



# Utah health status update

## Key considerations

- Mothers and infants in one or more racial and ethnic minority population(s) have worse health outcomes in many key areas.<sup>5</sup>
- Preliminary maternal focus group key themes include needs related to empathy among healthcare providers, social/cultural connection, healthcare system navigation, and mental health resources.
- Additional activities in this project include the Maternal Resource Guide, interviews with moms who experienced birth trauma, additional focus/support groups with other community groups, and implementing social connection projects among racial and ethnic minority populations.

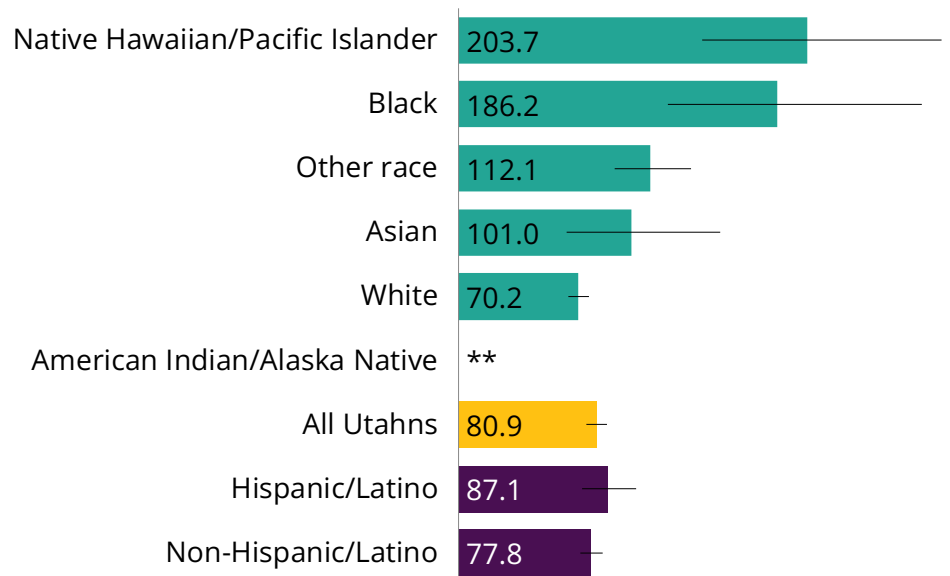
## CDC Perinatal Quality Collaborative Cooperative Agreement

### Background

Utah had the highest birth rate in the nation (14.0 births per 1,000) in 2021, with more than 46,000 births<sup>1</sup> and in 2022 was cited as having the fastest population growth rate nationwide.<sup>2</sup> Studies show racial and ethnic minority populations tend to have higher birth rates and experience higher rates of maternal mortality and morbidity and other health related indicators when compared to the overall Utah population.<sup>3</sup> One example of this is severe maternal morbidity (SMM) which is defined as “near-misses” or unexpected outcomes during labor and delivery (see Figure 1). The rate for American Indian/

### Severe maternal morbidity cases by race and ethnicity per 10,000 pregnancy-associated hospitalizations in Utah, 2020–2021

Figure 1. Rates of severe maternal morbidity are higher for Native Hawaiian/Pacific Islander (NHPI) and Black women compared to the overall population.



\* Race categories are not independent of ethnicity.

\*\* Data for American Indian/Alaska Native (AIAN) population has been suppressed due to small numbers.

Source: IBIS. Health Indicator Report of severe maternal morbidity among hospital deliveries. Utah Department of Health and Human Services, Division of Data, Systems, and Evaluation.





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Alaskan Native individuals is not shown as it is extremely variable due to the small size of the population. However, the data does suggest this population is also disproportionately affected. SMM can have severe and long-lasting effects on the physical and mental health of women who experience it. Severe maternal morbidity is emerging as an important measure in efforts to prevent maternal mortality and address maternal health inequities.<sup>4</sup>

The report, “Utah Health Status by Race and Ethnicity 2021” published by the Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE), examined key public health indicators by race and ethnicity. Eleven of the 16 (69%) indicators related to the health of mothers and infants that were examined showed worse health outcomes in one or more racial and ethnic minority population(s) than the Utah population overall. These 11 indicators are infant mortality, low birth weight, preterm birth, obesity in pregnancy, smoking during pregnancy, gestational diabetes, folic acid consumption, births to adolescents, unintended pregnancy, ever breastfed, and postpartum depression symptoms.<sup>5</sup>

