

Utah Health Status Update:

Utilization of U.S. Preventive Services Task Force Recommended Preventive Services in Utah

January 2011

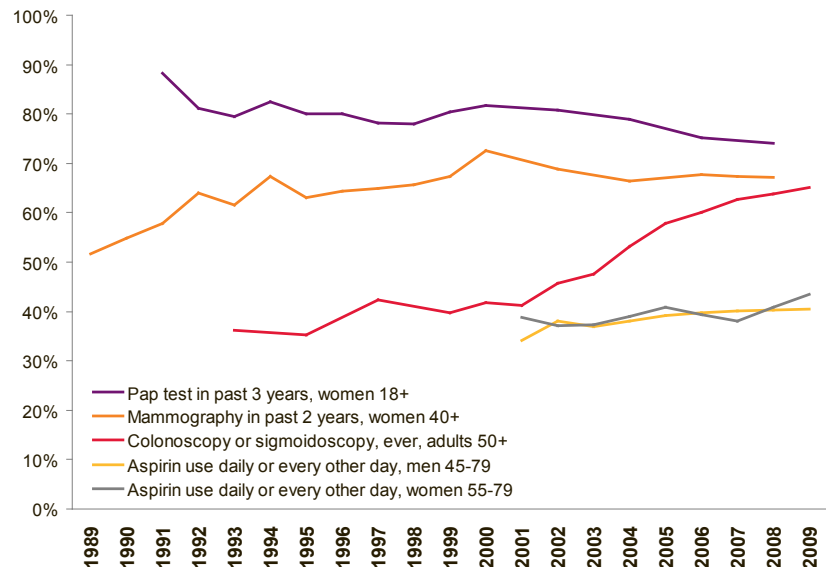
The 2010 Patient Protection and Affordable Care Act requires health plans to provide coverage for evidence-based preventive services including those rated “A” or “B” by the U.S. Preventive Services Task Force (USPSTF). The USPSTF is a U.S. Agency for Healthcare Research and Quality (AHRQ) sponsored panel of national leaders in prevention, evidence-based medicine, and primary care that conducts scientific reviews on the effectiveness of preventive health care services. The evidence evaluated by the USPSTF is summarized and graded for clinicians and health systems. Preventive services with strongest evidence to support their use in routine clinical practice are given a grade of “A” or “B”.

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- **The expectation is that by expanding coverage and eliminating cost sharing for the recommended preventive services, utilization will increase.**
- **The USPSTF recommends the following grade “A” preventive services:**
 - screening for colorectal cancer at age 50–75 years.
 - screening for cervical cancer in women who have a cervix and are sexually active.
 - aspirin for men age 45–79 years and women age 55–79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal bleeding.
 - screening men aged 35 and older and women aged 45 and older for lipid disorders.
 - all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg of folic acid.
 - screening for sickle cell disease and phenylketonuria (PKU) in all newborn infants.

Adult Preventive Services

Figure 1. Percentage of adults reporting mammography, colonoscopy or sigmoidoscopy, Pap test, and aspirin use, Utah, 1989–2009



Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)

utilization of preventive services, and ultimately on morbidity and mortality. In this Health Status Update, we review currently available data on utilization of several USPSTF “A” and “B” recommended preventive services.

Cancer Screening

- **Breast Cancer**
 - In November 2009, the USPSTF recommended that women aged 40–49 years make an individual decision about screening (“C” recommendation), recommended biennial screening mammography for women aged 50–74 years (“B” recommendation), and determined that evidence was not sufficient to recommend for or against screening of women older than 75 years.
 - However, the Utah Department of Health and some other organizations, including the American Cancer Society, continue to recommend routine screening mammography beginning at age 40.
 - Between 1989 and 2008, the percentage of Utah women aged 40 or older who reported receiving a mammogram within the last two years increased from 51.6% to 67.2%.
 - Nationally, the percentage of women aged 40 or older who reported receiving a mammogram in the past two years increased from 55.2% in 1989 to 76.2% in 2008.
- **Colon Cancer**
 - The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years (“A” recommendation).
 - Utah’s age-adjusted 2008 rate for colonoscopy (63.8%) was higher than the national rate (59.3%).

