

# Utah Health Status Update

## KEY FINDINGS

- Following a stillbirth, nearly all women chose to preserve memories by taking footprint impressions 96.9% and engaged in comforting activities such as holding their babies 95.2% (Figure 1).
- Following a stillbirth, most women felt adequately supported by hospital staff regarding their grief. However, fewer received information about managing the physical effects of stillbirth such as breast engorgement (Figure 2).
- More than half of all women received grief counseling in the months following their stillbirth delivery. Of those who did not, 55.5% felt it was not needed. (Figure 3).

## Women's Experiences of Support Following a Stillbirth

### Introduction

Stillbirths (fetal deaths at  $\geq 20$  weeks of gestation) are associated with devastating and long-lasting adverse effects on parents, families, the health care system, and society.<sup>1</sup> In 2017, the national rate of stillbirth was 5.89 stillbirths per 1000 live births and stillbirths.<sup>2</sup> In Utah, 244 stillbirths occurred in 2019, for a rate of 5.21 stillbirths per 1000 live births and stillbirths.<sup>3</sup> Although stillbirths are one of the most common adverse pregnancy outcomes, little is known about the experiences, perspectives, and needs of bereaved parents after a stillbirth.

The Utah Department of Health began the [Study of the Associated Risks of Stillbirth \(SOARS\)](#) survey in 2018. All Utah women who experience a stillbirth in Utah are invited to participate in SOARS. Data are weighted for non-response so analyses can be generalized to the entire population of Utah women who deliver a stillbirth in Utah. During the first year of SOARS data collection (June 1, 2018–May 30, 2019), 288 Utah women were invited to participate in the survey and 167 (58%) completed it. This report presents findings from the first year of SOARS data collection and describes the experiences of women related to compassionate support, interactions with medical providers, and grief support following a stillborn delivery.

### Hospital Bereavement Support

One of the focuses of SOARS is to gain information about the experiences, beliefs, and needs of bereaved parents following a stillbirth. Results of SOARS show many different types of bereavement services supported women while in the hospital (Figure 1).

### Supportive Interactions With Hospital Staff

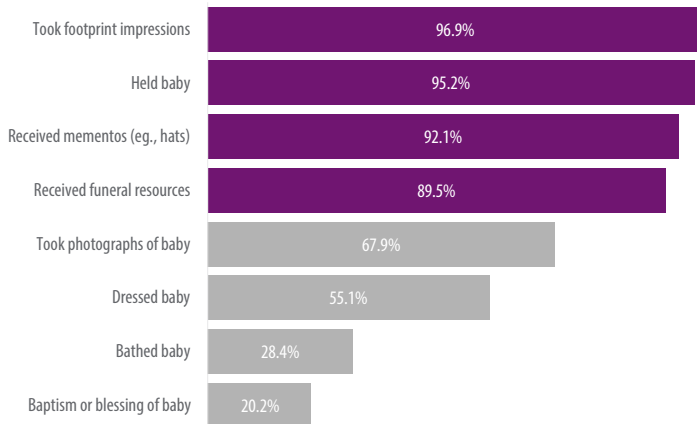
Studies show when well supported, some parents who experience the tragedy of stillbirth can develop resilience, new life skills, and capacities.<sup>4</sup> In addition to the need for grief support following a stillbirth, women need information about the physical effects of stillbirth, such as breast engorgement. SOARS results indicate the majority of women were given opportunities to ask questions and felt adequately supported by hospital staff regarding their grief (86%–97%), while

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fewer (78%) said they were given information about what to do when their breast milk came in (Figure 2).

