



Utah health status update

Key findings

- Children living in high poverty zip codes are utilizing developmental screening resources from various providers.
- Hispanic children receive significantly fewer screenings than their non-Hispanic peers of all races.
- The Early Childhood Utah program will continue to review data which offers a wealth of information for better outreach and provision of services to families with young children.

Access to developmental screening for Utah's under age 6 population

Introduction

The Ages and Stages Questionnaires (ASQ) are developmental screening tools consisting of 30 questions answered by a parent or caregiver of a child under age 6. The questionnaires are designed to be given at specific ages ranging from 2 months to 60 months. The ASQ-3 divides questions into 5 developmental areas: fine and gross motor, personal-social, problem solving, and communication. The ASQ:SE-2 screens social-emotional development. For each of these questionnaires, a child can score as “typical/no concern,” “monitoring,” or “concern.” It is recommended that children who received a “monitoring” or “concern” score be offered referrals to services such as early intervention programs.

Data collection

The Utah Department of Health and Human Services has supported an ASQ Online Enterprise account since 2010. This account is accessible to various state and non-state early childhood service providers, including Help Me Grow Utah, Baby Watch Early Intervention, child care centers and family child care providers, home visiting programs, and community health centers. Many of these programs provide services for Utah children of any socioeconomic status. These providers use the account to make developmental screening opportunities available to parents online. The parent-reported demographic information includes the child’s zip code, county, and race/ethnicity.

Throughout 2023, the Office of Informatics and Data Systems, the Early Childhood Utah Program within the Office of Early Childhood, and the Data Resources Program in the Office of Maternal and Child Health worked together to create an extract from the ASQ Online account representing 25,943 distinct children. The extract combined child demographics and the results of developmental screenings that took place between 2018–2022. This data was analyzed and overlaid





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with American Community Survey (ACS) data to answer the following questions:

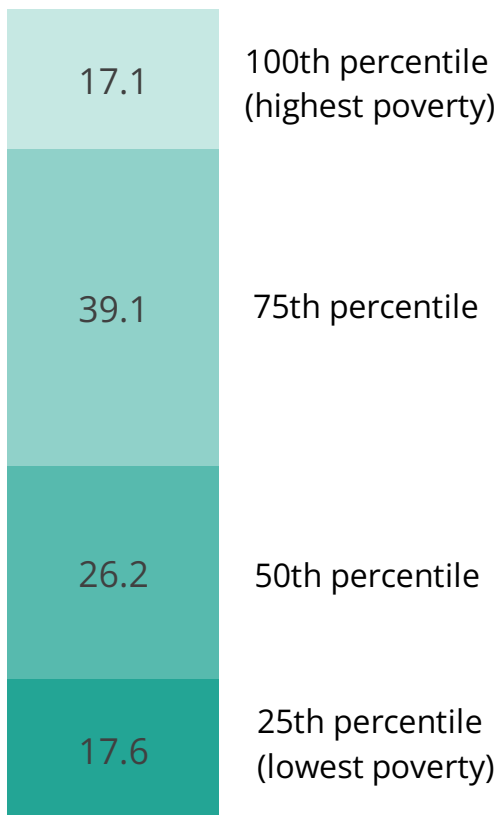
- 1) Are children living in various economic situations utilizing developmental screening resources?
- 2) How do the proportions of children (aged 0–5) of different races/ethnicities who received developmental screenings compare to the race/ethnicity distribution for children in the state overall?

Methodology and results

Using 5-year ACS data, zip codes were divided into 4 equal groups based on the percentage of households living at or below 100% of the federal poverty level. After removing any

Percentile distribution of children in poverty zip codes for ASQ respondents, Utah, 2018–2022

Figure 1. Children living in high-poverty zip codes are overrepresented in the ASQ screening data.

