UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:

Utah's Web-based Community Health Assessment Tool

April 2011

Community health assessment is the process of gathering and discussing health-related data from multiple and diverse sources in order to develop a deep understanding of the health of a community. Ultimately, the assessment results are used to improve the health status of the community by informing programs and policies that address the priority health problems that were identified. And ideally, an entire community should be involved in the assessment including public health departments, local health providers, hospitals and clinics, educators, business and civic leaders, and concerned community members.

The goal of the Utah Department of Health (UDOH) Office of Public Health Assessment (OPHA) is to support information-driven decision making and program planning by Utah's policy makers and public health advocates, and by public health program staff in Utah's state and local health departments. One way OPHA accomplishes this goal is by developing, implementing, and maintaining a web-based public health data dissemination system known as the Indicator-Based Information System for Public Health (IBIS-PH: http://ibis.health.utah.gov). The three main types of content available on IBIS-PH (publications, indicator reports, and queriable datasets) can all be used to support community health assessments.

- **Community health assessment is used to involve and guide community members in addressing community health issues in order to improve the health of a community.**
- **Utah's Indicator-Based Information System for Public Health (IBIS-PH: http://ibis.health.utah.gov) provides data and information to support community health assessments.**
- **Utah's small areas are especially helpful for community health assessment for neighborhoods in Utah's urban areas.**
- **Utah's 42 Community Health Indicators were selected to provide a comprehensive view of community health.**
- **Community Profile reports that are coming soon to IBIS-PH will provide a summary table of indicator reports by a single community such as a local health district.**

Violence and Injury Small Area Summary Table

Figure 1. Percentages and ranks of selected violence and injury indicators by Utah's small areas

Higher than State
No Different from State
Lower than State
Rank by Small Area 1=lowest 61=highest
( ) Small area number referenced on maps

	Assault-related Injuries, 2006	Child Injury Fatalities, 2003-2007	Falls: Self-reported, 2003, 2006	Falls: Hospitalizations, 2006	*Motor Vehicle Self-reported Seatbelt Usage, 2002, 2006	Motor Vehicle Crash: Emergency Department Visits, 2006	Motor Vehicle Crash: Hospitalizations, 2006	Motor Vehicle Crash: Fatalities, 2003-2007	Poison Fatalities, 2005-2007	Self-inflicted Injury: Emergency Department Visits, 2006	Self-inflicted Injury: Hospitalizations, 2005-2006	Suicide Fatalities, 2003-2007	Student Injuries, 2006-2007	Traumatic Brain Injuries, 2001-2005	Unintentional Injury: Emergency Department Visits, 2006	Unintentional Injury: Hospitalizations, 2006
U.S.	49.5	--	14.3	20.2	91.5	99.4	8.1	14.8	11.0	4.1	5.4	10.9	--	--	862.7	43.2
State of Utah	16.6	16.0	15.3	23.9	91.9	77.2	6.3	11.9	20.0	10.2	4.6	15.3	11.4	6.7	622.8	43.0
Bear River HD	8.1	19.6	15.8	17.8	91.3	59.0	5.5	13.1	12.2	6.9	2.3	12.9	9.7	6.2	578.1	34.2
Brigham City (1)	10.9	16.4*	22.8*	11.1	**	70.7	7.5	13.7	14.3*	20.3	2.8	18.0	12.3	7.0	825.8	26.8
	16	*33*	*55*	*1*	**	*21*	*46*	*45*	*16*	*60*	*9*	*45*	*35*	*29*	*55*	*2*
Logan (3)	7.4	14.7	16.2	18.9	92.5	45.9	4.3	11.3	11.0	3.6	1.5	9.1	8.2	5.9	463.1	32.6
	7	*28*	*32*	*8*	*34*	*4*	*9*	*28*	*3*	*2*	*1*	*3*	*7*	*8*	*5*	*4*
Other Box Elder Co. (2)	12.0	26.2*	6.4*	17.4	93.8*	87.2	7.6	22.0	13.2*	9.0	4.4	16.2	14.5	7.4	774.7	35.6
	23	*50*	*3*	*5*	*38*	*39*	*47*	*55*	*11*	*26*	*29*	*36*	*46*	*40*	*52*	*11*
Other Cache/Rich Co. (4)	6.7	23.9	12.7*	22.3	86.9	61.4	5.1	11.4	12.0	4.5	2.3	15.7	7.5	7.3	552.5	42.8
	4	*47*	*15*	*25*	*11*	*11*	*24*	*30*	*7*	*3*	*5*	*32*	*3*	*39*	*18*	*28*
Central Utah HD	14.0	36.5	17.8	26.3	84.5	75.3	9.0	21.4	23.4	9.7	4.4	24.9	12.7	8.6	912.6	60.4
Juab/Millard/Sanpete Co. (54)	13.4	35.1	19.7	29.8	84.2	75.4	10.5	19.0	22.8	8.5	4.3	24.0	13.8	9.6	883.1	64.8
	26	*54*	*50*	*48*	*4*	*27*	*59*	*53*	*41*	*21*	*27*	*57*	*42*	*57*	*57*	*58*
Sevier/Piute/Wayne Co. (55)	15.3	39.3	13.7	20.6	84.2	76.1	6.2	26.0	23.8	12.3	4.7	26.5	10.4	8.8	979.1	53.3
	35	*56*	*22*	*17*	*5*	*30*	*33*	*57*	*48*	*40*	*33*	*60*	*25*	*52*	*60*	*49*
Davis County HD	9.6	13.7	17.6	23.6	93.0	70.9	4.6	7.3	15.6	8.7	4.8	13.1	10.4	5.3	565.6	39.1

