Utah health status update

Key findings

- The community health worker Core Skills Training Program is offered by Southern Utah University, Association for Utah Community Health, Utah Refugee Training Education Center, Utah State University, and the Utah Department of Health and Human Services Healthy Environments Active Living (HEAL) program.
- In 2022, nearly 150 community health workers (CHWs) completed the CHW Core Skills Training Program (figure 2).

Community health worker (CHW) state certification in Utah

Community health workers (CHWs) serve as a bridge between the communities they serve and healthcare systems, social services, and state and local health departments. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. CHWs are often members of the communities they serve and thus share socioeconomic backgrounds, ethnicity, language, and/or life experiences with clients. CHWs can have many titles such as community health representative, promotoras/es (Spanish language), peer educator, family support worker, community health advocate, health navigator, and outreach worker. CHWs in Utah work in community-based organizations, community health centers, faith-based organizations, academic institutions, libraries, health systems, and many more.

In 2015, a collaborative effort began between CHWs, the University of Utah, and the Utah Department of Health and Human Services (DHHS) Healthy Environments Active Living (HEAL) program to develop CHW core skills training. The curriculum was finalized in 2019 and includes the following CHW core skills: advocacy, outreach, capacity building, individual and community assessment, coordination and navigation, interpersonal and relationship building, education and facilitation, and communication and professional conduct. CHWs are also introduced to public health principles and protocols, the social determinants of health, and physical and mental health issues. The training requires 90 hours, includes a final project, and 300 hours of community work (figure 1). The CHW core skills training certificate program is currently administered by the DHHS HEAL program. In 2020, CHWs, in partnership with HEAL, developed a grandfathering process for CHWs who have worked five or more years in the field (figure 1). This process ensured CHWs with sufficient work experience can receive the CHW core skills training certificate by meeting grandfathering program requirements.

Feature article continued

Requirements for Utah CHW core skills training and CHW grandfathering process

Figure 1. Community health workers meet the requirements by completing either the core skills training program or by the grandfathering process.

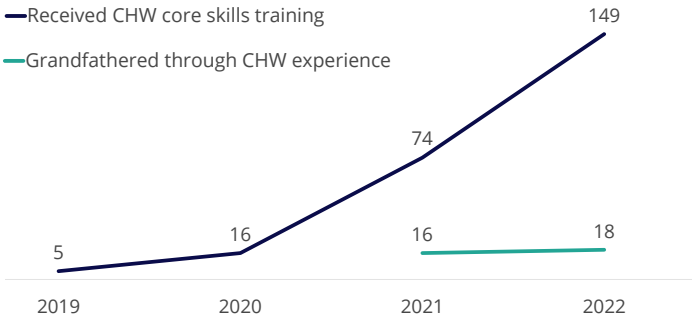
Community health worker core skills training program
Complete Core Skills Training Course (90 hours)
Complete final Project
300 hours of work within the community
Community health worker grandfathering process
CHW has >4,000 hours working within their respective community
Completes application process for grandfathering
Approved by the CHW Workforce Development Workgroup

Source: Utah Department of Health and Human Services Healthy Environments Active Living (HEAL) program

In 2019, once the curriculum was finalized, 5 CHWs completed core skills training and about 150 CHWs completed it in 2022 (figure 2). The rapid success of the certification program was facilitated by the increase and accessibility of training sites which are located at Southern Utah University, Association for Utah Community Health, Utah Refugee Training Education Center, Utah State University, and the HEAL office. In addition, 34 CHWs have been grandfathered in as of 2022 (figure 2). Enrollment applications for the CHW core skills training program or information on how to be grandfathered in as a CHW can be found at heal.utah.gov/chw-core-skills/.

Total number of community health workers who completed the CHW core skills training program or CHW grandfathering process in Utah, 2019–2022

Figure 2. Community health workers can complete the core skills training program or grandfathering process.



