

Utah Health Status Update

KEY FINDINGS

- Utah observed a slight decrease in the proportion of children receiving newborn hearing screenings (NBHS) during the 2020 pandemic period (Figure 1).
- The second, outpatient, hearing screening rate dropped by 2%, while the hearing diagnosis rate dropped by approximately 3.7% during 4 months from July to October 2020.
- Overall, the percentage of infants who received timely congenital Cytomegalovirus testing, hearing diagnosis, and enrollment in Early Intervention improved during the pandemic compared with the pre-pandemic period (Figures 2, 3 and 4).

The Effects of the COVID-19 Pandemic on Early Hearing Detection and Intervention Milestones

Timely diagnosis of hearing loss and appropriate early intervention increases the possibility of efficient communication development in deaf/hard of hearing infants.¹ This observation has been the inspiration for every state in the U.S. to develop Early Hearing Detection and Intervention (EHDI) programs to ensure timely evaluation and treatment.

The Utah EHDI program follows the “1/2-3-6” month guidelines to ensure timely completion of newborn hearing screening (NBHS) and any necessary follow-up² in the following circumstances:

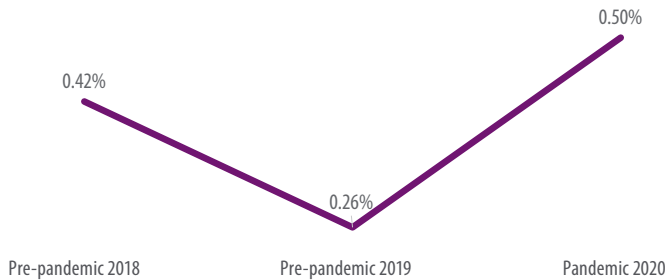
- All newborns receive a hearing screening before discharge or before 10 days of age if born out of hospital.
- For infants who do not pass, the hearing screening should be repeated no later than 14 days of age (“1/2 month” milestone).
- If infants do not pass the second hearing screening:
 - Test for congenital Cytomegalovirus (cCMV) infection before 21 days of age. This is because cCMV remains one of the leading causes of childhood hearing loss.³
 - Complete a diagnostic hearing evaluation by an audiologist with infant and pediatric expertise before 3 months of age (“3 months” milestone).
- If infants are diagnosed with hearing loss, enroll into Early Intervention services before 6 months of age (“6 months” milestone).

The total percentage of infants who did not receive NBHS was a little higher in the year 2020 compared with the previous two years as shown in Figure 1. A slight rise in the number of infants not receiving NBHS may be attributed to the COVID-19 pandemic. Overall 96.8% of infants who failed their first hearing screening before inpatient discharge received their second, outpatient hearing screening. The second, outpatient, hearing screening rate dropped by 2%, during 4 months from July to October 2020.

Feature article continued

Percentage of Infants Documented as Not Screened For Hearing at Birth in Utah, 2018–2020

Figure 1. Out of all the live births, 0.5% infants did not receive newborn hearing screening during the pandemic.

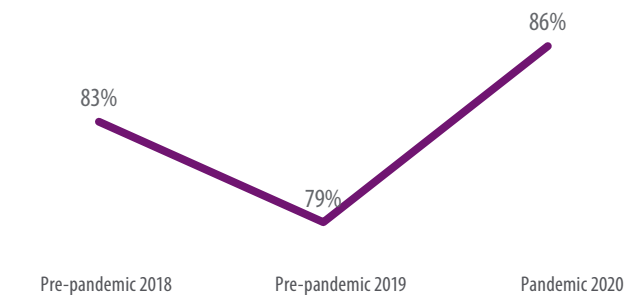


Source: [Utah Early Hearing Detection and Intervention \(EHDI\) Program](#), HiTrack, 2020

Pertaining to cCMV testing, some hospitals performed cCMV testing for eligible infants prior to discharge to ensure testing before the recommended 21 days of age. Of eligible infants, 84% received cCMV testing during the pandemic period and 86% were tested before 21 days of age during the pandemic period. Comparison with the pre-pandemic period can be seen in Figure 2.

Percentage of Eligible Infants Tested For CCMV Before 21 Days of Age, Pre-pandemic 2018–Pandemic 2020

Figure 2. Infants receiving cCMV testing before 21 days of age gradually increased to 86.0% during the 2020 pandemic.

