

# Utah Health Status Update:

## Health Insurance Coverage in Utah

August 2010

Health insurance coverage is an important public health issue at both the state and federal levels. People with health insurance are more likely to have a regular source of health care and they are more likely to have better health outcomes than those without health insurance coverage.<sup>1</sup> Both the federal government and Utah state government have made policy changes in recent years to try to extend health insurance coverage to more low-income persons.

The Utah Department of Health tracks health insurance coverage in the state through a telephone survey. The Utah Healthcare Access Survey (UHAS), which began in 1986, was formerly used to track insurance coverage. As of 2009, health insurance coverage in Utah is now being tracked with Utah's Behavioral Risk Factor Surveillance System (BRFSS), a federally funded telephone survey about health and health practices. Though the survey instrument changed, the questions asked about insurance coverage and the methodology of the survey are largely the same and the estimates are similar to those yielded by the UHAS.

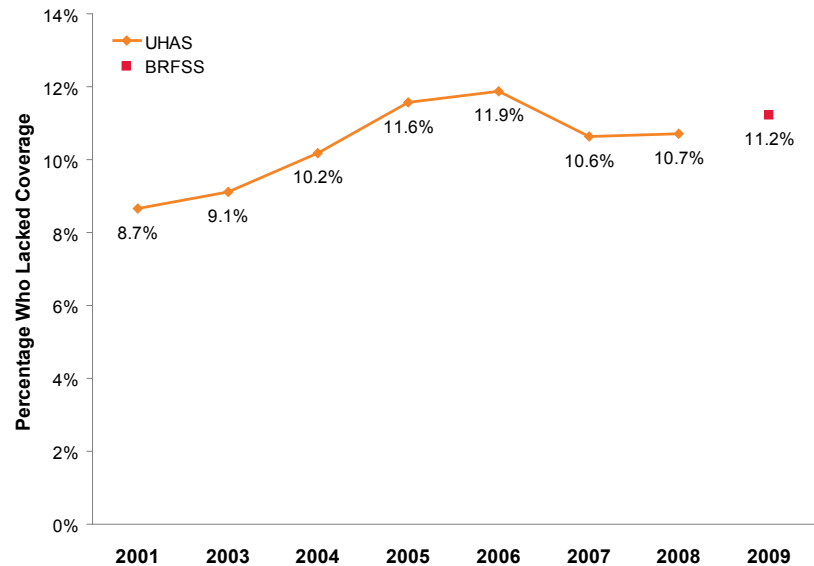
Between 2001 and 2009, the percentage of people in Utah who were uninsured has ranged from 8.6% to 11.9% (Figure 1). In 2009, the rate of uninsurance in Utah was 11.2%. Adults (13.0%) had a higher rate of uninsurance than children (6.7%), with the 19 to 26 year-old age group having the highest uninsured rate (24.5%).

Health insurance coverage rates in Utah varied somewhat by local health district (LHD)

- **11.2% of Utahns were without health insurance coverage in 2009.**
- **Adults aged 19–64 living below 100% of the federal poverty level had the highest rate of uninsurance (40%).**
- **Almost half of the adults 19–64 who were uninsured were employed either full-time or part-time.**

### Lack of Health Insurance Coverage

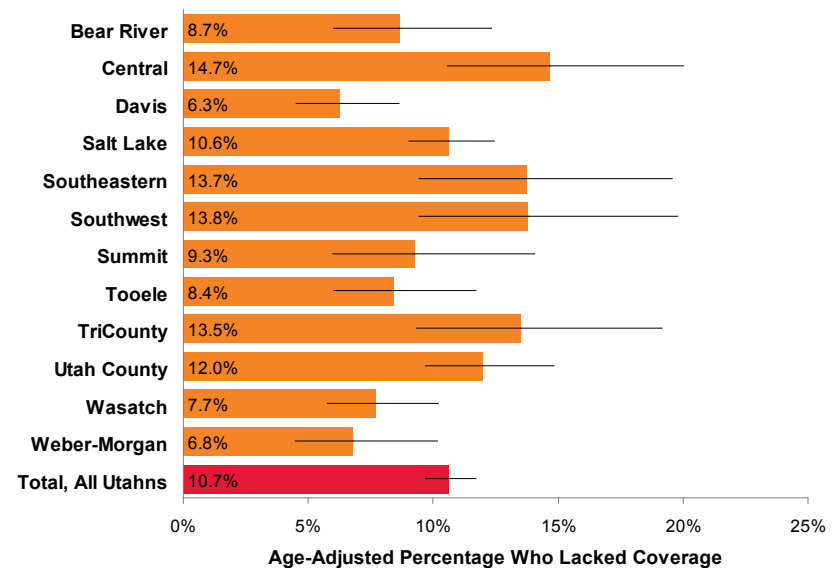
Figure 1. Percentage of persons who lacked health insurance coverage by survey year and questionnaire, Utah, 2001–2009