Source: Utah Department of Health and Human Services Healthy Environments Active Living (HEAL) program

Conversations for CHW state certification in Utah accelerated in 2020 when the COVID-19 pandemic highlighted the importance of CHW outreach in underserved and underrepresented communities. State certification allows more sustainable funding for the CHW workforce while assisting in CHW competencies. The 2021 Senate Bill 104: Community Health Worker Certification Process which defines the process for CHWs to become state certified, went into effect May 4, 2022. The DHHS Office of Health Equity leads development of the application process for Utah certification which will soon be available for CHWs who apply and submit all necessary requirements (figure 3).

Current requirements for the Utah community health worker state certification, 2023

Figure 3. Utah community health worker state certification process and requirements.

Utah community health worker state certification
CHW Core Skills Training Program completion or CHW grandfathering process
Submission of cover letter or detailed resume/CV
Portfolio with two additional elements providing experience as a CHW
Agree to abide by national standards of practice and ethics for community health workers
Pay $50 application fee
After 2 years, complete 15 continuing education units and renewal fee $25

Source: Utah Department of Health and Human Services Office of Health Equity

The DHHS supports the advancement for certification of the CHW workforce. CHWs are key partners in addressing health disparities and are instrumental in linking underserved and underrepresented communities with needed resources and services.[1] They provide more culturally responsive and linguistically appropriate services and insight for communities and individuals, which support healthier community outcomes. For more information visit https://heal.utah.gov/community-health-workers/.

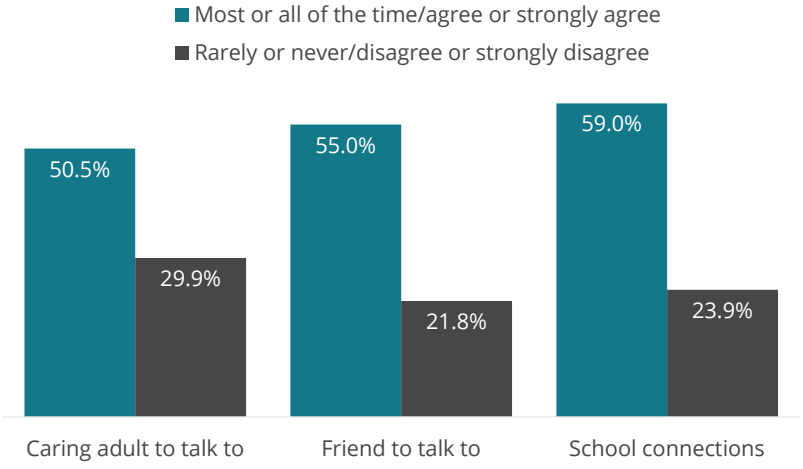
1. Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/chronicdisease/center/community-health-worker-resources.html

Positive childhood experiences data from the 2021 Youth Risk Behavior Survey

Positive childhood experiences (PCEs) are experiences in childhood that build a child's sense of connection and belonging. Research shows PCEs predict positive outcomes, including a child's good health (now and in adulthood) and success in school. PCEs also help buffer the negative effects of adverse childhood experiences (abuse, neglect, and household struggles). This means that even if a child experiences hard things, such as witnessing domestic violence, bullying, loss of a parent, or even abuse, positive childhood experiences can protect them from developing long-term negative effects from these traumas.[1]

The 2021 Utah Youth Risk Behavior survey, administered to 9th, 10th, 11th, and 12th graders across the state, included three new PCE questions to help inform public health efforts to support health and resilience across the lifespan. These three questions asked youth: 1. how often in their lives they felt they had a caring adult (in their family or out) to talk to about their feelings; 2. how often in their lives they felt they had a friend to talk to about their feelings; and 3. whether they feel close to people at their school. Analysis of the responses showed the majority of youth indicated they had strong school connections (59.0%), a friend to talk to most or all of the time (55.0%), and a caring adult to talk to most or all of the time (50.5%) in 2021 (figure 1). The PCEs analysis also showed there were large portions of youth who responded that they rarely or never had a caring adult (29.9%) or friend to talk to (21.8%) and they disagreed or strongly disagreed that they feel close to people in their school (23.9%).

Prevalence of positive childhood experiences among 9th, 10th, 11th, and 12th graders by connection type, Utah School Health and Risk Prevention (SHARP) Youth Risk Behavior Survey, 2021
Figure 1. More than half of all Utah students reported they had a connection with or could talk to somone.