### Gestures of Compassion and Support Experienced in the Hospital Following a Stillbirth

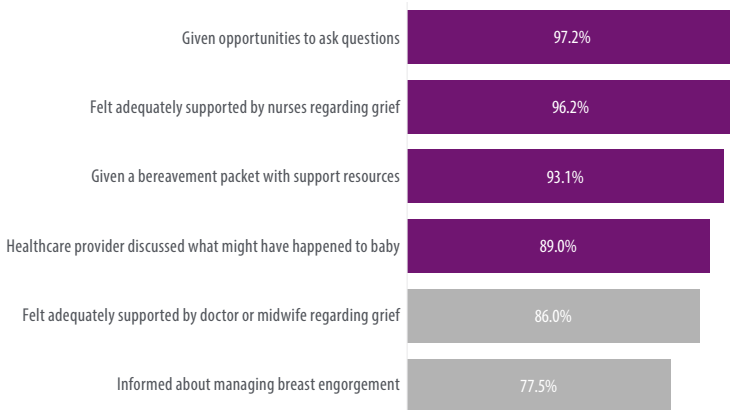
Figure 1. Nearly all women received footprint impressions and held their stillborn babies.



Source: Utah Department of Health, SOARS data June 1, 2018, through May 30, 2019.

### Support Provided by Hospital Staff After a Stillbirth

Figure 2. Although most women received adequate grief support, fewer received information about managing breast milk.



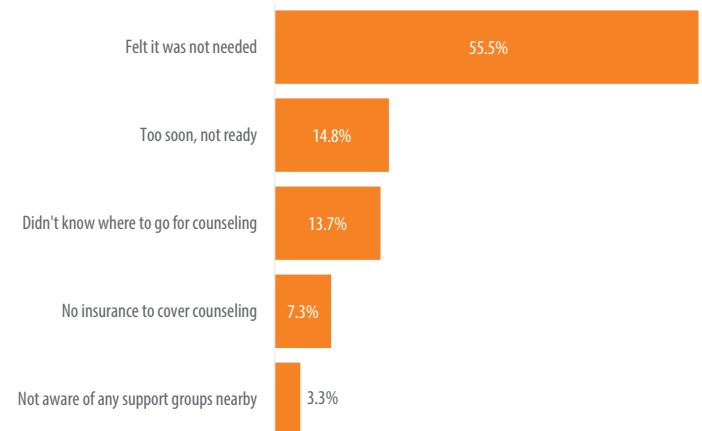
Source: Utah Department of Health, SOARS data June 1, 2018, through May 30, 2019.

### Participation in Grief Support Following Stillbirth

SOARS results show while 24% of women did not feel adequately supported by grief counselors during their hospital stay, more than half (52%) of the women went on to receive grief counseling in the early months following their stillborn delivery. While the majority of women who did not receive grief counseling said it was because it was not needed, others said they were not yet ready for it. Additionally, some women experienced challenges with obtaining grief counseling (Figure 3).

### Reasons for Not Receiving Grief Support After a Stillbirth

Figure 3. Most women who did not receive grief support following a stillbirth said they felt it was not needed.



Source: Utah Department of Health, SOARS data June 1, 2018, through May 30, 2019.

Women in need of support following a stillbirth can be referred to [Share Parents of Utah https://sputah.org/about-us/](https://sputah.org/about-us/). Their mission is to serve those touched by the loss of a baby in the first months of life, through pregnancy loss, or stillbirth.

1. Hezell AEP, Siassakos D, Blencowe H, et al. Stillbirths: economic and psychosocial consequences. *Lancet*. 2016;387(10018):604-616. doi:10.1016/S0140-6736 (15) 00836-3
2. Centers for Disease Control and Prevention. Stillbirth data and statistics. 2019. <https://www.cdc.gov/ncbddd/stillbirth/data.html>
3. Utah Department of Health Public Health Indicator Based Information System (IBIS). 2019 fetal mortality rate. <https://ibis.health.utah.gov/ibisph-view/query/result/fetmort/FetMortCnty99/Rate.html>
4. Burden C, Bradley S, Storey C, et al. From grief, guilt, pain, and stigma to hope and pride—a systematic review and meta-analysis of mixed-method research of the psychosocial impact of stillbirth. *BMC Pregnancy Childbirth*. 2016 Jan 19;16:9. doi: 10.1186/s12884-016-0800-8. PMID: 26785915; PMCID: PMC4719709.