For 2001, 2003-2008, data have been weighted to reflect the age, sex, geographic, and Hispanic status of the state of Utah. For 2009, data have been weighted to reflect the age, sex, and geographic status of the state of Utah.

### Lack of Coverage by Health District

Figure 2. Age-adjusted percentage of persons who lacked health insurance coverage by local health district, Utah, 2009



(Figure 2). Looking at age-adjusted rates for 2009, Central Utah Health District had the highest rate of uninsured (14.7%) but this rate is not statistically higher than the state rate. On the other hand, Davis County Health District had the lowest rate of uninsured (6.3%) and this rate is statistically lower than the state rate.

Lack of health insurance coverage was most common for persons in poverty and those aged 19–64 (Figure 3). Children aged 0–18 living under 100% of the federal poverty level (FPL) had a statistically higher rate of uninsurance than the state rate for children and than children living above the FPL. Adults aged 19–64 with household incomes below 100% FPL had the highest rate of uninsurance (40%). This rate is statistically higher than the state rate and than rates for adults at higher income levels. The lowest rates of uninsurance were for those living above 300% of the FPL: 1.1% for children and 3.8% for adults. These rates are statistically lower than the overall state rate.

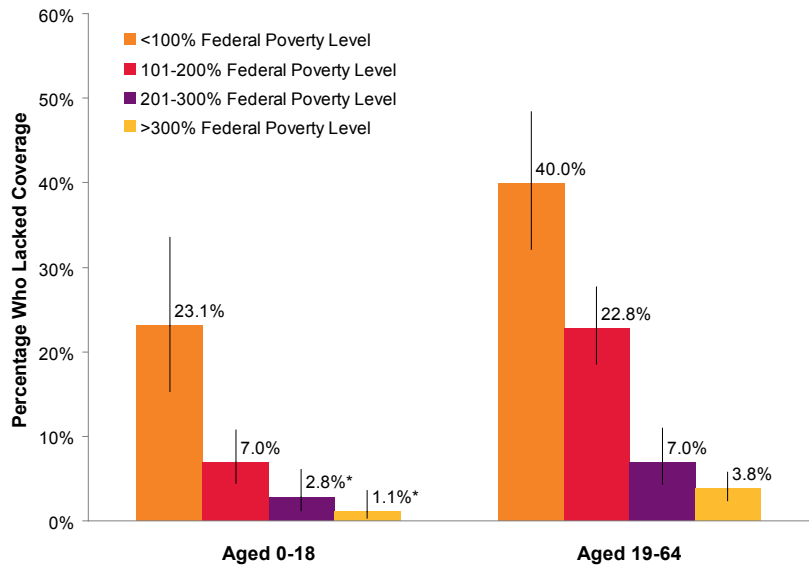
Among adults 19–64 who were employed full-time in 2009, 8.8% were uninsured, but this rate is not statistically different than the state rate. Among part-time employees and self-employed persons in 2009, there was a statistically higher rate of uninsurance (17.6% and 23.4% respectively) than the overall state rate of uninsured. Of all adults 19–64 who were uninsured, almost half of them (47.7%) were employed either full-time or part-time.

Each year, the Utah Department of Health releases a table entitled “Estimated Number and Percentage of Utahns Without Health Insurance Coverage” which overviews some basic insurance rate information for the state, including many of the statistics that have been included here. Information regarding the history and use of this table, referred to as the “Insurance Cheatsheet” for short, is included with the most recent publication of this table, available at [http://health.utah.gov/opha/publications/2009brfss/Cheatsheet\\_2009.pdf](http://health.utah.gov/opha/publications/2009brfss/Cheatsheet_2009.pdf).

