Utah Health Status Update

KEY FINDINGS

- More than one-third (39.7%) of pregnancies experienced loss of household income due to the COVID-19 pandemic (Figure 1).
- The majority (63.1%) of all pregnant people with a live delivery experienced one or more COVID-19 pandemic-related stressful life events from July–December 2020 (Figure 2).
- When examined by demographic characteristics, groups with less than a high school education (79.8%), no insurance for prenatal care (79.8%), who were unmarried (81.5%), and those with income below the poverty line (75.2%) experienced COVID-19 pandemic-related stressful life events at higher rates when compared with all people with a live delivery during the 6-month surveillance period (Figure 1).

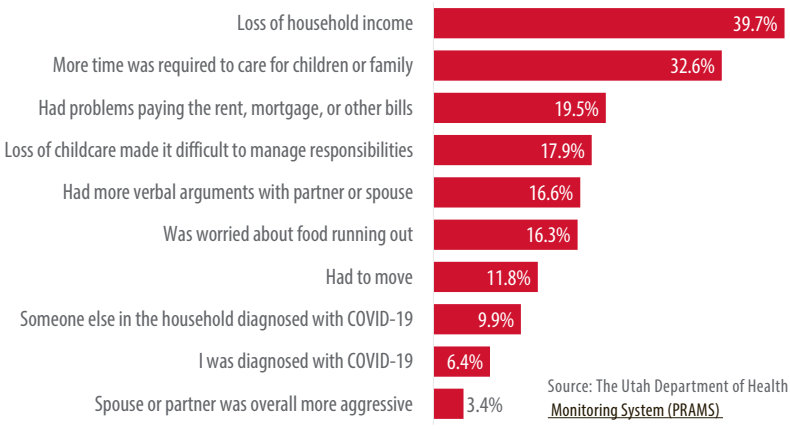
COVID-19 Pandemic-related Stressful Events Experienced During Pregnancy

Emotional stress is a common risk factor in pregnancy for adverse maternal and infant outcomes including preterm birth, low birth weight, maternal mood disorders, and infant developmental delays.[1] Emerging evidence indicates COVID-19 pandemic-related social, economic, and healthcare disruptions are associated with high levels of emotional stress among pregnant people.[2] Pregnant individuals of racial and ethnic minority groups and socioeconomically disadvantaged backgrounds are more likely to be affected by stressful life events during the pandemic.[3] Inequities in resources and opportunities worsened the impacts of the COVID-19 pandemic leaving the most vulnerable to face countless hardships in work/finances, home life, social activity, and healthcare.[4]

The Utah Pregnancy Risk Assessment Monitoring System (PRAMS) survey asked questions about maternal experiences related to the COVID-19 pandemic for births between July and December 2020. During the surveillance period, 1,103 people received the COVID-19 supplemental questions and 695 responded for an unweighted response rate of 63.0%. The weighted data represents the 22,571 Utah residents who gave birth to a live infant in the state of Utah during this period. The COVID-19 related questions asked about specific life events that might contribute to high levels of stress among pregnant Utah residents. The most frequently reported life event was the loss of household income with 39.7% reporting they or other members of their household lost their job or had a cut in work hours or pay (Figure 1).

Percentage of COVID-19 Pandemic-related Stressful Life Events Experienced During Pregnancy, July–December 2020

Figure 1. More respondents reported a loss of income or added time demands for caring for children and family in the survey.



Source: The Utah Department of Health Utah Pregnancy Risk Assessment Monitoring System (PRAMS)

