Dental Public Health Activity Descriptive Report

Practice Number: **31008**
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SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity:

Southern Nevada Dental Initiative – Future Smiles School-based Prevention Program

Public Health Functions:

Assessment - Acquiring Data
Policy Development – Collaboration and Partnership for Planning and Integration
Assurance – Population-based Interventions
Assurance – Building Linkages and Partnerships for Interventions
Assurance – Access to Care and Health System Interventions
Assurance – Program Evaluation for Outcomes and Quality Management

Healthy People 2020 Objectives:

OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
OH-2 Reduce the proportion of children and adolescents with untreated dental decay
OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
OH-9 Increase the proportion of school-based health centers with an oral health component
OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

State:	**Federal Region:**	**Key Words for Searches:**
Nevada	Region IX	School-based program, dental sealants, children's oral health, prevention, access to oral health care, screening, acquiring oral health data, public health dental hygiene endorsement (PHDHE), education and prevention of oral disease (EPOD)

Abstract:

Future Smiles is a Nevada non-profit, 501(c)(3) IRS status, school-based prevention program that provides services to children who attend higher-risk schools with greater than 50% free and reduced meal program enrollment (FRL). Children served by the program are from families living well below the federal poverty guidelines (FPL), Medicaid/CHIP enrollees as well as children who are uninsured/underinsured living in Southern Nevada. All at-risk children enrolled at the schools are eligible for services.

Future Smiles provides two types of school-based operational delivery modes: 1) Permanent locations, also known as School-Based Health Center for Education and Prevention of Oral Disease (EPOD); or 2) Mobile school-based sites serving students on a temporary basis (approximately 1 month duration). An EPOD operates in a dedicated classroom, School-Based Health Center (SBHC), or an unused modular (temporary classroom) to provide our school-based dental sealant program. The sponsoring school site provides space, utilities, consumables, water, and restroom facilities at no cost to the program. The Future Smiles mobile program utilizes portable dental units manufactured by DNTLworks. The dental hygienists who work for the program can easily load these units into their vehicles and move them from location to location as the units are light weight (50 pounds or less), on wheels, and fold into a suitcase-type container.

Future Smiles' pilot program, Southern Nevada Dental Health Initiative (SNDHI), provides dental screenings, oral health education, dental hygiene prophylaxis, sealants, fluoride varnish and, when needed, case management focusing on referral to a local dentist or the UNLV School of Dental

Medicine (SDM) for restorative dental care. Public Health Dental Hygienists (PHDH) must apply to the Nevada State Board of Dental examiners (NSBDE) to be approved for a Public Health Dental Hygiene Endorsement (PHDHE), which allows them to practice in a public health setting without supervision by a dentist. PHDHs specialize in preventive measures, striving to create a systematic transformation from restorative dental treatment to preventing oral disease.

Future Smiles receives funding from grants, foundations, private donations, and Medicaid/CHIP reimbursement. The program provides a full array of dental hygiene services and in School Year (SY) 2012-2013 the cost per service averaged $44 per unit. That same year, Nevada Medicaid reimbursed the program $67 per child sealed (>3 sealants per child); a cost much lower than restorative dental treatment to fill a carious lesion in a child's tooth. The program has monitored untreated decay rates and notes that as the at-risk population's access to dental sealants increases, the untreated tooth decay rate decreases. This measurable outcome demonstrates the benefits of dental sealants, as it quantifies an inverse relationship of sealant placement vs. untreated tooth decay, as an oral health indices in the health status of our service population.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Future Smiles began its pilot program development, Southern Nevada Dental Hygiene Initiative (SNDHI), in the fall of 2009 through a partnership with Communities In Schools and the Clark County School District. The first School-based Health Center for Education and Prevention of Oral Disease (EPOD) location was established at Cunningham Elementary School's SBHC; which had a single dental operatory set-up in the building. As the program matured it continued to grow adding on more EPOD locations and accessing more schools through Future Smiles Mobile. In SY 2013-2014 the program operates 5 EPODs and serves 12 schools through its mobile delivery.