One limitation of these current data is the fact that they include only those people contacted on a landline phone. According to the most recently available national data, Utah has the second highest rate (25.5%) of cell phone-only coverage.<sup>2</sup> This means that one quarter of the state was not covered by this survey. However, insurance coverage data was collected on cell-phone only households in 2009 and these numbers will be released in the near future. Additionally, the weighting methodology for the BRFSS has recently been revised and improved. These new weights have not yet been released by the CDC, therefore, these

## Lack of Coverage by Age and Poverty Level

Figure 3. Percentage of persons who lacked health insurance coverage by age group and poverty level, Utah, 2009



\* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet UDOH standards for reliability.

current data were weighted using the old methodology. Rates of insurance coverage will shift somewhat with the addition of cell phone-only respondents and with the advent of the new weighting methodology. The rates within this report are comparable to the methodologies used to collect insurance data in previous years.

### References

1. Institute of Medicine “America’s Uninsured Crisis: Consequences for health and health care,” [http://books.nap.edu/openbook.php?record\\_id=12511&page=R2](http://books.nap.edu/openbook.php?record_id=12511&page=R2).
2. NHIS report on state wireless coverage. <http://www.cdc.gov/nchs/data/nhsr/nhsr014.htm>.

## August 2010 Utah Health Status Update

For additional information about this topic, contact Kimberly Partain McNamara, (801) 538-9179, email: [kmcnamara@utah.gov](mailto:kmcnamara@utah.gov), or Jennifer Wrathall, (801) 538-9259, email: [jwratha@utah.gov](mailto:jwratha@utah.gov), or the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-9191, email: [chdata@utah.gov](mailto:chdata@utah.gov)

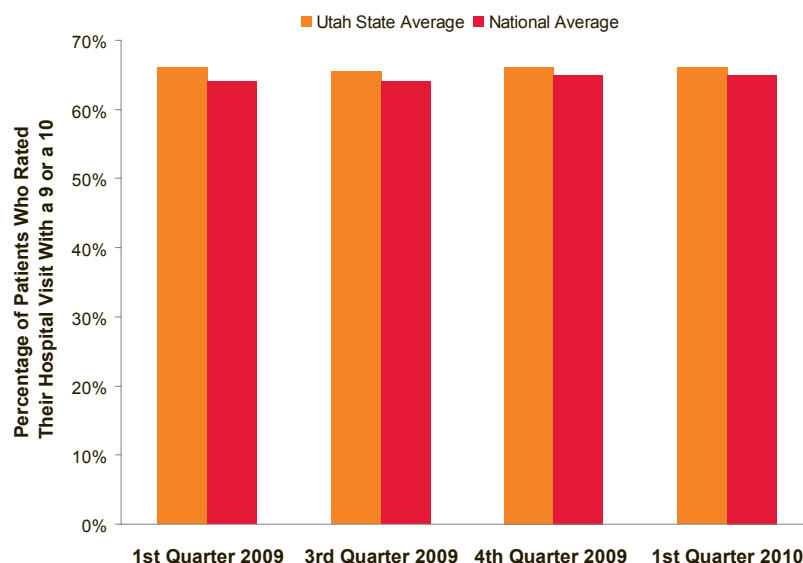
## Breaking News, July 2010

### Hospital Consumer Satisfaction

The Utah Health Data Committee is committed to providing information related to the quality and cost of health care. Recently, a survey was developed by the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ). This survey measures how people feel about their recent hospital visit. The survey is the Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS). This survey asks patients questions on many different aspects of a hospital visit, including: nurse and doctor communication; hospital staff; how clean and quiet the room was; pain management; information about medicine; overall rating of the hospital; and would the patient recommend the hospital.

Thirty four Utah hospitals report data from the survey, and Utah hospitals have scored quite well compared to the national average. One measure asks Utahns to rate their most recent hospital visit on a scale from 1 to 10 (1 being the worst visit and 10 being a very good visit). The graph indicates that Utahns rated their hospitals above the national average, a trend that continues throughout the year. Data from the second quarter of 2009 are not available.

