Final Report Format

Follow-Up Activities to EHS/HS State/Territorial Oral Health Forums

State/Territory: Nevada
Person Submitting Report: Nicole King, NvHSA Coordinator
Phone: 775-544-7343
E-mail: Nicole.king@sbcglobal.net

Activities originally proposed and how they relate to action plan (copy or summarize from proposal with any revisions submitted after acceptance):

The Nevada Head Start Association, in conjunction with Nevada’s Head Start grantees and the Nevada State Health Division, propose to hold three regional oral health strategic planning sessions to address the oral health issues facing the state. An oral health strategic planning session will be held in the southern, rural and northern regions of the state. Christine Forsch, the State Health Division’s Oral Health Program Manager, will provide the content and expertise during the planning sessions, as well as assist with the overall planning of the sessions. Ms. Forsch will also assist in identifying and contacting key community stakeholders and dental care providers to attend the planning sessions. Head Start grantees will assist in identifying participants, help with creating the agenda for the session held in their particular region, and will be key participants in the planning sessions. NvHSA Coordinator, Nicole King, will serve as project manager implementing and overseeing all aspects of the project. Specifically, Ms. King will be responsible for the planning, coordination, facilitation, meeting review and follow-up, drafting final strategic plan for each region, and writing the final report.

Activities accomplished: include process used, participants, partners, and significant dates/timelines:

In conjunction with the Nevada State Health Division Oral Health Program, NvHSA coordinated three regional oral health strategic planning sessions. Initial planning was done via conference call with the HS grantees from each region, Ms. Forsch and Nicole King. The initial planning established the time, date, location, planning session agenda and the key stakeholders (both community and HS employees) to be invited. (List of session attendees is attached). Invitations were created by Ms. Forsch and sent from the NvHSA office. The Las Vegas regional oral health planning session was held on Friday, February 4, 2004; the Northeastern Nevada session was held on Friday, January 28, 2005 and the Northern Nevada session was held on Friday, February 25, 2005.

Ms. Forsch, in collaboration with Dr. Reg Louie, prepared in advance a draft Action Plan detailing a set of proposed goals, objectives and strategies. These draft Action Plans were distributed to the HS grantees prior to the session for their review and approval. The draft Action Plan was used to guide the sessions and served as a means of determining current resources as well as areas where further assistance was needed.
Immediate outcomes (attach any reports or other documents/materials):
The immediate outcomes achieved are the detailed Action Plans developed for each region. These documents are attached. The Action Plans have been adopted by the regional dental coalitions (i.e. Southern Oral Health Coalition, the Tooth Fairy Council and the Coalition for Underserved Populations). Coalition members are the “right” people to help execute the Action Plans as they have access to resources and are able to assist HS grantees in achieving their oral health goals.

A notable outcome is the relationship that has been established between the Southern Oral Health Coalition and the EOB Head Start health staff. Since the planning session, the Southern Oral Health Coalition has created a Head Start subcommittee which meets monthly and guides the execution of the Action Plan. This coalition, in collaboration with Ms. Forsch, is in the process of developing in English and Spanish a Power Point presentation on the importance of fluoride. This presentation will be used to educate HS start staff and will be distributed to the other regions upon completion. They are also in the process of developing the oral health Single Overriding Communication Objectives which will be distributed to the other regions as well. And they are developing a Risk Assessment tool to identify the level tooth decay for each child. The tool is designed to be used by any HS staff, regardless of their experience with oral health issues.

Additional follow-up activities planned:
NvHSA plans to add an oral health update to our quarterly meeting agendas. Each region will be asked to discuss ways in which their Action Plans are being implemented and to identify any resources needed. It is expected that the regional dental coalitions will assist with the on-going process of executing the Action Plans.

Need for additional resources to accomplish other follow-up activities (please be specific):
Funding for State Oral Health Program Manager to travel to dental coalition meetings to provide technical assistance and to monitor the implementation of the Action Plans.
**Budget Explanation**

<table>
<thead>
<tr>
<th>How ASTDD Funds Were Used</th>
<th>Other Funds Expended, Include Source</th>
<th>In-Kind Support, Include Source</th>
</tr>
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<tbody>
<tr>
<td>Commercial Air $342.00</td>
<td>NvHSA</td>
<td>State Oral Health Program Office</td>
</tr>
<tr>
<td>Copies $142.50</td>
<td>Meeting Refreshments $471.91</td>
<td>Travel and Per Diem for Manager</td>
</tr>
<tr>
<td>Postage $40.00</td>
<td>Meeting Supplies $149.10</td>
<td>Manager’s Salary Supplies</td>
</tr>
<tr>
<td>Per Diem $35.00</td>
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<tr>
<td>Conference Calls $26.19</td>
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<tr>
<td>Coordinator Fees $1914.00</td>
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</tbody>
</table>

E-mail by July 1, 2005 to Kathy Geurink at kgeurink@satx.rr.com,

cc: bev.isman@comcast.net and JRossetti@HRSA.GOV
Economic Opportunity Board of Clark County (EOB) Head Start
Oral Health Forum Invitees

Norma Abi-Karam
Nevada Department of Child and Family Services

Mary Coon
Covering Kids Program

Bernard Addo-Quaye, MD

Jeanne Cosgrove
Sunrise Hospital-Safe Kids

Seth Adjovu, MD

Patricia Craddock, DDS
Chair, Access to Care Committee
Nevada Dental Association

Keith W. Allred
Nevada Department of Education

Bob Anderson
Executive Director
Southern Nevada Dental Society

Sue Brooks, APN, RN
C.O.W.

Maury Astley, CAE
Executive Director
Nevada Dental Association

Maureen Fanning, RN
Clark County Health District

Tikva Butler, APN, RN

Chris Forsch, RDH, BS
Oral Health Program Manager
Nevada State Health Division

Gabriel Carpo
Physicians Health Net

Rose Gaston
EOB Community Action Partnership

Jann Carson
Miles for Smiles/Nevada Health Centers

Stephanie Gilbert
Try-Angles Program

Clentine Coleman
Catholic Charities of Southern Nevada

Mary Grant

Robert Cooley, DDS
Director
UNSOOM Pediatric Dental Residency Program

Terryann Gunn
Sunrise Hospital
Center for Healthy Family, Safe Kids

Vivian Hansen
Nevada Rural Health Centers, Inc.
Michael Sanders, DMD, EdM  
Director of Patient Care Services  
University of Nevada, Las Vegas School of Dental Medicine

Lilliam Shell  
Nevada Health Centers

Jill Sibert-Melancon  
Childhood Development

Kelly Simonson  
Health Plan of Nevada

Mary Alyce Smith  
Access One Grant Writing

Virginia Smith, RN  
Clark County School District, Special Services

Cheryl Sonneberg, Phd  
EOB Health Service Division

Mary Ellen Stevens  
Division of Child and Family Services

Mary Twitty  
EOB Community Action Partnership

Janice Vandenberg, RN  
Sunrise Hospital  
Center for Healthy Family, Safe Kids

Pamela Van Pek  
University of Nevada, Las Vegas  
Cooperative Extension

Daniel Voges  
EOB CCAD

Geri Wallace-Andrews  
Director, Special Projects

Leisa Whitman  
PBS KLVX Ready to Learn

Cozetta Williams  
Nevada P.E.P.

