

Utah Health Status Update

KEY FINDINGS

- Utah households with an income 50% of the federal poverty level are at the highest risk for ACEs (Figure 1).
- A shared risk and protective factors approach helps combine resources, build relationships with non-traditional partners, and identify community factors that will positively impact multiple outcomes from injury and violence.
- The UDOH Violence and Injury Prevention program has prioritized five key factors for prevention against violence and injury: 1) Improve access utilization to physical and behavioral health care, 2) improve the socioeconomic conditions for Utahns, 3) encourage social norms that promote safety and health, 4) enhance the physical environment to improve safe and healthy living, and 5) promote individual, family, and community connectedness.

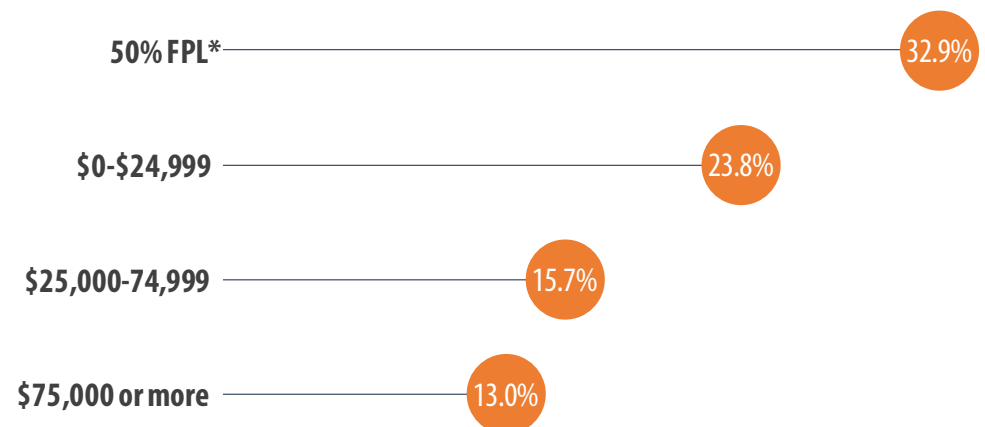
Shared Risk and Protective Factors Approach

Prevention science tells us that there are determinants that play a significant role in our health and safety.¹ These determinants, or risk and protective factors, are key to working alongside our communities to drive change.

Utah households with low annual incomes are more likely to experience adverse childhood experiences (ACEs, Figure 1). Adverse childhood experiences are potentially traumatic events, such as experiencing violence firsthand, witnessing violence, or living in a household with substance abuse or misuse, that occur when children are younger than age 18.² Prevention science tells us that if we are able to increase economic stability we will prevent the perpetration of violence and reduce injuries.

Percentage Distribution of 4+ Adverse Childhood Experiences by Household Income Level in Utah (2013, 2016, & 2018)

Figure 1. In 2013, 2016, and 2018 households with lower income levels show an increase of adverse childhood experiences compared to households with income levels of \$75,000 or more per year.



Source: Utah Department of Health, Office of Public Health Assessment. [Behavioral Risk Factor Surveillance System](#).

* Federal Poverty Level

A shared risk and protective factors (SRPF) approach allows us to combine resources, build relationships with nontraditional partners, and identify community factors that will ultimately have a positive impact on multiple injury and violence outcomes. Historically, the prevention of injury and violence has occurred in silos where partners from one topic area (e.g. sexual violence) work

Feature Article Continued

separately from partners in another topic area (e.g. suicide). A SRPF approach would encourage those partners to work on underlying causes (e.g. economic stability) to reduce sexual violence and suicide across communities. Other terms associated with a SRPF approach are: health equity; social determinants of health; trauma-informed; or Public Health 3.0.

The Utah Violence and Injury Prevention Program (VIIP) within the Bureau of Health Promotion, has prioritized five factors, known as Super Factors that influence injury and violence (Figure 2).

