Utah Health Status Update

KEY FINDINGS

- **Data in the Utah Health Status by Race and Ethnicity 2021 report demonstrate the extent of racial and ethnic health disparities in Utah: 55 out of 77 indicators (71%) measured disparities.**
- **A significantly higher proportion of adults who identified as American Indian/Alaska Native (13.2%) and Hispanic/Latino (11.6%) live with diabetes compared with all adults in Utah who live with diabetes (8.1%) during the same time period (Figure 1).**
- **More adults who identified as American Indian/Alaska Native (29.7%), Native Hawaiian/Pacific Islander (26.4%), Black/ African American (22.9%), and Hispanic/Latino (20.0%) reported significantly higher rates of being unable to access health care due to cost barriers, compared with all adults in Utah (13.1%) (Figure 2).**

UTAH DEPARTMENT OF HEALTH

Racial and Ethnic Health Disparities in Utah Before COVID-19

Utah is one of the nation's healthiest states.[1,2] However, many Utahns experiencing racial and ethnic health disparities may live with poorer health. Health disparities measure differences in health outcomes closely linked to economic, socio-cultural, environmental, and geographic disadvantages.[3] The COVID-19 pandemic placed social and racial inequities at the forefront of public health conversations. Racial and ethnic minority groups are disproportionately affected by COVID-19 and are at higher risk of sickness and death from the disease.[4]

The Utah Health Status by Race and Ethnicity 2021 publication from the Utah Department of Health Office of Health Disparities is the most recent report on racial and ethnic health disparities in Utah. It examined 77 public health indicators between 2015 and 2019, chosen based on past reports, data requests, and the availability of race and ethnicity data. Fifty-five out of 77 indicators (71%) showed one or more racial and ethnic minority population(s) had a worse health outcome than the Utah population overall.

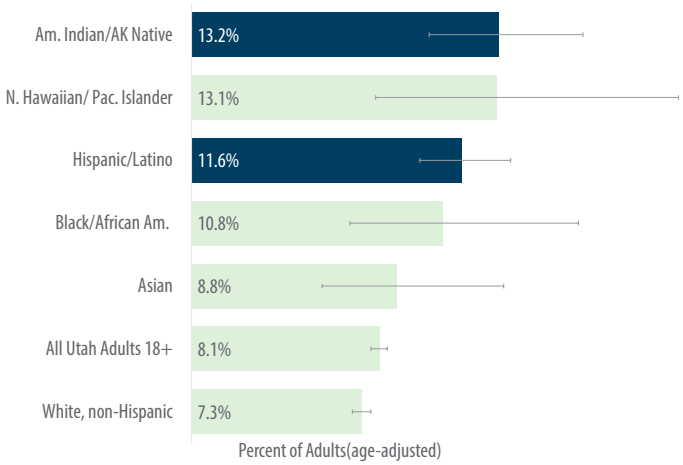
The emergence of COVID-19 occurred against the backdrop of significant racial and ethnic health disparities. A variety of factors including underlying health conditions contribute to increased risk of COVID-19 infection, severe illness, and hospitalization.[4] The majority of patients hospitalized with COVID-19 have at least one comorbidity.[5] Major COVID-19 comorbidities include cancer, diabetes, chronic lung diseases, chronic liver diseases, heart conditions, weakened immune systems, mental health conditions, overweight, and obesity.[6] Significant racial and ethnic health disparities were detected among these comorbidities in Utah prior to the onset of the COVID-19 pandemic.

For example, a significantly higher proportion of adults who identified as American Indian/Alaska Native (13.2%) and Hispanic/Latino (11.6%) live with diabetes compared with all adults in Utah (8.1%) during the same time period. In addition, 13.1% of people who identified as Native Hawaiian/Pacific Islander adults live with diabetes, though this was not statistically significantly different from the diabetes rate for the overall Utah adult population (Figure 1).

Feature article continued

Racial and Ethnic Health Disparities in Diabetes Prevalence in Utah, 2017–2019

Figure 1. Adults who identified as American Indian/Alaska Native and Hispanic/Latino had significantly higher rates of diabetes than all Utah adults. Adults who identified as White, non-Hispanic had significantly lower rates of diabetes than all Utah adults.



