

Utah Health Status Update

KEY FINDINGS

- Of nearly 40,000 outbound calls, 3,712 members were provided COVID-19 vaccine scheduling information, 112 received help for scheduling, and 54 needed mobile outreach (Figure 1).
- COVID-19 vaccinations for Medicaid and CHIP members age 18 and older steadily increased to 46.1% for first dose and 41.0% for fully vaccinated in 2021 (Figure 2).
- COVID-19 vaccinations for Medicaid and CHIP members including children ages 12 and older increased 42.8% for first dose and 36.4% for fully vaccinated in 2021 (Figure 3).

Utah Medicaid COVID-19 Vaccination Outreach

With Utah Medicaid member COVID-19 vaccination rates lagging behind the global Utah population, the Utah Department of Health (UDOH) began a COVID-19 vaccination outreach effort with key partners in March 2021. The goal of this effort is to improve vaccination rates among Medicaid members implemented in three ways:

1. **Inbound Calls**—The UDOH receives up to 15,000 inbound phone calls per month from Medicaid members who call the agency for a variety of reasons. Once the main reason for the call is resolved, the Medicaid health program representative asks the caller about their vaccination status and directs them to resources and vaccine locations, if they have not already been vaccinated.
2. **Partner Data**—Eighty percent of Utah Medicaid members are served by managed care organizations (MCO) or receive services as part of a waiver program. Because these agencies already have a degree of involvement in the care of Medicaid members, UDOH sends a weekly email to each MCO and waiver program indicating the vaccination status of their enrolled members, as identified in the Utah Statewide Immunization Information System (USIIS). This data is used to conduct outreach activities for members (calls, flyers, coordination within their health systems, etc.). As vaccination data is updated, the weekly lists change keeping the data shared with the partner agency current.
3. **Direct Outreach**—The remaining Medicaid membership (about 20 percent) is considered Fee for Service (FFS). Medicaid staff and UDOH Contact Tracing staff have performed targeted phone outreach to unvaccinated members, as identified in USIIS. These calls focus on appointment scheduling, guidance, and support; calls to members who have "walk-up" locations near their home; and outreach to specific member populations (e.g., based on their preferred language, or events specific to their communities).

Phone Call Results

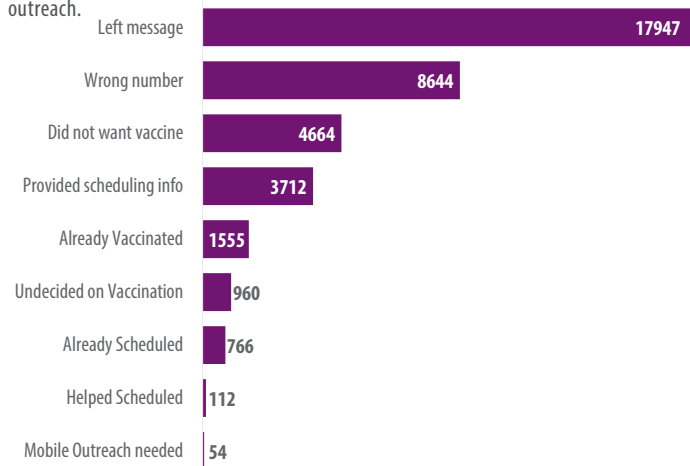
The following chart shows the results of the nearly 40,000 outbound calls. About one-third of all calls made resulted in a conversation with the member. One-third of those members indicated they did not want the vaccine. Nearly half of these calls resulted in a voicemail and 22 percent had no communication at all

Feature article continued

because of a wrong number or no pickup after three attempts.

Direct Outreach Phone Call Results 2020

Figure 1. Of the nearly 40,000 outbound calls made, 3,712 members were provided vaccine scheduling information, 112 received help scheduling, and 54 needed mobile outreach.



