



The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your successful dental public health activity by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)
Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Nevada's Oral Health Coalitions

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
X	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
X	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

***ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health**

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	Healthy People 2020 Oral Health Objectives	
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
	OH-3	Reduce the proportion of adults with untreated dental decay
	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
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
	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
X	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
X	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training
"X"	Other national or state <u>Healthy People 2020 Objectives</u>: (list objective number and topic)	

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Coalition, state oral health program, partnership, planning, legislative session

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The 2008 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 Advisory Committee for Oral Health (AC4OH) and local oral health coalitions that address the needs of the State and local communities. The Advisory Committee for Oral Health (AC4OH) is a 13 member committee charged with advising and making recommendations to the Division of Public and Behavioral Health to support the Division in their duties to promote the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected and individuals achieve their highest level of self-sufficiency as it relates to oral health. The AC4OH meets quarterly to monitor, identify, and support the State Oral Health Plan while local oral health coalitions meet monthly or quarterly depending on the needs of the community. Members of AC4OH bring state level information and direction to their communities, and in a similar fashion, information and recommendations from the local level are communicated back to the state. This strong relationship of communication enables stakeholders to support activities that fulfill the ideals of the State Oral Health Plan.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

**Complete using Verdana 9 font.

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

Loss of Federal Grant Funding – For FY 2012, the State Oral Health Program (OHP) received \$355,000 in funding from the Centers for Disease Control and Prevention (CDC) that supported the entire program for that year, except for a full-time Health Specialist II position, which was funded by the Maternal and Child Health Block Grant. CDC denied Nevada’s request for renewal of this grant in September 2013.

Nevada Grade [C-] - In 2014, NV received a C-, down from a C for the previous reporting period in 2012, for children’s dental health from PEW charitable trust based on national benchmarks aimed to improve children’s oral health. In particular PEW cited the following reason for Nevada’s downgrade, “Nevada’s grade in 2014, a C-, is lower than the C earned in 2012, because two of the three state Medicaid managed care organizations have closed panels; therefore hygienists are not able to bill for services delivered to all Medicaid children in schools.” (www.pewtrusts.org).

Access to Care – Currently Nevada provides Medicaid dental preventive and restorative care for children and very limited emergency services for adults. The Medicaid expansion approved by the Governor has resulted in an estimated additional 266,000 Medicaid enrollees, many of whom are adults. This number is approximately 100,000 more individuals than reported in July of 2014. With limited access to dental care it is anticipated that adults will be forced to seek care for dental pain through hospital emergency rooms.

In 2005, the Nevada Division of Public and Behavioral Health estimated that the state’s hospitals received 6,431 emergency or in-patient visits due to decay, gum disease, or abscessed teeth. The charges associated with these patients were projected at nearly \$4 million. (<http://health.nv.gov/PDFs/OH/Final2005NevadaHospitalReport.pdf>).

In 2014, the Nevada Division of Public and Behavioral Health estimated that 13,720 visits to the State’s hospitals were for non-traumatic dental problems. (All codes except 524-Dentofacial anomalies, including malocclusion, and 525.11; Loss of teeth due to trauma). *Non-Traumatic Oral Health visits, Emergency Department and Inpatient Visits Nevada Residents, 2010-2014. October 2016.*

A recent study conducted by University of Nevada, Las Vegas (UNLV) and University Medical Center (UMC) found of children up to age 18 who presented at UMC between 2007 and 2012 that there were 4,122 dental/oral related emergencies with 47.7% having Medicaid or government assistance insurance and 46.6% were Hispanic. There has been an increase of almost 50% in oral related emergencies in the ED among Medicaid patients from 2007 to 2012. (<http://health.nv.gov/PDFs/OH/2014-03-4/Dr%20RusinoskiEDDataUNLVSDMMarch2014.pdf>).

Pew’s Report, *A Costly Dental Destination*, estimates that preventable dental conditions were the primary reason for 830,590 ER visits, by Americans in 2009 – a 16 percent increase from 2006. Pew concludes that states can reduce hospital visits, strengthen oral health and reduce their costs by making modest investments to improve access to preventive care.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Nevada’s 17 counties comprise an area of 110,571 square miles, making Nevada the seventh largest state in the nation geographically. Two counties, Clark and Washoe, are considered urban with approximately 87.4% of the population. The two largest metropolitan areas in the state, Reno and Las Vegas are 444 miles apart. Nevada has nineteen Indian colonies or reservations statewide and four military bases located in three counties. Nevada’s population will reach 3,115,609 in 2019. 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.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

The Oral Health Program is authorized under NRS 439.2791 to increase public knowledge and raise public awareness of the importance of oral health and to educate the residents of Nevada on matters relating to oral health, including, without limitation: 1) proper oral hygiene; 2) the factors that increase the risk of a person developing oral diseases; and 3) the prevention and treatment of oral diseases.

During the 2015 Legislative Session, NRS 439.272 and NRS 439.279 were amended to allow the unclassified positions of State Dental Health Officer and State Public Health Dental Hygienist to be filled as unclassified or contracted positions (contractors). The budget that was approved in 2015 also authorized funding to fill the two positions for FY17. The two (contracted) positions were filled. With this addition, Nevada joins 46 other states with a “full-time dental director” (or equivalent). (ASTDD STATE SYNOPSIS, FY2014-15)

During the 2017 Legislative Session, several bills related to oral health and the practice of dentistry in the state were heard. Below is a list of the bills that were proposed. In addition, state funding to support the State Oral Health Program as well as the positions of the State Dental Health Officer and State Public Health Dental Hygienist were proposed and approved.

