

Utah Health Status Update:

Comparison of Selected Child Health Measures

March 2006

Utah Department of Health

Although Utah children are generally healthy, research suggests there is room for improvement in some areas. This update highlights selected findings from the Utah Health Status Survey and Youth Risk Behavior Survey (YRBS).

The Utah Department of Health's mission is to protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles. Access to health care includes children having insurance and being able to afford services that are partially covered or not covered at all. The percentage of uninsured children increased from 6.8% in 2001 to 7.7% for 2003–04. This 13% increase amounts to an additional 9,000 uninsured children. In 2003–04 approximately 58,900 Utah children, nearly the combined populations of Midvale and Murray, were without health insurance.

It is interesting to note that health disparities exist among diverse groups of children in the state, particularly Hispanic children and children who lived in low-income households. Of the uninsured children in 2003–04, more than three-fourths (76.4%) lived in households with incomes below 200% of poverty. Children living at this level of poverty could potentially be eligible for Medicaid or the Children's Health Insurance Program (CHIP).

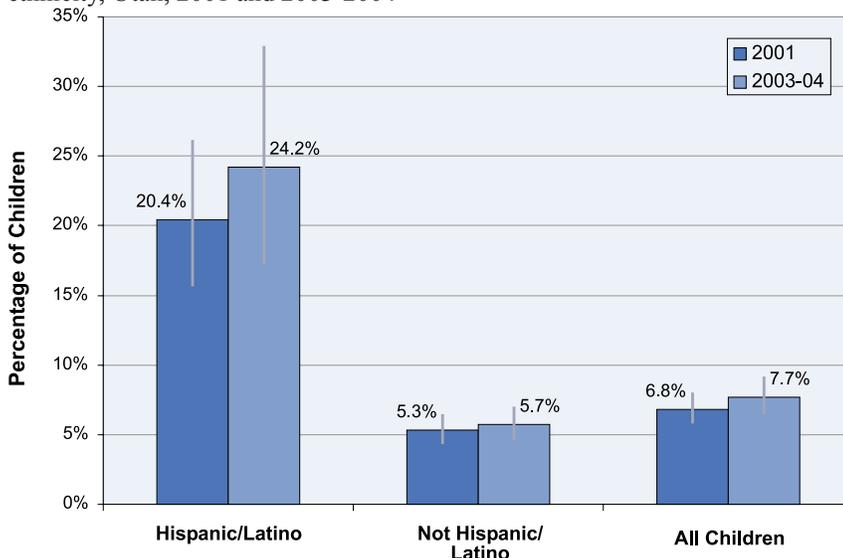
The percentage of uninsured in 2003–04 was much higher among Hispanic children compared to non-Hispanic children (24.2% vs. 5.7%).

An estimated 41,000 children lacked health insurance in 2003–04 (69.6%) because their parents could not afford insurance. This was a significant increase in children from the number in 2001 (47.4%) which was estimated to be 23,600 at that time.

Slightly more than one third of Utah children aged 6 to 17 did not receive a routine medical check-up in either 2001 or 2003–04. The proportion of children with no medical check-up remained relatively steady for children of all ages.

