

# Utah Health Status Update:

## CHIP, UPP, and PCN Outreach

March 2009

Utah Department of Health

Governor Huntsman, the Utah Legislature, and the Utah Department of Health (UDOH) are working hard to insure Utah's children and families. Significant efforts have been made to maximize the enrollment of eligible individuals in Utah's public health insurance programs, in order to reduce the number of uninsured Utahns.

The UDOH has found that there is not one "silver bullet" approach to communicate with low-income, uninsured families. Therefore, the UDOH believes a combination approach to outreach, including mass media tactics as well as grassroots efforts, is the most effective way to reach the target audience.

### Children's Health Insurance Program (CHIP)

When CHIP re-opened enrollment on July 2, 2007, outreach workers hit the road in a newly-designed CHIP van to find and sign-up as many children as possible. Local events were organized in every county, where parents of eligible children were able to get one-on-one information about benefits and apply on-site for coverage. The van continues to travel the state today, attending targeted events and conferences where families can apply.

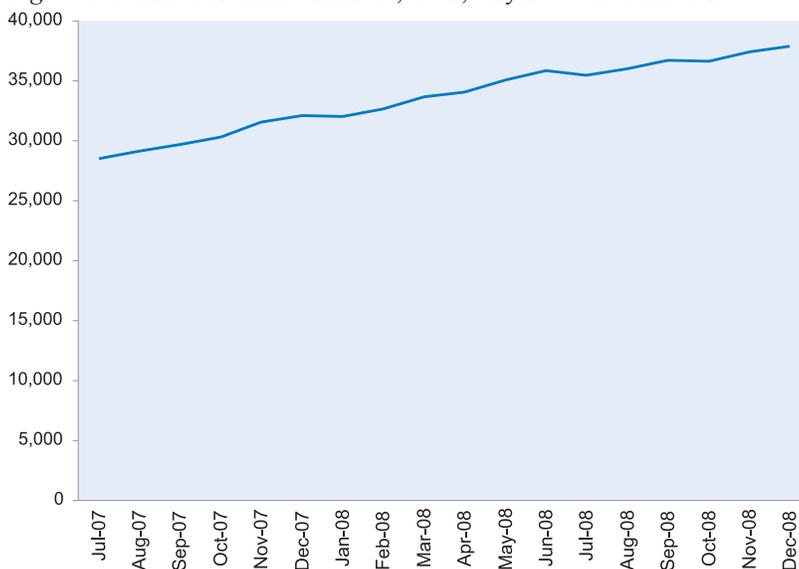
The UDOH also completely re-designed the CHIP materials including brochures, applications, posters, member guides, TV and radio commercials, transit and newspaper ads, etc. These materials were used for outreach opportunities including the CHIP Van Tour's event booths.

Now that CHIP is open for enrollment continuously (as required by House Bill 326), the outreach strategies are constantly being analyzed and fine-tuned for maximum effectiveness. In addition to mass media marketing (TV, radio, newspaper, and outdoor advertising), the UDOH has also implemented grassroots outreach efforts to include the following:

- Include messages about CHIP on utility company invoices statewide.

### CHIP Enrollment

Figure 1. Number of CHIP enrollees, Utah, July 2007–December 2008



- Expand efforts within the schools to send information home with every child in the state.
- Send information and materials to child care centers, food banks, and recipients that receive food stamp or child care subsidies but are not enrolled in medical assistance programs.
- Partner with Volunteer Income Tax Assistance Program (VITA) sites to provide information to clients qualifying for the Earned Income Tax Credit.
- Provide trainings and presentations to a variety of organizations including, but not limited to, Early Head Start, Salt Lake Community Action Program, Nutrition Education Program workers, etc.
- Partner with an ethnic community outreach organization to enlist targeted door-to-door outreach in the Hispanic/Latino communities along the Wasatch Front.

