Utah Department of Health & Human Services

November 2023

Utah health status update

Key findings

- More than 336,000 Utahns provide unpaid care to a family member or friend; 99,000 of them support individuals who have dementia.
- Dementia caregivers are more likely to exhibit depression and anxiety, experience greater strain, and see a decline in their social network size than other caregivers.
- 53% of Utahns who serve as caregivers to people with dementia report at least one chronic health condition, 28.3% report depression, and 9.6% report frequent poor physical health.
- Nationally, spousal dementia caregivers are 41% more likely to become frail while caregiving and 18% pass away before their partners.

Caregivers in Utah

We celebrate National Family Caregivers Month each November. Family caregivers are the backbone of our long-term services and supports system. They supplement the care provided in residential care settings such as assisted living communities or nursing homes. More than 336,000 Utahns provide unpaid care to a family member or friend.[1] The economic value of this care in 2020 was $5.1 billion and is expected to exceed $6.5 billion by 2030.[2] Through these caregivers' efforts, thousands of individuals are able to live and thrive in their homes and communities.

This article highlights the caregiving challenges of those who support people who have Alzheimer's Disease and related dementias.

Approximately 99,000 Utahns support individuals with dementia. These caregivers provide 122 million hours of unpaid care valued at $2,278 million (Figure 1). According to national data, as the cognitive abilities of the person with dementia decline, the value of care provided by dementia family caregivers increases 18% each year.[3] These caregivers face difficult challenges. For example, dementia

Caregivers of people with Alzheimer's or other dementias, Utah, 2022
Figure 1. Approximately 99,000 Utahns support individuals with dementia. These caregivers provide 122 million hours of unpaid care valued at $2,278 million.

99,000 caregivers

122 million hours of unpaid care

$2,278 million worth of unpaid care

Source: Alzheimer's Association. 2023 Alzheimer's Disease Facts and Figures,

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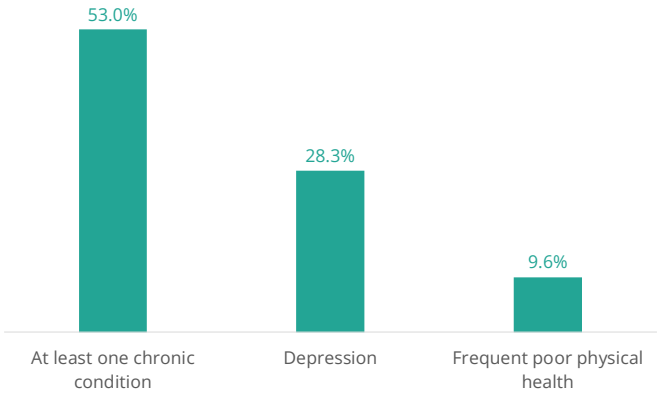
caregivers are more likely to assist with activities of daily living (ADLs) and provide help for a larger number of tasks than non-dementia caregivers. They are more likely to exhibit depression and anxiety, experience greater strain, and see a decline in their social network size than other caregivers. In addition, dementia caregivers report more subjective cognitive problems and lower quality of life than non-caregivers.[3]

The impact of dementia caregiving differs among genders and races. Female caregivers experience higher levels of burden, impaired mood, depression, and health issues than male caregivers. Compared to caregivers who are White, we see greater care demands, less use of outside help, and greater depression among caregivers who are Hispanic, Black, and Asian American. Hispanic caregivers also indicate lower physical well-being when compared to caregivers who are White.[3]

Caregivers have their own financial, health, and wellness needs. Fifty-three percent of Utahns serving as caregivers to individuals with dementia report at least one chronic health condition, 28.3% report depression, and 9.6% report frequent poor physical health (Figure 2). The majority of caregivers (72%) experience relief when their loved one with dementia passes away.[3] Spousal dementia caregivers are 41% more likely to become frail while caregiving and 18% pass away before their partners.[3] Ultimately, when family caregivers are in distress or crisis, the individual with dementia experiences increased institutionalization rates, exacerbated behavioral/psychological challenges, and increased risk of abuse.[4] It is critical to support dementia caregivers, not only for the health of those they care for, but

Health conditions among dementia caregivers, Utah, 2015–2021

Figure 2. More than half of dementia caregivers in Utah have at least one chronic condition themselves.



Source: Alzheimer's Association. 2023 Alzheimer's Disease Facts and Figures,

for the health and well-being of the caregivers themselves.

