

# Utah Health Status Update:

## *New Website Showcases Environmental Impacts on Health*

February 2014

After many months of research, designing, brainstorming, and hard work, the Utah Environmental Public Health Tracking Program (UEPHTP) launched a new website: [epht.health.utah.gov](http://epht.health.utah.gov). The aim was to make the site user friendly while providing accurate information about the links between human health and the environment.

The UEPHTP is part of the National Environmental Public Health Tracking Network (NEPHTN) that is run by the Centers for Disease Control and Prevention (CDC) and is made up of member states, local health departments, and academic partners. The

mission of the NEPHTN is to provide information that can be used to plan, apply, and evaluate action to prevent and control environmentally-related diseases.

Through collaboration with the Utah Department of Health's Office of Public Health Assessment (OPHA), the UEPHTP data and information have been woven into the Indicator-Based Information System for Public Health (IBIS-PH) website ([ibis.health.utah.gov](http://ibis.health.utah.gov)) for a number of years. The new UEPHTP website has a new design and represents the future direction of Utah's IBIS-PH website. The new website's "look and feel" set it apart as its own program, while maintaining a degree of unity with the Utah Department of Health website. Furthermore, it incorporates new features and updates that make it easier for users to access data and information. Three important features of the UEPHTP website are described below.

- **The Utah Environmental Public Health Tracking Program (UEPHTP) launched a new website: [epht.health.utah.gov](http://epht.health.utah.gov).**
- **The new "EPHT Topics" tab allows multiple Indicator Reports and data queries from multiple datasets to be put into topics.**
- **A new tool available on the Data Portal tab called "MyEPHT" allows users to save query definitions for future use.**
- **Another important component of the website is a secure dataset portal that provides controlled access to certain dataset queries that contain sensitive, small population data.**

### EPHT Topics

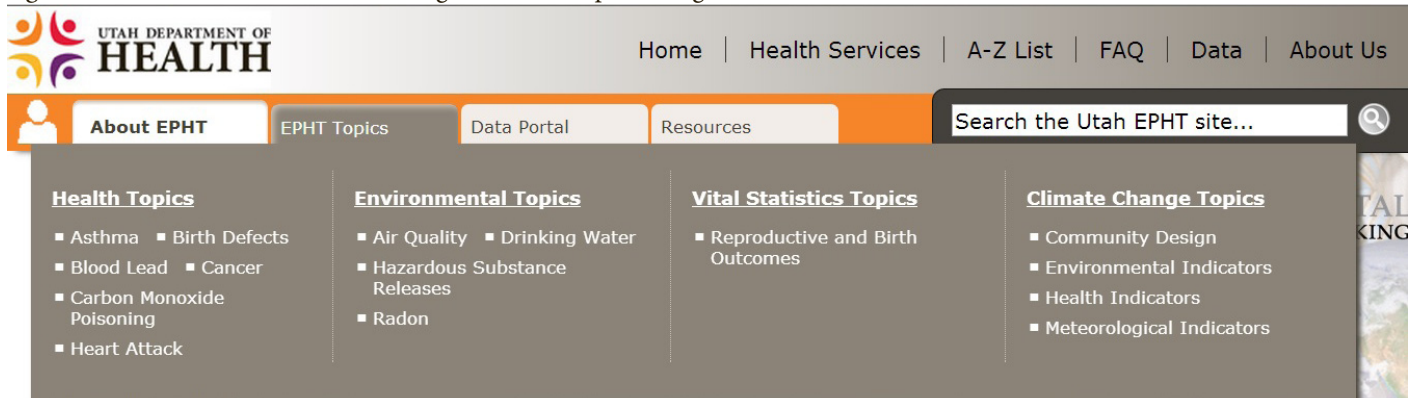
The current IBIS-PH website has three main types of information: publications, Indicator Reports, and queryable datasets. A health indicator is a specific numeric measure that depicts the health status of a population. The Indicator Reports on IBIS-PH provide data and information for a single numeric measure. Similarly, the IBIS-PH query system allows users to analyze data in a single dataset at a time. The new "EPHT Topics" tab (Figure 1) allows multiple Indicator Reports and data queries from multiple datasets to be put into topics. The topics are grouped into one of four categories: health, environmental, vital statistics, and climate change. For instance, if a user selects 'Asthma' as a topic, the web page provides links to many Indicator Reports and queries that are related to asthma. Additional context and information are provided for each topic as well. (See Figure 2.)

