UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
Maternal and Child Health State Priorities, 2016–2020

January 2016

Introduction

Enacted in 1935 as part of the federal Social Security Act, Title V is the oldest public health program in the nation and provides a foundation for ensuring the health and well-being of the nation's pregnant women, mothers, infants, and children, including children with special health care needs (CSHCN).[1] The Utah Department of Health's Maternal and Child Health Bureau is responsible for administering the Title V Maternal and Child Health (MCH) Block Grant program in Utah. As a recipient of this grant, each state is required to conduct a needs assessment every five years to assess the needs of their MCH and CSHCN populations and to design programs that address those needs. States are also required to develop performance measures to improve accountability and to better monitor the impact of state Title V program activities.

Methods

The 2015 MCH needs assessment process was based on a multi-faceted approach of collecting, reviewing, and analyzing information, including both quantitative and qualitative data. The process consisted of three major components: 1) collection and review of secondary data, 2) collection of primary data from various stakeholders using surveys and focus groups, and 3) application of a nine-step needs assessment model.

To assist the state MCH priority setting for the next five years, the data team prepared detailed descriptions of the newly proposed block grant performance measures along with state and national trend data related to these measures. Primary data was also collected using: a) a general stakeholder survey, b) a survey of parents and guardians of children and youth with special health care needs, c) a survey of local health departments to assess their service capacity, and d) a series of focus groups with community partners. The nine-step model guided the overall approach to the needs assessment process and included: 1) engagement of stakeholders, 2) assessment of MCH/CSHCN population needs and identification of desired outcomes and mandates, 3) examination of state strengths and capacity, 4) selection of state priorities, 5) selection of measures and setting of performance objectives, 6) development of an action plan, 7) allocation of resources, 8) monitoring of progress for impact on outcomes, and 9) reporting back to stakeholders.

Following the data analysis and review, a MCH Needs Assessment Summit was held to discuss and prioritize state health needs collectively with more than 50 key stakeholders representing various community organizations and state agencies. The results of the data analyses, including the top 10 health issues for MCH/CSHCN populations, were presented to the group. Summit participants were encouraged to consider the following five criteria as they prioritized which needs could most effectively be addressed by Title V efforts: 1) data-driven - the need is supported by data, 2) feasibility/capacity - Title V programs and local health departments have the capacity to address the need, 3) effective evidence-based intervention - the intervention has an impact on the need, 4) overlap - the selected need overlaps with or is complementary to another priority issue, and 5) resources/sustainability - the state has adequate resources to sustain efforts to meet the need.

Results

The Summit resulted in the final selection of 10 state MCH priorities as well as eight related National Performance Measures (NPMs) and four State Performance Measures (SPMs) [see Table]. Stakeholders played a critical role in providing their diverse perspectives on community needs and challenges and in selecting appropriate state priorities and related performance measures. The Maternal and Child Health Bureau and other Title V partners are currently developing a five-year state action plan and strategies to address state priorities. Collaboration continues to be fundamental in Title V efforts to achieve optimal health for mothers, children, and families in Utah.

KEY FINDINGS

- **The Title V program provides a foundation for ensuring the health and well-being of the nation's pregnant women, mothers, infants, and children, including children with special health care needs.**
- **A recent Needs Assessment Summit resulted in the final selection of 10 state Maternal and Child Health priorities as well as eight related National Performance Measures and four State Performance Measures (see Table).**
- **State Title V partners are currently developing a five-year state action plan and strategies to address state priorities. These priorities along with performance measures will drive state and local public health work for 2016–2020.**
- **Collaboration continues to be fundamental in Title V efforts to achieve optimal health for mothers, children, and families in Utah.**

1. Understanding Title V of the Social Security Act. Health Resources and Services Administration, Maternal and Child Health Bureau, 2002. U.S. Department of Health and Human Services. http://www.amchp.org/AboutTitleV/Documents/UnderstandingTitleV.pdf

