UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
Utah Health Improvement Plan

May 2018

The Utah Health Improvement Plan (UHIP) is a statewide collaborative plan to address priority health issues chosen by people and agencies interested in the health of the population. The goals are to increase the ability to positively impact complex health concerns and reduce duplicative work by collaborating to align goals and maximize resources. The Utah Department of Health and the local health districts take the lead role in facilitating the collaborative efforts.

A state health assessment was conducted during 2015–2016. The process included:

- Reviewing more than 100 health data indicators
- Receiving input during 27 community input meetings held around the state
- Conducting a Strengths, Weaknesses, Opportunities, and Threats analysis of the state health system with multiple partner agencies
- A multi-stage prioritization process
- Providing opportunity for public feedback

The Utah State Health Assessment is available online at: http://ibis.health.utah.gov/pdf/opha/publication/SHAReport2016.pdf.

The following three priority health areas were chosen as the focus of the 2017–2020 UHIP:

1. Reducing obesity and obesity-related chronic conditions
2. Reducing prescription drug misuse, abuse, and overdose
3. Improving mental health and reducing suicide

KEY FINDINGS

The following three priority health areas were chosen as the focus of the 2017–2020 UHIP:

1. **Reducing obesity and obesity-related chronic conditions**
2. **Reducing prescription drug misuse, abuse, and overdose**
3. **Improving mental health and reducing suicide**

Workgroup leaders have been chosen, workgroups formed, and plans developed with goals, objectives, strategies, and measures. Progress and collective efforts will be reviewed regularly by the UHIP Executive committee and the UHIP Coalition. The UHIP is a statewide effort and workgroups include members from multiple agencies and communities. Improvement in these complex health issues will only occur with united efforts involving multiple partners.

Reducing Obesity and Obesity-related Chronic Conditions

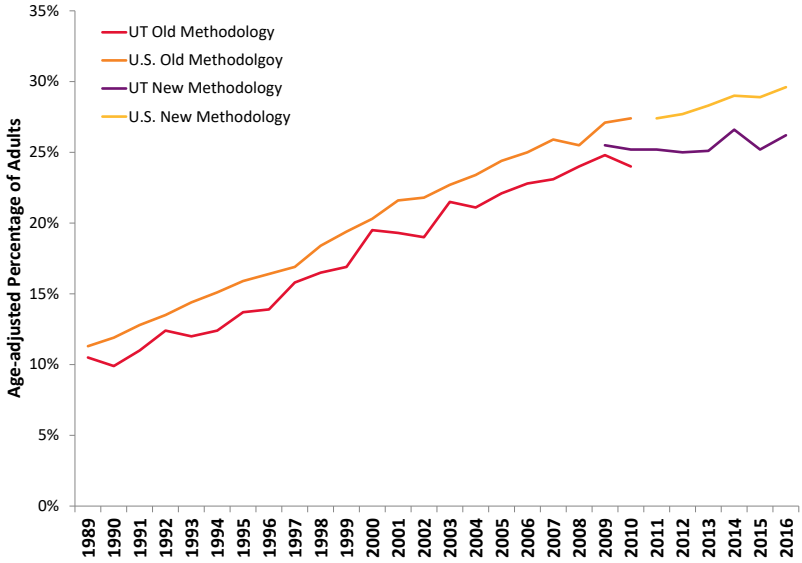
Prior and current efforts have included working in schools, worksites, communities, healthcare, and childcare to promote healthy lifestyles in Utah and promoting family meals. Emphasis is placed on areas and populations disproportionately affected by chronic diseases and the risk factors that cause them, have a high prevalence of overweight or obesity, limited access to healthy foods, and do not obtain adequate physical activity.

This UHIP workgroup is focusing on expanding worksite wellness while maintaining all the other efforts that are currently underway to address obesity concerns.

Goal: Reduction in Utah obesity rates by facilitating a culture of wellness within worksites by June 30, 2020 in the state of Utah.