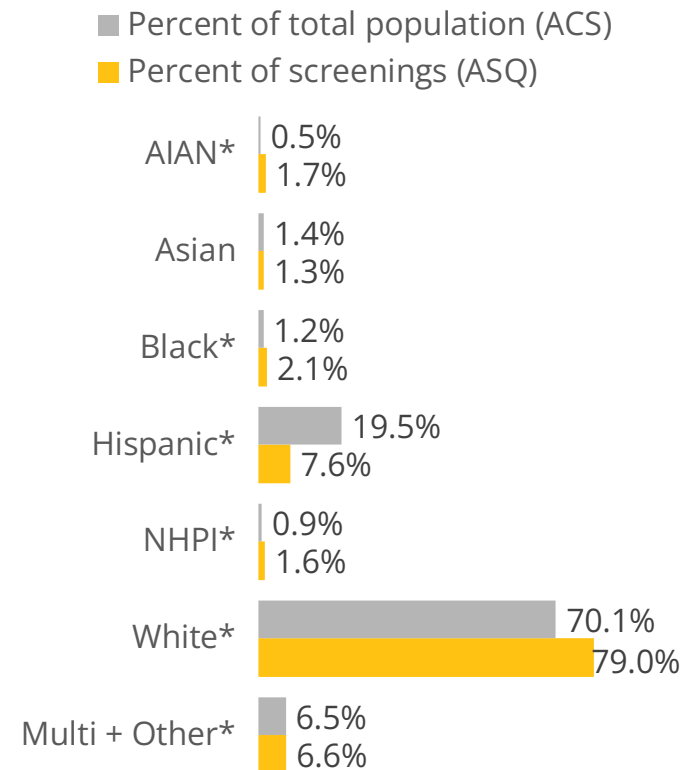


Source: ASQ data extract

unusable data, the number of ASQ screenings completed in each zip code was calculated, and a comparison was made between the proportion of developmental screenings done in zip codes experiencing high poverty and zip codes experiencing lower poverty. As shown in Figure 1, children in zip codes with the lowest rates of poverty account for a smaller proportion of those who received an ASQ screening than expected. Children in the highest poverty zip codes made up 56.2% of all children receiving developmental screenings.

Percentage of children screened compared to the percentage of children in the total population by race/ethnicity, Utah, 2018–2022

Figure 2. Hispanic children make up almost 20% of the population, yet only 7.6% of children who received a screening were Hispanic.



* significant difference

Note: Race/ethnicity categories are mutually exclusive.

Source: ASQ data extract and 2018-2022 American Community Survey



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Figure 2 compares the proportion of each race/ethnicity in children under age 6 and the proportion of children of each race/ethnicity who received an ASQ screening. Non-Hispanic White children are overrepresented in the ASQ screening data compared to their proportion in the total population. An important area to note is that Hispanic children are highly underrepresented in the screening data. They make up 19.5% of the population less than 6 years of age, but only 7.6% of children who received a screening were Hispanic (approximately 44% fewer screenings than expected).

Conclusion

This study contains good news regarding socioeconomic status because it suggests that developmental screening is reaching children living in high poverty zip codes. However, developmental delay does not isolate itself to areas with higher poverty levels. Although socioeconomic status may impact a child's development, all children should be screened to receive services at the youngest age possible to make sure they arrive healthy and ready to learn at school age. One further use of the data collected could be investigating what programs exist in high poverty zip codes that refer families to services more successfully. This information could then improve developmental screening access in other geographic areas.

Reviewing the results for children of different races and ethnicities, the data suggests that Utah's Hispanic child population under 6 years of age has lower access to screening than children of other races and ethnicities. Targeted outreach to community organizations serving Spanish-speaking populations may help services to better reach this population.

Next steps

The Early Childhood Utah program will continue to partner with Maternal Child Health epidemiologists to review data from this ASQ extract. The data gathered includes the developmental screening results overall and broken down by county, zip code, and race/ethnicity, which offers a wealth of information for better outreach and service provisions to families with young children.



Monthly health indicators

Monthly report of notifiable diseases, April 2024	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/				
Campylobacteriosis (<i>Campylobacter</i>)	38	43	185	156	1.2
Hepatitis A (infectious hepatitis)	0	1	0	5	0.0
Hepatitis B, acute infections (serum hepatitis)	1	2	3	5	0.6
Influenza	Weekly updates at https://epi.utah.gov/influenza-reports/				
Meningococcal disease	0	0	0	1	0.0
Pertussis (whooping cough)	0	15	29	60	0.5
Salmonellosis (<i>Salmonella</i>)	30	31	123	88	1.4
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	13	11	45	47	0.9
Shigellosis (<i>Shigella</i>)	9	7	44	26	1.7
Varicella (chickenpox)	1	9	39	40	1.0
West Nile (human cases)	0	0	0	0	0.0
Quarterly report of notifiable diseases, 1st quarter 2024	Current quarter # cases	Current quarter # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity ratio (obs/exp)
Chlamydia	2,612	2,763	2,612	2,763	0.9
Gonorrhea	472	735	472	735	0.6
HIV/AIDS*	53	32	53	32	1.6
Syphilis	62	47	62	47	1.3
Tuberculosis	12	6	12	6	2.0
Medicaid expenditures (in millions) for the month of April 2024	Current month	Expected/ budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	\$ 24.2	\$ 18.5	\$ 245.5	\$ 280.9	\$ (35.4)
Inpatient/outpatient hospital services	11.7	18.8	309.0	318.3	(9.2)
Nursing home services	31.9	36.8	291.8	242.4	49.4
Pharmacy services	17.6	18.4	154.8	358.7	(203.9)
Physician/osteo services‡	2.5	6.0	84.0	88.1	(4.1)
Medicaid expansion services	32.7	33.6	528.7	592.6	(63.9)
Total Medicaid§	120.6	132.1	1,613.8	1,881.0	(267..2)