Justification of the Practice:

Access to oral health care for underserved populations is a serious problem for Nevadans. As reported in the 2008 Nevada State Health Division's (NSHD) Basic Screening Survey (http://health.nv.gov/CC_OralHealth.htm), 6 out of 10 (65%) Nevada children have experienced tooth decay by 3rd grade. Findings from the NSHD's Basic Screening Survey (BSS) for Head Start Children (http://health.nv.gov/CC_OralHealth.htm) conducted during the SY 2011-2012, found that among children ages of 3-5, 47.1% have experienced tooth decay. This is nearly half of the Head Start Children surveyed. It is well supported that 47.1% is a high percentage of dental disease in children and well above the Centers for Disease Control and Prevention (CDC) reported national average of 25% in a similar age group of Head Start Children ages 2-5 year olds. Nevada has less than a 37% Medicaid/CHIP utilization in dental services (37% restorative vs. 31% preventative) which places Nevada at the bottom quartile when compared to the Nation (http://www.cms.gov/MedicaidCHIPQualPrac/Downloads/2011SQRC.pdf).

Tooth decay can cause significant pain, loss of school days, infections, and even death. In addition, pain and medical complications can result in poor school performance and higher rates of absenteeism. The burden of untreated tooth decay extends well beyond childhood into adult life. Poor oral health correlates to: 1) tooth loss, 2) greater incidence of heart disease, 3) complication with diabetic controls, and 4) places other organ systems at risk. In adulthood, we see that poor

oral health connotes low self-esteem, low educational achievement, reduced high school graduation rates, and can contribute to underemployment.

When we look at our local school communities in Southern Nevada our educational system is reflective of our disparities in healthcare, high unemployment, economic insecurity, low high school graduation rates, and poor performance in standardized testing. All these elements create the perfect storm leaving those who were already underserved less likely to receive the necessary access to dental care. CCSD has a staggeringly high student drop-out rate. In SY 2013, only 61% of CCSD students successfully graduated from high school, the third lowest graduation rate in the Nation (http://www.lasvegassun.com/news/2013/jun/11/nevadas-high-school-graduation-rate-third-lowest-n/).

Furthermore, according to the Clark County School District Accountability Report (http://ccsd.net/schools/pdf/acc_pdfs_2012/2011-2012_District_Accountability_Report.pdf) the District is home to a high percentage of children living in poverty: 56.6% of the CCSD student population receives Free and Reduced Meal Program (FRL), and 17.6% are limited English proficient (LEP). CCSD is now a minority-majority District, with a Hispanic student population of 43.4% and Caucasian students accounting for 30.2%. Demographics such as these are characteristic of high-need populations and are directly correlated with poor oral health and limited access to oral/dental health services.

Inputs, Activities, Outputs and Outcomes of the Practice:

INPUTS
SY 2009-2010 (1) EPOD school
SY 2010-2011 (1) EPOD school | (2) Mobile schools
SY 2011-2012 (3) EPOD schools | (5) Mobile schools
SY 2012-2013 (3) EPOD schools | (8) Mobile schools
SY 2013-2014 (5) EPOD schools | (12) Mobile schools

ACTIVITIES AND OUTPUTS
More schools equates to more children to served, a higher prevalence of dental sealants placed, and an increase in the reduction of dental caries in at-risk children. This output (dental sealants) was measured by children sealed and total teeth sealed. **With the exception of SY 2009-2010 and SY 2010-2011 tooth surfaces were counted-2 surfaces per molar as per CDC guidance at the time:
SY 2009-2010 (102) children sealed | (882) **surfaces sealed
SY 2010-2011 (432) children sealed | (3,207) **surfaces sealed
SY 2011-2012 (602) children sealed | (3,799) teeth sealed
SY 2012-2013 (548) children sealed | (3,199) surfaces teeth sealed

OUTCOMES AND EVLAUATION
Sealants are placed on newly erupted molars and premolars as the program targets children from elementary school through high school. In SY 2012-2013 17.5% of the children who received a dental sealant were evaluated for sealant retention with an outcome of 80% retained sealants. At the sealant re-evaluation all lost and partially retained sealants were repaired or reapplied to enhance sealant function and tooth protection. The program utilizes Embrace, a hydrophilic sealant material manufactured by Pulpdent, and the sealant application protocol established by Joseph P. O'Donnell, DMD, MS in his White Paper: A Moisture-Tolerant Resin-Bond Pit-and-Fissure Sealant: Research Results.[1] The program also follows all public health guidelines in the Association and State Territorial Dental Director's Basic Screening Survey (http://www.astdd.org/basic-screening-survey-tool/#children).