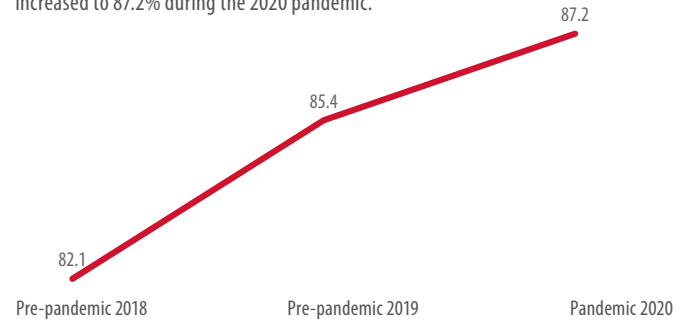


Source: [Utah Early Hearing Detection and Intervention \(EHDI\) Program](#), HiTrack, 2020

Relating to overall diagnostic evaluation rates, 90.4% of eligible infants received diagnostic service during the pandemic period. Infants receiving a diagnostic exam prior to three months of age increased from 82% in 2018 to 87% in 2020 (Figure 3). Rates for hearing diagnosis dropped by approximately 3.7% during a 4-month period from July to October 2020.

Hearing Diagnosis Rates in Infants Prior to Three Months of Age, Pre-pandemic 2018–Pandemic 2020

Figure 3. Infants receiving a diagnostic exam prior to three months of age steadily increased to 87.2% during the 2020 pandemic.

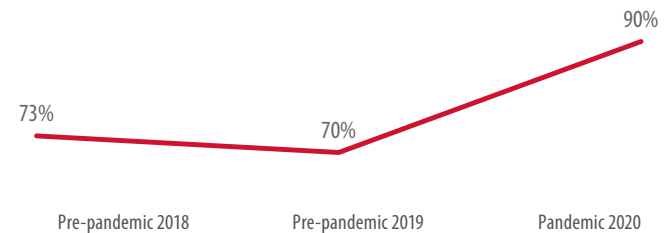


Source: [Utah Early Hearing Detection and Intervention \(EHDI\) Program](#), HiTrack, 2020

During the 2018 pre-pandemic period, 73% of eligible infants were enrolled in Early Intervention before six months of age which increased to 90% in 2020 (Figure 4).

Percentage of Infants Enrolled in Early Hearing Intervention Before 6 Months of Age, 2018–2020

Figure 4. Infants enrolled in Early Intervention before 6 months of age significantly improved during the pandemic.



Source: [Utah Early Hearing Detection and Intervention \(EHDI\) Program](#), HiTrack, 2020

1. Ching TY. Is Early Intervention Effective in Improving Spoken Language Outcomes of Children With Congenital Hearing Loss?. *Am J Audiol.* 2015;24(3):345-348. doi:10.1044/2015_AJA-15-0007
2. Early Hearing Detection and Intervention (EHDI), Children with special healthcare needs. Utah Department of Health. Accessed March 30, 2021. <https://health.utah.gov/cshcn/programs/ehdi.html>
3. Palma S, Roversi MF, Bettini M, et al. Hearing loss in children with congenital cytomegalovirus infection: an 11-year retrospective study based on laboratory database of a tertiary paediatric hospital. *Acta Otorhinolaryngol Ital.* 2019;39(1):40-45. doi:10.14639/0392-100X-2020

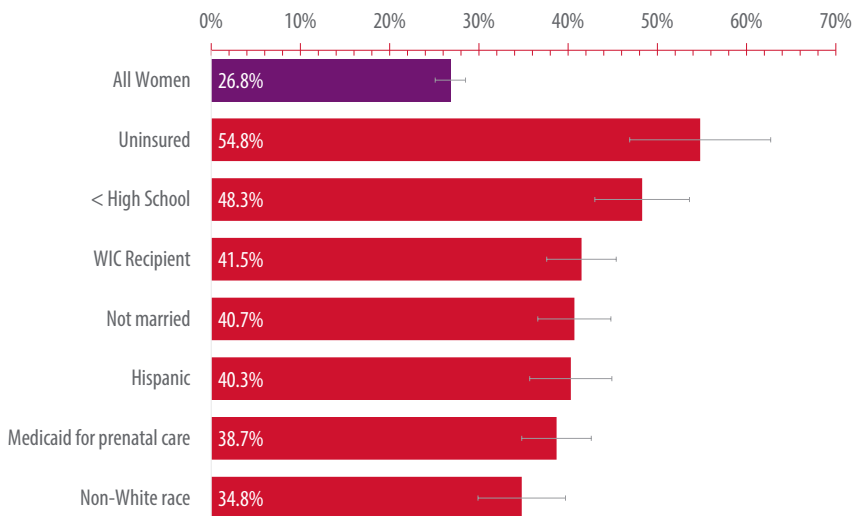
Sociodemographic Disparities in Obtaining Oral Healthcare During Pregnancy

