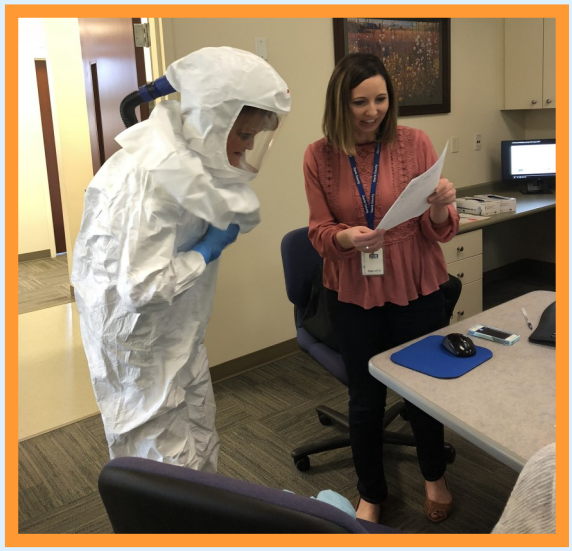
Family Health & Disease Control Division

Communicable Disease & Epidemiology ◆ Immunizations ◆ Maternal & Child Health ◆ W.I.C.









Davis COUNTY Health Department

2018 Report

Acknowledgments

Prepared by the Family Health & Disease Control Division of the

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Introduction

The Family Health & Disease Control Division (FHDC) brings together a variety of public services to benefit families and the community as a whole. Services in this division range from health education and disease prevention to health screenings, disease tracking and treatment, immunizations and nurse home visits.

Family Health & Disease Control Division includes four Bureaus:

- **Communicable Disease & Epidemiology Bureau**
- **Immunization Bureau**
- **Maternal & Child Health Bureau**
- **Women, Infants and Children (WIC) Bureau**

The mission of the Davis County Health Department (DCHD) is to "Promote & Protect the Health and Well-Being of Davis County Residents and their Environment." Programs in this division work diligently to achieve this outcome. Some of the strategies FHDC will be working towards over the next few years are:

- **Increasing knowledge and awareness of the importance of immunizations across all ages.**
- **Using customer satisfaction analyses to guide programs' future directions.**
- **Increasing the community's awareness of division services.**
- **Encouraging a unified, productive, and positive work environment.**
- **Maintaining communications with partner agencies, ensuring that information provided is accurate and useful.**
- **Alignment with Davis County Community Health Improvement Plan (CHIP) goals.**

There are currently two clinics serving Davis County. The main building is on State Street in Clearfield serving the northern end of the county, while the other clinic is located in Woods Cross serving the southern end of the county. Immunizations, Maternal & Child Health Services and the WIC Program are offered at both clinics.



Communicable Disease & Epidemiology (CD/Epi) Bureau

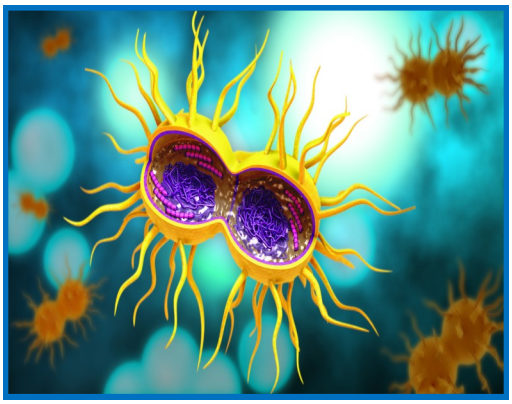
The Communicable Disease and Epidemiology (CD/Epi) Bureau works in partnership with the medical community and neighboring health districts to control and prevent the occurrence and spread of communicable diseases. This is accomplished through disease surveillance, disease investigation, coordination of prevention efforts, treatment, education, training, and policy development. The Bureau aims to:

- Interrupt/contain the spread of communicable diseases within the community
- Conduct surveillance for >80 communicable diseases/syndromes
- Provide education to infected/exposed citizens
- Facilitate appropriate treatment and preventive therapy
- Enforce measures that protect the community (e.g. isolation)
- Develop policies to address priority health issues



The Communicable Disease and Epidemiology Bureau is organized into four main program areas: STD/HIV, Infectious Disease, Tuberculosis, and Disease Surveillance.

STD/HIV Program

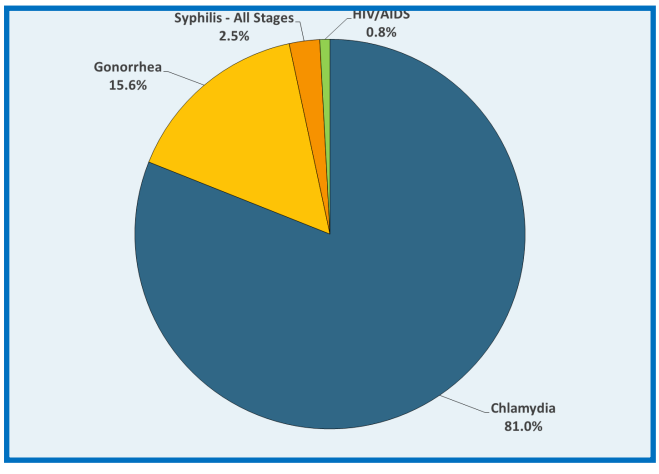


Sexually transmitted diseases (STDs) affect men and women of all ages, backgrounds, and economic statuses. The United States has made progress in identifying cases through better testing procedures, sexual partner testing/treatment, and risk-reduction education. There are still an estimated 20 million new cases of STDs acquired each year. Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), chlamydia, gonorrhea, syphilis, and chancroid are the STDs reportable by law in the state of Utah. Hospitals, laboratories, physicians, and clinics are mandated to report these diseases to the local health department.

The STD/HIV Program strives to ensure that reported cases of infections are interviewed by a trained communicable disease nurse to:

- Verify that appropriate treatment was prescribed and taken
- Confidentially identify and notify contacts/partners of infected individuals who may have been exposed and facilitate testing and treatment
- Provide risk-reduction counseling and education

Sexually Transmitted Diseases, Davis County, 2018



Infectious Disease Program

Communicable diseases reportable in the state of Utah, with the exception of STDs and tuberculosis, fall under this program. Once reported, the Infectious Disease program implements the following activities:

- Interview infected individuals to obtain a thorough history and identify exposed contacts
- Review and interpret laboratory results
- Implement control measures to interrupt disease transmission (e.g. exclusion from work/school)
- Monitor the disease process, assessing for changes in expected manifestations
- Facilitate treatment and prophylaxis for those infected or exposed
- Provide education on the specific disease and important preventive measures
- Formalize findings and report to the Utah Department of Health (UDOH)

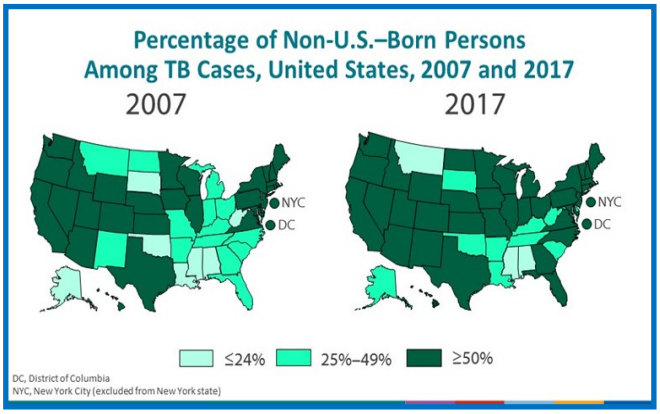


The Infectious Disease Program has been further divided into the following categories:

- **Enteric Diseases** (Food and/or Waterborne): bacterial, viral, and parasitic diseases involving the gastrointestinal tract
- **Vaccine-Preventable Diseases:** diseases that are preventable with vaccines
- **Vector/Zoonotic Diseases:** diseases transmitted by insects, animals, or birds
- **Invasive Diseases:** bacterial/viral infections of blood stream, cerebral spinal fluid (e.g. meningitis, encephalitis) or other normally sterile sites (e.g. synovial, pleural, or pericardial fluid)
- **Other reportable diseases/conditions:** diseases that do not fall under the above categories

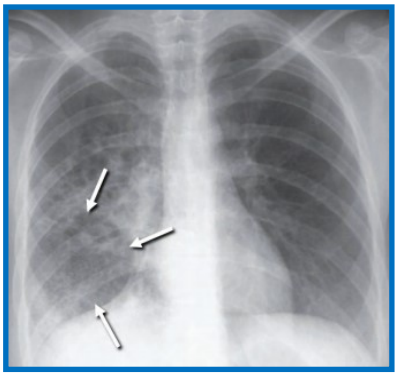
Tuberculosis Control Program

The Davis County Tuberculosis (TB) Control Program is dedicated to the prevention, control, and elimination of TB disease and the identification and treatment of latent TB infection (LTBI).



The successful control of tuberculosis in Davis County is largely due to the following program activities:

- Early identification, isolation, and appropriate treatment of individuals suspected of or diagnosed with tuberculosis disease
- Effective contact investigation activities to identify individuals exposed to TB and completion of medication therapy for those diagnosed with LTBI
- Targeted testing for those who are at higher risk for developing TB disease following an exposure (e.g. homeless, foreign-born, residents of correctional institutions, substance abusers)

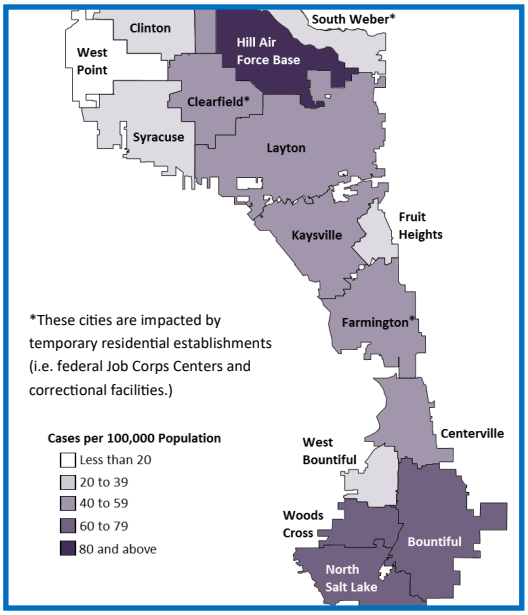


Disease Surveillance Program

The Surveillance Program is responsible for the systematic collection, analysis, and dissemination of data pertaining to infectious diseases of public health importance. The goal of the Surveillance Program is to provide statistics that prompt public health preventive action. Core functions of the Surveillance Program include:

- Providing medical professionals with access to disease reporting 24/7
- Maintaining a computerized system for efficient storage and access to data
- Incorporating a variety of data sources
- Monitoring the occurrence and distribution of infectious disease activity
- Disseminating surveillance data to the public and medical professionals

Incidence of All Reportable Diseases, Davis County, 2018



Communicable diseases are reported to the local health department for investigation in accordance with the Utah State Health Code (R386-702). Prompt reporting of confirmed and suspect cases helps ensure necessary control and preventive actions. All reports required by rule are confidential and are not open to public inspection.

Entities required to report confirmed or suspected diseases are physicians, hospitals, healthcare facilities, laboratories, schools, and daycares.

Top 20 Reported Diseases in Davis County, 2018

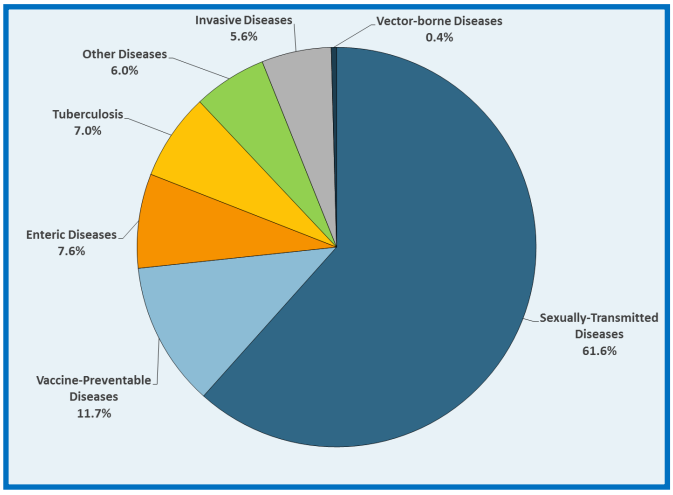
Rank	Disease	Number of Cases
1	Chlamydia trachomatis infection	1,158
2	Gonorrhea	223
3	Influenza-associated hospitalization	178
4	Latent Tuberculosis Infection	163
5	Hepatitis C, acute & chronic	118
6	Streptococcal disease, invasive	91
7	Campylobacteriosis	46
8	Salmonellosis	40
9	Pertussis	37
10	Syphilis, all stages	36
11	Norovirus	35
12	Meningitis - viral/aseptic	30
13	Chickenpox (Varicella)	24
14	Hepatitis B, acute & chronic	23
15	Giardiasis	22
16	Shiga toxin-producing Escherichia coli (STEC)	18
17	CRE	12
17	HIV	12
19	Cryptosporidiosis	9
20	Hepatitis A	6

Communicable Disease & Epidemiology Bureau

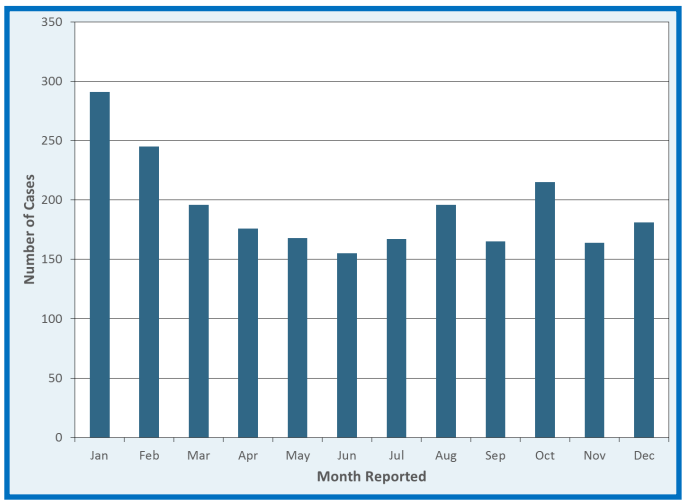
Disease morbidity and mortality have decreased over the past century, partly due to the partnership between private and public health care. Unfortunately, new and emerging diseases are surfacing, requiring additional efforts from both the medical community and public health. Existing pathogens are also increasing as our population increases. Disease affects all races, ethnicities, ages, and genders.

