

**List of Abbreviations:**

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| --- | --- |
| ASTDD | Association of State and Territorial Dental Directors |
| BSS | Basic Screening Survey |
| BRFSS | Behavioral Risk Factor Surveillance System |
| CDC | Centers for Disease Control and Prevention |
| CHIP | Children's Health Insurance Program |
| CMS-416 | Centers for Medicare and Medicaid Services Annual Report |
| CSTE | Council of State and Territorial Epidemiologists |
| FQHC | Federally Qualified Health Center |
| HCAN  HDD | Health Center Association of Nebraska  Hospital Discharge Data |
| HP 2020 | Healthy People 2020 |
| HRSA  ICD  LHD | Health Resources and Services Administration  International Statistical Classification of Diseases (ICD – 9, ICD – 10 codes).  Local Health Department |
| MCAH | Maternal Child Adolescent Health |
| NBDR | Nebraska Birth Defects Registry |
| NCR | Nebraska Cancer Registry |
| NDE | Nebraska Department of Education |
| NE CCCP | Nebraska Comprehensive Cancer Control Program |
| NE-OHS  NHANES | Nebraska Oral Health Surveillance System  National Health and Nutrition Examination Survey |
| NE MLTC | Nebraska Medicaid and Long Term Care |
| NOHSS | National Oral Health Surveillance System |
| NOHWS | Nebraska Oral Health Workforce Surveys |
| NSCH  OMB | National Survey of Children’s Health  Office of Management and Budget |
| OOHD | Office of Oral Health and Dentistry |
| PRAMS | Pregnancy Risk Assessment Monitoring System |
| TFN | Tobacco Free Nebraska |
| UDS | Uniform Data System |
| WFRS | Water Fluoridation Reporting System |
| YRBSS | Youth Risk Behavioral Surveillance Survey |
| YTS | Youth Tobacco Survey |

## **About the Nebraska Oral Health Surveillance System (NE-OHSS) Indicators:**

The Nebraska Office of Oral Health and Dentistry outlined the framework required to monitor dental disease in the 2018 Nebraska State Oral Health Surveillance Plan. Fifty-Three, (53) NE-OHSS indicators have been identified that are placed into Tier 1, Tier 2, or Tier 3 categories and arranged by indicator group (access to care, oral health outcomes and community intervention) and the criteria below. The indicator language follows the guidelines of the state-based Oral Health Surveillance Systems Conceptual Framework set by CSTE and ASTDD. Tier 1 indicators are first for data collection and analyses. Tier 2 and Tier 3 indicators will be collected as time and resources allow. **Tier 1 (in red) has 9 state priority** **indicators** which are selected based on the Nebraska Healthy People 2020 objectives, National Oral Health Surveillance System (NOHSS) indicators and indicators related to Office of Oral Health and Dentistry’s objectives and the NE State Health Improvement Plan (SHIP). **Tier 2 (in blue) has a total of 27 recommended indicators** based on U.S. Healthy People 2020 objectives and NOHSS indicators recommended by ASTDD and CSTE that do not fit into Tier 1. **Tier 3 (in green) has 17 optional indicators** that were identified by ASTDD as being important for surveillance but do not fit into the list of Tier 1 or 2. Nebraska counties identified as Urban (metro areas) are selected using OMB designations: Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward and Washington. This dental surveillance report contains no identifiable personal or individual site-location information.

