

Utah Health Status Update:

Underserved Populations: Utah's Health Professional Shortage Areas

September 2013

Many Utah counties have been designated by the Federal Health Resources and Services Administration (HRSA) as Health Professional Shortage Areas (HPSA). An HPSA is a measure of a shortage of providers serving an underserved population in a county, a group of census county divisions, or a group of census tracts. HPSAs are designated for three different disciplines: primary care, dental care, and mental health.

Two of Utah's most commonly identified underserved populations for HPSA designations are (1) resident-civilian population, as identified by the geographical area type HPSA, and (2) low-income population (low-income population HPSA).

The resident-civilian population is defined as an area's total population minus "in group quarters" populations (military quarters, college dormitory, nursing home populations, etc.). The low-income population is defined as the percent of the population that falls at or below the 200% Federal poverty level.

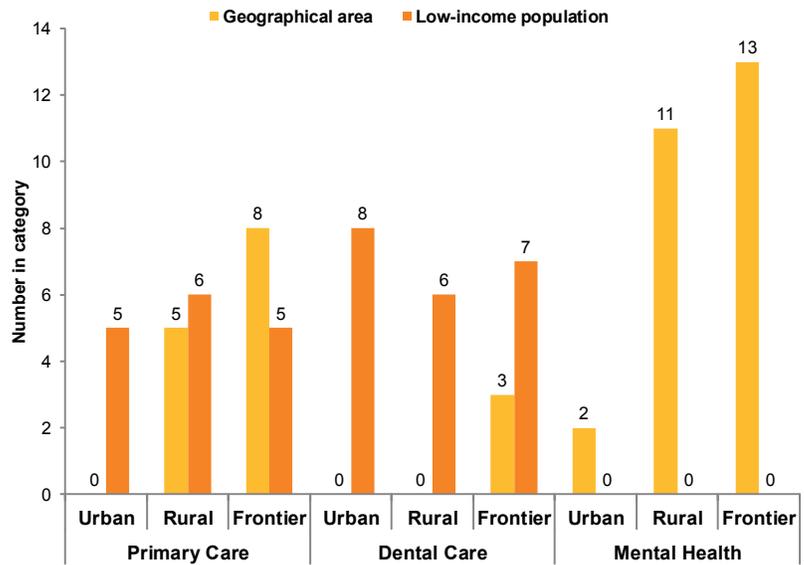
Primary Care HPSAs

Primary care HPSA designations require surveying primary care physicians practicing in the following specialties: family medicine, general practice, obstetrics and gynecology, general internal medicine, and pediatrics. The required population-to-provider ratio for a geographical area primary care HPSA designation is $\geq 3500:1$. The required low-income population-to-provider ratio for a low-income population HPSA is $\geq 3000:1$. (Note the population-to-primary care

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- HPSAs are designated for three different disciplines: primary care, dental care, and mental health.
- Many programs use HPSAs to determine whether an area or a facility is eligible for funding.

Utah's HPSAs

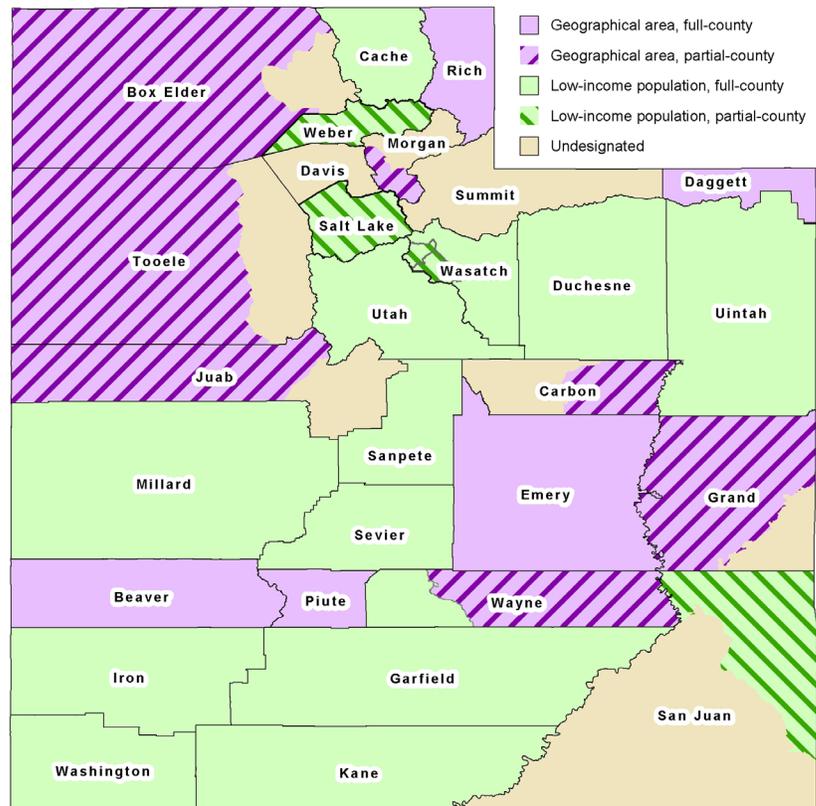
Figure 1. By discipline and county classification, Utah, 2013