Utah's Small Areas

Public health practice increasingly emphasizes that community health assessments occur at the local or neighborhood level. For this purpose, UDOH staff developed 61 small areas based on 1997 ZIP code population numbers, boundaries of cities and towns, and economic similarity. Due to ZIP code changes over time, these 61 small areas were adjusted for 2009 data and beyond and there are now 62 small areas. Being based on population size, some of the small areas are actually quite large geographically in rural and frontier areas of Utah. The real strength of the small areas is in allowing neighborhood assessment in Utah's urban health districts. Since the small areas were developed, increasing numbers of UDOH publications, indicator reports, and queriable datasets provide small area data. As an example, the *Utah Violence and Injury Small Area Report*[1] not only provides small area data, it also includes a summary table of the small areas within each health district that provides a way to visualize the data (Figure 1). This "high-low-same" table shows whether each area's rate is significantly different (higher or lower) from the state rate. An area's rate is considered significantly different if the overall state rate falls outside (above or below) the confidence interval for that area.

Utah's Community Health Indicators

To further support community health assessment in Utah, UDOH staff led an effort to identify a few of the many public health measures that

could best provide a comprehensive view of community health, include data for state and national benchmarks, and lead to successful interventions in a community. These 42 measures were first reported in the *Utah Community Health Indicators Report*.[2] They are now continuously updated on IBIS-PH and available under the 'Indicator Reports' tab, 'Categorized Indicator Profile Report Index', in 'Utah's Community Health Indicators.' As another way to visualize and understand the data, a simple map of one of the Community Health Indicators, 'All Cancer Deaths', can be generated in the IBIS-PH Query System (Figure 2).

Community Profile Reports

Community Profile Reports are coming soon to IBIS-PH. These summary tables will use data from the indicator reports for a single community. Utah's 12 local health districts will be the first communities included in these reports. All the indicators that have a view by the local health district of interest can be included in the tables, or a user may select a subset of indicators, such as the 42 Community Health Indicators (Figure 3).

Conclusion

Data in itself is not very meaningful. It needs to be put into context and presented in ways that can be understood. Community health assessment requires the engagement of an interested and motivated group of people to understand the health of a community and know how to pool resources in order to create the conditions in which people can lead healthy lives in healthy communities.