## **Table 1: Tier 1 (Priority) Nebraska Oral Health Indicators by Data Source Monitored by NE-OHSS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NE Objective** | **US HP2020 Objective** | **Indicator Group** | **Indicator Topic** | **Indicator Measure** | **Data Source** |
| OH-1 | OH-7 | Access to Care | Dental Visit | Percentage of adults aged 18 and over who visited a dentist or dental clinic for any reason in past year | BRFSS |
| OH-4 | OH-8 | Preventive Services | Percentage of low-income children and youth under age 18 who received any preventive dental service during the past year through the Medicaid EPSDT benefit | CMS-416 |
| OH-9 | OH-11 | Receipt of oral health services at health centers | Percentage of total patients who receive oral health services at Federally Qualified Health Centers each year | UDS/ HCAN |
| OH-2 | OH-4.1 | Oral Health Outcomes | Tooth Loss | Percentage of adults aged 45-64 years who have ever had a permanent tooth extracted due to tooth decay or gum disease | BRFSS |
| OH-3 | OH-4.2 | Tooth Loss | Percentage of adults aged 65-74 years who have had all permanent teeth extracted due to tooth decay or gum disease | BRFSS |
| OH-5 | OH-1.2 | Dental Caries Experience | Percentage of 3rd grade students with dental caries experience (treated or untreated) | BSS |
| OH-6 | OH-2.2 | Untreated Dental Decay | Percentage of 3rd grade students with untreated tooth decay | BSS |
| OH-7 | OH-12.2 | Dental Sealants | Percentage of 3rd grade students with dental sealants on at least one permanent tooth | BSS |
| OH-8 | OH-13 | Community Intervention | Fluoridation Status | Percentage of population served by community water systems with optimally fluoridated water | WFRS |

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## **Table 2: Tier 2 (Recommended) ASTDD Oral Health Indicators by Data Sources Monitored by NE-OHSS**

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| --- | --- | --- | --- | --- |
| **US HP2020** | **Indicator group** | **Indicator topic** | **Indicator measure** | **Data Source** |
| OH-7 | Access to Care | Preventive Services | Percentage of preventive dental visit among children aged 1-17 years | NSCH |
| OH-7 | Preventive Services | Percentage of dental visit among children aged 1-17 Years | NSCH |
| OH-7 | Dental Visit | Percentage of adolescents in grades 9-13 making dental visits | YRBSS |
| OH-8 | Preventive Services | Percentage of children aged 1-20 years enrolled in Medicaid or CHIP Medicaid Expansion with any dental service | CMS-416 |
| D-8 | Dental Visit | Percentage of adults aged ≥18 years with diabetes making dental visit(s) | BRFSS |
| OH-1.1 | Oral Health Outcomes | Dental Caries Experience | Percentage of children aged 3-5 years attending Head Start with dental caries experience | BSS |
| OH-1.1; OH-1.2 | Dental Caries Experience | Percentage of children attending Kindergarten with dental caries experience | BSS |
| OH-2.1 | Untreated Dental Decay | Percentage of children aged 3-5 years attending Head Start with untreated dental caries | BSS |
| OH-2.1;  OH-2.2 | Untreated Dental Decay | Percentage of children attending Kindergarten with untreated dental caries | BSS |
| OH-3.2, OH-3.3 | Untreated Dental Decay | Percentage of adults aged ≥65 years residing in long-term care or skilled nursing facilities with untreated dental caries | BSS |
| OH-3.2, OH-3.3 | Dental Caries Experience | Percentage of adults aged ≥65 years attending congregate meal sites with untreated dental caries | BSS |
| OH-4 | Tooth Loss | Percentage of adults aged ≥65 years with six or more teeth lost | BRFSS |
| OH-8 | Dental Visit | Percentage of 3rd grade children with urgent dental treatment need | BSS |
| N/A\* | Dental Visit | Percentage of children aged 3-5 years attending Head Start with urgent dental treatment need | BSS |
| N/A\* | Dental Visit | Percentage of children attending Kindergarten with urgent dental treatment need | BSS |
| N/A\* | Dental Visit | Percentage of adults aged ≥65 years residing in long-term care or skilled nursing facilities with urgent dental treatment need | BSS |
| N/A\* | Dental Visit | Percentage of adults aged ≥65 Years attending congregate meal sites with urgent dental treatment need | BSS |
| OH-12.2 | Dental Sealants | Percentage of 3rd grade children who have received dental sealants on one or more of their permanent first molar teeth | BSS |
| OH-12.2 | Dental Sealants | Percentage of children aged 6-9 years enrolled in Medicaid or CHIP Medicaid Expansion using dental sealants | CMS-416 |
| OH-12.3 | Dental Sealants | Percentage of children aged 10-14 years enrolled in Medicaid or CHIP Medicaid expansion using dental sealant(s) | CMS-416 |
| C-6 | Oral and Pharyngeal Cancers | Mortality from invasive cancer of the oral cavity or pharynx | NCR |
| C-6 | Oral and Pharyngeal Cancers | Incidence of invasive cancer of the oral cavity or pharynx | NCR |
| OH-9.1 | Community Intervention | School-based centers with oral health component | Percentage of school-based health centers that provide dental sealants | OOHD |
| OH-9.2 | School-based centers with oral health component | Percentage of school-based health centers that provide dental care | OOHD |
| OH-9.3 | School-based centers with oral health component | Percentage of school-based health centers that provide topical fluoride | OOHD |
| OH-10 | Infrastructure | Oral Health Programs | Percentage of local health departments and Federally Qualified Health Centers that have an oral health program | HCAN and OOHD |
| OH-17 | Oral Health Programs | Percentage of health agencies that have a dental public health program directed by a dental professional with public health training | OOHD; ASTDD Annual Synopsis |