SEALS: Sealant Efficiency Assessment for Locals and States
SEALS is a software program developed by the CDC that is designed to capture data regarding school-based dental sealant programs. Future Smiles utilizes SEALS to generate program summary reports. These reports reveal data for either an individual school or a community event and/or for our program as a whole. SEALS also saves our data in a format that reviews oral health status of the service population (untreated tooth decay vs. urgent needs) and the provision of preventive dental hygiene treatment modalities (dental sealants and fluoride treatments). The software also identifies recipient ethnicity, Medicaid enrollment %, gender and other demographics reflective of the service

[1] O'Donnell JP, White Paper: A Moisture-Tolerant Resin-Bond Pit-and-Fissure Sealant: Research Results. Inside Dentistry July/August 2008; 50-51.

population. SEALS also has an end of year cost analysis feature that aids in program evaluation and performance.

EVALUATION: Future Smiles Pilot Program Implementation and Evaluation (FSPPIE)
FSPPIE is a quasi-experimental design to evaluate the success of Future Smiles on the school community. Extensive evaluation of Future Smiles enrolled students will be compared to a matched control group of children not enrolled in Future Smiles services. The study could then address evaluation questions such as: What are the oral health outcomes of Future Smiles children compared to children not enrolled in Future Smiles, including rates of caries, rates of sealant application, rates of urgent oral health care needs, and so on? What are the academic outcomes of children enrolled in Future Smiles compared to those not enrolled in Future Smiles?

We propose conducting a rigorous evaluation reviewing a cost-benefit analysis or return on investment assessments. Future Smiles and the Clark County School District have strong data of our service provisions, costs for services per child, costs per event, and it's this unique inter-professional collaboration, that could be determined as a cost-efficient, replicable model/system of providing school-based access to preventive oral health care.

STUDENT ACHIEVMENT
Objective: To examine if there is a statistically significant increase in student achievement for students receiving Future Smiles services.
1. Data Points
A) CRT test scores/growth score/benchmark
2. Method of Measure
B) Pre and Post analysis of CRT test scores/growth/benchmark
3. Type of Analysis
A) Regression analysis
B) MANCOVA/ANCOVA
C) Repeated Measures analysis

A preliminary analysis was conducted in the SY 2010-2011 and SY 2011-2012 year to examine if the Future Smiles program has a positive impact on student health and academic performance. Data was collected and combined from the Future Smiles program and the Clark County School District data reporting system for use in the analysis. Student dental health information was linked to student demographics and student academic performance using their unique school identification number. A closely matched comparison group was used to compare treatment and comparison group mean reading and math test score, and pre and post change in test scores. The comparison group was matched by key demographic variables, pre-achievement score, within school, free or reduced lunch status, and special education status. There was no information regarding the comparison group's dental health status.

The findings suggested that the Future Smiles program does have a positive impact on student health and academic performance. In reading and mathematics end of year status score for each year, the Future Smiles treatment group outperformed the comparison group at year end, with the exception of the reading score for SY 2009-2010. In addition, when the data was examined by student subgroups (free or reduced lunch, special education status, English language learner status), the Future Smiles subgroup outperformed the comparison subgroup in every instance with a few exceptions. Future Smiles students identified as English language learners did not outperform the comparison group in reading and mathematics change scores. In addition, Future Smiles students who were not eligible for free or reduced lunch did not outperform the comparison group in reading. In general, the data suggest that there is a strong relationship between positive changes in academic achievement for students receiving dental treatment from the Future Smiles program.

Budget Estimates and Formulas of the Practice:

The full program costs for SY 2012-2013 was $386,959. This includes costs for dental supplies, equipment, dental professionals, administration, program management, case management, grant writing and program operations (insurance, etc.).

PHDH support the direct delivery of care with an industry average hourly salary for the area. As a school-based program an average work day is 7 hours or less. In SY 2012-2013, 17% of the program operations were supported by volunteer time (non-paid). All PHDH have an NPI Enumerator and have been enrolled in the Medicaid system. Nevada Medicaid recognizes dental hygienists as an eligible dental provider under: 1) Provider Type: 22 (Dental), and 2) Taxonomy Code: 124Q00000X

(Specialty-Dental Hygiene). The program has been billing Medicaid since 2010 and is enrolled with 2 out of 3 Medicaid Managed Care Organizations (Insurance Products). The program would like to enroll with the third Managed Care Organization however; the dental provider panel (enrollment) has been closed to all new providers since 2011.