Jean Wolff, RDH, MSEd  
President  
Nevada Dental Hygienists' Association
EOB Head Start Action Plan

**Fluoridation**

**Goal Statement #1:** To ensure all children enrolled in EOB Head Start/Early Head Start are receiving appropriate pre-eruptive fluoride.

**Outcome/Measurement:** The percent of children enrolled in EOB Head Start/Early Head Start who drink optimally fluoridated water or who are ingesting fluoride supplements appropriately.

<table>
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<tr>
<td>1.1. Determine the source of each child’s drinking water.</td>
<td>1.1. Survey families to determine if their children drink city water, non-fluoridated bottled water or fluoridated bottled water.</td>
<td>1.1. Data on the source of each child’s drinking water is obtained on a regular, systematic basis.</td>
<td>1.1. EOB HS</td>
<td>1.1. Annually</td>
</tr>
<tr>
<td>1.2. Educate parents about the benefits of drinking fluoridated water.</td>
<td>1.2. Educate the Policy Council, Health Advisory Committee, staff, and parents on the benefits of drinking fluoridated water through in-service training, brochures, and one on one education.</td>
<td>1.2. a. Can all members of the Policy Council, Health Advisory Council and EOB Head Start staff explain the benefits of drinking fluoridated water? Are all parents provided information on the benefits of drinking fluoridated water? Has the % of children drinking city water or fluoridated bottled water increased?</td>
<td>1.2. EOB HS, State Oral Health Program, Community Coalition for Oral Health.</td>
<td>1.2.a. In service-annually. 1.2.b. Ongoing. 1.2.c. Evaluate annually.</td>
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</table>
Fluoride Varnish

**Goal Statement #2:** All children enrolled in EOB Head Start/Early Head Start will receive post-eruptive fluoride treatments as indicated by a risk assessment performed by a medical or dental professional.

**Outcome/Measurement:** The percent of children enrolled in EOB Head Start/Early Head Start who receive appropriate post eruptive fluoride treatments.

<table>
<thead>
<tr>
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</table>
2.1.b. Implement the tool to determine the risk status of children enrolled in EOB Head Start. | 2.1.a. Has a risk assessment tool been developed?  
2.1.b. Is caries risk status for each child established within 90 days of enrollment? | 2.1.a. Community Coalition for Oral Health, EOB HS  
2.1.b. EOB HS, dental providers. | 2.1.a. 06/05  
2.1.b. Within 90 days of enrollment. |
| 2.2. Develop a system for delivering post-eruptive flouride treatments (fluoride varnish) on an ongoing, systematic basis. | 2.2.a. Identify partners who can provide fluoride varnish treatments on a regular, ongoing basis.  
2.2.b. Establish a formal MOU with agency/organization that will provide fluoride varnish treatments.  
2.2.c. Implement quarterly fluoride varnish program. | 2.2.a. Have potential partners been identified?  
2.2.b. Have formal MOUs been established?  
2.2.c. Has a quarterly fluoride varnish program been implemented? | 2.2.a. EOB HS, Community Coalition for Oral Health.  
2.2.b. EOB HS and identified agencies.  
2.2.c. Identified agencies. | 2.2.a. 05/05  
2.2.b. 08/05  
2.2.c. 09/05 |
**Oral Health Education**

**Goal Statement #3:** All children enrolled in EOB Head Start/Early Head Start will demonstrate appropriate oral hygiene and consume a diet that promotes oral health.

**Outcome/Measurement:** The percent of families with children enrolled in EOB Head Start/Early Head Start who have participated in age appropriate, culturally sensitive, evidence-based oral health education.

<table>
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</thead>
<tbody>
<tr>
<td>3.1. The Policy Council, Health Advisory Committee, staff, parents and children understand the importance of oral health</td>
<td>3.1.a. Develop Single Overriding Communication Objectives (SOCOs) regarding oral health.</td>
<td>3.1.a. Have SOCOs been developed?</td>
<td>3.1.a. EOB HS, Health Advisory Committee, State Oral Health Program, Community Coalition for Oral Health.</td>
<td>3.1.a. 06/05</td>
</tr>
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<td></td>
<td>3.1.b. Communicate the SOCOs to all members of the Policy Council, Health Advisory Committee, and staff.</td>
<td>3.1.b. Do all members of the Policy Council, Health Advisory Committee and staff know the SOCOs?</td>
<td>3.1.b. EOB HS, Health Advisory Committee, State Oral Health Program, Community Coalition for Oral Health.</td>
<td>3.1.b. 09/05</td>
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<td>3.1.c. Integrate the SOCOs in all EOB Head Start communications (newsletters, flyers, artwork displayed in centers, menus etc.)</td>
<td>3.1.c. How often have the SOCOs been integrated into EOB Head Start communications?</td>
<td>3.1.c. EOB HS.</td>
<td>3.1.c. Ongoing.</td>
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<td>3.1.d. Provide oral health education to parents and children on an ongoing and systematic basis through health fairs, parents education events, one on one</td>
<td>3.1.d. Is oral health education provided on an ongoing and systematic basis?</td>
<td>3.1.d. Community Coalition for Oral Health, State Oral Health Program, EOB</td>
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<td>counseling, “adopt a center” programs.</td>
<td></td>
<td>HS, Nevada Dental Association, Southern Nevada Dental Society, UNLV School of Dental Medicine, Pediatric Dental Residency Program, CCSN Dental Hygiene Program.</td>
<td>annually. One on one counseling – ongoing.</td>
</tr>
<tr>
<td>3.2. Children, parents and staff demonstrate behaviors that promote good oral health.</td>
<td>3.2.a. Educate parents on the role they play in keeping their children’s teeth healthy (transfer of bacteria from mother to child, the need to brush children’s teeth for them at least once a day until the child is able to remove plaque effectively by themselves, the effect of diet on oral health).</td>
<td>3.2.a. How are parents being educated about the role they play in their child’s oral health?</td>
<td>3.a. Community Coalition for Oral Health, State Oral Health Program, EOB HS, Nevada Dental Association, Southern Nevada Dental Society, UNLV School of Dental Medicine, Pediatric Dental Residency Program, CCSN Dental Hygiene Program.</td>
<td>3.1. Annually</td>
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<td>3.2.b. Implement activities to motivate parents to improve the oral health of their children (disclosing solution or tablets, healthy snack suggestions, brushing charts, recognition of the centers where a high percentage of parents have assisted their child with brushing at least once a day).</td>
<td>3.2.b. What activities to motivate parents have been implemented?</td>
<td>3.2.b. EOB HS, Community Coalition for Oral Health.</td>
<td>3.2.b. at least one activity will be implemented quarterly.</td>
</tr>
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**Dental Examinations**

