

Utah Health Status Update

KEY FINDINGS

- Utah households with an income 50% of the federal poverty level are at the highest risk for ACEs (Figure 1).
- A shared risk and protective factors approach helps combine resources, build relationships with non-traditional partners, and identify community factors that will positively impact multiple outcomes from injury and violence.
- The UDOH Violence and Injury Prevention program has prioritized five key factors for prevention against violence and injury: 1) Improve access utilization to physical and behavioral health care, 2) improve the socioeconomic conditions for Utahns, 3) encourage social norms that promote safety and health, 4) enhance the physical environment to improve safe and healthy living, and 5) promote individual, family, and community connectedness.

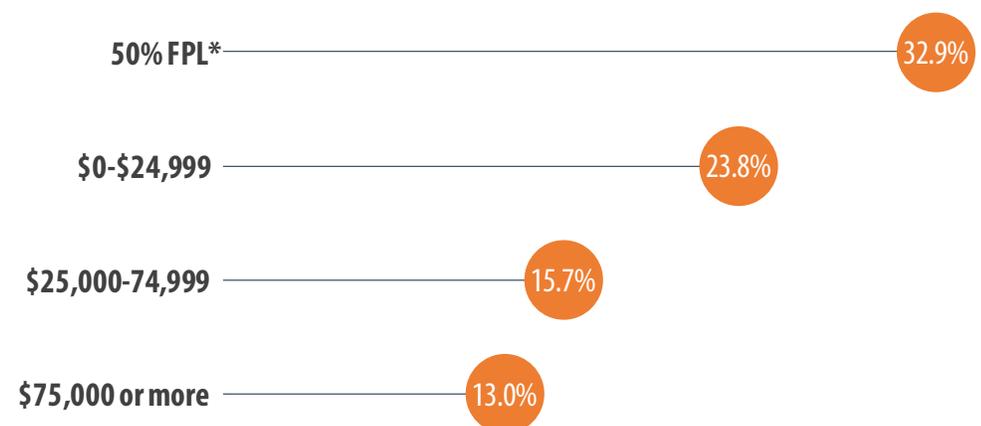
Shared Risk and Protective Factors Approach

Prevention science tells us that there are determinants that play a significant role in our health and safety.¹ These determinants, or risk and protective factors, are key to working alongside our communities to drive change.

Utah households with low annual incomes are more likely to experience adverse childhood experiences (ACEs, Figure 1). Adverse childhood experiences are potentially traumatic events, such as experiencing violence firsthand, witnessing violence, or living in a household with substance abuse or misuse, that occur when children are younger than age 18.² Prevention science tells us that if we are able to increase economic stability we will prevent the perpetration of violence and reduce injuries.

Percentage Distribution of 4+ Adverse Childhood Experiences by Household Income Level in Utah (2013, 2016, & 2018)

Figure 1. In 2013, 2016, and 2018 households with lower income levels show an increase of adverse childhood experiences compared to households with income levels of \$75,000 or more per year.



Source: Utah Department of Health, Office of Public Health Assessment. [Behavioral Risk Factor Surveillance System](#).

* Federal Poverty Level

A shared risk and protective factors (SRPF) approach allows us to combine resources, build relationships with nontraditional partners, and identify community factors that will ultimately have a positive impact on multiple injury and violence outcomes. Historically, the prevention of injury and violence has occurred in silos where partners from one topic area (e.g. sexual violence) work

Feature Article Continued

separately from partners in another topic area (e.g. suicide). A SRPF approach would encourage those partners to work on underlying causes (e.g. economic stability) to reduce sexual violence and suicide across communities. Other terms associated with a SRPF approach are: health equity; social determinants of health; trauma-informed; or Public Health 3.0.

The Utah Violence and Injury Prevention Program (VIPP) within the Bureau of Health Promotion, has prioritized five factors, known as Super Factors that influence injury and violence (Figure 2).

5 Super Factors Influencing Violence and Injury Prevention

Figure 2. Using a SRPF approach, these 5 VIPP super factors can help influence against violence and injury in low income households.

- 1 Improve access and use of health care.
- 2 Improve the socioeconomic conditions for Utahns.
- 3 Encourage social norms that promote safety and health.
- 4 Enhance the physical environment to improve safe and healthy living.
- 5 Promote individual, family, and community connectedness.

Source: Utah Department of Health. VIPP Strategic Plan, 2020.