\*Some NOHSS indicators do not have a corresponding US HP 2020 Objective.

## **Table 3: Tier 3 (Optional) ASTDD Oral Health Indicators Monitored by Additional Data Sources**

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| --- | --- | --- | --- |
| **Indicator group** | **Indicator topic** | **Indicator measure** | **Data Source** |
| Access to care | Teeth cleaning | Percentage of women who had their teeth cleaned before most recent pregnancy | PRAMS |
| Teeth cleaning | Percentage of women who had their teeth cleaned during most recent pregnancy | PRAMS |
| Teeth cleaning | Percentage of adults residents who had their teeth cleaned in the past year by a dentist/dental hygienist | BRFSS  (State Added) |
| Oral Health Outcome | Dental Visit | Percentage of adults aged ≥65 years with urgent dental treatment need | BSS |
| Dental Visit | Number of patients and visits to hospital-based emergency departments for dental conditions | HDD/BRFSS  (State Added) |
| Craniofacial Services | Number of infants born with cleft lip/cleft palate | NBDR |
| Tobacco use | Percentage of youth have ever used chewing tobacco, snuff or dip | YTS |
| Tobacco use | Percentage of youth have ever used chewing tobacco, snuff or dip in the past 30 days | YTS |
| Tobacco use | Percentage of youth who have ever smoked cigarettes | YTS & YBRSS |
| Tobacco use | Percentage of youth who have ever smoked cigarettes in the past 30 days | YTS |
| Infrastructure | Dental Workforce | Percentage of practicing dentists who work part-time | NOHWS/HPTS |
| Dental Workforce | Percentage of practicing dentists who plan to retire in one to five years | NOHWS/HPTS |
| Dental Workforce | Percentage of practicing dentists who accept any and all Medicaid patients | NOHWS/HPTS/  NE MLTC |
| Dental Workforce | Number of full-time equivalent (FTE) licensed practicing dentists | NOHWS/DHHS Licensure |
| Dental Workforce | Number of full-time equivalent (FTE) licensed practicing dental hygienists | NOHWS/DHHS Licensure |
| Dental Workforce | Number of licensed practicing dental hygienists with Public Health Authorization | NOHWS/HPTS |
| Dental Workforce | Number of full-time equivalent (FTE) certified dental assistants | NOHWS/DHHS Licensure |

Current Nebraska data from 43 of the 53 oral health indictors is recorded in this surveillance report and can be compared to previous years for trend analysis. For ease of interpretation, the following indicator data tables have been further broken down into the following categories: Pregnant Women, Infants, School Children, Children & Adolescents, Adolescents, Adults, Cancer Patients, Medicaid, Workforce, Community Water Fluoridation, Infrastructure and Access.