**Goal Statement #4:** All children enrolled in EOB Head Start/Early Head Start will have a dental examination by a licensed dentist within 90 days of enrollment (HS) or by age one or within 6 months of the eruption of the first tooth (EHS).

**Outcome/Measurement:** The percent of children enrolled in Head Start/Early Head Start who have a dental examination within 90 days of enrollment or by age one or within 6 months of the eruption of the first tooth.

<table>
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</thead>
</table>
| 4.1. Establish policy/procedure for Medicaid eligible children to have an examination through the UNLV School of Dental Medicine. | 4.1.a. Enter into a formal MOU with the dental school.  
4.1.b. Establish written policy/procedure for children to get an appointment at the school or at a community clinic (three to four months before school starts, make arrangements to reserve a block of time for EOB HS children to be examined.) | 4.1.a. Has a formal MOU been established?  
4.1.b. Have written policies/procedures been established? | 4.1.a. EOB HS, UNLV School of Dental Medicine (Michael Sanders).  
4.1.b. EOB HS, UNLV School of Dental Medicine (Michael Sanders). | 4.1.a. 06/05  
4.1.b. 09/05 |
| 4.2. Establish policy/procedure for uninsured children to have an examination through the 1DAY program. | 4.2.a. Enter into a formal MOU with the 1 DAY program.  
4.2.b. Establish written policy/procedure for children to get an appointment through 1DAY (three to four months before school starts, make arrangements to reserve a block of time for EOB HS children to be examined.) | 4.2.a. Has a formal MOU been established?  
4.2.b. Have written policies/procedures been established? | 4.2.a. EOB HS, 1 DAY (Dixie Rogers).  
4.2.b. EOB HS, 1DAY (Dixie Rogers) | 4.2.a. 06/05  
4.2.b. 09/05 |
**Emergency Dental Treatment**

**Goal Statement #5:** All children enrolled in EOB Head Start/Early Head Start needing emergency treatment due to the presence of pain or swelling are treated to relieve the pain or swelling within 24 hours of EOB staff becoming aware of the problem.

**Outcome/Measurement:** The percent of children enrolled in EOB Head Start/Early Head Start who receive emergency treatment within 24 hours of EOB staff becoming aware of the problem.

<table>
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<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1. Establish policy/procedure for children who are having a dental emergency who are Medicaid eligible or uninsured to be treated through the UNLV School of Dental Medicine.</td>
<td>5.1.a. Enter into a formal MOU with the dental school. 5.1.b. Establish written policy/procedure to follow for children to get an appointment at the school or at a community clinic.</td>
<td>5.1.a. Has a formal MOU been established? 5.1.b. Have written policies/procedures been established?</td>
<td>5.1.a. EOB Head Start, UNLV School of Dental Medicine (Michael Sanders). 5.1.b. EOB Head Start, UNLV School of Dental Medicine (Michael Sanders).</td>
<td>5.1.a. 06/05 5.1.b. 09/05</td>
</tr>
</tbody>
</table>
**Routine Dental Treatment**

**Goal Statement #6:** All children enrolled in EOB Head Start/Early Head Start will have all of their routine dental treatment needs met within 90 days of the end of the program year.

**Outcome/Measurement:** The percent of children enrolled in EOB Head Start/Early Head Start will have all of their routine dental treatment needs met within 90 days of the end of the program year.

