UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
Refugee Health

March 2014

The United Nations defines a refugee as *"Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion."*[1] It is estimated that there are 10.5 million refugees worldwide; in 2012, more than half (55%) came from the following five countries: Afghanistan, Somalia, Iraq, the Syrian Arab Republic, and Sudan.

The U.S. accepts the largest number of refugees for resettlement each year. In fiscal year 2013 (Oct. 1–Sept. 30), the U.S. welcomed 69,930 refugees, of which 1,234 resettled in Utah. Figure 1 shows the culture/nativity of refugees with ≥40 arrivals coming to Utah over the last five calendar years.

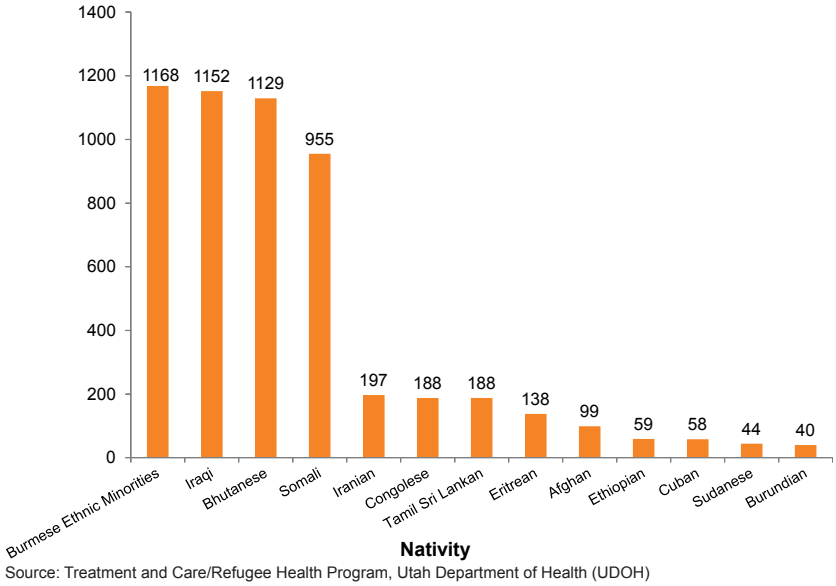
Refugee Health Program

Housed in the UDOH Division of Disease Control and Prevention, Bureau of Epidemiology, the Treatment and Care Services Program oversees the Utah Refugee Health Program. The goal of the Utah Refugee Health Program is to *"Foster community health partnerships with those serving refugee populations through culturally appropriate health screening, education and referrals."*[2] By coordinating activities among local providers, resettlement agencies, local health departments, the Department of Workforce Services, the Centers for Disease Control and Prevention (CDC), and the Office of Refugee Resettlement (ORR), the Utah Refugee Health Program facilitates and promotes health programs and services that are culturally and linguistically appropriate.

- **In fiscal year 2013 (Oct. 1–Sept. 30), the U.S. welcomed 69,930 refugees, of which 1,234 resettled in Utah.**
- **The Utah Refugee Health Program works closely with various health care providers to ensure every refugee gets a comprehensive health screening within 30 days of arriving in Utah.**
- **Refugee health screening includes a formal mental health assessment using a tool developed specifically for the refugee population.**

Refugee Arrivals by Culture/Nativity

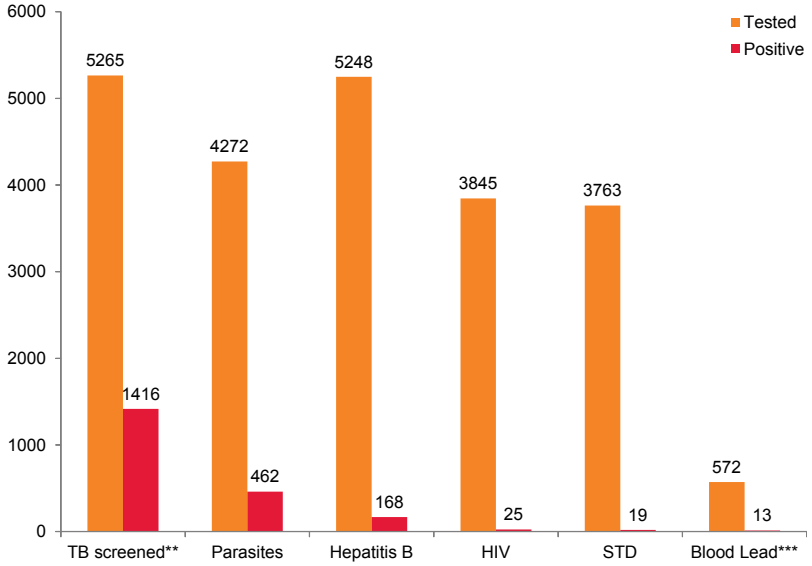
Figure 1. Number of refugee arrivals to Utah by culture/nativity (with 40 or more arrivals), January 1, 2009–December 31, 2013