In 2012, the Utah State Legislature unanimously adopted the state's first ever Alzheimer's Disease and Related Dementias State Plan. The plan went through a third update in 2023. One of the plan's priorities is to support and empower caregivers. Additionally, the National Strategy to Support Family Caregivers was released in 2022 in response to the national focus on supporting the important work family caregivers provide. This milestone strategy includes almost 350 actions the federal government will take along with more than 150 actions that states, communities, and the private sector can take to support family caregivers.[5] This national strategy will continue to inform the work we do throughout Utah for family caregivers, especially those who support people who have dementia.

November is both National Family Caregivers Month and National Alzheimer's Disease Awareness Month. This month, to recognize

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the important role of Utah's family caregivers, Governor Cox issued a proclamation acknowledging National Family Caregivers Month. To help support caregivers in Utah, you can offer help, be sensitive and empathetic to caregiver requests for time off from work or responsibilities, and understand the important role they play. When you educate yourself about dementia, support early diagnosis, and welcome those who live with dementia and their caregivers in your place of business, you can help to reduce the stigma of both dementia and caregiving. For more data and education, explore the IBIS database and visit your local Area Agency on Aging or view Utah's event calendar.

1. Retrieved Tuesday, 17 October 2023 from the Utah Department of Health and Human Services, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov.

2. Utah Family Caregiver Collaborative. (2022, September). The Utah Family Caregiver Report 2022. Retrieved from https://nursing.utahhealth.acsitefactory.com/sites/g/files/zrelqx146/files/media/documents/2022/Utah%20Caregiver%20Report_2022_DIGITAL.pdf.

3. Alzheimer's disease facts and figures. Alzheimer's Disease and Dementia. (2022). Retrieved from https://www.alz.org/alzheimers-dementia/facts-figures.

4. Lang, L., Clifford, A., Wei, L., Zhang, D., Leung, D., Augustine, G., Danat, I. M., Zhou, W., Copeland, J. R., Anstey, K. J., & Chen, R. (2017, February 3). Prevalence and determinants of undetected dementia in the community: A systematic literature review and a meta-analysis. BMJ open. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC5293981/#:~:text=The%20pooled%20rate%20of%20undetected%20dementia%20 was%2061.7%25%20(95%25,CI%2055.0%25%20to%2068.0%25).

5. 2022 national strategy to support family caregivers | ACL administration for community living. (2022). Retrieved from The Recognize, Assist, Include, Support, and Engage (RAISE) Act Family Caregiving Advisory Council & The Advisory Council to Support Grandparents Raising Grandchildren website: https://acl.gov/CaregiverStrategy.

Intimate partner and domestic violence fatalities

Key findings

- 15% of deaths by suicide in Utah were related to domestic violence.
- 61 homicides in Utah (8.4% of all homicides) associated domestic violence as a contributing factor.
- 68.9% of domestic violence-related homicide victims were people who identify as male.
- 37.1% of deaths by suicide in Utah may have been related to intimate partner violence.
- 129 homicides in Utah (17.7%) associated intimate partner violence as a contributing factor.
- 69.8% of intimate partner violence-related homicide victims were people who identify as female.

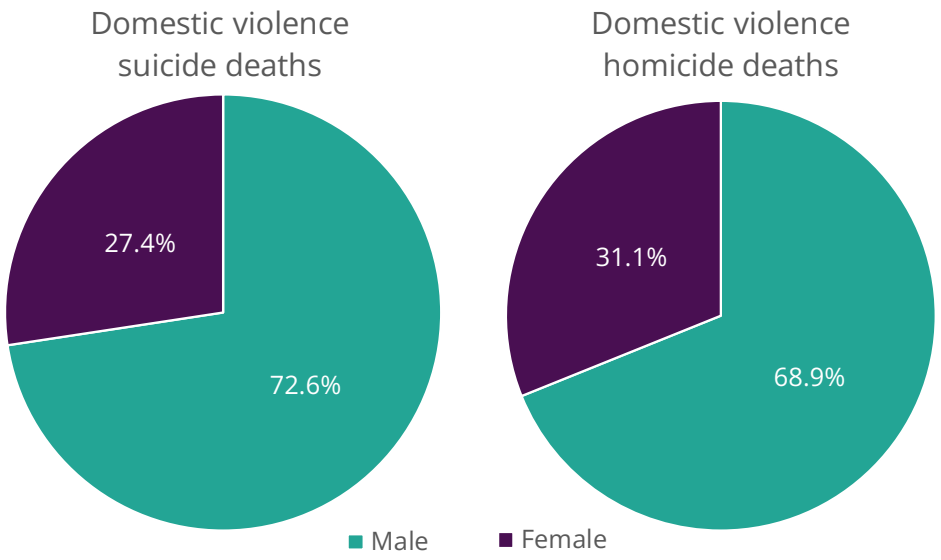
Domestic violence (DV)

