Utah Health Status Update

KEY FINDINGS

- The MCH and CSHCN bureaus used data collection methods consisting of: 1) online quantitative surveys, 2) key informant interviews, 3) focus groups, 4) stakeholder meetings, and 5) a statewide summit to help select state priorities to focus on for the next five years.
- The MCH state health priorities selected for 2021–2025 are: perinatal mood and anxiety disorders, breastfeeding, dental care, developmental delays, family connectedness, mental health, economic stability, family and provider connectedness, and transition.

Maternal and Child Health State Priorities, 2021–2025

Introduction

Enacted in 1935 as part of the federal Social Security Act, Title V is the oldest public health program in the nation and provides a foundation for ensuring the health and well-being of pregnant women, mothers, infants, and children, including children with special health care needs (CSHCN).[1] The Utah Department of Health Maternal and Child Health Bureau is responsible for administering the Title V Maternal and Child Health (MCH) Block Grant program in Utah. States participating in the Title V program are required to conduct a needs assessment every five years to assess the health needs of MCH and CSHCN populations and design programs to address these needs. States are also required to develop performance measures to improve accountability and to better monitor the impact of state Title V program activities.

Methods

The 2020 MCH Needs Assessment used a community-engagement approach to gather information from stakeholders in Utah. This information was collected using various methods consisting of; 1) online quantitative surveys, 2) qualitative key informant interviews, 3) focus groups, 4) stakeholder meetings, and 5) a statewide summit. Data gathered from this process was used to select state health priorities which will become the focus in the MCH and CSHCN bureaus for the next five years.

Data collection began with the Stakeholder Survey and CSHCN Parent Survey, both developed to gain insight from stakeholders and parents on common health issues. The Stakeholder Survey asked respondents to rank a list of issues from several health domains (e.g., maternal, infant, adolescent, etc.) and answer open-ended questions to provide further insight of community health concerns and needs. The CSHCN Parent Survey asked a variety of questions on topics including strengths and weaknesses of services. Qualitative data were gathered from key informant interviews and focus groups with participants from rural and urban communities of Utah which included representatives from health departments, health care facilities, communities, social services, and members of priority populations (e.g., mothers of young children, adolescents, and parents of CSHCN). Topics discussed during these interviews focused on successes, recommendations, and needs specific to the community or population. Five stakeholder meetings were organized throughout Utah to present preliminary findings collected through qualitative and quantitative means. These meetings gave stakeholders a chance to help interpret findings and offer input in the prioritization of MCH and CSHCN issues.

Feature Article Continued

Following data collection, analysis, and input from stakeholder meetings, a statewide Needs Assessment Summit was held in order to have a group discussion on the selection of state health priorities. The results of data analyses, which included details of stakeholder meetings, were presented to the summit group who then participated in choosing health priorities. During this selection process, participants were encouraged to think about the following five criteria: 1) supported by data, 2) Title V programs have the capacity to address, 3) the intervention has a demonstrated impact, 4) overlaps with or is complementary to another priority issue, and 5) the state has adequate resources to sustain efforts.

Results and Conclusion

Collaboration with a variety of partners for this needs assessment process was instrumental in shaping future efforts to achieve the best health outcomes for mothers, children, and families in Utah. The input provided by stakeholders and members of the MCH population allowed many different perspectives on community health issues and needs. This input played a critical role in figuring out the right state priorities and performance measures. The Needs Assessment Summit resulted in picking ten state MCH priorities as the focus for Title V activities, seven National Performance Measures (NPM), and three State Performance Measures (SPM) (see Figure 1). To address selected state health priorities, a five–year action plan is being developed by the MCH Bureau and other Title V partners.

Utah Maternal and Child Health Needs, Priorities, and Performance Measures, 2021–2025

Figure 1. Summary of findings from the 2020 MCH Needs Assessment and final MCH state priorities and performance measures, 2021-2025.