### Saved Queries

Public health professionals often need to analyze data from different datasets specific to their jurisdiction or program. An IBIS-PH user would typically need to specify each query definition in order to view the

## Topics Navigation Bar

Figure 1. New UEPHTP Website Showing the EPHT Topics Navigation Bar



data, which can be a time-consuming activity. A new tool available on the Data Portal tab called “MyEPHT” allows users to save query definitions for future use. After setting up an account, a user can create and save as many query definitions as desired. When the data need to be accessed again, a user can log into his or her account and simply click each saved query. This makes it easier for users to access specific query definitions and saves time when accessing data. Additionally, the UEPHTP used this feature to create additional data views otherwise unavailable in the Indicator Reports. This provides users with more health information about a topic without needing to perform a query.

### Secure Modules

Another important component of the website is a secure dataset portal that provides controlled access to certain dataset queries that contain sensitive, small population data. This feature is specifically geared toward public health officials and researchers. All access to the secure portal must pass through an approval process and is strictly monitored. To help users determine if access to the secure portal is appropriate and necessary, the UEPHTP provides metadata, or information about the data. The metadata is intuitively organized and searchable so that potential users can better understand what information is available in the modules. Currently, the UEPHTP offers the following secure datasets:

- Census Tract Cancer Registry
- Small Area Cancer Registry
- Mortality by ZIP Code
- Birth by ZIP Code
- Birth Defect
- Blood Lead Level
- Inpatient Hospital Discharges by ZIP Code
- ED Encounters by ZIP Code

The UEPHTP and Office of Public Health Assessment are pleased to offer these new tools that make it easier for people to access public health data. The UEPHTP website has already undergone website user testing, which will be used to enhance users’ experiences with both the UEPHTP and IBIS-PH websites.

## Asthma Topic Page

Figure 2. New UEPHTP Website Showing the ‘Asthma’ topic

The screenshot shows the UEPHTP website interface for the 'Asthma' topic. At the top, there is a navigation bar with tabs for 'About EPHT', 'EPHT Topics', 'Data Portal', and 'Resources'. Below the navigation bar, the page title 'Asthma' is displayed. A breadcrumb trail indicates 'You are Here: EPHT | Topics | current page'. The main content area is organized into several sections, each with a title and a plus icon for expansion:

- Description:** Asthma is a condition that makes it difficult to breathe. It usually begins with exposure to a "trigger," which is exposure to something (usually an external allergen) that causes the airways to react. During an asthma attack, the lung airways tighten and fill with fluid. The resulting effects are chest tightness, wheezing, breathlessness, and coughing. Asthma attacks can vary in severity and triggers vary person to person. There is no cure for asthma, but you can manage it through proper medication and avoiding things that trigger your asthma.
- Why Important**
- What is Known**
- Who is at Risk**
- How to Reduce Risk**
- How is it Tracked**
- Indicator Reports (Data tables, charts, more detailed information)**
- Asthma Hospitalizations**
  - [Number of Hospitalizations for Asthma for Utah State](#)
  - [Rate of Hospitalization for Asthma by Age Group per 10,000 Population for Utah State](#)
  - [Age-adjusted Rate of Hospitalization for Asthma per 10,000 Population for Utah State](#)
- Asthma Emergency Department Vists**
  - [Emergency Department Vists due to Asthma by Year, Utah](#)
- Asthma Prevalence**
  - [Asthma Prevalence Among Adults Aged 18 and Over, Utah and U.S.](#)
  - [Child Asthma Prevalence by Age and Sex, Utah,](#)
- Queryable Datasets**
  - [Number of Hospitalizations for Asthma for Utah State and County](#)
  - [Rate of Hospitalization for Asthma by Age Group \(total, 0-4, 5-14, 15-34, 35-64, and 65+\) per 10,000 Population for Utah State and County](#)
  - [Age-adjusted Rate of Hospitalizations for Asthma per 10,000 population \(all ages\) for Utah State and County](#)
  - [Annual Number of Emergency Department Visits for Asthma for Utah State and County](#)
  - [Annual Crude Rate of Emergency Department Visits for Asthma by Age Group \(Total, 0-4, 5-14, 15-34, 35-64, and 65+\) per 10,000 Population by Age Group for Utah State and County](#)
- FAQs and Resources**
- Complete Metadata**

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For additional information about this topic, contact Matt McCord, Environmental Public Health Tracking Network, Utah Department of Health, Box 142104, Salt Lake City, UT 84114-2104, (801) 538-6191, email: [mmccord@utah.gov](mailto:mmccord@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, February 2014

