offer sliding fee schedules? Has the percent of consumers who access oral health	OHAC, oral health coalitions, UNLV SDM, dental hygiene programs, HAWC, Saint Mary's, Miles for Smiles, Clinic on Wheels, Crackdown on Cancer, Indian Health Service HIS), Health Division, School Nurses Association.	2006

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
		care and information increased? Has the incidence of oral disease decreased? Has the incidence of untreated oral disease decreased?		
7.2. Identify flexible alternative care delivery models. (H.P. 21-10)	Increase effective use of mobile dental services. Increase tribal health service access to underserved populations. Expand delivery of preventive dental services by other health care providers.	Has an increase in mobile dental service capacity in the state been documented? Is there data that demonstrates care to the underserved is being delivered in IHS dental facilities? Is there evidence that preventive dental services are being	OHAC, oral health coalitions, Miles for Smiles Program, Clinic on Wheels, Crackdown on Cancer Program, IHS, Health Division, School Nurses Association.	2006

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
		provided by other health care providers,		
7.3. Identify consumer access issues. (H.P. 21-10, NCTA 2.2.d.)	Conduct a consumer survey. Analyze patient encounter data from all available public and private sources. Use existing data sources such as the BRFSS and the BSS to assess access issues. Ensure availability of transportation for clients.	Is there data from a consumer survey that identifies barriers to care? Has there been acquisition and analysis of data from all available sources? Is there a continuing analysis of existing data as newer information becomes available?	Health Division, OHAC, oral health coalitions, UNLV SDM, NDA.	2006
7.4. Provide culturally competent care. (H.P. 21-10, NCTA 2.2.f., 4.1.)	Develop a culturally competent oral health workforce. Recruit culturally competent practitioners. Ensure ECC prevention training for	Has there been development of mentor programs between dental students, recent graduates, and practicing dentists?	NSBDE, NDA, NDHA, Health Division, OHAC oral health coalitions, and community organizations in areas seeking dental	2007

Nevada objective and related HP 2010 or Nat'l Call to Action objective	Strategies or actions to meet the objective	Evaluation criteria	Agencies/ organizations involved	Time frame to meet objective
	the oral health workforce. Identify community resources effectively addressing cultural competence. Develop oral health workforce retention strategies to improve services to target populations. Increase awareness of the oral health needs of undocumented patients.	Does licensing require continuing education for cultural competency? Are there financial incentives to practitioners to continue service to target populations? Has there been development of family support systems for practitioners in rural practices? Is there evidence of programs providing services for undocumented patients?	practitioners throughout the state.	

4. NEXT STEPS

Successful development and implementation of this plan requires the participation of many key stakeholder organizations and the support of the existing coalitions throughout Nevada. In discussing next steps, participants identified a critical success factor would be to build on what already exists in Nevada and to tap existing resources to extend the oral health system and infrastructure. At the same time, it was noted that finances including adequate resources and the political ramifications of some of the objectives serve as a challenge.

Participants were universal in their agreement that the Surgeon General's *National Call to Action* goals are realistic and can be implemented throughout Nevada. Clearly, participants feel a strength and potential success factor for implementing the plan, is the diverse group of people, geography, and backgrounds represented in the planning process.

Some issues the participants wish to have considered during the implementation process include:

- Did we build on the existing plan?
- Is there a way to ensure utility of data collected?
- Can we revisit the plan periodically during its implementation to address Nevada's rapidly changing demographic and geographic characteristics?
- Are there regulation changes that will be necessary for the plan to be successfully implemented?

Finally, participants expressed their excitement in the progress made over the past two years and look forward to engaging in the implementation of new objectives beginning in 2004.

The meeting concluded with a description of next steps for the development of the plan. Following a summary of the meeting results by the facilitator, the action plan will be forwarded to work group leaders to further evolve the components of the plan for their goal. A draft report will then be issued to participants with an opportunity for them to suggest changes and comment on the plan. Upon receipt of their feedback, the plan will be revised and then forwarded to the Health Division for approval.

Community coalitions will be asked to take ownership of parts of the plan they feel they can implement in their communities. The Oral Health Program will coordinate communication and progress to coalitions and other key stakeholders.

APPENDIX A: The Burden of Oral Disease in Nevada

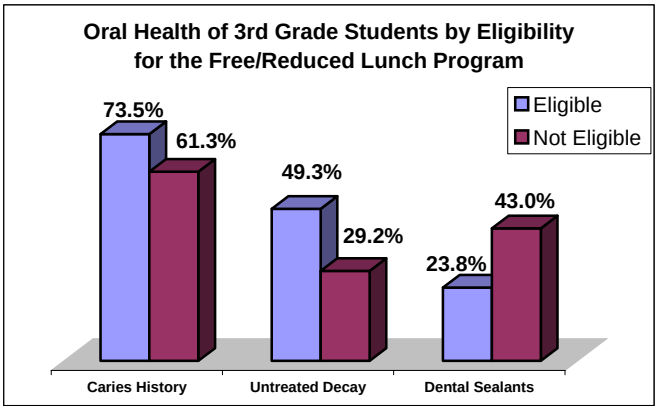
In 1948, the World Health Organization defined health as "a complete state of physical, mental, and social well-being, and not just the absence of infirmity." As new research continues to discover associations between chronic oral disease with heart and lung diseases, low birth-weight, and diabetes, it is becoming clear that a person cannot attain a complete state of good health without good *oral* health. Although safe and effective methods exist for preventing disease and improving oral health, populations with lower socioeconomic status and lack of access to care suffer disproportionately from oral diseases and are more likely to have untreated conditions. Unfortunately, Nevada is not lacking in these populations; 10.5 percent of the population was at or below the Federal Poverty Level in 1999.

