



Utah health status update

Key findings

- Between 2017 and 2021 in Utah, children born to American Indian mothers were nearly 4 times less likely to receive a diagnostic hearing evaluation compared to infants born to White mothers.
- 60% of American Indian infants who did not receive diagnostic hearing evaluations were from San Juan County.
- The Utah EHDI program formed a service plan, which involved meeting in-person with 5 different providers who serve American Indian populations in San Juan County.

Utah Early Hearing Detection and Intervention (EHDI) service plan

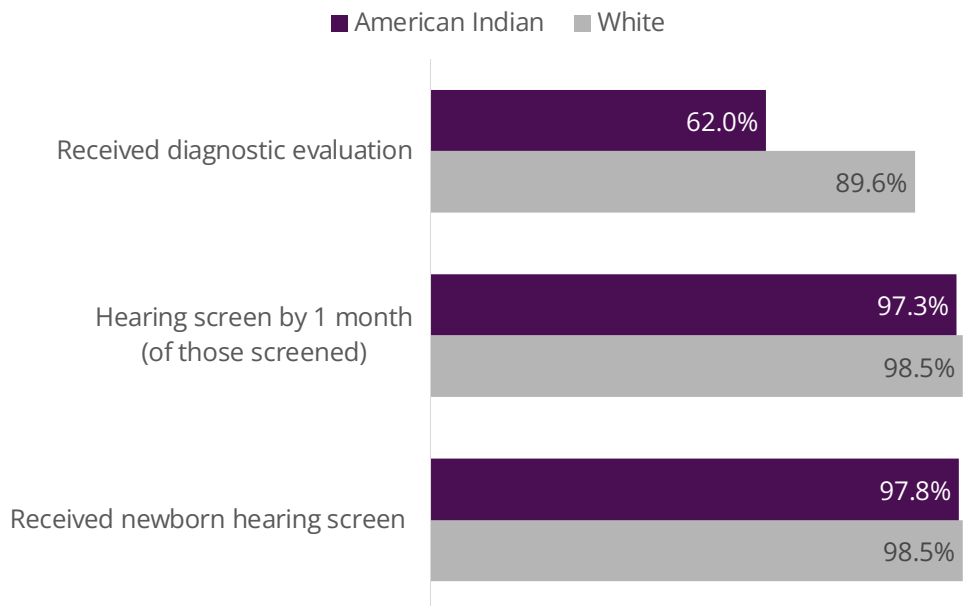
In 2022, the EHDI program performed a study to find which populations in Utah did not meet the national EHDI 1-3-6 guidelines.¹ These guidelines are defined as follows:

- 1—screening all infants for hearing loss no later than 1 month of age
- 3—make sure those who failed their hearing screen receive a diagnostic audiologic evaluation no later than 3 months of age
- 6—enroll infants diagnosed with hearing loss in early intervention services no later than 6 months of age.²

Children have better outcomes in vocabulary development,³ receptive,⁴ and expressive language,⁵ and social-emotional measures⁶ when these guidelines are met. Infants in Utah achieve these milestones at higher rates than national averages.¹ However, some populations in Utah

Newborn hearing screening and diagnostic evaluations by race of birth mother

Figure 1. Infants born to American Indian mothers had some of the largest gaps, especially in the diagnostic milestone.



Source: Utah Early Hearing Detection and Intervention (EHDI) Program





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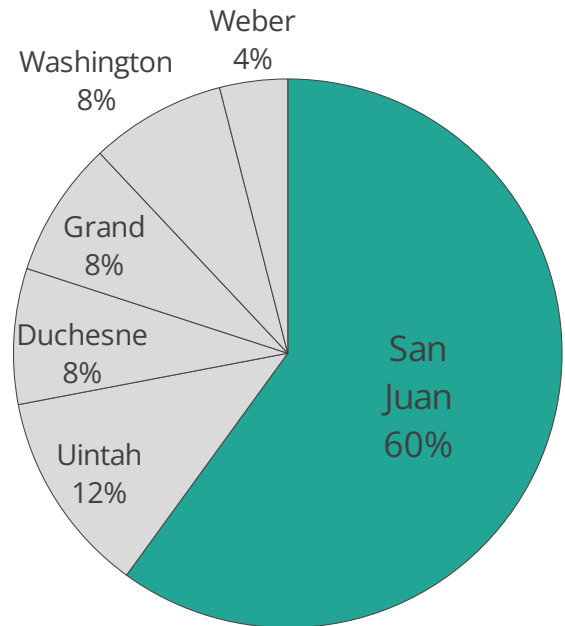
have less success meeting them. The Utah EHDI program analyzed data from 2017–2021 and found that infants of mothers who have lower levels of formal education, American Indian infants, Medicaid recipients, and infants who live in rural counties were less likely to achieve the 1-3-6 guidelines than the average Utah infant.

Infants born to American Indian mothers had some of the largest gaps, especially in the screening and diagnostic milestones (Figure 1). The odds of American Indian infants getting a diagnostic audiologic evaluation were nearly 4 times lower than that of White infants, one of the largest odds ratios in the study. As a result, the Utah EHDI program looked at the home county of every American Indian child born from 2017–2021 who needed one of these evaluations but did not receive it. We found that 60% of these children were from San Juan County. This is notable, as only about 15% of Utah’s American Indian population lives there (Figure 2).⁷

This data was the basis for Utah EHDI’s service plan. The main goal of this plan was to work with local stakeholders in San Juan County. Our goal was to provide education about the EHDI program and learn about the needs of American Indians who live in southeastern Utah. First, the findings from our analysis were shared with Utah DHHS’s American Indian/ Alaska Native Health and Family Services program, who were able to introduce us to key American Indian partners in the Blanding area. We held a virtual “EHDI 101” session with these partners. Another virtual meeting was held and EHDI program champions were assigned. That meeting included representatives from several clinics in San Juan County, including Blanding Family Clinic, Montezuma Creek Clinic, and

Home county of American Indian children who did not receive diagnostic hearing evaluations

Figure 2. 60% of American Indian infants who needed but did not receive a diagnostic audiologic evaluation were from San Juan County.



