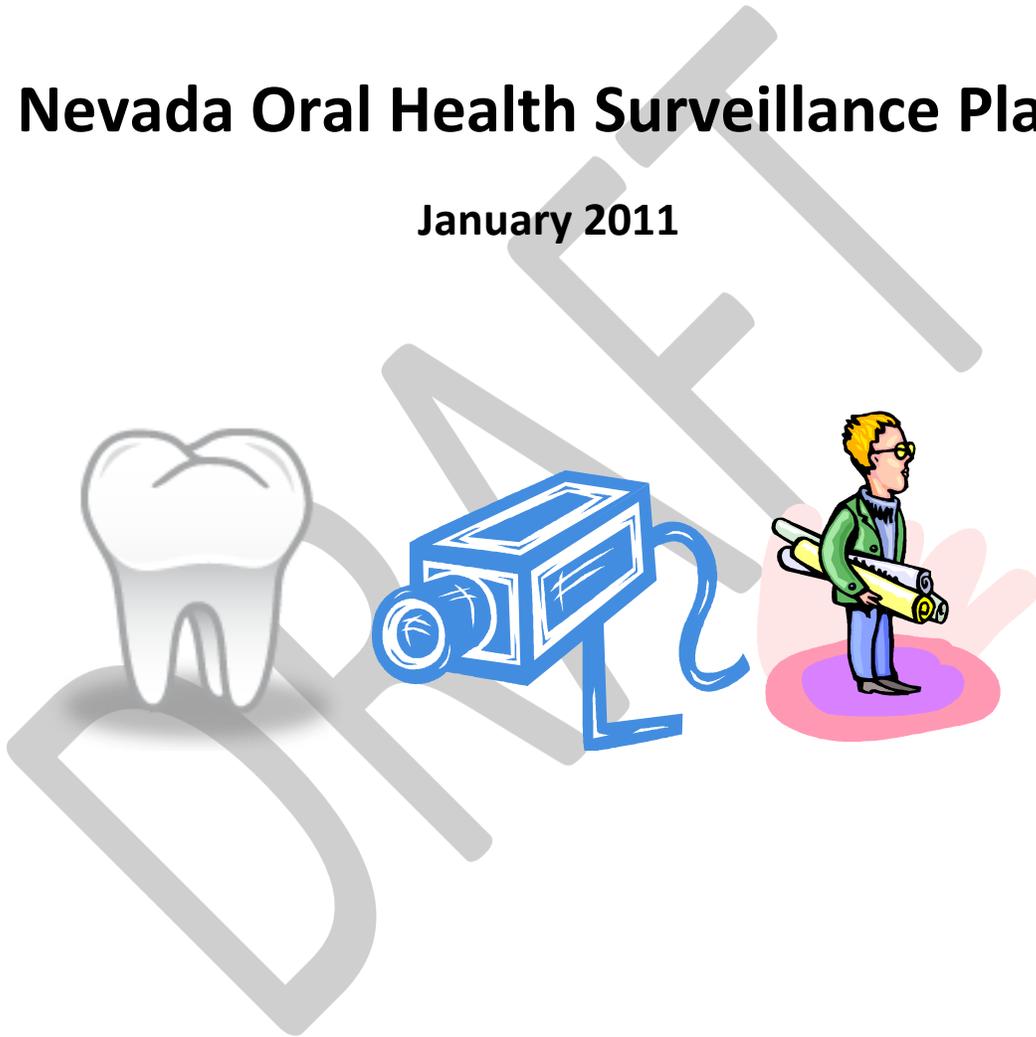


Nevada State Health Division
Bureau of Child, Family and Community Wellness
Oral Health Program

Nevada Oral Health Surveillance Plan

January 2011



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Nevada Oral Health Surveillance Plan

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This report is available on the State Health Division website:

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List of Acronyms

ASTDD	Association of State and Territorial Dental Directors
BRFSS	Behavioral Risk Factor Surveillance System
BSS	Basic Screening Survey
CDC	Centers for Disease Control and Prevention
CHIA	Center for Health Information Analysis-Hospital Discharge Data
CMS	Centers for Medicare and Medicaid Services
CoC	Crackdown on Cancer
CSN	College of Southern Nevada
DHCFP	Division of Health Care Financing and Policy
dmft	decayed, missing and filled teeth index (primary teeth)
DMFT	Decayed, Missing, and Filled Teeth index (permanent teeth)
DOE	Department of Education
ECC	Early Childhood Caries
EPSDT	Early and Periodic Screening and Diagnostic Treatment Benefit
FTE	Full Time Equivalent
HIPAA	Health Insurance Portability and Accountability Act of 1996
HP2010	Health People 2010
HPSA	Health Professional Shortage Areas
HRSA	Health Resources and Services Administration
HS	Head Start
HS PIR	Head Start Program Information Report
IT	Information Technology
MCH	Maternal and Child Health
NAACCR	North American Association of Central Cancer Registries
NBOMS	Nevada Birth Outcomes Monitoring System

NCCR	Nevada Central Cancer Registry
NDEP	Nevada Department of Environmental Protection
NICRP	Nevada Institute for Children’s Research and Policy
NOHSS	National Oral Health Surveillance System
NSBDE	Nevada State Board of Dental Examiners
NSCH	National Survey of Children’s Health
NCSHCN	National Survey of Children with Special Health Care Needs
NV OHSS	Nevada Oral Health Surveillance System
OHSS	Office of Health Statistics and Surveillance
OHAC	Oral Health Advisory Committee
OHP	Oral Health Program
PCO	Primary Care Office
SCHIP	State Child Health Insurance Program
TMCC	Truckee Meadow Community College
UNLV/SDM	University of Nevada Las Vegas, School of Dental Medicine
UNR	University of Nevada, Reno
WFRS	Water Fluoridation Reporting System
WIC	Special Supplemental Nutrition Program for Woman, Infants and Children
YRBS	Youth Risk Behavior Survey
YTS	Youth Tobacco Survey
USCS	United States Cancer Statistics

Introduction

The Centers for Disease Control (CDC) defines public health surveillance as “...the ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control.”

Oral health is an essential and integral component of overall health and is much more than just healthy teeth. Good oral health not only means being free of tooth decay and gum disease, but it also means being free of chronic oral pain conditions, oral cancer, birth defects such as cleft lip and palate, and other conditions that affect the mouth and throat. Oral health is intimately related to the health of the rest of the body. Mounting evidence suggests that infections in the mouth such as periodontal (gum) diseases may increase the risk of heart disease, may put pregnant women at greater risk of premature delivery, and may complicate control of blood sugar for people living with diabetes. In addition, changes in the mouth often are the first signs of problems elsewhere in the body, such as infectious disease, immune disorders, nutritional deficiencies, and cancer.

The Nevada Oral Health Surveillance System (NV OHSS) was build based on the ASTDD’s recommendations on how to build a state-based oral health surveillance system. This plan defines the Nevada Oral Health Surveillance System (NV OHSS) that will be used to track the oral health of the state and distribute that information to our partners and stakeholders.