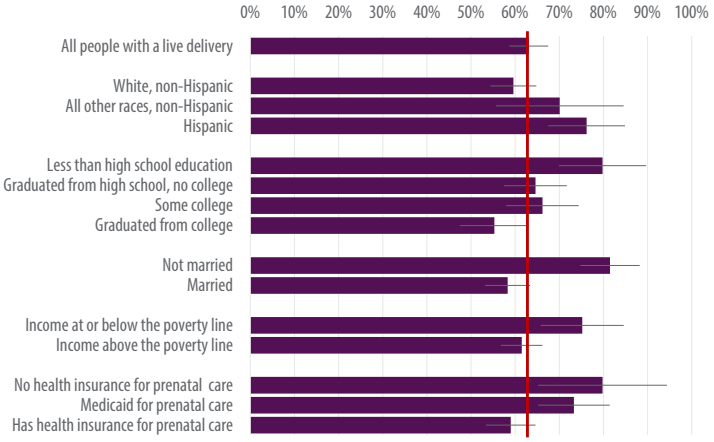
UTAH DEPARTMENT OF HEALTH

Feature article continued

When examined by demographic characteristics, groups with less than a high school education (79.8%), no insurance for prenatal care (79.8%), who were unmarried (81.5%), and those with an income below the poverty line (75.2%) experienced COVID-19 pandemic-related stressful life events at higher rates when compared with all people with a live delivery during the 6-month surveillance period (Figure 2). People who identified as Hispanic also reported a higher percentage of COVID-19-related stress during pregnancy compared with non-Hispanic people. Of all pregnant people with a live birth during this timeframe, 63.1% experienced COVID-19-related stressful life events (Figure 2).

Percentage of COVID-19 Pandemic-related Stressful Life Events* Experienced During Pregnancy by Demographic Characteristics, July–December 2020

Figure 2. Groups who were unmarried, had less than a high school diploma, and no health insurance reported the highest experiences of pandemic-related stress.



*Defined as experiencing one or more of the stressful life events listed in Figure 1.
Red line indicated for comparison to all people with a live delivery.
Source: The Utah Department of Health Utah Pregnancy Risk Assessment Monitoring System (PRAMS).

Some comments from PRAMS respondents included:
"My husband lost his job soon after I found out I was pregnant. It's been extremely stressful. I had to quit my job because of no child care and now we are barely surviving …"
"Being pregnant during COVID and knowing it would most likely be around when I had my baby worried me a lot … I had a hard time getting ahold of my doctor when I was feeling overwhelmed, stressed, & sad."
"After my baby was born it took almost three months to get her social security card. Because of this, we had no insurance for a while and couldn't file taxes. Their excuse was "covid" and that it was lost and we had to reapply for it."

Analytic findings of the PRAMS COVID-19 supplemental questionnaire provide insight into the type and magnitude of COVID-19 pandemic-related stressful life experiences during pregnancy among Utah residents. More in-depth analysis is needed to understand the complexities of the impacts of the pandemic on people who are more vulnerable to experiencing such stressors.

As the COVID-19 pandemic evolves, Utah PRAMS continues to collect this information for contribution to research focused on the short-term and long-term impacts of pandemic-related pregnancy stress on perinatal maternal health outcomes.

Resources for people experiencing stress during pregnancy or postpartum can be found on these websites: https://mihp.utah.gov/wp-content/uploads/SUNSHINE_FINAL_PDF.pdf and https://mihp.utah.gov/maternal-mental-health. To locate a professional with expertise in perinatal mental health, please visit: https://maternalmentalhealth.utah.gov/.

1. Coussons-Read M. E. (2013). Effects of prenatal stress on pregnancy and human development: mechanisms and pathways. Obstetric medicine, 6(2), 52–57. https://doi.org/10.1177/1753495X12473751
2. Barbosa-Leiker, C., Smith, C.L., Crespi, E.J. et al. Stressors, coping, and resources needed during the COVID-19 pandemic in a sample of perinatal women. BMC Pregnancy Childbirth 21, 171 (2021). https://doi.org/10.1186/s12884-021-03665-0
3. Preis, H., Mahaffey, B., Heiselman, C., & Lobel, M. (2020). Vulnerability and resilience to pandemic-related stress among U.S. women pregnant at the start of the COVID-19 pandemic. Social science & medicine (1982), 266, 113348. https://doi.org/10.1016/j.socscimed.2020.113348
4. Thomas AS, Osbourne M, Appelhans BM, Roisman GI, Booth-LaForce C, Bleil ME. Disparities in COVID-19-related stressful life events in the United States: Understanding who is most impacted. Health Soc Care Community. 2021 Dec 1. https://doi.org/10.1111/hsc.13671.