Utah's Maternal and Child Health Needs, Priorities, and Performance Measures

Table 1. State Health Needs, Priorities, and Performance Measures, Utah, 2015

MCH Population Domain	Identified Health Needs	2015 Selected State Priorities	Selected Performance Measures NPMs/SPMs
Women/ Maternal Health	• Adequate insurance coverage • Awareness of importance of preventive care • Depression/mental health • Diabetes prevention • Domestic violence • Family planning/unintended pregnancy • Healthy weight maintenance • Male/father involvement • Prenatal care/multivitamin use • Substance abuse	• Preconception and interconception care	**NPM 1 – Well-woman visit** Percent of women with a past-year preventive medical visit
Perinatal/ Infant Health	• Adequate insurance coverage • Developmental delays • Immunizations • Injury prevention • Lack of quality child care • Low breastfeeding prevalence/poor infant nutrition • Parenting knowledge • Premature/low-birth-weight babies • Safe sleep • Violence/abuse/neglect	• Breastfeeding promotion • Preterm and low-birth-weight babies/NICU	**NPM 3 – Perinatal regionalization** Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) **NPM 4 – Breastfeeding** A - Percent of infants who are ever breastfed B - Percent of infants breastfed exclusively through 6 months **SPM 1—Preterm births** Percent of live births occurring before 37 completed weeks of gestation
Child Health	• Adequate insurance coverage • Developmental delays • Immunizations • Injury prevention • Lack of quality child care/after-school supervision • Maintenance of healthy weight/physical activity • Mental health • Oral health • Violence/abuse/neglect/bullying	• Developmental screening • Injury and injury-related deaths	**NPM 6 – Developmental screening** Percent of children, ages 10–71 months, receiving a developmental screening using a parent-completed screening tool **SPM 3—Child injury deaths** The rate (per 100,000) of injury deaths among children aged 1–19
Adolescent Health	• Adequate insurance coverage • Comprehensive sexual health education/sexually-transmitted infections • Depression/mental health/suicide • Immunizations • Injury prevention • Lack of after-school supervision • Maintenance of healthy weight/physical activity • Substance abuse • Teen pregnancy/access to contraceptives • Violence/abuse/neglect/bullying	• Prevention of unhealthy weight (overweight/obese) among children and adolescents • Suicide, mental health issues, and access to mental health services	**NPM 8 – Adolescent physical activity** A - Percent of adolescents ages 12 through 17 who are physically active at least 60 minutes per day B - Percent of adolescents in grades 9 through 12 who report being physically active at least 60 minutes per day in the past week **SPM 4—Adolescent suicide** The rate (per 100,000) of suicide deaths among youths aged 15–19
Children with Special Health Care Needs (CSHCN)	• Adequate insurance coverage • Availability of specialized services • Cost of care/financial stability • Income-based eligibility/waiting list for public programs • Lack of support for rural families • Medical home/service coordination • Recreational/social activities • Relevant community services and resources • Respite care • Transition to adulthood	• -Out-of-pocket costs/ financial challenges faced by CSHCN parents • Specialty service availability in rural areas and improved care coordination for children with special needs	**NPM 11 – Medical home** Percent of children with special health care needs having a medical home **NPM 12 – Transition** Percent of adolescents with special health care needs who received services necessary to make transitions to adult health care **SPM 2—CSHCN rural clinical services** Percent of children with special health care needs in the rural areas of the state receiving direct clinical services through the state CSHCN program
Cross-Cutting/ Life Course	• Adequate insurance coverage • Cost of care/financial stability • Family planning/unintended pregnancy • Immunizations • Lack of support for rural families • Maintenance of healthy weight • Medical home/service coordination • Mental health • Substance abuse • Violence	• Adequate insurance coverage	**NPM 13 – Oral health** A - Percent of women who had a dental visit during pregnancy B - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

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UDOH ANNOUNCEMENT:

Timely Reporting of Infectious Diseases - New Weekly Report

Starting in 2015, UDOH began releasing a weekly report summarizing case counts and trends of the most frequently reported communicable diseases. To view reports for communicable diseases, including the new Weekly Communicable Disease report, please visit http://health.utah.gov/epi/data/.

Breaking News, January 2016

Parkinson's Disease Registry Launched

Parkinson's Disease (PD) is a chronic and progressive movement disorder that is due to the malfunction and death of vital nerve cells in the brain. Approximately 60,000 Americans are diagnosed with PD each year, and as the population ages, this number is expected to increase. In Utah, PD has increased by 30 percent over the last ten years. On March 12, 2015, the Utah Department of Health (UDOH) implemented a rule to make PD a reportable condition and create a registry of these patients. The computerized PD registry was developed through a collaboration between the University of Utah and the UDOH with support from the Utah Center for Clinical and Translational Science and the Utah State Legislature. The data from the registry will be used by researchers and others to better understand the causes of the disease and find ways to improve patient outcomes. Utah is one of only a few states (others include Washington and Nebraska) to develop a PD registry; the website is www.updr.org. As of December 31, 2015, 908 PD patients have been registered.