The State Oral Health Program is releasing data from its first annual report to summarize the burden of oral disease in Nevada. Oral health data is organized by age group: children (estimated by 3rd grade students), adolescents, adults and seniors. Incidence and mortality rates of Nevadans due to oral cancer, which includes disease of the lips, pharynx, and oral cavity, are also reported.

Children

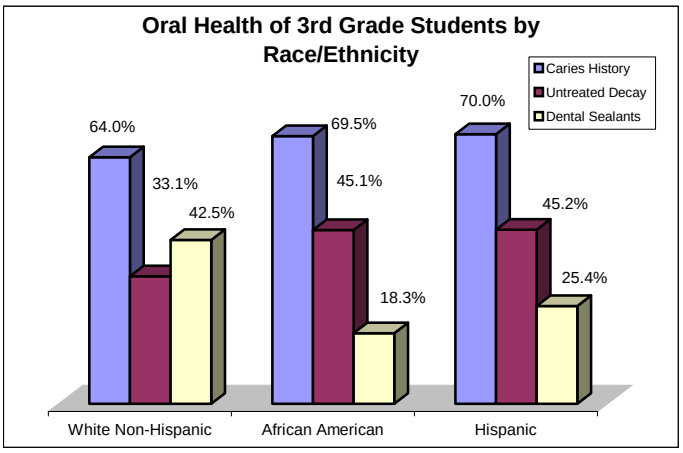
Oral diseases are cumulative and become more complex over time. They progressively affect a person's ability to eat, communicate, and function in society. According to *Oral Health in America: A Report of the Surgeon General*, tooth decay is the single most common chronic childhood disease, with poor children experiencing twice as much decay as nonpoor children. The Oral Health Program uses participation in the Free/Reduced Lunch Program as an indicator of socioeconomic status. A study of third grade children in Nevada (2003) showed that a significantly higher proportion of children eligible for the meal program, compared to those not eligible, had a history of caries (74% vs. 61%), had untreated decay (49% vs. 29%), and had a need for urgent dental care because of pain or infection (11% vs. 3%).

Figure 1.



In addition to socioeconomic disparities, minority children have poorer oral health than their counterparts. There is also a distinction between the oral health of children who have dental insurance and who do not. Compared to children with dental insurance, children without insurance were more likely to have untreated decay (35% vs. 47%) and less likely to have dental sealants (39% vs. 21%).

Figure 2.



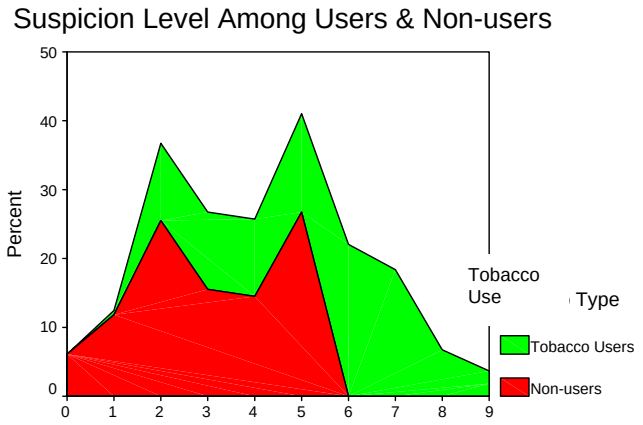
Other key findings of the study showed:

- 67% of children had cavities/fillings
- 33% of children had dental sealants
- Only 58% of parents reported their child had seen a dentist within the last 12 months
- 11% of parents reported their child had never been to a dentist
- 20% reported they had trouble accessing dental care during the last year; the primary reasons being cost and no insurance
- 65% reported their child had some type of dental insurance coverage

Adolescents

New risk factors are introduced in the teen cohort, such as eating disorders, alcohol consumption and tobacco use. Data provided by the Crackdown on Cancer program shows that these risk factors may have an effect on oral health. It is estimated that 19.4 percent of adolescents are tobacco users. Sixty-eight percent of serious tissue abnormalities (suspicion level 6-10) were found among tobacco users, compared to thirty-two percent of non-users.

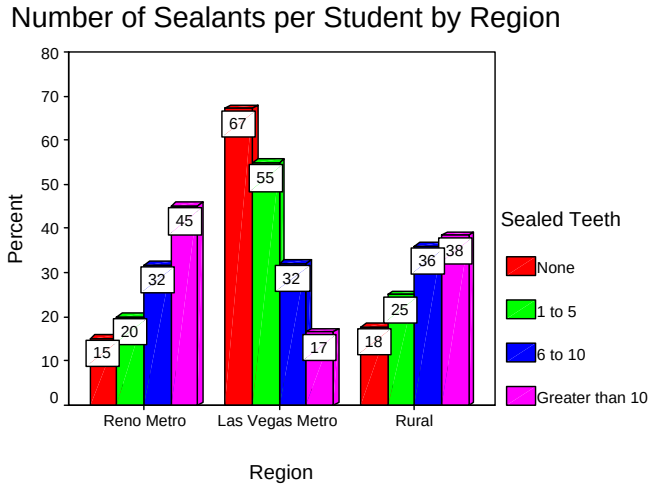
Figure 4.