AB-193	Assemblywoman Joiner Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties.	Failed Deadline of Friday, April 14, 2017. (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)
AB-213	Assemblymen Ohrenschall Revises provisions relating to dental care	Failed Deadline of Friday, April 14, 2017. (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)
SB-256	Legislative Commission (NRS 218E.150) Revises provisions relating to the Board of Dental Examiners of Nevada. On Behalf Of the Sunset Subcommittee (NRS 232B.210)	Amended and passed as amended.
SB-444	Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (NRS 218E.750) Makes an appropriation to the Department of Veterans Services to support certain dental programs for veterans. An act making an appropriation to the Department of Veterans Services to provide financial assistance and support for the Adopt a Vet Dental Program.	Declared exempt
SB-139	Senator Hardy Revises provisions relating to patient-centered medical homes.	Amended and passed as amended.
SB-69	Committee on Commerce, Labor and Energy. Summary—Revises provisions governing state agencies, boards and commissions that regulate occupations and professions. (BDR 54-229)	Amended and passed as amended.
SB-101	Committee on Health and Human Services. Summary- Restricts the authority to administer botulinum toxin to certain medical professionals	Amended and passed as amended. Assembly Committee on Health and Human Services work session item.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, partnerships, collaborations with various organizations, etc.)

Nevada has an Advisory Committee for Oral Health (AC4OH) with 13 members. The AC4OH includes representation from the state dental and dental hygiene associations, the state dental and dental hygiene licensing board, two dental hygiene programs 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 AC4OH are also members of a local oral health coalition. The AC4OH meets quarterly. Members of the AC4OH 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 three community-based oral health coalitions working to improve the oral health of all 17 counties of Nevada:

- 1) **Community Coalition for Oral Health (CCOH)** – Clark County (Las Vegas and Henderson) and surrounding counties
- 2) **Northern Nevada Dental Coalition for Underserved Populations (CUSP)** – Washoe County and surrounding counties
- 3) **Oral Health Nevada Statewide Coalition** – Statewide

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

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, local health departments, organized dentistry and dental hygiene, policy makers and funders are all represented.

During the last two legislative sessions (2015 and 2017) the oral health coalitions have united to hold an Oral Health Legislative Day. This is an opportunity for dental stakeholders from across the state to meet with legislators one-on-one and voice their concerns about oral health in Nevada. In addition, each legislator received a packet containing a letter from the Advisory Committee for Oral Health and the coalitions, a picture which illustrated the relationship between oral and systemic health, information on AC4OH, state oral health statistics, and a letter of support for the State Oral Health Program positions and expansion of adult Medicaid benefits.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

Regularly scheduled coalition and AC4OH meetings allow oral health partners to form a united voice. The desire to create legislation that satisfies the needs of all parties resulted in the Oral Health Legislative Day which served to support many bills including a water fluoridation bill in 2017 that was proposed as a result of strong coalition advocacy.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
 - a) How outcomes are measured
 - b) How often they are/were measured
 - c) Data sources used
 - d) Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

1. Regular and systematic communication between the local oral health coalitions and the AC4OH ensure that stakeholders collaborate, share best practices, avoid duplication, leverage resources and most importantly, avoid working at cross purposes with one another.
2. On June 1, 2015, the Nevada Legislature ended its 78th session. Included in the state's record \$7.3 million two year general fund spending plan was funding for the state dental officer and the state public health dental hygienist positions, in addition to some funds to operate the state's oral health program. This funding was available for FY17.

During the 2017 79th Legislative Session, the state dental officer and the state public health dental hygienist positions were approved for additional funding through FY19. The continued inclusion of funds to support these two state oral health positions demonstrates resurgence in the state's commitment to promote and protect the dental health of all Nevadans.

3. During the 79th Legislative Sessions, the oral health coalitions along with the Nevada Hygiene Association united to hold an Oral Health Legislative Day. Through posters, flyers, patient testimonials, a presentation on the initiatives within the State Oral Health Program, and an oral health hero awards presentation, legislators and their staff were able to learn more about dental activities throughout the state, community oral health events, successes in oral health promotion, and gain a better understanding of the dental significance of several of the bills being heard that session. Sixty non-dental participants attended the event.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity? What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Coalitions – \$0

Meeting facility – In kind

Travel – Self funded

State Oral Health Advisory Committee – \$0

Meeting facility – In kind

Travel – Self funded

Oral Health Legislative Day– \$1,700

Meeting facility – In kind

Invitations, printed material, and luncheon –\$1,700

Travel – Self funded

2. How is the activity funded?

Funding is gathered from coalition association dues and donations. Nevada Dental Benefits, CCOH, CUSP, Oral Health Nevada, and the Nevada Hygienist Association supported the Oral Health Legislative Day.

3. What is the plan for sustainability?

The AC4OH 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 and later 2008 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.

The Legislature as well as the Department of Health and Human Services has a renewed interest in and appreciation for oral health. This is evident in the revitalization of financial and administrative support for the State Oral Health Program and the State Dental Health Officer and State Public Health Dental Hygienist positions.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

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.

2. What challenges did the activity encounter and how were those addressed?

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

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

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	31005
Associated BPAR:	State Oral Health Coalitions and Collaborative Partnerships
Submitted by:	Nevada State Oral Health Program
Submission filename:	DES31005NVoralhealthcoalitions-2018
Submission date:	September 2006
Last reviewed:	January 2018
Last updated:	January 2018