- In 2009 men had higher rates of colonoscopy (70.7%) in Utah than women (60.0%).
- Cervical Cancer
 - The USPSTF recommends screening for cervical cancer in women who have a cervix and are sexually active (“A” recommendation). The USPSTF found no direct evidence to support annual screening versus screening every three years.
 - Between 1991 and 2008, the percentage of Utah women aged 18 or older who reported receiving a Pap test within the last three years decreased from 88.2% to 74.1%.
 - Since 1994, the age-adjusted Pap test rate for Utah women has been below that for U.S. women.

Cardiovascular Disease Prevention

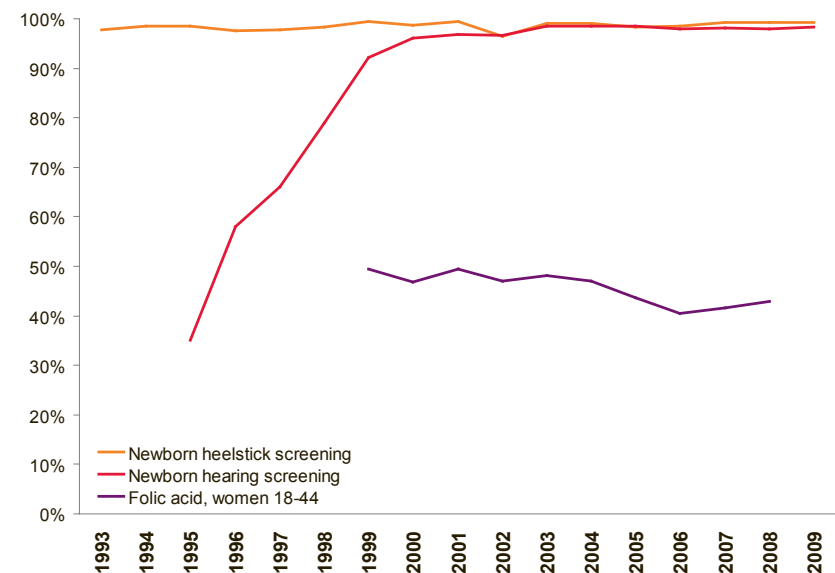
- Aspirin Use
 - The USPSTF recommends aspirin for men age 45–79 years and women age 55–79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal bleeding (“A” recommendation).
 - Aspirin use rates have increased between 2001 and 2009 for both men and women in Utah.
 - Utah’s 2009 rate of aspirin use was below the U.S. rate for men (40.5% vs. 45.2%) and women (43.5% vs. 45%).
- Cholesterol Screening
 - The USPSTF recommends screening men aged 35+ and women aged 45+ for lipid disorders (“A” recommendation).
 - The USPSTF recommends screening men aged 20–35 and women aged 20–45 for lipid disorders if they are at increased risk for coronary heart disease (“B” recommendation).
 - Utah’s cholesterol screening rates have remained fairly constant since 2001.
 - Utah’s 2009 cholesterol screening rates were well below the U.S. rates, 81.0% vs. 89.1% for men aged 35 and above and 88.5% vs. 94.6% for women aged 45 and above.

Maternal and Newborn Care

- Folic acid supplementation
 - The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg of folic acid (“A” recommendation).

Maternal and Newborn Preventive Services

Figure 2. Percentage of newborns receiving heelstick and hearing screening and percentage of childbearing age women taking folic acid, Utah, 1993–2009



Sources: Newborn heelstick screening: Newborn screening program data - Labware; Newborn hearing screening: NBHS - HI*TRACK Hearing Screening Tracking and Data Management (C) HI*TRACK, Utah State University; Folic acid: Utah Behavioral Risk Factor Surveillance System (BRFSS)

- Between 1999 and 2008, the percentage of Utah women aged 18–44 taking folic acid decreased from 49.5 to 42.9.
- Newborn hearing screening
 - The USPSTF recommends screening for hearing loss in all newborn infants (“B” recommendation).
 - Since 2008, Utah law has required providers to provide hearing screening to all infants born in the state.
 - Newborn hearing screening rates in Utah have increased dramatically since 1995 when measurement began and have been greater than 98% since 2003.
- Newborn heelstick screening
 - The USPSTF recommends screening for sickle cell disease and phenylketonuria (PKU) in all newborn infants (“A” recommendation).
 - Since 2008, Utah law has required providers to screen for genetic and endocrine disorders (currently 37 disorders are included in the screen) to all infants born in the state.
 - Heelstick screening rates in Utah have been greater than 96% since measurement began in 1993, and greater than 98% since 2003.

