



Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW

Name of the Practice:

Nevada Third Grade Oral Health Screening Survey

Public Health Functions:

Assessment – Acquiring Data

Healthy People 2010 Objectives:

- 21-16 Increase the number of states with State-based surveillance system
- 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 and 14 year-olds' first and second molars
- 21-10 Increase utilization of oral health system
- 21-12 Increase preventive dental services for low-income children and adolescents

State:

Nevada

Federal Region:

West
Region IX

Key Words for Searches:

Screening, survey, caries experience, untreated decay, dental sealants

Summary:

The last oral health assessment of Nevada's youth was done in 1992. In order to have more current assessment data to identify oral health needs and gaps in access to care the Oral Health Program at the Nevada State Health Division utilized the Association of State and Territorial Dental Directors (ASTDD) Basic Screening Survey to conduct a statewide screening of third graders in February of 2003. A cohort of 51 elementary schools throughout the state was identified as a representative sample of the state as a whole. Utilizing volunteer dentists, the Nevada State Health Division screened 2,472 children. Materials costs (include supplies for screening, printing forms, training materials, and postage) totaled \$12,968. The materials cost of the screening was \$5.25 per child. This practice supports the building of a state oral health surveillance system by collecting surveillance data on children's oral health and supports efforts to respond to the Healthy People 2010 Objective 21-16 (increase the number of states with State-based surveillance systems). Survey data collected will also be used to support efforts to address other Healthy People 2010 objectives related to reducing caries experience in children, reducing untreated caries experience in children, increasing sealants for 8 year-olds' first molars and 14 year olds' second molars, increasing utilization of the oral health system, and increasing preventive dental services for low-income children and adolescents. The Oral Health Program intends to repeat the survey of third graders every three years. Following this plan, Nevada conducted the survey of third graders in 2003 and repeated the survey in 2006.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In Nevada, the last oral health assessment of youth in first and sixth grades was made in 1992. According to A Youth Oral Health Needs Assessment for the State of Nevada, completed by Cristman Associates in 1992, 67% of the first grade and sixth grade children examined had experienced decay in permanent or primary teeth, 49% of first graders and 51% of sixth graders had active tooth decay requiring treatment, and 5% of first graders and 3% of sixth graders needed immediate care due to severe pain or infection. No other statewide oral health survey of children has been conducted in Nevada for the past ten years.

Justification of the Practice:

The Nevada Third Grade Oral Health Screening Survey provides data to determine the oral health status and needs of populations, to establish a baseline for comparisons, to identify gaps in access to preventive and treatment services to guide decision-making for service programs, and to support program planning and evaluation. In addition, these data will document the progress made in the state in achieving Healthy People 2010 objectives and facilitate comparisons with data collected by other states.

The oral health screening survey contributes to the state's effort in developing an oral health surveillance system (by collecting surveillance data for third grade children every three years) and responds to the Healthy People 2010 Objective 21-16 (to increase the number of states with State-based surveillance systems).

Data collected will also be used to increase support for other HP 2010 objectives including reduce caries experience in children, reduce untreated caries in children, increase sealants, increase utilization of the oral health system and increase preventive dental services for low-income children and adolescents.

Inputs, Activities, Outputs and Outcomes of the Practice:

Statewide Oral Health Screening Survey

The Nevada Third Grade Oral Health Screening Survey, called "Healthy Smile - Happy Child Survey," used the Association of State and Territorial Dental Directors (ASTDD) Basic Screening Survey protocol. The survey sampled third grade children enrolled in Nevada's public elementary schools.

Partnership to Conduct the Screening Survey

The Nevada State Health Division Oral Health Program partnered with the Nevada Dental Association (NDA) to conduct the statewide oral health screening of third graders. The Healthy Smile - Happy Child Survey was incorporated as part of the Nevada Dental Association's "Give Kids A Smile Day," held the week of February 17, 2003. The NDA "Give Kids A Smile Day" was scheduled on February 21, 2003. During that week of February 17-21, four days were set for the screening survey in order to complete screening a possible sample size of 5,352 third graders from 51 schools.