Davis County Health Department (DCHD) received a total of **2,319** disease reports during 2018, 9.0% more than the 2,128 disease reports received in 2017.

Diseases Reported by Type, Davis County, 2018



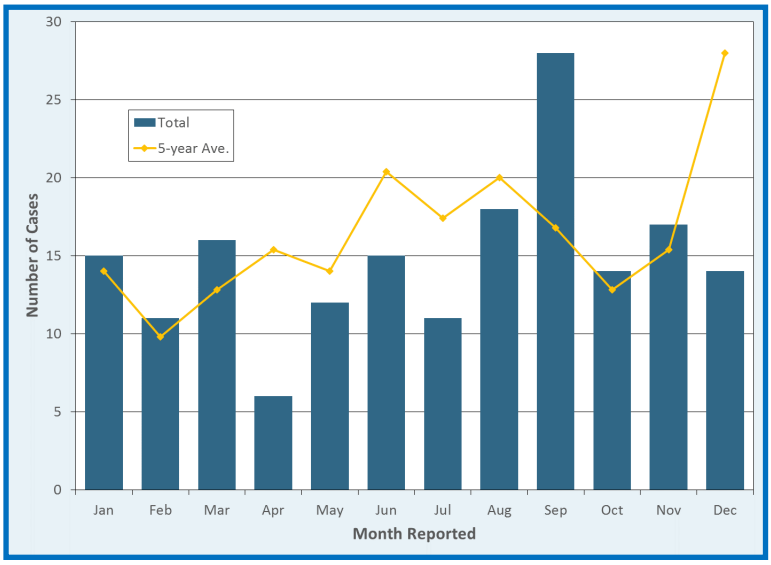
Disease Reports by Month, Davis County, 2018



Disease rates by city are identified by the place of residence of the affected individual at the time of diagnosis. These rates do not suggest that one city is better or worse than another, but simply describe the disease burden in each city. Tuberculosis data are not included because most infections were acquired outside of Davis County. Clearfield and Hill Air Force Base had the highest rates of all reportable diseases among all cities, whereas West Point had the lowest rate.

The disease burden in Davis County normally stays consistent throughout the year. January 2018 had the highest number of diseases reported. This is most likely due to a severe influenza season with elevated hospitalized influenza cases. In 2018, an average of **193** diseases were reported each month.

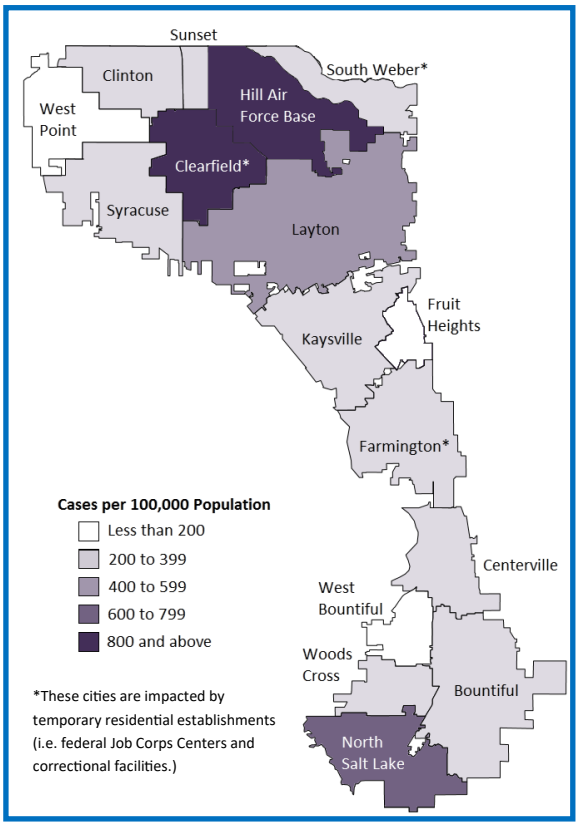
Enteric Diseases by Month Reported, Davis County, 2018



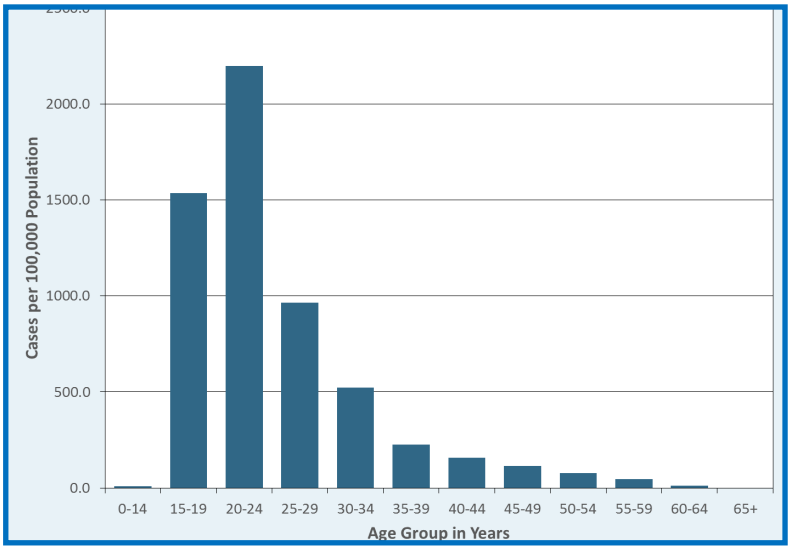
Enteric diseases are reported year-round, but a higher incidence is usually noted during the summer months. In 2018, enteric illnesses peaked during September. This may be due to an increased circulation of norovirus across the Wasatch Front, as well as an increase of illness due to salmonellosis linked to a nationwide outbreak.

Sexually transmitted diseases were most often reported among women (59.9%) and among 20-24 years olds. Overall, STD incidence was high from 15 years of age to 34 years of age.

Incidence of all STDs by City, Davis County, 2018

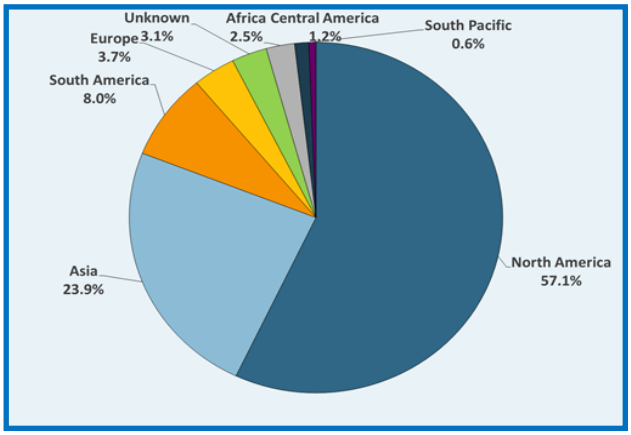


Incidence of all STDs by Age Group, Davis County, 2018



Sexually transmitted diseases occurred among residents of every city in Davis County. The average rate in the county was 410.8 cases per 100,000 residents. These rates were adjusted by age to account for the higher incidence of STD infection in cities with a larger young adult population. Hill Air Force Base and Clearfield had the highest rate of STDs, while Fruit Heights, West Bountiful, and West Point had the lowest rates.