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Breaking News, December 2010

New Data From the 2009 Utah Birth Certificate Revision

In 2009, Utah started using the 2003 revised version of the U.S. standard certificate of live birth. This version replaced the old 1989 certificate. The revised birth certificate was developed by an expert panel convened by the National Center for Health Statistics and the Centers for Disease Control and Prevention and is being implemented throughout the country. Selected data from Utah births occurring in 2009 will soon be made available to the public via the IBIS-PH query system. A few significant changes to the new certificate may affect data trends. When data trends are no longer comparable, IBIS will show new trend lines beginning in 2009. Other data will still be shown in trend, but may have noteworthy differences. The most notable changes to the data collected are represented in the accompanying table.

Questions regarding changes to the birth certificates can be directed to the Utah Department of Health, Office of Vital Records and Statistics. Please contact Mylitta Barrett at (801) 538-9339 with specific questions regarding the new IBIS-PH birth data.

Notable Changes to Birth Certificate Data

	1989 Standard	2003 Standard
Prenatal Care Entry	Mother self-reported month prenatal care began	Estimated from the data of first prenatal care visit from the prenatal care record minus the date of last menstrual period
Maternal/Paternal Education	Collected highest year completed	Collects highest educational degree obtained
Maternal/Paternal Race	Select one race only	Can select multiple races, however IBIS will continue to report single race categories
Method of Delivery	Individual checkbox for primary or repeat Cesarean section and vaginal birth after Cesarean	Calculated from delivery method and history of Cesarean section
Maternal Alcohol Use	Mother self-report	No longer collected

Community Health Indicators Spotlight, December 2010

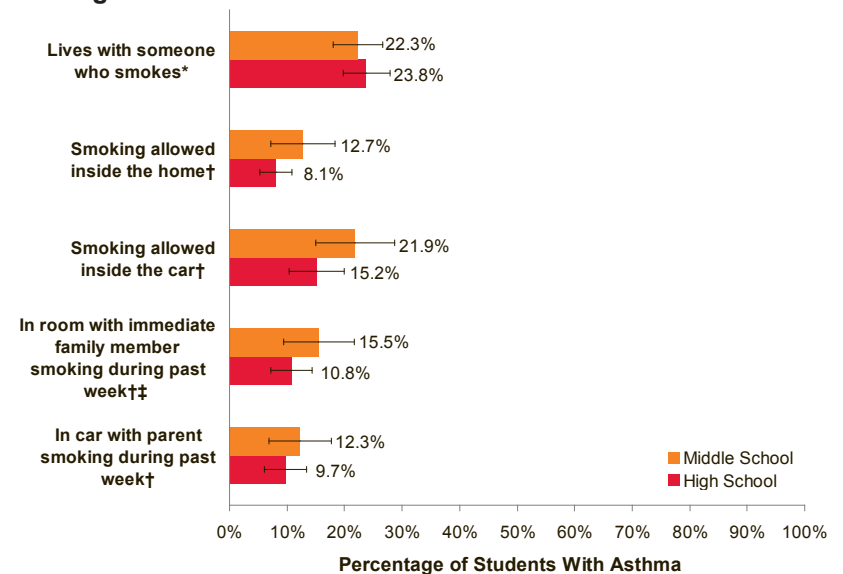
Asthma and Secondhand Smoke

There are no safe levels of exposure to secondhand smoke. Exposure can be especially harmful for people with asthma since it can trigger asthma attacks including coughing, chest tightness, wheezing, and trouble breathing.¹ To assess the extent of exposure among Utah's youth with asthma, the Utah Asthma Program analyzed results from years 2003, 2005, and 2007 of the Youth Tobacco Survey (YTS), which was a bi-annual survey administered to middle and high school students attending Utah public schools.

Results indicated that significant percentages of Utah's youth with asthma experienced secondhand smoke exposure, even in their own homes and among family members. Over one in five middle and high school aged youth with asthma reported living with someone who smoked. Lower percentages (12.7% - middle school, 8.1% - high school) of youth reported that smoking was allowed inside their home, though over one-fifth of middle school students with asthma still reported that smoking was allowed inside the car. When asked about actual exposure to secondhand smoke during the past week, 15.5% of middle school students and 10.8% of high school students reported being in the same room when an immediate family member was smoking. Similar percentages reported having been in a car with a parent smoking during the past week (see figure).