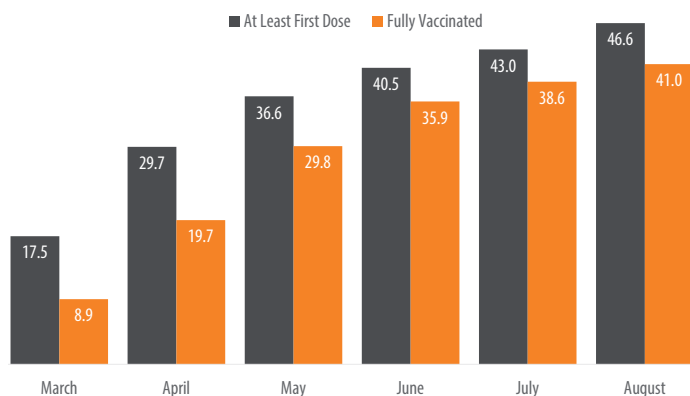
Source: Utah Division of Medicaid and Health Financing

Project Outcomes

The following charts show the progress of vaccination rates among Medicaid members since the Direct Outreach intervention began, for both members who are 18 years and older and 12 years and older. Utah Medicaid has seen a steady increase in vaccination rates, although the gap between Medicaid and the global Utah population has remained between 20-25 percent. Most encouraging, at least 4,362 Fee For Service members have been vaccinated subsequent to an outreach phone call.

Vaccination Rates (%) of Utah Medicaid and CHIP Members Age 18 Years and Older Since March 2021

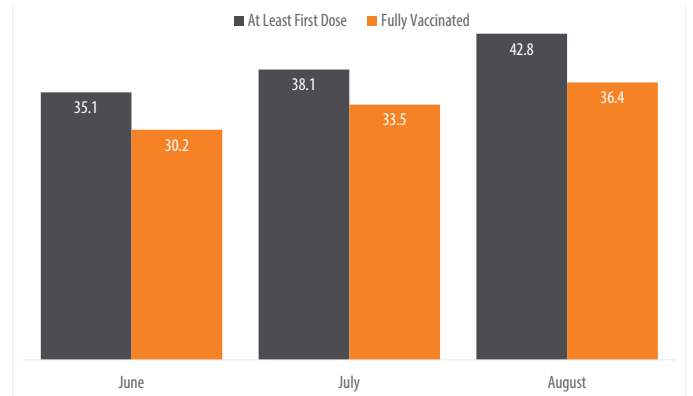
Figure 2. The percentage of vaccinated Medicaid and CHIP members age 18 and older steadily increased in 2021.



Source: Utah Division of Medicaid and Health Financing

Vaccination Rates (%) Utah Medicaid and CHIP Members Age 12 Years and Older Since June 2021

Figure 3. The percentage of vaccinated Medicaid and CHIP members including ages 12 and older steadily increased in 2021.



Source: Utah Division of Medicaid and Health Financing

Barriers and Next Steps

Some barriers were identified that may have influenced vaccination rates among Medicaid members and other vulnerable populations. Barriers include the inability for outreach staff to schedule appointments on behalf of Medicaid members (e.g., members with no internet access, lower computer literacy, or inability to stay on hold); lack of walk-up (no appointment needed) sites in the early phase of the pandemic; and lack of transportation options for some Medicaid populations.

In response to these findings and the barriers, Utah Medicaid recently finalized a contract amendment for non-traditional Medicaid members to be able to use Non-Emergent Medical Transportation for free door-to-door access for COVID-19 vaccination appointments. The next phase of this outreach will focus on calling these members. Further, Utah Medicaid is sending flyers to each FFS member who was unable to be reached via phone and provide information about how to get their COVID-19 vaccine.