LTBI by Place of Birth, Davis County, 2018



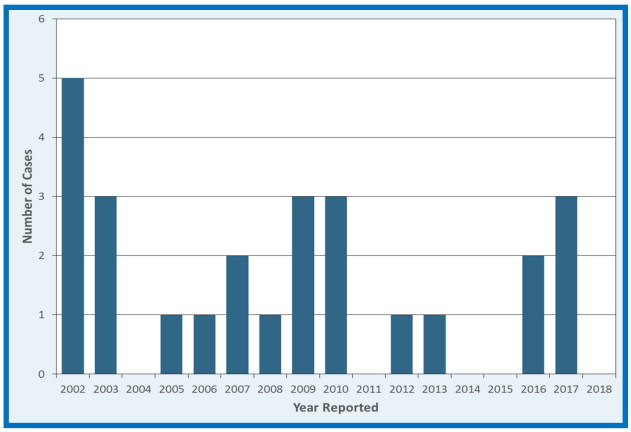
With the low incidence of active tuberculosis disease in Davis County and Utah as a whole, the largest disease burden for tuberculosis falls under Latent TB Infection (LTBI). During 2018, Davis County managed **163** clients with LTBI, with an average of **14** LTBI patients per month.

The majority of individuals who receive LTBI treatment in Davis County are foreign-born.

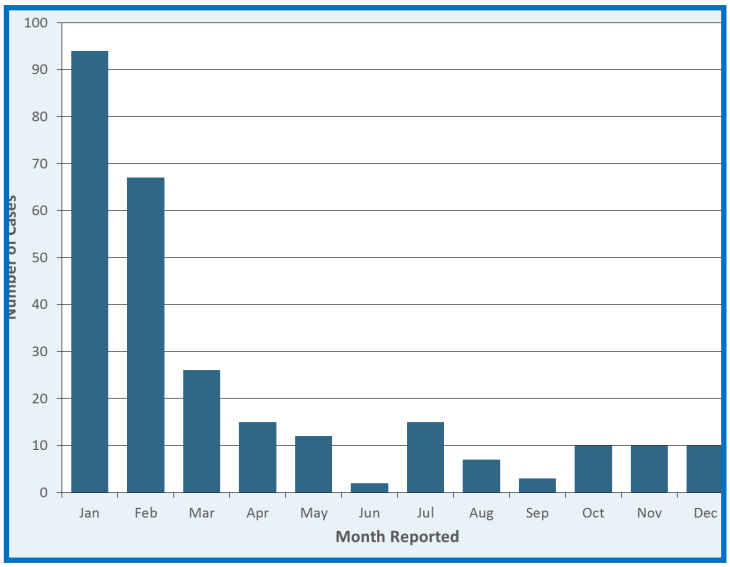
Davis County Health Department (DCHD) provided **1,041** tuberculin skin tests to the public in 2018. However, these numbers only account for a small percentage of all TB tests performed in the community.

In 2018, Davis County had **no new** cases of active tuberculosis.

Active TB Cases by Year, Davis County, 2002-2018



Vaccine-Preventable Disease by Month Reported, Davis County, 2018

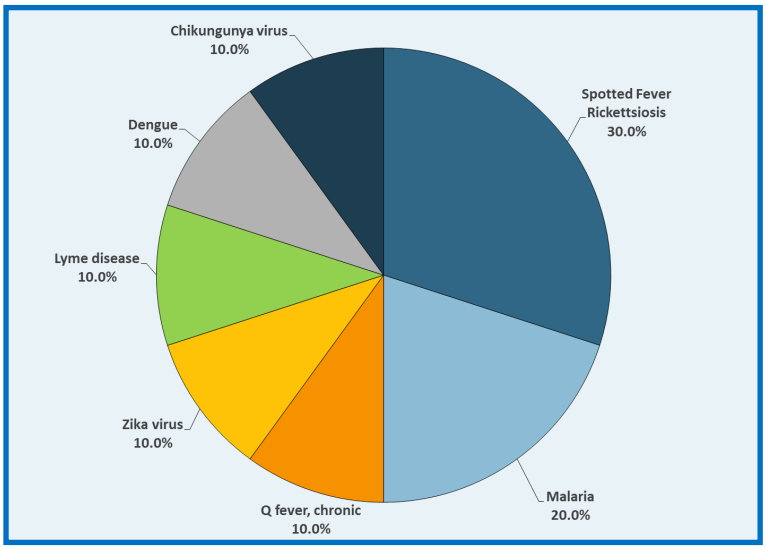


Vaccine-Preventable Diseases (particularly pertussis and chickenpox) are usually reported more frequently during the school year. Influenza season typically begins in December and peaks during January or February. The 2017-18 influenza season was no exception.

In 2018, hospitalized influenza was the most commonly reported Vaccine-Preventable Disease (VPD) with **178** cases (65.7%), followed by pertussis with **37** cases (13.7%), chickenpox with **24** cases (8.9%), hepatitis B with **23** cases (8.5%), hepatitis A with **six** cases (2.2%), and mumps with **three** cases (1.1%).

Vector-borne/Zoonotic Diseases, Davis County, 2018

A total of **10** cases of vector-borne/zoonotic disease were reported in Davis County. Spotted Fever Rickettsiosis was the most frequently reported vector-borne/zoonotic disease with **three** cases (30.0%), followed by malaria with **two** cases (20.0%), and Zika virus, Lyme disease, Q fever, dengue, and chikungunya each with **one** case (10.0%).



Other Reportable Disease/Conditions, Davis County, 2018

Disease	Number of Cases
Hepatitis C, acute and chronic	118
Carbapenem-Resistant Enterobacteriaceae (*Acinetobacter*, *E. coli* - Carbapenem non-susceptible)	12
Coccidioidomycosis	3
Legionellosis	3
Creutzfeldt-Jakob Disease (CJD)	1
Leptospirosis	1
Total	138

Other reportable diseases/conditions are the diseases that do not fall under a specific identified category. Hepatitis C infections made up the majority of this category, followed by carbapenem -resistant Enterobacteriaceae (CRE), coccidioidomycosis, legionellosis, Creutzfeldt-Jakob disease, and leptospirosis.

Immunization Bureau

The Immunization Bureau at the Davis County Health Department (DCHD) offers all childhood, adolescent and adult immunizations through the Immunization Clinic, International Travel Clinic and Outreach Clinics. Services are offered at both the Clearfield and Bountiful locations.

In 2018, 9,058 clients were served and 15,006 vaccines were administered.



