

**NEVADA STATE HEALTH DIVISION**

2008  
Nevada State  
Oral Health  
Plan

**Department of Health and Human Services  
Nevada State Health Division  
Bureau of Family Health Services**

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April 2008

Funding for the 2008 State Oral Health Summit was provided by:

The Department of Health and Human  
Services  
Health Resources and Services  
Administration  
Centers for Disease Control and  
Prevention  
Division of Oral Health

*“You are not healthy without good oral health”*

*Dr. C. Everett Koop, Surgeon General of the  
United States, 1981-1989*

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# 1. BACKGROUND

The first statewide plan to improve oral health in Nevada was published in 1998 when the Governor's Maternal and Child Health Advisory Board, Oral Health Subcommittee issued *An Oral Health Action Plan for Nevada*. This document made recommendations in three general areas: State leadership; access to treatment services; and prevention and health education. Primary goals included establishment of a State Office of Oral Health; initiatives related to Medicaid and Nevada's State Children's Health Insurance Program (SCHIP), Nevada Check Up; development of a public information and education campaign; assessment of the oral health of Nevada's seniors and education of long-term care administrators and their staffs; pursuit of remedies to address workforce issues; development of community-level public/private partnerships to expand access to dental treatment services for the underserved; development of a pilot dental sealant initiative; implementation of an oral health curriculum for schools; and amendment of Nevada Revised Statute (NRS) to permit local jurisdiction approval of community water system fluoridation.

In 2004, over 70 stakeholders were convened to develop an updated state oral health plan. This document, the *2004 State Oral Health Plan* contained seven overarching goals - *Appendix A*. They included: maintain and expand an oral health system in Nevada; change the culture of accepted norms; develop policy to promote oral health; develop sustainability of the Nevada State Health Division Oral Health Program; promote effective disease prevention and treatment strategies and programs; increase access to direct dental services; and reduce barriers to care. Specific objectives were developed for each goal. Strategies, evaluation criteria, agencies and organizations to involve, and time frames were specified. Each objective was also cross referenced with corresponding Healthy People 2010 goals or goals from the Surgeon General's *National Call to Action*. The final evaluation piece related to the *2004 State Oral Health Plan* was development of a tracking grid to chart progress towards achieving the goals outlined in the plan. Regional oral health coalitions covering all 17 Nevada counties were established to implement the strategies contained in the 2004 plan on a community level. Continued evaluation of progress towards meeting the goals of the 2004 State Oral Health Plan revealed that significant progress had been made on achieving the goals and objectives of the 2004 plan.

- Almost 9,000 children received close to 30,000 free dental sealants through school-based dental sealant programs;
- The percent of children in Nevada with dental sealants increased from 33 to 41 percent;
- Physicians and nurses provided over 25,000 fluoride varnish treatments to at-risk children;

- The percent of Nevadans with access to optimally fluoridated community water supplies exceeded the Healthy People 2010 goal of 75 percent;
- Over 3,000 individuals participated in oral health education classes;
- The number of dental safety-net programs increased from 20 to 29;
- The number of mobile dental programs increased from five to nine;
- The number of Nevada licensed dentists increased from 1,186 to 2,130;
- The number of dentists participating in Nevada’s Medicaid program, the number with paid claims of at least \$10,000, and the number who saw 100 or more beneficiaries tripled;
- The percent of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible children who received at least one initial or periodic EPSDT screen increased from 38 percent to 58 percent;
- The number of EPSDT eligible children who received any dental service increased from 7,054 to 30,647;
- The number of EPSDT eligible children who received a preventive dental service increased from 18,656 to 24,427;
- The percent of children enrolled in Head Start receiving preventive care increased from 33 percent to 92 percent and the percent who received dental treatment increased from 37 percent to 63 percent;
- The Trust Fund for Public Health, the Fund for a Healthy Nevada, and the Department of Health and Human Services (DHHS) Community Services Block Grant (CSBG) allocation unit dispersed almost \$8.5 million to community-based agencies to support oral health activities.
- The state has a comprehensive State Oral Health Plan that is used by the Oral Health Program and other stakeholders throughout the state for program planning, evaluation, resource development, and advocacy. This ensures that individual program activities are aligned with overarching goals.

Having a comprehensive state oral health plan has improved oral health in Nevada by providing the Nevada State Oral Health Program and stakeholders with a document that they have used for advocacy, to support funding requests, for program planning, and for evaluation of progress towards meeting both national and state objectives. It has generated support for a state-level oral health program to oversee and coordinate oral health efforts; encouraged development of standardized reporting mechanisms; assisted coalitions with identification of strategies they can implement to improve oral health; inspired development of preventive and restorative oral health programs to reduce disparities; identified opportunities for research efforts relative to oral health; provided a resource for educators to teach dental and dental hygiene students about dental public health; provided a central resource of information for lawmakers; and empowered local advocacy groups to pursue policies to improve oral health. Continued evaluation highlighted the need to revisit the 2004 plan and identify new and update existing goals and strategies to meet Nevada’s vision:

***Optimal Oral Health for all Nevadans***

## 2. SUMMARY OF PLANNING PROCESS

The activities of the Nevada State Health Division Oral Health Program are guided by a 13 member State Oral Health Advisory Committee (OHAC) - *Appendix B*. The OHAC represents a diverse group of oral health stakeholders from throughout the state. The members of the OHAC identified organizations and stakeholder groups to invite to participate in planning the 2008 State Oral Health Summit. They included: the Nevada Dental Association; Nevada Dental Hygienists' Association; Nevada State Board of Dental Examiners; University of Nevada, Las Vegas School of Dental Medicine; Great Basin Primary Care Association; Nevada School Nurses Association; Head Start Association; Bureau of Community Health Services; Division of Mental Health and Developmental Services; Community Coalition for Oral Health (CCOH); Northern Nevada Dental Coalition for Underserved Populations (CUSP); Northeastern Nevada Oral Health Coalition (NECOH); Churchill, Lyon, Pershing, and Storey Counties Regional Oral Health Coalition (CLPS ROHC); Carson Douglas Oral Health Coalition; Central Nevada Oral Health Coalition; tribal government; and safety net providers. Each entity was contacted and invited to participate in the planning process. The result was a 12 member planning committee that oversaw all activities related to planning the 2008 State Oral Health Summit - *Appendix C*. The committee started meeting in October of 2007 and over the next four months they selected the venue and date, identified invitees and the keynote speaker, drafted the agenda, identified breakout group topic areas, and reviewed outcomes from the 2004 State Oral Health Plan for presentation at the 2008 Summit.

The OHAC also identified a group of stakeholders (*Appendix D*) who were asked to convene prior to the summit, to identify priority oral health policies for potential inclusion in the 2008 State Oral Health Plan. The workgroup utilized a Policy Development Tool, developed as part of a collaborative agreement between the Children's Dental Health Project and the Centers for Disease Control and Prevention (CDC) Division of Oral Health. The meeting was facilitated by Mary Frosh from the Children's Dental Health Project. The workgroup identified five priority policies with potential to improve oral health in Nevada. They also identified representatives from the workgroup to present the proposed policies to stakeholders at the summit and to provide stakeholders with the rationale for why these policies should be considered for inclusion in the 2008 State Oral Health Plan. The proposed policies were:

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

### **3. STATE ORAL HEALTH SUMMIT AGENDA**

The summit began with a welcome and introductions by Amy Roukie, Deputy Administrator of the Nevada State Health Division. Following the introductions, Assemblywoman Sheila Leslie, Chairwoman of the Legislative Committee on Health Care, provided the keynote address. She stressed the need for oral health advocates to identify one or two key initiatives. They need to develop strategic talking points to communicate with legislators and they need to coordinate efforts so legislators hear a consistent message.

Christine Wood, Nevada State Health Division Oral Health Program Manager provided an overview of progress towards meeting the goals and objectives of the 2004 State Oral Health Plan. Michael Sanders, DMD, EdM and Dental Consultant to the Nevada State Health Division Oral Health Program provided an overview of the Policy Tool process. This was followed by individual presentations from Policy Tool workgroup representatives on each of the proposed policies.

- Dr. Robert Talley - Expand access to oral health services in rural Nevada.
- Dr. Joel Glover - Establish an oral health program in statute and secure funding to support the program.
- Shari Peterson - Expand existing and implement new school-based dental sealant programs.
- Dr. Mark Rosenberg - Maintain existing population levels at which community water fluoridation is mandated in statute.
- Dr. Tyree Davis and Dr. Mille McClain - Require oral health education in school curricula.

After a networking luncheon, Kelly Marschall, Social Entrepreneurs, Inc. explained the action planning process. Strategic planning was done utilizing a “world café” approach. There were four breakout groups. Focus areas were: 1) Change perceptions and increase awareness; 2) Increase prevention and expand access; 3) Improve service delivery; 4) Build infrastructure. The potential policies to improve oral health were nested under the appropriate workgroup focus area. Participants could choose to rotate between the various workgroups or stay in one workgroup for the entire strategic planning process. Each workgroups was lead by a facilitator who ensured that participants stayed focused. Participants were alerted of “time boxes” meaning that if they wished to participate in all four topics, their time to rotate to a new topic had just arrived. The 2008 State Oral Health Summit Planning Committee members modeled participation in the workgroups and answered process questions from stakeholders. Each group established the goal and objectives for the category they were participating in. 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 another workgroup and reviewed, revised, and built upon the work of the previous 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 facilitator 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 Tyree Davis, DDS, and Chair of the OHAC and an evaluation of the event.



## **4. GOALS AND OBJECTIVES**

Goal 1 - Build the infrastructure needed to support oral health in Nevada.

Objective 1.1 - By 2009, establish a Nevada State Health Division Oral Health unit in statute.

Objective 1.2 - Annually, obtain \$500,000 in funding to sustain the Nevada State Health Division Oral Health unit.

Objective 1.3 - By 2010, stakeholders from all 17 counties in Nevada will actively participate in regional oral health coalitions that meet regularly and that engage in oral health promotion activities in those counties.

Goal 2 - Implement evidence-based oral health prevention activities.

Objective 2.1 - Maintain existing county population levels at which community water fluoridation is mandated in Nevada statute.

Objective 2.2 - By 2013, implement dental sealant programs in all Nevada counties.