Uninsured by Ethnicity

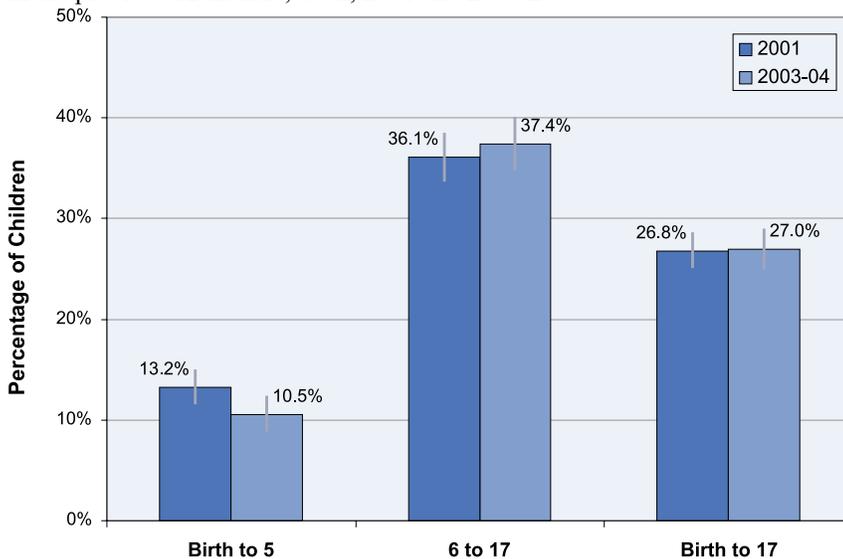
Figure 1. Percentage of Utah children aged 0-17 without health insurance by ethnicity, Utah, 2001 and 2003-2004



Source: 2001 and 2003-2004 Utah Health Status Surveys, Utah Department of Health

No Routine Medical Check-up

Figure 2. Percentage of Utah children who did not receive a medical check-up in the previous 12 months, Utah, 2001 and 2003-2004



Source: 2001 and 2003-2004 Utah Health Status Surveys, Utah Department of Health

The percentage of children exposed to cigarette smoke in the home decreased significantly from 6.0% in 2001 to 3.8% in 2003–04, resulting in approximately 29,300 children currently affected statewide. This reduction is important because cigarette smoke exposure in the home increases the risk of Sudden Infant Death Syndrome and asthma. Research has also shown that children are less likely to start

smoking when adults in their home do not smoke. The differences in smoke exposure in homes by household income were significant with adults in the lowest income households smoking more than those in the highest income households (10.2% vs. 1.5%), affecting approximately 6,500 children in the lowest income households in 2003–04.

Although the proportion of adolescents drinking and driving decreased significantly from 2003 to 2005 (7.4% to 4.1%), a substantial proportion of high school youth continue to drink and drive. Based on the 2005 Youth Risk Behavior Survey (YRBS) 4.1% of students reported to have, within the previous 30 days, driven a car or other vehicle when they had been drinking. All of these students were under the legal drinking age and some students were under the legal driving age.

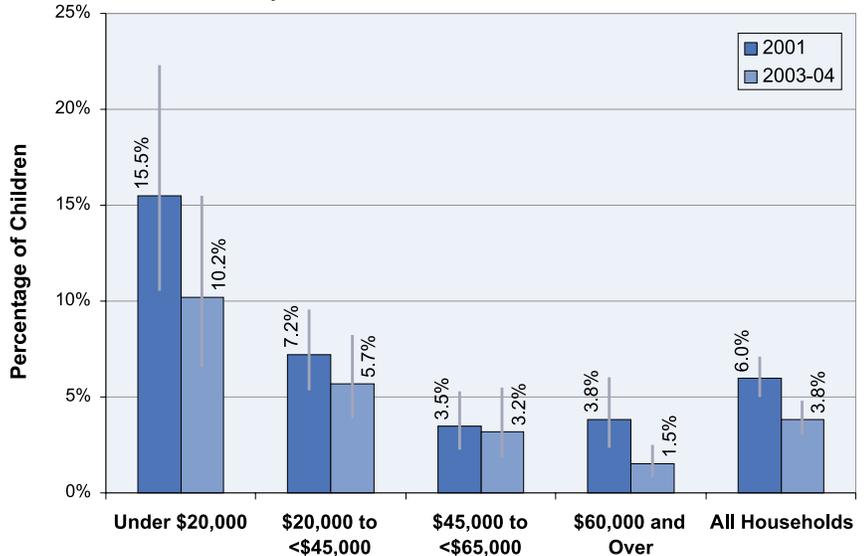
We need to continue efforts to enroll eligible children in Medicaid and CHIP to address the growing numbers of uninsured children. Lack of insurance and access or utilization of health care continue to be barriers for Utah children to be adequately immunized and routinely assessed for health care needs. Efforts to further reduce exposure to secondhand smoke and youth drinking and driving need to continue.