Domestic violence happens in the home and is a **pattern of abusive behavior in any relationship that is used by a family member, partner, or roommate to gain or maintain power and control over another person in the home.** This violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior to influence another person. Child abuse and elder abuse are also examples of domestic violence.[1]

During 2010–2020, 6,649 people in Utah died by suicide and 998 (15%) were related to domestic violence. There were 730 homicides, and 61 associated domestic violence as a contributing factor. The majority of both suicide and homicide victims were male (Figure 1).[2]

Domestic violence suicides and homicides by sex, Utah, 2010–2020

Figure 1. The majority of domestic violence suicide and homicide victims were male.



Source: Utah Violent Death Reporting System

Intimate partner violence (IPV)

Intimate partner violence is a **pattern of abusive behavior between a current or former intimate partner to gain or maintain power and control over the other.** This violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats

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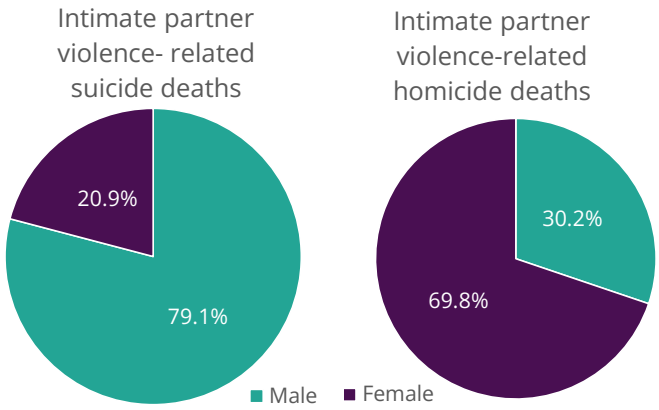
or other patterns of coercive behavior to influence another person.[1]

Between 2010 and 2020, there were 6,649 deaths by suicide and 2,470 (37.1%) were possibly related to intimate partner violence. Through 2010–2020, 730 total homicides occurred in Utah; 129 (17.7%) documented intimate partner violence as a contributing factor. The majority of intimate partner suicide deaths were male, but the majority of intimate partner violence-related homicides were female (Figure 2).[2]

Intimate partner violence-related suicides and homicides by sex, Utah, 2010–2020

Figure 2. The majority of intimate partner violence-related suicide deaths were male, but the majority of homicide victims were male.



Source: Utah Violent Death Reporting System

The highest proportion of intimate partner violence-related suicides among total suicides was in Uintah County (41.9%), followed by Iron (41.5%), and Davis counties (40.4%) (Table 1). Ten counties had the largest proportion (81.7%) of homicide deaths with intimate partner violence as a contributing factor.[2,3]

Primary prevention

Traditionally, the focus of prevention efforts for DV and IPV has been on secondary and

Intimate partner violence-related suicides and homicides by county, Utah, 2010–2020

Table 1. Of the 10 counties with reliable data, Uintah, Iron, and Davis counties had the highest proportions of IPV-related suicides. Cache County had the largest proprotion of DV-related homicide deaths of the six counties with reliable data.

	Suicide			Homicide		
	IPV-related	Total	% IPV-related	DV-related	Total	% DV-related
Beaver	**		**	**		**
Box Elder	55	144	38.2%	**		**
Cache	76	193	39.4%	7	14	50.0%
Carbon	**		**	**		**
Daggett	**		**	**		**
Davis	231	572	40.4%	8	47	17.0%
Duchesne	**		**	**		**
Emery	**		**	**		**
Garfield	**		**	**		**
Grand	**		**	**		**
Iron	49		**	**		**
Juab	**		**	**		**
Kane	**		**	**		**
Millard	**		**	**		**
Morgan	**		**	**		**
Piute	**		**	**		**
Rich	**		**	**		**
Salt Lake	935	2,509	37.3%	51	346	14.7%
San Juan	**		**	**		**
Sanpete	**		**	**		**
Sevier	**		**	**		**
Summit	**		**	**		**
Tooele	57	143	39.9%	**		**
Uintah	44	105	41.9%	**		**
Utah	363	935	38.8%	19	73	26.0%
Wasatch	**		**	**		**
Washington	136	391	34.8%	5	24	20.8%
Wayne	**		**	**		**
Weber	249	644	38.7%	11	71	15.5%

Note: These counties are where victims lived, not necessarily where the fatalities occurred.
**To protect the privacy of victims and surviving family members some counties are suppressed due to small counts.

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tertiary strategies and interventions. While these approaches remain critical to the work, it has become increasingly important to focus on primary prevention, or upstream prevention, to stop violence before it happens.

Primary prevention focuses on risk and protective factors specifically related to this violence in an attempt to stop DV and IPV from happening in the first place. Risk factors are conditions that can increase the risk of a person experiencing or perpetrating DV and IPV. On the other hand, protective factors are conditions that protect against DV and IPV and can actually buffer existing risk.[1,4] In primary prevention, the intent is to reduce or eliminate risk and increase protection. Here are some examples of risk and protective factors for DV and IPV:

Risk factors:

- Family history of violence
- Social norms that support violence
- Experiencing adverse childhood experiences (ACEs)
- Poverty

Protective factors:

- Families work together through conflicts
- Emotional health and connectedness
- Empathy and understanding of how one's actions affect others
- Economic stability

In an attempt to better understand the impact of IPV and DV, and to identify ways to prevent these fatalities, the Utah Department of Health and Human Services (DHHS) Violence and Injury Prevention Program (VIPP) established the Domestic Violence Fatality Review Committee (DVFRC).[5]

This report includes information gleaned from the Utah Violent Death Reporting System (UTVDRS), which collects data on all Utah homicides and suicides. It includes data from medical examiner reports, death certificate data, police reports, crime lab data and, when available, information obtained from the DVFRC review.

The DVFRC is a multidisciplinary committee comprised of representatives from the following agencies:

- Utah Department of Corrections
- Utah Department of Health and Human Services
- Utah Department of Workforce Services
- Utah Law Enforcement Agencies
- Utah Office of the Attorney General
- Utah Office for Victims of Crime
- Utah's Victim Advocate Programs

The primary purpose of the DVFRC is to establish effective strategies to improve agency and community response to prevent and respond to IPV/DV as well as to cultivate discussion and action to establish a unified multi-agency approach to addressing this public health issue.[5]

If you know someone in a violent relationship call 1–800–897–LINK (5465).

1. Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. National Center for Injury Prevention and Control. Division of Violence Prevention. 2017.

2. Utah Violent Death Reporting System. Salt Lake City, Utah. Utah Department of Health, 2010–2020.

3. 2020 American Community Survey.

4. Social Determinants of Health: Know What Affects Health. Atlanta, Georgia. Center for Disease Control and Prevention, 09/30/2021.

5. Domestic Violence Fatality Review. Salt Lake City, Utah. Utah Department of Health, 2011–2019.

Spotlights

Utah Department of Health & Human Services

November 2023

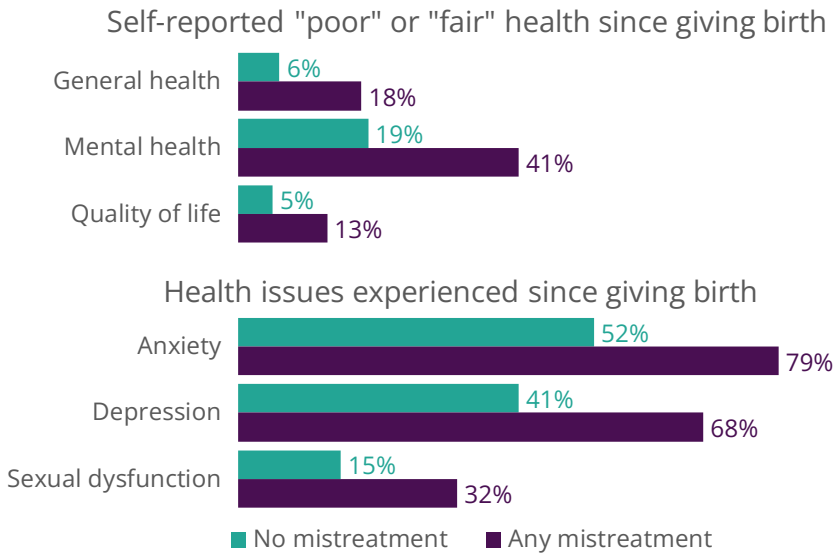
Mental health outcomes following mistreatment during childbirth: Utah, 2020

Traumatic childbirth experiences have the potential to impact the health and well-being of both mother and baby.[1] Despite recent national attention on the issue, data on the prevalence and long-term effects of mistreatment during maternity care is still lacking. The Postpartum Assessment of Health (PAHS) survey is a collaboration between Columbia University and seven city and state health departments, including Utah. The survey asks participants about their well-being in the year following childbirth.

According to the PAHS survey, 11% of Utah participants reported they were mistreated during labor and delivery. The most common types of mistreatment included being ignored, shouted at, or scolded by a healthcare provider, having their physical privacy violated, and having providers threaten to withhold treatment or force them to accept treatment they did not want. When asked to rate their mental health since giving birth, 41% of participants who experienced mistreatment selected "poor" or "fair" compared to 19% of those who did not experience mistreatment. Chronic health issues, including anxiety, depression, and sexual dysfunction, were also more common (see figure). Additionally, 52% of those who experienced mistreatment reported delaying or not receiving necessary healthcare compared to 24% of those who did not experience mistreatment.

Percentage of women reporting "poor" or "fair" health and other health issues since giving birth by mistreatment experience, Utah, 2020

Figure 1. Women who experienced mistreatment were more likely to report "poor" or "fair" health as well as anxiety, depression, and sexual dysfunction since giving birth than women with no mistreatment.



Source: Utah results from the Postpartum Assessment of Health Survey (PAHS), conducted by Columbia University

This evaluation looked at births that occurred in 2020 during the onset of the COVID-19 pandemic. In addition to increased stress on the healthcare system, some survey participants may have been denied access to their preferred support people during delivery. Further research is necessary to determine if the results shown here are unique to this time period and the impact of the COVID-19 pandemic on rates of mistreatment.

Recommended strategies to combat mistreatment during birth include training healthcare staff to recognize unconscious bias and stigma, and public awareness campaigns to educate providers and families on how to advocate for respectful care.[2] The Utah Women and Newborns Quality Collaborative is working on respectful maternity care with two pilot hospital sites. To learn more about this project or how you can help with respectful maternity care, contact UWNQC@utah.gov.

1. Vedam, Saraswathi, et al. "The Giving Voice to Mothers Study: Inequity and Mistreatment during Pregnancy and Childbirth in the United States." Reproductive Health, vol. 16, no. 1, June 2019, p. 77, https://doi.org/10.1186/s12978-019-0729-2.

2. One in 5 Women Reported Mistreatment While Receiving Maternity Care. Centers for Disease Control, August 2023, https://www.cdc.gov/media/releases/2023/s0822-vs-maternity-mistreatment.html.

* "Data is from the Postpartum Assessment of Health Survey (PAHS) conducted by Columbia University." The previous name of this study, "the Postpartum Assessment of Women Study – PAWS", will be replaced by "the Postpartum Assessment of Health Survey (PAHS)" following the signing of this agreement.

Utah Department of Health & Human Services

Data through **October 2023**

Monthly health indicators

Monthly report of notifiable diseases, October 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/				
Campylobacteriosis *(Campylobacter)*	60	47	719	485	1.5
Hepatitis A (infectious hepatitis)	0	3	7	51	0.1
Hepatitis B, acute infections (serum hepatitis)	0	2	10	24	0.4
Meningococcal disease	0	1	2	2	1.0
Pertussis (whooping cough)	15	15	188	200	0.9
Salmonellosis *(Salmonella)*	39	28	406	305	1.3
Shiga toxin-producing *Escherichia coli (E. coli)*	16	21	263	186	1.4
Shigellosis *(Shigella)*	12	6	154	55	2.8
Varicella (chickenpox)	19	12	102	99	1.0
West Nile (human cases)	2	0	8	13	0.6

Quarterly report of notifiable diseases, 3rd quarter 2023	Current quarter # cases	Current quarter # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity ratio (obs/exp)
Chlamydia	2,842	2,802	8,319	8,185	1.0
Gonorrhea	649	839	1,998	2,305	0.9
HIV/AIDS*	43	43	122	105	1.2
Syphilis	79	50	249	129	1.9
Tuberculosis	9	6	26	17	1.5

Medicaid expenditures (in millions) for the month of July 2023†	Current month	Expected/ budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	$ 16.2	$ 16.5	$ 206.8	$ 250.5	$ (43.8)
Inpatient hospital services	30.2	31.4	217.2	318.3	(101.1)
Outpatient hospital services	4.0	4.9	42.9	39.6	3.3
Nursing home services	27.6	37.4	386.3	421.0	(34.7)
Pharmacy services	(6.1)	3.7	172.8	172.6	227.0
Physician/osteo services‡	4.9	4.9	88.1	87.3	767.4
Medicaid expansion services	49.3	58.2	1,158.1	1,132.7	25.4
Total Medicaid§	126.2	157.2	2,272.2	2,422.0	(149.8)

Note: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations.
* Diagnosed HIV infections, regardless of AIDS diagnosis.
† This SFY 2023 report includes supplemental payments to better match the SFY 2023 Medicaid Forecast Budget which costs have not been included in previous years.
‡ 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.

Utah Department of Health & Human Services

Data through **October 2023**

Monthly health indicators

Program enrollment for the month of August 2023	Current month	Previous month	% change‖ from previous month	1 year ago	% change‖ from 1 year ago
Medicaid	433,368	455,458	-4.9%	478,651	-9.5%
CHIP (Children's Health Insurance Plan)	7,278	7,175	+1.4%	6,473	+12.4%
Commercial insurance payments#	**Current data year**	**Number of members**	**Total payments**	**Payments per member per month (PMPM)**	**% change** from previous year**
Medical	2022	12,035,192	$ 4,057,120,087	$ 337.10	+3.6%
Pharmacy	2022	11,211,332	1,048,715,815	93.54	+9.5%
Dental	2022	8,688,828	229,619,441	26.43	-7.4%
Annual community health measures	**Current data year**	**Number affected**	**Percent\rate**	**% change‖ from previous year**	**State rank†† (1 is best)**
Obesity (adults 18+)	2022	762,300	31.1%	+0.6%	16 (2022)
Child obesity (grade school children)	2018	38,100	10.6%	0.0%	n/a
Cigarette smoking (adults 18+)	2022	164,200	6.7%	-6.9%	1 (2022)
Vaping, current use (adolescents)	2023	19,300	6.0%	-23.1%	n/a
Binge drinking (adults 18+)	2022	313,700	12.8%	+9.4%	1 (2022)
Influenza immunization (adults 65+)	2022	273,700	66.5%	-4.9%	34 (2022)
Health insurance coverage (uninsured)	2021	248,800	7.4%	-14.0%	n/a
Motor vehicle traffic crash injury deaths	2022	310	9.1 / 100,000	-8.0%	12 (2021)
Drug overdose deaths involving opioids	2022	435	12.8 / 100,000	-5.1%	11 (2021)
Suicide deaths	2022	717	21.1 / 100,000	+9.5%	38 (2021)
Unintentional fall deaths	2022	457	13.4 / 100,000	+10.8%	38 (2021)
Traumatic brain injury deaths	2022	701	20.6 / 100,000	-0.5%	24 (2021)
Arthritis prevalence (adults 18+)	2022	551,500	22.5%	+7.7%	17 (2022)
Asthma prevalence (adults 18+)	2022	269,600	11.0%	+13.4%	32 (2022)
Diabetes prevalence (adults 18+)	2022	213,200	8.7%	+8.7%	15 (2022)
High blood pressure (adults 18+)	2021	638,700	26.7%	+3.5%	11 (2021)
Poor mental health (adults 18+)	2022	622,500	25.4%	+0.8%	32 (2022)
Coronary heart disease deaths	2022	1,863	54.7 / 100,000	-2.0%	7 (2021)
All cancer deaths	2022	3,500	102.8 / 100,000	-1.5%	1 (2021)
Stroke deaths	2022	958	28.1 / 100,000	+10.2%	11 (2021)
Births to adolescents (ages 15–17)	2022	257	3.0 / 1,000	-10.8%	11 (2021)
Early prenatal care	2022	33,326	72.8%	-5.5%	n/a
Infant mortality	2022	226	4.9 / 1,000	+5.3%	23 (2020)
Complete immunization by age 2‡‡	2022	36,800	78.3%	+5.0%	4 (2022)

‖ Relative percent change. Percent change could be due to random variation.
Figures subject to revision as new data is processed.
** Percent change is due to changes in membership as well as changes in data suppliers included.
†† State rank in the United States based on age-adjusted rates where applicable.
‡‡ Childhood 7-series (4:3:1:3:3:1:4) data from 2022 NIS for children aged 24 months (birth year 2020).