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</table>
| 6.1. Empower parents to take responsibility for their children’s health. | 6.1.a. Develop SOCOs and implement a marketing plan that ties into the education identified in Goal #3.  
6.1.b. Develop a program to educate HS teachers, children and families about appropriate dental office behavior and protocol that ties into Goal #3. (Model the program after programs in other states such as Oregon and South Carolina). | 6.1.a. Has a SOCO and a marketing plan been developed and implemented?  
6.1.b. Has an educational program been developed?  
Have no show rates decreased? | 6.1.a. Policy Council, Health Advisory Committee, HS staff, Community Coalition for Oral Health.  
6.1.b. Policy Council, Health Advisory Committee, HS staff, Community Coalition for Oral Health. | 6.1.a. 09/05  
6.1.b. 09/05 |
| 6.2. Develop a system to improve the transfer of client information between EOB HS and providers, clinics, and agencies (address, phone, insurance information, treatment needs, etc.) | 6.2.a. Identify information needed by providers in order for them to serve clients most efficiently and effectively.  
6.2.b. Develop a tool to collect the information.  
6.2.c. Implement the tool so that providers have all the information they need to provide services efficiently and effectively. | 6.2.a. Have providers been contacted to find out what information they need and want?  
6.2.b. Has a tool to collect the information been developed?  
6.2.c. Is the tool being implemented?  
Have no show rates | 6.2.a. EOB Head Start, Community Coalition for Oral Health.  
6.2.b. EOB Head Start, Community Coalition for Oral Health.  
6.2.c. EOB HS | 6.2.a. 05/05  
6.2.b. 07/05  
6.2.c.09/05 |
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</table>
| 6.3. Identify specific issues, reasons and the frequency with which HS parents loose dental insurance. | 6.3.a. Develop a tool to survey parents about insurance issues.  
6.3.b. Implement the tool.  
6.3.c. Evaluate the data from the survey.  
6.3.d. Utilize the information to assist EOB HD families with insurance issues. | 6.3.a. has a tool been developed?  
6.3.b. Has the tool been implemented?  
6.3.c. Has the data been evaluated?  
6.3.d. Has the information been used to assist EOB HD families with insurance issues? | 6.3.a. EOB HS.  
6.3.b. EOB HS.  
6.3.c. EOB HS.  
6.3.d. EOB HS. | 6.3.a. 06/05  
6.3.b. 09/05  
6.3.c. 12/05  
6.3.d. Ongoing. |
| 6.4. Expand the pool of providers who will see HS and EHS children. | 6.4.a. Advocate for Medicaid policy changes that will reduce challenges to obtaining care (establish presumptive eligibility and eliminate barriers to provider participation.)  
6.4.b. Outreach to providers and | 6.4.a. Does EOB HS know what policy changes could be made to improve provider participation? Does EOB HS advocate for policy changes to improve provider participation? Have policy changes occurred? Has the pool of providers who will see EOB HS children expanded?  
6.4.b. HS Staff, | 6.4.a. Ongoing  
6.4.b. Ongoing |
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<tr>
<td>educate them about the HS population by inviting them to Head Start conferences, meetings and presenting at their meetings and conferences.</td>
<td>providers to meetings and conferences? Has EOB HS presented at meetings and conferences of providers? Has the pool of providers expanded?</td>
<td>Community Coalition for Oral Health.</td>
<td>6.5.a. School of Dental Medicine (Michael Sanders).</td>
<td>6.5.a. 06/05</td>
</tr>
<tr>
<td>6.5. Establish policy/procedure for Medicaid eligible children to receive routine treatment through the UNLV School of Dental Medicine.</td>
<td>6.5.a. Enter into a formal MOU with the dental school.  6.5.b. Establish written policy/procedure for children to get appointments at the school or at a community clinic (three to four months before school starts, make arrangements to reserve a block of time for treatment of EOB HS children.)</td>
<td>6.5.a. Has a formal MOU been established?  6.5.b. Have written policies/procedures been established?</td>
<td>6.5.a. EOB HS, UNLV School of Dental Medicine (Michael Sanders).</td>
<td>6.5.b. 09/05</td>
</tr>
<tr>
<td>6.6. Establish policy/procedure for uninsured children to receive treatment through the 1DAY program.</td>
<td>6.6.a. Enter into a formal MOU with the 1 DAY program.  6.6.b. Establish written policy procedure for children to get appointments through 1DAY (three to four months before school starts, make arrangements to reserve a block of time for treatment of EOB HS children.)</td>
<td>6.6.a. Has a formal MOU been established?  6.6.b. Have written policies/procedures been established?</td>
<td>6.6.a. EOB HS, 1 DAY (Dixie Rogers).</td>
<td>6.6.a. 06/05</td>
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<td></td>
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<td>6.6.b. EOB HS, 1DAY (Dixie Rogers)</td>
<td>6.6.b. 09/05</td>
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</table>
**Hospital or Surgery Center Based Dental Treatment**

**Goal Statement #7:** All children enrolled in EOB Head Start who need hospital or surgery center based dental treatment will be treated within 90 days of the end of the program year.

**Outcome/Measurement:** The percent of children enrolled in EOB Head Start who need hospital or surgery center based dental treatment who are treated within 90 days of the end of the program year.

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<tr>
<td>7.1. Establish policy/procedure for children who need hospital/surgery center based dental care who are Medicaid eligible or uninsured to be treated through the Pediatric Dental Residency Program.</td>
<td>7.1.a. Enter into a formal MOU with the Pediatric Dental Residency Program. 7.1.b. Establish written policy/procedure to follow for children to get an appointment at the Pediatric Dental Residency Program.</td>
<td>7.1.a. Has a formal MOU been established? 7.1.b. Have written policies/procedures been established?</td>
<td>7.1. a. HS Staff, Pediatric Dental Residency Program (Dr. Robert Cooley) 7.1.b. HS Staff, Pediatric Dental Residency Program (Dr. Robert Cooley)</td>
<td>5.1.a. 06/05 5.1.b. 09/05</td>
</tr>
<tr>
<td>7.2. Establish policy/procedure for uninsured children who need hospital/surgery center based dental care through the 1DAY program.</td>
<td>7.2.a. Enter into a formal MOU with the 1 DAY program. 7.2.b. Establish written policy/procedure for children to get an appointment through the 1DAY program.</td>
<td>7.2.a. Has a formal MOU been established? 7.2.b. Have written policies/procedures been established?</td>
<td>7.2.a. EOB HS, 1 DAY (Dixie Rogers). 7.2.b. EOB HS, 1DAY (Dixie Rogers)</td>
<td>7.2.a. 06/05 7.2.b. 09/05</td>
</tr>
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</table>
Elko / Ely (NE) Head Start Oral Health Summit Attendees

Joan Anderson  
Director  
Head Start of Northeastern Nevada

Cindi Bliss  
Program Coordinator  
REM Nevada

Stephanie Christensen  
Chair, Policy Council  
Head Start of Northeastern Nevada

Karen Cooley  
Family Resource Center

Mary Elridge  
Director  
Little People’s Head Start

Dayle Everts, RN  
Head Start of Northeastern Nevada

Chris Forsch, RDH, BS  
Oral Health Program Manager  
Nevada State Health Division

Gloria Grant  
Family Services Coordinator  
Little People’s Head Start

Kent Henderson, DDS  
President  
Northeastern Nevada Dental Society

Tim Hill, DDS  
Miles for Smiles, Elko

Nicole King  
Coordinator  
Nevada Head Start Association

Madelien Kalleres, RN  
Little People’s Head Start

Arann Lea, RDH  
Nevada Health Centers

Matthew Liperarelli, OD  
Chairman, Health Advisory Committee,  
Head Start of Northeastern Nevada

Carrie Powers, APN  
Public Health Nurse

Georgiana Smith, RN  
Director of Nursing, Great Basin College

Maria Toldeo  
Chair, Executive Board  
Head Start of Northeastern Nevada

Cheri Ward  
Regional Operations Director  
Miles for Smiles, Elko
### NE Action Plan

#### Fluoridation

**Goal Statement #1:** To ensure all children enrolled in Little People’s or Northeastern Nevada’s Head Start/Early Head Start are receiving appropriate pre-eruptive fluoride.