Source: Utah Department of Health and Human Services Youth Risk Behavior Survey, 2021
Note: The Utah Department of Health and Human Services Division of Substance Abuse and Mental Health (DSAMH) partners with the Utah State Board of Education (USBE) to conduct the School Health and Risk Prevention (SHARP) survey in Utah public schools in the spring of odd numbered years. The SHARP survey project includes two separate questionnaires, the Prevention Needs Assessment (PNA) and the Youth Risk Behavior Survey (YRBS). The Utah SHARP collaboration started in 2003.

The Utah Department of Health and Human Services Violence and Injury Prevention Program and Utah Coalition for Protecting Childhood (UCPC) work to support safe, stable, nurturing relationships and environments for Utah children and to promote PCEs. Join the UCPC email list to learn about other educational opportunities. The new Youth Connectedness Toolkits to learn how to better support youth health and resilience will be available soon on the Violence and Injury Prevention Program website.

1. Sege, R., Bethell, C., Linkenbach, J., Jones, J., Klika, B. & Pecora, P.J. (2017). Balancing adverse childhood experiences with HOPE: New insights into the role of positive experience on child and family development. Boston: The Medical Foundation. Accessed at www.cssp.org

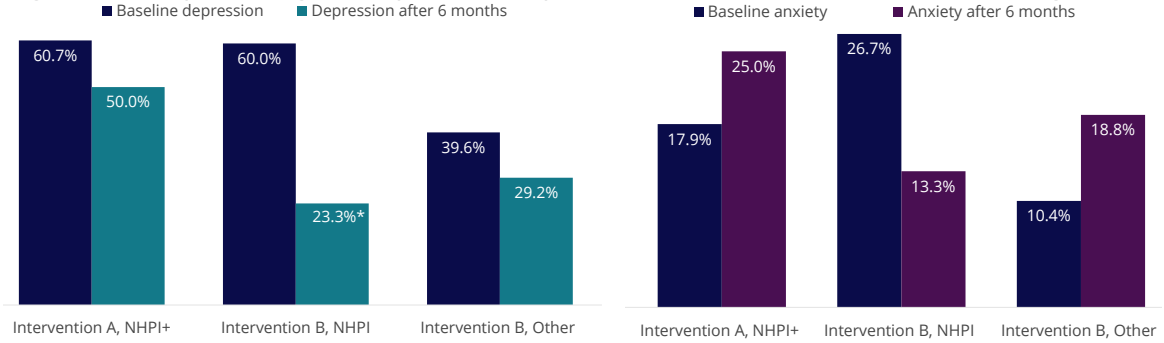
The Embrace Project Study: Supporting the well-being of minority women along Utah's Wasatch Front through mental health and self-care practice April 2021–October 2022

Maternal mortality and morbidity disparities, including mental health, exist among women of color in Utah.[1] Women who are Native Hawaiian/Pacific Islander (NHPI) have some of the most severe health disparities compared with Utah women overall.[2] The Embrace Project Study (Embrace) was created through a collaborative partnership between the Utah Department of Health and Human Services Office of Health Equity, University of Utah Health and The Wellness Bus (TWB), community experts, and community-based organizations. Embrace worked to reduce health disparities for women of color in their childbearing years (18–44) who live along Utah's Wasatch Front through activities rooted in physical and mental health, with an emphasis on self-care and cultural identity. During a 9-month period, community health workers and registered dietitians met with the women to support and embrace all that they are, which includes their role as pillars in their communities and family structures.

Culturally grounded interventions were performed for 28 randomized women who identify as NHPI. General interventions were also performed for 30 randomized women who identify as NHPI and 48 other women who identify as Black and African American, Hispanic and Latina, and refugee and new American women from April 2021–October 2022. The percentage of depression among NHPI participants with general interventions significantly decreased from 60.0% at baseline to 23.3% after 6 months and improved for all groups in this study (figure 1). However, the percentage reporting anxiety decreased only among NHPI women with general interventions and increased among other groups. Low resilience[3] (BRS ≥1.00-2.99)[2] and Mindful Self-Care Scale[4] scores improved significantly in the subscales of mindful relaxation, physical care, self compassion and purpose, and mindful awareness among women with interventions which focused on NHPI culture and heritage. Scores for NHPI women with general intervention improved significantly in the subscales of variety and planning. Accessible community-based care for women in these age groups can contribute to improvements in mental health and self-care, so women are able to be present for their current and future generations.