Note: Laws and policies that support safe communities are addressed under each factor.

One example of how VIPP measures and strategizes prevention efforts using a shared risk and protective factors approach is to improve the socioeconomic conditions for Utahns (#2 from the VIPP priority list in Figure 2), specifically tax credits for low and moderate income Utahns.

Earned Income Tax Credit (EITC) is a benefit for working Americans that can provide additional income for child care, education, housing, and transportation. In Utah, one in four eligible Utahns fail to claim their EITC every year. The average EITC benefit is \$2,311 with dependents and \$300 with no dependents.³ The Utah

Violence and Injury Prevention Program is working toward economic stability for families who are at a higher risk for many forms of injury and violence by raising awareness of these funds to low and moderate income families and individuals. For more information on earned income tax credit call 1-888-826-9790 or visit www.utahtaxhelp.org.

The Centers for Disease Control and Prevention has outlined prevention strategy approaches for strengthening economic supports to families that cut across injury and violence topics, including: [child abuse and neglect](#), [intimate partner violence](#), [sexual violence](#), and [suicide](#).

The Utah Violence and Injury Prevention Program works with partners to implement these strategies in communities, to increase health equity, and to promote the health and safety of all Utahns.

To learn more about how the Utah Violence and Injury Prevention Program is implementing a shared risk and protective factor approach, contact Anna Fondario (afondario@utah.gov), VIPP Program Manager.

1. Centers for Disease Control and Prevention, Injury Prevention & Control: Division of Violence Prevention <https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/home>. Retrieved on 08 April 2020.

2. Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>. Retrieved on 08 April 2020

3. Internal Revenue Service: <https://www.etc.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-tax-returns-with-eitc>. Retrieved on 08 April 2020.

Child Blood Lead Status Update

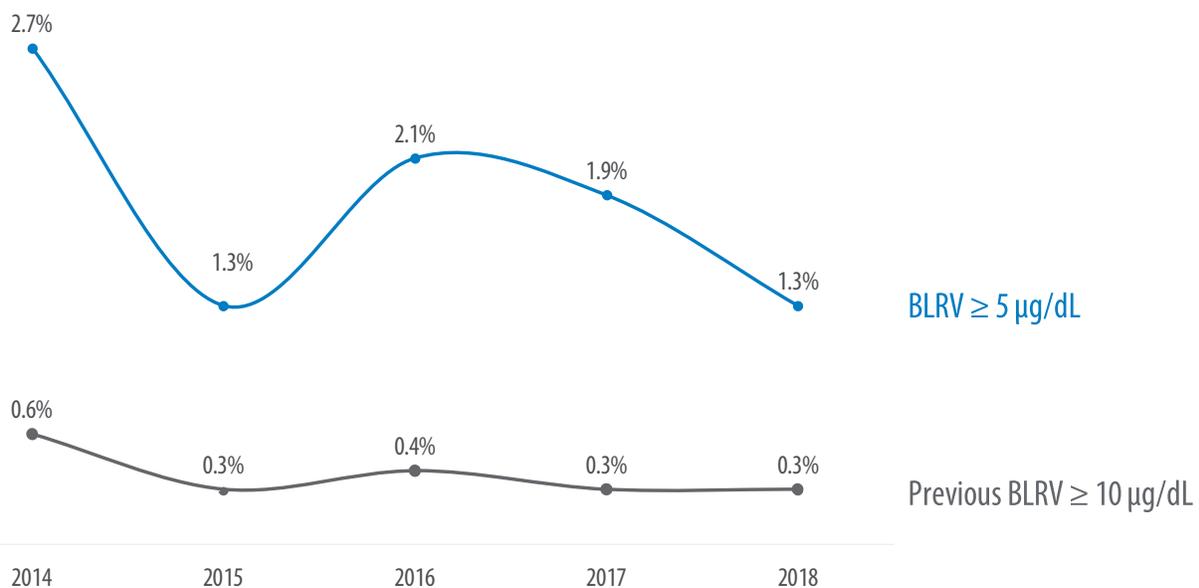
Lead poisoning continues to be the most preventable environmental disease in children. There is no safe blood lead level for children and low levels of lead exposure in children can cause adverse health effects.¹ The most important thing parents, caregivers, and communities can do is identify and remove lead sources in a child's environment before they are exposed. In 2016, the Utah Lead Coalition was formed and the number of stakeholders continues to grow. The Utah Lead Coalition and stakeholders work together with parents, doctors, and the public to educate about the risk factors associated with lead exposure, the need for increased blood lead testing, and to provide resources for how to assist children and families that have been exposed to lead.