Objective 2.3 - By 2013, implement community-based fluoride programs in all Nevada counties.

Goal 3 - Increase access to oral health services for all underserved Nevadans (rural, special needs, aged, very young, low-income, and uninsured).

Objective 3.1 - By 2011, increase state funding to support loan repayment for dentists who commit to care for underserved populations.

Objective 3.2 - By 2011, increase state funding to support low or no-cost loans for dental students who commit to care for underserved populations.

Objective 3.3 - By 2011, establish community scholarships to support dental students who commit to care in rural communities.

Objective 3.4 - By 2011, establish rural rotations for all UNLV SDM students.

Objective 3.5 - By 2013, establish a state-funded loan pool to assist with costs of establishing and maintaining dental practices in underserved communities.

Objective 3.6 - By 2011, establish telemedicine programs to support rural dental providers.

Objective 3.7 - By 2013, provide supplemental reimbursement by Medicaid to rural providers who participate in Medicaid and Nevada Check Up.

Objective 3.8 - By 2013, provide supplemental reimbursement by Medicaid for the extra time and special knowledge and skills needed to provide care to individuals with special needs and the frail elderly.

Objective 3.9 - By 2013, establish continuing education programs for general dentists on treatment of clients with special needs, the aged and very young.

Objective 3.10 - By 2010, reduce the length and complexity of the Medicaid enrollment and application forms for providers and clients.

Objective 3.11 - By 2013, establish presumptive eligibility for Medicaid and Nevada Check Up.

Goal 4 - Change perceptions about and increase awareness of oral health.

Objective 4.1 - By 2013, mandate oral health education in school curricula.

Objective 4.2 - By 2013, implement a statewide targeted oral health education program for consumers.

Objective 4.3 - By 2011, implement interdisciplinary training of oral health and medical professionals.

## **5. NEXT STEPS**

Successful development and implementation of this plan requires the participation of many key stakeholder organizations and the support of the existing coalitions throughout Nevada. In discussing next steps, participants identified a critical success factor would 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. Clearly, participants feel that a strength and potential success factor for implementing the plan is the diverse group of people, geography, and backgrounds represented in the planning process. Finally, 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 2008.

The meeting concluded with a description of next steps for the development of the plan. Following a summary of the meeting results by the facilitator, the action plan will be forwarded to work group leaders to further evolve the components of the plan for their goal. A draft report will then be issued to participants with an opportunity for them to suggest changes and comment on the plan. Upon receipt of their feedback, the plan will be revised and then forwarded to the Health Division for approval.

Community coalitions will be asked to take ownership of parts of the plan they feel they can implement in their communities. The Oral Health Program will coordinate communication and progress to coalitions and other key stakeholders.

## 6. 2008 STATE ORAL HEALTH PLAN IMPLEMENTATION TRACKING GRID

### Goal 1 - Build the infrastructure needed to support oral health in Nevada.

**Objective 1.1** - By 2009, establish a Nevada State Health Division Oral Health unit in statute.

**Outcome/Measurement:** Nevada statute establishes a State Oral Health unit with capacity to plan, implement, and evaluate oral disease prevention and health promotion programs targeting populations and disparities.

Strategy	Persons Responsible	Timing
1. State the policy as a SMART (specific, measurable, achievable, realistic, and timed) objective	State of Nevada Oral Health Advisory Committee (OHAC)	March '08
2. Gather information and establish a clear argument in support of establishment of a state funded Oral Health unit in statute	OHAC	March '08
3. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and obtaining their support	Chair of each coalition	April '08 - establish committees and secure support
4. Provide legislative training workshops to legislative committee members	(Possible Facilitators) Great Basin Primary Care (GBPCA), Nevada Public Health Assoc. (NPHA), Nevada Dental Association (NDA), Nevada Dental Hygienists Association (NDHA), Progressive Leadership Alliance of Nevada (PLAN)	May '08
5. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '08
6. Formulate and frame key messages	OHAC and coalition legislative committee	June '08

7. Identify and prepare message bearers	OHAC and coalition legislative committee	June '08
8. Meet with identified key legislators to secure a Bill Draft Request (BDR) sponsor	Message bearers	July '08
9. Meet with legislators to secure support	Message bearers	August '08 - May '09

**Objective 1.2** - Annually, obtain \$500,000 in funding to support the Nevada State Health Division Oral Health unit.

**Outcome/Measurement:** The State Oral Health Program is funded through a variety of sources including the State General Fund and grant awards.

Strategy	Persons Responsible	Timing
1. Conduct an analysis of the financial and social impact of oral disease	OHP	March '08
2. Establish a clear argument in support of state funding for the Oral Health unit (the financial and social impact of oral disease and the importance of a strong state oral health program for policy makers)	OHAC	March '08
3. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and obtaining their support	Chair of each coalition	April '08 - establish committees and secure support
4. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '08
5. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '08
6. Formulate and frame key messages	OHAC and coalition legislative committee	June '08
7. Identify and prepare message bearers	OHAC and coalition legislative committee	June '08
8. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '08
9. Meet with legislators to secure support	Message bearers	August '08 -

		May '09
10. Identify potential federal and private funding models and sources	OHP, OHAC, Coalitions	Ongoing
11. Engage coalitions and partners to advocate and support these funding opportunities, including identifying partners appropriate for specific grants	OHP	Ongoing
12. Pursue all potential funding opportunities	OHP	Ongoing

**Objective 1.3:** By 2010, stakeholders from all 17 counties in Nevada will actively participate in regional oral health coalitions that meet regularly and that engage in oral health promotion activities in those counties.