**Outcome/Measurement:** The percent of children enrolled in Little People’s and Northeastern Nevada Head Start/Early Head Start who drink optimally fluoridated water or who are ingesting fluoride supplements appropriately.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.1. Evaluate fluoride intake for each child.</td>
<td>1.1. Add specific oral health questions to the Intake form regarding the type of water the child drinks non-fluoridated bottled water, fluoridated bottled water, city water, water from a private well) and if fluoride supplements are being taken.</td>
<td>1.1 Does the intake form ask about drinking water and fluoride supplementation?</td>
<td>1.1. HS administrative and health staff.</td>
<td>1.1. 06/05</td>
</tr>
<tr>
<td>1.2. Provide fluoride supplementation as appropriate.</td>
<td>1.2. Floride supplements are given daily as appropriate.</td>
<td>1.2. Are children drinking fluoridated water or ingesting fluoride supplements appropriately?</td>
<td>1.2. HS staff, prescribing physician or dentist.</td>
<td>1.2. Daily.</td>
</tr>
</tbody>
</table>
Fluoride Varnish

Goal Statement #2 All children enrolled in Little People’s or Northeastern Nevada’s Head Start/Early Head Start will receive post-eruptive fluoride treatments as indicated by a risk assessment performed by a medical or dental professional.

Outcome/Measurement: The percent of children enrolled in Little People’s or Northeastern Nevada’s Head Start/Early Head Start who receive appropriate post eruptive fluoride treatments.

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<tr>
<td>2.1. Determine caries risk status of children enrolled in Little People’s Head Start/Early Head Start and Northeastern Nevada Head Start.</td>
<td>2.1.a. Develop a risk assessment tool.</td>
<td>2.1.a. Has a risk assessment tool been developed?</td>
<td>2.1.a. HS staff, Tooth Fairy Council. 4/1/05 The Oral Health Program will share what is developed by the Community Coaklition for Oral Health Head Start Committee with NE NV HS, LP HS and the Tooth Fairy Council.</td>
<td>2.1.a. 06/05</td>
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<td></td>
<td>2.1.b. Implement the tool to determine the risk status of children enrolled in Little People’s Head Start/Early Head Start and Northeastern Nevada Head Start.</td>
<td>2.1.b. Is caries risk status for each child established within 90 days of enrollment?</td>
<td>2.1.b. HS staff, dental providers, medical providers.</td>
<td>2.1.b. Within 90 days of enrollment.</td>
</tr>
<tr>
<td>2.2. Develop a system for delivering post-eruptive flouride treatments (fluoride varnish) on an ongoing, systematic basis.</td>
<td>2.2.a. Identify partners who can provide fluoride varnish treatments on a regular, ongoing basis. 4/1/05 NE NV HS has identified the Family Resource Center as a partner.</td>
<td>2.2.a. Have potential partners been identified?</td>
<td>2.2.a. HS staff, Family Resource Center, Public Health Nurse, Miles for Smiles.</td>
<td>2.2. a. 05/05</td>
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<td></td>
<td>2.2.b. Establish a formal MOU with agency/organization that will provide</td>
<td>2.2.b. Have formal MOUs been</td>
<td>2.2.b. HS staff and identified agencies.</td>
<td>2.2.b. 07/05</td>
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<td></td>
<td>fluoride varnish treatments.</td>
<td>established?</td>
<td>2.2.c. State Oral Health Program.</td>
<td>2.2.c. 08/05</td>
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<tr>
<td>2.2.c.</td>
<td>Provide fluoride varnish training to <strong>staff/partners</strong> as needed.</td>
<td>2.2.c. Has needed training been provided?</td>
<td>2.2.c. Identified agencies.</td>
<td>2.2.d. 09/05</td>
</tr>
<tr>
<td>2.2.d.</td>
<td>Implement quarterly fluoride varnish program.</td>
<td>2.2.d. Has a quarterly fluoride varnish program been implemented?</td>
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</table>
**Oral Health Education**

**Goal Statement 3:** All children enrolled in Little People’s or Northeastern Nevada’s Head Start/Early Head Start will demonstrate appropriate oral hygiene and consume a diet that promotes oral health.

**Outcome/Measurement:** The percent of families with children enrolled in Little People’s or Northeastern Nevada’s Head Start/Early Head Start who have participated in age appropriate, culturally sensitive, evidence-based oral health education.

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<tr>
<td>3.1. Develop oral health classes, trainings, and forums to educate parents, teachers, and children about appropriate oral hygiene and diet</td>
<td>3.1.a. Educate parents on the role they play in keeping their children’s teeth healthy (transfer of bacteria from mother to child, the need to brush children’s teeth for them at least once a day until the child is able to remove plaque effectively by themselves, the effect of diet on oral health). 4/1/05 NE NV HS plans to conduct a large annual meeting with parents and children. They will also provide targeted one-on-one education to high risk children as needed. 3.1.b. Implement activities to motivate parents to improve the oral health of their children (disclosing solution or tablets, parent information sheet with plaque status of child recorded, healthy snack suggestions, brushing charts, coloring books and toothbrushes.</td>
<td>3.1.a. How are parents being educated about the role they play in their child’s oral health? 3.1.b. What activities to motivate parents have been implemented?</td>
<td>3.1. a. HS health staff HS Policy Council HS Health Advisory Council, Oral Health Program, Tooth Fairy Council. 3.1.b. HS health staff HS Policy Council HS Health Advisory Council, Oral Health Program, Tooth Fairy Council.</td>
<td>3.1. a. Annually 3.1. b. At least one activity will be implemented quarterly.</td>
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# Dental Examinations

**Goal Statement #4:** All children enrolled in Little People’s and Northeastern Nevada’s Head Start/Early Head Start will have a dental examination by a licensed dentist within 90 days of enrollment.

**Outcome/Measurement:** The percent of children enrolled in Little People’s and Northeastern Nevada’s Head Start/Early Head Start who have a dental examination within 90 days of enrollment.

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| 4.1. Establish policy and procedure for children to have an examination through the Miles for Smiles program or from a private practitioner. | 4.1.a. Enter into a formal MOU with the Miles for Smiles program or the private practitioner.  
4.1.b. Establish written policy/procedure for children to get an appointment with the Miles for Smiles program or the private practitioner. (three to four months before school starts, make arrangements to reserve a block of time for HS children to be examined.) 4/1/05 Written policy/procedure is already in place. | 4.1.a. Has a formal MOU been established?  
4.1.b. Have written policies/procedures been established? | 4.1.a. HS staff, Miles for Smiles, private practitioners.  
4.1.b. HS staff, Miles for Smiles, private practitioners. | 4.1.a. 06/05  
4.1.b. 09/05 |
**Emergency Dental Treatment**

**Goal Statement #5:** All children enrolled in Little People’s and Northeastern Nevada’s Head Start/Early Head Start needing emergency treatment due to the presence of pain or swelling are treated to relieve the pain or swelling within 24 hours of staff becoming aware of the problem.

**Outcome/Measurement:** The percent of children enrolled in Little People’s and Northeastern Nevada’s Head Start/Early Head Start who receive emergency treatment within 24 hours of staff becoming aware of the problem.