Background

Recognizing the need to improve oral health, the Nevada State Legislature approved, in 1999, a redirection of the Maternal Child Health (MCH) Block Grant fund to establish a two-year Oral Health Initiative. The MCH Advisory Board directed the Oral Health Initiative to establish an Early Childhood Caries (ECC) Prevention Program and to establish community-based prevention and education programs. The Oral Health Program (OHP) in operation today is largely a result of the implementation of the Oral Health Initiative. As a result of the progress and development of the Program, in 2001, the Nevada State Health Division was awarded a cooperative agreement from the Centers for Disease Control and Prevention (CDC) to pursue additional goals.

The Nevada State Health Division’s Oral Health Program (OHP) has expended significant effort throughout the state these past eleven years to raise awareness of the importance of oral health.

Successes include:

- State Oral Health Program in statute (NRS 439.2791)
- State Oral Health Advisory Board in statute (NRS 439.2792)
- Cooperative agreement with the CDC Division of Oral Health
- Maintaining and improving NV OHSS
- Identifying high risk population and address oral health disparities
- Organizing regional oral health coalitions
- Educating community health professionals on measures to prevent or reduce oral health disease
- Supporting community water fluoridation
- Supporting school-based dental sealant programs
- Initiated Crackdown on Cancer (CoC) program
- Legislature enacted licensure by credential for dentists and dental hygienists (2001)
- Legislature enacted public health endorsement for dental hygienists licensed in Nevada (2001)
- Conducted Basic Screening Survey (BSS) for preschool children in 2004 and 2007
- Conducted Basic Screening Survey (BSS) for third graders in 2003, 2006 and 2008
- Conducted Basic Screening Survey (BSS) for seniors in 2005
- Conducted Basic Screening Survey (BSS) for special needs in 2008
- Included oral health questions in the Behavioral Risk Factor Surveillance System (BRFSS) since 1996, and oral health module from 2002-2007
- Include oral health questions in the Youth Risk Behavior Survey (YRBS), beginning in 2009
- Collaborated with the St. Mary's Special Supplemental Nutrition Program for Woman, Infants and Children (WIC) Family Program to include fluoride varnish applications

NV OHP Staffing:

Oral Health Program Manager	1.0 FTE
Oral Health Fluoridation Specialist/Educator	1.0 FTE
Oral Health Evaluation Specialist/Program Coordinator	1.0 FTE
Oral Health Administrative Assistant	1.0 FTE
Oral Health Sealant Coordinator	0.5 FTE
Oral Health Biostatistician	0.5 FTE

Members of the Nevada Oral Health Advisory Board Committee

In 2009 the Nevada Legislature passed AB 136 which establishes statutory authority for the State Oral Health Advisory Committee. The Advisory Committee consists of 13 members, including, without limitations, one or more persons who are representatives of:

- Public health care professionals and educators
- Providers of oral health care
- Persons knowledgeable in promoting and educating the public on oral health issues
- National dental and other oral health organizations and their local or state chapters

Members of the Nevada Oral Health Advisory Committee are affiliated with:

- Catholic Healthcare West
- College of Southern Nevada
- Communities in Schools of Nevada
- Community Coalition for Oral Health (CCOH) Southern Nevada
- Department of Employment and Rehabilitation
- Family to Family Northwest
- Head Start Advisory Board
- Maternal Child Health State Advisory Board
- Mental Health and Developmental Services
- Nevada Dental Association
- Nevada Governor's Council on Developmental Disabilities
- Nevada Health Center, Inc.
- Nevada Interagency Transition Advisory Board
- Nevada State Board of Dental Examiners
- Nevada Vocational Rehabilitation Council
- Northern Nevada Dental Association
- Nurse Family Partnership Advisory Board
- Southern Nevada Early Childhood Advisory Council
- Southern Nevada Health District
- Southern Nevada Maternal Child Health Coalition
- Southern Region Child Death Review Committee
- University of Southern Nevada

Nevada Oral Health Surveillance System (NV OHSS)

Purpose

The purpose of the NV OHSS is to provide a systematic and ongoing data collection system for oral health stakeholders to monitor the prevalence of oral diseases and the risk factors influencing oral health that affect the population of Nevada. The oral health indicators identified in this plan will be used to describe the burden of oral disease and to support program planning and policy development. Those indicators will be consistent, where feasible, with the indicators used in the national oral health community.

Goal

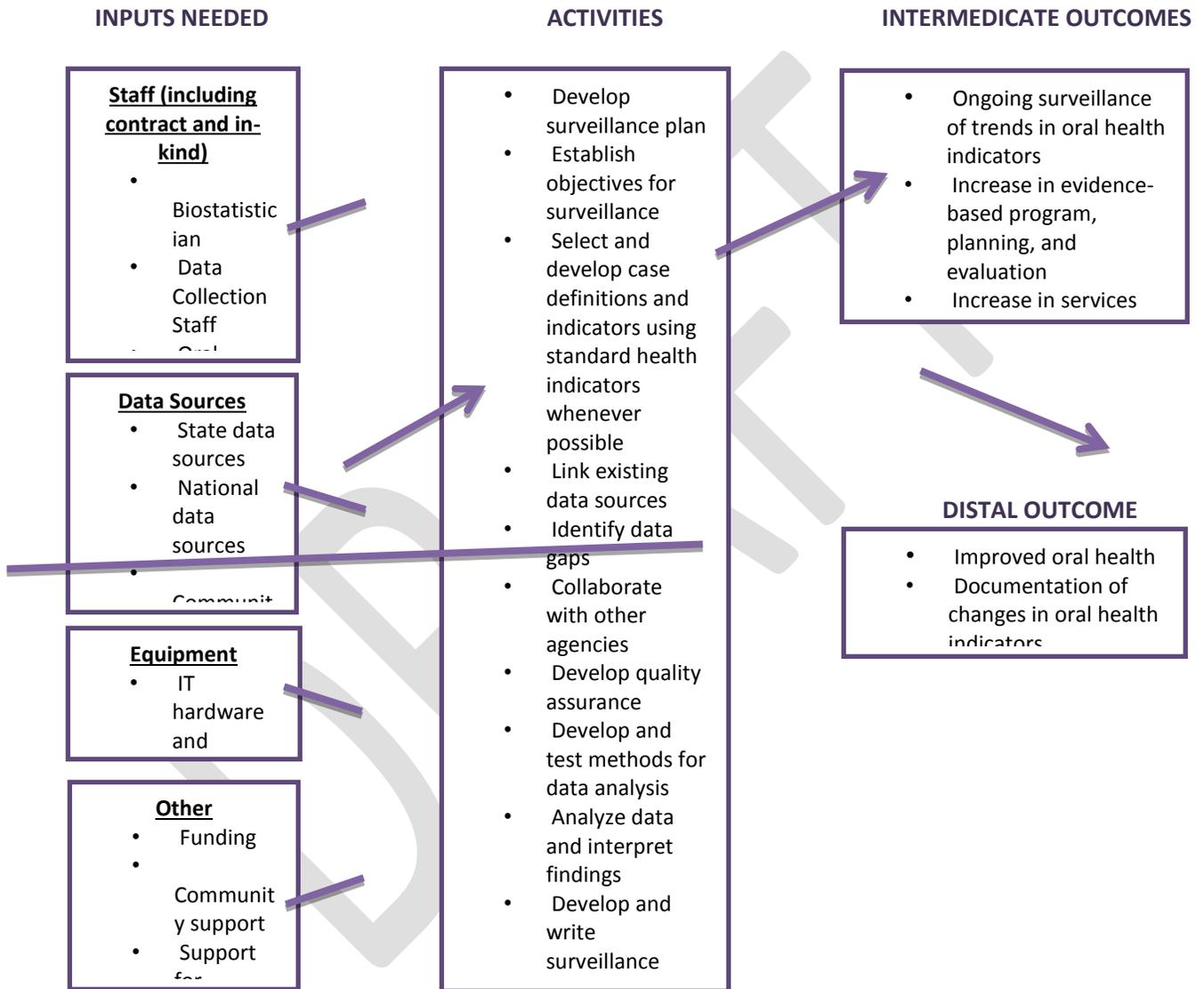
- Monitor the Nevada population based oral disease burden and trends
- Measure changes in oral health
- Assess oral health prevention activities
- Assess access to oral health services for all underserved Nevadans
- Provide consistent data and recommendations to the Oral Health Program (OHP) and oral health stakeholders