It is important to identify, understand, and address health disparities among Utah’s minority women. It is also important to understand and acknowledge that health disparities faced by racial and ethnic minority women in Utah are complex and multifaceted, affected by economic, environmental, and other factors that cannot be fully explained or explored by population-based data sets alone. Awareness of health disparities will help address and alleviate this disproportionate burden of disease and poor health outcomes

on individuals, families, and communities and is fundamental to the pursuit of health equity in Utah.<sup>3</sup>

The Utah Women and Newborns Quality Collaborative (UWNQC) has worked with healthcare systems and hospitals statewide since 2013 to implement quality improvement (QI) projects. UWNQC was awarded perinatal quality improvement funding in 2022 through a 5-year cooperative agreement with the Centers for Disease Control and Prevention (CDC). Using this funding, UWNQC will implement a multi-pronged approach to address health disparities among minority women. This work supports the DHHS vision to make sure all Utahns have fair and equitable opportunities to live safe and healthy lives by addressing disparities experienced by racial and ethnic minority mothers. This article discusses the preliminary data from focus groups that were conducted, with a brief mention of some other areas that are being addressed.

### **Partnering with community-based organizations**

UWNQC also facilitated a maternal health support group among Hispanic/Latino mothers in collaboration with Latino Behavioral Health Services. The organizations were responsible for recruitment of participants from their respective communities and facilitating each group, while UWNQC staff attended and are currently completing data analysis. The organizations can be seen, along with their represented population, in Table 1.

While the qualitative data from the first focus groups is still being analyzed, preliminary data show some common themes. Preliminary data shows key themes from the focus groups



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### Community-based organizations facilitating groups in 2023

Table 1. UWNQC is partnering with 4 community-based organizations to conduct focus groups and support groups with mothers from Hispanic/Latino (26 participants), Native Hawaiian/Pacific Islander (11 participants), and Black (10 participants) populations.

Organization	Population	Group type	# of participants
Project Success Coalition	Black	Maternal focus group	10
Comunidad Materna en Utah	Hispanic/Latino	Maternal focus group	18
Utah Pacific Islander Health Coalition	Native Hawaiian/Pacific Islander (NHPI)	Maternal focus group	11
Latino Behavioral Health Services	Hispanic/Latino	Maternal mental health support group	8

include the need for better empathy from healthcare providers, a desire for social and cultural connection, difficulty navigating the healthcare system, and a need for more mental health resources and support. Direct quotes from participating mothers reflecting these themes include:

#### Perception of healthcare providers who lack empathy:

*"I wish the patient care in itself was better where (the doctor) actually cared that I was a pregnant woman and this was his job, and that ultimately my baby was the most important to him too. But he was really dismissive, disregarding."*

*"I even had an epidural and it stopped working halfway through my labor. And they checked it and they're like, 'Oh, it's fine.' I feel everything. They didn't listen to me and they didn't fix it. So I had him naturally, basically, but still had to pay for the epidural."*

#### Desire for social and cultural connection:

*"I think if I had a community of mostly Polynesian women... a place for my mental health, to go in, be validated, or communicate with other moms*

*and sometimes just talk to another adult. That would have been nice."*

*"This is helpful, I know I'm not alone. We need something for the moms, to get out and do something. If we had a class with more (moms) involved, we'd feel more comfortable speaking up. I wish I had someone in my ear telling me, 'You're doing a great job.' I'm a single mom, I need someone to be on my side for once."*

#### Difficulty navigating the healthcare system:

*"Navigating the system is difficult because the medical system doesn't work the same way in our countries. There is a lack of information about how this system works."*

*"It would have been nice to know how to be a mother in America. A lot of times our parents were first generation Americans. They don't know much about American medicine."*

#### Need for mental health resources and support:

*"For women, I think, especially Polynesian women, it's okay to know you have mental health and it would be nice to have a resource when you're pregnant. But also how can we help you cope with anxiety while you're pregnant, cope with stress while you're pregnant? I wish I would have found more while I was pregnant."*

*"To be honest, what really helped me out was the maternal community because after I had my baby, I began having suicidal thoughts. It got to a point where if I was on the fifth floor, I would say to myself, 'What happens if I jump from here?' So, you know, it was as simple as someone calling me and asking, 'How are you? How are you doing today?'"*

#### Additional activities

In addition to focus groups and support groups, UWNQC is addressing maternal health disparities through several other methods



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including development of the Maternal Resource Guide (see the HSU Spotlight for more information), piloting respectful maternity care trainings in 2 hospitals, conducting interviews with moms who experienced birth trauma, and implementing social connection projects with moms from different communities by partnering with community-based organizations.