These data indicate a need for greater education regarding the harmful effects of secondhand smoke on one's asthma. A full report on asthma and secondhand smoke can be found on the Asthma Program website at http://www.health.utah.gov/asthma/pdf_files/Fact_Sheets/secondhand_smoke.pdf.

Reported Exposure to Secondhand Smoke Among Utah Middle and High School Students With Asthma



* Data source: Utah 2003, 2005, and 2007 Youth Tobacco Survey combined.

† Data source: Utah 2007 Youth Tobacco Survey

‡ Immediate family member includes a sibling, parent, or grandparent.

1. Centers for Disease Control and Prevention. *Important Asthma Triggers*, accessed at <http://cdc.gov/asthma/triggers.html> on June 17, 2010.

Monthly Health Indicators Report

(Data Through November 2010)

Monthly Report of Notifiable Diseases, November 2010	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)	10	18	371	300	1.2
Shiga toxin-producing Escherichia coli (E. coli)	3	6	86	108	0.8
Hepatitis A (infectious hepatitis)	0	1	9	12	0.8
Hepatitis B, acute infections (serum hepatitis)	0	2	7	18	0.4
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Meningococcal Disease	0	1	1	9	0.1
Pertussis (Whooping Cough)	2	33	254	404	0.6
Salmonellosis (Salmonella)	23	21	332	312	1.1
Shigellosis (Shigella)	3	4	45	43	1.0
Varicella (Chickenpox)	22	79	299	669	0.4
Quarterly Report of Notifiable Diseases, 3rd 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†	10	29	60	95	0.6
Chlamydia	1,536	1,418	4,812	2,744	1.2
Gonorrhea	75	159	252	488	0.5
Tuberculosis	1	8	14	25	0.6
Medicaid Expenditures (in Millions) for the Month of November 2010	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 8.7	\$ 8.8	\$ 57.2	\$ 44.7	\$ 12.5
Inpatient Hospital	\$ 16.1	\$ 19.6	\$ 122.3	\$ 106.3	\$ 15.9
Outpatient Hospital	\$ 4.0	\$ 9.4	\$ 32.8	\$ 48.2	\$ (15.5)
Long Term Care	\$ 13.8	\$ 14.3	\$ 67.4	\$ 70.6	\$ (3.2)
Pharmacy‡	\$ 12.0	\$ 13.5	\$ 62.5	\$ 76.5	\$ (14.0)
Physician/Osteo Services	\$ 6.4	\$ 7.0	\$ 30.0	\$ 33.2	\$ (3.2)
TOTAL HCF MEDICAID	\$ 115.2	\$ 117.2	\$ 655.3	\$ 680.3	\$ (25.0)

Program Enrollment for the Month of November 2010	Current Month	Previous Month	% Change\$ From Previous Month	1 Year Ago	% Change\$ From 1 Year Ago
Medicaid	227,325	226,998	+0.1%	204,630	+11.1%
PCN (Primary Care Network)	14,402	13,890	+3.7%	19,267	-25.3%
CHIP (Children's Health Ins. Plan)	37,224	38,681	-3.8%	41,096	-9.4%
Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change\$ From Previous Year	Total Charges in Millions	% Change\$ From Previous Year
Overall Hospitalizations (2008)	279,504	9.4%	-2.7%	\$ 4,703.3	+10.3%
Non-maternity Hospitalizations (2008)	164,602	5.4%	-3.0%	\$ 3,924.7	+10.4%
Emergency Department Encounters (2008)	681,958	23.4%	-2.9%	\$ 879.5	+12.6%
Outpatient Surgery (2008)	299,958	10.3%	-1.9%	\$ 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%	2 (2006)
All Cancer Deaths	2009	2,543	90.8 / 100,000	+1.1%	1 (2006)
Stroke Deaths	2009	734	26.2 / 100,000	-2.2%	7 (2006)
Births to Adolescents (Ages 15-17)	2008	1,122	18.5 / 1,000	-0.6%	22 (2007)
Early Prenatal Care	2008	43,997	79.1%	-0.4%	n/a
Infant Mortality	2008	264	4.7 / 1,000	-7.9%	4 (2007)
Childhood Immunization (4:3:1:3:3:1)	2009	41,500	76.6%	+4.1%	16 (2009)

* Influenza activity remains minimal in Utah. Influenza-like illness activity is below baseline statewide. As of December 15, 2010, 66 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.