Source: Office of Primary Care & Rural Health, Utah Department of Health

Utah Primary Care HPSAs

Figure 2. By county and type of underserved population, Utah, 2013



Source: Office of Primary Care & Rural Health, Utah Department of Health

ratio is not the only requirement that must be met for HPSA designation in any discipline.)

Of Utah's 29 counties, 27 are designated as full-county or partial-county primary care HPSAs. Figure 1 shows the breakdown of those HPSA designations by discipline and county classification. Eight frontier counties have geographical area primary care HPSAs and five have low-income population primary care HPSAs. Low-income populations in six rural counties are primary care HPSA-designated whereas the resident-civilian populations in five rural counties are designated.

Utah has four urban counties: Davis, Salt Lake, Utah, and Weber. Salt Lake County has three identified locations that have been designated as partial-county, low-income population primary care HPSAs. Weber County has one partial-county, low-income population primary care HPSA. Utah County is fully designated as a low-income primary care HPSA.

Dental Care HPSAs

Dental care HPSA designations require surveying general and pediatric dentists in the areas. The required population-to-provider ratio for a dental geographical area HPSA designation is $\geq 5000:1$. For a dental low-income population HPSA, the required population-to-provider ratio is $\geq 4000:1$.

Many of Utah's dental care HPSA designations are for low-income populations. There are three geographical area dental care HPSA designations for frontier counties. Seven frontier counties are designated as low-income populations. Six rural counties are designated as low-income population dental care HPSAs.

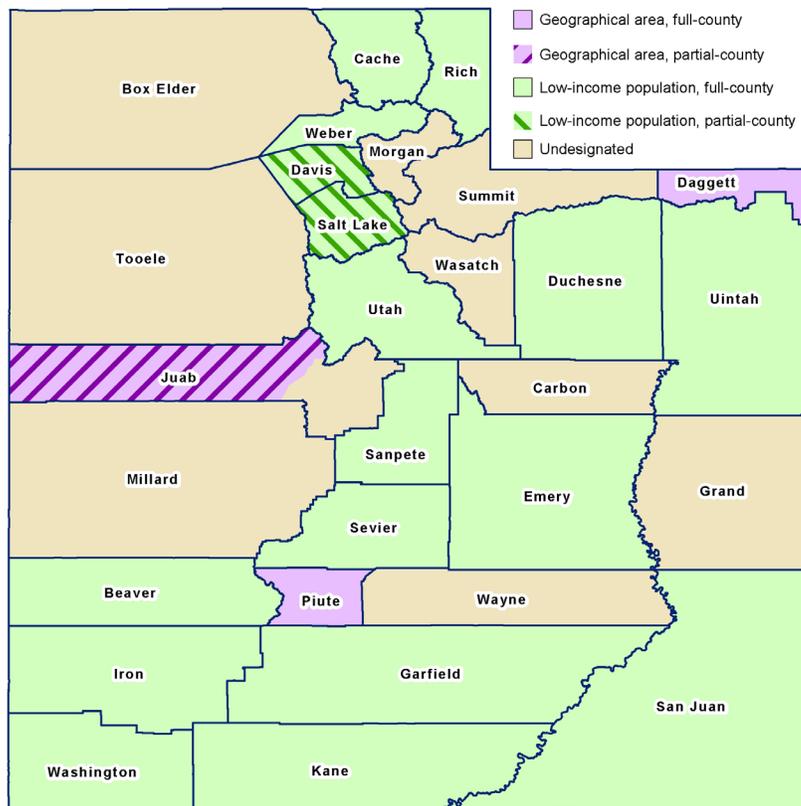
There are eight low-income population dental care HPSAs in the four urban counties: four partial-county dental care HPSAs in Salt Lake, two partial-county dental care HPSAs in Davis, and two full-county dental care HPSAs in Weber and Utah counties.