***Suspicion levels indicate severity of the lesion on a scale of 1-10. The more sever a lesion, the better the chance it will progress to oral cancer.**

For the 2002-2003 academic year, students age 14-18 had an average of 2.5 sealants. Students from Northern Nevada and rural areas tended to have more sealants than those from the Las Vegas area.

Figure 5.



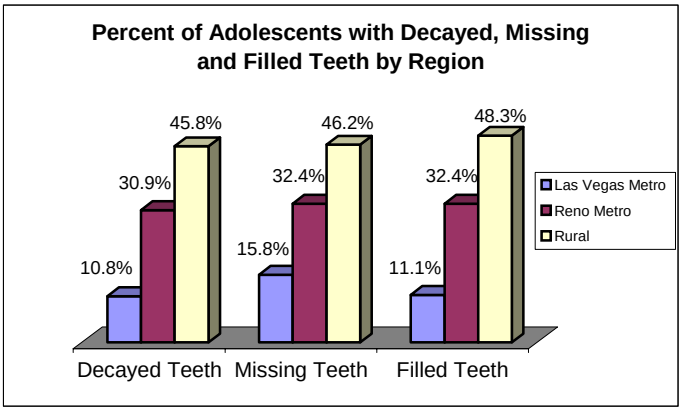
*adjusted for non-reponse

The program was able to record the actual number of teeth affected by dental caries in each student. It was found that the average number of

- decayed teeth per student was 1
- missing teeth per student was 0.3
- filled teeth per student was 1.7

The percentage of adolescents with decayed, missing, and filled teeth is shown below by region.

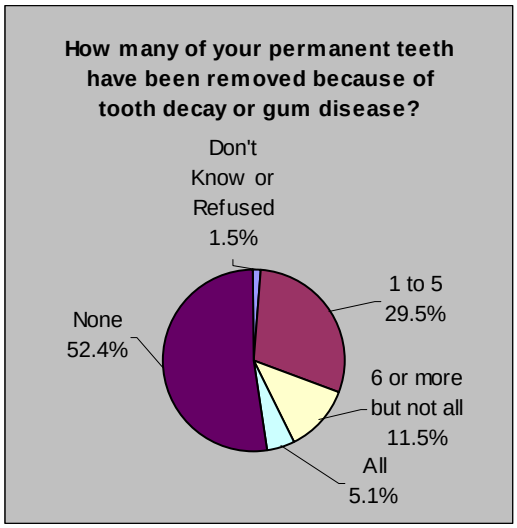
Figure 6.



Adults and Seniors

Although nearly 60 percent of adults have visited a dentist or dental clinic within the past year, there is much room for improvement. About 23 percent have not received dental services for 2 or more years. Approximately two percent have never seen a dentist nor been to a dental clinic. Also, a large percentage of adults and seniors have lost one or more teeth due to tooth decay or gum disease.

Figure 7.



In 1999, a study by Cristman Associates estimated that 16.5 percent of seniors had lost all of their natural teeth. Problems such as difficulty chewing, swallowing, pain, or possible gum disease were also researched. The results are summarized in Figure 8 below.

Figure 8.

Responses by by Staff Report at LTC/SNFs & Senior Reports at Community Senior Centers (1999)	
Item of Inquiry about Oral Health	**General Community**
Chewing problems	24%
Swallowing problems	
Mouth pain	8%
Have dentures or removable bridges	58%
Have lost some natural teeth, but have no dentures or partial plate	23%
Lost all natural teeth, but no dentures	6%
Broken, loose or carious teeth	14%
Inflamed gums (gingiva), swollen or bleeding gums	6%
Oral infections, ulcers or rashes	3%

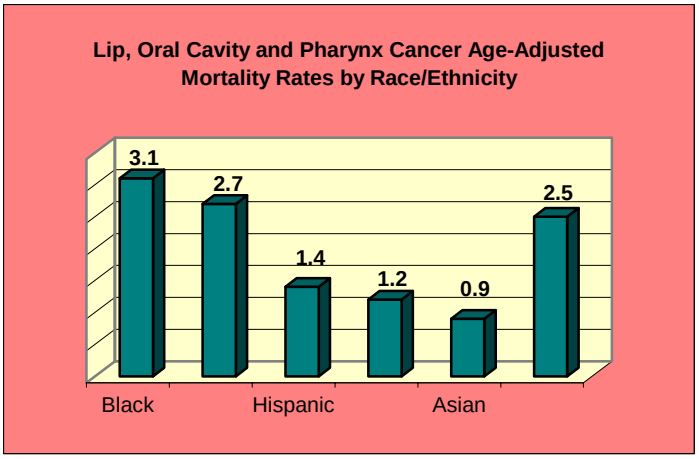
*LTC/SNF – Long Term Care/Skilled Nursing Facilities

Oral Cancer

In 2000, Nevada recorded 210 cases of oral cancer, representing 2.3 percent of all cancers in Nevada. The rate for these cancers was twice as high for men as for women (13.84 cases per 100,000 compared to 6.85, respectively). With a high of 11.09 and a low of 9.12, the incidence rate of oral cancer in Nevada has remained fairly constant in recent years. Nevada's total incidence rate (10.4) was lower than the national rate (11.0). Whites experienced the highest incidence rate of any other racial/ethnic group at 11.5 cases per 100,000 population.