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1. CDC 2021 Final birth data: <https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf>.
  2. Kem C. Gardner Policy Institute, U of U: Utah Long-Term Planning Projections, 2022.
  3. OHE (2021). Maternal Mortality and Morbidity among Utah Minority Women. Salt Lake City, UT: Utah Department of Health. <https://healthequity.utah.gov/wp-content/uploads/2022/02/UtahHealthDisparitiesProfileMaternalMortalityMorbidity2021.pdf>
  4. Eugene Declercq and Laurie Zephyrin, Severe Maternal Morbidity in the United States: A Primer (Commonwealth Fund, Oct. 2021).
  5. Office of Health Disparities (2021). Utah Health Status by Race and Ethnicity 2021. Salt Lake City, UT: Utah Department of Health. <https://healthequity.utah.gov/wp-content/uploads/2021HealthStatusbyRaceEthnicity.pdf>

## Maternal Resource Guide

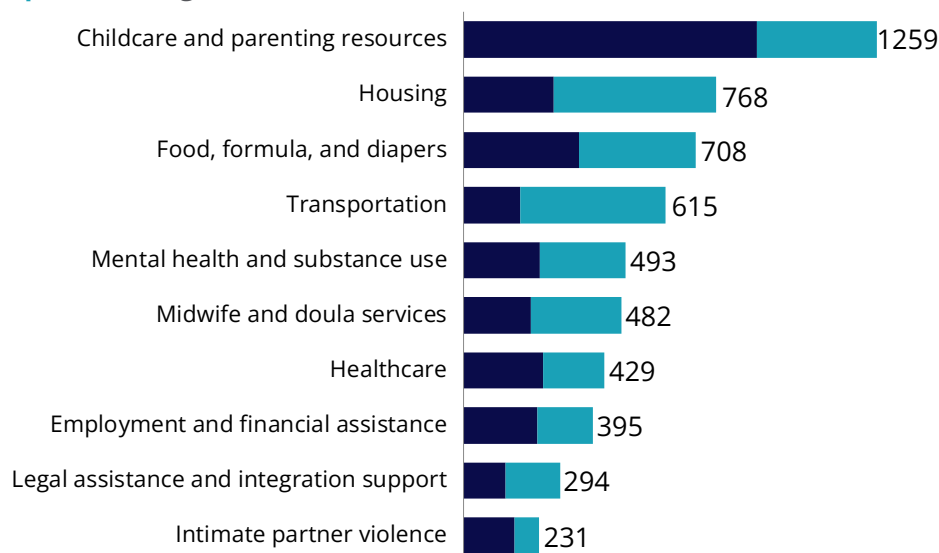
The Utah Women and Newborns Quality Collaborative Maternal Committee conducted a needs assessment among providers and patients and found there was a need for an easy way to find resources, especially for undocumented individuals. This led to the development of the Maternal Resource Guide in 2023.

The Maternal Resource Guide (<https://mihp.utah.gov/maternal-resource-guide-utah>) is an online tool that features more than 900 resources for mothers, parents, and caregivers. All featured resources are either free or low cost to the public. Categories include childcare and parenting resources; employment and financial assistance; healthcare; mental health and substance use; midwife and doula services; legal assistance and integration support; transportation; food, formula and diapers; intimate partner violence; and housing.

The Maternal Resource Guide was initially created to support Hispanic/Latino Utahns, but includes resources available to all Utahns, with both Spanish and English versions. Google Analytics shows the main page has been viewed more than 3,300 times since August 2023. Childcare and parenting resources; housing; and food, formula and diapers are the most viewed categories (see figure).

Flyers available online for download in [English](#) and [Spanish](#) and are being distributed to statewide community spaces. Staff from the DHHS Office of Maternal and Child Health conduct trainings with community health centers, community health workers, and other community partners. Recent data from maternal focus groups shows that moms find out about resources mostly through word of mouth and social media. These findings support sharing this new resource guide widely in meetings, trainings, and other spaces with people who interact with pregnant/parenting people. You can request trainings and brief presentations on the resource guide (in-person or virtual). Just email [ssilverstone@utah.gov](mailto:ssilverstone@utah.gov).

## Maternal Resource Guide views by page and language (English and Spanish), August–December 2023



Source: Google analytics for Maternal Resource Guide



## WIC cash value benefit, fruit and vegetable purchases

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides a critical source of nutrition support for young children as well as women who are pregnant, postpartum, and breastfeeding. WIC provides nutrient-dense foods such as dairy products, whole grains, and protein sources. The WIC food package also includes 100% fruit juices. Utah DHHS looks at what people buy using their WIC benefits in Utah grocery stores to track how people use these benefits.