Obtaining Support for the Survey

A meeting was held between representatives of the Nevada State Health Division (NSHD) Oral Health Program and health representatives of the Department of Education to discuss the oral health screening survey of third graders. Information obtained at this meeting indicated that county school superintendents would have to be contacted for their support before proceeding. Additionally, individual school principals would then have to be contacted to determine their willingness to participate. A letter to the school superintendents of the targeted schools was drafted for review and approval by Health Division administration. The letter was approved after confirmation from the

State Superintendent of Public Instruction was received indicating continued support for oral health programs in the public schools.

The letter to school district superintendents was drafted and sent. The letter stated that the Health Division would be contacting them in several weeks to confirm receipt of the letter. The letter also asked them to support the oral health screening in their schools, and to contact the principals at the target schools located in their district to indicate their support of the oral health screening. After making contact with all the county superintendents or their representatives, the Health Division representative next drafted a letter to the school principals of the targeted schools asking for their support and indicating a Health Division representative would be contacting them in several weeks. The letters were sent and a follow up call was made confirming support and asking for the name of a primary school contact person. All fifty-one schools initially selected agreed to participate in the oral health screening.

Contact and Arrangement with Schools

A database was created that included the primary school contact persons at the fifty-one schools. The contacts included school nurses, principals, vice principals, clinical health aides, teachers, or first aid safety assistants. The primary school contact person was contacted by the Health Division representative who explained the nature of the oral health screening. It was explained that they would be receiving materials approximately three weeks in advance of screening day. Protocols, explaining the duties of the school contact person, were faxed to the contact person upon initial contact. The protocols were re-sent with the screening materials once the school had an assigned dentist.

Contacting all of the school principals and then the primary school contact person took almost six weeks. After establishing that all schools initially selected would be participating and identifying who the primary school contact person would be, this information was forwarded to the Nevada Dental Association (NDA).

Survey Staff

In mid-January the NDA began the process of recruiting volunteer dentists and assigning schools, dates and times for the week of February 17th to the 21st. The process of the volunteer dentists for the survey and setting screening times took approximately three weeks. The logistics of working out details were taking place as late as the Friday prior to the oral health-screening week. The University of Nevada Las Vegas (UNLV) School of Dental Medicine recruited first year dental students to record screening information for the survey.

Each of the 65 volunteer dentists either attended a survey training session or was sent the Basic Screening Survey training video developed by ASTDD. Survey dentists were asked to attend training offered in Clark and Washoe Counties in the evening. Thirty-three dentists attended the training. They viewed the training video tape and were given copies of the screening form, post-screening evaluation forms, a summary of important points and the dentist protocol. Thirty-two dentists were unable to attend training. They were sent a training packet including the video tape, general guidelines, protocols, and forms.

Each volunteer dentist was sent a letter confirming the school where they would be doing the screening, the date and time, and the school contact with whom they were to meet upon arriving at the school.

Two key individuals supported data analysis for the survey: Kathy Phipps, DrPH, an ASTDD Consultant and Thara Salamone, MS, Nevada State Health Division's Oral Health Program Biostatistician.

Sampling

The target population of the survey was all 3rd graders in the State of Nevada. An electronic list of all public elementary schools in Nevada with third grade children was obtained from the Department of Education (306 schools and 29,128 third grade students).

All schools with at least 20 children in third grade were included in the sampling frame (267 schools and 28,853 students). The sampling frame was stratified by region and schools within each region

were ordered by percent of children eligible for the free and/or reduced price meal program. The Oral Health Program had resources sufficient to sample approximately 50 schools. Twenty percent of the schools were sampled in each of the three defined regions (Clark County, Washoe County, and Rest of State). Fifty-one elementary schools were randomly selected for participation in the oral health survey.

The survey dentists only screened those children that returned a positive consent form. A total of 2,705 children returned the consent form and 2,470 were screened (46% of the 5,325 third grade children enrolled in 50 of the schools.) Data from one school was eliminated due to recording errors.

Setting up the Screening Survey

In the fall of 2002 the Nevada State Health Division (NSHD) began preparations for conducting an oral health screening of third graders statewide. A total of 51 schools were identified to participate in the screenings statewide.