	Top Identified Health Needs from Surveys	Themes from Focus Groups & Key Informant Interviews	Final Priorities & Performance Measures
Maternal	▪ Depression, anxiety, or other mental health issues ▪ Domestic violence/partner abuse ▪ Drug use during pregnancy or postpartum ▪ Environmental exposures ▪ Family planning services ▪ Immunizations ▪ Parenting knowledge ▪ Prenatal care	▪ Access to Care: Affordable health insurance; Mental health services; Family planning and pregnancy care; Specialty care; Culturally and linguistically appropriate care ▪ Mental health and substance abuse ▪ Women's health across the lifespan	**Priorities:** Perinatal Mood and Anxiety Disorders **NPM 1 Well-Woman Visit:** Percent of women, ages 18–44, with a preventive medical visit in the past year **SPM 1 Perinatal Mood and Anxiety Disorders:** Percent of mothers that report a doctor, nurse or other health care worker asked if they were feeling down or depressed during prenatal and postpartum care.
Infant	▪ Abuse and neglect ▪ Breastfeeding ▪ Developmental delays ▪ Environmental exposures ▪ Immunizations ▪ Neonatal abstinence/withdrawal ▪ Poor nutrition during infancy	▪ Abuse/ACEs ▪ Breastfeeding ▪ Care coordination ▪ Childcare ▪ Neonatal Abstinence Syndrome ▪ Services: WIC; Immunizations; Prenatal to five or "P-5"; Be Wise; Baby your Baby; Early Intervention	**Priorities:** Breastfeeding **NPM 4 Breastfeeding:** A: Percent of infants who are ever breastfed. B: Percent of infants breastfed exclusively through 6 months.
Child	▪ Abuse and neglect ▪ Access to safe preschool or child care ▪ Bullying ▪ Dental care ▪ Depression or other mental health problems ▪ Immunizations ▪ Parental involvement	▪ Abuse/ACEs ▪ Childcare ▪ Poverty ▪ Schools as resources and partners	**Priorities:** Dental Care, Developmental Delays, Economic Stability, and Family Connectedness **NPM 6 Developmental Delays:** Percent of children, ages 9–35 months, who received a developmental screening using a parent-completed screening tool in the past year. **NPM 13 – Oral Health*:** Percent of children, ages 1–17, who had a preventive dental visit in the past year. **SPM 2 – Family Connectedness*:** Percent of days that all family members in the household eat together in one week.
Adolescent	▪ Abuse and neglect ▪ Bullying ▪ Depression or other mental health problems ▪ Drug use ▪ Overweight/Obesity ▪ Sexual health education ▪ Suicide (includes suicidal ideation and social isolation)	▪ Mental health and suicide ▪ Physical education ▪ School nurses ▪ Sex and life skills education ▪ Substance and tobacco/vaping use	**Priorities:** Mental Health, and Economic Stability **NPM 9 Bullying:** Percent of adolescents, ages 12–17, who are bullied or who bully others. **SPM 3 School Lunch*:** Number of students enrolled in the free or reduced price lunch program.
CSHCN	▪ Autism spectrum disorder ▪ Care coordination ▪ Community resources and services ▪ Developmental screening ▪ Early intervention services ▪ Mental health ▪ Violence, abuse, or neglect	▪ Access to Care: More providers; reduce waiting lists timeframes; expand rural/distance outreach (increase telehealth); affordability of insurance ▪ Care coordination/Family and provider connectedness ▪ Parent support	**Priorities:** Family and Provider Connectedness, and Transition **NPM 11 Medical Home:** Percent of children with and without special health care needs, ages 0–17, who have a medical home. **NPM 12 Transition to Adulthood:** Percent of adolescents with and without special health care needs, ages 12–17, who received services necessary to make transitions to adult health care.

*SPMs applies to both Child and Adolescent health domains.

1. Understanding Title V of the Social Security Act. Health Resources and Services Administration, Maternal and Child Health Bureau, 2002. U.S. Department of Health and Human Services. http://www.amchp.org/AboutTitleV/Documents/UnderstandingTitleV.pdf.