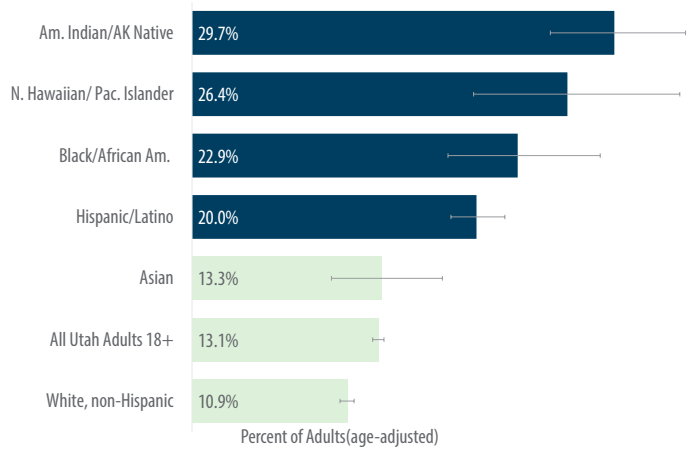
Note: Races other than white, non-Hispanic includes all ethnicities. Hispanic/Latino ethnicity includes all races.
Dark blue bars show rates significantly higher than the rate for all adults.
Source: Utah Department of Health Behavioral Risk Factor Surveillance Survey, IBIS

Prior to COVID-19, healthcare access was an ongoing challenge for many racial and ethnic minority communities in Utah. Healthcare costs were one of the most commonly reported barriers from 2016–2019, with 13.1% of adults in Utah who reported an inability to receive needed healthcare in the preceding year due to cost barriers. More adults who identified as American Indian/Alaska Native (29.7%), Native Hawaiian/Pacific Islander (26.4%), Black/ African American (22.9%), and Hispanic/Latino (20.0%) reported significantly higher rates of inability to access health care due to cost barriers, compared with all adults in Utah (Figure 2).

Access to healthcare can influence a population's health outcomes and quality of life.[4] It is another area where the existing health disparities gap may be further widened by the COVID-19 pandemic's greater economic toll on minority racial and ethnic minority communities. While COVID-19-related costs such as vaccination and testing are free, situations such as hospitalization, loss of household income due to COVID-19 infection or death, and loss or lack of health insurance may impose a heavy financial burden.

Utah Adults Unable to Access Healthcare in the Past Year Due to Cost, by Race/Ethnicity, 2016–2019

Figure 2. Adults who identified as American Indian/Alaska Native reported the highest rate of being unable to access health care due to cost.



Note: Races other than white, non-Hispanic includes all ethnicities. Hispanic/Latino ethnicity includes all races.
Dark blue bars show rates significantly higher than the rate for all adults.
Source: Utah Department of Health Behavioral Risk Factor Surveillance Survey, IBIS

Identification of health disparity trends and gaps through disaggregated population-based data combined with complementary contextual data is a fundamental step in addressing, reducing, and ultimately eliminating health disparities. Health equity is the principle underlying the commitment to reduce and eliminate health disparities by addressing its determinants. Pursuit of health equity means striving for the highest possible standard of health for all people with special attention to the needs of those communities with greatest exposure to health disparities (Figure 3).[3] This is crucial now more than ever as COVID-19's impact on health disparities in Utah continues to unfold. The Utah Department of Health Office of Health Disparities contributes to the goal of identification of health disparities in Utah through compilation of a series of health disparities profiles for five racial and ethnic minority groups, called the Moving Forward reports. These reports analyze trend data over time to document how health disparity gaps between the overall Utah population and a particular racial/ethnic minority group have increased, decreased, or remained constant over time. The next series of Moving Forward reports will be released in 2022.

Feature article continued

Racial and Ethnic Disparities by Health Indicator Category, 2015–2019

Figure 3. Of the 77 indicators measured, **55** showed worse health outcomes in one or more racial and ethnic minority population(s) than the Utah population overall.