A letter was sent to school contacts prior to shipment of screening materials to inform them that materials would be shipped within the next few days. An inventory of materials being shipped to each participating school was sent to the contact so they could verify receipt of all materials. The shipments included: toothbrushes, gloves (latex powdered or vinyl), mouth mirrors, cotton swabs, flashlights, garbage bags, disinfectant wipes, facial masks, UPS mailers pre-addressed with the State Health Division's address and return postage, and the necessary forms. The UPS mailers were sent to the schools in an effort to have the screening forms and evaluations returned in a timely manner. The forms that were sent to the schools included:

- Two-sided parental consent form, an explanatory letter on one side and the consent form on the other (in English and Spanish)
- Treatment urgency form (in English and Spanish)
- Evaluation form for participating school personnel
- Screeners recording form

An informational sheet in English and Spanish for parents stating that the screening is not a substitute for a complete dental examination was also provided to the schools.

The number of items supplied was based on student numbers provided by the individual schools. The gloves provided were based on the screening dentist's request. Large schools that had more than one screener required additional gloves, flashlights, wipes, etc. for the additional dentist. It was necessary to ship several boxes of supplies to each school due to the quantity of materials sent.

Several weeks prior to the screenings the State Health Division issued a press release titled "Third Graders to Have Oral Health Screenings." It provided the date and number of participating schools and described the use of volunteers from the NDA and the importance of good oral health.

The week prior to the screenings a letter was sent to school contacts giving them the name of the dentist(s) who would be performing the screenings and a contact phone number in the event they needed to contact the dentist(s). The letter included a copy of the form for the parents; the form states that the screening is not a substitute for a complete dental exam. The letter asked that each child receive a copy of the form to take home. A resource list was also included for referral of children with acute dental needs.

It took approximately six months from the time the schools were selected until the screenings took place.

Data Collected

Survey screenings collected data for caries experience, untreated decay, dental sealant status, treatment urgency. All schools completed the oral health screenings on the day and time assigned.

In addition, the survey collected socio-economic data for each child screened (age, gender, race and ethnicity), participation in the Free and Reduced Price Meal Program, and insurance status. These questions were included in the consent form and information was provided by the parent/guardian.

Follow-Up

At the end of the screening week, the State Dental Health Officer sent a letter to the volunteer dentists thanking them for their participation in the screenings. Included with this letter was a copy of the evaluation questionnaire. Dentists were asked to please complete the questionnaire to help with improving future oral health screenings. The Oral Health Program Consultant at the State Health Division sent a letter to the Nevada Dental Association and to the University of Nevada Las Vegas (UNLV) School of Dental Medicine thanking them for partnering with the Health Division on the Statewide Oral Health Screening.

Evaluation

Completed evaluation questionnaires were received from 190 school personnel. Responses from evaluation forms completed by teachers, administrators and nurses indicated that many were very satisfied with the screenings. Some respondents expressed concern about follow-up by parents and lack of access to care. Requests for an oral health presentation and/or oral health materials were also received.

Seventy-seven percent of the survey staff completed the dental personnel evaluation questionnaires. Comments from participating dentists addressed issues such as the number of parental consent forms returned, concern that poor families may be intimidated by information requested on the parental consent form, data may be misleading due to mixed dentition, and school contacts need to have a better understanding of the screening process.

The overall outcome for the initial oral health screenings was favorable. All comments have been reviewed and will be used to improve future screenings.

Data Management and Analysis

All fifty-one schools participated in the screening. One school's data had to be eliminated due to improper recording of results. The remaining fifty schools submitted 2,705 records. Of those, 233 were returned with parental consent forms only, indicating that a screening was not performed on those students. The reasons that a survey screening was not performed for some students may be attributed to student absence, no parental consent, or possibly undocumented parental concern about immigration status. The total number of screening records received with usable data was 2,472. Data was collected for 46.2% of the possible 5,352 students.

To account for differences in response rates between schools, the data were adjusted for non-response. The number of children enrolled in each school was divided by the number of children screened to obtain the non-response sampling weight for each school.

Survey data was entered into a Microsoft Access database and then exported into Epi Info 6.04 for analysis. Epi Info is a public access software program developed and supported by the Centers for Disease Control and Prevention.

The data was analyzed by geographic region, eligibility for free and reduced lunch, dental insurance status, race/ethnicity and time since last dental visit.

Survey Findings

Key findings of the 2003 Nevada Third Grade Oral Health Screening Survey included:

- ⇒ Dental decay is a significant public health problem for Nevada's children.
 - 67% of the children had cavities and/or fillings (decay experience).
 - 39% of the children had untreated dental decay (cavities).
- ⇒ While dental sealants are a proven method for preventing decay, most of Nevada's children have not received this preventive service.
 - Only 33% of the children had dental sealants.
- ⇒ A large percentage of Nevada's children have limited access to regular dental care.
 - Only 58% of the parents reported that their child had seen a dentist within the last 12 months.