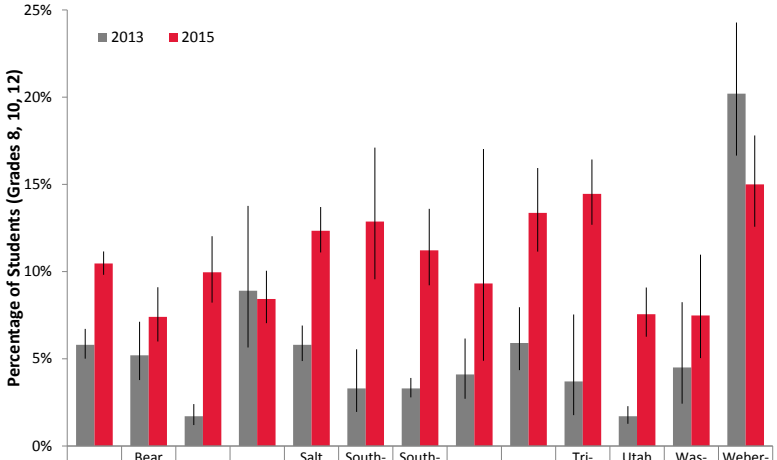
Dr. Stefan Pulst, Professor and Chair of the Department of Neurology at the University of Utah, and supporters of the registry at the official launching of the registry on May 21, 2015.

Community Health Indicators Spotlight, January 2016

Youth Use of Electronic Cigarettes Is Increasing Significantly in Most of Utah's Local Health Districts

Electronic cigarettes (or vape products) are battery-powered devices that typically deliver nicotine in the form of an aerosol. Nicotine use during adolescence affects brain development and can impact attention, learning, and susceptibility to other addictions.[1] Whereas adult use of electronic cigarettes has leveled off at 4.8% (Utah BRFSS, 2013 and 2014), electronic cigarette use among Utah youth continues to increase at alarming rates. Central, Salt Lake County, Southeast, Southwest, Tooele, TriCounty, and Utah County Health Districts experienced significant increases from 2013 to 2015. In 2015, youth use of electronic cigarettes was highest in districts with high adult smoking rates. Two districts that adopted policies to regulate youth access to electronic cigarettes in 2014 (Davis, Weber-Morgan) reported small declines in youth use rates. To prevent nicotine addiction among youth, additional regulatory measures are needed. Price increases through tobacco excise taxes and strict enforcement of laws that prohibit access to tobacco products have been shown to be effective in reducing youth tobacco use.

Percentage of Utah Students (Grades 8, 10, 12) Who Used Electronic Cigarettes in the Past 30 Days by Local Health District, 2013 and 2015



	State	Bear River	Central	Davis	Salt Lake	South-east	South-west	Summit	Tooele	Tri-County	Utah County	Was-atch	Weber-Morgan
2013	5.8%	5.2%	1.7%	8.9%	5.8%	3.3%	3.3%	4.1%	5.9%	3.7%	1.7%	4.5%	20.2%
2015	10.5%	7.4%	10.0%	8.4%	12.3%	12.9%	11.2%	9.3%	13.4%	14.5%	7.6%	7.5%	15.0%

Source: Tobacco Prevention and Control Program. Prevention Needs Assessment (PNA) Survey. 2013, 2015. Salt Lake City: Utah Department of Health.

1. England, L. et al. Nicotine and the Developing Human: A Neglected Element of the E-cigarette Debate. *American Journal of Preventive Medicine* Volume 49, Issue 2, August 2015, pp. 286–293.

Monthly Health Indicators Report

(Data Through November 2015)