Percentage of mental health survey scores by group interventions at baseline vs. 6 months, Utah Embrace Project Study, April 2021–October 2022

Figure 1. The percentage of depression improved from baseline to 6 months among all Embrace Project groups.



Intervention study group definitions:
Intervention A, NHPI: Native Hawaiian and Pacific Islander women randomized into the case group during enrollment and received a culturally grounded intervention (n=28)
Intervention B, NHPI: Native Hawaiian and Pacific Islander women randomized during enrollment and received a general intervention (n=30)
Intervention B, Other women of color: All other women of color including Black and African American, Hispanic and Latina, and Refugee or new American women defaulted during enrollment and received a general intervention (n=48)

+Participant missing from baseline case EPDS score and completed their 6 month EPDS score
*Significant improvement at 6 month screening through McNemar's test ($p < 0.05$)
Source: Utah Department of Health and Human Services Office of Health Equity Embrace Project Study
Note: Culturally grounded interventions included two 90-minute group health coaching sessions focused on integrating health through NHPI culture, tradition, and Pacific Islander heritage arts and led by a community facilitator, and all other materials were grounded in NHPI culture.
The Edinburgh Postnatal Depression Score (EPDS) scores were used to measure depression and the Generalized Anxiety Disorder (GAD) scale was used to measure anxiety in this study. Total numbers include those who completed both baseline and 6-months surveys.

1. Utah Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2019
2. Utah Department of Health and Human Services Office of Health Equity Embrace Project Study
3. The brief resilience scale: assessing the ability to bounce back. https://pubmed.ncbi.nlm.nih.gov/18696313/
4. Cook-Cottone, C. P., & Guyker, W. M. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. Mindfulness, 9(1), 161-175.

Monthly health indicators

Monthly report of notifiable diseases, December 2022	Current month # cases	Current month # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity Ratio (obs/exp)
COVID-19 (SARS-CoV-2)||	Weekly updates at https://coronavirus.utah.gov/case-counts/				
Influenza*	Updates at http://health.utah.gov/epi/diseases/influenza				
Campylobacteriosis (Campylobacter)	14	38	574	514	1.1
Salmonellosis (Salmonella)	19	24	351	330	1.1
Shiga toxin-producing Escherichia coli (E. coli)	10	12	242	176	1.4
Pertussis (Whooping Cough)	10	20	100	268	0.4
Varicella (Chickenpox)	3	17	72	139	0.5
Shigellosis (Shigella)	5	5	83	51	1.6
Hepatitis A (infectious hepatitis)	<5	<5	<5	<5	n/a
Hepatitis B, acute infections (serum hepatitis)	<5	<5	17	20	0.9
Meningococcal Disease	<5	<5	<5	<5	0.6
Quarterly report of notifiable diseases, 4th quarter 2022	**Current quarter # cases**	**Current quarter # expected cases (5-yr average)**	**# cases YTD**	**# expected cases YTD (5-yr average)**	**YTD standard morbidity ratio (obs/exp)**
HIV/AIDS†	30	29	153	129	1.2
Chlamydia	2,951	2,806	11,052	10,879	1.0
Gonorrhea	826	854	3,158	3,128	1.0
Syphilis	68	47	233	176	1.3
Tuberculosis	7	8	33	24	1.4
Medicaid expenditures (in millions) for the month of November 2022	**Current month**	**Expected/ budgeted for month**	**Fiscal YTD**	**Budgeted fiscal YTD**	**Variance over (under) budget**
Mental health services	$18	$2	$93	$54	$38.9
Inpatient hospital services	$50	$8	$81	$43	$37.5
Outpatient hospital services	$5	$1	$15	$8	$7.4
Nursing home services	$19	$52	$92	$54	$38.6
Pharmacy services	$12	$4	$64	$39	$24.7
Physician/osteo services‡	$4	$3	$29	$21	$8.1
Medicaid expansion services	$101	$45	$532	$331	$200.7
***Total Medicaid	$574	$156	$990	$1,220	($229.6)

|| Comparisons include previous data year 2020. Updates for COVID-19 can be found at https://coronavirus.utah.gov. This includes case counts, deaths, number of Utahns tested for disease, and latest information about statewide public health measures to limit the spread of COVID-19 in Utah.