Medicaid cost in SY 2012-2013 per child sealed was $67 with an average program cost of $32 per sealant. The program provided the following services in SY 2012-2013: 1) 1,810 child screenings, 2) 2,608 child oral health experiences/presentations, 3) 1,940 fluoride varnish applications, 4) 3,199 teeth were sealed, 5) 942 prophylaxes, and 6) TBD number of children successfully referred for comprehensive restorative dental treatment (care navigation). Based on a time interval of 5 minutes the program provided 12,282 units of oral health services (prophylaxis = 3 units) at a value of $32 per unit.

Future Smiles serves both Medicaid enrolled children and uninsured/underinsured children. When possible we do bill Medicaid for the scheduled rate, however, many of our program recipients are not insured. When serving an uninsured child our services are provided at no cost to the family and are supported by our donors and grant awards. The ability for Future Smiles to continue to provide school-based dental hygiene services is contingent on a diverse stream of funding. Nevada Medicaid Reimbursement Rates Schedule has been uploaded.

Medicaid Rates For Dental Hygiene Services:
$14 oral health screening/assessment
$21 for 2 bite wing x-rays
$23 for 4 bite wing x-rays
$14 for 2 occlusal films
$58 for full mouth x-rays
$56 for a dental cleaning
$23 for a protective dental sealant (per tooth)
$52 for fluoride varnish

Lessons Learned and/or Plans for Improvement:

MEDICIAD PROVIDER STATUS
While the Nevada Medicaid system recognizes a dental hygienist as an appropriate dental provider the process to become enrolled has been daunting. In the traditional private dental practice setting all billing is coded to the dentist/business owner. Therefore, Future Smiles' dental hygienists (PHDH) who wanted to be enrolled providers with Medicaid, required new expertise to navigate the Medicaid system to become enrolled providers. This effort took time and patience but eventually 2 out of 3 Medicaid Managed Care Organizations enrolled the Future Smiles' dental hygienists (PHDH).

Our primary concern pertains with the third Managed Care Organization, which continues to operate under the policy that it has an adequate ratio of dental providers vs enrolled customers and, therefore, substantiates that new or more dental providers is not necessary. However, through the Affordable Care Act, Nevada will see an ever expanding pool of children enrolling into either Medicaid or the Exchange. In the Las Vegas Review Journal published on 10/3/2013 (http://www.reviewjournal.com/business/health-care-round-two-expansion-states-medicaid-program) the article states that Medicaid enrollment has expanded to 477,900 from 336,000 and it's anticipated that by 2015 the total enrollment will serve 605,000 Nevadan's (23.5% of the state's uninsured). As more of Nevada's citizens enroll into a healthcare product, from either Medicaid or the Exchange, it will be critical to have a sufficient number of healthcare providers in the community.

INTAKE FORM
Future Smiles uses positive consent (intake form) that is signed by the child's parent. At the program's inception the intake form enrolled the child for 2 years, however, families are very accepting of our school-based services and Future Smiles now uses a 5 year enrollment agreement in the intake form. This decision has created a continuous flow of school-based care (access) and has decreased costs as they pertain to printing and program operations for Future Smiles.

Future Smiles would also like to better identify "who and how" families enroll into the program. All students in the school community are given a consent form that is sent home for parent/guardian consent and to collect child/family data (average 15%-30% returned consent form). Schools selected have a high FRL (>50%) but it is unclear if a child has an established dental home (not in need of our program). Another key factor is parents/guardians taking the time to fill-out the intake

form (lack of knowledge/value of services). Children with private dental insurance, outside of the Medicaid system, are encouraged to use that insurance to seek and establish a dental home. It would be ideal to survey potential/enrolled families to identify "who and how" families have chosen to enroll into the program. This information will require additional staff but could enhance and increase enrollment percentages.