Objectives

- Collect and serve as a central repository for oral health data
- Maintain appropriate data sets
- Develop new data sets
- Enhance the quality and quantity of data
- Research new data sources
- Analyze and interpret data
- Identify data gaps
- Generate representative summary reports
- Report data to national surveillance systems
- Review and update the surveillance plan
- Maintain partnerships with secondary data collection partners
- Generate new collaborative partnerships

Nevada Logic Model for Oral Health Surveillance

The logic model illustrates surveillance inputs, activities, products, outcomes and distal outcomes.



NV OHSS Data Collaboration

The NV OHSS has collected consistent data over the past ten years through primary and secondary data collection. Primary data is collected by the Oral Health Program through surveys, and secondary data is collected by different state agencies and national organizations. Partnerships have been formed through the collaborative effort of designing and implementing the NV OHSS, which include data sharing, data collection and data dissemination. Without these partnerships the NV OHSS would have limited data available. Several data points measuring the same indicators are necessary to produce trends. These trends are used to identify areas where problems may be growing and where attention is needed to address the problem.

These partnerships include:

- Association of State and Territorial Dental Directors (ASTDD)
- City of Henderson (Water Treatment Plant)
- College of Southern Nevada (CSN)
- Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)
- Nevada Department of Health and Human Services , Nevada Head Start Program (HS)
- Nevada Department of Health and Human Services, Mental Health
- Nevada Department of Education (DOE)
- Nevada State Health Division, Primary Care Office (PCO)
- Nevada State Health Division, Central Cancer Registry (NCCR)
- Nevada State Health Division, Environmental Protection (NDEP)
- Nevada State Health Division, Newborn Screening (NBOMS)
- Nevada State Health Division, Office of Health Statistics and Surveillance (OHSS)
- Nevada Oral Health Coalitions
- Nevada State Board of Dental Examiners (NSBDE)
- Nevada State Oral Health Advisory Committee (OHAC)
- Southern Nevada Water Authority
- Truckee Meadow Community College (TMCC)
- University of Nevada, Las Vegas (UNLV)
- University of Nevada, Las Vegas, School of Dental Medicine (UNLV/SDM)
- University of Nevada, Reno (UNR)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

NV OHSS Data Source Description

Annual EPSDT Report (Form CMS-416) - Secondary Data

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The Annual EPSDT report (CMS-416) provides basic information on participation in the Medicaid child health program. The statute requires that States provide the following: (1) the number of children provided child health screening services, (2) the number of children referred for corrective treatment, (3) the number of children receiving dental services, and (4) the State's results in attaining goals set for the state under section 1905(r) of the Act. The form CMS-416 was developed to collect this information. The information is used to assess the effectiveness of State EPSDT programs in terms of the number of children (by age group and basis of Medicaid eligibility), who are provided child health screening services, are referred for corrective treatment, and the number receiving dental services. Child health screening services are defined for purposes of reporting on this form as initial or periodic screens required to be provided according to a State's screening periodicity schedule.

- Number of eligible EPSDT individuals (<21)
- Number of eligible EPSDT individuals (<21) receiving any dental services
- Number of eligible EPSDT individuals (<21) receiving preventive dental services
- Number of eligible EPSDT individuals (children 0-20) receiving dental treatment services

Association of State & Territorial Dental Directors (ASTDD) State Synopsis - Secondary Data

The State Synopsis questionnaire is sent to the directors of dental programs in all 50 states, the District of Columbia, and to U.S.-associated jurisdictions, which include American Samoa, Guam, the Commonwealth of Northern Mariana Islands, the Commonwealth of Puerto Rico, the Federated States of Micronesia (2002 only), the Republic of Palau, and the U.S. Virgin Islands. ASTDD's Data Committee develops and pilot-tests the questionnaire every year.

Basic Screening Survey (BSS) - Primary Data

The Association of State and Territorial Dental Directors (ASTDD) developed the Basic Screening Survey (BSS). The primary purpose of the BSS is to provide a framework for obtaining oral health data that is inexpensive and easy to implement; yet always consistent. The BSS provides a suggested oral health questionnaire to be filled out by each participant (or their guardian) and a template to record the screening data. A screening is intended to identify gross dental or oral lesions, and is conducted by dentists, dental hygienists, or other appropriate health care workers, in accordance with applicable state law. The information gathered through a screening survey is at a level consistent with monitoring the national health objectives found in the United States Public Health Service's Healthy People document.

Head Start Survey

- Percent of screened children (3-5) with early childhood caries
- Percent of screened children (3-5) with caries experience

- Percent of children (3-5) with untreated decay
- Percent of screened children (3-5) in need of urgent care
- Percent of screened children (3-5) with dental visit in past year
- Percent of screened children (3-5) by main reason for not receiving dental care
- Percent of screened children (3-5) with access to dental insurance

Third Grade Survey

- Percent of screened third graders with caries experience
- Percent of third graders with untreated decay
- Percent of screened third graders with sealants
- Percent of screened third graders in need of urgent care
- Percent of screened third graders with dental visit in past year
- Percent of screened third graders by main reason for last dental visit
- Percent of screened third graders by main reason for not receiving dental care
- Percent of screened third graders with dental insurance

Senior Survey

- Percent of screened seniors with caries experience
- Percent of screened seniors with untreated decay
- Percent of screened seniors who are edentulous
- Percent of screened seniors in need of urgent care
- Percent of screened seniors with dental visit in past year
- Percent of screened seniors by main reason for last dental visit
- Percent of screened seniors with dental insurance
- Percent of screened seniors by main reason for not going to dentist

Special Needs Survey-Developmental and Mental Health

- Percent of screened clients with caries experience
- Percent of screened clients with untreated decay
- Percent of screened clients with gingivitis
- Percent of screened clients who are edentulous
- Percent of screened clients in need of urgent care
- Percent of screened clients with dental visit in past year
- Percent of screened clients by main reason for last dental visit
- Percent of screened clients with dental insurance

Behavioral Risk Factor Surveillance System (BRFSS) - [Secondary Data](#)

The BRFSS is an annual telephone health survey of non-institutionalized adults age 18 and older conducted within the 50 states along with the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. BRFSS is funded by the Center for Disease Control and Prevention (CDC) and supplemented by state program funds. The BRFSS contains a set of core modules that all states must ask without modification every year, and rotating core modules that all states must ask without

modification every other year. The oral health module is a rotating core module and is conducted every other year.

