

Utah Health Status Update:

Measuring Health Insurance Coverage in Utah

May 2009

Utah Department of Health

There are a variety of data sources that provide estimates of the uninsured. They include national and state-level surveys that use different questions and survey methodologies. There is also ongoing discussion and research around which of these sources provides the most accurate estimates. As health system reform efforts move forward at the federal and state levels, accurate estimates of the uninsured are becoming even more important in determining exactly how many people will need to be provided health insurance coverage through these efforts.

In recent years the Utah Department of Health (UDOH) Survey Center has conducted two annual telephone health surveys that have collected state-level health insurance coverage and healthcare access information to varying degrees.

The Utah Healthcare Access Survey (UHAS—formerly the Utah Health Status Survey) has been considered Utah’s ‘Gold Standard’ for estimates of the uninsured. It was developed by UDOH staff in 1986 and originally conducted every 5 years. In 2003 it went to a continuous annual data collection mode. UHAS has used an extensive set of questions about health insurance and healthcare access that were developed by UDOH staff and have remained unchanged since 2001. The UHAS questionnaire was designed to collect information about all members of the household including children.

The Utah Behavioral Risk Factor Surveillance System (BRFSS) survey has been conducted in the UDOH since it began in 1984 through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). The BRFSS was originally developed to measure health-related behaviors in adults. A core set of questions that must be asked in all states includes just a single question about health insurance coverage. One of the strengths of the BRFSS, though, is that it can be customized to meet state-specific data needs.

Demographics: Utah vs. UHAS and Pilot Study Samples

Table 1. Demographic distributions of the Utah population compared to the survey sample of respondents for UHAS and the combined BRFSS and UHAS Pilot Study

	Population %*	2008 UHAS Sample %	2008 Pilot Study Sample %
N	----	3166	980
<i>Age Groups</i>			
18-24	19.7	5.3	4.9
25-34	22.4	16.2	16.8
35-44	17.8	17.5	18.7
45-54	16.4	19.5	20.0
55-64	11.4	17.7	16.2
65+	12.3	23.8	23.4
<i>Gender</i>			
Male	50.0	42.5	43.9
Female	50.0	57.5	56.1
<i>Education</i>			
< High School	10.3	5.2	5.6
HS/GED	28.0	28.5	27.1
Some College	37.2	35.2	33.5
College Graduate	24.5	32.2	33.7
<i>Household Income</i>			
<\$20,000	12.6	10.2	10.7
\$20,000-\$49,999	31.6	29.1	35.4
\$50,000-\$74,999	22.7	25.4	22.9
\$75,000+	33.0	35.3	31.1
<i>Ethnicity</i>			
Hispanic	11.6	5.0	7.2

* Age and gender estimates for adults aged 18+ for 2007 from the Utah Governor’s Office of Planning and Budget, 2008 baseline economic and demographic projections (revised 7-23-08); education for adults 18+, household income estimates, and ethnicity estimates for all ages from the 2007 American Community Survey.

Three recent enhancements to the BRFSS prompted us to consider combining the surveys. First, a child selection module was added so that questions can be asked about a selected child in the household. Second, the BRFSS went to a dual questionnaire format that allows the inclusion of more state-specific questions. Finally, the CDC developed a new method for weighting the BRFSS data that better accounts for differences between the surveyed population compared to the general population.

Both surveys have been conducted on landline telephones only. This is a concern due to the rapid increase in the percentage of people who live in wireless-only households. A recent article reported that 25.5% of Utah households are wireless-only; the second highest percentage amongst the states.¹ And people living in wireless-only households differ from

people in households with landline phones on a number of demographics, such as age, but also on health measures such as smoking and insurance coverage.²

To test and evaluate combining the surveys, the UDOH Survey Center conducted a Pilot Study for three months in the fall of 2008. The Pilot Study used the core questions from the BRFSS and the enhanced insurance questions from the UHAS. We compared the samples from UHAS and the Pilot Study to the population from which they were drawn on a selection of demographic variables (Table 1). Though the samples are comparable, younger adults were under represented, as were men, people with less than a high school diploma, and Hispanics. This under coverage is at least partly due to the increase in wireless-only households.

Estimates of the uninsured in Utah were comparable between the Pilot Study and UHAS when post-survey weighting adjustments to account for under coverage and non-response were identical (Figure 1), as were the estimates of the types of insurance coverage for those with health insurance (Figure 2). We feel confident that the combined survey will provide at least as valid an estimate of Utah's uninsured as the UHAS.