5 Super Factors Influencing Violence and Injury Prevention

Figure 2. Using a SRPF approach, these 5 VIIP super factors can help influence against violence and injury in low income households.

- 1 Improve access and use of health care.
- 2 Improve the socioeconomic conditions for Utahns.
- 3 Encourage social norms that promote safety and health.
- 4 Enhance the physical environment to improve safe and healthy living.
- 5 Promote individual, family, and community connectedness.

Source: Utah Department of Health. VIIP Strategic Plan, 2020.

Note: Laws and policies that support safe communities are addressed under each factor.

One example of how VIIP measures and strategizes prevention efforts using a shared risk and protective factors approach is to improve the socioeconomic conditions for Utahns (#2 from the VIIP priority list in Figure 2), specifically tax credits for low and moderate income Utahns.

Earned Income Tax Credit (EITC) is a benefit for working Americans that can provide additional income for child care, education, housing, and transportation. In Utah, one in four eligible Utahns fail to claim their EITC every year. The average EITC benefit is \$2,311 with dependents and \$300 with no dependents.³ The Utah

Violence and Injury Prevention Program is working toward economic stability for families who are at a higher risk for many forms of injury and violence by raising awareness of these funds to low and moderate income families and individuals. For more information on earned income tax credit call 1-888-826-9790 or visit www.utahtaxhelp.org.

The Centers for Disease Control and Prevention has outlined prevention strategy approaches for strengthening economic supports to families that cut across injury and violence topics, including: [child abuse and neglect](#), [intimate partner violence](#), [sexual violence](#), and [suicide](#).

The Utah Violence and Injury Prevention Program works with partners to implement these strategies in communities, to increase health equity, and to promote the health and safety of all Utahns.

To learn more about how the Utah Violence and Injury Prevention Program is implementing a shared risk and protective factor approach, contact Anna Fondario (afondario@utah.gov), VIIP Program Manager.

1. Centers for Disease Control and Prevention, Injury Prevention & Control: Division of Violence Prevention <https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/home>. Retrieved on 08 April 2020.

2. Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>. Retrieved on 08 April 2020

3. Internal Revenue Service: <https://www.etc.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-tax-returns-with-eitc>. Retrieved on 08 April 2020.

Child Blood Lead Status Update

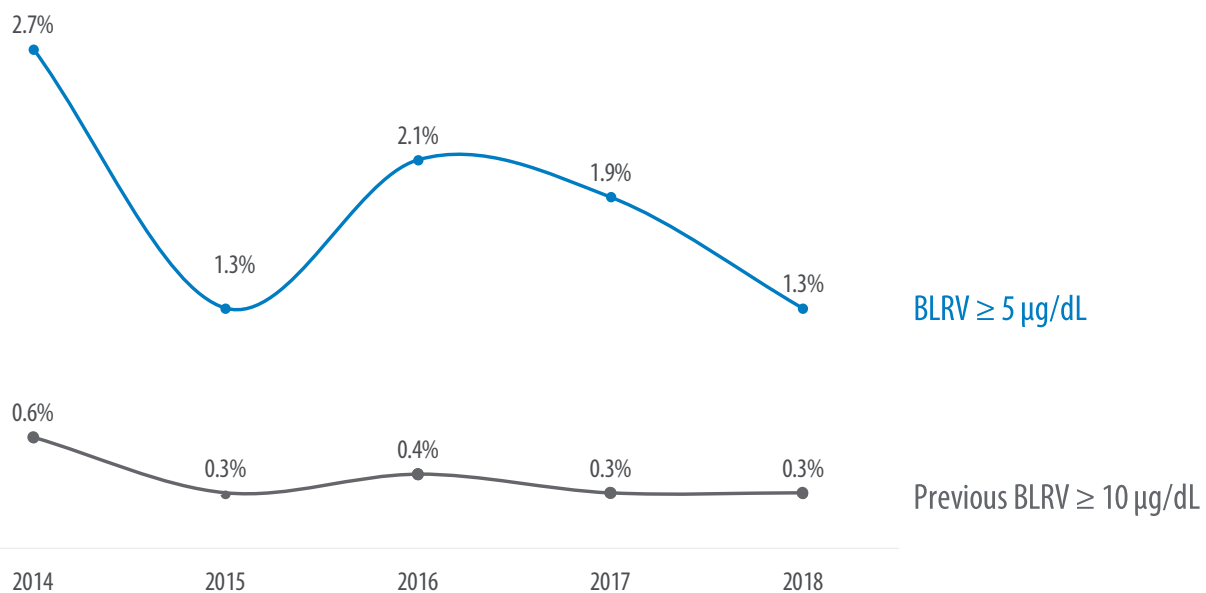
Lead poisoning continues to be the most preventable environmental disease in children. There is no safe blood lead level for children and low levels of lead exposure in children can cause adverse health effects.¹ The most important thing parents, caregivers, and communities can do is identify and remove lead sources in a child’s environment before they are exposed. In 2016, the Utah Lead Coalition was formed and the number of stakeholders continues to grow. The Utah Lead Coalition and stakeholders work together with parents, doctors, and the public to educate about the risk factors associated with lead exposure, the need for increased blood lead testing, and to provide resources for how to assist children and families that have been exposed to lead.