**Outcome/Measurement:** Coalitions representing all 17 Nevada counties meet regularly and are actively engaged in oral health promotion activities.

Strategy	Persons Responsible	Timing
1. Inventory all oral health coalition members and categorize by type of organization	OHP	April '08
2. Compare membership of each coalition to identify gaps in coalition membership	OHP	April '08
Identify organizations to recruit to address gaps	Coalition/coalition chairs	May '08
3. Develop individualized message for each organization describing how joining the coalition will further their organizations' goals and objectives	Coalition/coalition chairs	May '08
4. Identify specific individual to whom to send recruitment letter	Coalition/coalition chairs	June '08
5. Mail letter and follow up with a phone call 10 days later	Coalition chairs	June '08
6. Engage new coalition members in oral health promotion activities that address their particular concerns/needs/ priorities and/or utilize their individual areas of expertise	Coalition chairs	Ongoing

**Goal 2 - Implement evidence-based oral health prevention activities.**

**Objective 2.1** - Maintain existing county population levels at which community water fluoridation is mandated in Nevada statute.

**Outcome/Measurement:** Nevada statute mandates community water fluoridation in counties with a population of 400,000 or more.

Strategy	Persons Responsible	Timing
1. State the policy as a SMART objective	OHAC	March '08
2. Gather information and establish a clear argument in support of maintaining the population level at which fluoridation is currently mandated (Collect evidence-based research on benefits of fluoridated water including Clark vs. Rest of State and research incidence of fluorosis)	OHP, OHAC	Feb-April '08
3. Identify myths and claims and create case statement to debunk myths (look at websites)	OHP, OHAC	Feb-June '08
4. Secure support of coalitions and partners	OHP, OHAC	
5. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '08
6. Identify likely and unlikely partners to engage in grass roots effort	Coalitions	Feb-May '08
7. Create campaign collateral with key messages, key contacts, PSA, testimony tree	Coalitions	June-Sept '08
8. Create coalition based calendars for key legislative contacts	Coalitions	Oct. '08
9. Identify key champions within legislature, Washoe county families	Coalitions	Oct-Nov. '08
10. Contact lobbyists for support or coaching, have lobbyist look at statute, determine risk, track BDRs	Coalitions, NDA	Dec. '08

**Objective 2.2** - By 2013, implement dental sealant programs in all Nevada counties.

**Outcome/Measurement:** Dental sealant programs are implemented in all 17 Nevada counties; the percent of eligible schools with school-based dental sealant programs has increased, the percent of children with dental sealants has increased to 50 percent (HP 2010 goal 21-8); the percent of children aged 6 to 8 with decay experience has decreased to 42 percent (HP 2010 goal 21-1).

Strategy	Persons Responsible	Timing
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1. Evaluate the impact of existing programs	OHP	March '08
2. Identify gaps in service	OHP	March '08
3. Create case statement for dental sealants for policy makers, public and private funders, business, donors, and insurance companies	ADA/ADHA	June '08
4. Pursue a state general fund appropriation to support sealant programs	Coalitions	June '08
4.a Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '08
4.b. Formulate and frame key messages	OHAC and coalition legislative committee	June '08
4.c. Identify and prepare message bearers	OHAC and coalition legislative committee	June '08
4.d. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '08
4.e. Meet with legislators to secure support	Message bearers	August '08 - May '09
5. Explore creation of new funding streams to support sealant programs (i.e. soda tax)	Coalitions	'11
6. Pursue policy to require private insurance companies to provide direct reimbursement to public health dental hygienists for dental sealant placement	NDA, NDHA, OHAC, Coalitions, Insurance Commissioner	October '08
7. Identify and pursue grant opportunities and private donations to support sealant programs	OHP, Coalitions	Ongoing

**Objective 2.3** - By 2013, implement community-based fluoride programs in all Nevada counties.

**Outcome /Measurement:** Fluoride supplement, varnish or rinse programs are implemented in all 17 Nevada counties; the percent of children aged 6-8 with decay experience has decreased to 42 percent (HP 2010 goal 21-1).

Strategy	Persons Responsible	Timing
1. Compile the evidence base for fluoride supplements, varnish, and rinse	OHP	June '08
2. Inventory existing community-based fluoride programs and	OHP	June '08



identify gaps		
3. Create case statement for fluoride programs for policy makers, public and private funders, business, donors, and insurance companies	OHP, NDA, NDHA, coalitions	September '08
4. Engage county leaders and educate them on options and benefits	Coalitions	Ongoing
5. Identify and pursue grant opportunities and private donations to support fluoride programs	OHP, Coalitions	Ongoing
6. Pursue policy to require private insurance companies to provide direct reimbursement to public health dental hygienists for fluoride varnish placement	NDA, NDHA, OHAC, Coalitions, Insurance Division	September '08