**Nebraska Oral Health Surveillance System**

**No survey conducted this year Question was not asked Data not yet available**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Indicator** | **Source (Frequency of Data Availability)** | **Tier** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **Pregnant women** |  |  |  |  |  |  |  |  |  |  |  |  |
| Teeth Cleaning Among Women Before Pregnancy | PRAMS (Annual) | 3 |  | 54.8% | 55.5% | 56.7% | 54.4% | 45.7% | 44.1% | 44.3% | 49.1% |  |
| Teeth Cleaning Among Women During Pregnancy | 3 | 52.0% | 62.2% | 60.6% | 62.0% | 56.9% | 51.9% | 52.6% | 48.1% | 55.3% |  |
| **Infants** |  |  |  |  |  |  |  |  |  |  |  |  |
| Infants born with cleft lip alone | Birth Defects Registry\* (Annual) | 3 | 9 | 13 | 10 | 12 | 13 | 15 | 16 | 25 | 21 |  |
| Infants born with cleft palate alone | 3 | 8 | 14 | 13 | 14 | 15 | 22 | 14 | 26 | 27 |  |
| Infants born with Cleft lip and cleft palate | 3 | 16 | 17 | 17 | 18 | 10 | 19 | 18 | 28 | 26 |  |
| **School Children** |  |  |  |  |  |  |  |  |  |  |  |  |
| Dental Caries Experience Among 3rd Grade Children | Basic Screening Survey (every 5 years) | 1 |  |  |  |  | *63.9%* |  |  |  |  |  |
| *Dental Caries Experience Among 3rd Grade Rural Children* |  |  |  |  |  | *81.4%* |  |  |  |  |  |
| *Dental Caries Experience Among 3rd Grade Urban Children* |  |  |  |  |  | *54.6%* |  |  |  |  |  |
| Untreated Dental Caries Among 3rd Grade Children | 1 |  |  |  |  | *32.0%* |  |  |  |  |  |
| *Untreated Dental Caries Among 3rd Grade Rural Children* |  |  |  |  |  | *53.5%* |  |  |  |  |  |
| *Untreated Dental Caries Among 3rd Grade Urban Children* |  |  |  |  |  | *20.7%* |  |  |  |  |  |
| Dental Sealant Among Children 3rd Grade Children | 1 |  |  |  |  | *56.2%* |  |  |  |  |  |
| *Dental Sealant Among Children 3rd Grade Rural Children* |  |  |  |  |  | *48.6%* |  |  |  |  |  |
| *Dental Sealant Among Children 3rd Grade Urban Children* |  |  |  |  |  | *60.3%* |  |  |  |  |  |

**\*Please Note: the birth defects program switched from ICD 9 to ICD 10 in 2016, and no comparison can be made with the current data for cleft lip, cleft palate and both cleft lip and palate before 2016. Also, prior to 2016, if a cleft lip was associated with a syndrome (such as Downs) it was excluded.**

**Nebraska Oral Health Surveillance System**

**No survey conducted this year Question was not asked Data not yet available**

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| **Description of Indicator** | **Source (Frequency of Data Availability)** | **Tier** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **School Children (continued)** |  |  |  |  |  |  |  |  |  |  |  |  |
| Dental Caries Experience Among Children Aged 3-5 Years in Head Start | Basic Screening Survey (every 5 years) | 2 |  |  |  |  | *46.2%* |  |  |  |  |  |
| Untreated dental caries among Children Aged 3-5 Years in Head Start | 2 |  |  |  |  | *29.5%* |  |  |  |  |  |
| Children Aged 3-5 Years in Head Start with urgent dental needs | 2 |  |  |  |  | *2.8%* |  |  |  |  |  |
| Dental Caries Experience Among Children Attending Kindergarten | 2 |  |  |  |  |  |  |  |  |  |  |
| Untreated Dental Caries Among Children Attending Kindergarten | 2 |  |  |  |  |  |  |  |  |  |  |
| 3rd grade Children with urgent dental needs |  | 2 |  |  |  |  | *3.2%* |  |  |  |  |  |