The cash value benefit (CVB) for fruits and vegetables is an important aspect of the WIC food package. All supplemental WIC foods, including fruits and vegetables, are provided via an electronic benefit transfer (EBT) card given to WIC families to purchase their WIC-issued foods at authorized grocery stores statewide. Fruits and vegetables are high in fiber, vitamins, and minerals, and low in calories and fat. Participants in Utah can use the CVB to buy fresh and frozen vegetables. They can choose organic or nonorganic varieties.

Utah WIC state and local staff provide nutrition education and individualized nutrition counseling to program participants to teach and encourage them to purchase, prepare, and consume these healthy foods. Utah WIC seeks to increase the amount of fruits and vegetables purchased and consumed each year by program participants. WIC CVB redemption rates are tracked and evaluated to determine the effectiveness of WIC's efforts. Fruits and vegetables are critical for proper health and nutrition. WIC participants are encouraged to use all of their fruits and vegetables benefits to not only increase their intake of important vitamins and minerals but to also establish healthy eating habits at a young age.

The American Rescue Plan Act of 2021 (ARPA) temporarily increased the CVB for fruit and vegetable purchases for WIC food packages. As a result, the state of Utah WIC program increased the CVB amount from \$9 for children to \$35 and \$11 to \$35 for women from June 1, 2021, to September 30, 2021. USDA Food and Nutrition Service (FNS) updated the federal fiscal year (FFY) 2023 CVB amounts and adjusted them (in accordance with the National Academies of Sciences, Engineering, and Medicine) recommendations to \$25 for child participants, \$44 for pregnant and postpartum participants, and \$49 for breastfeeding participants. Nationally, WIC CVB amounts, adjusted for recent inflation rates, are \$26 for child participants, \$47 for pregnant and postpartum participants, and \$52 for breastfeeding participants for FFY 2024.

WIC's Cash Value Benefit (CVB)

Dates	Children	Pregnant/ postpartum	Breastfeeding
Pre-Covid	\$9	\$11	\$11
March 24, 2021–September 30, 2022 (Utah changed March 30, 2021)	\$35	\$35	\$35
October 1, 2021–September 30, 2022 (Utah changed October 1, 2021)	\$24	\$43	\$47
October 1, 2022–September 30, 2023 (Utah changed August 26, 2022)	\$25	\$44	\$49
October 1, 2023–present	\$26	\$47	\$52

Utah WIC has set a goal to increase fruit and vegetable benefit purchases by 5% annually. From 2022 to 2023, the first year measured, this increase was 3.8%.

Utah WIC social media messages announced the increases to encourage participants to use their increased CVB amounts and remind them to buy all of the fruits and vegetables they were allowed. WIC also added a "banner" on the WIC Shopper app, a tool that WIC participants use when shopping in the grocery store, to explain the available CVB increases.

Utah WIC data shows the increased CVB amounts are working to increase redemption quantities across the state. Visit the [WIC website](#) to learn more about the many varieties of WIC foods issued to participants.



# Monthly health indicators

Monthly report of notifiable diseases, December 2023	Current month # cases	Current month # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity Ratio (obs/exp)
COVID-19 (SARS-CoV-2)	Weekly updates at <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a>				
Campylobacteriosis ( <i>Campylobacter</i> )	39	36	842	560	1.5
Hepatitis A (infectious hepatitis)	0	1	7	70	0.1
Hepatitis B, acute infections (serum hepatitis)	0	1	10	25	0.4
Influenza	Weekly updates at <a href="https://epi.utah.gov/influenza-reports/">https://epi.utah.gov/influenza-reports/</a>				
Meningococcal disease	0	0	3	2	1.7
Pertussis (whooping cough)	7	13	209	229	0.9
Salmonellosis ( <i>Salmonella</i> )	32	23	506	354	1.4
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	7	12	286	212	1.3
Shigellosis ( <i>Shigella</i> )	8	6	177	66	2.7
Varicella (chickenpox)	5	10	132	122	1.1
West Nile (human cases)	2	0	8	26	0.3
Quarterly report of notifiable diseases, 4th quarter 2023	Current quarter # cases	Current quarter # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity ratio (obs/exp)
Chlamydia	2,609	2,688	10,927	10,867	1.0
Gonorrhea	637	808	2,635	3,113	0.8
HIV/AIDS*	44	31	167	137	1.2
Syphilis	51	47	307	176	1.7
Tuberculosis	8	7	34	24	1.4
Medicaid expenditures (in millions) for the month of November 2023	Current month	Expected/ budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	\$ 18.7	\$ 19.8	\$ 247.8	\$ 280.7	\$ (32.9)
Inpatient/outpatient hospital services	25.6	25.7	267.3	318.0	(50.7)
Nursing home services	31.4	28.8	98.1	104.2	(6.1)
Pharmacy services	11.8	12.1	157.2	358.7	(201.5)
Physician/osteo services‡	5.8	5.8	24.1	53.2	(29.1)
Medicaid expansion services	22.8	22.8	325.4	371.1	(45.6)
<b>Total Medicaid§</b>	<b>3,501.1</b>	<b>4,601.8</b>	<b>1,765.3</b>	<b>3,613.4</b>	<b>(1,848.1)</b>