**Goal 3 - Increase access to oral health services for all underserved Nevadans (rural, special needs, aged, very young, low-income, and uninsured).**

**Objective 3.1** - By 2011, increase state funding to support loan repayment for dentists who commit to care for underserved populations.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

<b>Strategy</b>	<b>Persons Responsible</b>	<b>Timing</b>
1. Convene a workgroup that includes representation from the Nevada State Board of Dental Examiners (NSBDE), NDA, NDHA, the Western Interstate Commission on Higher Education (WICHE), and other stakeholders	OHAC	April '09
2. State the policy as a SMART objective	Workgroup	April '09
3. Gather information and establish a clear argument in support of increasing state funding to support loan repayment for dentists who	Workgroup	April '09

commit to care for underserved populations		
4. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and obtaining their support	Chair of each coalition	April '09 - establish coalitions  April 09 - Secure support
5. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '09
6. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '09
7. Formulate and frame key messages	OHAC and coalition legislative committee and	June '09
8. Identify and prepare message bearers	OHAC and coalition legislative committee and	June '09
9. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '09
10. Meet with legislators to secure support	Message bearers	August '09 - May '10

**Objective 3.2** - By 2011, increase state funding to support low or no cost loans for dental students who commit to care for underserved populations.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

1. Convene a workgroup that includes representation from the NSBDE, NDA, NDHA, WICHE, and other stakeholders	OHAC	April '09
2. State the policy as a SMART (specific, measurable, achievable, realistic, and timed) objective	Workgroup	April '09

3. Gather information and establish a clear argument in support of increasing state funding to support loan repayment for dentists who commit to care for underserved populations	Workgroup	April '09
4. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and obtaining their support	Chair of each coalition	April '09 - establish coalitions  April '09 - Secure support
5. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '09
6. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '09
7. Formulate and frame key messages	OHAC and coalition legislative committee and	June '09
8. Identify and prepare message bearers	OHAC and coalition legislative committee and	June '09
9. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '09
10. Meet with legislators to secure support	Message bearers	August '09 - May '10

**Objective 3.3** - By 2011, establish community scholarships to support dental students who commit to care in rural communities.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. Identify communities lacking access to care	Coalitions	June '09
2. Identify community leaders	Coalitions	June '09
3. Develop community support for establishing community scholarships	Coalitions	July '09 - July '10
4. Secure funding	Coalitions	Ongoing

5. Outreach to potential dental students from those communities	Coalitions	After funding is secured
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**Objective 3.4** - By 2011, establish rural rotations for all UNLV SDM students.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. Identify potential funding sources to support rural rotations (SEARCH, federal and state grants, community donations)	UNLV SDM, Primary Care Development Center (PCDC), Area Health Education Centers (AHEC)	July '08
2. Identify potential sites for rural rotations	UNLV SDM, PCDC	July - Sept '08
3. Secure housing for dental students in each target community	UNLV SDM, PCDC, AHEC	December '08
4. Train preceptors and establish preceptors as adjunct faculty	UNLV SDM	January '09
5. Implement rural rotations	UNLV SDM	March '09
6. Evaluate rural rotation program	UNLV SDM	July '09

**Objective 3.5** - By 2013, establish a state-funded loan pool to assist with costs of establishing and maintaining dental practices in underserved communities.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. State the policy as a SMART objective	OHAC	March '10
2. Gather information and establish a clear argument in support of a state-funded loan pool to assist with costs of establishing and maintaining dental practices in underserved communities	OHAC	March '10
3. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and	Chair of each coalition	April '10 - establish

obtaining their support		coalitions  April '10 - Secure support
4. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '10
5. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '10
6. Formulate and frame key messages	OHAC and coalition legislative committee and	June '10
7. Identify and prepare message bearers	OHAC and coalition legislative committee and	June '10
8. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '10
9. Meet with legislators to secure support	Message bearers	August '10 - May '11

**Objective 3.6** - By 2011, establish telemedicine programs to support rural dental providers.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. Identify potential partners (UNR Office of Rural Health, NDA, NSBDE) and establish a workgroup	UNLV	July '09
2. Investigate existing models and design a model for Nevada	Workgroup	August '09
3. Secure funding through grants and/or donations	Workgroup	January '10
4. Implement program	Workgroup community partners	June '10
5. Evaluate program	Workgroup	June '11

**Objective 3.7** - By 2013, provide supplemental reimbursement by Medicaid to rural providers who participate in Medicaid and Nevada Check Up.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. State the policy as a SMART objective	OHAC	March '12
2. Gather information and establish a clear argument in support of providing supplemental reimbursement by Medicaid to rural providers who participate in Medicaid and Nevada Check Up	OHAC	March '12
3. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and obtaining their support	Chair of each coalition	April '12 - establish coalitions and secure support
4. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '12
5. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '12
6. Formulate and frame key messages	OHAC and coalition legislative committee	June '12
7. Identify and prepare message bearers	OHAC and coalition legislative committee	June '12
8. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '12
9. Meet with legislators to secure support	Message bearers	August '12 - May '13