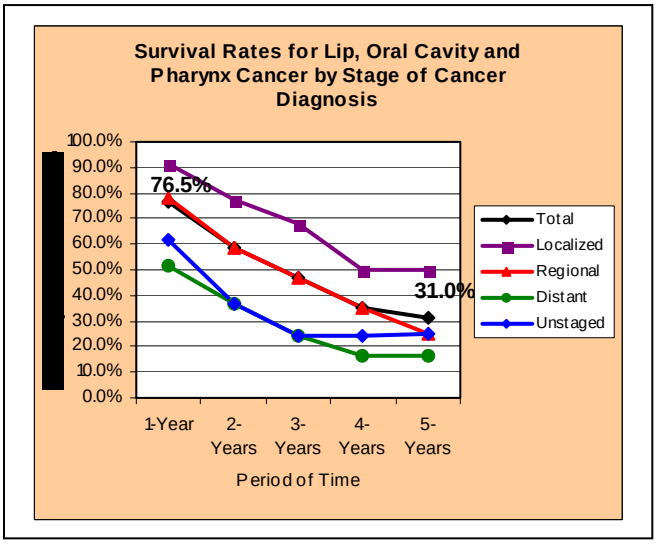
Similarly, the mortality rate for men (3.2) from lip, oral cavity and pharynx cancer was higher than that for women (1.8). African Americans experienced the highest mortality rate of any other racial/ethnic group. Between 1996 and 2000, Nevada had 213 deaths from oral cancer, equaling a mortality rate of 2.5 per 100,000 population.

Figure 9.



The median age at diagnosis of lip, oral cavity and pharynx cancer for Nevada residents between 1996 and 2000 was 62 years. Nevadans were diagnosed at one of five possible stages: in situ, localized, regional, distant, and unstaged (unknown). A decline in survival rates is suggested as the extent of disease increases in severity. The five-year survival rate for Nevadans with oral cancer at the localized stage was 49.9 percent. Survival rates for those at the regional and distant stages were 25.0 percent and 16.1 percent, respectively. Between 1996 and 2000, the five-year survival rate for women (28.5%) was slightly less than that for men (33.6%).

Figure 10.



Progress

Healthy People 2010 is a comprehensive plan for nationwide heath promotion and disease prevention. Although it focuses on improving the heath of the entire nation, it does provide a guideline for Nevada's efforts. Nevada has met only three of the Healthy People 2010 objectives for oral health described below (indicated by *).

1. Reduce the proportion of children and adolescents with dental caries experience.

	Nevada Now	HP2010 Target
Children	67%	42%
Adolescents*	38%	51%

2. Reduce the proportion of children and adolescents with untreated dental decay.

	Nevada Now	HP2010 Target
Children	39%	21%
Adolescents	33%	15%

3. Reduce the proportion of older adults who have had all their natural teeth extracted.

	Nevada Now	HP2010 Target
Seniors*	20%	20%

4. Increase the proportion of adults who have never had a permanent tooth extracted because of dental caries or periodontal disease.

	Nevada Now	HP2010 Target
Adults*	52%	42%

5. Increase the proportion of oral cancers diagnosed in Stage I (localized.)

	Nevada Now	HP2010 Target
Stage I diagnosis	32%	50%

6. Increase the proportion of the population served by community water systems with optimally fluoridated water.

	Nevada Now	HP2010 Target
Fluoridated	69%	75%

7. Increase the proportion of children and adolescents with dental sealants.

	Nevada Now	HP2010 Target
Children	33%	50%
Adolescents	40%	50%

8. Increase the proportion of low income children and adolescents who received any preventive dental services in the past year.

	Nevada Now	HP2010 Target
Ages 0-18	39%	57%

Summary

Pain and suffering due to oral diseases can lead to problems in eating, speaking, and attending to everyday tasks for people of all ages, rendering Nevadans unproductive and unhappy. More than 51 million school hours and 164 million work hours are lost each year due to dental related illness. Nevada must focus on prevention of oral diseases to combat these negative effects.

Considerable improvement is needed in order to bring Nevada's oral health status up to the Healthy People 2010 standards. Some proportions must be improved by as much as 18 percent. These disparities imply that the quality of life of Nevadans can, and must, be improved. To accomplish this, the State Oral Health Program is developing public education and media campaigns, creating a surveillance system, and establishing public and private partnerships. It is hoped the efforts of the program will help reduce the burden of oral disease in Nevada, as oral health is an essential component of health throughout life.

APPENDIX B. STATUS OF PROGRESS TOWARDS 2000 GOALS

Infrastructure Building

Goal Statement #1: To develop an Oral Health System in Nevada.

Outcome/Measurement: Development of oral health leadership for the State.

Objective	Activities	Evaluation Criteria	Agencies/ Organizations Involved	Timeframe
1. Establish an Oral Health Program.	Hire qualified staff using guidelines developed by the Association of State and Territorial Dental Directors (ASTDD) and the Centers for Disease Control and Prevention (CDC).	Program staff includes a .20 FTE State Dental Health Consultant, a 1.0 FTE Oral Health Program Consultant, 1.0 FTE Biostatistician, 1.0 FTE Administrative Assistant, .50 FTE Health Educator, .50 FTE Fluoridation Consultant and .50 FTE Sealant Program Coordinator.	State Health Division.	Accomplished/Ongoing.
2. Establish Oral Health Advisory Committee.	Identify and appoint committee members. Hold committee meetings.	Committee members were identified and appointed. Replacement committee members are identified and appointed as needed. The OHAC meets approximately once a quarter.	State Health Division and the OHAC.	Accomplished/Ongoing.
3. Identify baseline resources and capacity, determine needs, and	Collect data on existing resources and capacity.	Resource Directory developed.	State Health Division.	Accomplished/Ongoing.

