

# Utah Health Status Update: New Topics for PRAMS Surveillance

July 2019

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. The PRAMS population-based survey is designed to collect information on maternal experiences and behaviors around the time of pregnancy from women who recently delivered a live infant. The Utah Department of Health has collected PRAMS data since 1999. Beginning in 2016, several new questions were added to the PRAMS survey. Findings from select new survey questions are highlighted in this report.

### Polycystic Ovary Syndrome (PCOS)

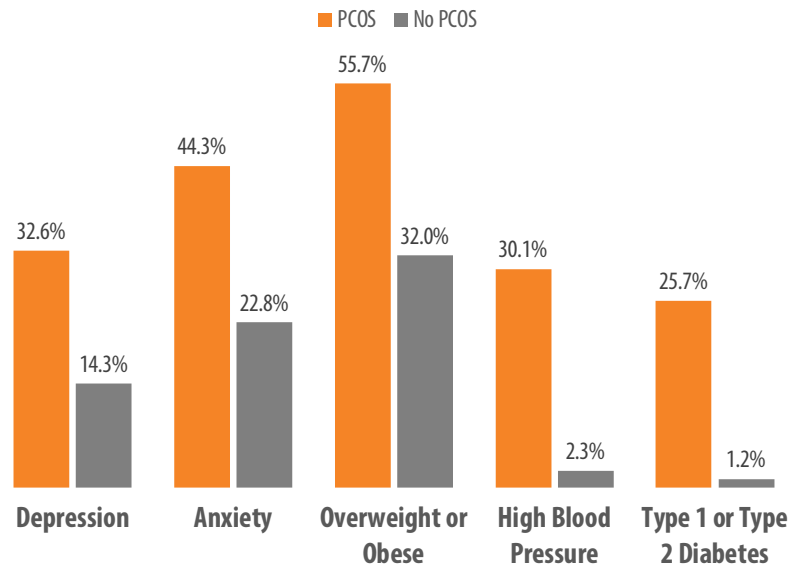
PCOS is a reproductive and metabolic disorder that affects 6% to 12% of U.S. women of reproductive age.<sup>1</sup> According to Utah PRAMS, nearly 8% of Utah women who delivered a live birth during 2017 reported a diagnosis of PCOS. Physical and mental health conditions prior to pregnancy are common causes of pregnancy complications. Several pre-pregnancy health conditions were prevalent at higher rates among Utah women with PCOS (Figure 1). Due to the maternal risks of PCOS, future research should focus on evidence-based interventions to reduce the pre-pregnancy-related morbidity associated with PCOS, which may lead to improvements in subsequent pregnancy-related outcomes.

#### KEY FINDINGS

- Utah women with PCOS had higher rates of some physical and mental health conditions that put them at risk for pregnancy complications.
- Although the majority of pregnant women (77.8%) received the Tdap vaccination during pregnancy in Utah in 2017, the ACIP recommends that 100% of women be vaccinated during each pregnancy.
- More than half of the women who delivered a live infant in 2017 in Utah reported at least one risk factor for sleep-related infant death.

### Polycystic Ovary Syndrome (PCOS) by Pre-pregnancy Health Conditions

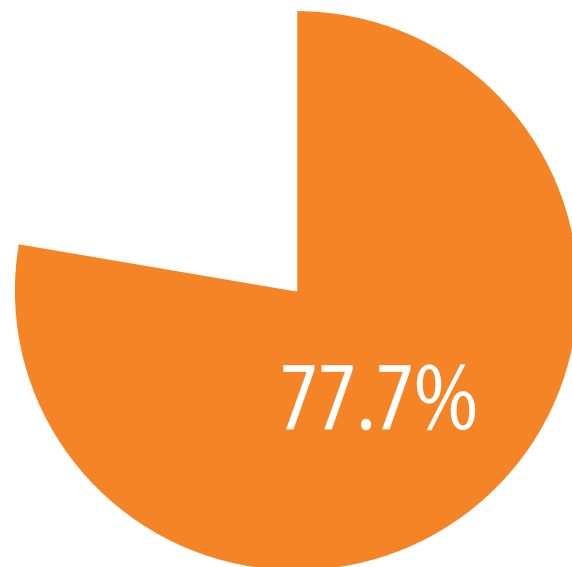
Figure 1. Several pre-pregnancy health conditions were prevalent at higher rates among women with PCOS in Utah during 2016–2017.