## Medicaid Members with Hepatitis C Treatment Initiative

The hepatitis c virus (HCV) is an infection characterized by chronic liver inflammation resulting in liver cancer and liver failure.<sup>1</sup> Utah rates of HCV are increasing and are more than twice the Healthy People 2020 goals.<sup>2</sup> HCV is treatable with novel antiretroviral medications capable of curing infections when taken every day for 8–12 weeks. In 2019, the adherence rate for Medicaid members completing this course of treatment was 80.9%.

In April 2020, the Medicaid pharmacy team launched a patient-centered HCV adherence program which aimed at improving HCV cure rates among HCV-infected Medicaid members. Newly treated members, identified through prior authorization requests, were invited to enroll in the adherence program. Enrolled members received telephonic education from Medicaid pharmacists and follow-up coaching and support from the pharmacy team. The objective was to partner with members using motivational interviewing techniques, barrier identification, and resolution, which ultimately encouraged members to take their medicine daily throughout their treatment.

In one year, 237 members were enrolled in the HCV therapy adherence program. Of the 237 enrolled, 217 members (91.5%) completed therapy on time; 20 patients (8.4%) were non adherent. The overall adherence rate improved by 10.6% from the baseline of 80.9% to achieve 91.5% adherence overall. Annual costs to administer the program were \$23,000 in pharmacy staff time. Savings achieved through avoiding re-treatment costs for patients who may not have been adherent without the intervention (n=25) are between \$300,000 and \$950,000 (cost of a full course of treatment is between \$12,000 to \$38,000 per member).

In conclusion, this pharmacist-run medication adherence program improved treatment cure rates in the Utah Medicaid population with HCV and proved to be cost-effective. More information on hepatitis c resources can be found in the links below.

[Utah Department of Health, Medicaid](#)

[Utah Department of Health, 2018–2019 Hepatitis C Resource Guide](#)

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1. Centers for Disease Control and Prevention, (2020). <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>

2. Office of Disease Prevention and Health Promotion, (2021). <https://www.healthypeople.gov/2020/topics-objectives/objective/iid->

## Role of Interactive Dashboard Development in COVID-19 Response

Interactive dashboards are a flexible open-source statistical programming software in public health data analysis and dissemination. The data visualization in these dashboards offer a means to quickly disseminate, understand, and interpret datasets, facilitating evidence-driven decision-making through increased access to information.<sup>1</sup> The COVID-19 dashboard demonstrates the Utah Department of Health (UDOH) community of dashboard-users have the skill and infrastructure in place to embrace this change.

In August 2018, UDOH released an updated flu surveillance dashboard built using interactive dashboards.<sup>2</sup> Then the COVID-19 pandemic created a sudden and pressing need to disseminate critical COVID-19 data and information to the public. UDOH chose to do this via another interactive dashboard in what proved to be a rigorous proof of concept for the efficacy of using flexible dashboards.

The COVID-19 dashboard is updated daily and can be accessed by scanning the provided QR code (Figure 1) or following [this link](#).<sup>3</sup> Since its deployment on March 18th, 2020, the dashboard has had 17,860,731 views.<sup>4</sup> During the peak of the pandemic last April it averaged 200,000 views per day and, a year later, the April average is still between 10–20,000 views per day.<sup>4</sup>

This intense public interest in transparent and prompt data visualization and dissemination has catalyzed more interactive-dashboard development at UDOH. For example, Utah's [wastewater COVID-19 surveillance program](#) disseminates its data and a live interactive map visualization via interactive dashboard, and more flexible dashboards are in development for other UDOH projects, or as a service for local health districts and other community partners.<sup>5</sup>

Interactive dashboards are:

- **Rapidly and reliably deployable**
- **Versatile and customizable**
- **Straightforward to update securely and collaboratively**
- **Permit transparent visualization of and access to appropriate data**
- **Have contributed to public awareness and education during the pandemic**

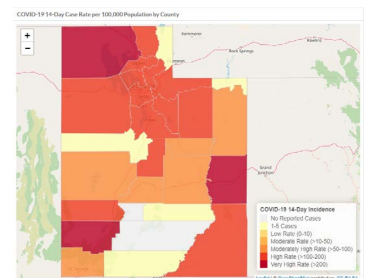
### QR Code to UDOH Covid-19 Dashboard

Figure 1. The COVID-19 dashboard is updated daily and can be accessed by scanning this QR code.