develop a community-based reporting system.	Utilize existing needs assessments such as the MCH needs assessment, Clark County needs assessment, Access to Health Care Washoe County needs assessment, etc. Collect data. Analyze data. Report data.	Existing needs assessments reviewed and analyzed. Oral Health Program Report 2003, Oral Health Burden Document 2003, and Healthy Smile-Happy Child Screening Survey Report completed and disseminated.		
4. Develop ongoing surveillance.	Conduct oral health module of the Behavior Risk Factor Surveillance Survey (BRFSS) annually Conduct Basic Screening Survey (BSS) of third graders every three years. Conduct BSS of Head Start and Early Head Start children every three years. Conduct BSS of seniors every three years. Collect and analyze Crackdown on Cancer data annually. Collect and report water fluoridation data monthly.	Oral health module of BRFSS conducted in 2002 and 2003. Contact finalized for 2004. BSS of third graders conducted in February 2003. BSS of Head Start and Early Head Start children conducted. 2001 and 2002 Crackdown on Cancer data collected and analyzed. Nevada data collected and inputted into the national Water Fluoridation Reporting System (WFRS) monthly.	State Health Division, Nevada Dental Association, Head Start/Early Head Start, Crackdown on Cancer, University of Nevada, water authorities.	Accomplished/Ongoing.
5. Develop policy.	Identify potential policy	Licensure by credential	Policy makers,	Ongoing.

	changes to improve oral health. Pursue policy changes. Policy changes enacted.	enacted. Insurance companies are required to pay for hospitalization and anesthesia for dental procedures. Medicaid reimbursement of medical providers for fluoride varnish application. Hygienists in public health settings are able to obtain a Medicaid provider number. Dental hygienists in public health settings are allowed to determine the suitability of a tooth for sealant placement.	OHAC, oral health coalitions, professional groups, and advocates.	

Population Based Services

Goal Statement #2: To assure that all Nevadans achieve optimal oral health.

Outcome/Measurement: Population-based education and services for all populations.

Action	**Activities**	**Evaluation Criteria**	**Agencies/ Organizations Involved**	**Timeframe**
1. Determine the barriers to achieving optimum oral health.	Convene Stakeholder meetings	Stakeholder meetings convened. Report written	State Health Division.	Accomplished/Ongoing.

2. Identify highest risk groups.	Collect data. Analyze data.	Data collected and analyzed. Burden document written.	State Health Division.	Accomplished/Ongoing.
3. Create coalitions.	Identify stakeholders. Invite stakeholders. Provide coalition support.	Northern Nevada Dental Coalition for Underserved Populations (CUSP) established and meeting in Washoe County. Community Coalition for Oral Health (CCOH) and Tooth Fairy Council established and meeting in Clark County. Healthy Smiles Lyon County established and meeting in Lyon County. Elko Oral Health Coalition established and meeting in Elko County.	State Health Division (Washoe and Clark Counties), Great Basin Primary Care Association (GBPCA), (Lyon County), Office of Rural Health (Elko), Pediatric Dental Residency Program (Tooth Fairy Council.)	Accomplished/Ongoing.
4. Develop educational programs including information relating oral health to total health.	Identify partners. Identify target populations. Evaluate existing educational programs. Develop programs. Implement programs.	Non Commercial Sustaining Announcements (NCSA) aired. Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) classes conducted. Healthy Smile-Happy Child classes conducted. Oral Health/Literacy	State Health Division, Department of Education, county school districts, Nevada Broadcaster's Association, professional associations.	Accomplished/Ongoing.

		classes conducted. Oral health curriculum for middle-school students implemented.		

Direct Health Services

Goal Statement #3: To provide access to direct dental services.

Outcome/Measurement: The number of patients, the number of encounters, the relative value units of the services provided, the number of referrals made, and the number of cases completed.

Action	**Activities**	**Evaluation Criteria**	**Agencies/ Organizations Involved**	**Timeframe**
1. Develop regional dental care plans.			State Health Division, OHAC, local oral health coalitions, GBPCA.	In Progress/Ongoing
2. Implement a basic care network targeting specific populations such as schools, seniors, etc.	Develop and implement a statewide dental sealant program. Support/partner with the Northern Nevada Dental Health Program (NNDHP), Take Care-A-Van, Health Access Washoe County (HAWC), Miles for Smiles, 1 Day Program, Silver Springs Dental	Establishment of the Statewide Dental Sealant Program. Services are being provided by the Northern Nevada Dental Health Program (NNDHP), Take Care-A-Van, Health Access Washoe County (HAWC), Miles for Smiles, 1 Day Program, Silver Springs Dental Clinic, Yerington Dental Clinic, Elko Pediatric Dental Project, White Pine School District Oral Health project, and tribal clinics.	State Health Division, OHAC local oral health coalitions, GBPCA, Saint Mary's Take Care-A-Van, Miles for Smiles, HAWC, Department of Education, local school districts, professional associations, tribal clinics.	In Progress/Ongoing

	Clinic, Yerington Dental Clinic, White Pine School District Oral Health project,			

Enabling Services

Goal Statement #4: To ensure that all Nevadans have access to treatment, have the ability to communicate with culturally competent providers, and the communication and delivery system between Medicaid and providers will be streamlined.

Outcome/Measurement: Treatment needs will be measured and met for all Nevadans

Action	**Activities**	**Evaluation Criteria**	**Agencies/ Organizations Involved**	**Timeframe**
1. Develop a screening instrument to evaluate client needs.	Identify partners. Identify target population. Collaborate on development of screening instrument. Test instrument. Evaluate instrument. Distribute instrument. Evaluate utilization of instrument.	Screening instrument developed and utilized.	CCOH, 1 Day Program, GBPCA.	Design stage (by stakeholders and coalitions.)