Adult Obesity, Utah and U.S., 1989–2016

Figure 1. Age-adjusted percentage of adults aged 18 years and older who had a body mass index (BMI) greater than or equal to 30.0 kg/m^2 calculated from self-reported weight and height



Source: Utah Behavioral Risk Factor Surveillance System

Reducing Prescription Drug Misuse, Abuse, and Overdose

The opioid death rate in Utah has been significantly higher than the U.S. since 1999. Drug poisoning is the leading cause of injury death in Utah and opioids are one of the main contributors to the drug poisoning rates.

Goal: Decrease high risk prescribing by 20% from 2015 to 2019.

Goal: Decrease opioid overdoses by 10% from 2015 to 2019.

Goal: Increase access to naloxone by 50% from 2015 to 2019.

Goal: Increase opioid use disorder treatment by 6 providers by the end of 2019.

Improving Mental Health and Reducing Suicide

Suicide is a major preventable public health problem and the 8th leading cause of death in Utah (2010–2016 inclusive). From 2009 to 2016, the age-adjusted suicide rate in Utah was 21.2 per 100,000 persons. This is an average of 592 suicide deaths per year.

The Utah Suicide Prevention Plan is available at https://www.health.utah.gov/vipp/pdf/Suicide/SuicidePreventionCoalition-Plan2017-2021.pdf. The goals below are those pieces of the larger plan that were targeted for further expansion through the UHIP efforts.

Goal: Increase availability and access to quality physical and behavioral healthcare.

Goal: Increase social norms supportive of help-seeking and recovery by training 10% of the population in an evidence-based gatekeeper training.

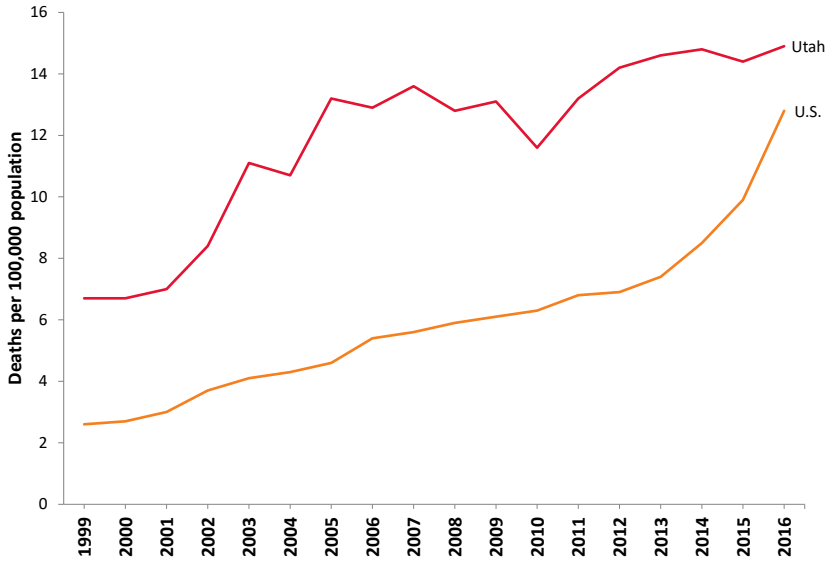
Goal: Reduce access to lethal means of suicide by incorporating consumer suicide awareness and prevention materials.

For more information on the Utah Health Improvement Plan visit http://utphpartners.org/ship/ship.html.

For additional information about this topic, contact Navina Forsythe, 801-538-6434, nforsythe@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, chdata@utah.gov.

Opioid Deaths, Utah and U.S., 1999–2016

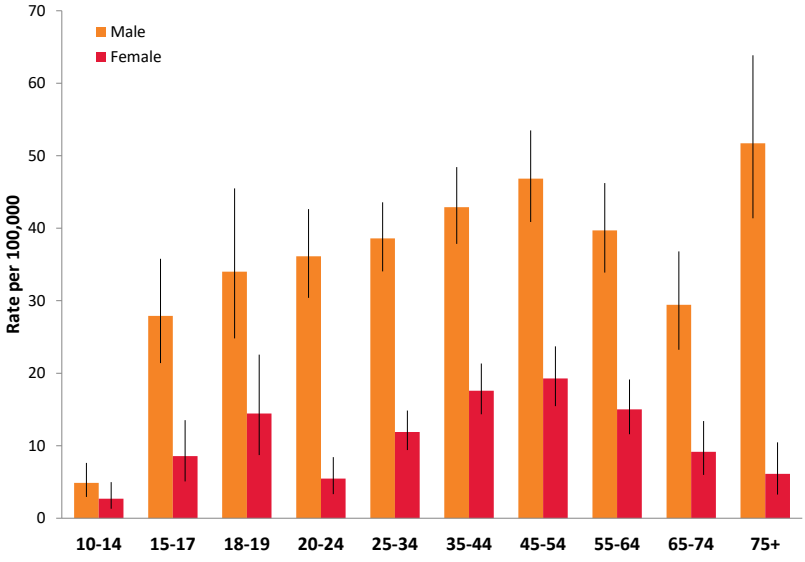
Figure 1. Age-adjusted unintentional and undetermined opioid death rates per 100,000 population