Health Care Services/ Systems 10/13	**Health Insurance Coverage** **Cost as a Barrier to Health Care** **No Primary Care Provider** **Routine Medical Checkup** **Routine Dental Checkup** **First Trimester Prenatal Care** **Colon Cancer Screening** Pap Test Mammogram **Prostate Cancer Screening** Blood Cholesterol Screening **Influenza Immunization** **Pneumonia Immunization**
Risk Factors for Illness/ Injury 9/11	**Overweight or Obesity** **Adolescent Obesity** **No Physical Activity** High Cholesterol **High Blood Pressure** **Cigarette Smoking** Exposure to Secondhand Smoke **E-Cigarette Use by Youth** **Adolescent Suicide Ideation** **Heavy Drinking of Alcohol Attached is the reviewed Immunization report along with the signed review form.** **Binge Drinking of Alcohol**
Infectious Diseases 4/5	**Tuberculosis** **Chlamydia** **Gonorrhea** **HIV** Hepatitis C
Chronic Diseases & Conditions 8/11	**Fair or Poor Health** **Poor Physical Health Status** Poor Mental Health Status Major Depression **Arthritis Prevalence** **Asthma Prevalence** **Chronic Obstructive Pulmonary Disease Prevalence** **Diabetes Prevalence** **Diabetes Death** Coronary Heart Disease Death **Stroke Death**
Health of Mothers and Infants 11/16	**Infant Mortality** **Low Birth Weight** **Preterm Birth** **Obesity in Pregnancy** **Smoking During Pregnancy** **Gestational Diabetes** **Folic Acid Consumption** **Births to Adolescents** **Unintended Pregnancy** **Ever Breastfed** **Postpartum Depression** Major Structural Birth Defects Orofacial Clefts Critical Congenital Heart Defects Down Syndrome Neural Tube Defects
Protective Factors for Health 2/3	Daily Fruit Consumption **Daily Vegetable Consumption** **Recommended Aerobic Physical Activity**
Socio-Demographics 3/5	Proportion of the Utah Population Age Distribution **Life Expectancy at Birth** **Poverty** **Child Povert**
Cancer 4/8	**Invasive Lung Cancer Incidence** Lung Cancer Death **Invasive Colorectal Cancer Incidence** Colorectal Cancer Death **Invasive Female Breast Cancer Incidence** Female Breast Cancer Death **Prostate Cancer Incidence** Prostate Cancer Death
Injury & Violence 2/4	**Unintentional Injury Deaths** **Motor Vehicle Traffic Crash Deaths** Unintentional Poisoning Deaths Deaths by Suicide

Note: Figure 3 health indicators **in bold** show where racial and ethnic health disparities exist. These 77 public health indicators were chosen based on past reports, data requests, and the availability of race and ethnicity data.
Source: Utah Department of Health Behavioral Risk Factor Surveillance Survey, IBIS

1. "Health Disparities." America's Health Rankings , United Health Foundation, 2021, https://www.americashealthrankings.org/explore/disparity.
2. "Measuring Outcomes for Citizens Using More than 70 Metrics." Best States Rankings, U.S. News and World Report, 2021, https://www.usnews.com/news/best-states/rankings?int=top_nav_Overall_Rankings.
3. "About the Office of Health Disparities." Office of Health Disparities, Utah Department of Health, https://health.utah.gov/disparities/about.html.
4. "Health Equity Considerations and Racial and Ethnic Minority Groups." COVID-19, Centers for Disease Control and Prevention, 19 Apr. 2021, https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html
5. Garg S, Kim L, Whitaker M, et al. Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:458–464. DOI: http://dx.doi.org/10.15585/mmwr.mm6915e3
6. "People with Certain Medical Conditions." COVID-19, Centers for Disease Control and Prevention, 14 Oct. 2021, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/ people-with-medical-conditions.html.

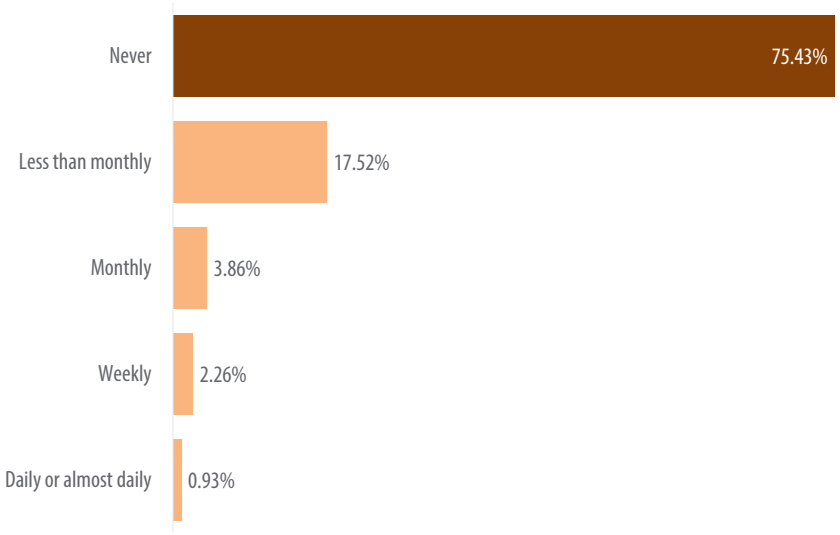
Social Norms Around the Use of Physical Discipline by Utah Caregivers