March 2006 Utah Health Status Update

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Exposure to Cigarette Smoke Inside the Home

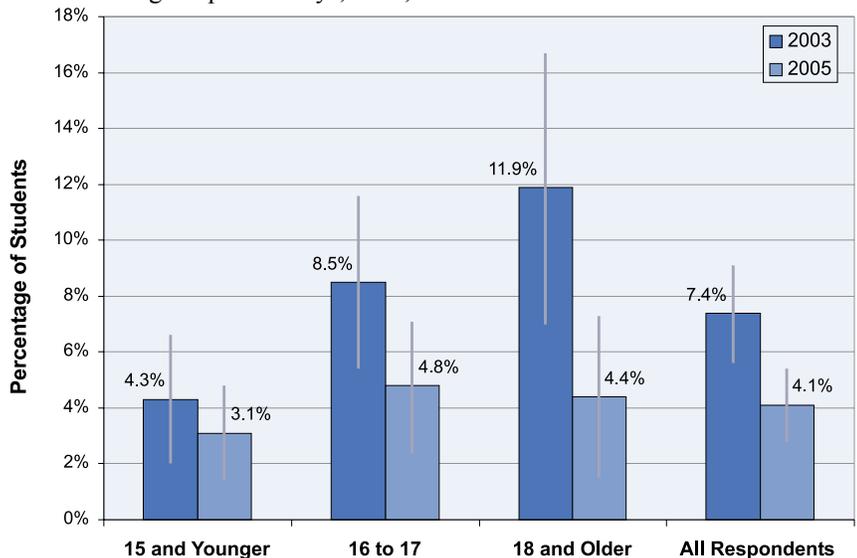
Figure 3. Percentage of Utah children aged 0-17 who were exposed to cigarette smoke inside the home by annual household income, Utah, 2001 and 2003-2004



Source: 2001 and 2003-2004 Utah Health Status Surveys, Utah Department of Health

Drinking and Driving

Figure 4. Percentage of Utah students (grades 9-12) who reported that they drove a car or other vehicle one or more times when they had been drinking alcohol during the past 30 days, Utah, 2003 and 2005



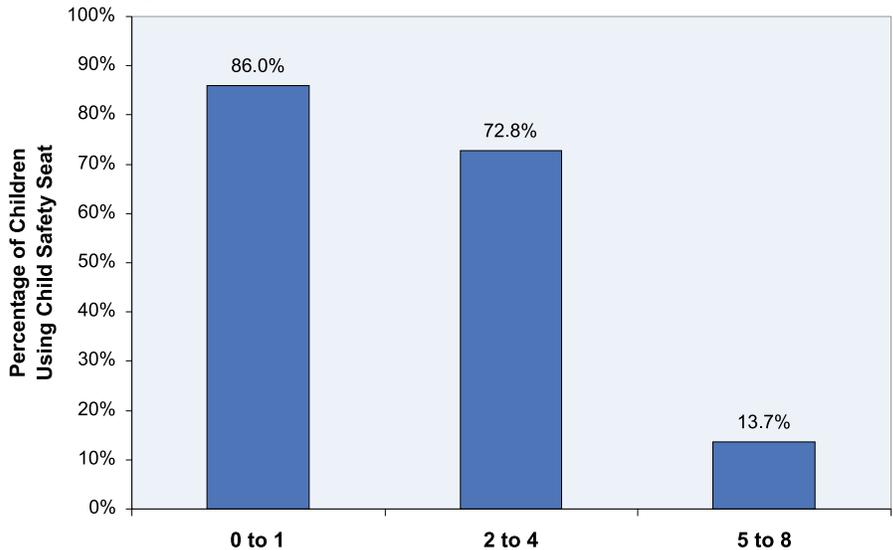
Source: Utah State Office of Education. Utah Youth Risk Behavior Survey (YRBS) 2003-2005: Salt Lake City