Deaths with underlying cause of X40–X44 and Y10–Y14 and contributory cause of T40.0, T40.1, T40.2, T40.3, T40.4, T40.6
Source: CDC WONDER

Suicide by Age and Gender, Utah, 2014–2016

Figure 1. Suicide rates per 100,000 population by age group and gender



Source: Utah Death Certificate Database

UDOH ANNOUNCEMENT:

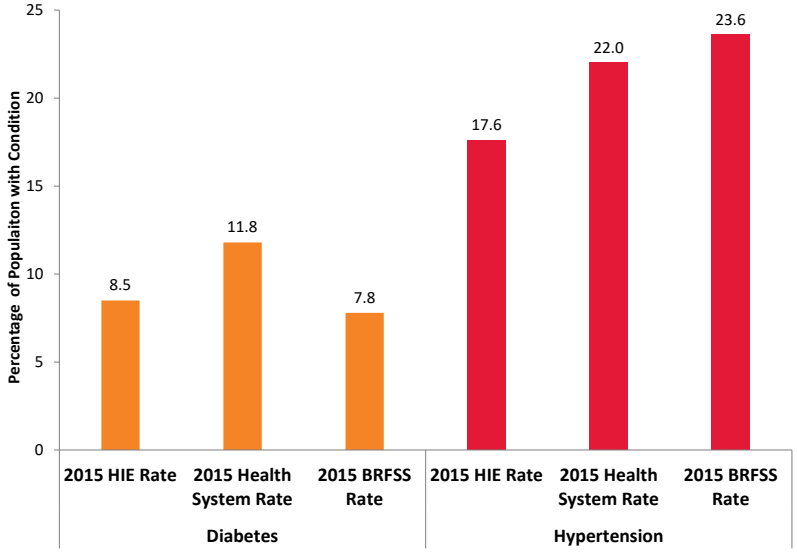
In the spirit of quality improvement and show accountability to the public, the UDOH has decided to pursue the national public accreditation through the Public Health Accreditation Board (PHAB) in May of 2015. Since then, the UDOH engaged in demonstrating the services it provided met or exceed the national standards and also engaged in quality improvement efforts. In November 2017, the UDOH was awarded the accredited status by the PHAB. https://health.utah.gov/featured-news/top-10-public-health-stories-in-utah

Breaking News, May 2018

Using Clinical Data for Chronic Disease Surveillance

The Utah Department of Health (UDOH) Bureau of Health Promotion is evaluating the potential of using electronic health record (EHR) data to enhance statewide surveillance of chronic diseases. EHR data collected by health information exchanges (HIEs) can complement population-level surveys, such as the Behavioral Risk Factor Surveillance System (BRFSS). HIEs can provide timely data representative of the state and, when used in conjunction with surveys, allow public health to more fully understand chronic disease prevalence, control, and disparities. Focusing on hypertension and diabetes, the Bureau's Clinical Data Team partnered with the statewide HIE (Utah Health Information Network) and a mid-size outpatient health system to pilot clinical data exchange and analysis. Rates of hypertension and diabetes are similar across the three data sets (HIE, health system, and BRFSS). However, each data set uses different methodologies that likely accounts for the differences. The HIE shows promise in its ability to function as hypertension and diabetes surveillance systems. The UDOH is working with the HIE to make the data more useful for chronic disease surveillance by addressing methodologies that may account for the differences in rates and developing strategies that could reduce bias.