Source: Utah Pregnancy Risk Assessment Monitoring System

### Tdap Vaccination During Pregnancy

Figure 2. In 2017, 77.8% of Utah women received a Tdap vaccination during their most recent pregnancy.



Source: Utah Pregnancy Risk Assessment Monitoring System

### Tdap (Tetanus, Diphtheria, Pertussis) Vaccine

Most morbidity and mortality caused by pertussis occurs in infants who are three months of age and younger. Because infants do not begin the pertussis vaccination series until two months of age, there is a period when they are at risk of contracting the disease from family members and

caregivers. In 2013, the Advisory Committee on Immunization Practices (ACIP) published a recommendation that all pregnant women receive a dose of (Tdap) vaccine during each pregnancy. To maximize the maternal antibody response and passive antibody transfer and levels in the newborn, the vaccine should be given as early in the 27–36-weeks-of-gestation window as possible. According to 2017 Utah PRAMS findings, 77.8% of women received a Tdap vaccination during their most recent pregnancy (Figure 2). Because adult vaccinations are not typically included in vaccination registries, PRAMS data provide an important source for Tdap vaccination rates among pregnant women.

### Infant Sleep Environment

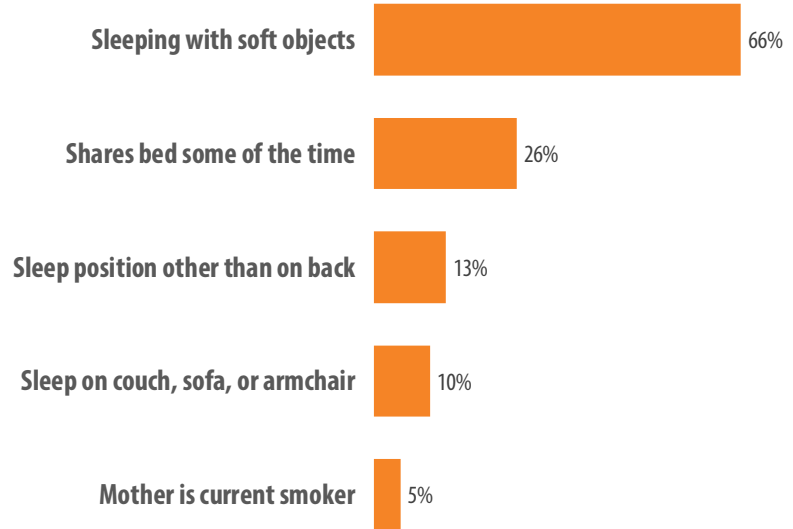
Infant deaths caused by accidental suffocation and strangulation in bed are included in a National Vital Statistics System (NVSS) cause of death category called SUID (sudden unexpected infant death). In 2017, two-thirds of Utah women said their infant sleeps with soft objects such as a blanket or stuffed animal. Additionally, one in four said their infant does not always sleep alone in his or her own crib or bed, which, according to the American Academy of Pediatrics, is the greatest risk factor for sleep-related infant deaths. Additional risk factors for sleep-related infant deaths, reported by Utah women, are shown in Figure 3.

PRAMS data can be used to determine which SUID risk factors are most prevalent among Utah households with infants. Additionally, as part of the Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry, the CDC Division of Reproductive Health supports SUID monitoring programs in 22 states and jurisdictions (including Utah). These states are working to improve data quality on SUID cases, which will lead to a better understanding of circumstances that may increase the risk of SUID.

Other topics added to the PRAMS survey included anxiety and depression during pregnancy, pre-eclampsia and eclampsia during pregnancy, oral health problems and access to dental care, e-cigarette and hookah use, and reasons for not having insurance before pregnancy.

### Risk Factors for Sleep-related Infant Deaths

Figure 3. In 2017, one in four Utah women said their infant does not always sleep alone in his or her own crib or bed, which is the greatest risk factor for sleep-related infant deaths.



Source: Utah Pregnancy Risk Assessment Monitoring System

Additional information about the Utah PRAMS can be found at <https://mihp.utah.gov/pregnancy-and-risk-assessment>.

1. PCOS and Diabetes, Heart Disease, Stroke... Centers for Disease Control and Prevention. <https://www.cdc.gov/diabetes/library/spotlights/pcos.html>.

For additional information about this topic, contact Nicole Stone, 801-273-2873, [nstone@utah.gov](mailto:nstone@utah.gov); or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, [chdata@utah.gov](mailto:chdata@utah.gov).