**Objective 3.8** - By 2013, provide supplemental reimbursement by Medicaid for the extra time and special knowledge and skills needed to provide care to individuals with special needs and the frail elderly.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. State the policy as a SMART objective	OHAC	March '12
2. Gather information and establish a clear argument in support of	OHAC	March '12

providing supplemental reimbursement by Medicaid for the extra time and special knowledge and skills needed to provide care to individuals with special needs and the frail elderly		
3. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and obtaining their support	Chair of each coalition	April '12 - establish coalitions  April '12 - Secure support
4. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '12
5. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '12
6. Formulate and frame key messages	OHAC and coalition legislative committee	June '12
7. Identify and prepare message bearers	OHAC and coalition legislative committee	June '12
8. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '12
9. Meet with legislators to secure support	Message bearers	August '12 - May '13

**Objective 3.9** - By 2013, establish continuing education programs for general dentists on treatment of clients with special needs, the aged and very young.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. Establish a workgroup (NDA, UNLV SDM, Pediatric Dental Residency Program, Sanford Center on Aging, Head Start, Division of Mental Health and Developmental Services)	OHAC	July '11
2. Investigate existing models	Workgroup	August '11

3. Develop Nevada models	Workgroup	December '11
4. Secure funding	Workgroup	December '11 - June '12
5. Implement programs	Workgroup	July '11 - June '12
6. Evaluate programs	Workgroup	December '12

**Objective 3.10** - By 2010, reduce the length and complexity of the Medicaid enrollment and application forms for providers and clients.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. Establish a workgroup (Division of Health Care Financing and Policy (DHCFP), managed care organizations, Insurance Commissioner, NDA)	OHAC	July '09
2. Investigate other states' models	Workgroup	August '09
3. Develop recommendations for Nevada	Workgroup	September '09
4. Share recommendations with DHCFP and Welfare	OHAC	December '09
5. Evaluate implementation and/or impact of recommendations	OHP	December '10

**Objective 3.11** - By 2013, establish presumptive eligibility for Medicaid and Nevada Check Up.

**Outcome/Measurement:** Increased number of visits, reductions in percent of population with decay experience, reductions in percent of population with untreated decay.

Strategy	Persons Responsible	Timing
1. State the policy as a SMART objective	OHAC	March '12



2. Gather information and establish a clear argument in support of establishing presumptive eligibility for Medicaid and Nevada Check Up	OHAC	March '12
3. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and obtaining their support	Chair of each coalition	April '12 -
4. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '12
5. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '12
6. Formulate and frame key messages	OHAC and coalition legislative committee	June '12
7. Identify and prepare message bearers	OHAC and coalition legislative committee	June '12
8. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '12
9. Meet with legislators to secure support	Message bearers	August '12 - May '13

## Goal 4 - Change perceptions about and increase awareness of oral health

**Objective 4.1** - By 2013, mandate oral health education in school curricula.

**Outcome/Measurement:** Oral health education is required in all schools; reduce dental caries experience in children (HP 2010 21-1).

Strategy	Persons Responsible	Timing
1. Identify stakeholders and establish a workgroup (Department of Education, PTA /PTO, NDA, NDHA, OHP, coalitions)	OHAC	January '12
2. Conduct an inventory of what curricula is currently being used in Nevada and other states	Workgroup	February '12
3. Gather information and establish a clear argument in support of mandated oral health education in schools (financial and social impact of oral disease, evidence base supporting requiring oral health education in school curricula, cost of requiring oral health	Workgroup	March '12

education in school curricula		
4. Establish a broad base of support among coalitions and partners by establishing legislative committees within each coalition and obtaining their support	Chair of each coalition	April '12
5. Provide legislative training workshops to legislative committee members	(Possible Facilitators) - GBPCA, NPHA, NDA, NDHA, PLAN	May '12
6. Identify key legislators (potentially most supportive or most opposed)	NDA, GBPCA, Culinary Union	June '12
7. Formulate and frame key messages	OHAC and coalition legislative committee	June '12
8. Identify and prepare message bearers	OHAC and coalition legislative committee	June '12
9. Meet with identified key legislators to secure a BDR sponsor	Message bearers	July '12
10. Meet with legislators to secure support	Message bearers	August '12 - May '13

**Objective 4.2** - By 2013, implement targeted oral health education programs for consumers.

**Outcome/Measurement:** Decrease in the number of ER visits for oral health related services; increase in percent of consumers who utilize the oral health system (HP 2010 goal 21-10); decrease in the percent of children and adults with decay experience and untreated decay (HP 2010 goals 21-1 and 21-2); Increase in the percent of adults diagnosed with diabetes who have visited a dentist in the past year (HP 2010 Goal 5-15).

Strategy	Persons Responsible	Timing
1. Establish a workgroup (OHP, higher education, public health agencies, coalitions)	OHAC	July '10
2. Identify target populations (for example, pregnant women, seniors)	Workgroup	August '10
3. Identify existing educational programs in Nevada that target these populations	Workgroup	September - December '10
4. Research promising models from other states	Workgroup	January '11
5. Develop and pilot programs	Workgroup, partners	March -

		September '11
6. Evaluate pilot programs and modify as needed	Workgroup, partners	September - December '11
7. Implement programs	Partners	January '12
8. Evaluate impact	Workgroup	January '13

**Objective 4.3** - By 2011, implement interdisciplinary training of oral health and medical professionals.

**Outcome/Measurement:** Increase detection of Stage 1 oral cancer lesions (HP 2010 goal 21-7); increased number of oral cancer examinations (HP 2010 goal 21-7); decrease in the number of ER visits for oral health related services; increase in percent of consumers who utilize the oral health system (HP 2010 goal 21-10); decrease in the percent of children and adults with decay experience and untreated decay (HP 2010 goals 21-1 and 21-2).