Diabetes and Hypertension Rates by Data Source



Community Health Spotlight, May 2018

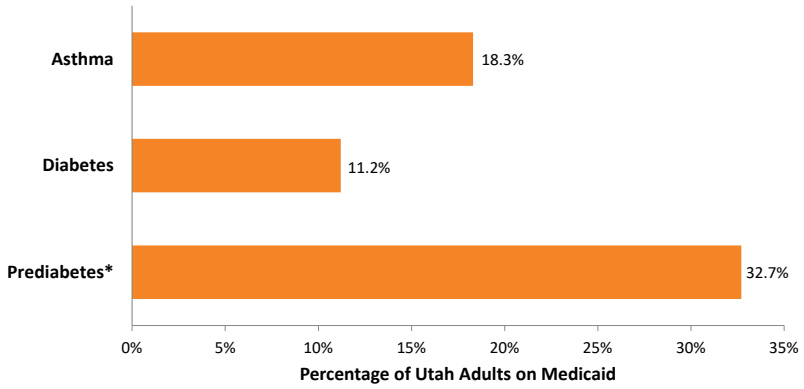
A Partnership with Medicaid to Improve Prediabetes, Diabetes, and Asthma in Utah through the 6|18 Initiative

The 6|18 Initiative: Accelerating Evidence into Action (https://www.cdc.gov/sixeighteen/index.html) is a Centers for Disease Control and Prevention initiative for public health, healthcare providers, purchasers, and payers to improve health and control costs associated with six high-burden, high-cost health conditions with 18 evidence-based interventions.

The Utah Department of Health and the State Office of Medicaid were awarded a grant from the Centers for Health Care Strategies to receive support for collaborative work to reduce costs associated with asthma and diabetes. The goal is to work with Medicaid to provide reimbursement for comprehensive asthma control services and participation in the National Diabetes Prevention Program (National DPP) in order to increase access and ultimately lead to cost savings.

Direct medical and indirect costs for diabetes exceeds $1.5 billion in Utah annually.[1] Programs that promote lifestyle changes, such as the National DPP, can prevent or delay the onset of type 2 diabetes for people with prediabetes. The combined charges for hospital and emergency department visits for asthma exceeded $28 million in Utah in 2014.[2] Comprehensive asthma control services, such as home visits to examine triggers, self-management education, and remediation services referrals, can reduce unnecessary asthma-related hospitalizations.

Percentage of Utah Adults on Medicaid Affected by Asthma, Diabetes, and Prediabetes



*Includes estimated undiagnosed
Source: American Diabetes Association, Utah Behavioral Risk Factor Surveillance Survey

1. American Diabetes Association. http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/utah.pdf
2. Emergency Department Encounter Database, Bureau of Emergency Medical Services, Utah Department of Health

Monthly Health Indicators Report

(Data Through March 2018)

Monthly Report of Notifiable Diseases, March 2018	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*)	32	35	101	92	1.1
Shiga toxin-producing *Escherichia coli* (*E. coli*)	4	5	12	10	1.3
Hepatitis A (infectious hepatitis)	13	1	75	2	41.7
Hepatitis B, acute infections (serum hepatitis)	1	0	4	2	2.5
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	0	0	0	0	0.0
Pertussis (Whooping Cough)	13	70	46	185	0.2
Salmonellosis (*Salmonella*)	23	33	81	73	1.1
Shigellosis (*Shigella*)	2	4	9	11	0.8
Varicella (Chickenpox)	2	23	35	77	0.5
Quarterly Report of Notifiable Diseases, 1st Qtr 2018	**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†	33	32	33	32	1.0
Chlamydia	2,605	2,257	2,605	2,257	1.2
Gonorrhea	667	383	667	383	1.7
Syphilis	27	20	27	20	1.4
Tuberculosis	8	7	8	6	1.3
Medicaid Expenditures (in Millions) for the Month of March 2018‡	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Mental Health Services§	$ 17.1	$ 17.4	$ 129.5	$ 131.0	$ (1.5)
Inpatient Hospital Services	$ 18.4	$ 18.0	$ 178.1	$ 179.7	$ (1.6)
Outpatient Hospital Services	$ 4.6	$ 4.3	$ 34.0	$ 35.8	$ (1.8)
Nursing Home Services	$ 16.7	$ 16.3	$ 168.8	$ 172.0	$ (3.2)
Pharmacy Services	$ 12.5	$ 12.3	$ 91.5	$ 92.9	$ (1.4)
Physician/Osteo Services	$ 9.6	$ 9.6	$ 50.3	$ 51.9	$ (1.6)
Medicaid Expansion Services	$ 5.0	$ 5.3	$ 26.4	$ 27.8	$ (1.4)
TOTAL MEDICAID#	$ 254.8	$ 255.3	$ 1,968.1	$ 1,973.8	$ (5.7)