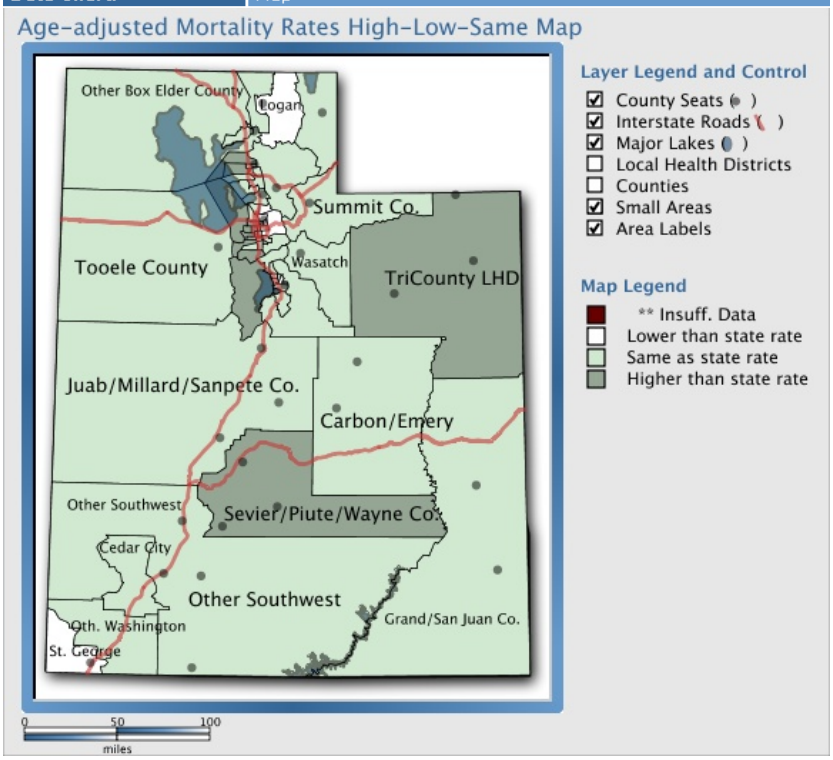
References

1. Utah Department of Health, Violence and Injury Prevention Program. (2009). *Utah Violence and Injury Small Area Report*. Salt Lake City, UT: Utah Department of Health.
2. Office of Public Health Assessment. *Utah Community Health Indicators Report*. Salt Lake City, UT: Utah Department of Health 2004.

All Cancer Deaths High-Low-Same Map

Figure 2. Age-adjusted cancer mortality rates per 100,000 by Utah's small areas, 2004–2008

Single Years Filter:	2004, 2005, 2006, 2007, 2008
NCHS 50 Leading Causes Filter:	Malignant neoplasms
Data Grouped By:	Utah's Small Areas
Data Chart:	Map



Community Profile Report

Figure 3. Sample community profile report of Utah's 42 Community Health Indicators for Salt Lake Valley Local Health District

Community Profile Report - Utah's 42 Community Health Indicators for Salt Lake Valley Local Health District

You are Here: IBIS-PH > Indicator Reports > Community Profile Builder > current page

Overview

This Community Profile Report by local health district provides information for the selected Utah local health district indicated above. It also provides confidence intervals for the measures included, and the Utah and U.S. values of the same measures when they are available. This report only includes Indicators that include a graphical view by local health district.

Utah's 42 Community Health Indicators

The Community Profile Report below includes information from Utah's 42 Community Health Indicators. These important public health measures were chosen to provide a comprehensive view of community health. Only those measures that have a graphical view by the selected community can be included in this summary report.