In 2017, the Utah Department of Health Environmental Epidemiology Program amended the Injury Reporting Rule R386-703 in the Utah Administrative code. The Injury Reporting Rule was changed by lowering the blood lead level of concern from ≥ 10 micrograms per deciliter to ≥ 5 micrograms per deciliter (ug/dL). This lower “blood level value” is consistent with recommendations from the Centers for Disease Control and Prevention and was renamed “Blood Lead Reference Value” (BLRV) from the previous “Blood Lead Level of Concern,” in identifying children exposed to lead.¹

The following graph shows the difference in prevalence rates between ≥ 10 ug/dL and the new lower blood lead level value of ≥ 5 ug/dL (Figure 1). As a result of the change, many children having a blood lead level less than 10 ug/dL will now be identified. This will allow earlier intervention from parents, physicians, public health departments, and other organizations.

Prevalence Rate of Children, Ages 0-5 Years, with a Blood Lead Reference Value (BLRV) in Utah from 2014-2018*

Figure 1. The difference in prevalence rates between ≥ 10 $\mu\text{g}/\text{dL}$ and ≥ 5 $\mu\text{g}/\text{dL}$. Children having a blood lead level less than 10 $\mu\text{g}/\text{dL}$ will now be identified and treated.



*Utah Blood Lead Registry (UDOH)

1. Centers for Disease Control and Prevention: Childhood Lead Poisoning Prevention, Retrieved April 28, 2020, <https://www.cdc.gov/nceh/lead/default.htm>

Monthly Health Indicators

Monthly Report of Notifiable Diseases, April 2020	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (<i>Campylobacter</i>)	26	39	105	138	0.8
COVID-19 (SARS-CoV-2)	Cases updated at https://coronavirus.utah.gov/case-counts/ .				
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	2	9	59	22	2.7
Hepatitis A (infectious hepatitis)	1	4	5	23	0.2
Hepatitis B, acute infections (serum hepatitis)	0	2	0	2	0.0
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza .				
Meningococcal Disease	0	0	0	0	--
Pertussis (Whooping Cough)	1	41	48	131	0.4
Salmonellosis (<i>Salmonella</i>)	15	28	67	104	0.6
Shigellosis (<i>Shigella</i>)	0	4	0	4	0.0
Varicella (Chickenpox)	7	20	45	87	0.5
Quarterly Report of Notifiable Diseases, 1st Qtr 2020	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	2,672	2,535	2,672	2,535	1.1
Gonorrhea	663	555	663	555	1.2
Syphilis	27	26	27	26	1.0
Tuberculosis	10	7	10	7	1.5
Medicaid Expenditures (in Millions) for the Month of April 2020	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$ 10.6	\$ 10.7	\$ 154.5	\$ 155.7	\$ (1.2)
Inpatient Hospital Services	13.7	14.1	162.8	164.4	(1.6)
Outpatient Hospital Services	2.9	4.0	35.1	37.1	(1.9)
Nursing Home Services	39.3	39.9	258.5	259.9	(1.4)
Pharmacy Services	9.5	10.2	100.7	102.2	(1.4)
Physician/Osteo Services‡	3.0	4.1	50.7	52.1	(1.4)
Medicaid Expansion Services	48.8	49.1	413.5	415.0	(1.4)
TOTAL MEDICAID	276.7	276.1	2,675.3	2,677.0	(1.6)