Strategy	Persons Responsible	Timing
Approach partners (medical, nursing, dental, and dental hygiene schools, and medical, nursing, dental and dental hygiene professional associations) to recruit them for a workgroup	OHAC	July '09
Evaluate the existing level of integration	Workgroup	August '09
Determine information and determine target organizations	Workgroup	September '09
Develop educational materials and programs that integrate oral health and medical health	Workgroup and target organizations	October '09 - March '10
Test educational materials	Workgroup and target organizations	April '10 - September '10
Disseminate educational materials	Workgroup and target organizations	October '10 - December '10
Implement curricula / programs	Workgroup and target organizations	January '11 - January '12
Evaluate the impact of the educational materials and programs.	Workgroup	March '12

## 7. TIMELINE

	3/08 - 9/08	10/08 - 3/09	4/09 - 9/09	10/09 - 3/10	4/10 - 9/10	10/10 - 3/11	4/11 - 9/11	10/11 - 3/12	4/12 - 9/12	10/12 - 3/13	4/13 - 9/13
Objective 1.1	█	█	█								
Objective 1.2	█	█	█								
Objective 1.3	█	█	█	█	█	█	█	█	█	█	█
Objective 2.1	█	█	█								
Objective 2.2	█	█	█	█	█	█	█	█	█	█	█
Objective 2.3	█	█	█	█	█	█	█	█	█	█	█
Objective 3.1			█	█	█						
Objective 3.2			█	█	█						
Objective 3.3			█	█	█						
Objective 3.4			█			█	█				
Objective 3.5		█	█	█	█	█	█				
Objective 3.6		█	█	█	█	█	█				
Objective 3.7								█	█	█	█
Objective 3.8								█	█	█	█
Objective 3.9					█	█	█	█	█	█	█
Objective 3.10			█	█	█	█	█	█	█	█	█
Objective 3.11			█	█	█	█	█	█	█	█	█
Objective 4.1								█	█	█	█
Objective 4.2						█	█	█	█	█	█

## **APPENDIX A: KEY RECOMMENDATIONS OF THE 2004 NEVADA ORAL HEALTH PLAN**

### Infrastructure Building

Goal 1: Maintain and expand an Oral Health System in Nevada.

- 1.1. Maintain a State Oral Health Program.
- 1.2. Maintain an Oral Health Advisory Committee.
- 1.3. Identify resources and capacity, determine needs, and develop a community-based reporting system.
- 1.4. Develop an ongoing surveillance system.

Goal 2: Change the culture of accepted norms.

- 2.1 Utilize targeted, community-based social norms marketing regarding oral health throughout the lifespan.
- 2.2. Link medical and dental health.
- 2.3. Provide oral health education and care in schools and other appropriate venues.
- 2.4 Educate public officials and community leaders utilizing the *National Call to Action*.
- 2.5. Assist communities in using the *National Call to Action* to develop local plans.
- 2.6. Make it easy to seek care and information.

Goal 3: Develop policy to promote oral health.

- 3.1. Develop and disseminate concise and relevant messages for policymakers and administrators at local, state, and federal levels related to the results of oral health research and the oral health status of their constituents.
- 3.2. Expand Medicaid coverage to include basic oral health services for adults, especially seniors.
- 3.3. Pursue policy changes to improve provider participation in public health insurance programs and enhance patient access to care (provider recruitment and training, electronic billing, presumptive eligibility).
- 3.4. Seek legislative policies to provide dental service coverage, especially for at-risk populations.
- 3.5. Increase oral health care access and improve oral health outcomes by amending Nevada Revised Statute (NRS) and Nevada Administrative Code (NAC) related to licensure and scope of practice.
- 3.6. Allow a portion of the continuing education requirement for licensure to be completed by providing oral health services on a volunteer basis.
- 3.7. Expand the oral health workforce capacity and productivity in Dental Health Professional Shortage Areas (HPSA) by creating new and expanding existing incentives.
- 3.8. Implement legislation to prohibit the sale of soda pop in K-12 schools, require oral health screening prior to school enrollment, require oral health education in school curricula and promote consumption of fluoridated water in schools.

3.9. Dedicate a portion of “sin taxes” for oral health programs.

Goal 4: Develop sustainability of the State Oral Health Program.

- 4.1. Build and nurture broad-based coalitions that incorporate the views and expertise of all stakeholders and that are tailored to specific populations, conditions, or programs.
- 4.2. Engage stakeholders and coalitions to advocate for the goals of the Oral Health Program.
- 4.3. Engage stakeholders and coalitions to advocate for funding for the Oral Health Program.

#### Population Based Services

Goal 5. Promote effective disease prevention and treatment strategies and programs.