Spotlights

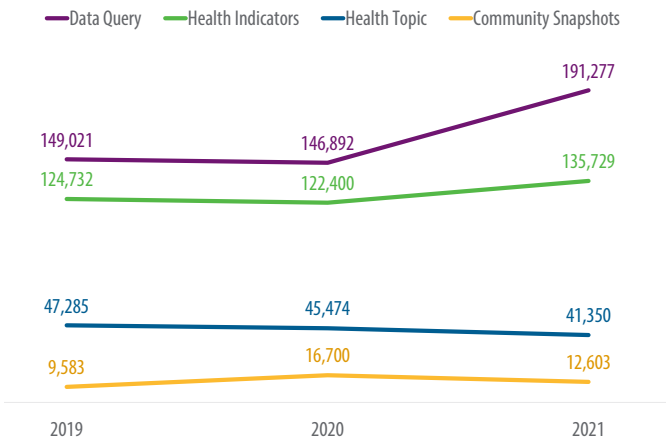
Utah's Public Health Indicator-Based Information System (IBIS) Utilization Report, 2019–2021

Utah's Public Health Indicator-Based Information System (IBIS) provides a dynamic and integrated view of health data, healthcare delivery, and statewide public health systems in Utah populations.[1] The Utah Department of Health coordinates collection, analysis, interpretation, and reporting of accurate health, healthcare delivery, and public health system data to support surveillance through IBIS as a tool for policy development, grant funding, program planning and evaluation, and performance improvement. The main features of IBIS include Data Query modules, Health Indicators, Health Topics, and Community Snapshots which all provide a way to view health data and filter health data based on user needs.

The utilization of IBIS increased from almost 360,000 webpage visits in 2019 to 415,000 webpage visits in 2021 making 2021 the highest reported year of utilization.[2] In 2020, IBIS utilization stabilized and even saw a slight decline of overall use in Data Queries, Health Indicators, and Health Topics before increasing in 2021 (Figure 1). The Query module within the Data Portal is the most utilized web tool in IBIS and consists of various health data from surveys, vital records and statistics, injuries, hospital encounters, environmental public health tracking systems, cancer, and more. Almost 200,000 queries were generated during 2021 compared with about 150,000 in 2019 (Figure 1).[2]

Most Utilized IBIS Web Tools During 2019-2021

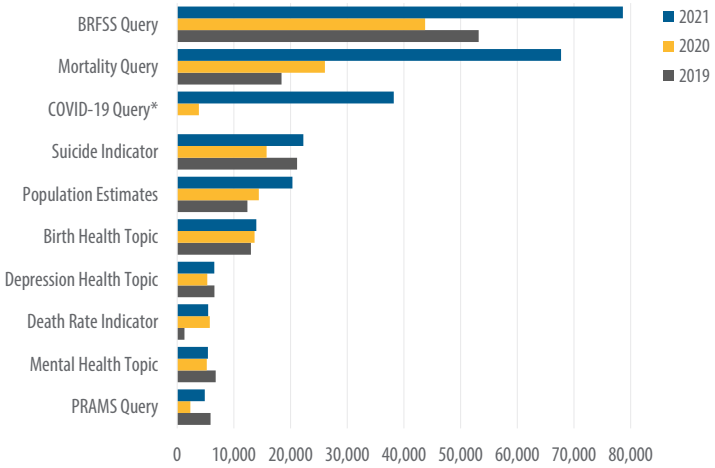
Figure 1. Data queries and Health Indicators were consistently the most utilized feature in IBIS from 2019 to 2021.



Source: Utah Department of Health, IBIS-PH 2022 website analytics

Top 10 IBIS Website Visits by Data Category, 2019–2021

Figure 2. BRFSS queries (78,625), mortality queries (67,713), and COVID-19 queries (38,209) were the most visited IBIS modules in 2021.



*The COVID-19 query module was added in September 2020 with no query data available prior to this date.
Source: Utah Department of Health, IBIS-PH 2022 website analytics report

The most utilized query module in IBIS from 2019–2021 was the Behavioral Risk Surveillance Survey (BRFSS) followed by the mortality query and the most recently added COVID-19 query (Figure 2). There was an 80% increase in utilization of BRFSS queries and a 150% increase in mortality queries from 2020 to 2021.[2] The COVID-19 query module was added in September 2020 and during 2021 was the third most utilized tool within the IBIS platform. For more information and training on how to use IBIS and research Utah health data please visit https://ibis.health.utah.gov/ibisph-view/.

1. Utah Department of Health, Public Health Indicator-Based Information System (IBIS), 2022. https://ibis.health.utah.gov/ibisph-view/
2. Utah Department of Health Center for Data and Informatics, Web Analytic Report, 2022.