**Nebraska Oral Health Surveillance System**

**No survey conducted this year Question was not asked Data not yet available**

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| **Description of Indicator** | **Source (Frequency of Data Availability)** | **Tier** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **Children and Adolescents** |  |  |  |  |  |  |  |  |  |  |  |  |
| Preventive Dental Visit Among Children Aged 1-17 Years | NSCH  (every year starting 2016) | 2 | 77.2% |  |  |  |  | 78.7% | 83.2% | 74.0% | 80.1% |  |
| Dental Visit Among Children Aged 1-17 Years | 2 | 77.5% |  |  |  |  | 81.2% | 85.4% | 76.4% | 80.6% |  |
| **Adolescents** |  |  |  |  |  |  |  |  |  |  |  |  |
| Youth have ever used chewing tobacco, snuff or dip | Youth Tobacco Survey\*  (2-3 years) | 3 |  |  | 15.0% |  | 13.0% |  | 12.0% |  | 7.3% |  |
| Youth have ever used chewing tobacco, snuff or dip in the past 30 days | 3 |  |  | 7.0% |  | 6.0% |  | 5.0% |  | 3.3% |  |
| Youth who have ever smoked cigarettes | 3 |  |  | 35.0% |  | 29.0% |  | 24.0% |  | 17.2% |  |
| Youth who have ever smoked cigarettes in the past 30 days | 3 |  |  | 12.0% |  | 9.0% |  | 7.0% |  | 6.1% |  |
| Dental Visit Among Adolescents in Grades 9-12 | YRBSS  (Odd years) | 2 | 75.1% |  | 74.8% |  | 75.2% |  | 79.2% |  | 77.4% |  |
| **Adults** | BRFSS  (Even years) |  |  |  |  |  |  |  |  |  |  |  |
| Dental Visit Among Adults Aged ≥18 Years | 1 |  | 67.6% |  | 66.4% |  | 68.7% |  | 67.7% |  |  |
| Tooth Loss Among Adults Aged 45-64 Years | 1 |  | 47.7% |  | 45.9% |  | 45.1% |  | 44.8% |  |  |
| All Teeth Lost Among Adults Aged 65-74 Years | 1 |  | 11.3% |  | 10.9% |  | 10.4% |  | 9.3% |  |  |
| Dental Visit Among Adults Aged ≥18 Years with Diabetes | 2 |  | 67.6% |  | 62.6% |  | 65.0% |  | 64.1% |  |  |
| Six or More Teeth Lost Among Adults Aged ≥65 Years | 2 |  | 47.2% |  | 47.5% |  | 45.3% |  | 44.3% |  |  |
| Teeth Cleaning Among Adults in the past year by dentist/dental hygienist | 3 |  |  |  |  |  | 67.4% |  | 65.8% |  |  |

**\*Please Note: the YTS data included in this current report now aligns with the data released from the Tobacco Free Nebraska Program.**

**Nebraska Oral Health Surveillance System**

**No survey conducted this year Question was not asked Data not yet available**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Indicator** | **Source (Frequency of Data Availability)** | **Tier** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **Cancer** |  |  |  |  |  |  |  |  |  |  |  |  |
| Incidence of Invasive Cancer of the Oral Cavity or Pharynx | Nebraska Cancer Registry (Annual) | 2 | 250 | 208 | 251 | 254 | 270 | 280 | 309 | 301 | Pending | |
| Mortality from Invasive Cancer of the Oral Cavity or Pharynx | 2 | 61 | 47 | 29 | 50 | 59 | 55 | 57 | 66 |
| **Medicaid** |  |  |  |  |  |  |  |  |  |  |  |  |
| Preventive Dental Service for Children Aged 1-18 Years Enrolled in Medicaid or CHIP Medicaid Expansion | CMS-416 (Annual) | 1 | 45.3% | 46.5% | 49.6% | 51.9% | 51.2% | 51.9% | 51.9% | 51.3% | 48.5% | 40.9% |
| Any Dental Service for Children Aged 1-20 Years Enrolled in Medicaid or CHIP Medicaid Expansion | 2 | 47.8% | 48.7% | 52.5% | 54.1% | 53.3% | 53.9% | 54.1% | 53.2% | 50.7% | 42.5% |
| Dental Sealant Use Among Children Aged 6-9 Years Enrolled in Medicaid or CHIP Medicaid Expansion | 2 | 20.5% | 20.7% | 22.1% | 23.8% | 22.6% | 23.8% | 23.8% | 22.1% | 22.5% | 15.3% |
| Dental Sealant Use Among Children Aged 10-14 Years Enrolled in Medicaid or CHIP Medicaid Expansion | 2 | 17.9% | 17.9% | 19.3% | 22.0% | 21.4% | 22.0% | 22.0% | 18.0% | 17.7% | 12.3% |