- A staggering 11% reported that their child had never been to a dentist.
 - 20% of parents reported that they had trouble accessing dental care during the last year. The primary reasons were “could not afford it” and “no insurance.”
- ⇒ The majority of Nevada’s children have some type of dental and medical coverage.
- 65% of the parents reported that they had some type of *dental* insurance coverage for their child.
 - 71% of the parents reported that they had some type of *medical* insurance coverage for their child.
- ⇒ Low-income children have poorer oral health.
- Compared to children not eligible for the free and/or reduced price meal program, a significantly higher proportion of eligible children had a history of decay (61% vs. 74%) and untreated decay (29% vs. 49%) while a significantly lower proportion had dental sealants (43% vs. 24%).
- ⇒ Children who have not been to the dentist in the last year, or who have never been to the dentist, have poorer oral health.
- Compared to children who had been to the dentist in the last year, a higher proportion of children who had a dental visit more than one year ago or who had never been to the dentist had untreated decay (32% vs. 49% and 49% respectively). A significantly lower proportion of children with less than annual dental visits had dental sealants (46% vs. 19% and 5% respectively).
- ⇒ African-American and Hispanic children have poorer oral health.
- Compared to White Non-Hispanic children, a significantly higher proportion of African American and Hispanic children had untreated decay (33% vs. 45% and 45% respectively) while a lower proportion had dental sealants (43% vs. 18% and 25% respectively).
- ⇒ Children with no dental insurance have poorer oral health.

Use of the Survey Data and Survey Outcomes

The 2003 Healthy Smiles - Happy Child Third Grade Oral Health Screening report was disseminated to over one hundred and thirty policymakers, funders, educators, and stakeholders throughout the state. It was also posted on the Nevada State Health Division web site (<http://health.nv.gov/docs/healthysmilehappychildsurvey2003.pdf>).

The survey contributed data to the National Oral Health Surveillance System (NOHSS). The survey results will also assist in analyzing access to care issues for underserved populations in the state.

An intermediate outcome is that data is being used to secure additional funding for programs that provide both preventive and restorative care and to support policy changes to improve access to care. The State decided to dedicate 100 percent of its State Oral Health Collaborative Systems (SOHCS) grant for school-based dental sealant programs. Oral Health America has selected Las Vegas for participation in the Smiles Across America program. Smiles Across America seeks to increase the percent of low income children with dental sealants by funding the costs of sealant placement on uninsured children. A school-based dental clinic has been established in a Las Vegas school that has one of the highest percentages of uninsured and homeless children in the State.

The long term outcome from the data collection will be the ability to compare year to year data to assist in evaluation of prevention efforts such as school-based dental sealant programs and community water fluoridation. Such regular and periodic data provided by the survey will sustain and maintain the state oral health surveillance system.

Frequency of Data Collection for Surveillance

The Oral Health Program at the Nevada State Health Division intends to repeat the survey of third graders every three years. In interim years, using the same BSS protocol, the Oral Health Program will survey children enrolled in Head Start and seniors residing in Assisted Living Facilities. This will allow for trend analysis on the three distinct populations. Following this plan, Nevada conducted the survey of third graders in 2003, survey of Head Start children in 2004, and survey of seniors in 2005.

During the 2006 State Fiscal Year (July 1, 2005 – June 30, 2006) the Nevada State Health Division in partnership with the University of Nevada, Las Vegas School of Dental Medicine repeated the statewide oral health survey of third grade children enrolled in Nevada’s public elementary schools. The purpose of the survey, similar to the 2003 survey, was to assess the oral health status and needs of children in Nevada, make program decisions that are data driven, and allow for meaningful program evaluation. The results of the 2006 survey of Nevada’s third grade children echo those of the 2003 survey. Seventy-one percent (71%) of Nevada’s children have experienced tooth decay, 44 percent have untreated decay, and six percent (6%) have urgent needs. Survey findings continue to show that the state of Nevada needs to make considerable progress if the Healthy People 2010 oral health objectives are to be met. More than 71 percent of the third grade children screened in 2006 had experienced dental caries – substantially higher than the HP2010 objective of 42 percent. Forty-four percent (44%) of the Nevada children had untreated caries compared to the HP2010 objective of 21 percent. Forty-one percent (41%) of eight year-old children surveyed had dental sealants compared to the HP2010 objective of 50 percent. Overall, children in Nevada tend to have poorer oral health when compared to children from other states. The 2006 Healthy Smile - Happy Child Survey Report is available online at <http://health.nv.gov/docs/healthysmilehappychildoralhealthsurvey2006.pdf>.