Physiologic changes during pregnancy may result in oral health problems such as gingivitis, tooth erosion and mobility, dental caries, and periodontitis. Oral health problems during pregnancy are associated with adverse pregnancy outcomes such as preterm birth and low birth weight.¹ While oral health problems during pregnancy may be prevented, research shows many women, especially socially disadvantaged women, have difficulty accessing oral health care during pregnancy.^{2,3}

Recent Pregnancy Risk Assessment Monitoring System (PRAMS) data show nearly all women (90.5%) knew it was important to care for their teeth and gums during pregnancy and 18.9% needed to see a dentist for a problem during pregnancy. However, more than a quarter of women (26.8%) reported one or more barriers to obtaining oral healthcare during their pregnancy. When compared with all women with a recent live infant delivery, those with certain sociodemographic factors experienced barriers to obtaining oral healthcare at higher rates (Figure 1).

Rates at Which Women Experienced Barriers* to Obtaining Oral Healthcare During Pregnancy, 2017–2019

Figure 1. In 2017–2019, barriers to obtaining oral healthcare during pregnancy were experienced at the highest rates by uninsured women and women with less than a high school education.



Source: [Utah Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)

*The barriers asked about in the PRAMS survey include: couldn't find a dentist who would accept Medicaid for payment, couldn't find a dentist who took pregnant patients, didn't think it was safe to go to the dentist during pregnancy, couldn't afford to pay for a dental visit

Pregnant women should be counseled about the safety of oral healthcare during pregnancy and provided with resources to find oral healthcare providers. Resources to help pregnant women find a dental provider can be found on these websites:

[Utah Department of Health, Oral Health Program](#)

[Utah Department of Health, Medicaid](#)

1. Cho, G.J., Kim, Sy., Lee, H.C. et al. Association between dental caries and adverse pregnancy outcomes. *Sci Rep* 10, 5309 (2020). <https://doi.org/10.1038/s41598-020-62306-2>
2. Adeniyi AA, Laronde DM, Brondani M, Donnelly L. Perspectives of socially disadvantaged women on oral healthcare during pregnancy. *Community Dent Health*. 2020 Feb 27;37(1):39-44. [doi:10.1922/CDH_4591Adeniyi06](https://doi.org/10.1922/CDH_4591Adeniyi06). PMID: 32031340.
3. Rocha JS, Arima L, Chibinski AC, Werneck RI, Moysés SJ, Baldani MH. Barriers and facilitators to dental care during pregnancy: a systematic review and meta-synthesis of qualitative studies. *Cad Saude Publica*. 2018 Sep 6;34(8):e00130817. [doi:10.1590/0102-311X00130817](https://doi.org/10.1590/0102-311X00130817). PMID: 30208187.

Monthly Health Indicators

Monthly Report of Notifiable Diseases, March 2021	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>)	27	34	82	101	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>)	9	8	25	23	1.1
Hepatitis A (infectious hepatitis)	1	5	3	20	0.2
Hepatitis B, acute infections (serum hepatitis)	1	1	3	3	1.0
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza .				
Meningococcal Disease	0	1	0	1	0.0
Pertussis (Whooping Cough)	0	22	10	92	0.1
Salmonellosis (<i>Salmonella</i>)	15	26	34	70	0.5
Shigellosis (<i>Shigella</i>)	2	5	13	14	0.9
Varicella (Chickenpox)	9	17	21	62	0.3
West Nile (Human cases)	0	10	2	23	0.1
Quarterly Report of Notifiable Diseases, 1st Qtr 2021	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	34	22	34	0.7
Chlamydia	2,961	2,638	2,961	2,638	1.1
Gonorrhea	908	616	908	616	1.5
Syphilis	44	30	44	30	1.4
Tuberculosis	2	8	2	8	0.3
Medicaid Expenditures (in Millions) for the Month of March 2021	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$16.5	\$16.8	\$155.3	\$156.3	(\$1.1)
Inpatient Hospital Services	\$23.3	\$22.5	\$146.8	\$147.5	(\$0.7)
Outpatient Hospital Services	\$4.6	\$5.9	\$27.6	\$29.3	(\$1.7)
Nursing Home Services	\$17.2	\$16.8	\$213.8	\$214.3	(\$0.5)
Pharmacy Services	\$11.0	\$11.5	\$94.9	\$95.7	(\$0.8)
Physician/Osteo Services‡	\$7.2	\$6.8	\$40.5	\$40.9	(\$0.4)
Medicaid Expansion Services	\$66.3	\$67.9	\$568.5	\$570.1	(\$1.6)
***TOTAL MEDICAID	\$296.0	\$296.5	\$2,776.2	\$2,777.9	(\$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 2021 season.