## Medicaid Coverage of Residential Treatment for Substance Abuse Disorder

In November 2017, the Centers for Medicare and Medicaid Services (CMS) authorized the Utah Department of Health (UDOH) to use federal Medicaid funds to cover individuals receiving residential treatment as part of their care for substance use disorders (SUD). Previously, Medicaid coverage in these treatment facilities was blocked by federal Medicaid rules, limiting facilities to 16 beds or fewer.

With this authorization and funding, groups like Odyssey House, First Step House, and Valley Behavioral Health have been able to add treatment beds to their programs. In the first 12 months, 888 Medicaid enrollees received residential treatment in a facility with this increased capacity. Thirty-nine percent of these members had multiple residential admissions. The average duration of these residential treatment stays was 50 days. In addition to these utilization measures, the UDOH is also tracking measures of access to SUD treatment. The following measures serve as a baseline of program performance in 2018:

- 38.0% of members initiated SUD treatment within 14 days of diagnosis. Among the members that initiated treatment, 28.3% received two or more additional SUD treatment services.
- 8.3% of SUD-related emergency department services had a follow-up visit for SUD treatment within seven days; 14.3% had a follow-up visit within 30 days.
- Lastly, 317 SUD-related acute inpatient stays had a readmission within 30 days. The UDOH goal is to reduce readmissions and increase initiation of SUD treatment.

The UDOH will report to CMS on a quarterly and annual basis on these measures and many others to evaluate how effective it is for Medicaid to provide residential treatment for individuals with SUD.

## Utah Public Health Indicator Based Information System (IBIS)

The Utah Public Health Indicator-Based Information System (IBIS) provides statistical numerical data as well as contextual information on the health status of Utahns and the state of the Utah health care system. The data available on IBIS come from 31 different national and state-specific data sets and covers a wide range of health issues.

The site provides:

- [Health Topics](#) - access to Indicator Reports, dataset queries, and publications for 28 health topics.
- Interactive views of almost 200 Health Indicator Reports - on-line reports containing detailed numerical and contextual data information including data sources, background on why the issue is important, charts, and maps.
- Interactive exploration of 40 Health [Query Modules](#) - for advanced users to specify their own filter criteria; allows for more flexibility in output; includes charts, maps, and tables of information.
- [Community Snapshot Reports](#) - dynamic summary tables and footnotes that use existing IBIS Indicator Reports to display data for a Utah community, along with comparison data for Utah and the U.S. where available. Community Snapshots are available at the local health jurisdiction level, as well as for 99 Utah Small Areas.
- Access to Health Data [Publications](#) - more than 400 Utah Department of Health publications and access to more than 7,000 publications through searching the Utah Public Health Library. Publications generally answer the most common and frequently asked questions concerning current Utah health issues.

### IBIS BY THE NUMBERS

- 28 Health Topics
- 40 Query Modules
- 190 Health Indicators
- 463 Publications

IBIS training webinars are conducted quarterly. If interested, [register for the next session](#) to be held on Thursday, August 15 at 1:00 pm.

# Monthly Health Indicators Report

(Data Through May 2019)

Monthly Report of Notifiable Diseases, May 2019	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> )	41	56	193	188	1.0
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	10	9	43	28	1.5
Hepatitis A (infectious hepatitis)	4	3	11	25	0.4
Hepatitis B, acute infections (serum hepatitis)	1	1	10	4	2.4
Influenza*	Weekly updates at <a href="http://health.utah.gov/epi/diseases/influenza">http://health.utah.gov/epi/diseases/influenza</a>				
Meningococcal Disease	0	0	1	1	1.3
Pertussis (Whooping Cough)	7	45	81	230	0.4
Salmonellosis ( <i>Salmonella</i> )	23	31	106	142	0.7
Shigellosis ( <i>Shigella</i> )	3	3	19	19	1.0
Varicella (Chickenpox)	16	19	71	112	0.6
Quarterly Report of Notifiable Diseases, 1st Qtr 2019	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†	22	32	22	32	0.7
Chlamydia	2,750	2,411	2,750	2,411	1.1
Gonorrhea	656	486	656	486	1.4
Syphilis	86	63	86	63	1.4
Tuberculosis	6	6	6	6	0.9
Medicaid Expenditures (in Millions) for the Month of May 2019	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Mental Health Services	\$ 21.6	\$ 21.2	\$ 152.5	\$ 153.8	\$ (1.3)
Inpatient Hospital Services	18.7	18.8	207.7	209.4	(1.7)
Outpatient Hospital Services	4.5	4.6	39.3	40.4	(1.1)
Nursing Home Services	43.0	42.5	259.3	260.2	(0.8)
Pharmacy Services	11.7	11.6	120.9	122.1	(1.1)
Physician/Osteo Services‡	8.7	8.7	61.9	62.4	(0.5)
Medicaid Expansion Services	31.8	31.7	121.2	123.4	(2.2)
TOTAL MEDICAID	279.0	278.1	2,607.9	2,608.4	(0.5)