Physical discipline includes the use of pain as a teaching tool or to get attention. Examples of physical discipline may include, but are not limited to, spanking, ear pulling or twisting, slaps on the hand, hits with an object (paddle, belt, whip, or stick), or the use of unpleasant substances like soap or hot sauce. The use of physical discipline has been linked to increased odds of child maltreatment (emotional, sexual, physical abuse, and neglect) and exposure to intimate partner violence in the home; traumas that can impact development and future health and wellbeing.[1-2]

Across the United States, the acceptance of spanking and other forms of physical discipline have slowly declined for decades, however, data specific to Utah has not been previously collected to inform prevention efforts.[2] In 2020, the Utah Behavioral Risk Factor Surveillance System (BRFSS) included two questions to better understand beliefs and the use of physical discipline by Utah adults and parents. Of the Utah adults surveyed, 25.35% expressed belief that physical discipline was a necessary part of parenting, while 60.15% disagreed, and 14.5% were neutral. Utah caregivers who were surveyed about the frequency of their use of physical discipline reflected similar results with 24.57% who indicated they used physical discipline in the past year while 75.43% never used it (see Figure 1).

Frequency of Physical Discipline Used Against Child in the Past Year, 2020[1]

Figure 1. The majority of adults reported never using physical discipline with their child in the past year. (n=3311)



Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)

For more information contact Nathan Malan, Violence and Injury Prevention Program, at nmalan@utah.gov.

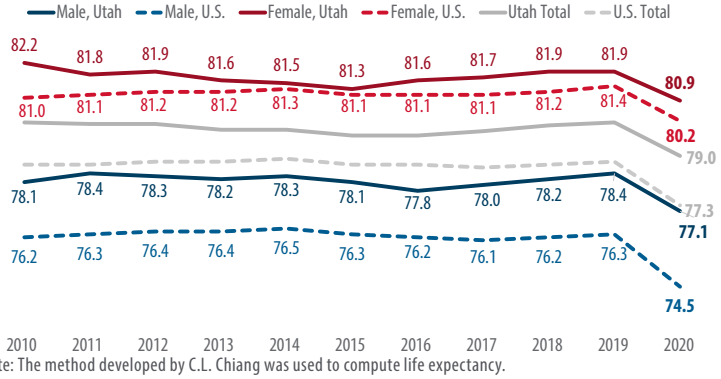
1. Afifi TO, Mota N, Sareen J, MacMillan HL. The relationships between harsh physical punishment and child maltreatment in childhood and intimate partner violence in adulthood. BMC Public Health. 2017 May 23;17(1):493. doi: 10.1186/s12889-017-4359-8. PMID: 28535755; PMCID: PMC5442668.
2. Shonkoff, J. P., Garner, A. S., & Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care and Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. Pediatrics, 129(1), e232-e246.
3. Mehus CJ, Patrick ME. Prevalence of Spanking in US National Samples of 35-Year-Old Parents From 1993 to 2017. JAMA Pediatr. 2021;175(1):92–93. doi:10.1001/jamapediatrics.2020.2197

Decline in Utah Life Expectancy Due to COVID-19

The United States life expectancy declined by a year and a half in 2020 as a result of COVID-19 related deaths.[1] COVID-19 contributed to 74% of the decline of life expectancy which decreased from 78.8 years in 2019 to 77.3 years in 2020 according to the Centers for Disease Control and Prevention National Center for Health Statistics (Figure 1).[1] COVID-19 contributed to more than 50% of the increase in deaths in Utah. There were 2,756 more deaths among Utah residents for a total of 21,500 in 2020 compared with 18,744 deaths in 2019.[2] Life expectancy in the state of Utah declined by 0.8 years in 2020 (Figure 1) with more COVID-19 associated deaths among males (Figure 2).[2]

Life Expectancy at Birth, by Sex: Utah vs. United States, 2010–2020[1]

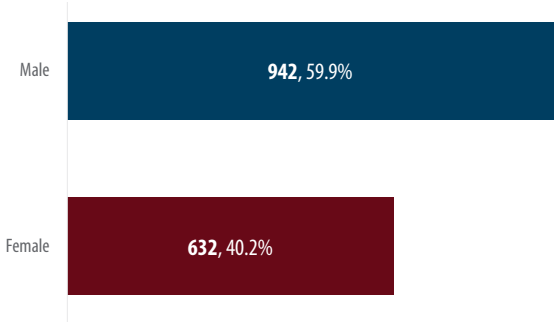
Figure 1. Life expectancy in the United States and Utah dropped in 2020 due to the deaths associated with COVID-19.