Immunization Bureau Accomplishments in 2018

- *To increase immunization rates in our community, a range of communication approaches, methods, materials, and channels were frequently used, in combination. Social media, posters, flyers, and promotional telephone messages to schools, senior centers, and workplaces were used to increase immunization uptake and decrease vaccine hesitancy among our community members.*
- *The Utah Statewide Immunization System (USIIS) was utilized during clinics (both outreach and onsite) to assess influenza and pneumonia vaccination rates among the senior population in Davis County. Those 65 and older are at higher risk of acquiring influenza and are more likely to develop complications as a result of the infection. Efforts focused on identifying senior residents that were missing or not up-to-date on their influenza and pneumonia vaccinations.*
- *Immunization history assessments, using KIPHS (a public health system) and USIIS was implemented in the clinics to appropriately recommend vaccines for the 65+ population in Davis County. An educational news article on influenza and pneumonia was submitted to the Davis County Senior Scoop publication to help increase the awareness and importance of timely vaccinations and to educate on the unfortunate complications of these infections.*
- *The reminder/recall system was updated from using postcards and emails to receiving notifications via text messaging and personal phone calls. Postcard and email immunization reminders/recalls have shown to be successful, but have limited ability to identify and reach large target populations in a real-time, automated fashion. Reminders/recalls by text message offer an innovative opportunity to improve vaccination coverage. Text messages were tailored to specific patient populations and included educational information. The goal of this new system was to increase the client return rate to 50%. By the end of the fourth quarter, the return rate had increased to 62%.*
- *To increase influenza vaccination rates and to improve vaccine-preventable disease awareness among parents of children attending licensed daycares, 142 daycare centers within Davis County were provided current educational and promotional materials on influenza and other important childhood vaccines.*
- *Staff trainings were continued in 2018 to provide updates, changes in recommendations and identify best practices. Staff also attended trainings on the Vaccine For Children (VFC) program and the Centers for Disease Control and Prevention (CDC) annual updates.*
- *The Immunization Bureau held a Human Papilloma Virus (HPV) Vaccination Workshop on December 4, 2018. This workshop was in alignment with the statewide initiative to encourage providers across Utah to vaccinate 11-12 year-olds against HPV and protect them from HPV related cancers. The medical community in Davis County was invited to attend. This workshop provided attendees with resources and tools to help them educate and vaccinate the targeted age group.*

Vaccines For Children Program

The Vaccines For Children (VFC) program is a federally-funded program that provides vaccines at low/no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to qualified grantees (e.g. state health departments & certain local and territorial public health agencies), who in turn distribute them at no charge to private physician offices and public health clinics registered as VFC providers. Children who are eligible for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

The VFC program provides vaccines to participating providers for children birth through 18 years of age who are:

- Enrolled in Medicaid
- Enrolled in the Children's Health Insurance Program (CHIP)
- American Indian/Alaskan Native
- Not insured
- Under-insured (insurance does not cover immunizations)*

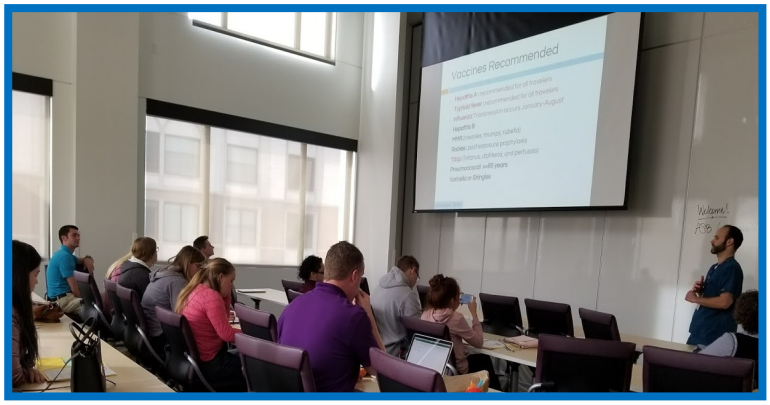


*Under-insured children may receive VFC-supplied vaccines ONLY at Federally-qualified Health Centers (FQHC) or Rural Health Centers (RHC)

In 2018, 1,326 VFC-eligible children were served and 2,857 vaccines were administered.

International Travel Clinic

The International Travel Clinic provides services for Davis County residents, as well as individuals from surrounding counties. The travel clinic offers tailored pre-travel consultations for those who are traveling to foreign countries according to their itinerary, length of stay, and current travel conditions—especially if they are traveling to Africa, Asia, Central or South America, and Southern or Eastern Europe.



DCHD Travel nurse providing pre-travel counseling to WSU students

The goal is to help clients achieve a disease-free trip and help make sure that the only thing they come home with are great memories.

Both the Clearfield and Bountiful clinics offer this service. Clients are typically leisure and business travelers, students, LDS missionaries, volunteers, and families. When necessary, an onsite travel clinic is available at a group rate. This is beneficial for travelers and can accommodate a large volume of clients.

The Weber State University-Davis campus utilizes this outreach service to provide a convenient and cost-effective process for their traveling students and faculty.

Immunization Bureau

The International Travel Clinic specializes in children, adults, and seniors, providing routine and travel immunizations. Clients are educated, vaccinated, and when necessary, provided prescriptions for malaria, traveler's diarrhea, acute mountain sickness, motion sickness, vaginal candidiasis, and anaphylaxis. Education is provided about insect precautions, food and water safety, recreational water exposure, blood -borne and sexually transmitted infections, rabies, skin/wound care, tuberculosis, marine hazards, jet lag, safety and crime avoidance, transportation safety, medical care, and consular advice.

In 2018, due to the yellow fever vaccine shortage, the Immunization Bureau continued to function as an official CDC–Certified Center for the administration of the yellow fever (Stamaril) vaccine. The Stamaril vaccine is available in the United States through the Extended Access Program. **1,173** travelers received the yellow fever vaccination.

In 2018, 1,466 travelers were served and offered the following travel vaccines: yellow fever, typhoid, Japanese encephalitis, cholera, rabies, polio, hepatitis A and meningococcal.