STUDENT TRACKING/IDENTIFICATION
As a school-based program that collaborates with the Clark County School District, Future Smiles aligned student ID protocols with the District. With a similar student tracking mechanism the two organizations can communicate effectively regarding student's health, parent contact, and school performance. Through this tracking mechanism it is Future Smiles goal to conduct a comparative analysis of the SNDHI pilot program to illuminate the relationship of school-based health services with a dental component, student performance, discipline, and absenteeism.

INCRESE STUDENT ENROLLMENT
Future Smiles has enhanced program enrollment by conducting classroom oral health presentations prior to bringing the Mobile program to a new school. Working with the respective school nurses has allowed the program to better target children who have had an oral health issue and may have missed school days due to dental disease. Collaborating with child advocates such as Communities In Schools, allows the program to more effectively identify children with needs and match them to services , thereby creating a safety-net system.

Available Information Resources:

1. 2008 Nevada State Health Division's Basic Screening Survey http://health.nv.gov/PDFs/OH/2008nvstateoralhealthplanfinal.pdf | Accessed on February 5, 2014
2. NSHD Basic Screening Survey (BSS) for Head Start Children http://health.nv.gov/PDFs/OH/2011-2012_HeadStartOralHealthSurveyNevada.pdf http | Accessed on February 5, 2014
3. Association and State Territorial Dental Director's Basic Screening Survey http://www.astdd.org/basic-screening-survey-tool/#children | Accessed on February 5, 2014
4. Association of State and Territorial Dental Directors' (ASTDD) Best Practice Approach: Improving Children's Oral Health through Coordinated School Health Programs http://www.astdd.org/improving-childrens-oral-health-through-coordinated-schoolhealth-programs/ | Accessed on February 5, 2014
5. O'Donnell JP, White Paper: A Moisture-Tolerant Resin-Bond Pit-and-Fissure Sealant: Research Results. Inside Dentistry July/August 2008; 50-51 http://www.pulpdent.com/wordpress/wp-content/uploads/2012/02/Strassler-ODonnell-5-year-update.pdf | Accessed on February 5, 2014
6. Seal America: The Prevention Invention, school-based dental sealant program manual, 2012, National Maternal & Child Oral Health Resource Center. http://www.mchoralhealth.org/Seal/intro.html | Accessed on February 5, 2014
7. Systematic Screening and Assessment of Workforce Innovations in the Provision of Preventive Oral Health Services-Evaluability Assessment Site Visit Summary Report http://www.futuresmiles.net/Future_Smiles_Summary_Report_final.pdf | Accessed on February 5, 2014

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

BASELINE EVALUATION
Future Smiles has served Cunningham ES SBHC/EPOD since inception and can evaluate sealant placement (baseline and post event outcomes) vs untreated tooth decay rates from the program years 2009 through 2013. Through evaluation an inverse relationship between sealant placement and untreated tooth decay was noted; an increase in dental sealant placement equals a decrease in untreated tooth decay (caries averted).

SY 2009-2010 Cunningham ES SBHC/EPOD
97 Children Screened
20% of Screened Children Have Existing Sealants (baseline)
100% of the Children Screened Received a Dental Sealant
55% Untreated Tooth Decay

SY 2012-2013 Cunningham ES SBHC/EPOD
210 Children Screened
46% of Screened Children Have Existing Sealants
95% of the Children Screened Received a Dental Sealant
41% Untreated Tooth Decay

Future Smiles program total outcomes from inception in 2009 through June 30, 2013 services include: A) 7,224 children received OHE, B) 12,390 dental sealants, C) 5,627 fluoride varnish, and D) 2,506 dental cleanings. These services equal $726,043 in Medicaid rates.

SY 2012-2013 Program Statistics
Mean age- 7 years | 2nd grade
75% of the children served are on FRL
37% Medicaid
63% uninsured
46% children have untreated tooth decay
13% children have urgent dental needs
50% have protective dental sealants

Efficiency

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

In SY 2013-2014 the program monthly operated its 5 EPODs and up to 2 Mobile school locations with a monthly outreach of 300-400 children served. Medicaid cost in SY 2012-2013 per child sealed was $67 with an average program cost of $32 per sealant. The program provided the following services in FY 2012-2013: 1) 1,810 child screenings, 2) 2,608 child oral health experiences/presentations, 3) 1,940 fluoride varnish applications, 4) 3,199 teeth were sealed, 5) 942 prophylaxes, and 6) TBD number of children successfully referred for comprehensive restorative dental treatment (care navigation). Based on a time interval of 5 minutes the program provided 12,282 units of oral health services (prophylaxis = 3 units) at a value of $32 per unit.