Breaking News, February 2006

Studies Show Booster Seats Could Save Many Lives

Each year more than 680 Utah children ages five to nine are injured in motor vehicle crashes. Many are hurt because they are not buckled into a booster seat. Motor vehicle crashes also take a significant financial toll on the state. Utah hospital and emergency room charges for children ages five to nine involved in motor vehicle crashes totaled over \$2 million in 2003. Children ages four to eight years should be properly restrained in a belt-positioning booster seat while riding in a motor vehicle. The correct use of booster seats lowers the risk of injury by 59% compared to seat belts used alone. 2004 Utah motor vehicle crash data shows that nearly 90% of zero to one-year-olds were reported as being in a child safety seat at the time of the crash, yet only 14% of five to eight year olds were reported as being in a child safety seat. Strong occupant protection laws are a proven way to help parents remember to buckle up their children. Many parents rely on these laws as a guideline to help keep kids safe. Unfortunately, Utah law only requires children up to age four to be restrained in a child restraint device.

Percentage of Children in Motor Vehicle Crashes Using Child Safety Seats by Age Group, Utah, 2004



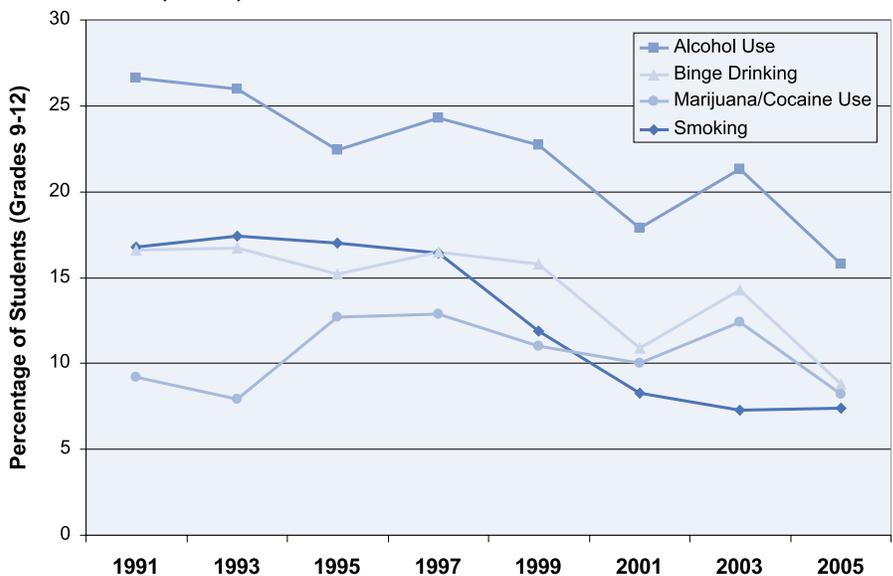
Source: 2004 Utah Crash Summary, Utah Department of Public Safety, Highway Safety Office

Community Health Indicators Spotlight, February 2006

2006 Utah KIDS COUNT

The recently released annual Utah KIDS COUNT Databook, entitled “Weighing in on Kids,” contains information on measures of child well-being in Utah. The new data suggest the following “gains” and “losses” for Utah’s children. Fewer girls aged 15–17 are giving birth (14.9 per 1,000 in 2005 compared to 16.3 in 2003 and 21.0 in 2000). However, the number of chlamydia and gonorrhea cases among ages 15–19 are rising (1,286 chlamydia cases in 2005 compared to 1,189 in 2004 and 137 gonorrhea cases in 2005 compared to 122 in 2004). Trends for smoking and drug use among students in grades 9–12 are declining (7.4% reported smoking in 2005 compared to 17.0% in 1995 and 15.8% reported alcohol use in 2005, compared to 26.6% in 1991). Increased rates of seat belt usage are also shown (52.2% in 2005 compared to 21.6% in 1991). Although, more children aged 10–19 are being discharged from hospitals after a suicide attempt (51.3 per 100,000 in 2004 compared to 41.7 in 2003 and 39.7 in 2000).