Outreach Clinics

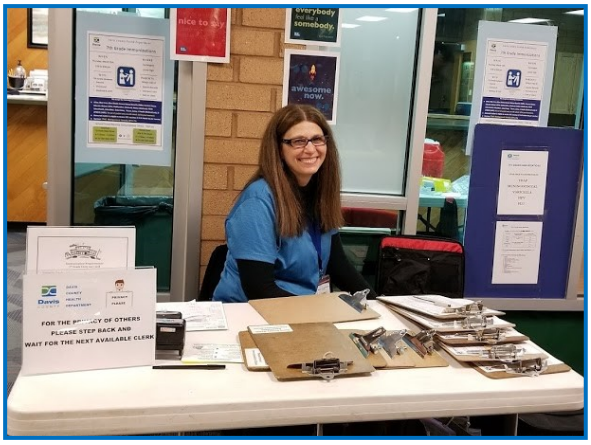


Schools

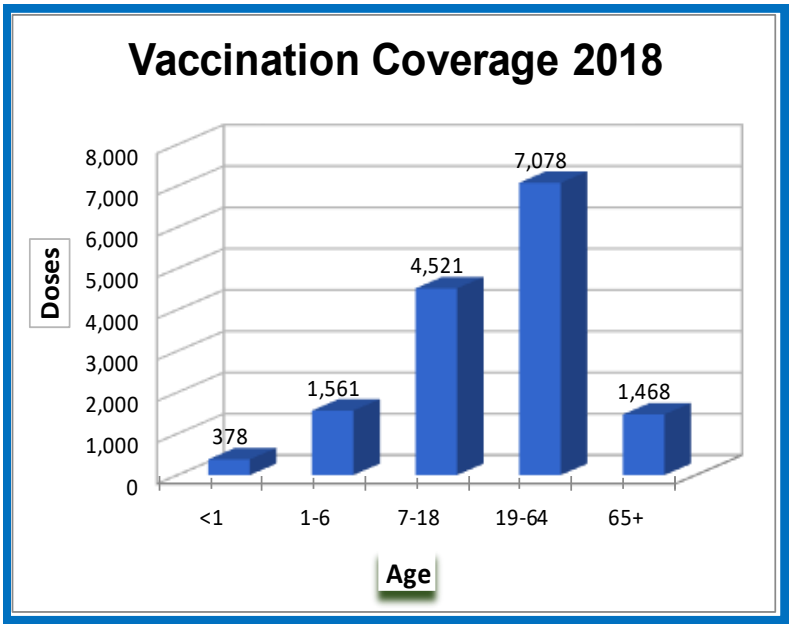
The state of Utah has a vaccine requirement that affects those entering school for the first time (Kindergarten) and those who will transition from elementary to junior high school. To assist families in meeting these requirements, the Immunization Bureau works with schools within the Davis School District to bring needed immunizations on-site. This takes place at Back-to -School events. Ten onsite clinics were offered in 2018. Besides offering vaccines, the nurses and intake staff spend time with parents, providing education and offering vaccinations for other family members.

Senior Centers

Davis County has three senior activity centers: South Davis (Bountiful), Central Davis (Kaysville) and North Davis (Clearfield). During the flu season, influenza vaccine is taken to these centers (as well as the Syracuse Senior Center) to make it more convenient for the senior population to be vaccinated. It has been recognized for many years that people 65 years and older are at greater risk of serious complications from the flu as compared with young, healthy adults because human immune defenses become weaker with age.



Doses Administered by Age, Davis County Health Department, 2018



According to the Center for Disease Control and Prevention (CDC), several preventable diseases cause significant illness and even death in unvaccinated seniors. An estimated 45,000 adults die annually from complications due to vaccine-preventable diseases.

Many adults feel that they do not need vaccinations or worry about side effects from the vaccine itself. People age 65 and older bear the greatest burden of severe influenza disease.

It is important for older adults to keep vaccines current. Many adults may not have been vaccinated as a child and are unaware that new vaccinations are now available. Due to waning immunity, seniors are more susceptible to serious and possibly life-threatening infections.

The following vaccines were offered in the North Davis Senior Center, Central Davis Senior Center, South Davis Community Center, and Syracuse Community Senior Center: influenza, pneumococcal (which helps prevent pneumonia), zoster (vaccine that reduces the incidence of developing herpes zoster—Shingles), and tetanus-diphtheria-pertussis vaccine (Tdap).

Hill Air Force Base

Each year, DCHD partners with Hill Air Force Base (HAFB) in providing flu shots to their civilian population. Several years back, HAFB lost funding to vaccinate their civilian employees and they reached out to DCHD for assistance. In 2018, **21** different flu clinics were made available to the employees where **2,195** flu vaccines were administered. This collaboration has been a great service to the civilian workers and not only helps protect Davis County citizens, but other jurisdictions since HAFB workers also reside outside of Davis County.



"For the 6th year in a row, DCHD has partnered with Hill AFB's Public Health and Occupational Medicine Clinics to provide health insurance-billed immunizations such as Tdap, Pneumonia, and Flu vaccinations to Federal service workers, Department of Defense contractors and Tricare military beneficiaries on Hill AFB. This Air Force and Health Department partnership has been noted as a benchmark program and currently is the only known program to exist in the entire Air Force."

Douglas E. Pierson, Civ
Public Health Flt Manager
75th MDG, Hill AFB UT

Maternal & Child Health (MCH) Bureau



The Davis County Health Department—Maternal & Child Health (MCH) Bureau serves children from birth to four years old. It consists of a group of programs for low-income families (mainly Medicaid recipients) that promote and improve the physical and mental health, safety, and well-being of women and children in Davis County. Through these programs, staff is able to conduct assessments, identify risks and needs, provide referral services and serve as a liaison between the client and community resources.

There are four main programs that are provided by the MCH program:

- **Targeted Case Management (TCM)**
- **Baby Your Baby**
- **Child Health Evaluation and Care (CHEC)**
- **Prenatal to Five**



Targeted Case Management

Targeted Case Management is a home visitation program that provides specialized nursing case management services to a targeted population, assisting them in gaining access to medical, social and other services, and providing education on a variety of topics. Through face-to-face and/or telephone contact, nurses provide services that include obtaining a history, conducting a needs assessment, developing a care plan (when needed), assisting with access to services and periodic follow ups.

Year	Initial Assessments	Follow-ups
2018	2,114	2,978
2017	2,225	1,784
2016	1,737	1,131
2015	1,910	1,233
2014	1,782	829

To qualify for the program, the following must be met:

- Enrolled in Medicaid
- Newborn to age 4 years

In 2018, efforts were focused on revisiting those, who upon initial assessment had delays and/or other areas of concern, and ensuring that they were linked into appropriate care. These follow-up visits helped the nurses reiterate the importance of early intervention and also provided opportunities to identify new and developing needs.

Targeted Case Management (Continued)



Adverse Childhood Experiences (ACEs) and Resilience screenings were incorporated into home visits and information was shared on how outcomes of this screening can impact all areas of life. In the last few decades, new technologies, new ways of thinking, and cooperation among experts from various disciplines have combined to reveal key answers to an age old debate: nature vs. nurture. Data is showing how adversity becomes imbedded into biology, behavior, and risk and how simple supports and opportunities can improve the lives of the people we serve. ACE screening tools and information on resilience are now reviewed with each client in the TCM program.

The Period of PURPLE Crying



New parents have wonderful, and sometimes not so wonderful experiences, with their new infants. Crying may be one of the most challenging. In 2018, all staff were trained in the Period of PURPLE Crying, a tool to help parents identify and cope with crying infants. The Maternal Child Health (MCH) and Women, Infants and Children (WIC) staff will begin implementation of this program in 2019 with clients who were not provided information at the time of birth or need assistance in accessing and utilizing the tools.

Prenatal to Five

The Prenatal to Five program provides a nurse visit and assessment for high-risk infants/children that are referred to public health by hospitals, physicians, and other agencies. Referrals are made when there is a concern that places the infant/child at risk (e.g. prematurity, birth defects, parental stability, teen mother, failure to thrive). The nurse visits not only provide reassurance to the referring agency, but also the parents, who now have a resource to connect with for any questions or concerns.



This year, the Prenatal to Five program served 47 families of high-risk children.



Baby Your Baby

The Baby Your Baby program is a short-term prenatal program for pregnant women that meet certain criteria. If requirements are met, temporary prenatal coverage is provided for outpatient medical services while the mother is applying for continuing coverage through Medicaid. The Baby Your Baby program encourages expectant mothers to see their health care provider before the 13th week of pregnancy. Going to a health care provider early and often will help ensure a healthier pregnancy and newborn.

