

Utah Health Status Update

KEY FINDINGS

- The Utah Registry of Autism and Developmental Disabilities (URADD) found a higher percentage of suicide ideation among females (18.6%) compared with males (12.4%) (Figure 1).
- URADD found a smaller percentage of suicidal ideation among individuals with autism spectrum disorder and intellectual disability, including 17% of males and 9% of females (Figure 2).
- Females (62.5%) reported the highest percentage of depression with suicidal ideation compared with males (39.2%) (Figure 3).

Autism Spectrum Disorder and Suicidal Ideation

Autism spectrum disorder (ASD) is a developmental disability which can cause a wide range of challenges in social interaction, communication, and behavior.¹ The diagnosis of autism spectrum disorder is based on various behaviors correlated to the individual's age, cognitive level, and language skills.

The Utah Registry of Autism and Developmental Disabilities (URADD) has studied the prevalence of autism spectrum disorder in Utah since 2002. The key duties of URADD include estimating the number of individuals with autism spectrum disorder and identifying changes in the estimate over time, providing information on the characteristics of individuals with autism spectrum disorder, and understanding the impact it has on children, families, and communities in Utah.

In Utah, the estimated prevalence of autism spectrum disorder is one in 46 with males 3.6 times more likely to be identified with autism spectrum disorder than females.² During the last 20 years, the risk of suicide death for individuals with autism spectrum disorder steadily increased among people ages 5–30 years old who were more than twice as likely to die by suicide than people ages 5–30 years old without autism spectrum disorder.³ Additionally, females with autism spectrum disorder are more than three times as likely to die from suicide as females without autism spectrum disorder.³

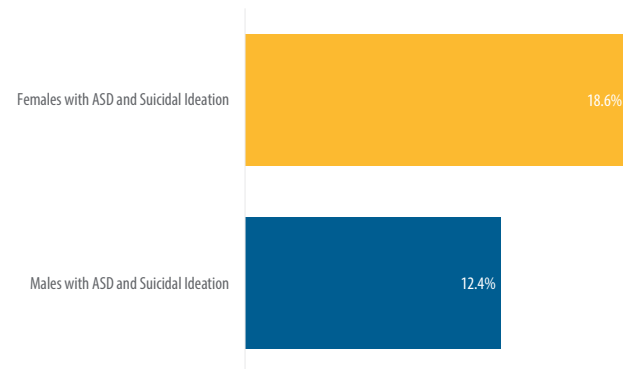
In 2017, URADD started to evaluate characteristics of suicidal ideation from 937 individuals born in 2002 who were diagnosed with autism spectrum disorder and found a higher percentage of suicide ideation among females (18.6%) compared with males (12.4%) (Figure 1). Females with autism spectrum disorder made up more than one-quarter of all individuals (34%) with autism spectrum disorder combined with suicidal ideation.

URADD also studied suicidal ideation among individuals with autism spectrum disorder and intellectual disability and found more suicidal ideation among males (17.2%) with intellectual disability compared with females (9.1%) (Figure 2). Meanwhile, females without intellectual disability (90.1%) had a higher percentage of suicidal ideation compared with males (82.8%).

Feature article continued

Percentage of Suicidal Ideation Among Individuals with Autism Spectrum Disorder, by Sex, Utah, 2017–2019

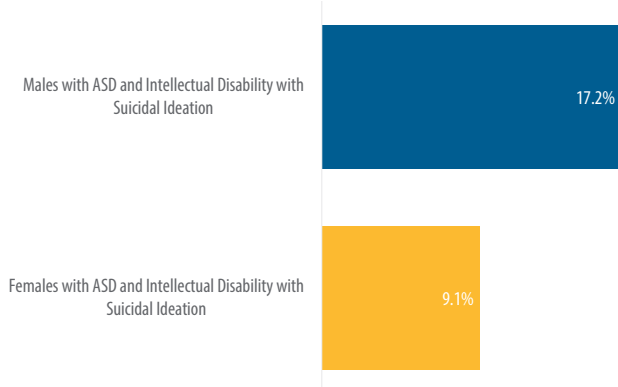
Figure 1. A higher percentage of females diagnosed with autism spectrum disorder reported suicidal ideation compared with males.



Source: The Utah Registry of Autism and Developmental Disabilities (URADD)
Note: Lifetime suicide ideation is from 937 individuals with autism spectrum disorder born in 2002.

Percentage of Suicidal Ideation Among Individuals with Autism Spectrum Disorder and Intellectual Disability, by Sex, Utah, 2017–2019

Figure 2. Among individuals with autism spectrum disorder and intellectual disability, more males report experiencing suicidal ideation.

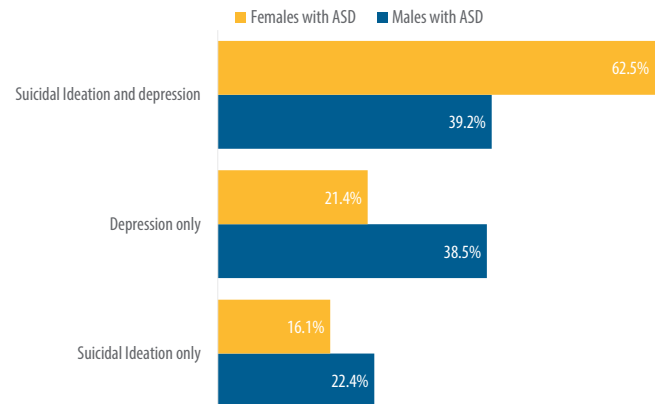


Source: The Utah Registry of Autism and Developmental Disabilities (URADD)
Note: Lifetime suicide ideation is from 937 individuals with autism spectrum disorder born in 2002.

Nearly half of all individuals (91 in 199) with autism spectrum disorder and depression reported suicidal ideation. Females (62.5%) reported the highest percentage of depression with suicidal ideation compared with males (39.2%) (Figure 3). Males reported higher suicidal ideation with no depression and depression alone. These findings demonstrate the increased risks of suicidal ideation for individuals with autism spectrum disorder and are important for URADD to understand especially when there is no depression for many individuals with autism spectrum disorder who experience suicidal ideation.

Percentage of Suicidal Ideation and Depression Among Individuals with Autism Spectrum Disorder, by Sex, Utah, 2017–2019

Figure 3. Among individuals with autism spectrum disorder, females reported the highest percentage of suicide ideation with depression.



Source: The Utah Registry of Autism and Developmental Disabilities (URADD)
Note: Lifetime suicide ideation is from 937 individuals with autism spectrum disorder born in 2002.

As services for individuals with autism spectrum disorder continue to expand, URADD will work to improve coordination and cooperation between agencies and other programs to address the unique needs of these individuals. Please visit our [website](#) for more information and explore the resources below.

- The Utah Registry of Autism and Developmental Disabilities (URADD) www.medicine.utah.edu/psychiatry/research/labs/uradd/
- Live On Utah Campaign <https://liveonutah.org/>
- Utah Parent Center Support for parents of children with special needs 1-800-468-1160, www.utahparentcenter.org
- Autism Council of Utah Information and advocacy for families email: autismcouncilofutah@gmail.com, www.autismcouncilofutah.org
- 24-hour Suicide Prevention Lifeline, 1-800-273-TALK (8255)
- Utah Suicide Prevention Coalition Utahsuicideprevention.org
- The SafeUT <https://safeut.org/>

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013.
2. Maenner MJ, Shaw KA, Bakian AV, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018. MMWR Surveill Summ 2021;70(No. SS-11):1–16. DOI: <http://dx.doi.org/10.15585/mmwr.ss7011a1>
3. Kirby AV, Bakian AV, Zhang Y, Bilder DA, Keeshin BR, Coon H. A 20-year study of suicide death in a statewide autism population. Autism Res. 2019 Apr;12(4):658–666. doi: 10.1002/aur.2076. Epub 2019 Jan 21. PMID: 30663277; PMCID: PMC6457664.

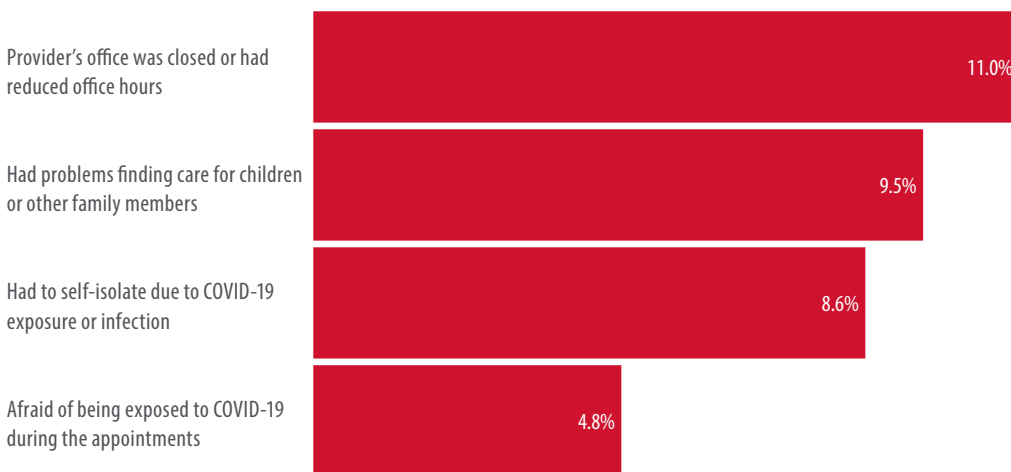
Prenatal Care Experiences During the COVID-19 Pandemic

Early and regular prenatal care helps identify complications during pregnancy and prevent poor outcomes. In the early months of the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) recommend people prioritize urgent visits and postpone elective care, while also advising pregnant women not to skip prenatal care appointments.¹ Information about the effects of COVID-19 on pregnant people was rapidly evolving, and there were no standard recommendations specific to pregnancy regarding the evaluation or management of COVID-19.² Subsequently, many providers restructured care for pregnant patients by converting some traditional in-person appointments to virtual appointments to minimize exposure for both patients and providers.³

Results of the [2020 Utah Pregnancy Risk Assessment Monitoring System \(PRAMS\) survey](#) demonstrate how the COVID-19 pandemic affected routine prenatal care. The most frequently reported reason for a delayed or canceled prenatal care appointment was the provider's office was closed or they had reduced office hours (11.0%) (Figure 1). The survey found while 73% of pregnant people continued to attend in-person only prenatal care appointments, 25% attended a combination of in-person and virtual appointments, and 1% attended virtual only appointments. Of those who attended in-person only, 89% said they did not attend virtual appointments because they preferred to see their provider in person. Additionally, 25% said virtual appointments were not available through their provider, and 4% said they were unable to participate in virtual appointments due to a lack of resources such as a computer, internet, cellular data, or a telephone. Nearly 1 in 4 pregnant people experienced some delayed or canceled prenatal care appointments due to reasons related to the COVID-19 pandemic.

Top Reasons for Canceled or Delayed Prenatal Care Appointments in Utah, 2020

Figure 1. The most frequently reported reason for a delayed or canceled prenatal care appointment was the provider's office was closed or they had reduced office hours.



Source: Utah Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS) survey 2020

Additional research is needed to understand the health outcomes and care experiences of diverse populations related to alternative approaches to prenatal care delivery. Findings from this type of research can be used to inform health policy decisions beyond the COVID-19 pandemic.

1. Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>
 2. ACOG Statement on COVID-19 and Pregnancy. <https://www.acog.org/news/news-releases/2020/06/acog-statement-on-covid-19-and-pregnancy>
 3. Peahl AF, Powell A, Berlin H, et al. Patient and provider perspectives of a new prenatal care model introduced in response to the coronavirus disease 2019 pandemic. *Am J Obstet Gynecol.* 2021;224(4):384.e1-384.e11. [doi:10.1016/j.ajog.2020.10.008](https://doi.org/10.1016/j.ajog.2020.10.008)

Monthly Health Indicators

Monthly Report of Notifiable Diseases, February 2022	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>)	11	33	40	68	0.6
COVID-19 (SARS-CoV-2)	Weekly updates at http://health.utah.gov/epi/diseases/influenza .				
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	5	7	5	7	0.7
Hepatitis A (infectious hepatitis)	<5	7	<5	7	0.3
Hepatitis B, acute infections (serum hepatitis)	<5	<5	15	20	0.8
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza .				
Meningococcal Disease	<5	<5	<5	<5	n/a
Pertussis (Whooping Cough)	<5	<5	<5	<5	n/a
Salmonellosis (<i>Salmonella</i>)	10	18	31	38	0.8
Shigellosis (<i>Shigella</i>)	<5	5	7	9	0.7
Varicella (Chickenpox)	<5	15	9	33	0.3
Quarterly Report of Notifiable Diseases, 4th 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†	34	29	132	129	1
Chlamydia	2,633	2,614	11,206	10,342	1.1
Gonorrhea	907	728	3,620	2,699	1.3
Syphilis	45	32	212	130	1.6
Tuberculosis	10	7	17	25	0.7
Medicaid Expenditures (in Millions) for the Month of February 2022	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$22	\$22	\$157	\$158	(\$1.0)
Inpatient Hospital Services	\$27	\$26	\$146	\$147	(\$0.7)
Outpatient Hospital Services	\$4	\$4	\$25	\$26	(\$1.3)
Nursing Home Services	\$16	\$16	\$150	\$151	(\$0.9)
Pharmacy Services	\$12	\$13	\$96	\$97	(\$1.6)
Physician/Osteo Services‡	\$12	\$12	\$50	\$51	(\$1.1)
Medicaid Expansion Services	\$93	\$93	\$735	\$735	(\$0.2)
***TOTAL MEDICAID	\$382	\$382	\$2,908	\$2,909	(\$1.2)

|| 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 February	Current Month	Previous Month	% Change [§] From Previous Month	1 Year Ago	% Change [§] From 1 Year Ago
Medicaid	458,299	453,963	+1.0%	397,504	+15.3%
CHIP (Children's Health Insurance Plan)	7,796	7,993	-2.5%	15,727	-50.4%
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	-1.90%	40 (2019)
Asthma Prevalence (Adults 18+)	2020	250,600	10.80%	9.10%	39 (2020)
Poor Mental Health (Adults 18+)	2020	540,700	23.30%	7.90%	37 (2020)
Influenza Immunization (Adults 65+)	2020	261,400	68.50%	7.20%	23 (2020)
Drug Overdose Deaths Involving Opioids	2020	432	13.3 / 100,000	7.30%	20 (2019)
Unintentional Fall Deaths	2020	651	20.0 / 100,000	-1.90%	17 (2019)
Infant Mortality	2020	366	11.3 / 100,000	4.60%	17 (2018)
Traumatic Brain Injury Deaths	2020	2,272	69.9 / 100,000	6.10%	15 (2019)
Obesity (Adults 18+)	2020	663,700	28.60%	-2.10%	13 (2020)
Diabetes Prevalence (Adults 18+)	2020	188,000	8.10%	1.30%	17 (2020)
Births to Adolescents (Ages 15-17)	2020	318	4.1 / 1,000	7.70%	10 (2018)
Childhood Immunization (4:3:1:3:3:1:4) ^{††}	2019	49,400	80.00%	17.60%	7 (2019)
Motor Vehicle Traffic Crash Injury Deaths	2020	299	9.2 / 100,000	27.60%	7 (2019)
High Blood Pressure (Adults 18+)	2020	598,700	25.80%	5.70%	7 (2019)
Cigarette Smoking (Adults 18+)	2020	206,500	8.90%	1.10%	1 (2020)
Binge Drinking (Adults 18+)	2020	264,500	11.40%	0.90%	1 (2020)
Coronary Heart Disease Deaths	2020	1,853	57.0 / 100,000	12.00%	1 (2020)
All Cancer Deaths	2020	3,459	106.4 / 100,000	3.70%	1 (2020)
Stroke Deaths	2020	916	28.2 / 100,000	-1.00%	1 (2020)
Child Obesity (Grade School Children)	2018	38,100	10.60%	11.60%	n/a
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.40%	11.30%	n/a
Health Insurance Coverage (Uninsured)	2020	383,500	11.80%	-6.30%	n/a
Early Prenatal Care	2020	34,716	75.90%	0.00%	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).