### Utah Covid-19 Dashboard

Figure 2. The Utah Department of Health COVID-19 dashboard includes an interactive map showing 14-day incidence rates by county.<sup>3</sup>



1. Developing a Data Dashboard Framework for Population Health Surveillance: Widening Access to Clinical Trial Findings. Concannon, Herbst, Manley. Published online 2019 Apr 4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6470464/>

2. Overview of Influenza Surveillance. Utah Department of Health. Utah.gov. [http://health.utah.gov/epi/diseases/influenza/surveillance/2020-2021/Utah\\_Weekly\\_Influenza\\_Report.html](http://health.utah.gov/epi/diseases/influenza/surveillance/2020-2021/Utah_Weekly_Influenza_Report.html). Accessed April 15, 2021.

3. Overview of COVID-19 Surveillance. Utah Department of Health. Utah.gov. Published March 18, 2020. Accessed April 7, 2021. Updated April 7, 2021. <https://coronavirus.utah.gov/case-counts/>

4. Keegan McCaffrey, Epidemiology Manager I, Utah Department of Health.

5. SARS-CoV-2 Sewage Monitoring. Utah Department of Environmental Quality. Published July 14, 2020. Accessed April 7, 2021. <https://deq.utah.gov/water-quality/sars-cov-2-sewage-monitoring>.

# Monthly Health Indicators

Monthly Report of Notifiable Diseases, April 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	40	115	141	0.8
COVID-19 (SARS-CoV-2)	Cases updated at <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a> .				
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	11	8	36	31	1.2
Hepatitis A (infectious hepatitis)	0	1	4	24	0.2
Hepatitis B, acute infections (serum hepatitis)	1	2	5	5	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	0.8
Pertussis (Whooping Cough)	4	32	17	116	0.1
Salmonellosis ( <i>Salmonella</i> )	28	25	63	95	0.7
Shigellosis ( <i>Shigella</i> )	2	4	15	18	0.8
Varicella (Chickenpox)	5	19	27	81	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 April 2021	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$2.8	\$2.7	\$158.1	\$159.0	(\$0.9)
Inpatient Hospital Services	\$42.7	\$43.2	\$189.5	\$190.7	(\$1.2)
Outpatient Hospital Services	\$2.0	\$1.5	\$29.6	\$30.8	(\$1.2)
Nursing Home Services	\$20.0	\$20.1	\$233.8	\$234.4	(\$0.6)
Pharmacy Services	\$10.8	\$11.3	\$105.7	\$107.0	(\$1.3)
Physician/Osteo Services‡	\$3.5	\$3.8	\$43.9	\$44.7	(\$0.7)
Medicaid Expansion Services	\$40.3	\$40.1	\$608.8	\$610.2	(\$1.4)
<b>***TOTAL MEDICAID</b>	<b>\$197.2</b>	<b>\$197.4</b>	<b>\$2,973.4</b>	<b>\$2,975.4</b>	<b>(\$2.0)</b>

|| 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.

‡ Medicaid payments reported under Physician/Osteo Services do 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 April	Current Month	Previous Month	% Change <sup>§</sup> From Previous Month	1 Year Ago	% Change <sup>§</sup> From 1 Year Ago
Medicaid	409,039	403,077	+1.5%	309,015	+32.4%
CHIP (Children's Health Insurance Plan)	15,207	15,520	-2.0%	16,908	-10.1%
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	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 <sup>**</sup> (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) <sup>††</sup>	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

<sup>§</sup> Relative percent change. Percent change could be due to random variation.

<sup>#</sup> Figures subject to revision as new data is processed.

<sup>\*\*</sup> State rank in the United States based on age-adjusted rates where applicable.

<sup>††</sup> Data from 2019 NIS for children aged 24 month (birth year 2017).