



Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW

Name of the Practice:

Nevada's Oral Health Coalitions

Public Health Functions:

Policy Development – Collaboration and Partnership for Planning and Integration
 Policy Development – Use of State Oral Health Plan
 Assurance – Population-based Interventions
 Assurance – Oral Health Communications
 Assurance – Building Linkages and Partnerships for Interventions
 Assurance – Building State and Community Capacity for Interventions
 Assurance – Access to Care and Health System Interventions
 Assurance – Program Evaluation for Outcomes and Quality Management

Healthy People 2010 Objectives:

21-1 Reduce dental caries experience in children
 21-2 Reduce untreated dental decay in children and adults
 21-8 Increase sealants for 8 year-olds' first molars & 14 year-olds' first & second molars
 21-9 Increase persons on public water receiving fluoridated water
 21-10 Increase utilization of oral health system
 21-12 Increase preventive dental services for low-income children and adolescents
 21-14 Increase community health centers & local health departments with oral health component

State:

Nevada

Federal Region:

West
Region IX

Key Words for Searches:

Coalition, state plan, partnership, planning

Summary:

The 2004 Nevada State Oral Health Plan was developed to provide a set of goals and objectives to guide oral health promotion activities throughout the state. Due to geographic challenges and the diversity of the communities within Nevada, implementation of the plan by one statewide oral health coalition was perceived by stakeholders as an ineffective and undesirable approach to address the oral health needs of local communities. In response, the State has partnered with stakeholders to develop an overarching State Oral Health Advisory Committee (OHAC) and local oral health coalitions that address the needs of the State and local communities. The OHAC is comprised of 13 members representing a diverse group of stakeholders. The OHAC meets quarterly. Members of the OHAC take information and recommendations on a state level back to the local oral health coalitions. They then take information and recommendations from the local level back to the OHAC. The local oral health coalitions meet monthly or quarterly depending on the needs of the community. The members of the OHAC and local oral health coalition members convene together once a year at a State Oral Health Summit, the cost of which is approximately \$20,000. The annual meeting provides an opportunity to review and update the State Oral Health Plan, share information, develop common goals and objectives, share best practices and develop relationships.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The first state oral health plan for Nevada, *An Oral Health Action Plan for Nevada*, was developed by the Governor's Maternal and Child Health Advisory Board in 1998. Significant outcomes from the plan were a one-time, two-year appropriation from the 1999 State Legislature to fund the establishment of an Oral Health Initiative and legislation mandating community water fluoridation in counties with a population greater than 400,000.

In 2002, additional funding from the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, Division of Medicine and Dentistry, enabled the Oral Health Program to convene a meeting of stakeholders to develop a plan to guide and evaluate the activities of the Program. The 2002 document, *An Oral Health Plan for Nevada* contained recommendations for the Program related to four areas; infrastructure building, population-based services, direct health services, and enabling services. The Program proceeded to spend the next two years implementing the recommendations contained in *An Oral Health Plan for Nevada*.

By 2004, evaluation of the 1998 document, *An Oral Health Action Plan for Nevada* and the 2002 document *An Oral Health Plan for Nevada* revealed a need to develop a new plan with overarching goals to guide the activities of all stakeholders working to promote oral health in Nevada, not just the State Oral Health Program. Over seventy stakeholders convened to develop the new plan which builds upon the recommendations contained in the 2002 Plan and the Surgeon General's Call to Action to Promote Oral Health released in 2003.

Justification of the Practice:

Nevada's 17 counties comprise an area of 110,540 square miles, making Nevada the seventh largest state in the Nation. Two counties, Clark and Washoe, are considered urban with approximately 87% of the population. The two largest metropolitan areas in the state, Reno and Las Vegas are 444 miles apart. Nevada has thirteen Indian colonies or reservations statewide and six military bases located in five counties. Nevada's population will reach 2,442,116 in 2005. Furthermore, Nevada is a semi-arid, largely mountainous state with numerous valleys of primarily north-south orientation. A large part of the state is subject to heavy snow fall more than half of the year. The large geographic size, inclement weather and communities with extremely different population bases have created challenges related to convening oral health stakeholders. Transportation issues related to size and weather make it difficult for stakeholders from throughout the state to meet on more than an occasional basis. Differences in resources, population size and demographics necessitate solutions for the oral health improvement of the residents that are tailored to the needs of the individual community. Community-based coalitions have provided the needed infrastructure to coordinate state and local efforts.

Inputs, Activities, Outputs and Outcomes of the Practice:

Nevada has a **state oral health advisory committee (OHAC)** with 13 members. The OHAC includes representation from the state dental and dental hygiene associations, the state dental and dental hygiene licensing board, a dental hygiene program and a dental school, the two counties that have county health departments, safety net providers, the state's primary care association, and the tribal, senior, special needs, and Latino communities. The majority of members on the OHAC are also members of a local oral health coalition. The OHAC meets quarterly. Members of the OHAC take information and recommendations from the state level back to the community-based coalitions to which they belong. They also take information and recommendations from the community-based coalitions back to the state level.

The state has six community-based oral health coalitions working to improve the oral health of all 17 counties of Nevada:

- (1) **Community Coalition for Oral Health** – Clark County (Las Vegas and Henderson) area

- (2) **Northern Nevada Dental Coalition for Underserved Populations** – Washoe County and surrounding counties
- (3) **Northeast Coalition for Oral Health** – Elko, Eureka, Humboldt, Lander and White Pine Counties
- (4) **Central Nevada Oral Health Coalition** - Esmeralda, Lincoln, Mineral and Nye Counties
- (5) **Carson City and Douglas County Oral Health Coalition** – Carson City and Douglas Counties
- (6) **Churchill, Lyon, Pershing and Storey Counties Oral Health Coalition** - Churchill, Lyon, Pershing and Storey Counties

The community-based coalitions meet monthly or quarterly depending on the needs in their catchment areas. Membership in the coalitions reflects the great diversity of the state's population. Government, higher education, school districts, safety-net providers, insurers, Head Start, organized dentistry and dental hygiene, policy makers and funders are all represented.

Members of the OHAC and the community-based coalitions convene once a year at the State Oral Health Summit. The Summit provides an opportunity for information sharing, relationship building, celebration of successes, and identification of new goals and objectives.

A key achievement of the oral health coalitions was the development of a 2004 State Oral Health Plan. At the 2004 State Oral Health Summit, stakeholders and coalition members developed a draft State Oral Health Plan. The draft plan was distributed to summit participants for review and comment. Input from stakeholders was used to develop the final plan which contains seven overarching goals along with corresponding objectives and activities. These are:

- Goal 1: To maintain and expand an Oral Health System in Nevada.
- Goal 2: To change the culture of accepted norms.
- Goal 3: To develop policy to promote oral health.
- Goal 4: To develop sustainability of the State Oral Health Program.
- Goal 6: To increase access to direct dental services.
- Goal 7: To reduce barriers to care.

The OHAC and the community-based coalitions reviewed the plan to identify specific strategies they could pursue to implement the plan. A master work plan was developed. The OHAC and the coalitions have columns in the work plan table in which the specific activities they will pursue and who in the coalition will be responsible for pursuing the activity are delineated. The master table is disseminated to the OHAC and the community-based coalitions whenever updates are made to the work plan.

Activities of the OHAC and the community-based coalitions in implementing the 2004 State Oral Health Plan strategies provided the following:

- (1) Educating the community, policy makers and funders about oral health promotion and disease prevention strategies through a series of white papers. White papers on community water fluoridation, school-based dental sealant programs, the dental workforce, senior oral health needs, early childhood oral health, and K-12 oral health have been developed and endorsed by the OHAC and the community-based coalitions.
- (2) Re-establishing and expanding a dental advisory committee for the state Medicaid program. The dental advisory committee meets on a regular basis to provide direction to Medicaid on policy and program administration that will lead to increased provider participation and improved utilization by Medicaid and SCHIP clients.
- (3) Promoting oral health policies. The state licensing board has adopted regulations to allow a portion of the continuing education requirement for dental and dental hygiene licensure renewal to be obtained through the provision of dental services on a voluntary basis through approved non profit agencies.
- (4) Forming one voice. Coalition members came together to develop a consensus on how to address the "sun setting" of a bill related to licensure by credential in Nevada. Relationship

building, multiple meetings, hard work, and a desire to create legislation that satisfied the needs of all parties resulted in passage of a bill which will result in Nevada recognizing the Western Regional Licensing Examination for licensure in Nevada.

- (5) Collaborating with the Great Basin Primary Care Association (GBOCA) to develop dental access points for underserved and uninsured Nevadans in rural Nevada. GBPCA acts in a facilitation capacity, managing meetings, sending out notices, and working collaboratively with the groups and other agencies in developing grants to fund dental service.
- (6) Pursuing the establishment of a Pediatric Dental Center in Elko. Partners in this project include Great Basin Community College, Great Basin Primary Care Association, University of Nevada School of Medicine Office of Rural Health, Northeastern Area Health Education Center, University of Nevada School of Medicine Pediatric Dental Residency Program and local stakeholders.
- (7) Establishing a partnership with the University of Nevada School of Medicine Pediatric Dental Residency Program to work with sites in providing dental services. Space has been donated for a dental practice site by Great Basin College and equipment has been purchased and donated to the project.

Members of the community-based coalitions developed a state oral health plan and are working together to implement the plan.

Budget Estimates and Formulas of the Practice:

Coalitions – \$0
Meeting facility – In kind
Travel – Self funded

State Oral Health Advisory Committee – \$7,728
Meeting facility – In kind
Travel – \$7,728

Annual Oral Health Summit – \$19,708
Facilitator – \$7,500
Facility – \$2,000
Travel – \$10,208

Lessons Learned and/or Plans for Improvement:

The state acts as a catalyst and the glue but interventions are implemented on a community basis. It is essential that both the State and communities recognize that, plan accordingly and then implement the identified strategies on a state or community level as appropriate.

Available Information Resources:

Information on Nevada's oral health coalitions is available on the State Health Division's Web site:
<http://www.nvoralhealth.org/>

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

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

The State oral health advisory committee (OHAC) and the local oral health coalitions are implementing strategies of the *2004 State Oral Health Plan to achieve* the goals and objectives. Implementation of the strategies is tailored to the resources and needs of the local community.

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.

Regular and systematic communication between the local oral health coalitions and the OHAC ensure that stakeholders collaborate, share best practices, avoid duplication, leverage resources and most importantly, avoid working at cross purposes with one another.

Demonstrated Sustainability

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

The OHAC was established in 2002. The first community-based coalition was established in 2000 and additional community-based coalitions were established in 2002, and 2003. The efforts of members of the coalitions in developing the 2004 State Oral Health Plan and becoming key partners in implementing the master work plan, demonstrate the commitment of the coalitions to produce long-term outcomes in improving oral health.

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?

In implementing the 2004 State Oral Health Plan, Nevada's oral health coalitions are working collaboratively for statewide improvement of oral health. Their efforts show collaboration with partners such as the Medicaid program, state licensing board, Primary Care Association, University of Nevada School of Medicine, Area Health Education Center, and local stakeholders.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?

One of the principal actions of the National Call to Action to Promote Oral Health is to increase collaborations, linking, creating synergy and capitalizing on the talent and resources of private and public partners. Nevada's oral health coalitions are forming these partnerships.

Extent of Use Among States

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

Oral Health America's 2003 Oral Health Report Card shows that among the states and District of Columbia, 34 states reported having a state oral health coalition that meets regularly and represents government agencies, health departments, private organizations, providers, communities and consumers.