Demonstrated Sustainability

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

Future Smiles has achieved tremendous community support from private/public partnerships.

SCHOOL-BASED FACILITY USE/ANNUAL IN-KIND
Clark EPOD $21,600.00
Cunningham SBHC/EPOD $9,600.00
Hollingsworth EPOD $8,000.00
Basic/Bower SBHC/EPOD $9,600.00
Whitney EPOD $9,600.00
12 CCSD Schools 2 per month $12,000.00
TOTAL $70,400

PRODUCT DONATION
Oral Health America dental product donation
sealant material per tooth x 5,400 = $11,124.00
Oral Health America dental product donation
fluoride varnish x 2,000 = $3,960.00
United Way of So. NV and other donors
tooth brushes and tooth paste x 2,000 = $4,000.00

VOLUNTEER WORKFORCE

Clark High School Student Aides
A) 432 hours per year x $19 = $8,208
United Way of Southern Nevada Volunteer Center "smiles bags"
A) 60 hours x $19 = $1,140

Clark County School District teachers, administration, First Aid Safety Assistants (FASA), school nurses, management and Communities In Schools site coordinators. Through our collaborative efforts of case management and care coordination it is estimated that 1 hour per child/student served will have a positive impact on the students through the assistance of CCSD staff and CIS site coordinators.
A) 3,600 students served x 1 hour per student x $19 = $68,400

College of Southern Nevada Dental Hygiene Students
A) 144 hours x 19 = $2,736

Professional Volunteers to include Dental Hygienist(s)
A) 360 x $19 = $6,840

Collaboration/Integration

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

PARTNERS AND COLLABORATIONS
Future Smiles strives to create long-lasting changes in the way people think and act regarding the value of oral health by bringing together strong partners committed to the prevention of oral disease.

The Future Smiles program has a strong partnership with the Clark County School District in the provision of oral health services. EPODs are located on school sites, and the sponsoring school provides space, utilities, consumables, water, and restroom facilities at no cost to the program. Clark County School District offers no-cost facility space to Future Smiles, as does the City of Las Vegas which owns the Clark EPOD and offers Future Smiles a no-cost lease.

Future Smiles greatest strength is the ability to network with organizations that target the supportive needs of those who are less fortunate. One area of great success is working with the CCSD's staff to identify children in oral pain. As a school-based provider, school counselors and teachers have brought these needy children in for immediate care. Other professional collaborations include membership in the Community Coalition for Oral Health, Southern Nevada Immunization and Health Coalition, and the Southern Nevada Dental Hygienists' Association, which have all resulted in each of these organizations supporting Future Smiles through program funding. It takes everyone in the community working together to address the oral health needs of the children served. In addition, strong collaborative relationships help provide oral health services to children in need (oral pain) with the following organizations:
1) Communities In Schools
2) Children's Dental International
3) College of Southern Nevada
4) City of Las Vegas-EPOD sponsor at Clark HS
5) Helping Kids Clinic
6) Huntridge Teen Clinic
7) Junior League of Las Vegas
8) Positively Kids
9) Project Smile-This program is sponsored by the Clark County Public Education Foundation to support dental care to low income children.
10) Southern Nevada Dental Hygienists' Association
11) Southern Nevada Immunization and Health Coalition
12) UNLV School of Dental Medicine (SDM)-No Cost Saturday Dental Clinics
13) Clark County Dental Initiative-UNLV SDM and FS collaboration providing school-based dental services in Clark County, Nevada
14) United Way of Southern Nevada

Objectives/Rationale

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

x	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
x	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
x	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
x	OH-9	Increase the proportion of school-based health centers with an oral health component
x	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
x	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

ASTDD State Synopsis showed that in 2012, 29 states and 3 territories have community dental sealant programs. The states include: AL, AZ, CO, GA, IL, IN, IA, KS, KT, ME, MA, MO, NB, NH, NJ, NM, NY, NC, ND, OH, OK, TX, UT, VT, VA, WA, WV, SI, and WY. The territories include N. Mariana Islands, Puerto Rico and Republic of Palau.