Note: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations.

\* Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Medicaid payments reported under physician/osteo services do not include enhanced physician payments.



# Monthly health indicators

Program enrollment for the month of November 2023	Current month	Previous month	% change   from previous month	1 year ago	% change   from 1 year ago
Medicaid	369,818	391,610	-5.6%	495,394	-25.3%
CHIP (Children’s Health Insurance Plan)	8,482	8,268	+2.6%	5,709	+48.6%
Commercial insurance payments#	Current data year	Number of members	Total payments	Payments per member per month (PMPM)	% change** from previous year
Medical	2022	12,035,192	\$ 4,057,120,087	\$ 337.10	+3.6%
Pharmacy	2022	11,211,332	1,048,715,815	93.54	+9.5%
Dental	2022	8,688,828	229,619,441	26.43	-7.4%
Annual community health measures	Current data year	Number affected	Percent/rate	% change   from previous year	State rank†† (1 is best)
Obesity (adults 18+)	2022	762,300	31.1%	+0.6%	16 (2022)
Child obesity (grade school children)	2018	38,100	10.6%	0.0%	n/a
Cigarette smoking (adults 18+)	2022	164,200	6.7%	-6.9%	1 (2022)
Vaping, current use (adolescents)	2023	19,300	6.0%	-23.1%	n/a
Binge drinking (adults 18+)	2022	313,700	12.8%	+9.4%	1 (2022)
Influenza immunization (adults 65+)	2022	273,700	66.5%	-4.9%	34 (2022)
Health insurance coverage (uninsured)	2021	248,800	7.4%	-14.0%	n/a
Motor vehicle traffic crash injury deaths	2022	310	9.1 / 100,000	-8.0%	12 (2021)
Drug overdose deaths involving opioids	2022	435	12.8 / 100,000	-5.1%	11 (2021)
Suicide deaths	2022	717	21.1 / 100,000	+9.5%	38 (2021)
Unintentional fall deaths	2022	457	13.4 / 100,000	+10.8%	38 (2021)
Traumatic brain injury deaths	2022	701	20.6 / 100,000	-0.5%	24 (2021)
Arthritis prevalence (adults 18+)	2022	551,500	22.5%	+7.7%	17 (2022)
Asthma prevalence (adults 18+)	2022	269,600	11.0%	+13.4%	32 (2022)
Diabetes prevalence (adults 18+)	2022	213,200	8.7%	+8.7%	15 (2022)
High blood pressure (adults 18+)	2021	638,700	26.7%	+3.5%	11 (2021)
Poor mental health (adults 18+)	2022	622,500	25.4%	+0.8%	32 (2022)
Coronary heart disease deaths	2022	1,863	54.7 / 100,000	-2.0%	7 (2021)
All cancer deaths	2022	3,500	102.8 / 100,000	-1.5%	1 (2021)
Stroke deaths	2022	958	28.1 / 100,000	+10.2%	11 (2021)
Births to adolescents (ages 15-17)	2022	257	3.0 / 1,000	-10.8%	11 (2021)
Early prenatal care	2022	33,326	72.8%	-5.5%	n/a
Infant mortality	2022	226	4.9 / 1,000	+5.3%	11 (2021)
Complete immunization by age 2‡‡	2022	36,800	78.3%	+5.0%	4 (2022)

|| Relative percent change. Percent change could be due to random variation.

# Figures subject to revision as new data is processed.

\*\* Percent change is due to changes in membership as well as changes in data suppliers included.

†† State rank in the United States based on age-adjusted rates where applicable.

‡‡ Childhood 7-series (4:3:1:3:3:1:4) data from 2022 NIS for children aged 24 months (birth year 2020).