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<tr>
<td>5.1. Establish policy/procedure for children who are having a dental emergency who are Medicaid eligible or uninsured to be treated through the Miles for Smiles Program (LP HS, NENV HS) or by Dr. Bartley (LP HS) - White Pine County will pay up to $200 per child for children living in White Pine County.</td>
<td>5.1.a. Enter into a formal MOU with the Miles for Smiles Program (LP HS, NENV HS) and Dr. Bartley (LP HS). 5.1.b. Establish written policy/procedure to follow for children to get an appointment with Miles for Smiles Program (LP HS, NENV HS) and Dr. Bartley (LP HS).</td>
<td>5.1.a. Has a formal MOU been established? 5.1.b. Have written policies/procedures been established?</td>
<td>5.1.a. LP HS, NENV HS, Miles for Smiles, Dr. Bartley. 5.1.b. LP HS, NENV HS, Miles for Smiles, Dr. Bartley.</td>
<td>5.1.a. 06/05  5.1.b. 09/05</td>
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**Routine Dental Treatment**

**Goal Statement #6:** All children enrolled in Little People’s and Northeastern Nevada’s Head Start/Early Head Start will have all of their routine dental treatment needs met within 80 days of the end of the program year.

**Outcome/Measurement:** The percent of children enrolled in Little People’s and Northeastern Nevada’s Head Start/Early Head Start who have all of their routine dental treatment needs met within 90 days of the end of the program year.

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| 6.1. Establish policy/procedure for Medicaid and uninsured children eligible children to receive routine treatment at the offices of Dr. Bartley (LP HS) or through the Miles for Smiles program (NENV HS, LP HS). | 6.1.a. Enter into a formal MOU with Dr. Bartley (LP HS) and the Miles for Smiles program (NE NV HS)  
6.1.b. Establish written policy/procedure for children to get appointments with Dr. Bartley (LP HS), and the Miles for Smiles program (LP HS, NENV HS) (three to four months before school starts, make arrangements to reserve a block of time for treatment of HS children.) | 6.1.a. Has a formal MOU been established?  
6.1.b. Have written policies/procedures been established? | 6.1.a. LP HS, NENV HS, Miles for Smiles, Dr. Bartley.  
6.1.b. LP HS, NENV HS, Miles for Smiles, Dr. Bartley. | 6.1.a. 06/05  
6.1.b. 09/05 |
### Hospital or Surgery Center Based Dental Treatment

**Goal Statement #7:** All children enrolled in Little People’s and Northeastern Nevada’s Head Start/Early Head Start who need hospital or surgery center based dental treatment will be treated within 90 days of the end of the program year.

**Outcome/Measurement:** The percent of children enrolled in Little People’s and Northeastern Nevada’s Head Start/Early Head Start who need hospital or surgery center based dental treatment that are treated within 90 days of the end of the program year.

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<tr>
<td>7.1. Establish policy/procedure for children who need hospital/surgery center based dental care who are Medicaid eligible to be treated by Dr. Bartley (LP HS) or Dr. Johansen in Salt Lake City (NENV HS.)</td>
<td>7.1.a. Enter into a formal MOU with Dr. Bartley (LP HS) and Dr. Johansen (NENV HS).&lt;br&gt;7.1.b. Establish written policy/procedure to follow for children to get an appointment with Dr. Bartley (LP HS) and Dr. Johansen (NENV HS.)</td>
<td>7.1.a. Has a formal MOU been established?&lt;br&gt;7.1.b. Have written policies/procedures been established?</td>
<td>7.1. a. HS Staff, Dr. Bartley (LP HS) and Dr. Johansen (NENV HS).&lt;br&gt;7.1.b. HS Staff, Dr. Bartley (LP HS) and Dr. Johansen (NENV HS).</td>
<td>5.1.a. 06/05&lt;br&gt;5.1.b. 09/05</td>
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<tr>
<td>7.2. Obtain the services of a pediatric dentist who will come to Elko.</td>
<td>7.2.a. Investigate options to staff the surgery center and/or hospital on Saturday.&lt;br&gt;7.2.b. Investigate options to have residents with the Pediatric Dental Residency Program do rotations in Elko.</td>
<td>7.2.a. Has the hospital been contacted to discuss options? Is the surgery center staffed on Saturdays?&lt;br&gt;7.2.b. Have options been discussed with the Pediatric Dental Residency Program? Are Pediatric residents doing rotations in Elko?</td>
<td>7.2.a. HS staff, Elko Tooth Fairy Council, hospital administration.&lt;br&gt;7.2.b. HS staff, Elko Tooth Fairy Council, Pediatric Dental Residency Program.</td>
<td>7.2.a. 06/05&lt;br&gt;7.2.b. 06/05</td>
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<td>7.3. Establish a free standing clinic to treat Medicaid/uninsured children who cannot be treated on the Miles for Smiles mobile clinic.</td>
<td>7.3. Advocate for funding to build and staff the clinic.</td>
<td>7.3 Has the clinic been opened and is it providing care to Medicaid and uninsured children?</td>
<td>7.3. Northeastern NV AHEC, Miles for Smiles, Tooth Fairy Council.</td>
<td>7.3. 08/05</td>
</tr>
<tr>
<td>7.4. Improve transportation services for Medicaid children.</td>
<td>7.4.a. Provide the State Oral Health Program with data related to challenges encountered.</td>
<td>7.4.a. Has the data been provided to the Oral Health Program? Has the Oral Health Program contacted the Division of Health Care Financing and Policy and Logisticare? Have transportation services improved?</td>
<td>7.4.a. HS, Oral Health Program, Division of Health Care Financing and Policy, Logisticare.</td>
<td>7.4.a. 06/05</td>
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<td>7.4.b. Enter into an MOU with the Veterans Administration to transport children needing care in urban settings. 4/1/05 NE NV HS will investigate how LP HS had made their arrangements.</td>
<td>7.4.b. Has an MOU been established?</td>
<td>7.4.b. HS, Veterans Administration.</td>
<td>7.4.b. 09/05</td>
</tr>
</tbody>
</table>
UNR/CSA Head Start/Early Head Start
Oral Health Forum Attendees

Marlena Booth
Clinic Manager
Healthy Smiles Family Dentistry

Chris Forsch RDH, BS
Oral Health Program Manager
Nevada State Health Division

Jane Hogue
Coordinator
UNR Early Head Start

Mike Johnson MS, LADC
Manager
Saint Mary's Outreach Programs

Nicole King
Executive Director
Nevada Head Start Association

Michelle Kling RN, MS
Division Director
Washoe County District Health Department

Renee Landa
Family Services Specialist
CSA Head Start

Reg Louie DDS, MPH
Regional Head Start Oral Health Consultant

Thomas Maynor II
Deputy Director
Washoe Tribal Health Center

Dr. Debra Markoff
HAWC

Sherri Rice
Director
CSA Head Start

Mike Rodolico Ed.D., MPH,
Executive Director
Health Access Washoe County Community Health Center

Kathy Stanfield
Health & Nutrition Services Assistant
UNR Early Head Start

Rebecca Zatarain
Health Services Manager
CSA Head Start
UNR/CSA Head Start/Early Head Start
Action Plan

**Fluoridation**

**Goal Statement #1:** To ensure all children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start are receiving appropriate pre-eruptive fluoride.