2. Develop a standardized format for evaluating client information related to eligibility, waivers etc.	Identify partners. Identify target population. Collaborate on development of screening instrument. Test instrument. Evaluate instrument. Distribute instrument. Evaluate instrument utilization.	Standardized client evaluation form developed and utilized.	State Health Division, Medicaid, Nevada Check Up, OHAC, NNDHP, Take Care A Van, 1 Day, Miles for Smiles, GBPCA.	Design stage (by stakeholders and coalitions.)
3. Develop a resource directory.	Collect data on existing resources and capacity. Compile and distribute report.	Resource Directory developed and distributed.	State Health Division	Accomplished/Ongoing.
4. Develop strategies and a marketing plan for recruitment of providers.	Identify partners. Develop plan. Implement plan. Evaluate plan.	Information available on website. Providers referred to GBPCA and State Health Division. Letters sent to dental schools, other state dental associations, and county commissioners.	State Health Division, GBPCA, local oral health coalitions.	Design Stage (by stakeholders and coalitions.)

5. Inform clients and providers of federal requirements and resources available related to specific needs of clients (i.e. language, Americans with Disabilities Act.)				
6. Develop a mobile delivery system for rural and underserved area (reverse transportation - take services to patient.)	Identify partners. Identify target populations. Develop business and implementation plan. Secure funding. Implement plan. Deliver services. Evaluate delivery of services	Oral health services are being provided by the Statewide Dental Sealant project, Miles for Smiles, Take Care A Van, and by Healthy Smiles Lyon County.	State Health Division, Miles for Smiles, Take Care A Van, GBPCA.	In Progress / Ongoing (by stakeholders and coalitions.)

APPENDIX C. A NATIONAL CALL TO ACTION

NCTA Goal	Objective	Activity	NV OHP Objective
Action 1. Change Perceptions of Oral Health: Implementation strategies to change perceptions are needed at local, state, regional, and national levels and for all population groups. All stakeholders should work together and use data in order to:	1.1. Change public perceptions.	1.1.a. Enhance oral health literacy.	NV OHP Objective 2.1
		1.1.b. Develop messages that are culturally sensitive and linguistically competent.	NV OHP Objective 2.1
		1.1.c. Enhance knowledge of the value of regular, professional oral health care.	NV OHP Objective 2.1
		1.1.d. Increase the understanding of how the signs and symptoms of oral infections can indicate general health status and act as markers for other diseases.	NV OHP Objective 2.1
	1.2. Change policymakers' perceptions	1.2.a. Inform policymakers and administrators at local, state, and federal levels of the results of oral health research and programs and of the oral health status of their constituencies.	NV OHP Objective 2.4 NV OHP Objective 2.5 NV OHP Objective 3.1
		1.2.b. Develop concise and relevant messages for policymakers.	NV OHP Objective 2.4 NV OHP Objective 2.5 NV OHP Objective 3.1

		1.2.c. Document the health and quality-of-life outcomes that result from the inclusion (or exclusion) of oral health services in programs and reimbursement schedules.	NV OHP Objective 2.4 NV OHP Objective 2.5 NV OHP Objective 3.1
	1.3. Change health providers' perceptions	1.3.a. Review and update health professional educational curricula and continuing education courses to include content on oral health and the associations between oral health and general health.	NV OHP Objective 2.2
		1.3.b. Train health care providers to conduct oral screenings as part of routine physical examinations and make appropriate referrals.	NV OHP Objective 2.2
		1.3.c. Promote interdisciplinary training of medical, oral health, and allied health professional personnel in counseling patients about how to reduce risk factors common to oral and general health.	NV OHP Objective 2.2
		1.3.d. Encourage oral health providers to refer patients to other health specialists as warranted by examinations and history. Similarly, encourage medical and surgical providers to refer patients for oral health care when medical or surgical treatments that may have an impact on oral health are planned.	NV OHP Objective 2.2
Action 2. Overcome Barriers by Replicating Effective Programs and Proven Efforts Implementation strategies to overcome	2.1. Identify and reduce disease and disability	2.1.a. Implement science-based interventions appropriate for individuals and communities.	

barriers to oral health need to engage all groups, particularly those most vulnerable, in the development of oral health care programs that work to eliminate health disparities and aim to:			
		2.1.b. Enhance oral health-related content in health professions school curricula, residencies, and continuing education programs by incorporating new findings on diagnosis, treatments, and prevention of oral diseases and disorders.	NV OHP Objective 2.2
		2.1.c. Build and support epidemiologic and surveillance databases at national, state, and local levels to identify patterns of diseases and populations at risk. Data are needed on oral health status, disease, and health services utilization and expenditures, sorted by demographic variables for various populations. Surveys should document baseline status, monitor progress, and measure health outcomes.	NV OHP Objective 1.4
		2.1.d. Determine, at community or population levels, oral health care needs and system requirements, including appropriate reimbursement for services, facility and personnel needs, and mechanisms of referral.	
		2.1.e. Encourage partnerships among research, provider, and educational communities in activities, such as organizing workshops and conferences, to develop ways	