Source: Treatment and Care/Refugee Health Program, Utah Department of Health (UDOH)

Reportable Conditions Among Refugee Arrivals

Figure 2. Number of reportable conditions among refugee arrivals, Utah, January 1, 2009–December 31, 2013



**A positive screen test is NOT ACTIVE TB.
***Children ≤6 years old tested, positive results defined as ≥10 mg/dL
Source: Treatment and Care/Refugee Health Program, Utah Department of Health (UDOH)

Refugee Health Screening

The first interaction refugees have with the health care system in the U.S. begins with the refugee health screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the U.S. According to the CDC, the purpose of the domestic screening is to "reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and to ensure good health practices facilitate successful integration and self-sufficiency."

The Utah Refugee Health Program works closely with various health care providers to ensure every refugee gets a comprehensive health screening within 30 days of arriving in Utah. The health screening includes a full physical exam, including hearing, dental, and vision screenings; referrals for preventive health care; and a mental health assessment. Total reportable communicable diseases and conditions identified at initial screening among refugees arriving over the last five years are shown in Figure 2.

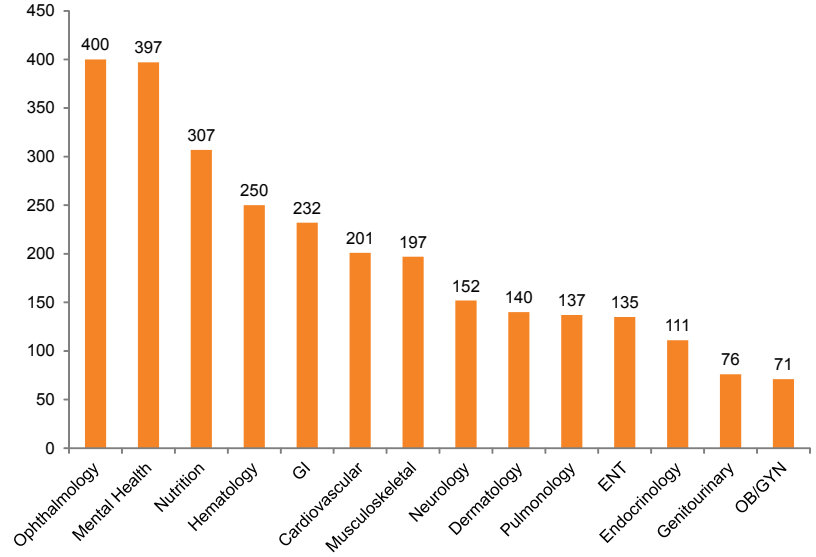
Beginning October 1, 2010, additional conditions identified at the initial health screening were added to the Utah Refugee Health Program database. (See Figure 3)

Refugee Mental Health

Given the nature of the refugee experience, a greater prevalence of mental disorders occurs among refugee populations as compared to the general population. These disorders include: Post-traumatic Stress Disorder (PTSD), depression, anxiety, somatization, and adjustment reactions. The Utah refugee health screening began including a formal mental health assessment of all refugees aged 14 and older in July 2012. Health screening providers utilize the Refugee Health Screener-15 (RHS-15). This standardized assessment tool screens for anxiety, depression, PTSD, and overall distress and was developed specifically for the refugee population. The percentage of refugees with 10 or more arrivals by culture/nativity who have RHS-15 assessment scores >10 are shown in Figure 4.