Indicator Profile	Community Data			Comparative Values	
	Value	Confidence Limits			
		Lower	Upper	State	U.S.
Motor Vehicle Traffic Crash Deaths, Deaths per 100,000 population	7.7	6.7	8.8	9.8	
Homicide, Rate per 100,000 Population	2.8	2.4	3.4	2.0	
Unintentional Injury Death, Rate per 100,000 population	32.5	30.4	34.8	34.3	
Suicide, Rate per 100,000 Population	15.9	14.8	17.1	15.3	
Seven or More Days of Poor Mental Health in the Past 30 Days, Percentage of Adults	14.7%	13.6%	15.8%		
Current Cigarette Smoking, Percentage of	10.9%	9.5%	12.3%		

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For additional information about this topic, contact the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-9191, email: chdata@utah.gov

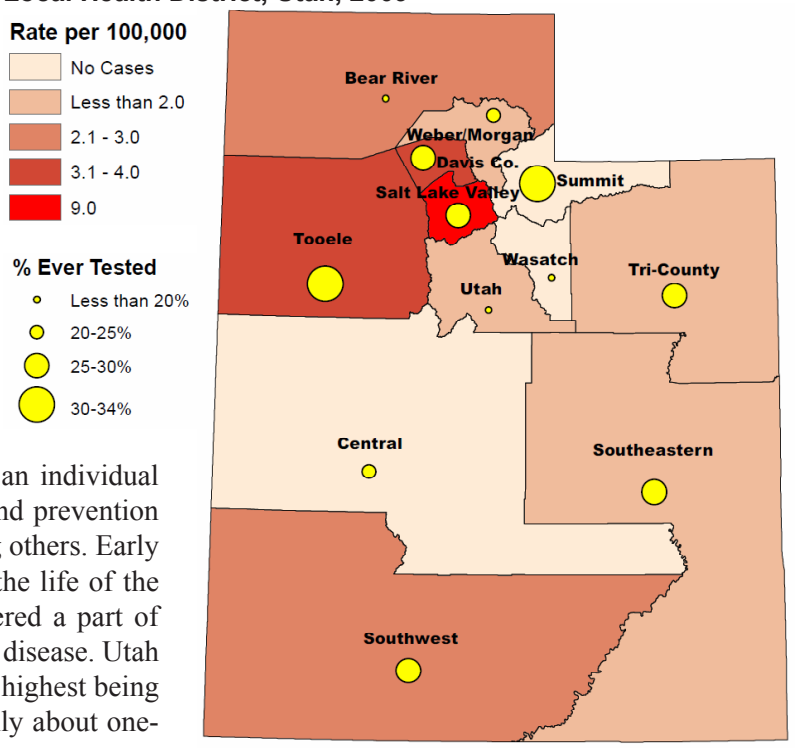
Breaking News, March 2011

Geography of HIV Infection in Utah, 2009

Each year, new HIV-infections continue to be diagnosed throughout Utah. A 5-year average from 2005–2009 shows 125 new cases are diagnosed annually. During 2009, newly diagnosed HIV-infections affected 9 of the 12 local health districts in Utah. While the majority of cases are diagnosed along the Wasatch Front, other health districts are being affected more each year. By December 31, 2010, every local health district in Utah had at least several people living with HIV-infection and the majority of those infected have been diagnosed with AIDS.

HIV-infection can be asymptomatic, or show no signs or symptoms of infection, for several years before a person is tested and diagnosed. This period of infection is how the epidemic continues to worsen. Once an individual is tested and diagnosed with HIV, proper education and prevention methods can be given to reduce the chance of infecting others. Early detection of HIV is also a crucial part in prolonging the life of the infected individual. HIV screening should be considered a part of routine medical care regardless of perceived risk of the disease. Utah continues to observe low HIV screening rates with the highest being among residents in two local health districts where only about one-third of people surveyed have ever received a test.

HIV-infections per 100,000 Population and Percentage of Residents Reporting to Have Ever Been Tested for HIV by Local Health District, Utah, 2009



Source: Utah Department of Health, Bureau of Epidemiology - HIV-infection; IBIS-PH Behavioral Risk Factor Surveillance System (BRFSS) - tested for HIV.