Monthly Health Indicators

Monthly Report of Notifiable Diseases, January 2022	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	35	19	35	0.5
COVID-19 (SARS-CoV-2)‖	Cases updated at https://coronavirus.utah.gov/case-counts/.				
Shiga toxin-producing *Escherichia coli (E. coli)*	5	7	5	7	0.7
Hepatitis A (infectious hepatitis)	2	7	2	7	0.3
Hepatitis B, acute infections (serum hepatitis)	1	1	15	20	0.8
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza.				
Meningococcal Disease	0	1	0	0	0.0
Pertussis (Whooping Cough)	5	21	5	21	0.2
Salmonellosis *(Salmonella)*	20	21	20	21	1.0
Shigellosis *(Shigella)*	3	5	3	5	0.6
Varicella (Chickenpox)	7	18	7	18	0.4
Quarterly Report of Notifiable Diseases, 4th 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†	34	29	132	129	1
Chlamydia	2,633	2,614	11,206	10,342	1.1
Gonorrhea	907	728	3,620	2,699	1.3
Syphilis	45	32	212	130	1.6
Tuberculosis	10	7	17	25	0.7
Medicaid Expenditures (in Millions) for the Month of January 2022	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance over (under) Budget**
Mental Health Services	$27	$26	$135	$136	($0.8)
Inpatient Hospital Services	$25	$24	$119	$120	($1.3)
Outpatient Hospital Services	$3	$3	$20	$22	($1.4)
Nursing Home Services	$22	$23	$134	$135	($1.1)
Pharmacy Services	$14	$14	$84	$85	($1.1)
Physician/Osteo Services‡	$6	$6	$38	$40	($1.1)
Medicaid Expansion Services	$99	$98	$642	$642	$0.2
***TOTAL MEDICAID	**$405**	**$405**	**$2,526**	**$2,527**	**($1.1)**

‖ Comparisons include previous data year 2020. 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 January	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	453,963	449,645	+1.0%	388,921	+16.7%
CHIP (Children's Health Insurance Plan)	7,993	8,263	-3.3%	15,797	-49.4%
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	$27.31	N/A
Medical	2020	11,631,161	$ 3,365,207,356	$289.33	-3.8%
Pharmacy	2020	10,845,512	$ 889,492,538	$82.01	+9.4%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent \ Rate**	**% Change From Previous Year**	**State Rank** (1 is Best)**
Suicide Deaths	2020	651	20.0 / 100,000	-1.90%	40 (2019)
Asthma Prevalence (Adults 18+)	2020	250,600	10.80%	9.10%	39 (2020)
Poor Mental Health (Adults 18+)	2020	540,700	23.30%	7.90%	37 (2020)
Influenza Immunization (Adults 65+)	2020	261,400	68.50%	7.20%	23 (2020)
Drug Overdose Deaths Involving Opioids	2020	432	13.3 / 100,000	7.30%	20 (2019)
Unintentional Fall Deaths	2020	651	20.0 / 100,000	-1.90%	17 (2019)
Infant Mortality	2020	366	11.3 / 100,000	4.60%	17 (2018)
Traumatic Brain Injury Deaths	2020	2,272	69.9 / 100,000	6.10%	15 (2019)
Obesity (Adults 18+)	2020	663,700	28.60%	-2.10%	13 (2020)
Diabetes Prevalence (Adults 18+)	2020	188,000	8.10%	1.30%	17 (2020)
Births to Adolescents (Ages 15–17)	2020	318	4.1 / 1,000	7.70%	10 (2018)
Childhood Immunization (4:3:1:3:3:1:4)††	2019	49,400	80.00%	17.60%	7 (2019)
Motor Vehicle Traffic Crash Injury Deaths	2020	299	9.2 / 100,000	27.60%	7 (2019)
High Blood Pressure (Adults 18+)	2020	598,700	25.80%	5.70%	7 (2019)
Cigarette Smoking (Adults 18+)	2020	206,500	8.90%	1.10%	1 (2020)
Binge Drinking (Adults 18+)	2020	264,500	11.40%	0.90%	1 (2020)
Coronary Heart Disease Deaths	2020	1,853	57.0 / 100,000	12.00%	1 (2020)
All Cancer Deaths	2020	3,459	106.4 / 100,000	3.70%	1 (2020)
Stroke Deaths	2020	916	28.2 / 100,000	-1.00%	1 (2020)
Child Obesity (Grade School Children)	2018	38,100	10.60%	11.60%	n/a
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.40%	11.30%	n/a
Health Insurance Coverage (Uninsured)	2020	383,500	11.80%	-6.30%	n/a
Early Prenatal Care	2020	34,716	75.90%	0.00%	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).