Asthma Control and Cost Barriers to Asthma Care

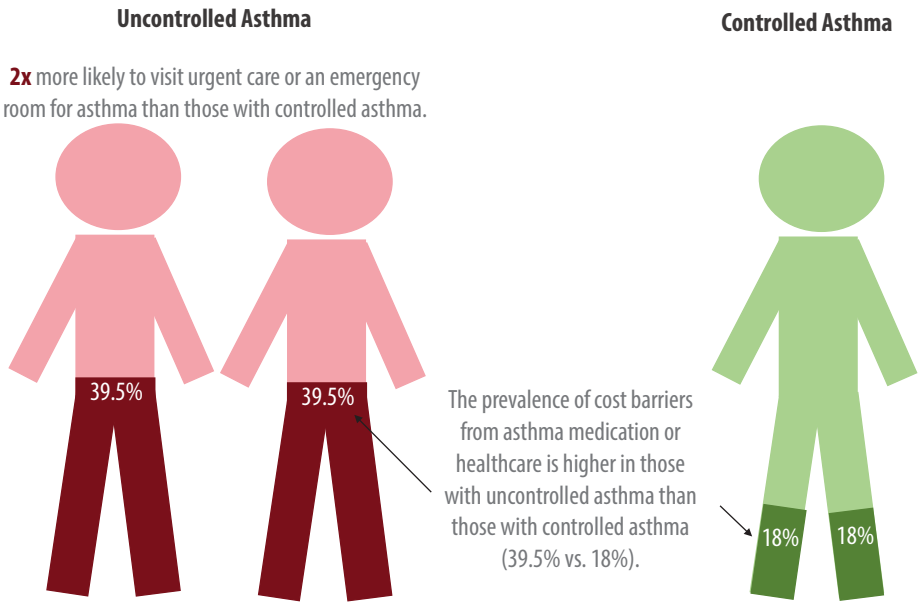
Asthma is a chronic inflammatory disease of the lungs that affects about 9.3% of adults in Utah.[1] Uncontrolled asthma is defined by a high frequency and intensity of symptoms and functional limitations[2] and has been associated with poor mental health, missed work and school days, and asthma-related emergency department (ED) visits and hospitalizations.[3] In Utah, about 31.4% of adults with asthma have uncontrolled asthma.

People may be forced to stop or delay asthma medication or treatment due to economic problems resulting in uncontrolled asthma and poor asthma outcomes.[4] Even those with health insurance may report cost barriers due to high co-pays and deductibles.[5]

When compared with those with controlled asthma, those with uncontrolled asthma report higher instances of cost barriers to asthma medication or asthma care, 39.5% vs. 18%, and are about 2 times more likely to report an asthma-related urgent care or ED visit (see Figure 1).[6] The Utah Asthma Program will use asthma control data to inform the 5-year Utah Asthma Strategic Plan. Anyone interested in participating in the asthma strategic planning process in fall 2020 can contact Nicole Shepard at nshepard@utah.gov.

Prevalence Rate of Cost Barriers in Uncontrolled Asthma vs. Controlled Asthma in Utah from 2014-2016

Figure 1. There is a higher prevalence of reported cost barriers to asthma medication or healthcare in those with uncontrolled asthma than those with controlled asthma (39.5% vs. 18%).



Data Source: Utah Asthma Call-back Survey, 2014-2016.

1. Utah Asthma Program. Fast Stats 2017. Available from http://health.utah.gov/asthma/data/index.html [last accessed 5 May 2020].
2. National Asthma Education and Prevention Program (NAEPP). Guidelines for the Diagnosis and Management of Asthma (EPR-3). 2007. Available from https://www.nhlbi.nih.gov/health-topics/guidelines-for-diagnosis-management-of-asthma [last accessed 8 May 2020].
3. Meng Y, Babey SH, Hastert TA, Lombardi C, Brown ER. Uncontrolled asthma means missed work and school, emergency department visits for many Californians. Policy Brief UCLA Center Health Policy Research 2008; July PB2008: 1-8.
4. Nannapaneni N, Baher R, Secord E. Insurance Barriers in the Management of uncontrolled asthma in an inner-city population. Journal of Allergy and Clinical Immunology 2015; AB50.
5. Fung F, Graetz I, Galbraith A. Financial Barriers to Care Among Low-Income Children With Asthma: Health Care Reform Implications. Pediatrics 2015; 136:3.
6. Uphold, H. Asthma Control and Cost Barriers to Asthma Care Report. Utah Asthma Program. 2018. http://www.health.utah.gov/asthma/.