To measure the success and effectiveness of these efforts, the UDOH has engaged in several research opportunities, including:

- Asking hotline callers how they heard about the program. TV and radio commercials, website, phonebook, news stories, school outreach, and friend or relative referrals have consistently been very effective methods.
- Conducting a CHIP Disenrollment Survey to better understand why families were disenrolling from the program.
- Partnering with a local advocacy organization to gather family stories in which parents were able to share their experiences while their children were enrolled in CHIP.
- Conducting five statewide focus groups with potentially eligible CHIP or UPP clients to explore consumers' awareness and un-

derstanding of the programs and gather reactions to advertising materials.

### Utah's Premium Partnership for Health Insurance (UPP)

Since UPP began in 2006, the UDOH has been involved in continual outreach and marketing efforts. Besides mass media advertising, the UDOH has implemented strategic promotional tactics, including but not limited to:

- Offering a free Continuing Education (CE) course to health insurance agents and underwriters where attendees are informed about the program and how they can help clients apply. To date the UDOH has offered the course eleven times, to more than 175 agents across the state.
- Distributing contributed articles about UPP to applicable organizations to be placed in their member newsletter, including: Utah Association of Health Underwriters (UAHU), Utah Hospitals and Health Systems Association (UHA), Society for Human Resources Management (SHRM), Utah Medical Association (UMA), Association for Utah Community Health (AUCH), Medicaid Information Bulletin (MIB), Utah Chambers of Commerce, etc.
- Sending direct mail packages to more than 800 insurance agents statewide, containing information about UPP and how they can help clients apply.
- Pairing outreach opportunities with CHIP including the VITA sites, schools, CHIP van events, Hispanic/Latino outreach, utility bills, etc.

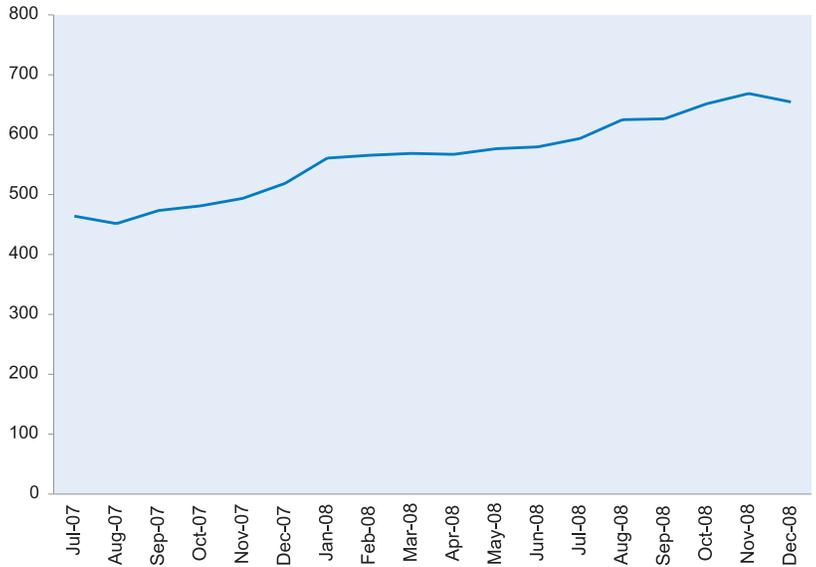
### Primary Care Network (PCN)

Due to funding restrictions and high demand, there is not as much outreach and marketing for PCN, as there is for the other two programs. In FY2008, the UDOH created new brochures, posters, and member guides to have a consistent and cohesive look and feel. Materials are used and distributed to partner agencies and organizations to be displayed and distributed to clientele specifically during open enrollment periods.

During PCN open enrollment in July 2008, the UDOH promoted the opportunity to enroll with flyers, a website alert, a ListServ email blast to community partners, and radio commercials. Currently, however, PCN is closed for enrollment.