Conditions Identified at Screening

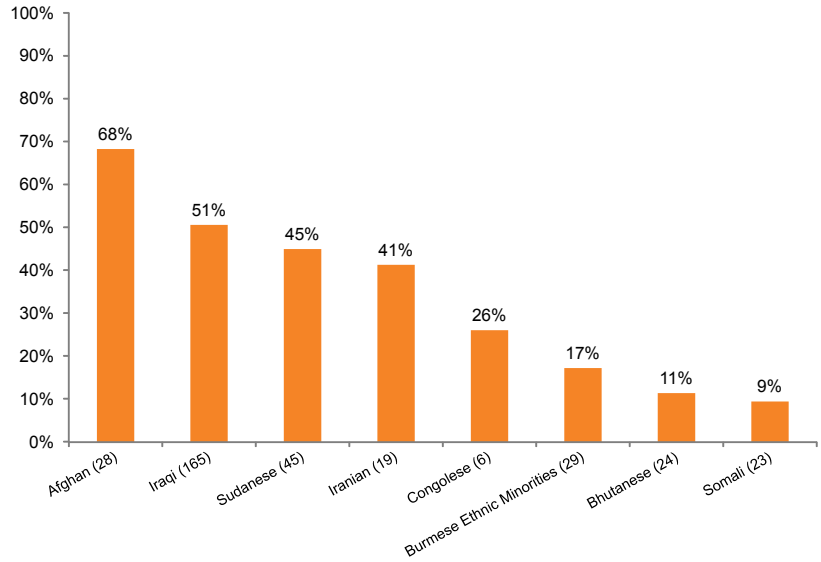
Figure 3. Number of conditions identified at initial health screening, October 1, 2010–December 31, 2013



Source: Treatment and Care/Refugee Health Program, Utah Department of Health (UDOH)

Mental Health Among Refugee Arrivals

Figure 4. Percentage of refugees aged 14 and older with a Refugee Health Screener (RHS-15) score greater than 10 among refugees arriving July 1, 2012–December 31, 2013 by culture/nativity (with 10 or more arrivals)



Source: Treatment and Care/Refugee Health Program, Utah Department of Health (UDOH)

References

1. "Who We Serve-Refugees," Office of Refugee Resettlement, accessed August 24, 2012, http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-refugees.
2. Utah Refugee Health Program Manual, Refugee Health Program, accessed January 23, 2014, http://health.utah.gov/cdc/tbrefugee/refugee_resources.htm
3. Nancy Ovitt, et al., "Refugee responses to mental health screening: a resettlement initiative," International Social Work 46 (2003):235.

March 2014 Utah Health Status Update

For additional information about this topic, contact Gerrie Dowdle, MSPH, Treatment and Care Services Program, Bureau of Epidemiology, Utah Department of Health, gdowdle@utah.gov, (801) 538-6327, Cell (801) 560-4955, or 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 2014

Developmental Screening Practices Among Pediatricians in Utah

Developmental delays affect at least 10% of children in the United States. Substantial resources are expended for the educational, medical, and community support of individuals with developmental delays. Early identification and treatment of developmental delays leads to improved outcomes for children. According to the American Academy of Pediatrics (AAP), "Early identification of developmental disorders is critical to the well-being of children and their families." The Academy recommends primary care physicians, including pediatricians, incorporate routine use of a standardized developmental screening tool appropriate for their population.

In an effort to determine current practices related to the use of standardized developmental screening, the Utah Department of Health conducted a survey from October 2012 to March 2013. The survey was administered to pediatricians both online and via U.S. mail. The response rate was 36.8%, with 150 surveys being returned and completed. Nineteen percent (n=28) of those survey respondents indicated not seeing pediatric patients ages six years and under and were excluded from the analyses. The following results are therefore based on those who identified their specialty as "pediatrics" (n=117). The majority (80.8%) described "group/multispecialty practice" as their main office setting. Overall, the majority (88.0%) of pediatricians reported they were aware of the AAP policy statement on the use of standardized screening tools at well-child checks. Seven in 10 (70.2%) pediatricians reported routinely using standardized developmental screening at well-child checks. A wide variety of screening tools were noted as being used in the practice.

Among those who reported not using a standardized screening tool routinely (29.8%), the majority (71.5%) indicated that they have developed their own non-standardized tool to identify developmental delays. Barriers to implementation of standardized developmental screening tools were identified, with the most common response being the tools were too difficult to incorporate into the practice schedule (71.4%). Improvement in the implementation rate of routine developmental screening tools will provide greater opportunities to identify children with developmental delays.

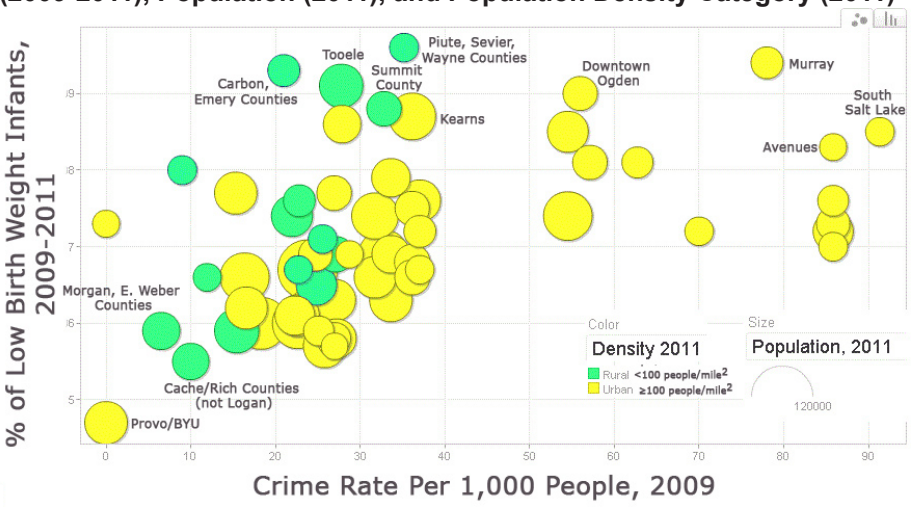
For more information, please contact Dr. Harper Randall (801-584-8271).

Community Health Indicators Spotlight, March 2014

Social Determinants of Health

According to the World Health Organization, "The social determinants of health (SDH) are the conditions in which people are born, grow, live, work and age" and these conditions are "mostly responsible for health inequities—the unfair and avoidable differences in health status."[1] This graph shows the relationship between low birth weight and local conditions of crime and population density. In general, higher proportions of low birth weight babies are born in areas of Utah with higher crime rates. The areas with the highest crime rates are all urban. However, areas such as the Piute/Sevier/Wayne Counties area and Summit County, which have high crime rates compared to other rural or frontier areas, also have high low birth weight rates. The Provo/BYU area and the Cache/Rich Counties area (excluding Logan) have low crime rates and low rates of low birth weight.

Utah Small Areas by Crime Rate (2009), Percent Low Birth Weight (2009-2011), Population (2011), and Population Density Category (2011)



Low Birth Weight, 2009-2011, Utah Birth Certificate Database; Crime Rate, 2009, Department of Public Safety Bureau of Criminal Identification-2009 Crime Rate in Utah; Population Estimates, 2011, by Utah Department of Health Center for Health Data. Dr. Len Novilla and the SDH Team of Brigham Young University contributed to data compilation and chart design. See Social Determinants of Health Profile: http://healthscience.byu.edu/SDHCommunityResearch.aspx

1. World Health Organization. Social Determinants of Health. Accessed February 13, 2014. http://www.who.int/social_determinants/sdh_definition/en/index.html

Monthly Health Indicators Report

(Data Through January 2014)

Monthly Report of Notifiable Diseases, January 2014	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)	12	24	12	24	0.5
Shiga toxin-producing Escherichia coli (E. coli)	2	4	2	4	0.6
Hepatitis A (infectious hepatitis)	0	1	0	1	0.0
Hepatitis B, acute infections (serum hepatitis)	0	1	0	1	0.0
Meningococcal Disease	0	0	0	0	0.0
Pertussis (Whooping Cough)	38	56	38	56	0.7
Salmonellosis (Salmonella)	15	19	15	19	0.8
Shigellosis (Shigella)	4	2	4	2	1.7
Varicella (Chickenpox)	27	44	27	44	0.6
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Quarterly Report of Notifiable Diseases, 4th Qtr 2013	**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†	25	31	118	110	1.1
Chlamydia	1,886	1,667	7,542	6,707	1.1
Gonorrhea	312	94	948	377	2.5
Syphilis	7	10	64	36	1.8
Tuberculosis	7	7	33	31	1.1
Medicaid Expenditures (in Millions) for the Month of January 2014	**Current Month**	**Expected/ Budgeted‡ for Month**	**Fiscal YTD**	**Budgeted‡ Fiscal YTD**	**Variance - over (under) budget**
Capitated Mental Health	$ 3.2	$ 14.6	$ 75.2	$ 84.8	$ (9.6)
Inpatient Hospital	$ 11.3	$ 12.3	$ 72.8	$ 107.0	$ (34.2)
Outpatient Hospital	$ 3.6	$ 6.5	$ 25.3	$ 42.4	$ (17.1)
Long Term Care	$ 13.5	$ 16.4	$ 91.5	$ 95.2	$ (3.7)
Pharmacy ‡	$ 8.8	$ 14.8	$ 60.5	$ 96.3	$ (35.8)
Physician/Osteo Services §	$ 4.0	$ 9.2	$ 30.3	$ 53.4	$ (23.2)
TOTAL HCF MEDICAID	$ 95.5	$ 85.7	$1,199.3	$1,199.8	$ (0.4)

Program Enrollment for the Month of January 2014	Current Month	Previous Month	% Change¶ From Previous Month	1 Year Ago	% Change¶ From 1 Year Ago
Medicaid	257,123	253,982	+1.2%	258,904	-0.7%
PCN (Primary Care Network)	13,453	13,581	-0.9%	11,841	+13.6%
CHIP (Children's Health Ins. Plan)	31,443	33,698	-6.7%	35,254	-10.8%
	Annual Visits			Annual Charges	
Health Care System Measures	**Number of Events**	**Rate per 100 Population**	**% Change¶ From Previous Year**	**Total Charges in Millions**	**% Change¶ From Previous Year**
Overall Hospitalizations (2011)	280,830	9.3%	+0.8%	$ 5,818.8	+7.4%
Non-maternity Hospitalizations (2011)	175,847	5.7%	+3.8%	$ 4,909.9	+7.9%
Emergency Department Encounters (2011)	665,925	22.4%	+1.7%	$ 1,309.5	+12.8%
Outpatient Surgery (2011)	376,054	12.6%	+2.4%	$ 1,878.5	+6.5%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/ Rate**	**% Change¶ From Previous Year**	**State Rank# (1 is best)**
Obesity (Adults 18+)	2012	476,400	24.3%	-0.5%	10 (2012)
Cigarette Smoking (Adults 18+)	2012	207,300	10.6%	-10.8%	1 (2012)
Influenza Immunization (Adults 65+)	2012	147,100	56.0%	-1.5%	40 (2012)
Health Insurance Coverage (Uninsured)	2012	376,600	13.2%	-1.5%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2012	205	7.2 / 100,000	-16.8%	19 (2010)
Poisoning Deaths	2012	661	23.1 / 100,000	+15.6%	45 (2010)
Suicide Deaths	2012	545	19.1 / 100,000	+9.3%	45 (2010)
Diabetes Prevalence (Adults 18+)	2012	141,100	7.2%	+7.5%	14 (2012)
Poor Mental Health (Adults 18+)	2012	307,800	15.7%	-3.7%	12 (2012)
Coronary Heart Disease Deaths	2012	1,580	55.3 / 100,000	-3.4%	3 (2010)
All Cancer Deaths	2012	2,861	100.2 / 100,000	+3.3%	1 (2010)
Stroke Deaths	2012	793	27.8 / 100,000	+0.6%	17 (2010)
Births to Adolescents (Ages 15-17)	2012	668	10.4 / 1,000	-6.6%	11 (2011)
Early Prenatal Care	2012	38,829	75.5%	+1.0%	n/a
Infant Mortality	2012	248	4.8 / 1,000	-12.6%	10 (2010)
Childhood Immunization (4:3:1:3:3:1)	2012	40,000	74.9%	+5.3%	15 (2012)

* Influenza activity is low/moderate in Utah. Influenza-like illness activity is above baseline statewide. As of February 12, 2014, 647 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.

‡ Includes only the gross pharmacy costs. Pharmacy Rebate and Pharmacy Part D amounts are excluded from this line item.

§ Physician/Osteo Services - Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

¶ % 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 2014 season.