In 2017, the Utah Department of Health Environmental Epidemiology Program amended the [Injury Reporting Rule R386-703](#) in the Utah Administrative code. The Injury Reporting Rule was changed by lowering the blood lead level of concern from ≥ 10 micrograms per deciliter to ≥ 5 micrograms per deciliter (ug/dL). This lower "blood level value" is consistent with recommendations from the Centers for Disease Control and Prevention and was renamed "Blood Lead Reference Value" (BLRV) from the previous "Blood Lead Level of Concern," in identifying children exposed to lead.¹

The following graph shows the difference in prevalence rates between ≥ 10 ug/dL and the new lower blood lead level value of ≥ 5 ug/dL (Figure 1). As a result of the change, many children having a blood lead level less than 10 ug/dL will now be identified. This will allow earlier intervention from parents, physicians, public health departments, and other organizations.

Prevalence Rate of Children, Ages 0-5 Years, with a Blood Lead Reference Value (BLRV) in Utah from 2014-2018*

Figure 1. The difference in prevalence rates between ≥ 10 $\mu\text{g}/\text{dL}$ and ≥ 5 $\mu\text{g}/\text{dL}$. Children having a blood lead level less than 10 $\mu\text{g}/\text{dL}$ will now be identified and treated.



*Utah Blood Lead Registry (UDOH)

1. Centers for Disease Control and Prevention: Childhood Lead Poisoning Prevention, Retrieved April 28, 2020, <https://www.cdc.gov/nceh/lead/default.htm>

Monthly Health Indicators

| Monthly Report of Notifiable Diseases, April 2020 | 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>) | 26 | 39 | 105 | 138 | 0.8 |
| COVID-19 (SARS-CoV-2) | Cases updated at https://coronavirus.utah.gov/case-counts/ . | | | | |
| Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>) | 2 | 9 | 59 | 22 | 2.7 |
| Hepatitis A (infectious hepatitis) | 1 | 4 | 5 | 23 | 0.2 |
| Hepatitis B, acute infections (serum hepatitis) | 0 | 2 | 0 | 2 | 0.0 |
| Influenza* | Weekly updates at http://health.utah.gov/epi/diseases/influenza . | | | | |
| Meningococcal Disease | 0 | 0 | 0 | 0 | -- |
| Pertussis (Whooping Cough) | 1 | 41 | 48 | 131 | 0.4 |
| Salmonellosis (<i>Salmonella</i>) | 15 | 28 | 67 | 104 | 0.6 |
| Shigellosis (<i>Shigella</i>) | 0 | 4 | 0 | 4 | 0.0 |
| Varicella (Chickenpox) | 7 | 20 | 45 | 87 | 0.5 |
| Quarterly Report of Notifiable Diseases, 1st Qtr 2020 | 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† | 33 | 32 | 33 | 32 | 1.0 |
| Chlamydia | 2,672 | 2,535 | 2,672 | 2,535 | 1.1 |
| Gonorrhea | 663 | 555 | 663 | 555 | 1.2 |
| Syphilis | 27 | 26 | 27 | 26 | 1.0 |
| Tuberculosis | 10 | 7 | 10 | 7 | 1.5 |
| Medicaid Expenditures (in Millions) for the Month of April 2020 | Current Month | Expected/ Budgeted for Month | Fiscal YTD | Budgeted Fiscal YTD | Variance over (under) Budget |
| Mental Health Services | \$ 10.6 | \$ 10.7 | \$ 154.5 | \$ 155.7 | \$ (1.2) |
| Inpatient Hospital Services | 13.7 | 14.1 | 162.8 | 164.4 | (1.6) |
| Outpatient Hospital Services | 2.9 | 4.0 | 35.1 | 37.1 | (1.9) |
| Nursing Home Services | 39.3 | 39.9 | 258.5 | 259.9 | (1.4) |
| Pharmacy Services | 9.5 | 10.2 | 100.7 | 102.2 | (1.4) |
| Physician/Osteo Services‡ | 3.0 | 4.1 | 50.7 | 52.1 | (1.4) |
| Medicaid Expansion Services | 48.8 | 49.1 | 413.5 | 415.0 | (1.4) |
| TOTAL MEDICAID | 276.7 | 276.1 | 2,675.3 | 2,677.0 | (1.6) |

|| Updates for COVID-19 can be found at <https://coronavirus.utah.gov>. This includes case counts, deaths, number of Utahns tested for disease, and latest information about statewide public health measures to limit the spread of COVID-19 in Utah.