* More information and weekly reports for influenza can be found at http://health.utah.gov/epi/diseases/influenza.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations.

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

***The Total Medicaid program costs do not include costs for the PRISM project.

Monthly health indicators

Program enrollment for the month of November	Current month	Previous month	% change§ from previous month	1 year ago	% change§ from 1 year ago
Medicaid	496,104	490,551	+1.1%	439,406	+12.9%
CHIP (Children's Health Insurance Plan)	5,968	6,153	-3.0%	9,061	-34.1%
Commercial insurance payments#	**Current data year**	**Number of members**	**Total payments**	**Payments per member per month (PMPM)**	**% change§ from previous year**
Dental	2021	6,426,514	$ 183,425,231	$28.54	+4.3%
Medical	2021	12,277,219	$ 3,996,141,589	$325.49	+11.1%
Pharmacy	2021	10,843,802	$ 926,553,357	$85.45	+4.0%
Annual community health measures	**Current data year**	**Number affected**	**Percent\rate**	**% change from previous year**	**State rank** (1 is best)**
Suicide deaths	2020	651	20.1 / 100,000	-1.9%	42 (2020)
Asthma prevalence (adults 18+)	2021	315,200	9.7%	0.0%	21 (2021)
Poor mental health (adults 18+)	2021	540,700	25.2%	9.1%	37 (2021)
Influenza immunization (adults 65+)	2020	261,400	69.9%	2.0%	20 (2021)
Drug overdose deaths involving opioids	2020	432	13.3 / 100,000	7.3%	20 (2019)
Unintentional fall deaths	2020	651	20.0 / 100,000	-1.9%	17 (2019)
Infant mortality	2020	366	11.3 / 100,000	4.6%	17 (2018)
Traumatic brain injury deaths	2020	2,272	69.9 / 100,000	6.1%	15 (2019)
Obesity (adults 18+)	2021	663,700	30.9%	8.0%	17(2021)
Diabetes prevalence (adults 18+)	2021	260,000	8.0%	-2.4%	15 (2021)
Births to adolescents (ages 15–17)	2020	318	4.1 / 1,000	7.7%	10 (2018)
Childhood immunization (4:3:1:3:3:1:4)††	2020	47,970	74.6%	-2.5%	19 (2020)
Motor vehicle traffic crash injury deaths	2020	299	9.2 / 100,000	27.6%	7 (2019)
High blood pressure (adults 18+)	2021	867,700	26.7%	3.5%	12 (2021)
Cigarette smoking (adults 18+)	2021	206,500	7.3%	-18.0%	1 (2021)
Binge drinking (adults 18+)	2021	264,500	11.7%	2.6%	1 (2021)
Coronary heart disease deaths	2020	1,853	57.0 / 100,000	12.0%	1 (2021)
All cancer deaths	2020	3,459	106.4 / 100,000	3.7%	1 (2021)
Stroke deaths	2020	916	28.2 / 100,000	-1.0%	1 (2021)
Child obesity (grade school children)	2018	38,100	10.6%	11.6%	n/a
Vaping, current use (grades 8, 10, 12)	2019	37,100	12.4%	11.3%	n/a
Health insurance coverage (uninsured)	2020	383,500	11.8%	-6.3%	n/a
Early prenatal care	2020	34,716	75.9%	0.0%	n/a

§ Relative percent change. Percent change could be due to random variation.
# Figures subject to revision as new data is processed.
** State rank in the United States based on age-adjusted rates where applicable.
†† Data from 2020 NIS for children aged 24 month (birth year 2018).