Percentage of Students (Grades 9-12) Who Reported Drug and/or Alcohol Use, Utah, 1991-2005



Source: Utah State Office of Education. Utah Youth Risk Behavior Survey (YRBS) 1991-2005: Salt Lake City

Monthly Health Indicators Report for January 2006

| Monthly Report of Notifiable Diseases, January 2006 | # Cases | # Expected Cases (5-year average) | # Cases YTD | # Expected YTD (5-year average) | YTD Standard Morbidity Ratio (obs/exp) |
|--|---|--|--------------------|--|---|
| Campylobacteriosis (Campylobacter) | 13 | 20 | 13 | 20 | 0.7 |
| Escherichia coli (E. coli) 0157:H7 | 3 | 2 | 3 | 2 | 1.3 |
| Hepatitis A (infectious hepatitis) | 1 | 3 | 1 | 3 | 0.3 |
| Hepatitis B (serum hepatitis) | 1 | 4 | 1 | 4 | 0.3 |
| Influenza** | For the most up-to-date information on influenza in Utah, visit http://health.utah.gov/epi/diseases/flu | | | | |
| Measles (Rubeola, Hard Measles) | 0 | 0 | 0 | 0 | -- |
| Meningococcal Diseases | 1 | 0 | 1 | 0 | 5.0 |
| Norovirus | 0 | 0* | 0 | 0* | -- |
| Pertussis (Whooping Cough) | 43 | 10 | 43 | 10 | 4.5 |
| Salmonellosis (Salmonella) | 13 | 13 | 13 | 13 | 1.0 |
| Shigella | 3 | 3 | 3 | 3 | 0.9 |
| Varicella (Chickenpox) | 51 | 92* | 51 | 92* | 0.6 |
| Viral Meningitis | 15 | 7 | 15 | 7 | 2.1 |

Note: Active surveillance has ended for West Nile Virus (WNV) until the 2006 season.

| Notifiable Diseases Reported Quarterly, 4rd Qtr 2005 | # Cases | # Expected Cases (5-year average) | # Cases YTD | # Expected YTD (5-year average) | YTD Standard Morbidity Ratio (obs/exp) |
|---|----------------|--|--------------------|--|---|
| HIV | 28 | 16 | 100 | 60 | 1.7 |
| AIDS | 8 | 16 | 41 | 59 | 0.7 |
| Chlamydia | 1,193 | 1064 | 4,490 | 3,295 | 1.4 |
| Gonorrhea | 205 | 122 | 717 | 368 | 1.9 |
| Tuberculosis | 4 | 9 | 29 | 38 | 0.8 |

| Program Enrollment for the Month of January 2006 | Current Month | Previous Month | % Change From Previous Month | 1 Year Ago | % Change From 1 Year Ago |
|---|----------------------|-----------------------|-------------------------------------|-------------------|---------------------------------|
| Medicaid | 177,408 | 178,316 | -0.5% | 174,008 | +2.0% |
| PCN (Primary Care Network) | 17,344 | 14,552 | +19.2% | 19,408 | -10.6% |
| CHIP (Children's Health Ins. Plan) | 35,286 | 34,560 | +2.1% | 25,399 | +38.9% |