Medicaid Now Covers COVID-19 Testing for Uninsured Residents

As of June 1, 2020, Utah Medicaid covers COVID-19-related diagnostic testing and services for uninsured individuals. This new program will be effective throughout the duration of the public health emergency. Covered services include COVID-19 testing, as well as serological tests which determine the presence of virus antibodies. Services covered include any additional evaluations needed for treatment or diagnosis. To qualify, an individual must be uninsured, and meet citizenship and Utah residency requirements. Individuals are considered uninsured if they are not enrolled in another federal health care program, such as Medicare or Veterans Health Administration coverage, or a commercial group or individual health plan.

Individuals may apply online at https://medicaid.utah.gov/covid-19-uninsured-testing-coverage/ (see Figure 1). A decision will be made within two to three business days. If approved, coverage begins on the first day of the application month. The individual will receive a Medicaid card within a few days of the approval. The application also serves as a full Medicaid and/or Children's Health Insurance Program (CHIP) application, unless the person opts-out. If the individual qualifies for Medicaid or CHIP, the COVID-19 Uninsured Testing Coverage will end but the individual will receive enhanced medical coverage through a regular Medicaid or CHIP program, which includes COVID-19 testing and treatment.

Medicaid Website for Uninsured COVID-19 Testing

Figure 1. The Utah Department of Health Medicaid office encourages those without health insurance to apply for COVID-19 testing coverage.

*Utah Department of Health Medicaid.

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured individuals on or after February 4, 2020, are able to submit claims for reimbursement through the Health Resources and Services Administration (HRSA). However, HRSA payments are subject to available funding.

More information and details for both patients and providers is available on the Utah Medicaid website.

UTAH DEPARTMENT OF HEALTH

DATA THROUGH MAY 2020

Monthly Health Indicators

Monthly Report of Notifiable Diseases, May 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 *(Campylobacter)*	19	52	126	190	0.7
COVID-19 (SARS-CoV-2)‖	Cases updated at https://coronavirus.utah.gov/case-counts/.				
Shiga toxin-producing *Escherichia coli (E. coli)*	4	11	64	34	1.9
Hepatitis A (infectious hepatitis)	1	3	7	26	0.3
Hepatitis B, acute infections (serum hepatitis)	0	1	0	1	0.0
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza.				
Meningococcal Disease	0	0	0	0	––
Pertussis (Whooping Cough)	0	38	0	38	0.0
Salmonellosis *(Salmonella)*	18	28	85	132	0.6
Shigellosis *(Shigella)*	2	4	19	20	1.0
Varicella (Chickenpox)	1	17	47	104	0.5
West Nile *(*Human cases*)*	0	0	0	0	––
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 May 2020	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance over (under) Budget**
Mental Health Services	$ 16.2	$ 16.6	$ 170.7	$ 172.3	$ (1.6)
Inpatient Hospital Services	22.5	22.6	185.3	186.9	(1.7)
Outpatient Hospital Services	4.0	3.1	39.1	40.1	(1.1)
Nursing Home Services	30.2	29.7	288.7	289.6	(0.9)
Pharmacy Services	12.4	12.5	113.1	114.7	(1.6)
Physician/Osteo Services‡	8.7	8.7	59.3	60.7	(1.4)
Medicaid Expansion Services	51.8	51.8	465.3	466.7	(1.4)
TOTAL MEDICAID	**305.7**	**305.8**	**2,981.0**	**2,982.7**	**(1.7)**

‖ 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.

UTAH DEPARTMENT OF HEALTH

DATA THROUGH MAY 2020

Monthly Health Indicators

Program Enrollment for the Month of May	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	315,964	309,015	+2.2%	288,632	+9.5%
Children's Health Insurance Program (CHIP)	16,610	16,908	-1.8%	17,745	-6.4%
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).