\* Influenza activity continues to decrease as the 2018–19 influenza season is wrapping up. This was an unusually long season; influenza activity was elevated for 22 consecutive weeks and peaked around mid-February in Utah. More information and weekly reports can be found at [http://health.utah.gov/epi/diseases/influenza/surveillance/2018-2019/Utah\\_Weekly\\_Influenza\\_Report.html](http://health.utah.gov/epi/diseases/influenza/surveillance/2018-2019/Utah_Weekly_Influenza_Report.html).

† Diagnosed HIV infections, regardless of AIDS diagnosis.

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 2019 season.

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

Program Enrollment for the Month of May 2019	Current Month	Previous Month	% Change <sup>§</sup> From Previous Month	1 Year Ago	% Change <sup>§</sup> From 1 Year Ago
Medicaid	288,632	285,819	+1.0%	276,801	+4.3%
CHIP (Children's Health Ins. Plan)	17,745	17,788	-0.2%	19,405	-8.6%
Commercial Insurance Payments <sup>#</sup>	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change <sup>§</sup> From Previous Year
Medical	2017	8,347,707	\$ 2,558,930,212	\$ 306.54	new measure
Pharmacy	2017	7,551,975	483,316,448	64.00	new measure
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change <sup>§</sup> From Previous Year	State Rank <sup>**</sup> (1 is best)
Obesity (Adults 18+)	2017	548,100	25.2%	-0.4%	7 (2017)
Child Obesity (Grade School Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2017	193,600	8.9%	+1.1%	1 (2017)
Vaping, Current Use (Grades 8, 10, 12)	2017	32,000	11.1%	+6.3%	n/a
Binge Drinking (Adults 18+)	2017	250,100	11.5%	-8.0%	1 (2017)
Influenza Immunization (Adults 65+)	2017	187,900	56.0%	+2.0%	40 (2017)
Health Insurance Coverage (Uninsured)	2017	304,000	9.8%	+12.6%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2017	280	9.0 / 100,000	+6.9%	14 (2017)
Drug Overdose Deaths Involving Opioids	2017	400	12.9 / 100,000	-7.2%	25 (2017)
Suicide Deaths	2017	663	21.4 / 100,000	+6.3%	46 (2017)
Unintentional Fall Deaths	2017	224	7.2 / 100,000	+7.2%	20 (2017)
Traumatic Brain Injury Deaths	2017	634	20.4 / 100,000	-8.4%	32 (2017)
Asthma Prevalence (Adults 18+)	2017	193,600	8.9%	-7.2%	15 (2017)
Diabetes Prevalence (Adults 18+)	2017	154,400	7.1%	-1.4%	6 (2017)
High Blood Pressure (Adults 18+)	2017	532,900	24.5%	+3.8%	3 (2017)
Poor Mental Health (Adults 18+)	2017	395,900	18.2%	+7.1%	22 (2017)
Coronary Heart Disease Deaths	2017	1,692	54.5 / 100,000	+1.8%	5 (2017)
All Cancer Deaths	2017	3,160	101.9 / 100,000	-0.4%	1 (2017)
Stroke Deaths	2017	888	28.6 / 100,000	-6.0%	21 (2017)
Births to Adolescents (Ages 15-17)	2017	420	5.8 / 1,000	-7.6%	13 (2017)
Early Prenatal Care	2017	37,395	77.0%	+2.3%	n/a
Infant Mortality	2017	282	5.8 / 1,000	+7.0%	15 (2016)
Childhood Immunization (4:3:1:3:3:1)	2017	35,600	70.2%	-4.6%	46 (2017)

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

# Figures subject to revision as new data is processed.

\*\* State rank based on age-adjusted rates where applicable.