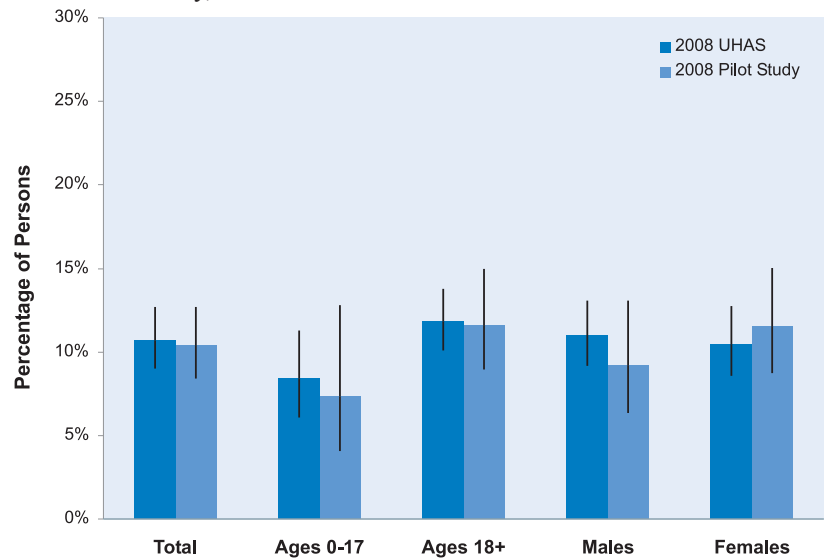
To address the issue of wireless-only households, the UDOH Survey Center is conducting a BRFSS cell phone study this year that includes the enhanced insurance questions from the UHAS. We hope that the results from this study, along with the new weighting procedure and the estimate of Utah wireless-only households will make it possible for us to better know the true percentage of uninsured Utahns.

References:

1. Blumberg SJ, Luke JV, Davison G, Davern ME, Yu T, Soderberg K. Wireless substitution: State-level estimates from the National Health Interview Survey, January-December 2007. National health statistics reports; no 14. Hyattsville, MD: National Center for Health Statistics, 2009
2. Blumberg, S.J. and J.V. Luke. 2008. "Wireless-Only and Wireless-Mostly Households: A growing Challenge for Telephone Surveys." Presentation at Academy Health's Annual Research Meeting, Washington DC, June 9, 2008.

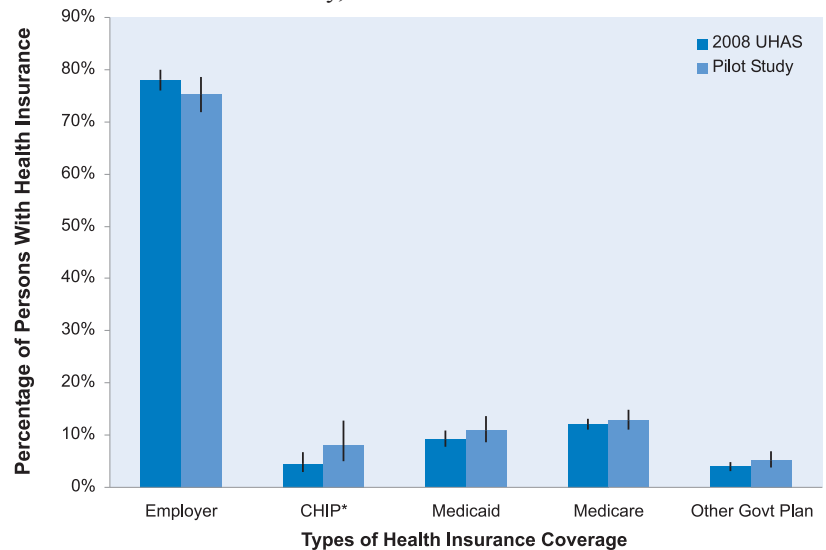
Uninsured: UHAS vs. Pilot Study

Figure 1. Percentage of persons without health insurance coverage by age and sex, Utah Healthcare Access Survey and the combined BRFSS and UHAS Pilot Study, 2008



Type of Insurance: UHAS vs. Pilot Study

Figure 2. Percentage of persons with each type of health insurance, Utahns with health insurance, Utah Healthcare Access Survey and the combined BRFSS and UHAS Pilot Study, 2008



* children ages 0-18

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For additional information about this topic, contact the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-6108, FAX (801) 538-9346, email: chdata@utah.gov