- Percent of surveyed adults 18 and older with dental visit in past year
- Percent of surveyed adults 18 and older with teeth cleaning in past year
- Percent of surveyed adults 18 and older with dental coverage
- Percent of surveyed adults 18 and older who lost any teeth due to decay or gum disease
- Percent of surveyed adults aged 35-44 who have never lost a permanent tooth due to caries or gum disease
- Percent of surveyed adults 65+ who have lost six or more teeth due to decay or gum disease
- Percent of surveyed adults 65+ who have lost all their natural teeth due to decay or gum disease
- Percent of surveyed adults 65+ by main reason for not going to dentist
- Percent of surveyed adults 18 and older who are current smokers
- Percent of surveyed adults 18 and older with diabetes who had a dental visit in past year

Crackdown on Cancer (CoC) - Secondary Data

Crackdown on Cancer (CoC) is a project sponsored by the UNLV/SDM and supported with tobacco settlement funding. It strives to fight youth tobacco use through professional intervention. This is done by educating high school youth about the health risks associated with tobacco usage. Dentists and dental hygienists give a factual presentation and then provide screenings for those students who have a signed permission slip. The screenings are done for each tooth and also include a screening for any signs of oral cancer. The students are provided a diagnostic report and the school gets a copy of the district and state report. The data sheets are forwarded to UNLV/SDM where they are entered into a database. The screenings begin and end with the school year. There are two screening teams. One is in northern Nevada and one in southern Nevada. Each has a mobile dental unit. The mobile units have the necessary equipment to provide a professional screening.

- Percent of screened adolescents with caries experience
- Percent of screened adolescents with untreated decay
- Percent of screened adolescents with sealants
- Percent of screened adolescents with dental visit
- Percent of screened adolescents with some level of dental coverage
- Percent of screened adolescents that use tobacco
- Number of screened adolescents who received tobacco counseling

Dental Workforce Survey - Secondary Data

A survey conducted by the University of Nevada School of Medicine and University of Nevada, Reno (UNR) to determine the workforce needs in Nevada and make recommendations to legislatures. The study's questionnaires were mailed to all licensed dentists and hygienists in Nevada.

- Estimated dentists who work as full time equivalents (FTE) per 100,000 population
- Surveyed dentists average age

- Percent of surveyed dentists revenue from patients with government insurance
- Surveyed hygienists average age
- Estimated hygienists who work as full time equivalents (FTE) per 100,000 population

Free/Reduced Lunch Report - Secondary Data

The National School Lunch Program provides nutritious lunches and the opportunity to practice skills learned in classroom nutrition education. Meal cost is established by household income information provided to the school district by each student participating in the program. This program also offers after school snacks in sites that meet eligibility requirements. The school district publishes a report every school year which contains information about each school and the number of children eligible for the free/reduced lunch program.

- Number of children, Grade K-12 with free/reduced lunch

Head Start Program Information Report (HS PIR) - Secondary Data

The Office of Head Start Program Information Report (HS PIR) provides comprehensive data on the services, staff, children, and families served by over 2,500 Head Start and Early Head Start programs nationwide. Most data are collected annually, although grantees are required to report enrollment on a monthly basis. All grantees and delegates are required to submit Program Information Reports for each Head Start or Early Head Start program operated.

- Percent of enrolled Head Start children (0-3) with dental home by end of school year
- Percent of enrolled Head Start children (3-5) with dental home by end of school year
- Percent of enrolled Head Start children (3-5) who received dental exams
- Percent of enrolled Head Start children (3-5) in need of dental treatment
- Percent of enrolled Head Start children (3-5) who received treatment

Health Centers with Oral Health Component - Secondary Data

Health Centers are community-based and patient-directed organizations that serve population with limited access to health care. These include low-income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing.

- Number of Health Centers with oral health component

Health Professional Shortage Area Designations (HPSA) - Secondary Data

A Health Professional Shortage Area (HPSA) is an area that has been designated as having a shortage of primary medical, dental, or mental health providers. A database (HPSA Find) is maintained by HRSA, an agency of the U.S. Department of Health and Human Services. HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. HPSA Find lists HPSA areas by State, county and discipline (i.e. primary medical care, dental or mental). The Primary Care Office, a program within the Nevada State Health Division, will analyze an area to determine if it meets the HPSA criteria. The findings are sent to HRSA for review. If that area meets the

criteria, it is added to HPSA Find. Once an area has been designated as a HPSA it is reevaluated in three years.

- Number of counties without an enrolled Medicaid dentist

Healthy People 2010 (HP2010) - Secondary Data

Healthy People 2010 are a set of health objectives for the Nation to achieve over the first decade of the new century. It can be used by many different people, States, communities, professional organizations, and others to help them develop programs to improve health. Healthy People 2010 build on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of State and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time.

- Oral Health targets

Kindergarten Health Survey - Secondary Data

The Nevada Institute for Children's Research and Policy (NICRP) is a research center within the University of Nevada, Las Vegas (UNLV). This kindergarten health survey was designed for parents of children entering kindergarten. The survey was intended to provide a general understanding of the overall health status of children when they enter school. Questionnaires are distributed to all public elementary schools in the state.

- Percent of kindergartners with dental exam in past year
- Percent of kindergartners with caries experience by dental visit

Medicaid Claims - Secondary Data

The Department of Health Care Financing and Policy (DHCFP) monitors usage of Medicaid services, and related expenditures through hospital, medical and dental claims made for Medicaid enrollees. Medicaid provides health care to low-income families, as well as aged, blind and disabled individuals in Nevada.

- Number of children (0-18) enrolled in Title XIX Medicaid
- Number of children (0-18) enrolled in Title XXI SCHIP
- Percent of Medicaid eligible individuals less than 21 years of age with any dental service
- Number of dentists enrolled as Medicaid billing providers with at least one paid claim in past year
- Number of dentists with Medicaid claim greater than 10,000

National Assembly on School-Based Health Care (NASBHC) - Secondary Data

The National Assembly on School-Based Health Care (NASBHC) is a membership organization that promotes and supports school-based health centers (SBHCs) to assure that all children and adolescents

receive high quality, comprehensive health care. Their motto *Bringing health care to schools for student success* demonstrates their belief that school-based health centers greatly enhance access to health care for all school-aged children and youth.

- Number of school based health centers with oral health component- Dental Care

National Survey of Children with Special Health Care Needs (NSCSHCN) - Secondary Data

The National Survey of Children with Special Health Care Needs (NSCSHCN) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration. The survey examines the prevalence of special health care needs among children as well as indicators of the impact of children's conditions on their functional abilities, their health insurance coverage, access to care, family-centered care, and the impact of their conditions on their families.

- Percent of children (1-17) with special health care needs

National Survey of Children's Health (NSCH) - Secondary Data

This National Survey of Children's Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration. The survey examines the physical and emotional health of children ages 0-17 years of age. Special emphasis is placed on factors that may relate to well-being of children, including medical homes, family interactions, parental health, school and after-school experiences, and safe neighborhoods.