Community Health Indicators Spotlight, March 2011

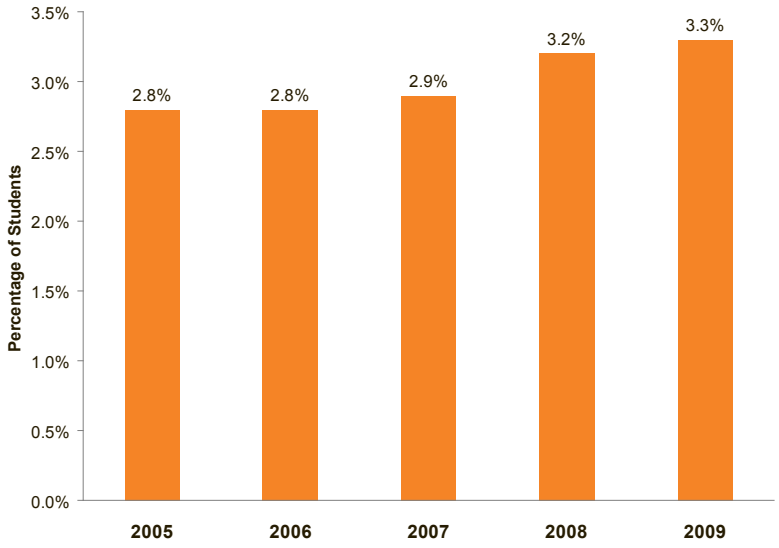
Immunization Exemptions in Utah

All states require proof of immunization as a condition of school enrollment against numerous diseases, most often diphtheria, measles, rubella, and polio. Forty-seven states allow for religious exemptions, while at least seventeen states allow for philosophical exemptions from mandatory vaccination.

Utah is one of the states that allow exemptions to immunization for medical, religious, or personal reasons. The percentage of all exemptions claimed in Utah for school entry increased from 2.8% in 2005 to 3.3% in 2009 (see Figure).

Although Utah's exemption rates have risen, the overall incidence of vaccine-preventable diseases has not significantly increased. Immunization has effectively reduced the incidence of diphtheria, measles, mumps, polio, rubella, and tetanus in Utah by over 99% since the pre-vaccine era. More recent decreases in the disease burden of chickenpox, Haemophilus influenzae type B, hepatitis A, hepatitis B, and invasive pneumococcal disease in Utah are largely due to new and improved vaccines developed in the last 20 years.

Utah Immunization Exemption Rates for School Entry



References:
1 Centers for Disease Control and Prevention.
2 Novak A. The religious and philosophical exemptions to state-compelled vaccination: Constitutional and other challenges. http://www.law.upenn.edu/journals/conlaw/articles/volume7/issue4/Novak7U.Pa.J.Const.L.1101%282005%29.pdf. Accessed March 21, 2011.
3 Immunization Coverage Report, State of Utah, 2006-2010

Monthly Health Indicators Report

(Data Through February 2011)

Monthly Report of Notifiable Diseases, February 2011	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)	17	16	38	33	1.1
Shiga toxin-producing Escherichia coli (E. coli)	4	2	5	4	1.3
Hepatitis A (infectious hepatitis)	0	1	2	2	0.9
Hepatitis B, acute infections (serum hepatitis)	1	2	1	3	0.4
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Meningococcal Disease	1	1	2	2	1.0
Pertussis (Whooping Cough)	17	42	47	80	0.6
Salmonellosis (Salmonella)	12	15	27	37	0.7
Shigellosis (Shigella)	2	2	6	5	1.3
Varicella (Chickenpox)	39	83	72	180	0.4

Quarterly Report of Notifiable Diseases, 4th Qtr 2010	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	4	33	75	128	0.6
Chlamydia	1,665	1,465	6,630	5,517	1.2
Gonorrhea	50	178	311	651	0.5
Tuberculosis	6	9	20	33	0.6