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

* Diagnosed HIV infections, regardless of AIDS diagnosis.

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



Monthly health indicators

Program enrollment for the month of April 2024	Current month	Previous month	% change from previous month	1 year ago	% change from 1 year ago
Medicaid	234,979	244,322	-3.8%	372,148	-36.9%
CHIP (Children’s Health Insurance Plan)	5,498	5,373	+2.3%	2,503	+119.7%
Commercial insurance payments#	Current data year	Number of members	Total payments	Payments per member per month (PMPM)	% change** from previous year
Medical	2022	12,035,192	\$ 4,057,120,087	\$ 337.10	+3.6%
Pharmacy	2022	11,211,332	1,048,715,815	93.54	+9.5%
Dental	2022	8,688,828	229,619,441	26.43	-7.4%
Annual community health measures	Current data year	Number affected	Percent/rate	% change from previous year	State rank†† (1 is best)
Obesity (adults 18+)	2022	762,300	31.1%	+0.6%	16 (2022)
Child obesity (grade school children)	2018	38,100	10.6%	0.0%	n/a
Cigarette smoking (adults 18+)	2022	164,200	6.7%	-6.9%	1 (2022)
Vaping, current use (adolescents)	2023	19,300	6.0%	-23.1%	n/a
Binge drinking (adults 18+)	2022	313,700	12.8%	+9.4%	1 (2022)
Influenza immunization (adults 65+)	2022	273,700	66.5%	-4.9%	34 (2022)
Health insurance coverage (uninsured)	2021	248,800	7.4%	-14.0%	n/a
Motor vehicle traffic crash injury deaths	2022	310	9.1 / 100,000	-8.0%	8 (2022)
Drug overdose deaths involving opioids	2022	435	12.8 / 100,000	-5.1%	7 (2022)
Suicide deaths	2022	717	21.1 / 100,000	+9.5%	45 (2022)
Unintentional fall deaths	2022	457	13.4 / 100,000	+10.8%	7 (2022)
Traumatic brain injury deaths	2022	701	20.6 / 100,000	-0.5%	27 (2022)
Arthritis prevalence (adults 18+)	2022	551,500	22.5%	+7.7%	17 (2022)
Asthma prevalence (adults 18+)	2022	269,600	11.0%	+13.4%	32 (2022)
Diabetes prevalence (adults 18+)	2022	213,200	8.7%	+8.7%	15 (2022)
High blood pressure (adults 18+)	2021	638,700	26.7%	+3.5%	11 (2021)
Poor mental health (adults 18+)	2022	622,500	25.4%	+0.8%	32 (2022)
Coronary heart disease deaths	2022	1,863	54.7 / 100,000	-2.0%	5 (2022)
All cancer deaths	2022	3,500	102.8 / 100,000	-1.5%	1 (2022)
Stroke deaths	2022	958	28.1 / 100,000	+10.2%	18 (2022)
Births to adolescents (ages 15-17)	2022	257	3.0 / 1,000	-10.8%	6 (2022)
Early prenatal care	2022	33,326	72.8%	-5.5%	n/a
Infant mortality	2022	226	4.9 / 1,000	+5.3%	11 (2021)
Complete immunization by age 2‡‡	2022	36,800	78.3%	+5.0%	4 (2022)

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

Figures subject to revision as new data is processed.

** Percent change is due to changes in membership as well as changes in data suppliers included.

†† State rank in the United States based on age-adjusted rates where applicable.

‡‡ Childhood 7-series (4:3:1:3:3:1:4) data from 2022 NIS for children aged 24 months (birth year 2020).