- Parent perception of child's oral health -Percent of children (1-17) with excellent or very good oral health condition
- Parent perception of child's oral health -Percent of children (1-17) with good oral health condition
- Parent perception of child's oral health -Percent of children (1-17) with fair/poor oral health condition
- Percent of children (1-17) with no preventive dental care visit
- Percent of children (1-17) with one or more preventive dental care visits

Nevada Birth Outcomes Monitoring System (NBOMS) - Secondary Data

The Nevada Birth Outcome Monitoring System (NBOMS; formerly the Birth Defect Registry) is a statewide system used for the collection and analysis of information concerning birth defects and other adverse birth outcomes. Hospital information is gathered for newborns or patients who are under seven years of age that have been diagnosed with one or more birth defects. The program utilizes an "active surveillance" system to track adverse birth outcomes in Nevada.

- Number of babies born with cleft lip/cleft palate
- Rate of babies born with cleft lip/cleft palate per 1,000 births

Nevada Central Cancer Registry (NCCR) - Secondary Data

The Nevada Central Cancer Registry (NCCR) is a population-based registry that maintains data on all cancer patients within the State of Nevada. The Registry began collecting cancer incidence data in 1989. The Registry receives data from hospitals, outpatient facilities and pathology laboratories throughout the State of Nevada. The NCCR collects data on all reportable cancers.

- Incidence rate of oral and pharyngeal cancer (Age-adjusted per 100,000)
- Mortality rate of oral and pharyngeal cancer (Age-adjusted per 100,000)

Nevada State Board of Dental Examiners (NSBDE) - Secondary Data

The NSBDE was created by the legislature and charged with the authority to examine for licensure, issue licenses to successful candidates, renew licenses and maintain current information, and regulate the practice of dentistry and dental hygiene in the state. As such, they maintain a list of all Nevada licensed dentists and dental hygienists.

- Number of licensed dentists in Nevada
- Number of licensed dental hygienists in Nevada

Nevada State Demographer - Secondary Data

The Nevada State Demographer's office is funded by the Nevada Department of Taxation and is responsible for calculating annual population estimates for Nevada's counties, cities, and towns. The office also estimates population by age, sex, race, and Hispanic origin of Nevada's counties. Population projections are produced on an annual basis as well.

- Nevada population

Office of Health Statistics and Surveillance (OHSS) - Secondary Data

The Office of Health Statistics and Surveillance (OHSS) serves as a central repository for data and surveillance activities within the State of Nevada. The program maintains data sets for live births and deaths recorded in Nevada. OHSS also receives Nevada Inpatient Hospital Discharge Data that is provided by the Center for Health Information Analysis (CHIA) at the University of Nevada, Las Vegas (UNLV).

- Number of births
- Number of hospitalizations with primary oral disease diagnosis
- Number of hospitalizations with primary oral disease diagnosis of oral cavity, salivary glands and jaws
- Number of hospitalizations with primary oral disease diagnosis of oral injury (Fracture, Jaw Dislocation, Broken Tooth)

Oral Cancer Screening and Counseling Survey (OHP) - Primary Data

The Nevada State Health Division conducted this survey of dental professionals to gather information on the detection and prevention of oral cancer statewide. Its purpose was to determine if more education about oral cancer prevention techniques are needed in the dental community.

- Percent of patients with oral cancer exam
- Percent of patients with tobacco counseling
- Percent of patients with alcohol counseling

Water Fluoridation Reporting System (WFRS) - Secondary Data

WFRS is a tool that helps states to manage the quality of their water fluoridation programs. WFRS information also is the basis for national reports that describe the percentage of the U.S. population on public water systems who receive optimally fluoridated drinking water. The system was developed by the CDC in partnership with the ASTDD to provide states with a management and tracking tool. Fluoridation and population information is provided by (Nevada Department of Environmental Protection (NDEP) and then entered into WFRS.

- Percent of population with fluoridated water

Youth Risk Behavior Survey (YRBS) - Secondary Data

The Youth Risk Behavior Survey (YRBS) was developed to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include: 1) tobacco use, 2) unhealthy dietary behaviors, 3) inadequate physical activity, 4) alcohol and drug use, 5) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, and 6) Behaviors that contribute to unintentional injuries and violence. In addition, the YRBS monitors general health status and the prevalence of obesity and asthma. The YRBS is comprised of school based surveys of representative samples of 7th through 12th grade students. These surveys are conducted every two years, usually during the spring semester. School level data are conducted in classrooms by middle and high school students, via self-administered paper and pencil questionnaires. Completion of the survey is voluntary and confidential.

- Percent of youth with dental visit in past year
- Percent of youth who smoked cigarettes on one or more of the past 30 days
- Percent of youth reporting using chewing tobacco, sniff or dip in past 30 days
- Percent of youth reporting using alcohol in past 30 days
- Percent of youth reporting to rarely or never wear a seat belt when riding in a car
- Percent of youth who ride a bicycle who rarely or never wear a bicycle helmet
- Percent of youth who use rollerblades or ride a skateboard who rarely or never wear a helmet

NV OHSS Data Collection Schedule

Data Source	Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Primary Data Source												
BSS - Head Start	OHP					X			X			
BSS - 3rd Grade	OHP				X			X		X		
BSS - Seniors	OHP						X					
BSS - Special Needs	OHP									X		
Oral Cancer Screening & Counseling Survey	OHP			X								
Secondary Data Source												
BRFSS	OHSS		X	X	X	X	X	X	X	X	X	X
Children with Special Health Care Needs	CSHCN		X				X					
Children's Health Survey	NSCH				X				X			
CoC	UNLV		X	X	X	X	X	X	X	X	X	X
Dental Workforce Survey	UNR								X			
EPSDT Report	CMS					X	X	X	X			
Fluoridation	WRFS				X	X	X	X	X	X	X	X
Free/Reduced Lunch	DOE							X	X	X	X	X
Head Start PIR	DHHS										X	X
Health Centers with Oral Health Component	HRSA											X
Hospital Discharge	OHSS								X	X	X	X
Hygienist Workforce Survey	UNR									X		
Kindergarten Health Survey	UNLV										X	X
Medicaid Claims	DHCFP				X	X	X	X	X	X	X	X
Nevada Dental Professional Licensure	NSBDE					X	X	X	X	X	X	X
Newborn Screening	OHSS						X	X	X	X	X	X
Population	Demographer	X	X	X	X	X	X	X	X	X	X	X
School Based Health Centers	NASBHC											X
State Cancer Registry	OHSS	X	X	X	X	X	X	X	X	X	X	X
Vital Records	OHSS	X	X	X	X	X	X	X	X	X	X	X
YRBS	DOE						X		X		X	

Overview of Surveillance Indicators

The NV OHSS indicators are modeled based on the indicators collected by the National Oral Health Surveillance System (NOHSS) and Healthy People 2010 objectives. NOHSS is a collaborative effort between CDC's Division of Oral Health and the Association of State and Territorial Dental Directors (ASTDD). NOHSS is designed to track national oral health surveillance indicators based on data sources and surveillance capacity available to most states. Tracking Healthy People 2010 (HP2010) has selected oral health objectives to track the nation's oral health progress and has set goals (targets) for each objective. NV OHSS tracks all nine NOHSS indicators, thirteen of the Health People 2010 objectives, and additional indicators that show the burden of oral disease in the state.