Medicaid Expenditures (in Millions) for the Month of February 2011	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	$ 13.9	$ 9.6	$ 101.2	$ 76.4	$ 24.8
Inpatient Hospital	$ 19.2	$ 20.3	$ 134.5	$ 162.2	$ (27.7)
Outpatient Hospital	$ 8.5	$ 10.5	$ 59.6	$ 83.8	$ (24.2)
Long Term Care	$ 12.5	$ 14.2	$ 98.8	$ 113.4	$ (14.7)
Pharmacy‡	$ 12.8	$ 12.6	$ 108.9	$ 101.2	$ 7.8
Physician/Osteo Services	$ 8.1	$ 7.3	$ 59.1	$ 58.1	$ 0.9
TOTAL HCF MEDICAID	$ 127.3	$ 146.8	$ 1,099.4	$ 1,174.3	$ (74.9)

Program Enrollment for the Month of February 2011	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	236,052	231,471	+2.0%	209,630	+12.6%
PCN (Primary Care Network)	21,382	21,019	+1.7%	17,527	+22.0%
CHIP (Children's Health Ins. Plan)	36,831	36,560	+0.7%	41,003	-10.2%

Health Care System Measures	Annual Visits: Number of Events	Annual Visits: Rate per 100 Population	Annual Visits: % Change§ From Previous Year	Annual Charges: Total Charges in Millions	Annual Charges: % Change§ From Previous Year
Overall Hospitalizations (2009)	276,924	9.3%	-2.6%	$ 5,116.1	+8.8%
Non-maternity Hospitalizations (2009)	166,045	5.4%	-0.7%	$ 4,298.2	+9.5%
Emergency Department Encounters (2008)	681,958	23.4%	-2.9%	$ 879.5	+12.6%
Outpatient Surgery (2008)	299,958	10.4%	-1.0%	$ 1,277.7	+15.2%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/ Rate	% Change§ From Previous Year	State Rank¶ (1 is best)
Obesity (Adults 18+)	2009	465,600	24.0%	+3.9%	11 (2009)
Cigarette Smoking (Adults 18+)	2009	190,300	9.8%	+5.4%	1 (2009)
Influenza Immunization (Adults 65+)	2009	174,400	68.8%	-6.2%	33 (2009)
Health Insurance Coverage (Uninsured)	2009	314,300	11.2%	+4.7%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2009	227	8.1 / 100,000	-16.6%	15 (2007)
Poisoning Deaths	2009	543	19.4 / 100,000	+7.0%	49 (2007)
Suicide Deaths	2009	445	15.9 / 100,000	+15.3%	n/a
Diabetes Prevalence (Adults 18+)	2009	118,500	6.1%	+0.2%	11 (2009)
Poor Mental Health (Adults 18+)	2009	291,600	15.0%	+7.0%	19 (2009)
Coronary Heart Disease Deaths	2009	1,469	52.5 / 100,000	-4.4%	1 (2007)
All Cancer Deaths	2009	2,543	90.8 / 100,000	+1.1%	1 (2007)
Stroke Deaths	2009	734	26.2 / 100,000	-2.2%	14 (2007)
Births to Adolescents (Ages 15-17)	2009	992	16.5 / 1,000	-10.6%	19 (2008)
Early Prenatal Care	2008	43,997	79.1%	-0.4%	n/a
Infant Mortality	2009	285	5.3 / 1,000	+11.4%	4 (2007)
Childhood Immunization (4:3:1:3:3:1)	2009	41,500	76.6%	+4.1%	16 (2009)

* Influenza activity remains low/moderate in Utah. Influenza-like illness activity is below baseline statewide. As of March 19, 2011, 618 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at http://health.utah.gov/epi/diseases/flu.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ The Pharmacy Expenditure and Budget amount only includes the gross pharmacy costs. The Pharmacy Rebate and Pharmacy Part-D amounts are excluded from this line item.

§ % Change could be due to random variation.

¶ State rank based on age-adjusted rates.

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 2011 season.