Responses to HCAHPS Survey



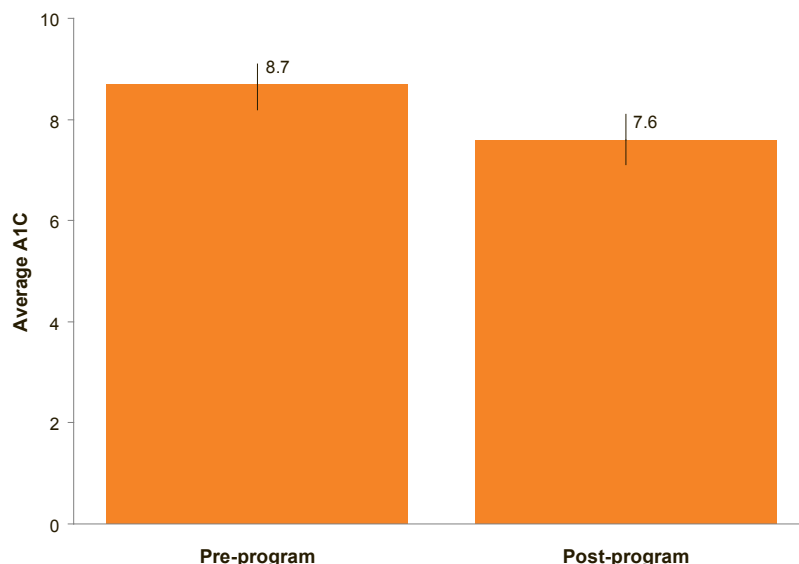
## Community Health Indicators Spotlight, July 2010

### Diabetes Education in Utah Helps Patients Control Blood Sugar

About 35 percent of Utah adults with diabetes have never had a class on diabetes self-management. Twelve years ago, there was only one certified diabetes education program in the state, recognized by the American Diabetes Association. To increase access to reliable diabetes education, the Utah Diabetes Prevention and Control Program (DPCP) established its own certification process. The DPCP currently certifies 13 programs, taught by certified diabetes educators and registered dietitians. Programs qualify for insurance reimbursement, and the DPCP provides oversight to ensure that they adhere to rigorous standards and curricula. The programs track patient outcomes and report their findings to the DPCP each year.

The most reliable method for measuring blood sugar control is the hemoglobin A1c (A1C) test. Lower A1C values reflect lower day-to-day blood sugar levels and are associated with dramatic reductions in the risks for complications. Among people with type 2 diabetes, a reduction of one percentage point in A1C reduces the risk for heart attack by 14 percent; microvascular (e.g., kidney, eye) complications by 37 percent, and diabetes-related deaths by 21 percent. State-certified programs clearly demonstrate effectiveness in reducing A1C levels. Data submitted by programs in 2009 show the overall pre-program A1C to be 8.7, dropping to 7.6 after program completion ( $p < .01$ ).

Average Pre- and Post-program A1C Levels for Participants in Utah State-certified Diabetes Education Programs, 2009 ( $n=1,099$ )



Note: Utah Outcome Reports, 2009

# Monthly Health Indicators Report

(Data Through June 2010)