National Oral Health Indicators

- **Dental Visit:** Adults aged 18+ who have visited a dentist or dental clinic in the past year
- **Teeth Cleaning:** Adults aged 18+ who have had their teeth cleaned in the past year (among adults with natural teeth who have ever visited a dentist or dental clinic)
- **Complete Tooth Loss:** Adults aged 65+ who have lost all of their natural teeth due to tooth decay or gum disease
- **Lost 6 or More Teeth:** Adults aged 65+ who have lost six or more teeth due to tooth decay or gum disease
- **Fluoridation Status:** People served by public water systems who receive fluoridated water
- **Caries Experience:** Third grade students with caries experience, including treated and untreated tooth decay
- **Untreated Tooth Decay:** Third grade students with untreated tooth decay
- **Dental Sealants:** Third grade students with dental sealants on at least one permanent molar tooth
- **Cancer of the Oral Cavity and Pharynx:** Oral and pharyngeal cancer comprises a diverse group of malignant tumors that affect the oral cavity and pharynx (mouth and throat)

Healthy People 2010 Objectives

- **HP2010 Objective 21-1:** Reduce the proportion of children and adolescents who have dental caries experience in their primary and permanent teeth
- **HP2010 Objective 21-2:** Reduce the proportion of children, adolescents, and adults with untreated dental decay
- **HP2010 Objective 21-3:** Increase the proportion of adults who never had a permanent tooth extracted because of dental caries or periodontal disease
- **HP2010 Objective 21-4:** Reduce the proportion of older adults who have had all their natural teeth extracted
- **HP2010 Objective 21-5:** Reduce periodontal disease
- **HP2010 Objective 21-6:** Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
- **HP2010 Objective 21-7:** Increase the proportion of adults who, in the past 12 months, report having had an examination to detect oral and pharyngeal cancers
- **HP2010 Objective 21-8:** Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
- **HP2010 Objective 21-9:** Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
- **HP2010 Objective 21-10:** Increase the proportion of children and adults who use the oral health care system each year
- **HP2010 Objective 21-11:** Increase the proportion of long-term care residents who use the oral health care system each year
- **HP2010 Objective 21-12:** Increase the proportion of low-income children and adolescents who received any preventive dental service in the past year
- **HP2010 Objective 21-13:** Increase the proportion of school-based health centers with an oral health component
- **HP2010 Objective 21-14:** Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component
- **HP2010 Objective 21-15:** Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips, cleft palates, and other craniofacial anomalies to craniofacial anomaly rehabilitative teams.
- **HP2010 Objective 21-16:** Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
- **HP2010 Objective 21-17:** Increase the number of tribal, State (including District of Columbia), and local health agencies that serve jurisdictions of 250,000 or more persons that have in place an effective public dental health program directed by a dental professional with public health training

NV OHSS Indicators

Caries

- **NV OHSS Indicator:** Children and adults with caries experience
 - Percent of screened children (3-5 years old) in Head Start program with early childhood caries (BSS)
 - Percent of screened children (3-5 years old) in Head Start program with caries experience (BSS)
 - Percent of kindergartners who had caries experience by dental visit(NICRP)
 - Percent of screened third graders with caries (BSS)
 - Percent of screened adolescents (14-18 years old) with caries experience (CoC)
 - Percent of screened seniors with caries experience(BSS)
 - Percent of screened special needs clients (Developmental) with caries experience (BSS)
 - Percent of screened clients (Mental) with caries experience (BSS)

NOHSS Indicator: Third grade students with caries experience, including treated and untreated tooth decay

HP2010 Objective 21-1: Reduce the proportion of children and adolescents who have dental caries experience in their primary and permanent teeth

Tooth Decay

- **NV OHSS Indicator:** Children and adults with untreated tooth decay
 - Percent of screened children (3-5 years old) in Head Start program with untreated decay (BSS)
 - Percent of screened third graders with untreated decay (BSS)
 - Percent of screened adolescents (14-18 years old) with untreated decay (CoC)
 - Percent of screened seniors with untreated decay (BSS)
 - Percent of screened clients (Developmental) with untreated decay (BSS)
 - Percent of screened clients (Mental) with untreated decay (BSS)

NOHSS Indicator: Third grade students with untreated tooth decay

HP2010 Objective 21-2: Reduce the proportion of children, adolescents, and adults with untreated dental decay

Tooth Loss

- **NV OHSS Indicator:** Adults who lost any teeth due to tooth decay or gum disease
 - Percent of surveyed adults 18 and older who lost any teeth due to decay or gum disease (BRFSS)
- **NV OHSS Indicator:** Adults 35-44 years who have never lost a permanent tooth due to caries or gum disease (BRFSS)
 - Percent of surveyed adults 35-44 years old who have never lost a permanent tooth due to caries or gum disease (BRFSS)

HP2010 Objective 21-3: Increase the proportion of adults who never had a permanent tooth extracted because of dental caries or periodontal disease

- **NV OHSS Indicator:** Adults 65+ who have lost six or more teeth due to tooth decay or gum disease
 - Percent of surveyed adults 65 and older who have lost six or more teeth due to tooth decay or gum disease (BRFSS)

NOHSS Indicator: Adults aged 65+ who have lost six or more teeth due to tooth decay or gum disease
- **NV OHSS Indicator:** Adults who are edentulous
 - Percent of surveyed adults 65 and older who have lost all of their natural teeth due to decay or gum disease (BRFSS)
 - Percent of screened seniors who are edentulous (BSS)
 - Percent of screened clients (Developmental) who are edentulous (BSS)
 - Percent of screened clients (Mental) who are edentulous (BSS)

NOHSS Indicator: Adults aged 65+ who have lost all of their natural teeth due to tooth decay or gum disease

HP2010 Objective 21-4: Reduce the proportion of older adults who have had all their natural teeth extracted

Treatment Urgency

- **NV OHSS Indicator:** People screened who have an urgent need for oral health care
 - Percent of children (3-5 years old) enrolled in the Head Start program who needed professional dental treatment (HS PIR)
 - Percent of screened children (3-5 years old) in Head Start program in need of urgent care (BSS)
 - Percent of screened third graders with in need of urgent care (BSS)
 - Percent of screened seniors in need of urgent care (BSS)
 - Percent of screened clients (Developmental) in need of urgent care (BSS)
 - Percent of screened clients (Mental) in need of urgent care (BSS)

Risk Factors

Congenital Craniofacial Anomalies

- **NV OHSS Indicator:** Babies born with cleft lip/ cleft palate
 - Number of babies born with cleft lip/cleft palate (NBOMS)
 - Rate of babies born with cleft lip/cleft palate per 1,000 births (NBOMS)

HP2010 Objective 21-16: Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system

Special Health Care Needs

- **NV OHSS Indicator:** Individuals with special health care needs
 - Percent of children (1-17 years old) with special health care needs (NSCSHCN)

Injuries

- **NV OHSS Indicator:** People hospitalized with dental related injuries
 - Percent of people hospitalized with a primary oral disease diagnosis of oral injury (OHSS)
- **NV OHSS Indicator:** Youth who don't use protective measures
 - Percent of surveyed youth (Grade 6-8) reporting to rarely or never wear a seat belt when riding in a car (YRBS)
 - Percent of surveyed youth (Grade 9-12) reporting to rarely or never wear a seat belt when riding in a car (YRBS)
 - Percent of surveyed youth (Grade 6-8) who ride a bicycle who rarely or never wear a bicycle helmet (YRBS)
 - Percent of surveyed youth (Grade 6-8) who use rollerblades or ride a skateboard who rarely or never wear a helmet (YRBS)