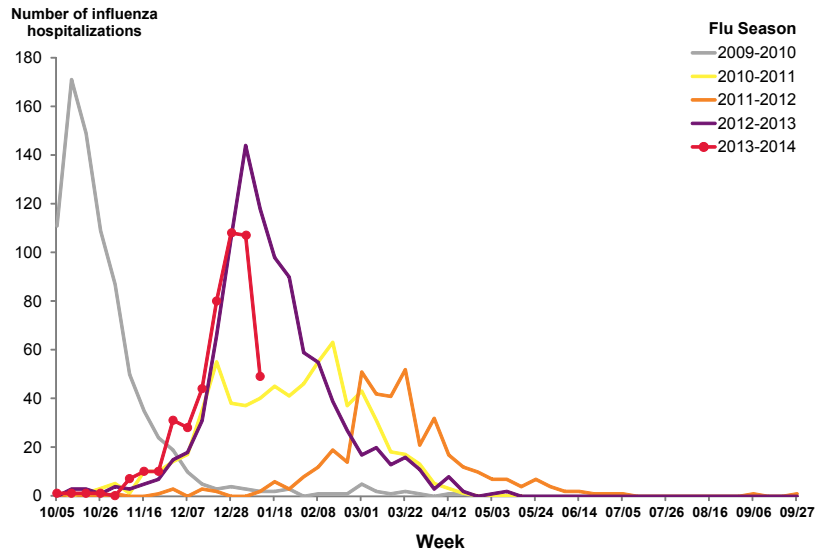
### 2013–2014 Influenza Season

Influenza is a highly contagious, acute respiratory illness that causes substantial morbidity and mortality worldwide each year. Influenza-like illness, which is a measure of influenza activity in the outpatient population, is currently moderate in Utah. As of January 22, there have been 544 hospitalizations reported throughout the state, a number that is consistent with the prevalence of illness seen in the outpatient setting. More than 95% of all influenza isolates tested at the Utah Public Health Laboratory are positive for influenza A 2009 H1N1, the same virus that caused the global pandemic in 2009. As in the 2009 pandemic, Utah is experiencing similar trends, with a disproportionate number of severe infections occurring among young and middle-aged adults, a population with typically low uptake of influenza vaccine. Approximately 25% of hospitalizations require care in an intensive care unit. The majority of persons hospitalized have a known, pre-existing condition that would leave them vulnerable to more serious complications from influenza.

The best method of prevention remains vaccination, which is recommended for all persons 6 months of age and older. Anyone who has not yet been vaccinated should get an influenza vaccine now. As long as influenza viruses are circulating, vaccination should continue throughout the season, into February or later.

In Utah, influenza is actively monitored from October through May through a variety of comprehensive surveillance systems, and seasonal updates are published weekly at <http://health.utah.gov/flu>.

**Number of Influenza Hospitalizations Reported to the Utah Department of Health by Event Date\*, Utah, 2013–2014 Compared to Previous Four Seasons**



\*Event date is calculated based on a hierarchy of dates: 1. onset date 2. specimen collection date 3. date reported to public health.

## Community Health Indicators Spotlight, February 2014

### TOP Star – Utah’s Healthy Child Care Initiative

TOP Star – Targeting Obesity in Preschool and Childcare Settings – is an initiative developed by the Utah Department of Health (UDOH) in partnership with local health departments (LHDs) and statewide partners.

Utah has a high birthrate and a young population. Nearly one in five Utah first graders is overweight or obese. The UDOH Physical Activity, Nutrition, and Obesity Program (now a part of the new Healthy Living through Environment, Policy and Improved Clinical Care [EPICC] program) and key partners identified a need to collaborate on statewide obesity prevention strategies in early care and education (ECE) settings. UDOH received funding through Communities Putting Prevention to Work to implement a Healthy Child Care Initiative (HCCI) from February 2010 through August 2012. The HCCI established two objectives: 1) to collaborate with key partners to develop an intervention and institutionalize obesity prevention efforts across ECE systems; and 2) to pilot the intervention in three LHDs in Utah (Davis County, Tooele County, and Weber-Morgan).

An advisory committee of key partners assisted UDOH in developing TOP Star and coordinating obesity prevention efforts. LHD consultants worked with child care providers in their jurisdictions to assess and improve their nutrition and physical activity policies and environments. TOP Star was implemented in 43 facilities, reaching more than 3,000 children. Thirty-nine facilities completed the program and received recognition from the LHD. They implemented 174 nutrition, breastfeeding, physical activity, and/or screen time policies. Process evaluation of partners and child care providers indicated TOP Star was well received and accomplished its objectives.

More information about TOP Star and online training modules for childcare providers can be found on the EPICC Program website at <http://choosehealth.utah.gov/preK-12/childcare.php> or by contacting Patrice Isabella at [pisabella@utah.gov](mailto:pisabella@utah.gov).