Monthly Report of Notifiable Diseases, June 2010	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)	15	46	164	151	1.1
Shiga toxin-producing Escherichia coli (E. coli)	4	14	17	32	0.5
Hepatitis A (infectious hepatitis)	1	1	4	7	0.6
Hepatitis B, acute infections (serum hepatitis)	0	3	5	11	0.5
Meningococcal Disease	0	1	1	5	0.2
Pertussis (Whooping Cough)	3	30	99	222	0.4
Salmonellosis (Salmonella)	12	31	151	158	1.0
Shigellosis (Shigella)	1	3	10	17	0.6
Varicella (Chickenpox)	4	14	210	449	0.5
West Nile (human cases)	0	1	0	1	0.0
Quarterly Report of Notifiable Diseases, 2nd Qtr 2010	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*	19	35	45	67	0.7
Chlamydia	1,584	1,341	3,227	2,744	1.2
Gonorrhea	108	157	181	329	0.6
Tuberculosis	9	9	13	17	0.8
Medicaid Expenditures (in Millions) for the Month of June 2010	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 3.2	\$ 10.9	\$ 106.4	\$ 120.4	\$ (14.0)
Inpatient Hospital	\$ 21.8	\$ 27.0	\$ 254.0	\$ 240.6	\$ 13.4
Outpatient Hospital	\$ 5.4	\$ 9.8	\$ 106.8	\$ 108.6	\$ (1.9)
Long Term Care	\$ 15.6	\$ 13.6	\$ 167.9	\$ 163.4	\$ 4.5
Pharmacy†	\$ 11.5	\$ 18.0	\$ 150.0	\$ 147.9	\$ 2.1
Physician/Osteo Services‡	\$ 5.9	\$ 6.9	\$ 82.9	\$ 76.6	\$ 6.4
TOTAL HCF MEDICAID	\$ 120.6	\$ 155.3	\$ 1,606.0	\$ 1,673.9	\$ (68.0)

Program Enrollment for the Month of June 2010	Current Month	Previous Month	% Change\$ From Previous Month	1 Year Ago	% Change\$ From 1 Year Ago
Medicaid	221,954	221,988	-0.0%	195,257	+13.7%
PCN (Primary Care Network)	14,946	13,662	+9.4%	24,103	-38.0%
CHIP (Children's Health Ins. Plan)	42,068	41,800	+0.6%	40,742	+3.3%
Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change\$ From Previous Year	Total Charges in Millions	% Change\$ From Previous Year
Overall Hospitalizations (2008)	279,504	9.4%	-2.7%	\$ 4,703.3	+10.3%
Non-maternity Hospitalizations (2008)	164,602	5.4%	-3.0%	\$ 3,924.7	+10.4%
Emergency Department Encounters (2008)	681,958	23.4%	-2.9%	\$ 879.5	+12.6%
Outpatient Surgery (2008)	299,958	10.3%	-1.9%	\$ 1,277.7	+15.2%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change\$ From Previous Year	State Rank¶ (1 is best)
Obesity (Adults 18+)	2009	465,600	24.0%	+3.9%	11 (2009)
Cigarette Smoking (Adults 18+)	2009	190,300	9.8%	+5.4%	1 (2009)
Influenza Immunization (Adults 65+)	2009	174,400	68.8%	-6.2%	33 (2009)
Health Insurance Coverage (Uninsured)	2009	314,300	11.2%	+4.7%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2008	268	9.7 / 100,000	-2.5%	15 (2007)
Poisoning Deaths	2008	500	18.1 / 100,000	-8.5%	49 (2007)
Suicide Deaths	2009	459	16.4 / 100,000	+13.9%	n/a
Diabetes Prevalence (Adults 18+)	2009	118,500	6.1%	+0.2%	11 (2009)
Poor Mental Health (Adults 18+)	2009	291,600	15.0%	+7.0%	19 (2009)
Coronary Heart Disease Deaths	2008	1,514	54.9 / 100,000	-3.2%	2 (2006)
All Cancer Deaths	2008	2,478	89.9 / 100,000	-4.8%	1 (2006)
Stroke Deaths	2008	739	26.8 / 100,000	-0.2%	7 (2006)
Births to Adolescents (Ages 15-17)	2008	1,122	18.5 / 1,000	-0.6%	14 (2006)
Early Prenatal Care	2008	43,997	79.1%	-0.4%	n/a
Infant Mortality	2008	264	4.7 / 1,000	-7.9%	4 (2007)
Childhood Immunization (4:3:1:3:3:1)	2009	41,500	76.6%	+4.1%	20 (2008)

\* Diagnosed HIV infections, regardless of AIDS diagnosis.

† The Pharmacy Expenditure and Budget amount only includes the gross pharmacy costs. The Pharmacy Rebate and Pharmacy Part-D amounts are excluded from this line item.

‡ Medicaid payments reported under Physician/Osteo Services do not include enhanced physician payments.

§ % Change could be due to random variation.

¶ State rank based on age-adjusted rates.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for influenza has ended until the 2010 season.