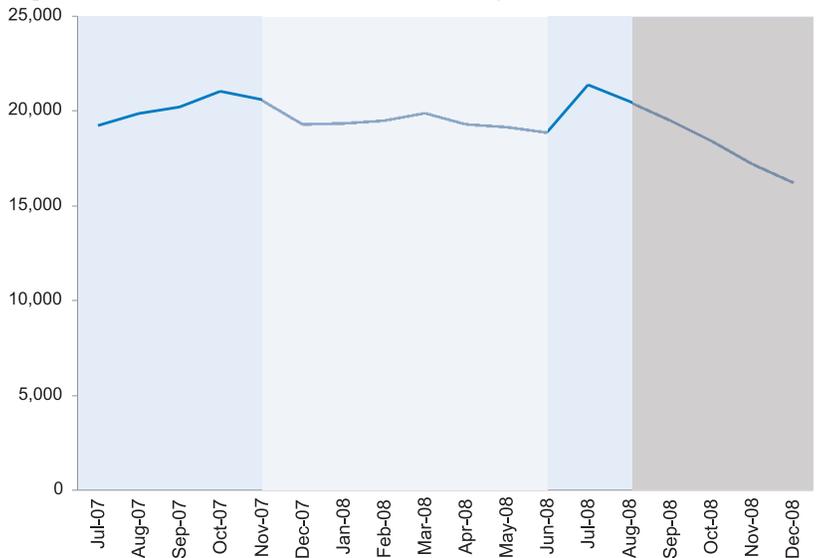
### UPP Enrollment

Figure 2. Number of UPP enrollees, Utah, July 2007–December 2008



### PCN Enrollment

Figure 3. Number of PCN enrollees, Utah, July 2007–December 2008



Gray area indicates closed enrollment period; lighter area indicates limited enrollment (only adults with children under age 19).

## March 2009 Utah Health Status Update

For additional information about this topic, contact the Bureau of Access, Utah Department of Health, Box 144102, Salt Lake City, UT 84114-4102, (801) 538-6847, FAX (801) 538-6860, email: [kolbiyoung@utah.gov](mailto:kolbiyoung@utah.gov) or the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-6108, FAX (801) 538-9346, email: [chdata@utah.gov](mailto:chdata@utah.gov)

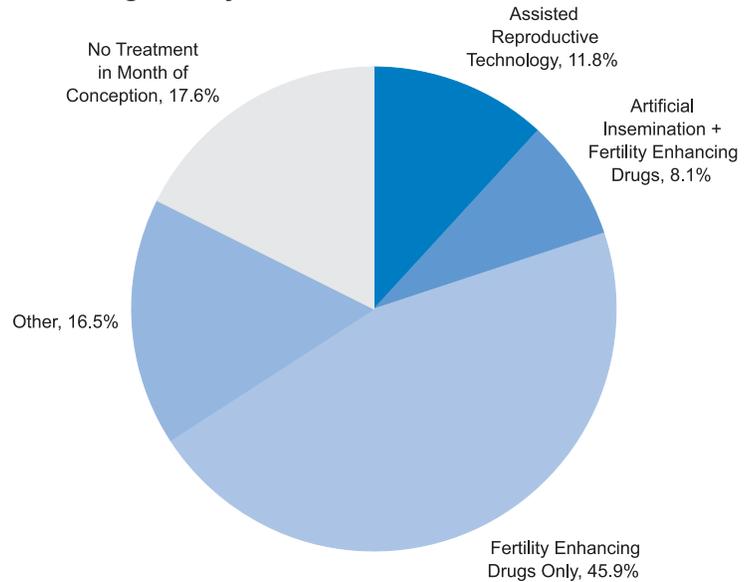
## Breaking News, February 2009

### Use of Fertility Treatments in Utah

Infertility is typically defined as a lack of pregnancy among couples who have had one year of sexual intercourse without contraception. The Utah Pregnancy Risk Assessment Monitoring System (PRAMS) began collecting data on use of fertility treatments in 2004. Rates of fertility treatments have risen from 5.1% in 2004 to 6.0% in 2007, meaning 1 in 17 pregnancies in Utah were conceived with fertility assistance in 2007. The accompanying figure shows fertility treatment types used by women in the month they conceived.

The increase in the use of fertility treatments has public health implications. In 2008, the CDC announced that it will begin to focus on infertility and work towards “the development of a national public health plan for the prevention, detection, and management of infertility.”<sup>1</sup> Pregnancies conceived using fertility assistance have significantly higher rates of low birth weight infants, preterm births, and infant NICU admissions. Most of these increases can be attributed to the higher rates of multiples found in pregnancies that resulted from fertility treatments. In the four years studied here, 43% of twin and 87% of triplet pregnancies were a result of reported fertility treatments.

