Serving Arthur, Hooker, Lincoln, Logan, McPherson, and Thomas Counties

**Spotlight: Improving Oral Health**

According to the Rural Health Advisory Commission and the Nebraska DHSS Office of Rural Health State, five out of six counties in the West Central District Health Department (WCDHD) jurisdiction are dental shortage areas. Lincoln County was not designated; however, most dentists in this county do not accept Medicaid, leaving many residents without dental care.

In 2016, 60% of adults in the WCDHD district reported having had their teeth cleaned by a dentist or dental hygienist in the past year, which is lower than the state rate of 67.4%. In 2018, WCDHD provided Public Health Dental Hygiene services, including cleanings, fluoride varnish, sealants, and silver diamine fluoride placement, for 2,681 patients. Serving a population of greater than 38,000, across seven counties, WCDHD is one of the only Medicaid dental health providers in our area.

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WCDHD strives to bridge the gap between oral health care and those who need vital services. Sharing concern about the critical dental issues within our district, the North Platte School District included dental access in their strategic plan by partnering with WCDHD to offer services at all schools in the North Platte School District.

Many schools within the WCDHD jurisdiction participated in the 2018-2019 Tooth Tour. The Tooth Tour mobile unit provides outreach dental services in schools. The services are offered during school hours to limit time out of class for kids and time off from work for parents. Approximately 90 students received cleaning, fluoride treatments, sealants and/or other treatments depending on the student’s needs. Outcomes included 50% (43/86) students were identified as needing follow-up dental care, 100% of participating students received fluoride treatments, and 88 sealants were given to 28 students. Five students were referred to a dental specialist.
Every 3-6 years, Nebraska’s local health departments (LHDs) engage local partners (including hospitals, clinics, schools, law enforcement, military and veteran organizations, economic development agencies, businesses, foundations, other community organizations, and individual community members) to identify key, local health needs and issues through systematic, comprehensive data collection and analysis. This process is known as the Community Health Assessment (CHA). LHDs take the lead in coordinating this complicated process, synthesizing the outcome data, and prioritizing identified issues. The resulting formal assessment is used to create a community-wide plan aimed at strategically improving health – the Community Health Improvement Plan (CHIP).

With CHIPs in place, LHDs take a lead driving the work toward meeting CHIP goals and monitoring progress. Much of this work is done collaboratively through partnerships and workgroups that include the diverse sectors mentioned above.

The CHA/CHIP process ensures that local communities are able to work together toward a Good, Healthy Life for all Nebraskans.

**CURRENT CHIP PRIORITIES:**

- **Community Ownership**
  Leads to collaboration and engagement to protect and promote health and well-being.

- **Healthy Lifestyles and Well-being**
  Utilizing partnerships and education in an approach to seek health solutions for all ages and make available recreational and education resources to promote a healthy lifestyle.

- **Affordable/Equitable Access to Care/Services**
  Quality healthcare and equitable opportunities are accessible, affordable and provided for all to develop and live life to the fullest potential.
ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.

Lincoln County was identified as high-risk due to the rates of late-stage breast cancer (60.1 per 100,000) and death due to breast cancer (28.2 per 100,000). Only 38% in the district of women aged 65-74 get mammography screenings. To address these breast cancer rates and improve access to preventative screenings, West Central District Health Department (WCDHD) educated 147 women on breast health and (with Komen funding) held two clinical breast exam clinics, screening 62 women. All participants 40 and older were referred to the imaging center for mammography. The imaging center provided 48 mammograms and nine ultrasounds. Funding was applied toward six biopsies.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.

Chronic disease-related concerns in WCDHD include a 6.7% diabetes rate (two times higher in the Hispanic population) and 64% overweight/obese rate (72.2% in the Hispanic population). In the district, 3,973 people are without health insurance, 10.6% of adults have no medical home and 11.4% of adults delayed or avoided health care due to cost. To address these health care needs, WCDHD applied for funding to establish a Federally Qualified Health Center (FQHC) in the district. As of August 2019, the application is still pending. Through Nebraska DHHS Minority Health funding, WCDHD implements the “Road to Health” workshops. This is an evidence-based program offering group education and resources around nutrition and physical activity. Results included: 34% of participants reduced their Body Mass Index (BMI), 29% lowered blood pressure, and 100% increased knowledge.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).

WCDHD monitors and investigates all communicable diseases within the district. There were 109 cases of reportable diseases last year, of which 11 were confirmed Influenza A cases at six long-term care facilities (LTCF). Of these cases, two resulted in confirmed Influenza A deaths. WCDHD revised policies and protocols for disease investigations and immunizations to ensure the safety of both the patient and the providers. WCDHD served approximately 2000 clients and provided over 4000 vaccines. Seventy percent of the primary care and adolescent offices within the district refer their clients to West Central District Health Department for vaccinations. WCDHD assisted 27 schools by monitoring reported illnesses and providing resources to prevent disease spread.
ENVIROMENTAL HEALTH

*Environmental Health* includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.

WCDHD works to increase awareness about risks and mitigation of radon by distributing radon test kits. WCDHD monitors radon test kit results and provides over 3,000 educational pamphlets to homes in the six-county jurisdiction with the aid of the local light and water company. In collaboration with partners, WCDHD educates the community about environmental health issues. WCDHD provides education on sun safety and West Nile Virus and distributes mosquito wipes at various events.

INJURY PREVENTION

*Injury Prevention includes* (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.

WCDHD staff are active members in the local youth substance abuse prevention coalition. Community perceptions around youth, alcohol, and drugs are collected and used to determine environmental strategies that will reduce unhealthy behavior. WCDHD staff work with partners to identify the areas of highest opioid incidence in our jurisdiction. WCDHD and partners work to identify strategies to decrease the “unspecified” drug overdose rates within the jurisdiction to better understand the scope of local issues with opioids and other drugs. WCDHD works with key stakeholders to apply data, educate the public, and develop programs and policies addressing and preventing illness, disease and disability.

MATINGAL AND CHILD HEALTH

*Maternal and Child Health* includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).

The WCDHD district has a higher rate of low birth weight babies compared to the state rate of 7.1, with Hooker County at 10.0 and Lincoln County at 7.6. Nebraska has a childhood (children aged 10-17) obesity rate of 15.5% for children aged 10-17 and 16.9% for children aged 2-4. As Chief Health Strategist, WCDHD convenes partners and uses data to determine evidence-based strategies to reduce childhood obesity and low weight babies. WCDHD linked over 40 eligible clients to People’s Family Health Services in North Platte, for services such as nutritional assistance and breastfeeding support.
WCDHD partners with the Nebraska Department of Health and Human Services’ (DHHS) Medically Handicapped Children’s Program to sponsor four craniofacial clinics per year. On average, the clinic serves from 40 to 50 children from central and western Nebraska per year. The multi-disciplinary team includes a registered nurse, a plastic surgeon, a pediatric geneticist, an orthodontist, a pedodontist, an otolaryngologist, a speech pathologist, a psychologist and a nutritionist.