Budget Estimates and Formulas of the Practice:

Forms development, planning, ordering of supplies, data analysis and report writing were all performed by Oral Health Program staff and the ASTDD consultant, Dr. Phipps. Data collection was all provided by volunteer dentists. The recruitment and scheduling of the volunteer dentists was made by the Nevada Dental Association.

For the 2003 survey, materials costs (include supplies for screening, printing forms, training materials, and postage) totaled \$12,968. The materials cost of the screening was \$5.25 per child. Funding for materials and Oral Health Program staff time was provided through a Cooperative Agreement with the Centers for Disease Control and Prevention, Division of Oral Health.

2003 Healthy Smile - Happy Child Third Grade Screenings – Supply List & Cost Breakdown			
Item	Description	Number Ordered	Cost
Flashlights	2 flashlights per pack, batteries included.	34 packages	\$169.66
UPS postage	Cost to send materials to schools and have materials returned to us.		\$5,000.00
ASTDD Basic Screening Surveys	Includes tape, manual, and disk for training.	5	\$50.00
Mouth Mirrors	Plastic disposable	139 boxes (72 mirrors/box)	\$2,247.63
Toothbrushes	Bright Choice	35 gross	\$397.55
Cotton Tipped Applicators		75 boxes	\$360.20
Facemasks	Ear loops	200 boxes	\$800.00
Disinfectant wipes		60	Approx. \$200.00
Trash Bags	Draw-tie	3 boxes	\$41.97
Blank VHS tapes	Used to make copies of calibration training	5 at \$1.77 ea. 5 at \$2.95 ea.	\$23.60
Gloves			
Latex gloves	Perfect Saver Large	200 boxes	\$590.00
Latex gloves	Perfect Saver Med.	200 boxes	\$590.00

Latex gloves	Perfect Saver Small	50 boxes	\$147.50
Vinyl Powder Free	Large	10 boxes	\$52.50
Vinyl Powder Free	Medium	10 boxes	\$52.50
Vinyl Powder Free	Small	10 boxes	\$52.50
Printing			
Parent Letter/Consent	English (2 sided), 50 per pad	7,500 sheets	\$540.00
Parent Letter/Consent	Spanish (2 sided), 50 per pad	7,500 sheets	\$540.00
Screening Form	English	7,500 sheets	\$352.50
Post Screening Letter	English (1/2 sheet)	7,500 sheets	\$190.00
Post Screening Letter	Spanish (1/2 sheet)	7,500 sheets	\$190.00
Treatment Urgency Form	English (1/2 sheet), 50 per pad	7,500 sheets	\$190.00
Treatment Urgency Form	Spanish (1/2 sheet), 50 per pad	7,500 sheets	\$190.00
		Grand Total	12,968.11

Lessons Learned and/or Plans for Improvement:

Lessons learned include:

1. Request that the school contact person needs to be a “hands on” position. This includes the responsibility of accounting for screening materials upon arrival, distributing parental consent forms to teachers, getting teachers to “buy in” to the importance of the screenings and the return of parental consent forms, participating as a recorder on screening day, and returning the screening and consent forms.
2. Develop several standardized options of organizing the survey screening and include the information in the school contact packet.
3. Emphasize the importance of using the parental consent forms provided for the survey and having the completed forms returned. Request that the schools use the consent forms provided for the survey instead of substituting with other forms (e.g., several schools used field trip permission forms). It is important that all students participate in the survey across all socioeconomic status.
4. Provide training for recorders, both school personnel and dental students. Errors in the recording process made some information invalid. Invalid data was not used in the final calculations.
5. Doing the screenings over a longer time period will allow the use of fewer screeners.
6. Survey screener must have training to ensure proper screening technique.
7. If volunteers are used for screenings emphasis must be placed on several aspects: training prior to participation, flexibility in scheduling (certain dentists would only volunteer to screen at a particular school), commitment to volunteer (to avoid last minute cancellation), and an understanding of what the screening is meant to accomplish.
8. Provide oral health information and/or arrange for oral health education for the children prior to screenings. School staff suggested that this would be very beneficial to the children.
9. Consider the suggestion made by several schools to offer participation incentive to students who return their parental consent forms.