Breaking News, April 2009

Tuberculosis in Utah

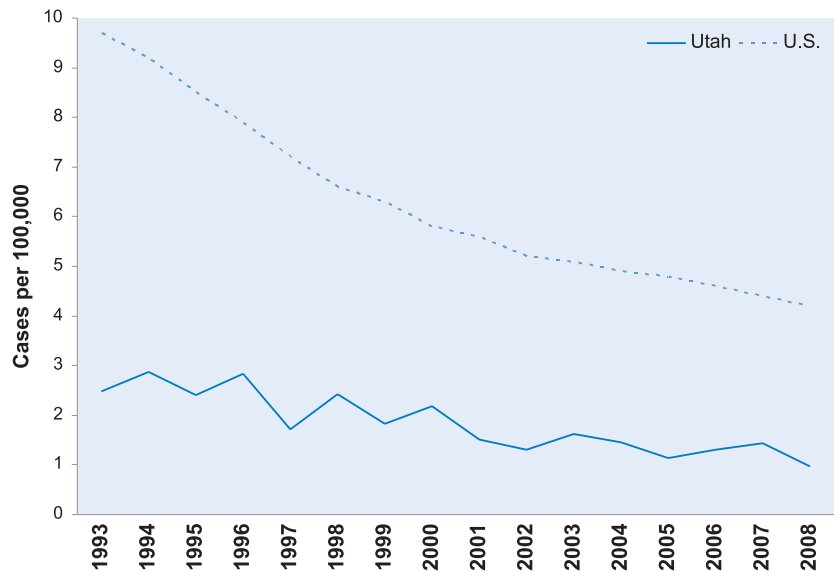
The number of tuberculosis (TB) cases reported in the first quarter of 2009 was at the expected level: 9 cases as compared to an average of 9 cases reported in the first quarter of the previous five years. The number of reported TB cases in Utah has generally declined since 1993; and in 2008, 27 cases of active TB disease were reported—the lowest case count ever reported. Utah is a low-incidence TB state, with TB case rates about 30% of the national rate. The 2008 TB case rate in Utah was 1.0 per 100,000 persons as compared to the national rate of 4.2 per 100,000 persons.

Although Utah's case numbers have declined, the state has faced the challenge of managing an increasing number of cases of multidrug-resistant tuberculosis (MDR TB) in the past several years. MDR TB is defined as cases of TB disease in persons whose *Mycobacterium tuberculosis* isolates are resistant to at least isoniazid and rifampin, the two most effective TB medications. This makes treatment of MDR TB more difficult, prolonged, and costly. Treatment of MDR TB can last up to 24 months. The state had one case of MDR TB in both 2007 and 2008—and already had one case of MDR TB reported in 2009.

Symptoms of pulmonary TB may include a productive, prolonged cough (duration of ≥ 3 weeks); chest pain; and hemoptysis. Systemic symptoms of TB include fever, chills, night sweats, appetite loss, weight loss, and easy fatigability. A diagnosis of TB should be considered in persons who have these symptoms. Persons suspected of having TB should be reported to the TB Control Program at (801) 538-6096.

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Tuberculosis Case Rates, Utah and U.S., 1993–2008



Community Health Indicators Spotlight, April 2009

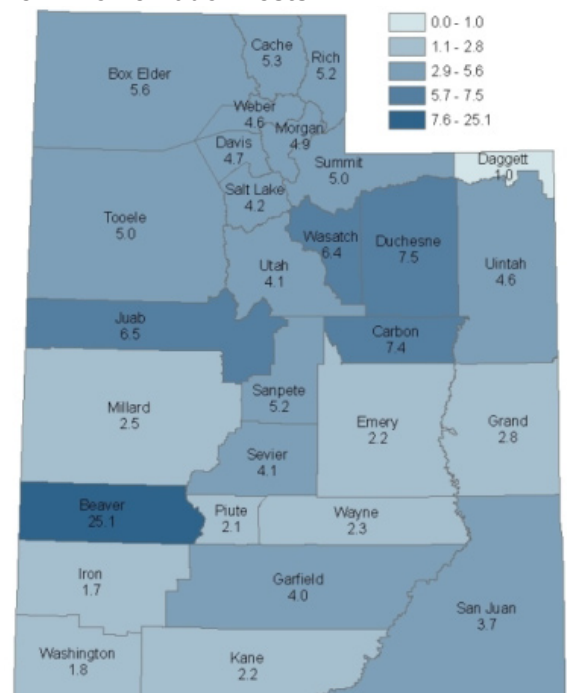
Radon and Lung Cancer in Utah

The U.S. Environmental Protection Agency (EPA) estimates that about 21,000 lung cancer deaths each year in the U.S. are radon-related. Exposure to radon is the number one cause of lung cancer among non-smokers and the second leading cause of lung cancer overall. Those who smoke and are exposed to radon have an especially high risk of developing lung cancer.

Home radon testing is the only way to know if a family is at risk from radon. Although testing is inexpensive and easy, many people in Utah have never tested their home for radon. Beaver County has the highest average radon levels among homes tested. Among all tested homes in Beaver, the average radon level was 25.1 pCi/L, which is over six times the recommended level. In order to better control this problem and decrease lung cancer associated with radon, awareness campaigns and public education encouraging home radon testing are very important.

If a home radon test reveals radon levels at or above 4 pCi/L, then EPA recommends mitigating your home. This usually costs anywhere from \$800 to \$2000 depending on the home size, layout, and other factors. For more information visit the Utah Department of Environmental Quality's website at radon.utah.gov.

