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Nevada’s State Oral Health Plan

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 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 State Oral Health Plan and to develop a comprehensive plan for oral health activities throughout Nevada. 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 Oral Health Advisory Committee (OHAC) and the community-based coalitions.

The State Oral Health Summit Planning Committee participated in a policy tool, created by the Children’s Dental Health Project funded by the CDC, prior to the 2008 State Oral Health Summit to identify oral health priorities for potential inclusion in the 2008 State Oral Health Plan. The committee identified the following five policies:

Priority 1: Expand access to oral health services in rural Nevada
Priority 2: Establish an oral health program in statute and secure state funding to support the program
Priority 3: Expand existing and implement new school-based dental sealant programs
Priority 4: Maintain existing population levels at which community water fluoridation is mandated
Priority 5: Require oral health education in school curricula

OHAC and community-based coalition members participated in workshops at the 2008 State Oral Health Summit. Strategies for implementation of the five priority areas were discussed at the summit and were included in the 2008 State Oral Health Plan.

During the 2009 legislative session, Assembly Bill No. 136 was introduced to create a State Program for Oral Health within the NSHD. The bill called for a 13-member advisory committee (Advisory Committee on the State Program for Oral Health [AC4OH]) to make recommendations to the health division. The bill was well supported, and on April 22, 2009, it passed with unanimous approval from both houses of the state legislature and was signed into law by the Governor of Nevada. Although not a funded mandate, the law acknowledges the importance of having a state program to address the oral health needs of Nevada residents. The law also will help state officials integrate oral health into other state health initiatives and programs.
In preparation for the next State Oral Health Summit, AC4OH and NSHD staff gathered to participate in a policy tool in September 9, 2011 to develop feasible priorities to implement in the State Oral Health Plan. Priorities ranked by opportunity and feasibility include:

Priority 1: Creating a data-driven statewide oral health surveillance system
Priority 2: Increasing oral health education and awareness
Priority 3: Creating a state-funded dental sealant program
Priority 4: Providing state funding for the oral health program
Priority 5: Mandating that all children have dental exams as a requirement to attend school

On January 18-19, 2013, AC4OH and community members participated in an oral health break out session as part of the Synchronicity: Coordinating Nevada’s Chronic Disease Management, Prevention, & Health Promotion Efforts Conference in Las Vegas, Nevada. The priority areas and strategic plan for implementation were discussed and will be used to revise the State Oral Health Plan.

The Nevada State Oral Health Plan’s goals and objectives guide oral health promotion activities throughout the state. Community-based coalitions were tasked to implement the plans. A number of outcomes have resulted from the activities of AC4OH and the community-based coalitions in implementing the various plans including:

- 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 used to educate the community, policy makers and funders about oral health promotion and disease prevention strategies.
- A dental advisory committee for the state Medicaid program has been re-established and expanded.
- 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.
- Relationship building 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.
- The state licensing board has adopted regulations to allow dental hygienists to receive a special endorsement to provide care in school and community-based settings. Public health endorsed dental hygienists must receive their endorsement each year through the Nevada State Board of Dental Examiners (NSBDE).

Lessons Learned:

The priorities developed from the last two policy tools were representative of the oral health needs of the community. Strides have been made in implementing the priority areas identified in the 2008 State Oral Health Plan with further implementation of the priority areas identified in the 2011 policy tool. The approval of public health endorsed dental hygienists has helped expand the number of services offered by school-based sealant programs. The infrastructure at the NSHD has been strengthened with the addition of a State Dental Director to help with the dissemination of findings to professional organizations and community partners at the local, state and national levels. It is anticipated that a 2013 State Oral Health Plan will be released by the end of the year.

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