Hospitalizations

- **NV OHSS Indicator:** People hospitalized with a primary oral disease diagnosis
 - Percent of people hospitalized with a primary oral disease diagnosis (OHSS)
- **NV OHSS Indicator:** People hospitalized with a primary oral disease diagnosis of the oral cavity, salivary glands and jaws
 - Percent of people hospitalized with a primary oral disease diagnosis of the oral cavity, salivary glands and jaws (OHSS)

Tobacco

- **NV OHSS Indicator:** Adolescents and adults who use tobacco and tobacco products
 - Percent of screened adolescents (14-18 years old) that use tobacco (CoC)
 - Percent of surveyed youth (Grade 6-8) who smoked one or more in the past 30 days (YRBS)
 - Percent of surveyed youth (Grade 6-8) reporting using chewing tobacco, snuff, or dip on one or more of the past 30 days (YRBS)
 - Percent of surveyed youth (Grade 9-12) who smoked one or more in the past 30 days (YRBS)
 - Percent of surveyed youth (Grade 9-12) reporting using chewing tobacco, snuff, or dip on one or more of the past 30 days (YRBS)
 - Percent of surveyed adults 18 and older who are current smokers (BRFSS)

Alcohol

- **NV OHSS Indicator:** Adolescents who use alcohol
 - Percent of surveyed youth (Grade 9-12) reporting using alcohol in the past 30 days (YRBS)

Cancer

- **NV OHSS Indicator:** Incidence of oral and pharyngeal cancer
 - Age-adjusted incidence rate per 100,000 population of new cases of oral and pharyngeal cancer (NCCR)
- **NV OHSS Indicator:** Mortality of oral and pharyngeal cancer
 - Age-adjusted mortality rate per 100,000 population caused by oral and pharyngeal cancers (NCCR)

NOHSS Indicator: Oral and pharyngeal cancer comprises a diverse group of malignant tumors that affect the oral cavity and pharynx (mouth and throat)

HP2010 Objective 21-6: Increase the proportion of oral and pharyngeal cancers detected at the earliest stage

Prevention

Dental Visit

- **NV OHSS Indicator:** Children and adults with dental visit
 - Percent of children (birth to 3 years old) enrolled in Early Head Start program who had a dental home by the end of the school year (HS PIR)
 - Percent of children (3-5 years old) enrolled in Head Start program who had a dental home by the end of the school year (HS PIR)
 - Percent of children (3-5 years old) enrolled in Head Start program who received complete dental exams (HS PIR)
 - Percent of screened children (3-5 years old) in Head Start program who had a dental visit in the past year (BSS)
 - Percent of kindergartners who had a dental visit in the last twelve months (NICRP)
 - Percent of screened third graders with dental visit in past year (BSS)
 - Percent of screened third graders with reason for last dental visit (BSS)
 - Percent of screened adolescents (14-18 years old) that have been to the dentist (CoC)
 - Percent of surveyed youth (Grade 6-8) reporting a dental visit in past year (YRBS)
 - Percent of surveyed youth (Grade 9-12) reporting a dental visit in past year (YRBS)
 - Percent of children (1-17 years old) with one or more preventative dental care visit (NSCH)
 - Percent of surveyed adults 18 and older who visited a dentist or dental clinic in the past year (BRFSS)
 - Percent of surveyed adults 18 and older with diabetes who had a dental visit in the past year (BRFSS)
 - Percent of screened seniors with dental dentist in past year (BSS)
 - Percent of screened seniors by main reason for last dental visit (BSS)
 - Percent of screened clients (Developmental)with dental visit in past year (BSS)
 - Percent of screened clients (Developmental) by main reason for last dental visit (BSS)
 - Percent of screened clients (Mental) with dental visit in past year (BSS)
 - Percent of screened clients (Mental) by main reason for last dental visit (BSS)

NOHSS Indicator: Adults aged 18+ who have visited a dentist or dental clinic in the past year

HP2010 Objective 21-10: Increase the proportion of children and adults who use the oral health care system each year

- **NV OHSS Indicator:** Low-income children receiving any dental treatment
 - Percent of children (3-5 years old) enrolled in the Head Start program who were in need of professional dental treatment and received it (HS PIR)
 - Percent of eligible EPSDT individuals (children under 21 years old) receiving any dental services (CMS)
 - Percent of eligible EPSDT individuals (children under 21 years old) receiving preventive dental services (CMS)
 - Percent of eligible EPSDT individuals (children under 21 years old) receiving dental treatment services (CMS)

HP2010 Objective 21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service in the past year

- **NV OHSS Indicator:** Children and adults by main reason for not receiving dental care
 - Percent of screened children (3-5 years old) in Head Start program by main reason for not receiving dental care (BSS)
 - Percent of screened third graders by main reason for not receiving dental care (BSS)
 - Percent of children (1-17 years old) with no preventative dental care visit (NSCH)
 - Percent of surveyed adults 18 and older by main reason for not going to the dentist (BRFSS)
 - Percent of screened seniors by main reason for not going to the dentist (BSS)

Teeth Cleaning

- **NV OHSS Indicator:** Adults who had their teeth cleaned in the past year
 - Percent of surveyed adults 18 and older who have had their teeth cleaned in the past year (BRFSS)

NOHSS Indicator: Adults aged 18+ who have had their teeth cleaned in the past year (among adults with natural teeth who have ever visited a dentist or dental clinic)

Sealants

- **NV OHSS Indicator:** Children and adolescents with dental sealants
 - Percent of screened third graders with sealants (BSS)
 - Percent of screened adolescents (14-18 years old) with sealants (CoC)

NOHSS Indicator: Third grade students with dental sealants on at least one permanent molar tooth

HP2010 Objective 21-8: Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

Fluoridation

- **NV OHSS Indicator:** Population with fluoridated water
 - Percent of population with fluoridated water (WRFS)

NOHSS Indicator: People served by public water systems who receive fluoridated water

HP2010 Objective 21-9: Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water

Cancer Exam

- **NV OHSS Indicator:** People who received an oral cancer exam
 - Percent of patients receiving oral cancer exam by surveyed oral surgeon (OHP)
 - Percent of patients receiving oral cancer exam by surveyed dentist (OHP)
 - Percent of patients receiving oral cancer exam by surveyed dental hygienist (OHP)
- HP2010 Objective 21-7:** Increase the proportion of adults who, in the past 12 months, report having had an examination to detect oral and pharyngeal cancers

Oral Health Counseling

- **NV OHSS Indicator:** Adolescents and adults who received tobacco counseling
 - Number of adolescents (14-18 years old) who received tobacco counseling (CoC)
 - Percent of patients who received tobacco counseling by surveyed oral surgeon (OHP)
 - Percent of patients who received tobacco counseling by surveyed dentist (OHP)
 - Percent of patients who received tobacco counseling by surveyed dental hygienist (OHP)
- **NV OHSS Indicator:** Adolescents and adults who received alcohol counseling
 - Percent of patients who received alcohol counseling by surveyed oral surgeon (OHP)
 - Percent of patients who received alcohol counseling by surveyed dentist (OHP)
 - Percent of patients who received alcohol counseling by surveyed dental hygienist (OHP)