Mental Health HPSAs

Mental health HPSA designations require surveying psychiatric physicians or psychiatric and other core mental health providers. Utah's mental health HPSAs are based on psychiatric physicians only. The required population-to-psychiatrist ratio for a geographical area mental health HPSA designation is $\geq 30,000:1$. For a

Utah Dental Care HPSAs

Figure 3. By county and type of underserved population, Utah, 2013



Source: Office of Primary Care & Rural Health, Utah Department of Health

low-income population mental health HPSA, the required low-income population-to-psychiatrist ratio is $\geq 20,000:1$.

Twenty-six of the 29 counties are designated as full-county geographical area HPSAs for mental health. The counties that are not designated as mental health HPSAs are Salt Lake, Weber, and Morgan.

HPSA Benefits

Many programs use HPSAs to determine whether an area or a facility is eligible for funding. Some programs using HPSAs to determine eligibility are the National Health Service Corps (NHSC) Loan Repayment program, the NHSC Scholarship program, and the New Access Point grant program.

If you would like more information about Utah's Health Professional Shortage Areas, please contact the Office of Primary Care and Rural Health at (801) 273-6621.

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Breaking News, September 2013

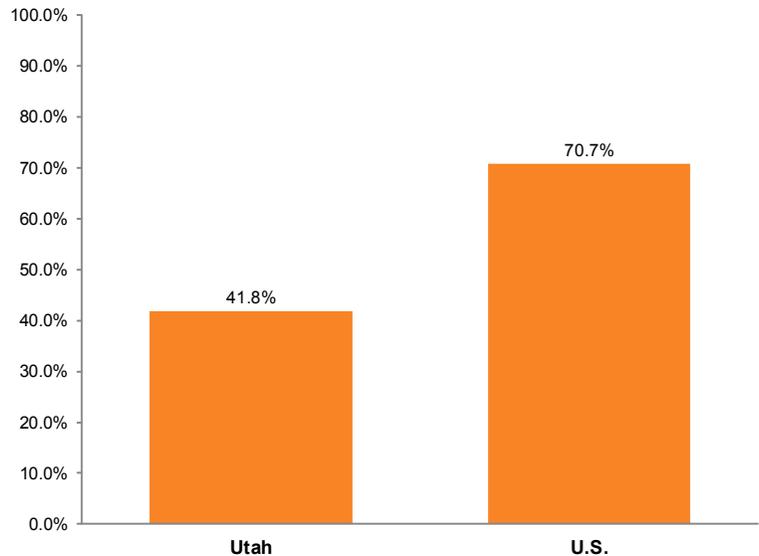
Provider Recommendations for HPV Vaccine are Low in Utah

The Centers for Disease Control and Prevention (CDC) began recommending in 2006 that adolescent females receive the human papillomavirus (HPV) vaccine series to prevent cervical cancer. In 2011, CDC also recommended the HPV vaccine for males. Despite the availability of a vaccine to potentially prevent certain cancers, uptake of the HPV vaccine is low in Utah compared to the U.S. According to the 2011 National Immunization Survey results, approximately 53% of female teens in the state have received at least one dose of the HPV vaccine. However, completion of the three-shot series among those who have started it is the lowest in the nation at 41.8%, compared to the U.S. rate of 70.7%.

