Utah Department of
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Utah health status update

Falls by local health district and disability status in Utah, BRFSS, 2018 and 2020

The Utah Indicator-Based Information System (IBIS) is updated with health data annually and helps programs across the state find the customizable health data statistics available in Utah. One frequently used query in IBIS is the Utah Behavioral Risk Factor Surveillance System (BRFSS) query which allows users to filter by age-adjusted or crude rates, years, demographics, other BRFSS indicators, Health Improvement Index classification, and geographic area (figure 1).[1] The BRFSS is a telephone health survey that collects data from Utah residents about their health-related risk behaviors, chronic health conditions, and use of preventive services. Falls are preventable with the help of medical intervention, safer environments, and strength/balance exercises, and are the third leading cause of injury death in Utah.[2]

Utah Indicator-Based Information System (IBIS) BRFSS query
Figure 1. The BRFSS query displays age-adjusted percentage of falls in the past year in ages 45+ in 2018 and 2020 by local health district.
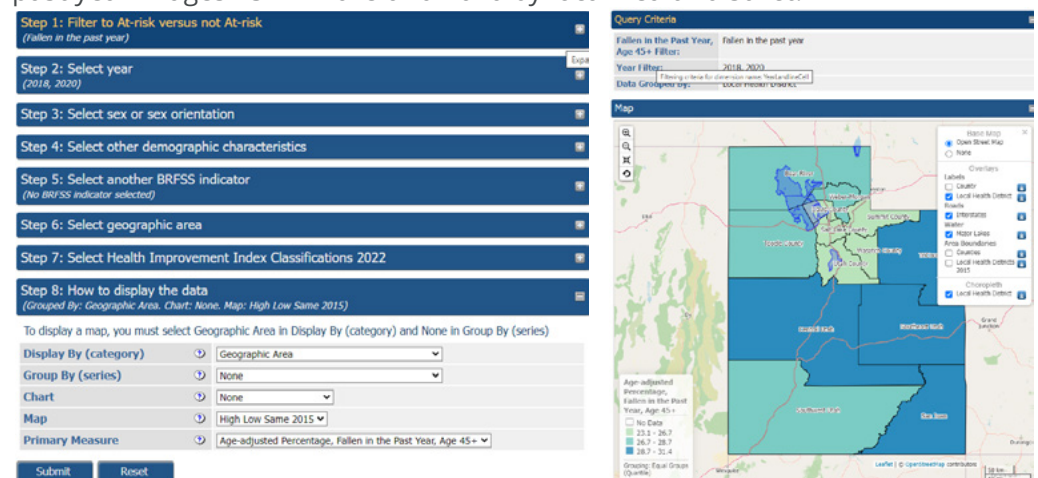
Source: Utah Department of Health and Human Services Division of Data, Systems, and Analysis, Indicator-Based Information System (IBIS) Behavioral Risk Factor Surveillance System (BRFSS)
Note: If no specific geography is selected the query will display local health district by default seen in map.

During 2018 and 2020, people ages 45+ with one or more disabilities reported the highest percentages of falls in Davis (50.5%), Tooele (50.5%), and San Juan (50.0%) local health districts in the past year compared with the state (26.7%) (figure 2).[2]

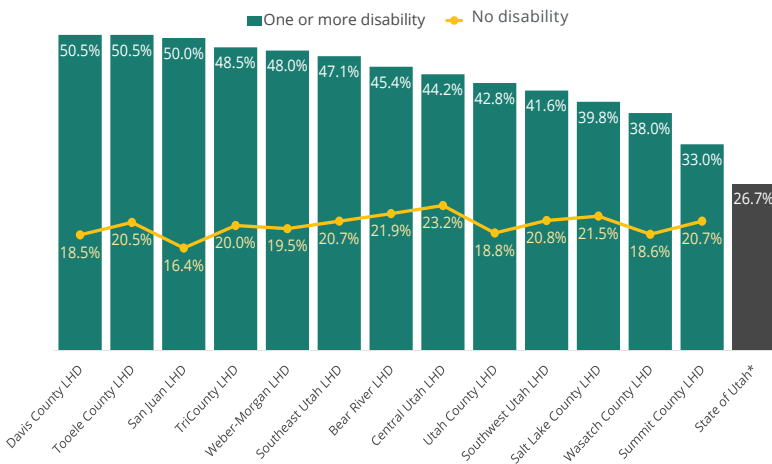Utah Department of
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Feature article continued

San Juan (16.4%) local health district had the lowest percentage of falls in the state among people with no disabilities (figure 2). Central Utah (23.2%), Bear River (21.9%), and Salt Lake County (21.5%) local health districts had the highest percentages of falls among people with no disabilities having no significant difference from the state.

Percentages of people ages 45+ with either one or more disability or no disability who fell in the past year by local health district, Utah, 2018 and 2020
Figure 2. Tooele County, Davis County, and San Juan local health districts reported the highest percentages of falls among people with disabilities in the past year, significantly higher than the state. Central Utah, Bear River, and Salt Lake County had the highest percentages of falls among people with no disabilities with no significant difference from the state.

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System https://ibis.health.utah.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html
*The state of Utah includes total Utah population of falls ages 45+ in 2018 and 2020.

The percentage of falls in the past year among Utahns age 45+ in 2018 and 2020 was 26.7%. Percentages of falls in the past year were significantly higher among those with one or more disabilities compared with the state.[3] Falls in Davis and Tooele Counties were 23.8% higher than the state among people age 45+ with one or more disabilities and 8.0% lower than the state among people with no disabilities. San Juan (16.4%) was 12.9% lower than the state average among people age 45+ with no disabilities and significantly higher

People ages 45+ with disabilities had significantly higher rates of falls compared with the state percentage and compared with the percentage of people with no disabilities. Although Summit County had the lowest rates of falls in the state among people with one or more disabilities, the difference in falls for those with no disabilities was not significantly lower when compared with the state.

About one in every four adults in Utah and the United States has a disability,[3] and yet, needs and disparities of this community are often unrecognized with costly health outcomes from falls. Not only are people who have disabilities more likely to experience significant differences in their health behaviors and health than those without a disability, they are also more likely to experience social circumstances which put them at greater risk of having poor health outcomes. Those social circumstances include incomplete education, low income, and food insecurity. It is important to understand avoidable differences in society rather than blame the nature of a disability itself.[4]

IBIS is an accessible, user-friendly tool that can be used to find data, including the BRFSS survey data, on the health status of Utah. It is used by staff at the Utah Department of Health and Human Services, local health districts and community partners, universities, and the public. To learn more about IBIS and query data, sign up for the next IBIS webinar here: https://ibis.health.utah.gov/ibisph-view/. For more information on fall prevention visit https://vipp.health.utah.gov/falls/.

1. The Utah Department of Health and Human Services Health status update: Utah's Public Health Indicator-Based Information System (IBIS) Utilization Report, 2019–2021.03/2022

2. Centers for Disease Control and Prevention https://www.cdc.gov/falls/facts.html.

3. Utah Department of Health and Human Services. Behavioral Risk Factor Surveillance System (BRFSS) https://ibis.health.utah.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html.

4. Krahn G.H., Walker D.K., Correa-De-Araujo R. Persons with disabilities as an unrecognized health disparity population. AJPH. 2015;105:S198?S206. . https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4355692/.
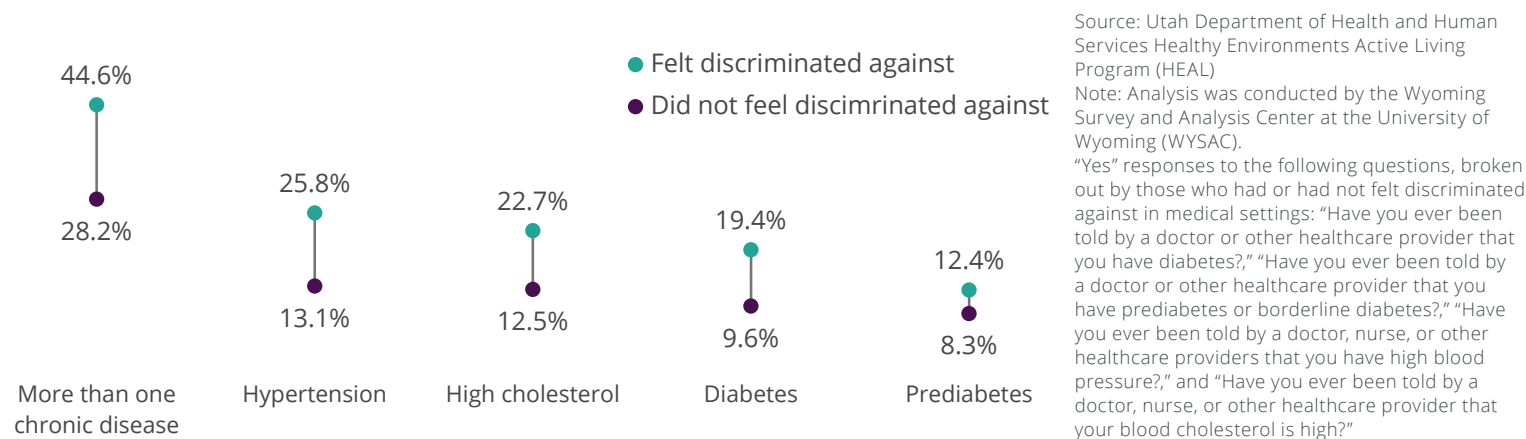
Survey of the influence of discrimination in preventive healthcare among underserved populations

In 2021, the Utah Department of Health and Human Services Healthy Environments Active Living program (HEAL) contracted with four community-based organizations (CBOs) to develop and administer a survey to identify the role of perceived discrimination in healthcare access among populations who identify as Black/African American and American Indian in Utah. Organizations included Best of Africa, International Rescue Committee in Salt Lake City, Utah Muslim Civic League, and Utah State University in Blanding. The survey included questions about demographics, social determinants of health, healthcare access, discrimination, and chronic disease conditions.

A total of 556 adults aged 18 and older responded to the survey across the four CBOs. Most of the respondents (74%) identified as identified as Black/African American or American Indian. More than 1 in 3 respondents were unable to get medical care due to cost. Almost 1 in 3 respondents had at least one chronic disease, and about half were overweight or obese. About 1 in 3 respondents also experienced discrimination in healthcare settings and the respondents who felt discriminated against in healthcare settings had lower levels of healthcare access and higher rates of chronic disease.[2] This survey demonstrated people who felt discriminated against had lower rates of getting routine checkups (50.3%) or getting health information they understood (40.6%) than those who did not feel discriminated against (66.0% and 62.2%, respectively). Likewise, people who felt discriminated against reported higher rates of hypertension, high cholesterol, prediabetes, and diabetes (Figure 1).

Survey of adults in Utah who felt discriminated against in preventive healthcare, by chronic disease, 2021
Figure 1. More adults who answered "yes" to feeling discriminated against in this survey had higher chronic disease.

- Felt discriminated against
- Did not feel discimrinated against

More than one chronic disease: 44.6% / 28.2%
Hypertension: 25.8% / 13.1%
High cholesterol: 22.7% / 12.5%
Diabetes: 19.4% / 9.6%
Prediabetes: 12.4% / 8.3%

Source: Utah Department of Health and Human Services Healthy Environments Active Living Program (HEAL)
Note: Analysis was conducted by the Wyoming Survey and Analysis Center at the University of Wyoming (WYSAC).
"Yes" responses to the following questions, broken out by those who had or had not felt discriminated against in medical settings: "Have you ever been told by a doctor or other healthcare provider that you have diabetes?," "Have you ever been told by a doctor or other healthcare provider that you have prediabetes or borderline diabetes?," "Have you ever been told by a doctor, nurse, or other healthcare providers that you have high blood pressure?," and "Have you ever been told by a doctor, nurse, or other healthcare provider that your blood cholesterol is high?"

This data is not representative of the entire Utah population, so discretion is needed when interpreting and acting on results. As HEAL learns more about the populations we serve through partnerships with CBOs, we may be able to tailor our efforts accordingly. Public health has a role through partnerships with clinics and CBOs to reduce the impacts of perceived discrimination, and hopefully, reduce perceived discrimination. The full report will be available spring 2023 on the HEAL website https://heal.utah.gov/.

1. Sege, R., Bethell, C., Linkenbach, J., Jones, J., Klika, B. & Pecora, P.J. (2017). Balancing adverse childhood experiences with HOPE: New insights into the role of positive experience on child and family development. Boston: The Medical Foundation. Accessed at www.cssp.org
2. Utah Department of Health and Human Services Healthy Environments Active Living Program (HEAL) 2021 survey.

Streamlined training to help Head Start childcare centers receive TOP Star endorsement

Teaching Obesity Prevention in Child Care Settings (TOP Star) is a Utah-based program developed in 2013 by the Utah Department of Health and Human Services Healthy Environment Active Living (HEAL) program. The program was designed to help childcare providers implement healthy behavior practices in their facilities. TOP Star helps children of preschool age and younger learn healthy habits they can carry into adulthood. Early childcare and education facilities receive a TOP Star endorsement after staff complete training and facilities implement new policies and practices to improve nutrition, physical activity, and breastfeeding services, where applicable. More than 200 early childcare and education facilities in Utah have received a TOP Star endorsement; until recently, no early childcare and education facility that is a Head Start facility had been endorsed.

Head Start providers had their own curricula and recognized the value of the TOP Star program. They expressed interest in the TOP Start endorsement process. To streamline the endorsement process for Head Start facilities, the state TOP Star coordinator in the HEAL program created a team consisting of state Head Start coordinators and interns. The team conducted a strategy to identify content contained in both the Head Start and TOP Star curricula. Duplicative content was removed and a new product was built specifically for Head Start providers. The additional training required for endorsement was tailored to the specific needs of Head Start. The Head Start TOP Star training was released in December 2021. In 2022, 7 Head Start facilities were endorsed, more than doubling the counts for either of the two prior years (figure 1). More Head Start facilities are currently working toward endorsement by training at local health departments throughout Utah. For more information on TOP Star endorsement training visit https://heal.utah.gov/top-star-providers/.

Total Head Starts endorsed in the Teaching Obesity Prevention in Child Care Settings (TOP Star) training program in Utah, 2019–2022
Figure 1. TOP Star training endorsements for Head Start facilities increased from zero in 2019 to 7 in 2022.
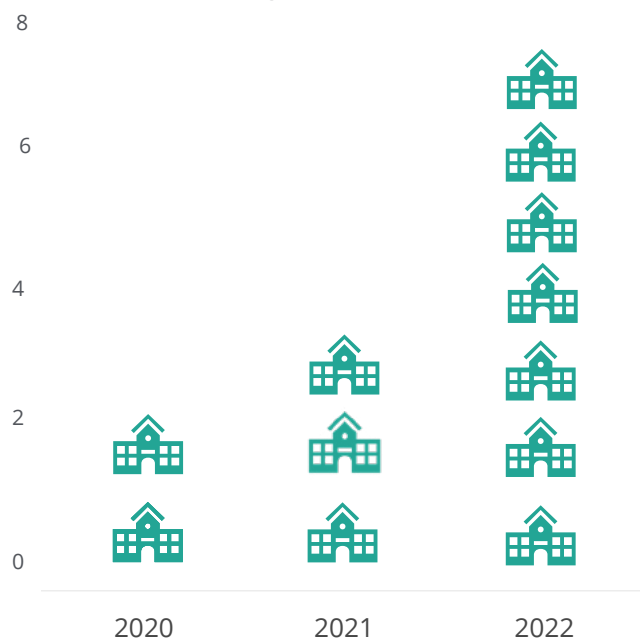
Source: Utah Department of Health and Human Services Healthy Environment Active Living (HEAL) program, 2022

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Monthly health indicators

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Monthly report of notifiable diseases, January 2023	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/				
Influenza*	Updates at http://health.utah.gov/epi/diseases/influenza				
Campylobacteriosis (Campylobacter)	39	36	39	36	1.1
Salmonellosis (Salmonella)	25	20	25	20	1.2
Shiga toxin-producing Escherichia coli (E. coli)	8	8	8	8	1.0
Pertussis (Whooping Cough)	3	21	3	21	0.1
Varicella (Chickenpox)	8	17	8	17	0.5
Shigellosis (Shigella)	17	5	17	5	3.7
Hepatitis A (infectious hepatitis)	<5	<5	<5	<5	n/a
Hepatitis B, acute infections (serum hepatitis)	<5	<5	<5	<5	n/a
Meningococcal Disease	<5	<5	<5	<5	n/a

Quarterly report of notifiable diseases, 4th quarter 2022	Current quarter # cases	Current quarter # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity ratio (obs/exp)
HIV/AIDS[†]	37	40	104	100	1.0
Chlamydia	2,866	2,707	9,328	10,695	0.9
Gonorrhea	837	816	2,688	3,005	0.9
Syphilis	71	40	187	153	1.2
Tuberculosis	8	5	26	16	1.6

Medicaid expenditures (in millions) for the month of November 2022	Current month	Expected/ budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	$18	$2	$93	$54	$38.9
Inpatient hospital services	$50	$8	$81	$43	$37.5
Outpatient hospital services	$5	$1	$15	$8	$7.4
Nursing home services	$19	$52	$92	$54	$38.6
Pharmacy services	$12	$4	$64	$39	$24.7
Physician/osteo services[‡]	$4	$3	$29	$21	$8.1
Medicaid expansion services	$101	$45	$532	$331	$200.7
***Total Medicaid	$574	$156	$990	$1,220	($229.6)

\|\| 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

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Program enrollment for the month of November 2022	Current month	Previous month	% change§ from previous month	1 year ago	% change§ from 1 year ago
Medicaid	496,104	490,551	+1.1%	439,406	+12.9%
CHIP (Children's Health Insurance Plan)	5,968	6,153	-3.0%	9,061	-34.1%

Commercial insurance payments#	Current data year	Number of members	Total payments	Payments per member per month (PMPM)	% change§ from previous year
Dental	2021	6,426,514	$ 183,425,231	$28.54	+4.3%
Medical	2021	12,277,219	$ 3,996,141,589	$325.49	+11.1%
Pharmacy	2021	10,843,802	$ 926,553,357	$85.45	+4.0%

Annual community health measures	Current data year	Number affected	Percent\rate	% change from previous year	State rank** (1 is best)
Suicide deaths	2020	651	20.1 / 100,000	-1.9%	42 (2020)
Asthma prevalence (adults 18+)	2021	315,200	9.7%	0.0%	21 (2021)
Poor mental health (adults 18+)	2021	540,700	25.2%	9.1%	37 (2021)
Influenza immunization (adults 65+)	2020	261,400	69.9%	2.0%	20 (2021)
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+)	2021	663,700	30.9%	8.0%	17(2021)
Diabetes prevalence (adults 18+)	2021	260,000	8.0%	-2.4%	15 (2021)
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)††	2021	47,307	74.6%	0.0%	16 (2021)
Motor vehicle traffic crash injury deaths	2020	299	9.2 / 100,000	27.6%	7 (2019)
High blood pressure (adults 18+)	2021	867,700	26.7%	3.5%	12 (2021)
Cigarette smoking (adults 18+)	2021	206,500	7.3%	-18.0%	1 (2021)
Binge drinking (adults 18+)	2021	264,500	11.7%	2.6%	1 (2021)
Coronary heart disease deaths	2020	1,853	57.0 / 100,000	12.0%	1 (2021)
All cancer deaths	2020	3,459	106.4 / 100,000	3.7%	1 (2021)
Stroke deaths	2020	916	28.2 / 100,000	-1.0%	1 (2021)
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 2020 NIS for children aged 24 month (birth year 2018).