**Type of Treatment Used During Month of Conception Among Women Using Fertility Treatment, Utah PRAMS 2004–2007**



<sup>1</sup> Macaluso M, Wright-Schnapp TJ, Chandra A, Johnson R, Satterwhite CL, Pulver A, Berman SM, Wang RY, Farr SL, Pollack LA. A public health focus on infertility prevention, detection, and management. *Fertil Steril.* 2008 Nov 5.

## Community Health Indicators Spotlight, February 2009

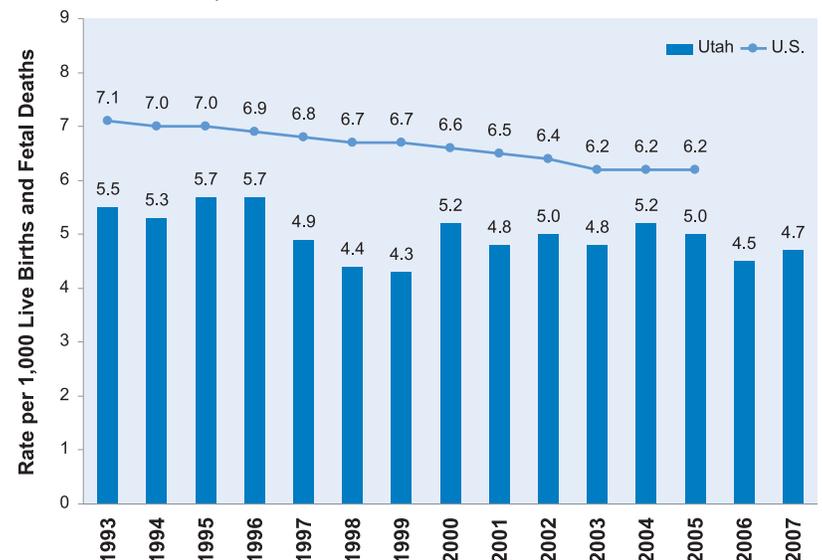
### Trends of Fetal Deaths in Utah

Fetal death is a major public health problem. It accounts for more than half of all perinatal deaths. The World Health Organization defines fetal death as “death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy.” The Centers for Disease Control and Prevention recommend reporting fetal deaths occurring at 20 weeks of gestation or greater. Utah follows this policy guideline.

The fetal mortality rate in Utah is lower than the national rate, however it is still above the Healthy People 2010 goal of 4.1. Although Utah’s rate has fallen over past decades, disparities still exist. During 2005–2007, the overall fetal death rate in Utah was 4.7 per 1,000 live births and fetal deaths, while for Hispanics and Whites the rates were 5.6 and 4.6 respectively.

Research has identified risk factors for the occurrence of fetal death that include previous stillbirth, congenital malformations, multiple gestations, grand multiparity, lack of prenatal care, obesity, smoking, and maternal age. Maternal medical conditions such as hypertension, preeclampsia, diabetes, and abruptio placenta also increase risk. Still, close to half of all fetal deaths have no identifiable cause. Preventive strategies should target research, surveillance and reporting, and the identification of women at risk.

**Fetal Death Rate, Utah vs. U.S. 1993-2007**



# Monthly Health Indicators Report

(Data Through January 2009)

Monthly Report of Notifiable Diseases, January 2009	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	18	16	18	16	1.1
Enterotoxigenic Escherichia coli (E. coli)	4	3	4	3	1.3
Hepatitis A (infectious hepatitis)	0	1	0	1	0.0
Hepatitis B (serum hepatitis)	0	2	0	2	0.0
Influenza†	Weekly updates at <a href="http://health.utah.gov/epi/diseases/flu">http://health.utah.gov/epi/diseases/flu</a>				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	1	0	1	0.0
Norovirus	4	3	4	3	1.5
Pertussis (Whooping Cough)	8	25	8	25	0.3
Salmonellosis (Salmonella)	25	14	25	14	1.8
Shigellosis (Shigella)	1	2	1	2	0.5
Varicella (Chickenpox)	49	84	49	84	0.6
Viral Meningitis	2	4	2	4	0.5