- 5.1. Promote expansion of existing and establishment of new school based sealant programs.
- 5.2. Promote use of sealants by safety net providers and private practice dental offices.
- 5.3. Promote an increase in the percent of Nevadans with access to optimally fluoridated community water systems.
- 5.4. Promote the use of fluoride varnish for at risk populations.
- 5.5. Promote the integration of oral health education into existing educational programs such as tobacco and drug cessation programs, pre-natal education, parenting classes, and school curricula.
- 5.6. Reduce the morbidity and mortality from oral cancer.

#### Direct Services

Goal 6: Increase access to direct dental services.

- 6.1. Eliminate barriers to provider participation in public health insurance programs.
- 6.2. Publicize successful programs that promote oral health to facilitate their replication.
- 6.3. Create a stable source of funding for safety net providers.
- 6.4. Establish new safety net sites.

#### Enabling Services

Goal 7: Reduce barriers to care.

- 7.1. Enhance patient access to care.
- 7.2. Identify flexible alternative care delivery sites.
- 7.3. Identify consumer access issues.
- 7.4. Provide culturally competent care.

**APPENDIX B: NEVADA STATE ORAL HEALTH ADVISORY COMMITTEE -  
JANUARY 2008**

**Chair**

Tyree Davis, DDS  
Nevada Health Centers

**Vice-Chair**

Marlena Booth  
Healthy Smiles Family Dentistry

Jean Childs  
Nevada Head Start Association

Jane Gruner  
Mental Health and Developmental Services

Patricia Craddock, DDS  
Nevada Dental Association

Mike Johnson, MS, LADC  
Saint Mary's

Michelle Kling, RN, MS  
Washoe County District Health Dept.

Carole Mankey, RN  
Southern Nevada Health District

Carl Martinez  
Governor's Commission on Aging

Betty Pate, RDH, MEd  
Nevada Dental Hygienists' Assn.

Sharon Peterson, RDH, MEd  
Nevada State Board of Dental Examiners

Mark Rosenberg, DDS, MPH  
Retired USPHS

Victor Sandoval, DDS, MPH  
UNLV School of Dental Medicine

## **APPENDIX C: PLANNING COMMITTEE MEMBERS**

Larry Curley  
Indian Health Board of Nevada

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University of Nevada, Las Vegas School of Dental Medicine

Keyth Durham  
Northeastern Coalition for Oral Health

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Social Entrepreneurs, Inc.

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George Rosenbaum, DDS  
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Mark Rosenberg, DDS, MPH  
Northern Nevada Dental Coalition for Underserved Populations

Michael Sanders, DMD, EdM  
University of Nevada, Las Vegas School of Dental Medicine

Ms. Sheila Storey, RN, BSN  
Nevada State Association of School Nurses

Robert Talley, DDS  
Nevada Dental Association

Sherry Waugh  
Nevada Head Start Association

Steve Williams  
Community Coalition for Oral Health

Christine Wood, RDH  
Nevada State Health Division



## **APPENDIX D: POLICY TOOL WORKGROUP**

Jennifer Benedict  
Great Basin Primary Care Association

Bobbette Bond  
Hotel Employees and Restaurant Employees International Union Welfare Fund

Marlena Booth  
Churchill, Lyon, Pershing, and Storey Counties' Regional Oral Health Coalition

Jean Childs  
Nevada Head Start Association

Tyree Davis  
Nevada Health Centers and State Oral Health Advisory Committee

Christina Demopolous, DDS  
University of Nevada, Las Vegas, School of Dental Medicine, Crackdown on Cancer

Keyth Durham  
Northeastern Coalition for Oral Health

Marcy Frosh  
Children's Dental Health Project

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Laura Webb, RDH  
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Christine Wood, RDH  
Nevada State Health Division

## APPENDIX E: SUMMIT PARTICIPANTS

Name	Title
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Alvarado-Sallee, Cecilia	Project Coordinator; Nye Communities Coalition
Anderson, Novia J.	Social Service Manager
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Bankston, Patricia	Human Services Specialist
Begley, Doreen	MS, RN, Administrator, Orvis Nursing Clinic
Bennett, Christopher	DDS, President Northern Nevada Dental Society
Bennett, Leah	Dental Program Analyst/NV Medicaid/DHCFP
Benvin, Lori	Executive Director, Northern Nevada Dental Society
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Brannum, Maria	Health Manager
Brown, Marlon	DDS, Chief Dental Officer
Bullock, Jennifer	Executive Director, Nevada Urban Indians
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Chandler, Terri	Coalition Coordinator, Nevada State Health Division Oral Health Program
Chappel, Margot	Director
Cofano, Lori	FS/OHSC, Nevada State Health Division Oral Health Program
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Copeland, Bobbi	RN
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Derbyshire, Lee	Mental Health Therapist/Commissioner Mental Health & Developmental Services
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Durham, Keyth	Chairman, NECOH
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Glover, Joel T.	DDS, Nevada State Board of Dental Examiners
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Leslie, Sheila	Assemblywoman
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Lopez, Jeri	Director, Family Resource Center
Louie, Reginald	Regional Head Start Oral Health Consultant
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McLane, Nancy	Director, Clark County Social Service
Mousel-Martini, Lise	Director, Provider Relations
Murphy, Dennis	Education and Information Officer, Nevada State Health Division, Oral Health Program
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