| Program Expenditures for the Month of January 2006 | Monthly | Expected/ Budgeted for Month | Fiscal YTD | Budgeted Fiscal YTD | Variance - over (under) budget |
|---|----------------|-------------------------------------|-------------------|----------------------------|---------------------------------------|
| Ambulatory Surgical Care | \$ 595,948 | \$ 602,390 | \$ 3,855,386 | \$ 3,955,870 | (\$ 100,484) |
| Fee for Service Hospital Inpatient | \$ 15,003,669 | \$ 14,465,750 | \$ 92,840,093 | \$ 96,174,550 | (\$ 3,334,457) |
| Long Term Care | \$ 16,090,057 | \$ 14,906,380 | \$ 98,663,351 | \$ 95,114,650 | \$ 3,548,701 |
| Pharmacy | \$ 10,684,130 | \$ 13,769,400 | \$ 120,387,165 | \$ 125,640,180 | (\$ 5,253,015) |

| Health Care System Measures | Current Data Year | Number of Events | Percentage of Utah Population | % Change From Previous Year | Total Charges in Millions | % Change From Previous Year |
|------------------------------------|--------------------------|-------------------------|--------------------------------------|------------------------------------|----------------------------------|------------------------------------|
| Overall Hospitalizations | 2004 | 266,195 | 10.1% | -0.3% | \$ 3,225.0 | +11.1% |
| Non-maternity Hospitalizations | 2004 | 160,302 | 5.9% | 0.0% | \$ 2,692.5 | +12.0% |
| Emergency Department Encounters | 2003 | 638,478 | 25.2% | +1.0% | \$ 397.8 | +18.3% |
| Outpatient Surgery | 2004 | 303,123 | 11.7% | +6.0% | \$ 845.3 | +15.6% |

| Annual Community Health Measures | Current Data Year | Population at Risk | Number Affected | Percentage/Rate | Previous Year Rate | % Change From Previous Year |
|---|--------------------------|---------------------------|------------------------|------------------------|---------------------------|------------------------------------|
| Overweight and Obesity (Adults 18+) | 2004 | 1,698,118 | 957,739 | 56.4% | 54.7% | +3.1% |
| Cigarette Smoking (Adults 18+) | 2004 | 1,698,118 | 178,302 | 10.5% | 11.9% | -11.8% |
| Influenza Immunization (Adults 65+) | 2004 | 207,920 | 156,980 | 75.5% | 74.8% | +0.9% |
| Health Insurance Coverage (Uninsured) | 2004 | 2,469,230 | 251,861 | 10.2% | 9.11% | +12.0% |
| Motor Vehicle Crash Injury Deaths | 2004 | 2,469,230 | 298 | 12.1 / 100,000 | 11.6 / 100,000 | +4.3% |
| Suicide Deaths | 2004 | 2,469,230 | 377 | 15.3 / 100,000 | 13.9 / 100,000 | +10.1% |
| Diabetes Prevalence | 2004 | 2,469,230 | 93,831 | 3.8% | 3.7% | +2.7% |
| Coronary Heart Disease Deaths | 2004 | 2,469,230 | 1,603 | 64.9 / 100,000 | 70.6 / 100,000 | -8.1% |
| All Cancer Deaths | 2004 | 2,469,230 | 2,442 | 98.9 / 100,000 | 100.9 / 100,000 | -2.0% |
| Births to Adolescents (Ages 15-17) | 2004 | 57,505 | 854 | 14.9 / 1,000 | 16.0 / 1,000 | -6.9% |
| Early Prenatal Care | 2004 | 50,653 | 39,521 | 78.0% | 78.0% | 0.0% |
| Infant Mortality | 2004 | 50,653 | 262 | 5.2 / 1,000 | 5.0 / 1,000 | +4.0% |
| Childhood Immunization (4:3:1:3:3) | 2004 | 48,619 | 34,665 | 71.3% | 78.8% | -9.5% |

* Due to limited historical data, the average is based upon 2 years of data for norovirus, and varicella.

** The Utah Department of Health tracks influenza activity in a variety of ways. Although influenza activity began to decline in January, after peaking in December, active circulation persisted during the month. The average weekly proportion of patient visits to sentinel medical providers in Utah for influenza-like illness (ILI) was above baseline values for the month. As of January 31, 2006, 417 influenza-associated hospitalizations were reported to UDOH.

Note: % Change could be due to random variation