* More information and weekly reports for Influenza can be found at <http://health.utah.gov/epi/diseases/influenza>.

† 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 2020 season.

Monthly Health Indicators

| Program Enrollment for the Month of April | Current Month | Previous Month | % Change§ From Previous Month | 1 Year Ago | % Change§ From 1 Year Ago |
|---|-------------------|-------------------|-------------------------------|--------------------------------------|------------------------------|
| Medicaid | 309,015 | 293,908 | +5.1% | 285,819 | +8.1% |
| CHIP (Children's Health Ins. Plan) | 16,908 | 16,559 | +2.1% | 17,788 | -4.9% |
| Commercial Insurance Payments# | Current Data Year | Number of Members | Total Payments | Payments per Member per Month (PMPM) | % Change§ From Previous Year |
| Medical | 2018 | 10,355,207 | \$ 3,146,492,372 | \$ 303.86 | -0.9% |
| Pharmacy | 2018 | 8,195,234 | 543,507,290 | 66.32 | +3.6% |
| Annual Community Health Measures | Current Data Year | Number Affected | Percent \ Rate | % Change§ From Previous Year | State Rank** (1 is Best) |
| Obesity (Adults 18+) | 2018 | 618,400 | 27.8% | +10.1% | 13 (2018) |
| Child Obesity (Grade School Children) | 2018 | 38,100 | 10.6% | +11.6% | n/a |
| Cigarette Smoking (Adults 18+) | 2018 | 200,100 | 9.0% | +0.9% | 1 (2018) |
| Vaping, Current Use (Grades 8, 10, 12) | 2019 | 37,100 | 12.4% | +11.3% | n/a |
| Binge Drinking (Adults 18+) | 2018 | 236,700 | 10.6% | -7.7% | 1 (2018) |
| Influenza Immunization (Adults 65+) | 2018 | 182,300 | 52.0% | -7.1% | 16 (2018) |
| Health Insurance Coverage (Uninsured) | 2018 | 300,300 | 9.5% | -3.1% | n/a |
| Motor Vehicle Traffic Crash Injury Deaths | 2018 | 239 | 7.6 / 100,000 | -16.2% | 8 (2018) |
| Drug Overdose Deaths Involving Opioids | 2018 | 404 | 12.8 / 100,000 | -0.9% | 24 (2018) |
| Suicide Deaths | 2018 | 665 | 21.0 / 100,000 | -1.5% | 46 (2018) |
| Unintentional Fall Deaths | 2018 | 262 | 8.3 / 100,000 | +14.8% | 31 (2018) |
| Traumatic Brain Injury Deaths | 2018 | 604 | 19.1 / 100,000 | -6.5% | 28 (2018) |
| Asthma Prevalence (Adults 18+) | 2018 | 205,500 | 9.2% | +3.6% | 21 (2018) |
| Diabetes Prevalence (Adults 18+) | 2018 | 185,900 | 8.3% | +17.5% | 12 (2018) |
| High Blood Pressure (Adults 18+) | 2017 | 532,900 | 24.5% | +3.8% | 3 (2017) |
| Poor Mental Health (Adults 18+) | 2018 | 418,300 | 18.8% | +3.1% | 20 (2018) |
| Coronary Heart Disease Deaths | 2018 | 1,624 | 51.4 / 100,000 | -5.8% | 4 (2018) |
| All Cancer Deaths | 2018 | 3,262 | 103.2 / 100,000 | +1.3% | 1 (2018) |
| Stroke Deaths | 2018 | 919 | 29.1 / 100,000 | +1.6% | 24 (2018) |
| Births to Adolescents (Ages 15-17) | 2018 | 363 | 4.9 / 1,000 | -15.3% | 10 (2018) |
| Early Prenatal Care | 2018 | 35,975 | 76.2% | -1.0% | n/a |
| Infant Mortality | 2018 | 255 | 5.4 / 1,000 | -7.0% | 24 (2017) |
| Childhood Immunization (4:3:1:3:3:1:4)†† | 2018 | 36,400 | 72.0% | +5.9% | 22 (2018) |

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

§ 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.

†† Data from 2018 NIS for children aged 24 months (birth year 2016).