Using data from the CDC National Immunization Survey, University of Utah researchers have investigated knowledge, attitudes, and provider recommendations regarding HPV vaccination from medical providers and parents of teens in Utah. Approximately 83% of parents have heard of HPV and 81% have heard of the HPV vaccine; however, only 25% of parents with age-eligible female teens indicated that they would be likely to vaccinate their child.

Compared to other parts of the U.S., Utah parents are less likely to deem the HPV vaccine as necessary or recommended, due, in part, to lower levels of provider recommendations. Only 43% of parents of female teens stated that their doctor has recommended the HPV vaccine for their child.

HPV Vaccine 3-dose Series Completion Among Females Aged 13-17 Years Who Had at Least One Dose, Utah, 2011



Source: CDC National Immunization Survey, 2011

Community Health Indicators Spotlight, September 2013

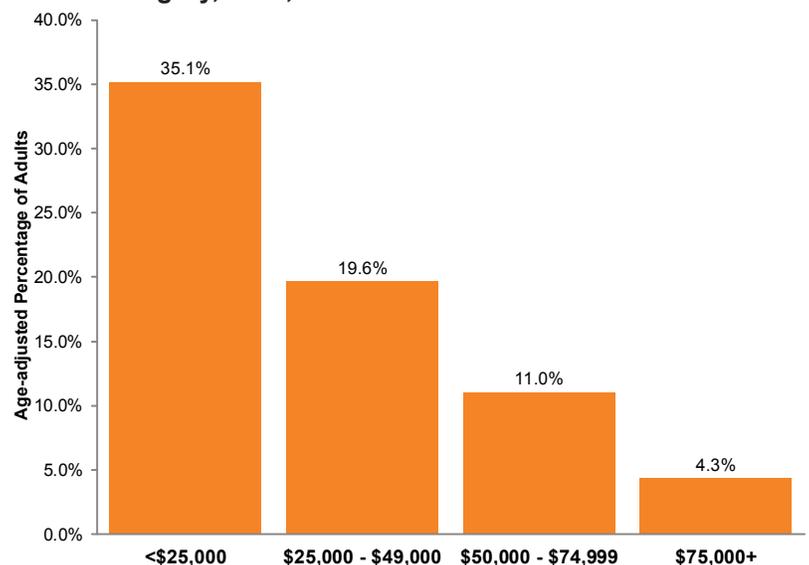
Cost as a Barrier to Health Care in Utah

Access to health care continues to be a problem for many Utahns. Individuals who cannot obtain needed health care tend to have higher rates of death and disability from chronic disease. Cost is the most commonly reported barrier to getting needed health care. In 2011, 16.7% of Utah adults reported not being able to see a doctor because of cost in the past 12 months. This percentage was highest for adults aged 25-34 (22.3%) and lowest for adults aged 65 and older (5.2%).

At 35.1%, Utah adults with a reported annual household income of \$25,000 or less had the highest percentage of reporting cost as a barrier compared to 4.3% of those reporting an annual income above \$75,000.

There is a similar disparity between those with and without health insurance coverage. Among those with coverage, 10.2% reported that cost was a barrier, while 41.7% of those without coverage reported cost as a barrier.

Adults Reporting Cost as a Barrier to Care in Past Year by Income Category, Utah, 2011



Source: Utah Behavioral Risk Factor Surveillance System (BRFSS), 2011

For more information, please visit http://ibis.health.utah.gov/indicator/view/CosBarHtlhCar.UT_US.html.

Monthly Health Indicators Report

(Data Through July 2013)

Monthly Report of Notifiable Diseases, July 2013	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)	51	62	292	251	1.2
Shiga toxin-producing Escherichia coli (E. coli)	30	21	69	50	1.4
Hepatitis A (infectious hepatitis)	3	1	9	5	1.8
Hepatitis B, acute infections (serum hepatitis)	0	0	1	7	0.1
Meningococcal Disease	0	0	6	4	1.7
Pertussis (Whooping Cough)	74	56	647	329	2.0
Salmonellosis (Salmonella)	31	41	181	193	0.9
Shigellosis (Shigella)	2	4	13	20	0.7
Varicella (Chickenpox)	1	5	131	303	0.4
West Nile (Human Cases)	0	1	0	2	0.0