|| 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. Active surveillance for West Nile Virus will start in June for the 2020 season.

Monthly Health Indicators

Program Enrollment for the Month of April	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	309,015	293,908	+5.1%	285,819	+8.1%
CHIP (Children's Health Ins. Plan)	16,908	16,559	+2.1%	17,788	-4.9%
Commercial Insurance Payments#	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change§ From Previous Year
Medical	2018	10,355,207	\$ 3,146,492,372	\$ 303.86	-0.9%
Pharmacy	2018	8,195,234	543,507,290	66.32	+3.6%
Annual Community Health Measures	Current Data Year	Number Affected	Percent \ Rate	% Change§ From Previous Year	State Rank** (1 is Best)
Obesity (Adults 18+)	2018	618,400	27.8%	+10.1%	13 (2018)
Child Obesity (Grade School Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2018	200,100	9.0%	+0.9%	1 (2018)
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.4%	+11.3%	n/a
Binge Drinking (Adults 18+)	2018	236,700	10.6%	-7.7%	1 (2018)
Influenza Immunization (Adults 65+)	2018	182,300	52.0%	-7.1%	16 (2018)
Health Insurance Coverage (Uninsured)	2018	300,300	9.5%	-3.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2018	239	7.6 / 100,000	-16.2%	8 (2018)
Drug Overdose Deaths Involving Opioids	2018	404	12.8 / 100,000	-0.9%	24 (2018)
Suicide Deaths	2018	665	21.0 / 100,000	-1.5%	46 (2018)
Unintentional Fall Deaths	2018	262	8.3 / 100,000	+14.8%	31 (2018)
Traumatic Brain Injury Deaths	2018	604	19.1 / 100,000	-6.5%	28 (2018)
Asthma Prevalence (Adults 18+)	2018	205,500	9.2%	+3.6%	21 (2018)
Diabetes Prevalence (Adults 18+)	2018	185,900	8.3%	+17.5%	12 (2018)
High Blood Pressure (Adults 18+)	2017	532,900	24.5%	+3.8%	3 (2017)
Poor Mental Health (Adults 18+)	2018	418,300	18.8%	+3.1%	20 (2018)
Coronary Heart Disease Deaths	2018	1,624	51.4 / 100,000	-5.8%	4 (2018)
All Cancer Deaths	2018	3,262	103.2 / 100,000	+1.3%	1 (2018)
Stroke Deaths	2018	919	29.1 / 100,000	+1.6%	24 (2018)
Births to Adolescents (Ages 15-17)	2018	363	4.9 / 1,000	-15.3%	10 (2018)
Early Prenatal Care	2018	35,975	76.2%	-1.0%	n/a
Infant Mortality	2018	255	5.4 / 1,000	-7.0%	24 (2017)
Childhood Immunization (4:3:1:3:3:1:4)††	2018	36,400	72.0%	+5.9%	22 (2018)

‡ Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

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

Figures subject to revision as new data is processed.

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

†† Data from 2018 NIS for children aged 24 months (birth year 2016).