* Influenza activity decreased in March 2018. As of March 31, 2018, 2,043 influenza-associated hospitalizations have been confirmed since the start of the influenza season on October 1, 2017. More information can be found at http://health.utah.gov/epi/diseases/influenza/surveillance/index.html.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Program Enrollment for the Month of March 2018	Current Month	Previous Month	% Change** From Previous Month	1 Year Ago	% Change** From 1 Year Ago
Medicaid	278,759	278,576	+0.1%	288,812	-3.5%
PCN (Primary Care Network)	15,779	15,475	+2.0%	14,050	+12.3%
CHIP (Children's Health Ins. Plan)	19,284	19,312	-0.1%	19,327	-0.2%
	Annual Visits			Annual Charges	
Health Care System Measures (Year)	**Number of Events**	**Visits per 1,000 Utahns**	**% Change** From Previous Year**	**Total Charges in Millions**	**% Change** From Previous Year**
Overall Hospitalizations (2016)	297,106	97.4	+3.0%	$ 8,638.0	+8.4%
Non-maternity Hospitalizations (2016)	198,257	65.0	+2.0%	$ 7,466.1	+9.2%
Emergency Department Encounters†† (2016)	756,376	247.9	+7.6%	$ 2,286.3	+21.7%
Outpatient Surgery (2016)	491,566	161.1	+4.9%	$ 3,000.6	-0.3%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/ Rate**	**% Change** From Previous Year**	**State Rank‡‡ (1 is best)**
Obesity (Adults 18+)	2016	538,700	25.3%	+3.3%	10 (2016)
Cigarette Smoking (Adults 18+)	2016	187,400	8.8%	-3.3%	1 (2016)
Influenza Immunization (Adults 65+)	2016	176,300	54.9%	-6.9%	41 (2016)
Health Insurance Coverage (Uninsured)	2016	265,500	8.7%	-1.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2016	257	8.4 / 100,000	+2.0%	16 (2016)
Poisoning Deaths	2016	703	23.0 / 100,000	-1.1%	33 (2016)
Suicide Deaths	2016	612	20.1 / 100,000	-1.5%	47 (2016)
Diabetes Prevalence (Adults 18+)	2016	153,300	7.2%	+2.9%	8 (2016)
Poor Mental Health (Adults 18+)	2016	362,000	17.0%	+6.3%	21 (2016)
Coronary Heart Disease Deaths	2016	1,631	53.5 / 100,000	-1.3%	4 (2016)
All Cancer Deaths	2016	3,114	102.1 / 100,000	-1.3%	1 (2016)
Stroke Deaths	2016	927	30.4 / 100,000	+2.4%	32 (2016)
Births to Adolescents (Ages 15-17)	2016	447	6.2 / 1,000	-11.1%	11 (2016)
Early Prenatal Care	2016	38,003	75.3%	-1.5%	n/a
Infant Mortality	2016	274	5.4 / 1,000	+7.2%	12 (2015)
Childhood Immunization (4:3:1:3:3:1)	2016	37,100	73.6%	0.0%	26 (2016)

‡ This state fiscal year (SFY) 2018 report includes supplemental payments to better match the SFY 2018 Medicaid Forecast Budget which costs have not been included in previous years.

§ The SFY 2018 Medicaid Forecast Budget includes Mental Health and Substance Abuse services together while this report only accounts for Mental Health services. This is to stay consistent with the previous years reports.

Medicaid Espansion Services was added to the Medicaid program in SFY 2018. Total Medicaid costs exclude the Prism Project.

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

†† Treat and release only.

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

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 2018 season.