**Outcome/Measurement:** The percent of children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start who drink optimally fluoridated water or who are ingesting fluoride supplements appropriately.

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<tr>
<td>1.1. Evaluate fluoride intake for each child.</td>
<td>1.1. Add specific oral health questions to the Intake form regarding the type of water the child drinks; (non-fluoridated bottled water, fluoridated bottled water, city water, water from a private well) and if fluoride supplements are being taken (Oral Health Program plans to purchase a device for testing wells and could assist agencies with well testing).</td>
<td>1.1. Does the intake form ask about drinking water and fluoride supplementation?</td>
<td>1.1. HS</td>
<td>1.1. 06/05</td>
</tr>
<tr>
<td>1.2. Provide fluoride supplementation as appropriate.</td>
<td>1.2. Floride supplements are given daily as appropriate. Connect with EOB HS to find out about their source for free vitamins; obtain and distribute vitamins</td>
<td>1.2. Are children drinking fluoridated water or ingesting fluoride supplements appropriately?</td>
<td>1.2. HS, prescribing physician or dentist.</td>
<td>1.2. Daily</td>
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<tr>
<td>1.3. Develop an educational program for parents and physicians regarding fluoride.</td>
<td>1.3. Educate the Policy Council, Health Advisory Committee, staff, parents and providers about the benefits of fluoride through in-service training, brochures, and one on one education (utilize the</td>
<td>1.3. Can all members of the Policy Council, Health Advisory Council and Head Start staff explain the benefits</td>
<td>1.3. HS, CUSP, Oral Health Programs</td>
<td>1.3. In service-annually.</td>
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<td>brochure developed by the Oral Health Program, inform providers about the fluoride supplementation poster.</td>
<td>of fluoride? Are all parents provided information on the benefits of fluoride?</td>
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Fluoride Varnish

**Goal Statement #2**: All children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start will receive post-eruptive fluoride treatments as indicated by a risk assessment performed by a medical or dental professional.

**Outcome/Measurement**: The percent of children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start who receive appropriate post eruptive fluoride treatments.

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<tr>
<td>2.1. Determine caries risk status of children enrolled in UNR, CSA, Washoe Tribal Head Start/Early Head Start.</td>
<td>2.1.a. Develop a risk assessment tool. 2.1.b. Implement the tool to determine the risk status of children enrolled in UNR, CSA, Washoe Tribal Head Start/Early Head Start.</td>
<td>2.1.a. Has a risk assessment tool been developed? 2.1.b. Is caries risk status for each child established within 90 days of enrollment?</td>
<td>2.1.a. Head Start staff, Oral Health Program, CUSP. 2.1.b. HS staff, dental providers, medical providers.</td>
<td>2.1.a. 06/05 2.1.b. Within 90 days of enrollment.</td>
</tr>
<tr>
<td>2.2. Develop a system for delivering post-eruptive fluoride treatments (fluoride varnish) on an ongoing, systematic basis.</td>
<td>2.2.a. Identify partners who can provide fluoride varnish treatments on a regular, ongoing basis. 2.2.b. Establish formal MOUs with agencies/organizations that will provide fluoride varnish treatments. 2.2.c. Provide training as needed.</td>
<td>2.2.a. Have potential partners been identified? 2.2.b. Have formal MOUs been established? 2.2.c. Has needed training been provided?</td>
<td>2.2.a. HAWC, WCDHD, Saint Mary’s, TMCC Dental Hygiene Program, Orvis School of Nursing, Tribal Health Clinic, HS Staff. 2.2.b. HS staff and identified agencies. 2.2.c. State Oral Health Program.</td>
<td>2.2.a. 05/05 2.2.b. 07/05 2.2.c. 08/05</td>
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<td>2.2.d. Implement quarterly fluoride varnish program.</td>
<td>2.2.d. Has a quarterly fluoride varnish program been implemented?</td>
<td>2.2.d. Identified agencies.</td>
<td>2.2.d. 09/05</td>
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**Oral Health Education**

**Goal Statement #3:** All children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start will demonstrate appropriate oral hygiene and consume a diet that promotes oral health.

**Outcome/Measurement:** The percent of families with children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start who have participated in age appropriate, culturally sensitive, evidence-based oral health education.

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<tr>
<td>3.1. The Policy Council, Health Advisory Committee, staff, parents and children understand the importance of oral health</td>
<td>3.1.a. Provide oral health education to the Policy Council, Health Advisory Committee, staff, parents and children on an ongoing and systematic basis by implementing health fairs, parents education events, one on one counseling, and “adopt a center” programs. Focus on educating parents to brush their children’s teeth at least one time per day, educating parents on how to talk to their children about oral health, educating parents on how to navigate the system (health literacy, educating parents about bacterial transmission from mother to child. (research the Cavity Free Kids health curriculum)</td>
<td>3.1.a. Do all members of the Policy Council, Health Advisory Committee and staff understand the importance of oral health? Is oral health education been provided on an ongoing and systematic basis?</td>
<td>3.1.a. HS, Health Advisory Committee, State Oral Health Program, CUSP.</td>
<td>3.1.a. 06/05</td>
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<td>3.1.b. Recruit a dentist/hygienist to be on Health Advisory Board.</td>
<td>3.1.b. Has a hygienist or dentists been recruited to serve on the Health Advisory Board?</td>
<td>3.1.b. HS, CUSP.</td>
<td>3.1.b. 06/05</td>
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<td>3.2. Children, parents</td>
<td>3.2.a. Implement activities to motivate</td>
<td>3.2.a. What activities to</td>
<td>3.2.a. HS, CUSP, Oral</td>
<td>3.2.a. At least</td>
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<td>and staff demonstrate behaviors that promote good oral health.</td>
<td>parents to improve the oral health of their children (disclosing solution or tablets, healthy snack suggestions, brushing charts, recognition of the centers where a high percentage of parents have assisted their child with brushing at least once a day). 3.2.b. Develop program specific goals to increase percentage of pregnant women who have a dental exam</td>
<td>motivate parents have been implemented?</td>
<td>Health Program.</td>
<td>one activity will be implemented quarterly.</td>
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<td>3.2.b. 06/05</td>
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Dental Examinations

Goal Statement #4: All children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start will have a dental examination by a licensed dentist within six months of the eruption of the first tooth, their first birthday or within 90 days of enrollment.