Since Medicaid enrollment was made available online, Davis County continues to see significant declines in women utilizing the in-person Baby Your Baby enrollment opportunity. The in-person visit is invaluable due to the additional education and consultation services provided during the visit. Davis County continues to provide this service, whereas, many other counties in Utah have discontinued the in-person visit.

Income Guidelines for Baby Your Baby

Presumptive Eligibility March 1, 2018–February 28, 2019

Family Size	Monthly Amount
2	1,907
3	2,408
4	2,908
5	3,408
6	3,909
7	4,409
8	4,910
9	5,410
10	5,910

Baby Your Baby served 75 clients in 2018.

Child Health Evaluation and Care (CHEC)

The CHEC program is part of the Utah Medicaid services for children ages 0-4 who qualify for Medicaid. It provides preventative medical and dental care for Utah's Medicaid children, ensuring that children have access to necessary check-ups. The benefits include preventative physicals, hearing/vision screenings, mental health care, as well as access to all needed immunizations. If there are concerns noted by the physician, CHEC works with the provider to ensure that the child receives the needed care. CHEC also provides two dental exams per year, x-rays, sealants, fluoride and other necessary work.

Davis County nurses receive information weekly on approximately **140** CHEC-eligible children who are due for well-child visits. Contact is made by phone or letter reminding parents of these important visits and assisting with scheduling appointments.





United Way Dental Health

United Way of Salt Lake

In 2018, Davis County was awarded a grant by the United Way of Salt Lake to help those in poverty obtain needed dental care. Dentists in Davis County are contacted and made aware of the available funds. Qualifying clients, who meet income criteria (200% poverty level) and have acute and/or basic dental care needs (e.g. exams, fillings, x-rays, extractions) can receive financial assistance. As dental needs continue to grow, DCHD hopes to secure additional funds to help more residents obtain good dental health.



Access to dental care is a serious concern in Davis County identified in the 2015 Access to Healthcare Assessment. Oral health is seen as a primary care need and an issue where there is a large gap in preventive care. Community partners want an increase in dental providers and programs that serve low income and uninsured/ underinsured residents. More oral health screening is needed in children.

DCHD Community Health Assessment 2018

The Utah Department of Health — Oral Health Program (OHP) conducted a statewide oral health survey in 2015. Key findings from the report included:

- Overall, among 6–9 year-old children who received dental screening, nearly two-thirds (65.5%) experienced dental caries.
- Close to one-fifth (19.1%) of children had untreated dental decay.

Oral Health Conditions	Davis	Utah	U. S.
Poor Dental Health (2006-2010)	6.2%	8.6%	15.7%
Prevalence of Dental Caries/Cavities ages 6-9 (2015)	--	65.5%	--
Untreated Decay Ages 6-9 (2015)	--	19.1%	--

Source: IBIS (UDOH) & CHNA.org

Women, Infants and Children (WIC) Program

WIC is a federal supplemental nutrition program implemented through the Davis County Health Department. The program provides nutritious foods, nutrition education, breastfeeding support and referrals to health care and social services for thousands of low-income women, infants and children. WIC has been part of the nation's investment in people for over 40 years.

The nutrition education that WIC provides helps families reach healthy goals and make lifestyle changes. WIC nutrition assessment appointments are designed to help identify dietary, medical or nutritional risks, set goals and make appropriate referrals. Through these services, WIC continues to play an important role in laying the foundation for healthy communities now and in the future.

Davis County WIC aims to build a healthy, active and well-nourished community. This is achieved by:

- Providing guidance and resources to help individual families create a healthy lifestyle.
- Working with community partners and grocery store partners to ensure continuity of services.
- Ensuring quality WIC services that support collective public health efforts.

Who Qualifies for WIC?

- Women who are pregnant, breastfeeding or had a baby in the past six months
- Infants and children under five years of age
- Those who meet income guidelines or receive Medicaid/Foods Stamps
- Foster children under five years of age
- Single fathers, grandparents and other legal guardians of children under five may receive benefits for the child

House-	Annual	Monthly
1	$22,459	$1,872
2	$30,451	$2,538
3	$38,443	$3,204
4	$46,435	$3,870
5	$54,427	$4,536
6	$62,419	$5,202

Effective until July 2019

Services Offered

- Nutritious food at no cost to the participant
- Breastfeeding support, aides, pumps and education
- Screening and referrals to additional resources
- Nutrition counseling with Registered Dietitians and Nutrition Specialists

Popular WIC Foods

Some of the more frequently used foods that WIC participants receive include yogurt, string cheese, peanut butter, prescription formulas, fresh fruits and vegetables, whole grains and lactose-free or soy milk.

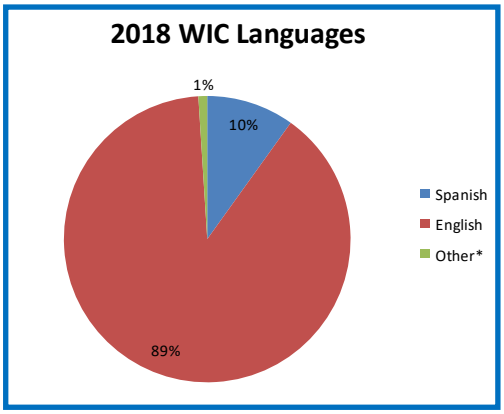


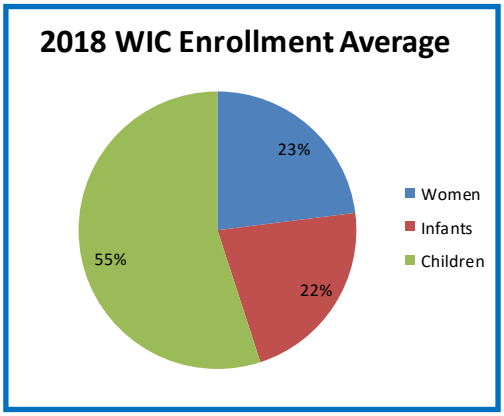


Davis County WIC Demographics

In 2018, there was an average of 5,038 participants enrolled in Davis County WIC per month. Of these, 55% were children, 23% were women and 22% were infants. WIC services are offered in all languages either in person or through an interpreter. English is spoken by 89% of participants, followed by 10% Spanish and 1% other languages. Client ethnicity is over 90% White with a very low percentage of clients identifying as migrant, homeless or refugee.

The Utah WIC program is working to offer electronic benefits by October 2020. This allows participants to use a card instead of a paper voucher at the grocery store which makes using WIC more convenient and discreet.