**Nebraska Oral Health Surveillance System**

**No survey conducted this year Question was not asked Data not yet available**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Indicator** | **Source (Frequency of Data Availability)** | **Tier** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **Workforce** |  |  |  |  |  |  |  |  |  |  |  |  |
| Practicing dentists who work part-time in NE as primary practice location (<40 hours) |  | 3 | 532 | 545 | 560 | 553 | 540 | 551 | 555 | 544 | 516 | 504 |
| Practicing dentists who plan to retire in one to five years | HPTS, OOHD NE MLTC  (Annual) | 3 |  |  |  |  |  |  | 11.8% |  |  |  |
| Practicing dentists who accept any and all Medicaid patients \* | 3 |  | 1542 | 1478 | 1283 | 1190 | 1166 | 1042 | 806 | 785 | 653 |
| Full-time equivalent (FTE) licensed practicing dentists | 3 | 498 | 489 | 490 | 509 | 521 | 530 | 515 | 565 | 553 | 550 |
| Full-time equivalent (FTE) licensed practicing dental hygienists | 3 | 1186 | 1263 | 1271 | 1359 | 1355 | 1448 | 1423 | 1509 | 1492 | 1567 |
| Practicing Dental Hygienists with Public Health Authorization | 3 | 60 | 72 | 77 | 86 | 108 | 134 | 117 | 110 | 123 | 128 |

**\*Please Note: the Medicaid dentist counts in this report have now been updated to align with NE MLTC logic reporting.**

**Nebraska Oral Health Surveillance System**

**No survey conducted this year Question was not asked Data not yet available**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Indicator** | **Source (Frequency of Data Availability)** | **Tier** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **Community Water Fluoridation** |  |  |  |  |  |  |  |  |  |  |  |  |
| Population Served by Community Water Fluoridation | NE WFRS | 1 | 71.8% | 71.6% | 71.5% | 71.5% | 71.5% | 72.8% | 73.4% | 73.3% | 72.6% | 73.0% |
| **Infrastructure and Access** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Population Receiving Oral Health Services at Federally Qualified Health Centers | HCAN | 1 | 30.3% | 32.1% | 28.7% | 27.8% | 27.2% | 28.3% | 28.9% | 28.7% | 25.6% | 20.3% |
| Local health departments that have an oral health program | 2 |  | 52.8% |  |  | 36.8% | 36.8% | 63.2% | 63.2% | 73.7% | 68.4% |
| Federally Qualified Health Centers that have an oral health program | 2 | 85.7% | 85.7% | 85.7% | 85.7% | 100% | 100% | 100% | 100% | 100% | 100% |
| Health agencies that have a dental public health program directed by a dental professional with public health training | OOHD, ASTDD  Annual Synopsis | 2 | 2 | 1 | 1 | 1 | 0 | 1 | 2 | 2 | 2 | 2 |
| Number of Nebraskans visiting the hospital-based emergency departments for non-traumatic dental conditions | HDD\*  (includes ICD -10 codes) | 3 | 4,747 | 5,055 | 5,263 | 4,983 | 4,275 | 4,198 | 4550 | 4511 | 4197 |  |
| Number of visits to the hospital-based emergency departments for non-traumatic dental conditions | HDD\*  (includes ICD -10 codes) | 3 | 8,420 | 8,205 | 8,687 | 8,751 | 8,213 | 7,290 | 7934 | 7671 | 7152 |  |

**\*Please Note: for HDD, prior to 2016, ICD 9 codes were used and post 2016, ICD 10 codes were used. SAS codes were also modified based on the ICD codes to capture all the records of emergency department visits with non-traumatic dental conditions.**