Monthly Report of Notifiable Diseases, November 2015	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*)	20	30	398	468	0.9
Shiga toxin-producing *Escherichia coli* (*E. coli*)	3	5	92	98	0.9
Hepatitis A (infectious hepatitis)	1	1	7	8	0.9
Hepatitis B, acute infections (serum hepatitis)	0	1	9	9	1.0
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	0	0	1	5	0.2
Pertussis (Whooping Cough)	13	79	404	898	0.4
Salmonellosis (*Salmonella*)	30	22	434	308	1.4
Shigellosis (*Shigella*)	5	3	34	38	0.9
Varicella (Chickenpox)	9	29	165	279	0.6
Quarterly Report of Notifiable Diseases, 3rd Qtr 2015	**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†	35	23	91	80	1.1
Chlamydia	2,195	1,885	6,409	5,548	1.2
Gonorrhea	413	198	1,089	491	2.2
Syphilis	19	13	42	38	1.1
Tuberculosis	15	7	28	24	1.2
Medicaid Expenditures (in Millions) for the Month of November 2015	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Capitated Mental Health	$ 12.4	$ 12.2	$ 70.9	$ 71.5	$ (0.6)
Inpatient Hospital	$ 11.8	$ 12.0	$ 43.4	$ 44.7	$ (1.4)
Outpatient Hospital	$ 4.7	$ 4.2	$ 16.9	$ 18.7	$ (1.9)
Long Term Care	$ 20.2	$ 19.2	$ 77.9	$ 78.2	$ (0.3)
Pharmacy	$ 3.5	$ 3.1	$ 43.0	$ 43.4	$ (0.4)
Physician/Osteo Services	$ 3.5	$ 4.1	$ 16.2	$ 20.5	$ (4.3)
TOTAL MEDICAID	$ 166.8	$ 165.7	$ 1,004.6	$ 1,008.4	$ (3.8)

Program Enrollment for the Month of November 2015	Current Month	Previous Month	% Change‡ From Previous Month	1 Year Ago	% Change‡ From 1 Year Ago
Medicaid	289,160	290,639	-0.5%	276,963	+4.4%
PCN (Primary Care Network)	13,477	12,745	+5.7%	20,147	-33.1%
CHIP (Children's Health Ins. Plan)	16,477	16,469	+0.0%	14,825	+11.1%
	Annual Visits			Annual Charges	
Health Care System Measures	**Number of Events**	**Rate per 100 Population**	**% Change‡ From Previous Year**	**Total Charges in Millions**	**% Change‡ From Previous Year**
Overall Hospitalizations (2013)	279,393	9.0%	-2.8%	$ 6,513.8	+5.9%
Non-maternity Hospitalizations (2013)	177,191	5.6%	-2.5%	$ 5,554.8	+6.6%
Emergency Department Encounters (2013)	683,415	22.3%	-1.5%	$ 1,555.4	+7.1%
Outpatient Surgery (2013)	404,303	13.1%	+7.3%	$ 2,167.9	+11.5%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/ Rate**	**% Change‡ From Previous Year**	**State Rank§ (1 is best)**
Obesity (Adults 18+)	2014	524,000	25.7%	+6.5%	8 (2014)
Cigarette Smoking (Adults 18+)	2014	197,800	9.7%	-6.1%	1 (2014)
Influenza Immunization (Adults 65+)	2014	171,300	58.0%	+1.0%	36 (2014)
Health Insurance Coverage (Uninsured)	2014	303,100	10.3%	-11.2%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2014	234	8.0 / 100,000	+20.2%	9 (2013)
Poisoning Deaths	2014	641	21.8 / 100,000	+0.4%	47 (2013)
Suicide Deaths	2014	555	18.9 / 100,000	-4.0%	49 (2013)
Diabetes Prevalence (Adults 18+)	2014	144,800	7.1%	-0.1%	8 (2014)
Poor Mental Health (Adults 18+)	2014	324,200	15.9%	-3.0%	19 (2014)
Coronary Heart Disease Deaths	2014	1,574	53.5 / 100,000	+2.5%	1 (2013)
All Cancer Deaths	2014	3,033	103.1 / 100,000	+1.0%	1 (2013)
Stroke Deaths	2014	854	29.0 / 100,000	+1.4%	18 (2013)
Births to Adolescents (Ages 15-17)	2014	537	7.9 / 1,000	-8.8%	11 (2013)
Early Prenatal Care	2014	39,005	76.2%	-0.2%	n/a
Infant Mortality	2014	251	4.9 / 1,000	-4.7%	9 (2012)
Childhood Immunization (4:3:1:3:3:1)	2014	36,700	74.6%	n/a#	24 (2014)

* Influenza activity is minimal in Utah. Influenza-like illness activity is below baseline statewide. As of December 12, 2015, 21 influenza-associated hospitalizations have been reported to the UDOH since the start of the influenza season on October 4, 2015. More information can be found at http://health.utah.gov/epi/diseases/influenza/index.html.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

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

§ State rank based on age-adjusted rates where applicable.

In 2014, NIS analysis for the complete 4:3:1:3:3:1 series was updated to provide a more accurate assessment of Haemophilus influenzae type B vaccination. Due to this change, the 2014 results for 4:3:1:3:3:1 coverage are not comparable to prior years.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2016 season.