Oral Health Assessment

- **NV OHSS Indicator:** Perception of individuals oral health
 - Percent of surveyed parents perception of child's (1-17 years old) oral health (Excellent or very good, good and fair/poor) (NSCH)

Access to Dental Care

- **NV OHSS Indicator:** Low-income individuals enrolled in government insurance program
 - Number of children (0-18 years old) enrolled in Title XIX Medicaid (DHCFP)
 - Number of children (0-18 years old) enrolled in Title XXI SCHIP (DHCFP)
 - Percent of eligible EPSDT individuals (children under 21 years old)(CMS)
- **NV OHSS Indicator:** Children and adults with dental insurance
 - Percent of screened children (3-5 years old) in Head Start program with access to dental insurance (BSS)
 - Percent of screened third graders with dental insurance (BSS)
 - Percent of screened adolescents (14-18 years old) that have some level of dental insurance coverage (CoC)
 - Percent of surveyed adults 18 and older with dental coverage (BRFSS)
 - Percent of screened seniors with dental insurance (BSS)
 - Percent of screened clients (Developmental) with dental insurance (BSS)
 - Percent of screened clients (Mental) with dental insurance (BSS)

- **NV OHSS Indicator:** School based health centers with oral health component
 - Number of school based health centers with oral health component**HP2010 Objective 21-13:** Increase the proportion of school-based health centers with an oral health component
- **NV OHSS Indicator:** Local health departments and community-based health centers where dental services are provided
 - Number of health centers with oral health components**HP2010 Objective 21-14:** Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component

Workforce

Dentists

- **NV OHSS Indicator:** Dental schools in Nevada
 - Number of dental schools in Nevada (NSBDE)
- **NV OHSS Indicator:** Licensed dentists in Nevada
 - Number of licensed dentists (with Nevada address) (NSBDE)
 - Rate of practicing dentists per 100,000 populations in Nevada (NSDBE)
- **NV OHSS Indicator:** Nevada counties without a licensed dentist
 - Number of counties without a licensed dentist (NSBDE)
- **NV OHSS Indicator:** Licensed dentists who work full-time in Nevada
 - Estimated dentists who work as full time equivalents (FTE) per 100,000 population in Nevada (UNR)
- **NV OHSS Indicator:** Average age of practicing dentist in Nevada
 - Surveyed dentists reported average age (UNR)
- **NV OHSS Indicator:** Dentists enrolled as Medicaid billing providers
 - Number of dentists enrolled as Medicaid billing providers with at least one paid Medicaid claim in past year (DHCFP)
 - Number of dentists with Medicaid claim greater than \$10,000 (DHCFP)
 - Percent of dentist revenue from patients with government insurance (UNR)

Dental Hygienists

- **NV OHSS Indicator:** Dental hygienist schools in Nevada
 - Number of dental hygienist schools in Nevada (NSBDE)
- **NV OHSS Indicator:** Licensed dental hygienists in Nevada
 - Number of licensed dental hygienists (with Nevada address) (NSBDE)
 - Rate of practicing dental hygienists per 100,000 populations in Nevada (NSBDE)
- **NV OHSS Indicator:** Licensed dental hygienists who work full-time in Nevada
 - Estimated dental hygienists who work as full time equivalents (FTE) per 100,000 population in Nevada (UNR)
- **NV OHSS Indicator:** Average age of practicing dental hygienist in Nevada
 - Surveyed dental hygienists reported average age (UNR)

Population

- NV OHSS Indicator: Population in Nevada
 - Total population (State Demographer)
- NV OHSS Indicator: Population under 18 years of age
 - Percent of population under 18 years old
- NV OHSS Indicator: Population 18-64 years of age
 - Percent of population 18-64 years old
- NV OHSS Indicator: Population 65 years and older
 - Percent of population 65 years and older
- NV OHSS Indicator: Children (K-12) enrolled in school
 - Number of school-aged children, grade Kindergarten-12
- NV OHSS Indicator: Children (K-12) on free/reduced school lunch program
 - Number of children, grade Kindergarten-12 with free/reduced lunch (DOE)

NV OHSS Data Analysis

The oral health biostatistician is responsible for primary data analysis of data gathered by using BSS methodology. The BSS data is based on methods outlined in the ASTDD publication “Basic Screening Surveys: An Approach to Monitoring Community Oral Health”. Screening data is entered in an Access data base and imported into SAS for further data analysis. Secondary data is analyzed and evaluated by their respective organization. The oral health biostatistician will request data or research reports as needed based on the data collection schedule.

Privacy, Data Confidentiality, Storage and Release Policy

All information gathered by the OHP is managed in a manner that is compliant with Nevada’s Health Division HIPAA policy and applicable state laws (Chapter Nine of Nevada State Health Division Policy and Procedures Manual). All portable computers with raw data and all data forms are kept under lock when not in actual use. All reports are reviewed and signed off on by the Oral Health Program Manager, the Chief of the Bureau of Family Health Services as well as the Administrator of the Health Division prior to release.

NV OHSS Data Dissemination

The oral health indicators identified in this plan will be used to describe the burden of oral disease and to support program planning and policy development. Those indicators will be consistent, where feasible, with the indicators used in the state and national oral health community. Surveillance reports are generated through mail, e-mail, listserv, and the oral health web-site to local, state, and federal partners and agencies.

Nevada has used oral health surveillance data in:

- Association of State and Territorial Dental Directors (ASTDD)
- Data Requests
- Fluoridation Plan
- Head Start Healthy Smile Happy Child Oral Health Survey Report
- Healthy People 2010
- Healthy Smiles for Healthy Living Senior Oral Health Survey Report
- Kids Count Data Book
- Legislature Factsheets
- Maternal and Child Health (MCH) Grant Applications
- National Oral Health Surveillance System (NOHSS)
- Nevada Burden of Oral Disease document
- Nevada Oral Health Plan
- Presentations
- Program Grant Applications
- Sealant Plan
- Special Oral Health Factsheets and Snapshots
- Special Populations Oral Health Survey Report
- Third Grade Healthy Smile Happy Child Oral Health Survey Report

NV OHSS Evaluation Plan

The NV OHSS will undergo periodic evaluations to determine its utility in monitoring oral health trends over time. The OHP will engage stakeholders periodically in an evaluation of NV OHSS following six tasks proposed in “Updated Guidelines for Evaluating Surveillance Systems” (Guidelines) published in Morbidity and Mortality Weekly Report, July 27, 2001/(50) RR13; 1-35¹:

- Engage Nevada stakeholders
- Describe NV OHSS
- Focus the evaluation design
- Gather credible evidence regarding the performance of NV OHSS
- Justify and state conclusions
- Ensure use of evaluation findings and share lessons learned

Evaluation of NV OHSS should include recommendations for improving the quality, efficiency, and usefulness of the system and should determine:

- Whether NV OHSS is adequate to support Nevada’s public health agenda for preventing and controlling oral disease
- Whether NV OHSS is sustainable at current levels of funding
- Whether recent surveillance products have reached stakeholders and stimulated interest among them

Appropriate evaluation of NV OHSS by statewide stakeholders will ensure the future of effective and applicable oral health in Nevada. By guiding the focus of oral health data gathered, the burden of oral health disease in Nevada will be assessed on a regular basis, which will then be available to educate policymakers and focus future oral health promotion and disease prevention interventions.

¹ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm>