

# Utah Health Status Update:

## *Bridging Communities and Clinics: Addressing Geographic*

## *Disparities in Primary Care and Oral Health Services*

May 2017

### Overview

Bridging Communities and Clinics (BCC) is a community-based outreach program developed by the Utah Department of Health Office of Health Disparities (OHD) to address inadequacies in the “traditional” health fair approach to communities who face disproportionate risk and barriers to healthcare. The program has been operating since April 2012, and in August 2015, OHD re-engineered BCC to focus on two of Utah’s most underserved communities: the Salt Lake City neighborhood of [Glendale](#) and the city of [South Salt Lake](#). In these two communities, BCC aims to (1) [increase the number of people with a usual primary care provider](#) and (2), [increase the number of children, teens, and adults who used the oral health care system in the past year](#) (Healthy People 2020 Objectives AHS-3 and OH-7).

### Outreach Model

Moving beyond distribution of brochures and basic health screenings, the BCC approach

employs a variety of partnerships to build trust and in communities and help individuals find a primary care provider and receive dental care. The model includes (1) partnering with community-based organizations for targeted outreach; (2) assembling a diverse medical and dental outreach team; (3) providing clinically relevant health screenings at no cost; (4) securely collecting data to identify social determinants of health needs; (5) offering appropriate referrals to care; and (6) working with a network of organizations to deliver individualized post-screening follow-up and support to bridge linkage to primary care and oral health services.

### Program Activities

Since April 2016, BCC has encountered more than 1,000 individuals at 40 outreach events coordinated through a network of more than 20 partnerships. More than 500 medical and 600 oral health screenings have been administered and more than 300 medical and 475 oral health referrals given.

Participants were mainly adults (75%) and female (61%), with the largest representation from Hispanic/Latino (37%), Black/African American (26%), Native Hawaiian/Pacific Islander (12%), and Asian/Asian American (9%) communities, who spoke English (29%), Spanish (30%), Samoan (4%), Tongan (5%), Somali (11%), and other languages (26%). A majority (71%) had a high school diploma or less and 81% lived below 150% of the federal poverty level.

### Access to Primary Care and Oral Health Services

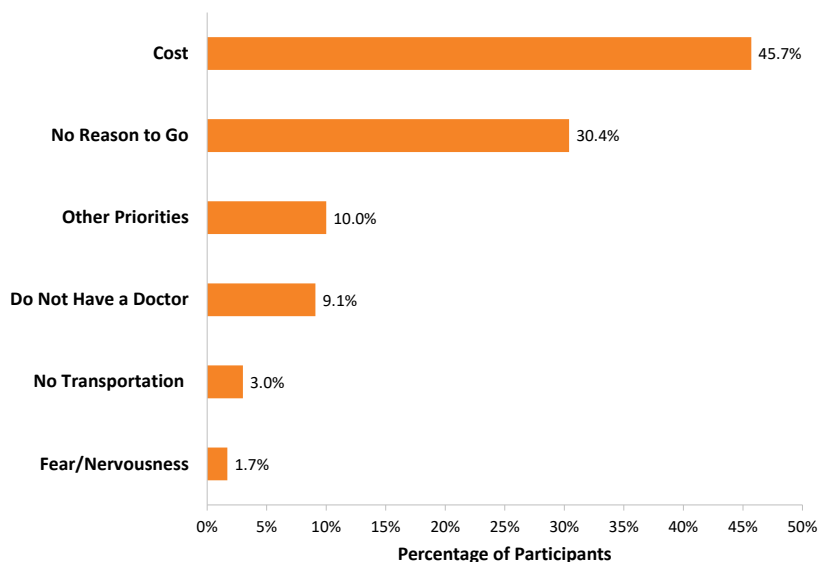
At least 40% of those encountered did not have medical insurance and 44% did not have a usual primary care provider. One out of every five

### KEY FINDINGS

- Bridging Communities and Clinics (BCC) aims to (1) increase the number of people with a usual primary care provider and (2), increase the number of children, teens, and adults who used the oral health care system in the past year in Glendale and South Salt Lake.
- At least 40% of those encountered did not have medical insurance and 44% did not have a usual primary care provider.
- More than 70% of participants did not have dental insurance and 79% did not have a dentist. More than 64% had not seen the dentist in the last year.
- To date, BCC has helped about 70 individuals establish a primary care provider, 160 visit a dentist, and applied fluoride varnish to 120 individuals who had not seen a dentist in the past year.

### Reasons for Not Visiting a Doctor for Routine Check-up

Figure 1. Main reasons given for not visiting a doctor for a routine medical check-up in the past year, Bridging Communities and Clinics participants, April 2016–present (N=230)



people needed medical care in the past 12 months, but could not get it primarily because of cost (70%). Figure 1 shows the main reasons for not getting a routine check-up.

More than 70% of participants did not have dental insurance and 79% did not have a dentist. More than 64% had not seen the dentist in the last year. Figure 2 shows the main reasons for not visiting a dentist. Figure 3 shows how lack of access to dental services correlated with poor oral health outcomes.

Additionally, one in five participants had been to the emergency room in the past 12 months.

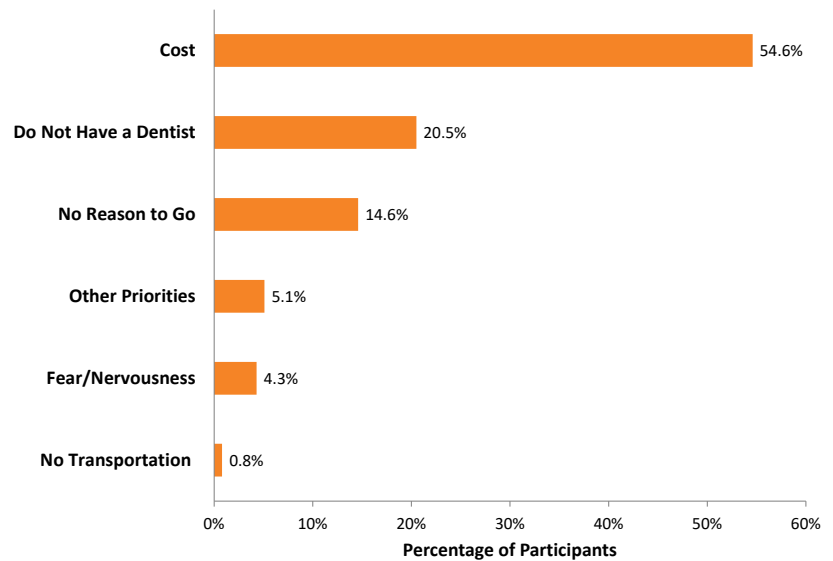
### Program Outcomes

To date, BCC has helped about 70 individuals establish a primary care provider, 160 visit a dentist, and applied fluoride varnish to 120 individuals who had not seen a dentist in the past year. At least 140 dental visits occurred at free dental clinics sponsored by the Office of Health Disparities. Two were hosted at the Utah Department of Health Family Dental Plan clinic, which provided \$23,000 worth of care at no cost to the patients, and one mobile clinic in South Salt Lake with the Community Building Community clinic.

The Office of Health Disparities will continue to implement BCC in Glendale and South Salt Lake until 2020 and focus on sustainable partnerships for continued access to primary care and oral health services.

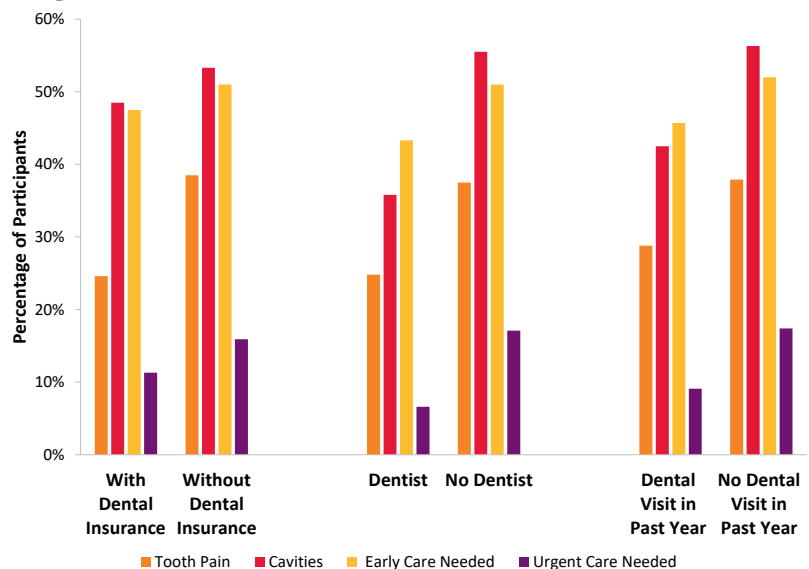
## Reasons for Not Visiting Dentist

Figure 2. Main reasons given for not visiting a dentist in the past year, Bridging Communities and Clinics participants, April 2016–present (N=487)



## Access to Dental Services and Oral Health Outcomes

Figure 3. Percentage of Bridging Communities and Clinics participants reporting each oral health outcome by their respective access to dental services, April 2016–present



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### UDOH ANNOUNCEMENT:

To encourage tobacco users to quit and promote strategies that helped Utahns quit successfully, the Utah Tobacco Prevention and Control Program has launched a web page that encourages former tobacco users to share their quit stories. To visit the web page, go to: <http://waytoquit.org/community/>.

## Breaking News, May 2017

### Maternal Mortality in Utah

Maternal mortality in Utah is defined as the number of women who died during pregnancy or within 12 months of completion of a pregnancy whose cause of death was due to pregnancy or pregnancy-related causes per 100,000 live births. The Utah maternal mortality rate during 2006–2013 was 13.5 deaths per 100,000 live births. U.S. mortality rates during the same period ranged from 14.5 to 17.8 deaths per 100,000 live births.<sup>1</sup> Both the U.S. and the state of Utah have set a target of no more than 11.4 pregnancy-related deaths per 100,000 live births.

Maternal deaths are classified as either *pregnancy-related (PR)* or *pregnancy-associated (PA)*. A *pregnancy-related* death is defined as a subset of *pregnancy-associated* deaths resulting from complications of the pregnancy, chain of events initiated by the pregnancy, or aggravation of an unrelated condition by the physiologic or pharmacologic effects of the pregnancy. *Pregnancy-associated* deaths encompass all maternal deaths that occur regardless of cause during pregnancy or within 365 days of giving birth. Because maternal mortality rates do not include *pregnancy-associated* deaths, the true magnitude of maternal mortality may be underestimated. Of the 97 maternal deaths during 2006–2013, 56 were categorized as *pregnancy-related* and 41 as *pregnancy-associated*. The most common categories of all maternal deaths were drug toxicity (21.6%), injury (20.6%), and hypertensive disorders (10.3%).

### Maternal Deaths, Utah, 2006–2013

Cause of Death Category	PR	PA	Total
Drug Toxicity	8	13	21
Injury	5	15	20
Hypertensive Disorder	9	1	10
Embolic Disorder	9	0	9
Cardiac	6	3	9
Hemorrhage	8	0	8
Other Cause of Death	3	3	6
Sepsis	4	1	5
Malignancy	0	4	4
Anesthesia Complication	2	1	3
Pneumonia	2	0	2
Total	56	41	97

1. Centers for Disease Control and Prevention, Pregnancy Mortality Surveillance System, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>.

## Community Health Spotlight, May 2017

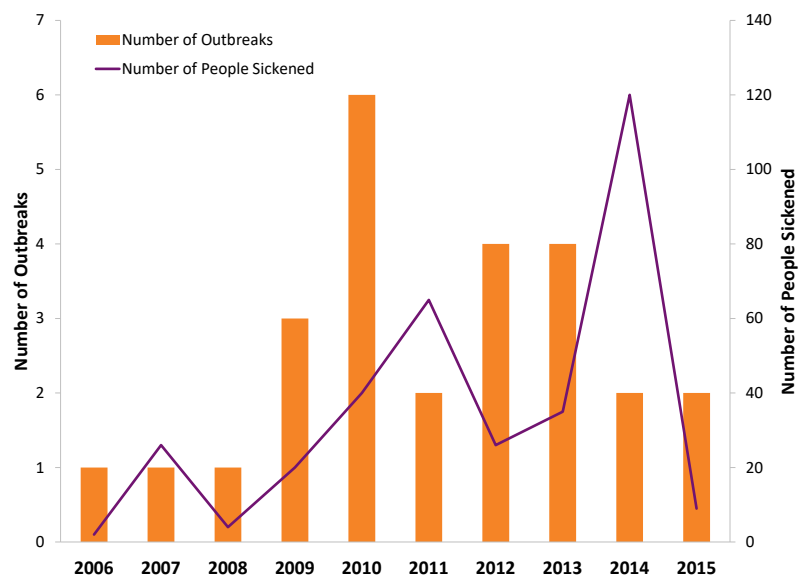
### Raw Milk Outbreaks in Utah

Drinking raw, or unpasteurized, milk can lead to severe illness or even death in rare cases. Milk is an ideal media for bacterial growth and milk can easily become contaminated with bacteria during the milking process. A variety of illnesses have been linked to drinking raw milk, including infections due to *Campylobacter*, *Salmonella*, *Listeria*, and Shiga toxin-producing *E. coli* (STEC). In Utah, raw milk can be legally purchased from a licensed dairy or obtained through herd shares. A herd share agreement allows people to purchase a share of a cow from a farmer and obtain raw milk from that cow. Many Utahns also drink raw milk obtained from their own cows, or from those of relatives or friends.

State and local public health officials investigate food-borne illnesses to identify outbreaks. An outbreak is defined as two or more people with a similar illness linked to a common source of raw milk. Between 2006 and 2015, a total of 26 outbreaks in Utah were linked to drinking raw milk, or eating products made from raw milk. More than 347 people got sick from drinking raw milk as part of these outbreaks. The accompanying figure shows the number of reported outbreaks and associated illnesses reported in Utah residents from 2006–2015. It is important to note that most cases of illness associated with raw milk are not reported to public health.

Young children, pregnant women, the elderly, and people with weakened immune systems have the highest risk of developing severe illness after drinking raw milk; however, healthy people of any age can get very sick from drinking raw milk. The Utah Department of Health recommends that people only consume milk that has been pasteurized.

### Raw Milk Outbreaks and Associated Illnesses in Utah, 2006–2015



# Monthly Health Indicators Report

## (Data Through March 2017)

Monthly Report of Notifiable Diseases, March 2017	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis ( <i>Campylobacter</i> )	21	31	84	82	1.0
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	3	4	5	8	0.6
Hepatitis A (infectious hepatitis)	0	1	1	2	0.6
Hepatitis B, acute infections (serum hepatitis)	0	0	2	2	1.0
Influenza*	Weekly updates at <a href="http://health.utah.gov/epi/diseases/influenza">http://health.utah.gov/epi/diseases/influenza</a>				
Meningococcal Disease	1	0	1	1	1.7
Pertussis (Whooping Cough)	12	73	37	210	0.2
Salmonellosis ( <i>Salmonella</i> )	29	31	72	68	1.1
Shigellosis ( <i>Shigella</i> )	5	3	10	10	1.0
Varicella (Chickenpox)	12	29	44	86	0.5

Quarterly Report of Notifiable Diseases, 1st Qtr 2017	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†	44	41	44	41	1.1
Chlamydia	2,623	2,124	2,623	2,124	1.2
Gonorrhea	556	290	556	290	1.9
Syphilis	25	16	25	16	1.6
Tuberculosis	12	6	12	6	2.0

Medicaid Expenditures (in Millions) for the Month of March 2017	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 3.7	\$ 4.0	\$ 106.6	\$ 108.6	\$ (2.1)
Inpatient Hospital	\$ 13.6	\$ 14.8	\$ 77.1	\$ 79.1	\$ (2.0)
Outpatient Hospital	\$ 3.2	\$ 4.7	\$ 32.4	\$ 34.6	\$ (2.3)
Long Term Care	\$ 13.4	\$ 13.2	\$ 170.7	\$ 171.8	\$ (1.1)
Pharmacy	\$ 9.4	\$ 9.9	\$ 71.7	\$ 73.7	\$ (2.0)
Physician/Osteo Services	\$ 3.9	\$ 4.6	\$ 30.4	\$ 33.8	\$ (3.4)
<b>TOTAL MEDICAID</b>	<b>\$ 113.8</b>	<b>\$ 114.9</b>	<b>\$ 1,790.4</b>	<b>\$ 1,794.3</b>	<b>\$ (3.8)</b>

Program Enrollment for the Month of March 2017	Current Month	Previous Month	% Change‡ From Previous Month	1 Year Ago	% Change‡ From 1 Year Ago
Medicaid	288,812	288,871	-0.0%	295,003	-2.1%
PCN (Primary Care Network)	14,050	14,233	-1.3%	18,602	-24.5%
CHIP (Children's Health Ins. Plan)	19,327	19,195	+0.7%	17,686	+9.3%

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 (2014)	281,302	8.9%	-0.8%	\$ 7,281.6	+11.8%
Non-maternity Hospitalizations (2014)	177,881	5.5%	-1.1%	\$ 6,200.8	+11.6%
Emergency Department Encounters (2014)	710,266	22.9%	+2.6%	\$ 1,760.5	+13.2%
Outpatient Surgery (2013)	404,303	13.1%	+7.3%	\$ 2,167.9	+11.5%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change‡ From Previous Year	State Rank§ (1 is best)
Obesity (Adults 18+)	2015	510,400	24.5%	-4.7%	8 (2015)
Cigarette Smoking (Adults 18+)	2015	189,600	9.1%	-6.2%	1 (2015)
Influenza Immunization (Adults 65+)	2015	181,600	59.0%	+1.9%	36 (2015)
Health Insurance Coverage (Uninsured)	2015	263,600	8.8%	-14.6%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2015	247	8.2 / 100,000	+3.7%	19 (2015)
Poisoning Deaths	2015	697	23.3 / 100,000	+6.8%	43 (2015)
Suicide Deaths	2015	609	20.3 / 100,000	+7.8%	47 (2015)
Diabetes Prevalence (Adults 18+)	2015	145,800	7.0%	-1.4%	10 (2015)
Poor Mental Health (Adults 18+)	2015	333,300	16.0%	+0.6%	18 (2015)
Coronary Heart Disease Deaths	2015	1,619	54.0 / 100,000	+1.0%	2 (2015)
All Cancer Deaths	2015	3,091	103.2 / 100,000	+0.1%	1 (2015)
Stroke Deaths	2015	887	29.6 / 100,000	+2.0%	18 (2015)
Births to Adolescents (Ages 15-17)	2015	489	6.9 / 1,000	-11.7%	13 (2015)
Early Prenatal Care	2015	38,803	76.4%	+0.2%	n/a
Infant Mortality	2015	257	5.1 / 1,000	+3.2%	13 (2014)
Childhood Immunization (4:3:1:3:3:1)	2015	37,400	73.6%	-1.3%	35 (2015)

\* Influenza-like illness activity is minimal in Utah. As of April 1, 2017, 1,301 influenza-associated hospitalizations have been reported to UDOH since the start of the influenza season on October 2, 2016. More information can be found at <http://health.utah.gov/epi/diseases/influenza/surveillance/index.html>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Relative percent change. Percent change could be due to random variation.

§ State rank based on age-adjusted rates where applicable.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2017 season.