		to meet the education, research, and service needs of patients who need special care and their families	
		2.1.f. Refine protocols of care for special care populations based on the emerging science base.	
	2.2. Improve access to oral health care	2.2.a. Promote and apply programs that have demonstrated effective improvement in access to care.	NV OHP Objective 6.4
		2.2.b. Create an active and up-to-date database of these programs.	
		2.2.c. Explore policy changes that can improve provider participation in public health insurance programs and enhance patient access to care.	NV OHP Objective 6.1
		2.2.d. Remove barriers to the use of services by simplifying forms, letting individuals know when and how to obtain services, and providing transportation and child care as needed. Assist low-income patients in arranging and keeping oral health appointments.	NV OHP Objective 7.1 NV OHP Objective 7.3
		2.2.e. Facilitate health insurance benefits for diseases and disorders affecting craniofacial, oral, and dental tissues, including genetic diseases such as the ectodermal dysplasias, congenital anomalies such as clefting syndromes, autoimmune diseases such as Sjögren's syndrome, and chronic orofacial pain conditions such as temporomandibular	

		disorders.	
		2.2.f. Ensure an adequate number and distribution of culturally competent providers to meet the needs of individuals and groups, particularly in healthcare shortage areas.	NV OHP Objective 3.7
		2.2.g. Make optimal use of oral health and other health care providers in improving access to oral health care.	
		2.2.h. Energize and empower the public to implement solutions to meet their oral health care needs.	
		2.2.i. Develop integrated and comprehensive care programs that include oral health care and increase the number and types of settings in which oral health services are provided.	
		2.2.j. Explore ways to sustain successful programs.	
		2.2.k. Apply evaluation criteria to determine the effectiveness of access programs and develop modifications as necessary.	
	2.3. Enhance health promotion and health literacy	2.3.a. Apply strategies to enhance the adoption and maintenance of proven community-based and clinical interventions, such as community water fluoridation and dental sealant application.	NV OHP Objective 5.1 NV OHP Objective 5.2 NV OHP Objective 5.3 NV OHP Objective 5.4
		2.3.b. Identify the knowledge, opinions, and practices of the public, health care providers, and policymakers with regard to oral	

		diseases and oral health.	
		2.3.c. Engage populations and community organizations in the development of health promotion and health literacy action plans.	
		2.3.d. Publicize successful programs that promote oral health to facilitate their replication.	NV OHP Objective 6.2
		2.3.e. Develop and support programs promoting general health that include activities supporting oral health (such as wearing oral-facial protection, tobacco cessation, and good nutrition).	
Action 3. Build the Science Base and Accelerate Science Transfer Implementation strategies to build a balanced science base and accelerate science transfer should benefit all consumers, especially those in poorest oral health or at greatest risk. Specifically there is a need to:	3.1. Enhance applied research (clinical and population-based studies, demonstration projects, health services research) to improve oral health and prevent disease.	3.1.a. Expand intervention studies aimed at preventing and managing oral infections and complex diseases, including new approaches to prevent dental caries and periodontal diseases.	
		3.1.b. Intensify population-based studies aimed at the prevention of oral cancer and oral-facial trauma.	
		3.1.c. Conduct studies to elucidate potential underlying mechanisms and determine any causal associations between oral infections and systemic conditions. If associations are demonstrated, test interventions to prevent or lower risk of complications.	

		3.1.d. Develop diagnostic markers for disease susceptibility and progression of oral diseases.	
		3.1.e. Develop and test diagnostic codes for oral diseases that can be used in research and in practice.	
		3.1.f. Investigate risk assessment approaches for individuals and communities, and translate them into optimal prevention, diagnosis, and treatment measures.	
		3.1.g. Develop biologic measures of disease and health that can be used as outcome variables and applied in epidemiological studies and clinical trials.	
		3.1.h. Develop reliable and valid measures of patients' oral health outcomes for use in programs and in practice.	
		3.1.i. Support research on the effectiveness of community-based and clinical interventions.	
		3.1.j. Facilitate collaborations among health professional schools, state health programs, patient groups, professional associations, private practitioners, industries, and communities to support the conduct of clinical and community-based research as well as accelerate science transfer.	
	3.2. Accelerate the effective transfer of science into public	3.2.a. Promote effective disease prevention measures that are underutilized.	

	health and private practice		
		3.2.b. Routinely incorporate oral health research findings into health professional school curricula and continuing education programs, and incorporate appropriate curricula from other health professions--medical, nursing, pharmacy, and social work--into dental education.	
		3.2.c. Communicate research findings to the public, clearly describing behaviors and actions that promote health and well-being.	
		3.2.d. Explore ways to accelerate the transfer of research findings into delivery systems, including appropriate changes in reimbursement for care.	
		3.2.e. Routinely evaluate the scientific evidence and update care recommendations.	
Action 4. Increase Oral Health Workforce Diversity, Capacity, and Flexibility Implementation strategies to increase diversity, capacity, and flexibility must be applied to all components of the workforce: research, education, and both private and public health administration and practice. Efforts are needed to:	4.1. Change the racial and ethnic composition of the workforce to meet patient and community needs	4.1.a. Document the outcomes of existing efforts to recruit individuals from diverse groups into careers in oral health education, research, and public health and private practice.	
		4.1.b. Develop ways to expand and build upon successful recruitment and retention	