Average Radon Levels (pCi/L) From Short Term Home Radon Tests



Monthly Health Indicators Report

(Data Through March 2009)

Monthly Report of Notifiable Diseases, March 2009	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	22	42	51	0.8
Enterotoxigenic Escherichia coli (E. coli)	2	2	7	7	1.0
Hepatitis A (infectious hepatitis)	0	4	3	7	0.4
Hepatitis B (serum hepatitis)	0	3	3	6	0.5
Influenza†	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	0	1	3	0.3
Norovirus	1	3	5	6	0.8
Pertussis (Whooping Cough)	9	45	75	106	0.7
Salmonellosis (Salmonella)	18	20	65	51	1.3
Shigellosis (Shigella)	3	3	6	9	0.7
Varicella (Chickenpox)	64	114	184	280	0.7
Viral Meningitis	5	5	10	13	0.8

Notifiable Diseases Reported Quarterly, 1st Qtr 2009	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	22	21	22	21	1.1
AIDS	13	10	13	10	1.3
Chlamydia	1,654	1,267	1,654	1,267	1.3
Gonorrhea	82	179	82	179	0.5
Tuberculosis	9	9	9	9	1.0

Program Enrollment for the Month of March 2009	Current Month	Previous Month	% Change ^s From Previous Month	1 Year Ago	% Change ^s From 1 Year Ago
Medicaid	184,341	178,646	+3.2%	160,949	+14.5%
PCN (Primary Care Network)	14,702	14,964	-1.8%	19,518	-24.7%
CHIP (Children's Health Ins. Plan)	37,841	36,607	+3.4%	33,047	+14.5%

Medicaid Expenditures (in Millions) for the Month of March 2009	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 17.4	\$ 8.5	\$ 80.9	\$ 76.3	\$ 4.6
Inpatient Hospital	\$ 17.1	\$ 15.9	\$ 159.7	\$ 145.8	\$ 13.9
Outpatient Hospital	\$ 9.4	\$ 6.9	\$ 66.9	\$ 62.5	\$ 4.4
Long Term Care	\$ 15.9	\$ 15.4	\$ 133.4	\$ 137.3	(\$ 3.9)
Pharmacy	\$ 10.3	\$ 10.8	\$ 93.0	\$ 106.1	(\$ 13.1)
Physician/Osteo Services‡	\$ 7.6	\$ 5.5	\$ 56.5	\$ 49.6	\$ 6.9
TOTAL HCF MEDICAID	\$ 130.9	\$ 118.2	\$ 1,102.4	\$ 1,091.7	\$ 10.7

Health Care System Measures	Number of Events	Rate per 100 Population	% Change ^s From Previous Year	Total Charges in Millions	% Change ^s From Previous Year
Overall Hospitalizations (2007)	278,952	9.7%	-0.7%	\$ 4,265.9	+10.1%
Non-maternity Hospitalizations (2007)	164,659	5.6%	-0.9%	\$ 3,554.6	+9.9%
Emergency Department Encounters (2007)	682,122	24.0%	-1.3%	\$ 781.0	+17.1%
Outpatient Surgery (2006)	304,511	11.3%	-3.1%	\$ 1,020.9	+7.7%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/Rate	% Change ^s From Previous Year
Overweight and Obesity (Adults 18+)	2008	1,924,274	1,119,500	58.2%	+0.5%
Cigarette Smoking (Adults 18+)	2008	1,924,274	179,200	9.3%	-20.4%
Influenza Immunization (Adults 65+)	2008	237,275	173,900	73.3%	-3.8%
Health Insurance Coverage (Uninsured)	2008	2,781,954	298,200	10.7%	+0.7%
Motor Vehicle Crash Injury Deaths	2007	2,699,554	269	10.0 / 100,000	-12.0%
Suicide Deaths	2007	2,699,554	368	13.6 / 100,000	-0.1%
Diabetes Prevalence	2008	2,781,954	129,500	4.7%	-1.0%
Coronary Heart Disease Deaths	2007	2,699,554	1,531	56.7 / 100,000	-5.1%
All Cancer Deaths	2007	2,699,554	2,547	94.3 / 100,000	-5.1%
Births to Adolescents (Ages 15-17)	2007	61,060	1,133	18.6 / 1,000	+13.5%
Early Prenatal Care	2007	55,063	43,728	79.4%	+0.5%
Infant Mortality	2007	55,063	284	5.2 / 1,000	+2.5%
Childhood Immunization (4:3:1:3:3:1)	2007	51,449	40,200	78.1%	+14.7%

† Influenza activity is sporadic in Utah. Influenza-like illness activity is below baseline statewide. As of April 15, 2009, 204 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

§ % Change could be due to random variation.

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

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 2009 season.