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

***The Total Medicaid Program costs do not include costs for the PRISM project.

Monthly Health Indicators

Program Enrollment for the Month of March	Current Month	Previous Month	% Change [§] From Previous Month	1 Year Ago	% Change [§] From 1 Year Ago
Medicaid	403,077	397,504	+1.4%	293,908	+37.1%
CHIP (Children's Health Ins. Plan)	15,520	15,727	-1.3%	16,559	-6.3%
Commercial Insurance Payments [#]	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change [§] From Previous Year
Medical	2019	11,881,900	\$ 3,569,847,963	\$ 303.86	-1.1%
Pharmacy	2019	10,423,251	\$ 774,925,995	\$ 66.32	+12.1%
Annual Community Health Measures	Current Data Year	Number Affected	Percent \ Rate	% Change [§] From Previous Year	State Rank ^{**} (1 is Best)
Suicide Deaths	2019	653	20.4 / 100,000	-3.2%	40 (2019)
Asthma Prevalence (Adults 18+)	2019	219,900	9.90%	+6.9%	29 (2019)
Poor Mental Health (Adults 18+)	2019	459,100	20.70%	+10.1%	28 (2019)
Influenza Immunization (Adults 65+)	2019	223,600	63.90%	+22.8%	22 (2019)
Drug Overdose Deaths Involving Opioids	2019	496	15.5 / 100,000	-21.6%	20 (2019)
Unintentional Fall Deaths	2019	345	10.8 / 100,000	+29.0%	17 (2019)
Infant Mortality	2019	250	5.3 / 1,000	-7.0%	17 (2018)
Traumatic Brain Injury Deaths	2019	1,230	19.3 / 100,000	+1.1%	15 (2019)
Obesity (Adults 18+)	2019	605,345	29.9%	+10.1%	15 (2019)
Diabetes Prevalence (Adults 18+)	2019	190,500	8.50%	+1.3%	13 (2019)
Births to Adolescents (Ages 15-17)	2019	289	3.8 / 1,000	-21.8%	10 (2018)
Childhood Immunization (4:3:1:3:3:1:4) ^{††}	2019	49,400	80.00%	0.08	7 (2019)
Motor Vehicle Traffic Crash Injury Deaths	2019	231	7.2 / 100,000	-4.50%	7 (2019)
High Blood Pressure (Adults 18+)	2019	532,900	27.00%	+10.3%	7 (2019)
Cigarette Smoking (Adults 18+)	2019	175,800	8.00%	-12.0%	1 (2019)
Binge Drinking (Adults 18+)	2019	240,000	11.10%	+4.4%	1 (2019)
Coronary Heart Disease Deaths	2019	1,631	50.9 / 100,000	-1.0%	1 (2019)
All Cancer Deaths	2019	3,289	102.6 / 100,000	-0.6%	1 (2019)
Stroke Deaths	2019	912	28.4 / 100,000	+1.6%	1 (2019)
Child Obesity (Grade School Children)	2018	38,100	10.60%	+11.6%	n/a
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.40%	+11.3%	n/a
Health Insurance Coverage (Uninsured)	2019	277,200	9.50%	-3.1%	n/a
Early Prenatal Care	2019	35,560	75.90%	-0.4%	n/a

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

[#] Figures subject to revision as new data is processed.

^{**} State rank in the United States based on age-adjusted rates where applicable.

^{††} Data from 2019 NIS for children aged 24 month (birth year 2017).