10. Provide each participating school with a report of survey results in order to keep them motivated to participate.
11. Keep track of the number of boxes and perhaps number the boxes such as 1, 2, 3, etc. sent to each school and the day they were sent. This would help with answering questions when school contacts call about their materials.
12. Consider contacting chosen schools two or three months prior to the proposed screening date to discuss possible conflicts in scheduling. This will help avoid testing dates, field trips, holidays, assemblies, etc. This would also allow a master schedule to be formed around other daily school activities such as lunch, recess, reading programs, tutoring, etc. for each school, as the times do vary from school to school.

Available Information Resources:

The Nevada State Health Division has developed a manual, "Nevada's Oral Health Screening 2003 – A Critique of the Experience" that includes a description of the oral health screening process, copies of all letters, forms, and protocols used, quantities and costs of supplies utilized, recommendations to improve the process and a timeline.

The 2003 Healthy Smile - Happy Child Survey Report, describing the comprehensive oral health screening survey of Nevada third graders, is available online at <http://health.nv.gov/docs/healthysmilehappychildsurvey2003.pdf> (the Nevada State Health Division Web site). The survey cover letter, consent form and oral health screening data collection form are provided in the report.

The 2006 Healthy Smile - Happy Child Survey Report is available online at <http://health.nv.gov/docs/healthysmilehappychildoralhealthsurvey2006.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 survey provided oral health status data for Nevada children after a 10 year gap. The data is being used to secure additional funding for programs that provide both preventive and restorative care and to support policy changes to improve access to care. The ability of the Oral Health Program to repeat the survey of 3rd grade children every three years will allow comparison of trends and evaluation of prevention efforts such as school-based dental sealant programs and community water fluoridation. The survey data will be used to support the National Oral Health Surveillance System and contribute to building Nevada's oral health surveillance system.

The data indicated that additional resources need to be targeted towards increasing the percent of low income children with dental sealants and increasing opportunities to access care. As a result, 100 percent of Nevada's State Oral Health Collaborative Systems grant for the next three years has been dedicated towards increasing the number of schools participating in school-based dental sealant programs. In addition, Oral Health America has selected Las Vegas for participation in the Smiles Across America program. Smiles Across America provides funding to cover the cost of sealant placement on the teeth of uninsured children who participate in school-based dental sealant programs.

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.

The survey leveraged resources to collect and analyze data. The Nevada State Health Division Oral Health Program partnered with the Nevada Dental Association (NDA) to conduct the oral health screenings. ASTDD provided consultative services for data analysis. Funding for the supplies, printing, postage and Oral Health Program staff time was provided through a Cooperative Agreement with the Centers for Disease Control and Prevention, Division of Oral Health.

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 Nevada State Health Division, Oral Health Program will repeat the survey of third graders every three years. With the experience of conducting the survey in 2003, the state was able to expand its survey efforts with completing a survey of Head Start children in 2004 and a survey of seniors in 2005. It is planned that each year, a BSS survey will be conducting rotating from third graders to Head Start children to seniors. In 2006, the Healthy Smile - Happy Child Survey of third graders was repeated and completed.

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 Nevada State Health Division Oral Health Program partnered with the Nevada Dental Association (NDA), University of Nevada Las Vegas School of Dental Medicine, and the Department of Education to conduct the statewide oral health screening survey. NDA recruited volunteer dentists to screen

the children. The University of Nevada Las Vegas (UNLV) School of Dental Medicine recruited first year dental students to record screening information. Schools distributed and collected consent forms for the survey. The Oral Health Program coordinated with the schools and trained the dentists.

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?

The Nevada oral health survey primarily addresses the Healthy People 2010 Objective 21-16 (increase the number of states with State-based surveillance systems). In addition, the survey data will support efforts for other HP 2010 objectives including reduce caries experience in children, reduce untreated caries in children, increase sealants, increase utilization of the oral health system and increase preventive dental services for low-income children and adolescents.

Extent of Use Among States

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

ASTDD Synopses of State and Territorial Programs showed that during 2004-2005, 31 states and 1 territory reported having implemented an oral health (open mouth) survey.