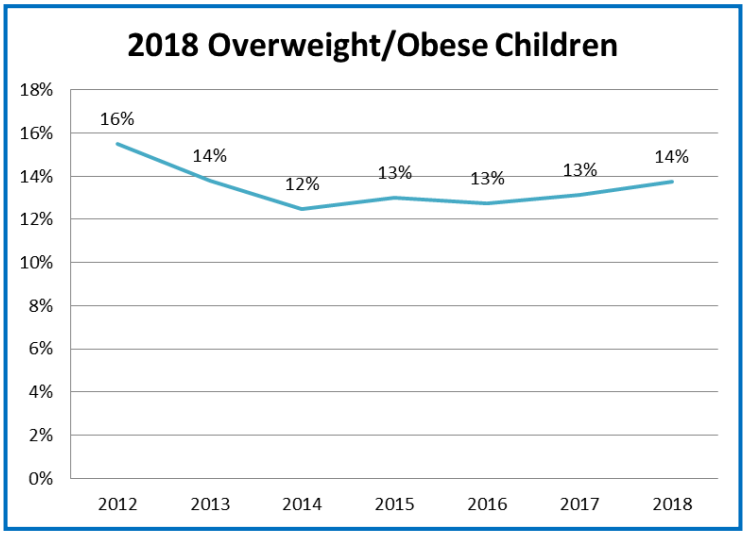
Davis County WIC averaged <u>5,038</u> participants per month.

WIC Data and Goals

Davis County WIC goals directly align with various national, state and county plans. Some of these plans include: United States Department of Agriculture and Utah WIC Nutrition Education plans, Utah Health Improvement Plan, Davis County Health Department's Strategic Plan and Davis County's Community Health Improvement Plan. It is natural for WIC to work with programs within the department and the community to promote healthy eating, active living, immunizations, safety, etc. Each year, WIC risk factor data is reviewed and goals are set. This past year, overweight/obesity and breastfeeding were a priority.

<u>Overweight/Obesity Goal:</u> Reduce the percent of women and children in the Davis County WIC program who are overweight or at risk of becoming overweight.

According to Davis County WIC data, overweight and obesity in both women and children has been a leading risk factor. In 2012, 15.5% of children in the Davis County WIC program were identified as overweight or obese. In 2018, this percentage is 13.8% which is also below the state average of 16.5%. With the large number and the rapid turnover in participants, this downward trend indicates that efforts addressing healthy weight are making an impact. In Davis County WIC, nearly 60% of pregnant women are overweight and many gain more than the recommended amount of weight during their pregnancy.

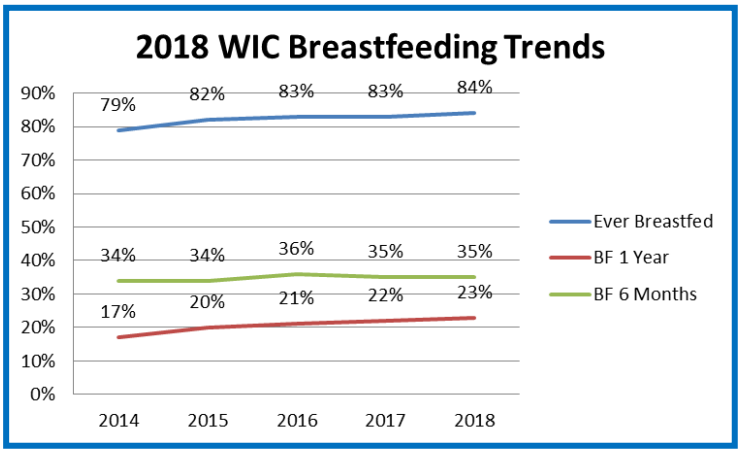


Strategies to address this goal included improved individual care plans and proper follow-up appointments. Efforts were also made to set better SMART Goals and improve motivational counseling. In addition, coordination with community partners were enhanced to help clients learn to cook, be more active and make healthy lifestyle choices.

Women, Infants and Children Bureau

Breastfeeding Goal: Increase or maintain the number of Davis County WIC babies who are breastfed.

Davis County WIC proudly promotes and supports breastfeeding within the WIC program and in the community. The breastfeeding goal in 2018 was to increase or maintain the percentage of babies breastfed for 6 and 12 months. The percentage of WIC babies who have ever breastfed has steadily increased over the years from 73% in 2013 to 84% in 2018. Although the percentage of babies breastfeeding for 6 months to a year has historically remained much lower, it has continued to increase. The 2018 WIC data shows that 35% of babies were breastfed for 6 months and 23% were breastfed up to a year. These reports are evidence that this goal was met in 2018. Many programs and activities were conducted to reach this goal.





Davis County WIC received the 2018 Loving Support Awards of Excellence earning both the Gold and Gold Premiere Awards.

Davis County WIC clients greatly benefit from the Peer Counseling program. This year Davis County WIC was awarded the Loving Support Gold and Gold Premiere Awards by the United States Department of Agriculture for an outstanding peer counseling program. Evidence shows that a peer counseling program conducted according to the Food and Nutrition Services (FNS) Loving Support Model creates results. The purpose is to encourage and support all the pregnant and breastfeeding moms. Peer counselors contact every pregnant woman before they deliver their baby and continue through post-partum, as long as needed. Peer counselors made over 3,484 calls and 1,665 contacts in 2018. Quarterly audits of this program show that over 96% of all WIC pregnant clients are called, recorded and followed up as directed in the Loving Support Model. Breastfeeding classes are taught multiple times a week in both English and Spanish. All WIC staff have completed breastfeeding training and the majority are Lactation Educators. This makes breastfeeding a natural part of all the WIC areas.

Peer counselors made over 3,484 calls and 1,665 contacts in 2018.







Davis County Breastfeeding Coalition

Davis County WIC continues to be the proud lead agency of the Davis County Breastfeeding Coalition. The Coalition is a group of community organizations and individuals whose purpose is to collaboratively promote, protect and support breastfeeding in Davis County. A variety of activities were conducted in 2018 such as fair booths, breastfeeding-friendly awards and a breastfeeding conference. The conference was held during World Breastfeeding Month at Lakeview Hospital. Titled "Back to Breastfeeding and Baby Basics", the event attracted families of pregnant or breastfeeding women. The community response was overwhelming. Sponsors made it possible to be a free event including lunch, classes and prizes. Event survey results showed that 100% of attendees and vendors agreed that the event met their expectations and that the classes were interesting and helpful. At the conference, community partners were able to network and build a better support system for breastfeeding moms in Davis County. There are many factors that contribute to the success of breastfeeding and we know that the breastfeeding success rate can be greatly improved by the support of family, friends, community leaders and health care providers.



WIC Outreach

A successful WIC program works well with community resources, grocery store partners and local businesses. Staff work directly with each partner to ensure WIC products are available in stores, charged correctly and distributed smoothly to WIC clients. Many WIC families are also referred to a variety of Davis County community programs as needed. This year more social media posts were completed in cooperation with partner programs to increase the awareness of all community resources. Posters, emails, and presentations about WIC were provided throughout the county. In addition, over **2,160** brochures, postcards and flyers were distributed to various community partners.



Participant Satisfaction Survey Results
88% are satisfied with WIC services.
92% feel that staff treated them with respect.
90% understand how to use vouchers to get nutritious food.
Results of these surveys give a good view of client satisfaction and show areas to work for improvement.

I was underweight in my pregnancy and my baby had a low birth-weight. She is growing AMAZINGLY and I feel much more healthy thanks to WIC!

- WIC Participant



Women, Infant, and Children (WIC) Bureau



Immunization Bureau



Maternal & Child Health (MCH) Bureau



Communicable Disease & Epidemiology (CD/Epi) Bureau