# Monthly Health Indicators Report

(Data Through December 2013)

<b>Monthly Report of Notifiable Diseases, December 2013</b>	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)	12	24	489	416	1.2
Shiga toxin-producing Escherichia coli (E. coli)	1	3	97	118	0.8
Hepatitis A (infectious hepatitis)	1	0	13	9	1.5
Hepatitis B, acute infections (serum hepatitis)	1	0	3	10	0.3
Meningococcal Disease	2	0	9	5	1.8
Pertussis (Whooping Cough)	45	45	1,092	584	1.9
Salmonellosis (Salmonella)	27	21	327	330	1.0
Shigellosis (Shigella)	2	3	26	41	0.6
Varicella (Chickenpox)	9	31	218	468	0.5
Influenza*	Weekly updates at <a href="http://health.utah.gov/epi/diseases/flu">http://health.utah.gov/epi/diseases/flu</a>				
<b>Quarterly Report of Notifiable Diseases, 4th Qtr 2013</b>	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†	25	31	118	110	1.1
Chlamydia	1,886	1,667	7,542	6,707	1.1
Gonorrhea	312	94	948	377	2.5
Syphilis	7	10	64	36	1.8
Tuberculosis	7	7	33	31	1.1
<b>Medicaid Expenditures (in Millions) for the Month of December 2013</b>	Current Month	Expected/Budgeted‡ for Month	Fiscal YTD	Budgeted‡ Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 15.2	\$ 11.7	\$ 72.0	\$ 70.2	\$ 1.8
Inpatient Hospital	\$ 5.6	\$ 8.2	\$ 61.5	\$ 94.7	\$ (33.2)
Outpatient Hospital	\$ 3.2	\$ 6.5	\$ 21.7	\$ 35.8	\$ (14.2)
Long Term Care	\$ 14.0	\$ 13.1	\$ 78.0	\$ 78.8	\$ (0.7)
Pharmacy ‡	\$ 8.6	\$ 14.8	\$ 51.7	\$ 81.5	\$ (29.8)
Physician/Osteo Services §	\$ 3.8	\$ 7.4	\$ 26.3	\$ 44.2	\$ (18.0)
<b>TOTAL HCF MEDICAID</b>	<b>\$166.4</b>	<b>\$ 171.4</b>	<b>\$1,103.8</b>	<b>\$1,114.1</b>	<b>\$ (10.3)</b>

<b>Program Enrollment for the Month of December 2013</b>	Current Month	Previous Month	% Change¶ From Previous Month	1 Year Ago	% Change¶ From 1 Year Ago
Medicaid	253,982	254,746	-0.3%	255,436	-0.6%
PCN (Primary Care Network)	13,581	14,290	-5.0%	11,906	+14.1%
CHIP (Children's Health Ins. Plan)	33,698	34,063	-1.1%	35,417	-4.9%
<b>Health Care System Measures</b>	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%
<b>Annual Community Health Measures</b>	Current Data Year	Number Affected	Percent/Rate	% Change¶ From Previous Year	State Rank# (1 is best)
Obesity (Adults 18+)	2012	476,400	24.3%	-0.5%	10 (2012)
Cigarette Smoking (Adults 18+)	2012	207,300	10.6%	-10.8%	1 (2012)
Influenza Immunization (Adults 65+)	2012	147,100	56.0%	-1.5%	40 (2012)
Health Insurance Coverage (Uninsured)	2012	376,600	13.2%	-1.5%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2012	205	7.2 / 100,000	-16.8%	19 (2010)
Poisoning Deaths	2012	661	23.1 / 100,000	+15.6%	45 (2010)
Suicide Deaths	2012	545	19.1 / 100,000	+9.3%	45 (2010)
Diabetes Prevalence (Adults 18+)	2012	141,100	7.2%	+7.5%	14 (2012)
Poor Mental Health (Adults 18+)	2012	307,800	15.7%	-3.7%	12 (2012)
Coronary Heart Disease Deaths	2012	1,580	55.3 / 100,000	-3.4%	3 (2010)
All Cancer Deaths	2012	2,861	100.2 / 100,000	+3.3%	1 (2010)
Stroke Deaths	2012	793	27.8 / 100,000	+0.6%	17 (2010)
Births to Adolescents (Ages 15-17)	2012	668	10.4 / 1,000	-6.6%	11 (2011)
Early Prenatal Care	2012	38,829	75.5%	+1.0%	n/a
Infant Mortality	2012	248	4.8 / 1,000	-12.6%	10 (2010)
Childhood Immunization (4:3:1:3:3:1)	2012	40,000	74.9%	+5.3%	15 (2012)

\* Influenza activity is low/moderate in Utah. Influenza-like illness activity is above baseline statewide. As of January 22, 2014, 544 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

† 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 West Nile virus has ended until the 2014 season.