**Nebraska Oral Health Surveillance Findings:** (Follows NE OH Objective List)

***Results of Nebraska Oral Health Objectives (Tier 1) Compared To National Estimates:***

* **OH-1**: In 2018, 67.7% of Nebraskans aged 18 years or older made an annual dental visit. This is close to the 2018 national average of 68.7%. Data source: CDC-BRFSS.
* **OH-4**: In 2019, 48.5% of Nebraska low-income children aged 1-18 received a preventive dental service through the Medicaid or CHIP Expansion program. This is slightly below the 2019 national average of 49.1% for children aged 1-20. Data source: Medicaid.Gov. In 2020, the Nebraska rate dropped to 40.9%...possibly due to COVID effects.
* **OH-9**: In 2019, 25.6% of Nebraska patients received oral health services at FQHCs. This rate was higher than the 2015 national average of 21.4%. Data source: UDS. In 2020, the NE rate dropped to 20.3%...possibly due to COVID restriction of access effects.
* **OH-2**: In 2018, 44.8% of Nebraska Adults age 45-64 years had any permanent teeth extracted due to tooth decay or gum disease. This is lower than the 2013-2016 national average of 71.7%. Data source: NHANES.
* **OH-3**: In 2018, 9.3% of Nebraska Adults age 65-74 had lost all-natural teeth due to tooth decay or gum disease. This is lower than the 2013-2016 national rate of 12.5%. Data source: NHANES
* **OH- 5**: In 2015-2016, 63.9% of Nebraska 3rd grade children had dental caries experience, as determined by the Basic Screening Survey of Young Children, (age 6-9). This is higher than the 2011-2016 national rate of 59.5%. Data source: NHANES. Significantly, NE rural children had higher rates than urban children (81.4% compared to 54.6%). The next NE Oral Health Survey of young children will be scheduled for 2021-2022.
* **OH- 6**: In 2015-2016, 32.0% of Nebraska 3rd grade children had untreated dental caries, as determined by the Basic Screening Survey of Young Children, (age 6-9). This is higher than the 2011-2016 national rate of 19.9%. Data source: NHANES. NE rural children had higher rates than urban children (53.3% to 20.7%).
* **OH-7**: In 2015-2016, 56.2% of Nebraska 3rd grade children had dental sealants as determined by the Basic Screening Survey of Young Children, (age 6-9). This is higher than the 2011-2016 national average of 41.5%. Data source: NHANES. NE rural children have lower rates than urban children (48.6% to 60.3%).
* **OH-8:** In 2020, 73.0% of NE population was served by community water systems with optimally fluoridated drinking water. This is the same as the 2018 national average of 73.0%. Data source: WFRS.

***Significant Trends of Other NE-OHSS Indicators:***

* The percent of youth, who have used chewing tobacco, snuff or dip has decreased form 15% in 2013 to 7.3% in 2019. This reduction may be partially explained by a recent increase in the use of electronic cigarettes and vaping.
* Reported oral cancer is rising, possibly due to an increased older adult pop’l and more cancer screenings by dentists.
* Dental Sealant use among Medicaid/CHIP children age 6-9 dropped from 22.5% in 2019 to 15.3% in 2020. It also dropped in children age 10-14 from 17.7% in 2019 to 12.3% in 2020…possibly due to COVID dental access effects.
* The number of dentists who accept Medicaid patients has dropped 42.3% from #1542 in 2012 to #653 in 2020.

This number needs to increase if Nebraska hopes to improve access to care for underserved populations

* The number of FTE licensed NE dentists has increased from #498 in 2011 to #550 in 2020. The number of FTE NE dental hygienists has increased from #1186 in 2011 to #1567 in 2020.
* The number of Dental Hygienists with a Public Health Authorization has increased from #60 in 2011 to #128 in 2020.
* Percent of NE LHDs with oral health programs increased from 52.8% in 2012 to 73.7% in 2019.
* Number of dental patients/visits to Hospital Emergency Rooms remained consistent from 2015 to 2020.

***Recommendations for Nebraska Oral Health Improvement: State Dental Health Director***

This report re-enforces the need to increase NE dental disease education/prevention services across the lifespan and throughout the state to reduce decay rates and the disparity between urban and rural residents. Recently, COVID-19 limited access to these critical preventive services. The negative effects began to show up in 2020 data and may become even more pronounced in 2021. This could have long-term consequences in terms of increased dental disease, higher treatment needs/costs and poorer overall oral health outcomes. To help the state align with future HP 2030 national objectives, Nebraska should increase the number of Medicaid providers, expand the utilization of Public Health Hygienists and support more community dental disease prevention programs can that reach underserved populations.