Notifiable Diseases Reported Quarterly, 4th Qtr 2008	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	34	24	106	84	1.3
AIDS	9	14	34	51	0.7
Chlamydia	1,459	1,306	5,910	4,633	1.3
Gonorrhea	83	199	473	690	0.7
Tuberculosis	9	8	27	35	0.8

Program Enrollment for the Month of January 2009	Current Month	Previous Month	% Change <sup>s</sup> From Previous Month	1 Year Ago	% Change <sup>s</sup> From 1 Year Ago
Medicaid	177,149	176,207	+0.5%	159,018	+11.4%
PCN (Primary Care Network)	15,762	16,494	-4.4%	19,015	-17.1%
CHIP (Children's Health Ins. Plan)	36,231	37,008	-2.1%	31,225	+16.0%

Medicaid Expenditures (in Millions) for the Month of January 2009	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 9.9	\$ 8.5	\$ 55.4	\$ 59.3	(\$ 3.9)
Inpatient Hospital	\$ 16.2	\$ 19.9	\$ 123.2	\$ 113.9	\$ 9.2
Outpatient Hospital	\$ 8.5	\$ 8.6	\$ 49.3	\$ 48.7	\$ 0.6
Long Term Care	\$ 16.6	\$ 15.4	\$ 103.0	\$ 106.5	(\$ 3.5)
Pharmacy	\$ 11.2	\$ 13.5	\$ 73.2	\$ 84.5	(\$ 11.3)
Physician/Osteo Services‡	\$ 7.1	\$ 6.9	\$ 41.5	\$ 38.6	\$ 2.9
TOTAL HCF MEDICAID	\$ 133.4	\$ 135.8	\$ 820.1	\$ 829.8	(\$ 9.7)

Health Care System Measures	Number of Events	Rate per 100 Population	% Change <sup>s</sup> From Previous Year	Total Charges in Millions	% Change <sup>s</sup> From Previous Year
Overall Hospitalizations (2007)	278,952	9.7%	-0.7%	\$ 4,265.9	+10.1%
Non-maternity Hospitalizations (2007)	164,659	5.6%	-0.9%	\$ 3,554.6	+9.9%
Emergency Department Encounters (2006)	670,168	24.4%	-1.9%	\$ 667.2	+20.6%
Outpatient Surgery (2006)	304,511	11.2%	-3.7%	\$ 1,020.9	+7.7%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/Rate	% Change <sup>s</sup> From Previous Year
Overweight and Obesity (Adults 18+)	2007	1,865,484	1,080,100	57.9%	+5.5%
Cigarette Smoking (Adults 18+)	2007	1,865,484	218,300	11.7%	+19.4%
Influenza Immunization (Adults 65+)	2007	227,890	173,700	76.2%	+5.7%
Health Insurance Coverage (Uninsured)	2007	2,699,554	287,200	10.6%	-10.4%
Motor Vehicle Crash Injury Deaths	2007	2,699,554	269	10.0 / 100,000	-12.0%
Suicide Deaths	2007	2,699,554	368	13.6 / 100,000	-0.1%
Diabetes Prevalence	2007	2,699,554	127,000	4.7%	+15.0%
Coronary Heart Disease Deaths	2007	2,699,554	1,531	56.7 / 100,000	-5.1%
All Cancer Deaths	2007	2,699,554	2,547	94.3 / 100,000	-5.1%
Births to Adolescents (Ages 15-17)	2007	61,060	1,133	18.6 / 1,000	+13.5%
Early Prenatal Care	2007	55,063	43,728	79.4%	+0.5%
Infant Mortality	2007	55,063	284	5.2 / 1,000	+2.5%
Childhood Immunization (4:3:1:3:3:1)	2007	51,449	40,200	78.1%	+14.7%

† Influenza activity is local in Utah. Influenza-like illness activity is below baseline statewide. As of February 18, 2009, 84 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

§ % Change could be due to random variation.

‡ Medicaid payments reported under Physician/Osteo Services do not include enhanced physician payments.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2009 season.