1. Utah Department of Health. Student Injury Reporting System.

Access: <https://sir.health.utah.gov/>

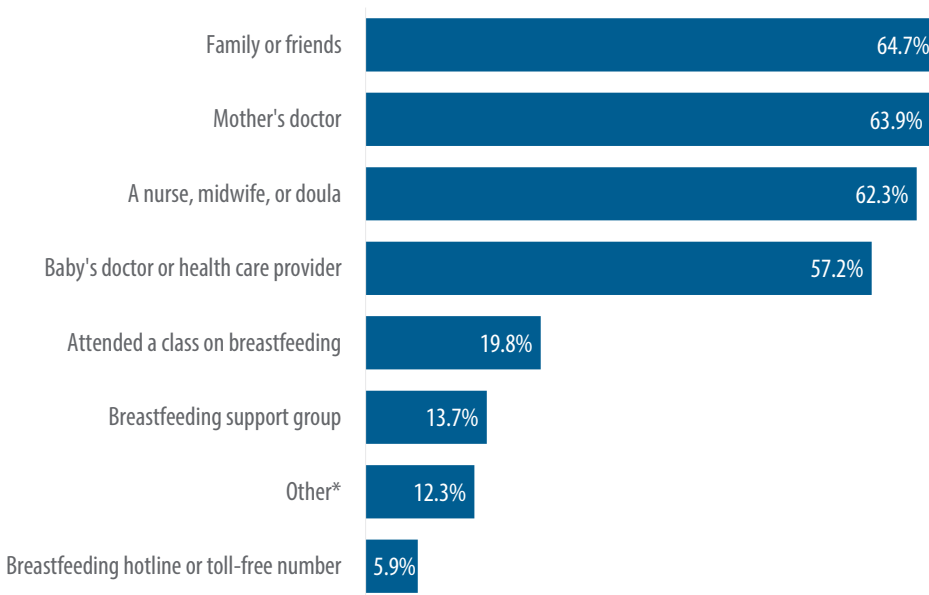
Breastfeeding Information Sources

The 2011 Surgeon General’s Call to Action to support breastfeeding states, “The decision to breastfeed is a personal one, and a mother should not be made to feel guilty if she cannot or chooses not to breastfeed. The success rate among mothers who want to breastfeed can be greatly improved through active support from their families, friends, communities, clinicians, health care leaders, employers, and policymakers.”¹ Understanding where women receive information about breastfeeding can help focus educational messages and support women in their feeding choices.

The Utah Pregnancy Risk Assessment Monitoring System (PRAMS) survey asks: Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? Data from 2017–2019 finds that mothers were most likely to receive information from lactation specialists, family or friends, and healthcare professionals.

Sources of Breastfeeding Information, 2017–2019¹

Figure 1. The leading sources of breastfeeding information were family and friends, the mother’s doctor, and a nurse, midwife, or doula.



* “Other” category includes books, internet searches, blogs, the Women, Infants, and Children (WIC) program, YouTube, and Facebook groups.

Source: Utah Pregnancy Risk Assessment Monitoring System

When seeking information on breastfeeding, mothers look to multiple sources. More than 70% of women indicated they received information from more than two sources. Utah PRAMS data shows that in addition to healthcare providers, family members and friends can provide important support to women in their decision-making. Additionally, talking with other women who are breastfeeding, such as Women Infant and Children (WIC) peer educators, can help mothers decide to start and keep breastfeeding.

1. U.S. Department of Health and Human Services. The Surgeon General’s Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

Monthly Health Indicators

Monthly Report of Notifiable Diseases, August 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>)	53	58	339	378	0.9
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>)	37	23	165	106	1.6
Hepatitis A (infectious hepatitis)	1	4	5	38	0.1
Hepatitis B, acute infections (serum hepatitis)	1	2	10	12	0.8
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza .				
Meningococcal Disease	0	1	1	2	0.6
Pertussis (Whooping Cough)	0	41	48	249	0.2
Salmonellosis (<i>Salmonella</i>)	38	38	214	258	0.8
Shigellosis (<i>Shigella</i>)	6	7	39	37	1.0
Varicella (Chickenpox)	9	11	42	121	0.3
West Nile (Human cases)	17	10	18	12	1.5
Quarterly Report of Notifiable Diseases, 2nd 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 August 2021	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$26	\$26	\$48	\$50	(\$1.8)
Inpatient Hospital Services	\$24	\$24	\$29	\$30	(\$1.6)
Outpatient Hospital Services	\$3	\$4	\$4	\$6	(\$1.7)
Nursing Home Services	\$18	\$18	\$32	\$33	(\$1.3)
Pharmacy Services	\$11	\$11	\$22	\$23	(\$1.0)
Physician/Osteo Services‡	\$7	\$8	\$9	\$9	(\$0.6)
Medicaid Expansion Services	\$101	\$101	\$163	\$165	(\$2.2)
***TOTAL MEDICAID	\$467	\$464	\$717	\$720	(\$3.3)

|| 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 August	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	430,690	424,510	+1.5%	345,865	+24.5%
CHIP (Children's Health Insurance Plan)	9,297	9,521	-2.4%	16,348	-43.1%
Commercial Insurance Payments#	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change§ From Previous Year
Dental	2020	5,667,256	\$ 154,748,044	N/A	N/A
Medical	2020	11,631,161	\$ 3,365,207,356	-2.2%	-3.8%
Pharmacy	2020	10,845,512	\$ 889,492,538	3.9%	+9.4%
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).