		programs, and develop and test new programs that focus on individuals from underrepresented groups.	
		4.1.c. Create and support programs that inform and encourage individuals to pursue health and science career options in high school and during undergraduate years.	
	4.2. Ensure a sufficient workforce pool to meet health care needs	4.2.a. Expand scholarships and loan repayment efforts at all levels.	
		4.2.b. Specify and identify resources for conducting outreach and recruitment.	
		4.2.c. Develop mentoring programs to ensure retention of individuals who have been successfully recruited into oral health careers.	
		4.2.d. Facilitate collaborations among professional, government, academic, industry, community organizations, and other institutions that are addressing the needs of the oral health workforce.	
		4.2.e. Provide training in communication skills and cultural competence to health care providers and students.	
	4.3. Secure an adequate and flexible workforce.	4.3.a. Assess the existing capacity and distribution of the oral health workforce.	
		4.3.b. Study how to extend or expand workforce capacity and productivity to	NV OHP Objective 3.7

		address oral health in health care shortage areas.	
		4.3.c. Work to ensure oral health expertise is available to health departments and to federal, state, and local government programs.	
		4.3.d. Determine the effects of flexible licensure policies and state practice acts on health care access and oral health outcomes.	NV OHP Objective 3.5
Action 5. Increase Collaborations Implementation strategies to enhance partnering are key to all strategies in the *Call to Action.*	5.1. Successful partnering at all levels of society will require efforts to:	5.1.a. Invite patient advocacy groups to lead efforts in partnering for programs directed towards their constituencies.	
		5.1.b. Strengthen the networking capacity of individuals and communities to address their oral health needs.	
		5.1.c. Build and nurture broad-based coalitions that incorporate views and expertise of all stakeholders and that are tailored to specific populations, conditions, or programs.	NV OHP Objective 4.1
		5.1.d. Strengthen collaborations among dental, medical, and public health communities for research, education, care delivery, and policy development.	NV OHP Objective 2.2
		5.1.e. Develop partnerships that are community-based, cross-disciplinary, and culturally sensitive.	

		5.1.f. Work with the Partnership Network and other coalitions to address the four actions previously described: change perceptions, overcome barriers, build the science base, and increase oral health workforce diversity, capacity, and flexibility.	
		5.1.g. Evaluate and report on the progress and outcomes of partnership efforts.	
		5.1.h. Promote examples of successful coalitions for others to use as models.	

APPENDIX D. HEALTHY PEOPLE 2010 GOALS

HP 2010 Objective	Age(s)	2010 Baseline	2010 Goal	Corresponding NV OHP Objective
21-1 Reduce dental caries experience in children.	2-4 6-8 15	18% 52% 61%	11% 42% 51%	2.3 3.8 5.1 5.2 5.3 5.4 6.1
21-2 Reduce untreated dental decay in children and adults.	2-4 6-8 15 35-44	16% 29% 20% 27%	9% 21% 15% 15%	2.3 3.8 6.2
21-3 Increase adults with teeth who have never lost a tooth.	35-44	37%	42%	3.2
21-4 Reduce adults who have lost all their teeth.	65-74	26%	20%	3.2
21-5a Reduce gingivitis among adults.	35-44	48%	41%	3.2
21-5b Reduce periodontal disease among adults.	35-44	22%	14%	3.2
21-6 Increase detection Stage 1 oral cancer lesions.	All	35%	50%	5.5
21-7 Increase number of oral cancer examinations.	40+	14%	35%	5.5

21-8 Increase sealants in 8-year-old first molars and in 14-year-old second molars.	8 14	23% (1st Molars) 15% (1st & 2nd molars	50% 50%	5.1 5.2
21-9 Increase persons on public water receiving fluoridated water.	All	62%	75%	5.3
21-10 Increase utilization of oral health system.	2+	65%	83%	3.2 6.1 7.1 7.2 7.3 7.4
21-11 Increase utilization of dental services for those in long-term facilities, e.g., nursing homes.	All	19%	25%	3.2
21-12 Increase preventive dental service for poor children.	0-18	20%	57%	5.1 5.4
21-13 Increase number of school based health centers with oral health component.	K-12	Developmental-Unknown		2.3
21-14 Increase number of community health centers and local health departments with oral health components.	All	34%	75%	6.2 6.3 6.4
21-15 Increase states with system for recording and referring orofacial clefts.	All	23	51	
21-16 Increase the number of states with state-based surveillance system.	All	0	51	1.4
21-17 Increase the number of state and local dental programs with a public health trained director.	All	Developmental – Unknown		1.1

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APPENDIX F. ACRONYMS

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ASTDD	Association of State and Territorial Dental Directors
BFHS	Bureau of Family Health Services
BPHC	Bureau of Primary Health Care
BRFSS	Behavior Risk Factor Surveillance Survey
BSS	Basic Screening Survey
DHCFP	Division of Health Care Financing and Policy
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicaid and Medicare Services
ECC	Early Childhood Caries
GBPCA	Great Basin Primary Care Association
HAWC	Health Access Washoe County
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
HIS	Indian Health Service
IRS	Internal Revenue Services
LTC/SNF	Long Term Care/Skilled Nursing Facility
MCH	Maternal and Child Health
MCHB	Maternal and Child Health Bureau
NAC	Nevada Administrative Code
NBA	Nevada Broadcasters Association
NDA	Nevada Dental Association
NDHA	Nevada Dental Hygienists' Association
NRS	Nevada Revised Statute
NSBDE	Nevada State Board of Dental Examiners
OHAC	Oral Health Advisory Committee
PTA	Parent Teacher Association
SBA	Small Business Administration
SWOT	Strengths, Weaknesses, Opportunities, Threats
UNLV	University of Nevada, Las Vegas
UNLV SDM	University of Nevada, Las Vegas School of Dental Medicine
UNSOM	University of Nevada School of Medicine
WFRS	Water Fluoridation Reporting System
WIC	Women, Infants, Children
WICHE	Western Interstate Commission on Higher Education