Outcome/Measurement: The percent of children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start who have a dental examination six months after the eruption of the first tooth, their first birthday, or within 90 days of enrollment.

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<th>Objective</th>
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<th>Evaluation criteria</th>
<th>Agencies/organizations involved</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. Identify partners who can provide examinations for children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start on a regular and systematic basis.</td>
<td>4.1. Contact potential partners to discuss options.</td>
<td>4.1. Have potential partners been identified?</td>
<td>4.1. HS, HAWC, Saint Mary’s, Northern Nevada Dental Health Program, Tribal Health Centers</td>
<td>4.1. 04/05</td>
</tr>
<tr>
<td>4.2. Establish policy and procedure for children to have an examination through the identified partners or from a private practitioner.</td>
<td>4.2.a. Enter into a formal MOU with the identified partners or the private practitioner. 4.2.b. Establish written policy/procedure for children to get an appointment with the identified partners or the private practitioner. (three to four months before school starts, make arrangements to reserve a block of time for HS children to be examined.)</td>
<td>4.2.a. Has a formal MOU been established? 4.2.b. Have written policies/procedures been established?</td>
<td>4.2.a. HS staff, identified partners, private practitioners. 4.2.b. HS staff, identified partners, private practitioners.</td>
<td>4.2a. 06/05 4.2b. 09/05</td>
</tr>
</tbody>
</table>
**Emergency Dental Treatment**

**Goal Statement #5:** All children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start needing emergency treatment due to the presence of pain or swelling are treated to relieve the pain or swelling within 24 hours of staff becoming aware of the problem.

**Outcome/Measurement:** The percent of children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start who receive emergency treatment within 24 hours of staff becoming aware of the problem.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>5.1. Identify partners who can provide examinations for children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start on a regular and systematic basis.</td>
<td>5.1. Contact potential partners to discuss options.</td>
<td>5.1. Have potential partners been identified?</td>
<td>5.1. HS, HAWC, Saint Mary’s, Northern Nevada Dental Health Program, Tribal Health Center.</td>
<td>5.1. 04/05</td>
</tr>
<tr>
<td>5.1. Establish policy/procedure for children who are having a dental emergency who are Medicaid eligible or uninsured to be treated through HAWC, Saint Mary’s, Northern Nevada Dental Health Program, Tribal Health Center.</td>
<td>5.1.a. Enter into a formal MOU with the identified partners.</td>
<td>5.1.a. Has a formal MOU been established?</td>
<td>5.1.a. HS, HAWC, Saint Mary’s, Northern Nevada Dental Health Program, Tribal Health Center.</td>
<td>5.1.a. 06/05</td>
</tr>
<tr>
<td></td>
<td>5.1.b. Establish written policy/procedure to follow for children to get an appointment with the identified partners.</td>
<td>5.1.b. Have written policies/procedures been established?</td>
<td>5.1.b. HS, HAWC, Saint Mary’s, Northern Nevada Dental Health Program, Tribal Health Center.</td>
<td>5.1.b. 09/05</td>
</tr>
</tbody>
</table>
**Routine Dental Treatment**

**Goal Statement #6:** All children enrolled in UNR, CSA, and Washoe Tribal Head Start will have all of their routine dental treatment needs met by the end of the program year.

**Outcome/Measurement:** The percent of children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start who have all of their routine dental treatment needs met by the end of the program year.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>6.1. Identify partners who can provide routine dental treatment for children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start on a regular and systematic basis.</td>
<td>6.1. Contact potential partners to discuss options.</td>
<td>6.1. Have potential partners been identified?</td>
<td>6.1. HS, HAWC, Saint Mary’s, Northern Nevada Dental Health Program, Tribal Health Center.</td>
<td>6.1. 04/05</td>
</tr>
<tr>
<td>6.2. Establish policy/procedure for children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start to receive routine treatment from identified partners.</td>
<td>6.2.a. Enter into a formal MOU with identified partners 6.1.b. Establish written policy and procedure for children to get appointments with identified partners (3 to 4 months before school starts, make arrangements to reserve a block of time for treatment of HS children.)</td>
<td>6.2.a. Has a formal MOU been established? 6.1.b. Have written policies/procedures been established?</td>
<td>6.2.a. HS, identified partners. 6.1.b.HS, identified partners.</td>
<td>6.2.a. 06/05 6.1.b. 09/05</td>
</tr>
</tbody>
</table>
**Hospital or Surgery Center Based Dental Treatment**

**Goal Statement #7:** All children enrolled in UNR, CSA, and Washoe Tribal Head Start who need hospital or surgery center based dental treatment will be treated by the end of the program year.

**Outcome/Measurement:** The percent of children enrolled in UNR, CSA, and Washoe Tribal Head Start who need hospital or surgery center based dental treatment that are treated by the end of the program year.

<table>
<thead>
<tr>
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<th>Evaluation criteria</th>
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<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1. Identify partners who can provide routine dental treatment for children enrolled in UNR, CSA, and Washoe Tribal Head Start/Early Head Start on a regular and systematic basis.</td>
<td>7.1. Contact potential partners to discuss options.</td>
<td>7.1. Have potential partners been identified?</td>
<td>7.1. HS, HAWC, Saint Mary’s, Northern Nevada Dental Health Program, Tribal Health Center.</td>
<td>7.1. 04/05</td>
</tr>
<tr>
<td>7.2. Establish policy/procedure for Medicaid and uninsured children eligible children to receive routine treatment at the offices identified partners.</td>
<td>7.2.a. Enter into a formal MOU with identified partners 7.1.b. Establish written policy/procedure for children to get appointments with identified partners (3 to 4 months before school starts, make arrangements to reserve a block of time for treatment of HS children.)</td>
<td>7.2.a. Has a formal MOU been established? 7.1.b. Have written policies/procedures been established?</td>
<td>7.2.a. HS, identified partners. 7.1.b.HS, identified partners.</td>
<td>7.2.a. 06/05 7.1.b. 09/05</td>
</tr>
</tbody>
</table>