



Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW

Name of the Practice:

Nevada's State Oral Health Plan

Public Health Functions:

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

state plan, oral health plan, collaborative planning

Summary:

The first state oral health plan for Nevada was developed by the Governor's Maternal and Child Health Advisory Board in 1998. In 2002, an updated state oral health plan was released as an 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. CDC funded this 2004 State Oral Health Summit. The desired outcome of the 2004 Summit was to build upon the 2002 oral health plan for Nevada and to develop a comprehensive plan for oral health activities throughout Nevada. The 2004 Nevada State Oral Health Plan provided a set of goals and objectives to guide oral health promotion activities throughout the state. Community-based coalitions are implementing the plan.

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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. The plan included a series of programmatic and legislative recommendations including establishment of a State Office of Oral Health, development of community-level public/private partnerships to enhance access to treatment, establishment of dental sealant initiatives, implementation of educational campaigns, inclusion of dental services in the State SCHIP program and legislation allowing community water fluoridation. 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 within the Bureau of Family Health Services in the State Health Division and legislation mandating community water fluoridation in counties with a population greater than 400,000. In 2001, the Initiative secured additional funding through a five-year cooperative agreement with the Centers for Disease Control and Prevention. At that time, the Initiative transitioned to become the Oral Health Program located within the Bureau of Family Health Services, State Health Division.

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 State Oral Health 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*.

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. Differences in resources, population size and demographics necessitate solutions that are tailored to the needs of the individual community for oral health improvement. A state oral health improvement plan can guide and coordinate state and local efforts.

A state oral health improvement plan refers to a long-term plan developed by the state oral health program and its public health partners. The plan should set a vision for the future and have measurable outcomes. HP 2010 Public Health Infrastructure Objective 23-12 supports the need of all states to have a state health improvement plan. Developing and maintaining a state oral health plan through a collaborative process builds public health infrastructure for improving oral health.

Inputs, Activities, Outputs and Outcomes of the Practice:

In 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.

Convening Stakeholders

On January 23, 2004, stakeholders were 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.

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.

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."

Preparation for the Oral Health Summit

Beginning in September 2003, a planning team began meeting to develop a process and outcomes for the 2004 Summit. 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.

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*.

Participants were asked to submit their pre-summit 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.

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

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. 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.

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 Wood, 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.

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 5: To promote effective disease prevention and treatment strategies and programs.
- Goal 6: To increase access to direct dental services.
- Goal 7: To reduce barriers to care.

Once the 2004 State Oral Health Plan was finalized, it was distributed to over 130 policy makers, funders and stakeholders throughout the state, including members of the state oral health advisory committee (OHAC) and the community-based coalitions.

Implementation of the 2004 State Oral Health Plan

The OHAC and the community-based coalitions proceeded to review 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 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.

The goals, objectives and strategies contained in the *2004 State Oral Health Plan* are being implemented by the State OHAC and the local oral health coalitions. Implementation strategies are tailored to the resources and needs of the local community. 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.

Outcomes

Since the 2004 State Oral Health Plan was finalized, a number of outcomes have resulted from the activities of the OHAC and the community-based coalitions.

- 1) 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. The white papers are used to educate the community, policy makers and funders about oral health promotion and disease prevention strategies.
- 2) A dental advisory committee for the state Medicaid program has been re-established and expanded. 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) 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) 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.

In summary, members of the community-based coalitions developed the state oral health plan and are working together to implement the plan.

Budget Estimates and Formulas of the Practice:

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. The cost for the Oral Health Summit totaled \$19,708 and included these key components:

Facilitator:	\$ 7,500
Facility:	\$ 2,000
Travel:	\$10,208

Lessons Learned and/or Plans for Improvement:

Successful development and implementation of the state plan requires the participation of many key stakeholder organizations and the support of the existing coalitions throughout Nevada. 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 this, plan accordingly, and then implement the identified strategies on a state or community level as appropriate.

In discussing next steps, participants identified a critical success factor is to 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 in the planning process represented a diverse group of people, geography, and backgrounds. They were universal in their agreement that the Surgeon General's *National Call to Action* goals are realistic and can be implemented throughout Nevada.

Some issues the participants wish to consider include:

- 1) Did we build on the existing plan?
- 2) Is there a way to ensure utility of data collected?
- 3) Can we revisit the plan periodically during its implementation to address Nevada's rapidly changing demographic and geographic characteristics?

- 4) Are there regulation changes that will be necessary for the plan to be successfully implemented?

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.

Available Information Resources:

2004 State Oral Health Plan is available on the Nevada State Health Division's Web site:

<http://health2k.state.nv.us/oral/2004%20Oral%20Health%20Plan%20Final%20Version.pdf>

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 2004 State Oral Health Plan guided activities of the state oral health advisory committee, community-based coalitions, and other variations of coalitions in Nevada. Achievements included developing white papers on oral health to educate the community, policy makers and funders about oral health promotion and disease prevention strategies, re-establishing a dental advisory committee for the state Medicaid program to improve provider participation and improved utilization by Medicaid and SCHIP clients, adopting regulations to allow a portion of the continuing education requirement for dental and dental hygiene licensure renewal to be obtained through volunteer services, and passage of a bill recognizing the Western Regional Licensing Examination for licensure in Nevada.

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.

Community-based coalitions are working together to implement the plan. Implementation strategies are tailored to the resources and needs of the local community.

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?

Nevada's history demonstrated the capacity to develop state oral health plans and to continue to update the plan as well as implement the plan's strategies. A state plan developed in 1998 was built upon in 2002, and again in 2004. The scope and support of the state plan was improved with the development of 2004 State Oral Health Plan.

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?

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 with the commitment of community-based coalitions in implementing the plan's strategies.

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?

HP 2010 Public Health Infrastructure Objective 23-12 supports the need of all states to have a state health improvement plan. Developing and maintaining a state oral health improvement plan through a collaborative process builds public health infrastructure for improving oral health.

Extent of Use Among States

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

A 2003 survey, implemented by CDC, Division of Oral Health, showed: (a) 14 states reported having a state oral health plan that is statewide in scope, developed collaboratively with stakeholders, a "stand-alone" document, and published for external use, (b) 6 states reported having a state plan that is a chapter of their state's Healthy People 2010 document, and (c) 10 states reported that a state oral health plan is in development. An updated assessment is expected to be made in 2005.