Note: The method developed by C.L. Chiang was used to compute life expectancy.
Source: Utah IBIS Life Expectancy at Birth Indicator Report ,2020

Percentage of Total COVID-19 Associated Deaths by Sex, Utah, 2020[1]

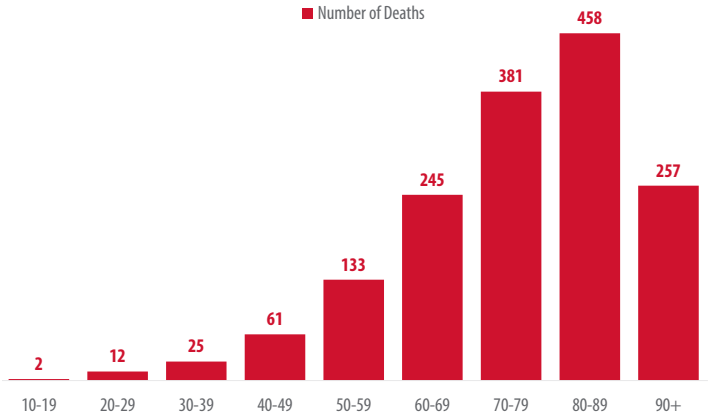
Figure 2. A higher percentage of men died from COVID-19 associated deaths compared with women in Utah during 2020.



In 2020, about 1,600 Utah resident deaths were associated with COVID-19—1,533 (97%) occurred within Utah, and 41 (3%) occurred out of state.[2] Among these COVID-19 associated deaths, 1,365 (86%) reported COVID-19 as the primary cause of death, 55 (4%) reporting COVID-19 as the only cause of death; and 10% reported COVID-19 as a contributing cause of death. The majority of deaths associated with COVID-19 were among those older than 60 years, with a median death age of 77 years (Figure 3).[2] Rates of COVID-19 related deaths were highest among people who identified as American Indian or Alaska Native and Native Hawaiian or Pacific Islander (Figure 4).[3]

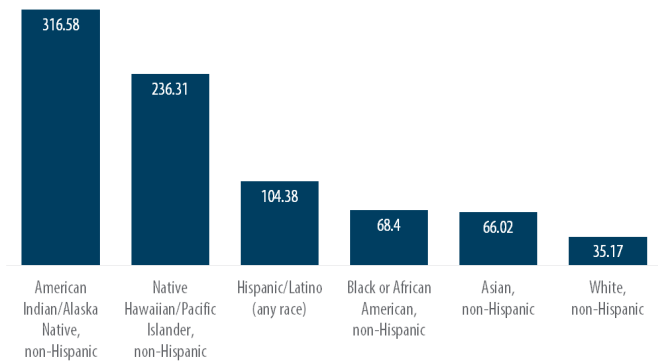
COVID-19 Associated Deaths by Age Group, Utah, 2020[1]

Figure 3. The median age of death was 77 years in 2020 with the majority of deaths occuring among those older than 60–89.



COVID-19 Associated Age-Adjusted Rates of Death Per 100,000 Population by Race/Ethnicity, Utah, 2020

Figure 4. Rates of COVID-19 related deaths were highest among people who identified as American Indian or Alaska Native and Native Hawaiian or Pacific Islander.[3]



1. Arias E, Tejada-Vera B, Ahmad F, Kochanek KD. Provisional life expectancy estimates for 2020. Vital Statistics Rapid Release; no 15. Hyattsville, MD: National Center for Health Statistics. July 2021. DOI: https://dx.doi.org/10.15620/cdc:107201.
2. Abridged Life Tables calculated using the Reed-Merrill Method with the specific year resident mortality data from Utah Office of Vital Records and Statistics and mid-year population estimates from Kem C. Gardner Policy Institute.
3. Utah Department of Health Public Health Indicator Based Information System (IBIS), Utah Death Certificate Database, Office of Vital Records and Statistics. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2020 https://ibis.health.utah.gov/ibisph-view/query/result/mort/MortRaceCntyICD10/CrudeRate.html