Quarterly Report of Notifiable Diseases, 2nd Qtr 2013	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†	15	25	25	102	0.2
Chlamydia	1,830	1,623	3,708	3,361	1.1
Gonorrhea	166	91	320	184	1.7
Syphilis	21	10	37	16	2.3
Tuberculosis	10	9	18	18	1.0

Medicaid Expenditures (in Millions) for the Month of July 2013	Current Month	Expected/Budgeted‡ for Month	Fiscal YTD	Budgeted‡ Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 2.0	\$ 5.6	\$ 144.6	\$ 145.8	\$ (1.1)
Inpatient Hospital	\$ 8.3	\$ 13.8	\$ 262.8	\$ 357.6	\$ (94.8)
Outpatient Hospital	\$ 2.0	\$ 3.4	\$ 67.1	\$ 86.9	\$ (19.8)
Long Term Care	\$ 6.6	\$ 6.2	\$ 169.6	\$ 161.3	\$ 8.3
Pharmacy ‡	\$ 1.1	\$ 2.7	\$ 136.8	\$ 137.3	\$ (0.5)
Physician/Osteo Services §	\$ 4.0	\$ 3.6	\$ 78.2	\$ 92.1	\$ (13.9)
TOTAL HCF MEDICAID	\$ 29.1	\$ 0.0	\$2,089.4	\$2,038.4	\$ 51.0

Program Enrollment for the Month of July 2013	Current Month	Previous Month	% Change¶ From Previous Month	1 Year Ago	% Change¶ From 1 Year Ago
Medicaid	259,684	259,206	+0.2%	251,402	+3.3%
PCN (Primary Care Network)	16,117	15,508	+3.9%	16,414	-1.8%
CHIP (Children's Health Ins. Plan)	34,823	34,603	+0.6%	36,605	-4.9%

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 (2011)	280,830	9.3%	+0.8%	\$ 5,818.8	+7.4%
Non-maternity Hospitalizations (2011)	175,847	5.7%	+3.8%	\$ 4,909.9	+7.9%
Emergency Department Encounters (2011)	665,925	22.4%	+1.7%	\$ 1,309.5	+12.8%
Outpatient Surgery (2011)	376,054	12.6%	+2.4%	\$ 1,878.5	+6.5%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change¶ From Previous Year	State Rank# (1 is best)
Obesity (Adults 18+)	2011	472,400	24.4%	+1.3%	12 (2011)
Cigarette Smoking (Adults 18+)	2011	229,300	11.8%	+2.7%	1 (2011)
Influenza Immunization (Adults 65+)	2011	147,400	56.9%	-15.5%	41 (2011)
Health Insurance Coverage (Uninsured)	2011	377,700	13.4%	+26.4%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2011	242	8.6 / 100,000	+3.2%	19 (2010)
Poisoning Deaths	2011	554	19.7 / 100,000	+12.8%	45 (2010)
Suicide Deaths	2011	503	17.9 / 100,000	+5.2%	n/a
Diabetes Prevalence (Adults 18+)	2011	129,600	6.7%	-1.8%	6 (2011)
Poor Mental Health (Adults 18+)	2011	315,300	16.3%	-0.4%	17 (2011)
Coronary Heart Disease Deaths	2011	1,612	57.2 / 100,000	+6.7%	3 (2010)
All Cancer Deaths	2011	2,733	97.0 / 100,000	-3.5%	1 (2010)
Stroke Deaths	2011	778	27.6 / 100,000	+5.6%	17 (2010)
Births to Adolescents (Ages 15-17)	2011	706	11.2 / 1,000	-20.3%	11 (2011)
Early Prenatal Care	2011	38,228	74.7%	+2.3%	n/a
Infant Mortality	2011	282	5.5 / 1,000	+14.6%	10 (2010)
Childhood Immunization (4:3:1:3:3:1)	2011	37,400	71.1%	+0.7%	42 (2010)

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Includes only the gross pharmacy costs. Pharmacy Rebate and Pharmacy Part D amounts are excluded from this line item.

§ Physician/Osteo Services - Medicaid payments reported under Physician/Osteo Services does 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 virus has ended until the 2013-2014 season.