Monthly Health Indicators

Monthly Report of Notifiable Diseases, October 2021	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)*	55	39	469	464	1.0
COVID-19 (SARS-CoV-2)||	Cases updated at https://coronavirus.utah.gov/case-counts/.				
Shiga toxin-producing *Escherichia coli (E. coli)*	21	15	206	138	1.5
Hepatitis A (infectious hepatitis)	0	<5	9	50	0.2
Hepatitis B, acute infections (serum hepatitis)	0	<5	13	17	0.7
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza.				
Meningococcal Disease	0	0	<5	<5	0.6
Pertussis (Whooping Cough)	<5	22	72	296	0.2
Salmonellosis *(Salmonella)*	30	24	270	310	0.9
Shigellosis *(Shigella)*	5	6	52	50	1.0
Varicella (Chickenpox)	10	15	58	150	0.4
West Nile (Human cases)	0	<5	28	22	1.3
Quarterly Report of Notifiable Diseases, 3rd Qtr 2021	**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†	28	27	50	61	0.8
Chlamydia	2,776	2,442	5,752	5,081	1.1
Gonorrhea	839	624	1,752	1,239	1.4
Syphilis	53	32	100	63	1.6
Tuberculosis	5	5	7	18	0.4
Medicaid Expenditures (in Millions) for the Month of October 2021	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance over (under) Budget**
Mental Health Services	$33	$33	$84	$85	($1.4)
Inpatient Hospital Services	$17	$17	$58	$59	($1.4)
Outpatient Hospital Services	$3	$3	$11	$12	($1.3)
Nursing Home Services	$23	$24	$75	$77	($1.4)
Pharmacy Services	$14	$14	$47	$48	($1.3)
Physician/Osteo Services‡	$4	$4	$17	$18	($1.1)
Medicaid Expansion Services	$166	$166	$366	$368	($1.9)
***TOTAL MEDICAID	**$576**	**$572**	**$1,464**	**$1,465**	**($0.4)**

|| 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 October	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	440,675	436,036	+1.1%	365,284	+20.6%
CHIP (Children's Health Insurance Plan)	8,751	8,906	-1.7%	16,062	-45.5%
Commercial Insurance Payments#	**Current Data Year**	**Number of Members**	**Total Payments**	**Payments per Member per Month (PMPM)**	**% Change§ From Previous Year**
Dental	2020	5,667,256	$ 154,748,044	$27.31	N/A
Medical	2020	11,631,161	$ 3,365,207,356	$289.33	-3.8%
Pharmacy	2020	10,845,512	$ 889,492,538	$82.01	+9.4%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent \ Rate**	**% Change From Previous Year**	**State Rank** (1 is Best)**
Suicide Deaths	2020	651	20.0 / 100,000	-1.9%	40 (2019)
Asthma Prevalence (Adults 18+)	2020	250,600	10.8%	+9.1%	29 (2019)
Poor Mental Health (Adults 18+)	2020	540,700	23.3%	+7.9%	28 (2019)
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+)	2020	663,700	28.6%	-2.1%	15 (2019)
Diabetes Prevalence (Adults 18+)	2020	188,000	8.1%	+1.3%	13 (2018)
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)††	2019	49,400	80.0%	+17.6%	7 (2019)
Motor Vehicle Traffic Crash Injury Deaths	2020	299	9.2 / 100,000	+27.6%	7 (2019)
High Blood Pressure (Adults 18+)	2020	598,700	25.8%	+5.7%	7 (2019)
Cigarette Smoking (Adults 18+)	2020	206,500	8.9%	+1.1%	1 (2019)
Binge Drinking (Adults 18+)	2020	264,500	11.4%	+0.9%	1 (2019)
Coronary Heart Disease Deaths	2020	1,853	57.0 / 100,000	+12.0%	1 (2019)
All Cancer Deaths	2020	3,459	106.4 / 100,000	+3.7%	1 (2019)
Stroke Deaths	2020	916	28.2 / 100,000	-1.0%	1 (2019)
Influenza Immunization (Adults 65+)	2020	261,400	68.5%	+7.2%	22 (2019)
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 2019 NIS for children aged 24 month (birth year 2017).