Source: Utah Early Hearing Detection and Intervention (EHDI)

Monument Valley Clinic. In December 2023, staff from the Utah EHDI team traveled to San Juan County. They provided brochures and met with individuals from San Juan Health Clinic, Blue Mountain Hospital, Montezuma Creek Clinic, and Blanding Family Health Clinic. They also gave hearing screening equipment to Monument Valley Clinic. Future analysis of 1-3-6 EHDI data will assess the efficacy of these efforts.

1. Newborn hearing screening in underserved populations. Utah Department of Health and Human Services Health Status Update. June 2022.
2. Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Journal of Early Hearing Detection and Intervention, 4(2), 1–44. DOI: <https://doi.org/10.15142/fptk-b748>.
3. Mayne AM, Yoshinaga-Itano C, Sedey AL, Carey A. Expressive vocabulary development of infants and toddlers who are deaf or hard of hearing. Volta Rev. 1998;100(5):1–28.
4. Kennedy CR, McCann DC, Campbell MJ, et al. Language ability after early detection of permanent childhood hearing impairment. N Engl J Med. 2006;354(20):2131–2141. doi:10.1056/NEJMoa054915.



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5. Watkin P, McCann D, Law C, et al. Language ability in children with permanent hearing impairment: the influence of early management and family participation. *Pediatrics*. 2007;120(3):e694–e701. doi:10.1542/peds.2006-2116.

6. Yoshinaga-Itano C, Sedey A, Coulter D, Mehl A. Language of early- and later-identified children with hearing loss. *Pediatrics*. 1998;102(5):1161–1171. doi:10.1542/peds.102.5.1161.

7. U.S. Census Bureau quickfacts: San Juan County, Utah. (n.d.). <https://www.census.gov/quickfacts/fact/table/sanjuancountyutah/PST04522>.

Traumatic brain injury in Utah

Traumatic brain injury (TBI) is a disruption to the normal function of the brain caused by a bump, blow, or jolt to the head, or by a penetrating head injury. Brain injuries can also happen when the brain is deprived of oxygen such as by near-lethal overdose, strangulation, or drowning. Symptoms of brain injury may cause temporary or long term changes in the normal function of the brain.

TBIs have profound effects on individuals and society as a whole. These injuries can lead to many physical, cognitive, and emotional challenges that significantly change the lives of those affected. It's important to understand the widespread consequences of brain injuries to develop effective support systems and interventions.

TBI is a leading cause of death and disability in Utah, with hospitalization charges that exceeded \$198 million in 2022 alone. The age-adjusted death rate of TBI in Utah in 2022 was 22.2 per 100,000 Utahns, and the age-adjusted rate of Utahns hospitalized due to a TBI in 2022 was 7.5 per 10,000. Based on abstraction findings from a sample of 1,409 TBI cases that occurred from 2016–2017, more than half (52.8%) of TBI hospitalizations and deaths are the result of a fall. Motor vehicle traffic crashes (13.4%) are the second leading cause of TBI hospitalizations and deaths in Utah.

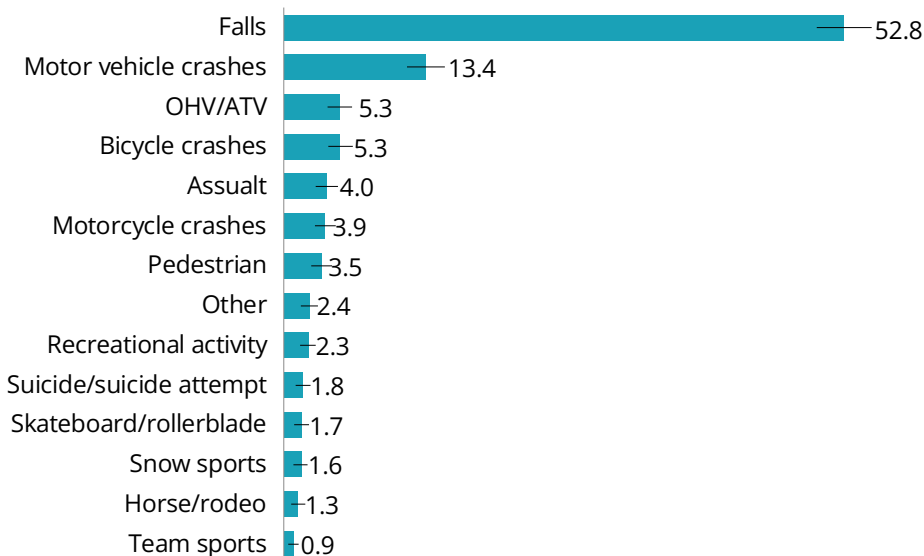
It's important to prevent TBIs to address their impact on the population. Public awareness campaigns, educational initiatives, and safety measures can contribute to **reductions** in the incidence of TBIs. Steps to prevent accidents that lead to TBIs include promoting the use of protective gear,

implementing safety regulations, and advocating for responsible behavior.

Utah has a Brain Injury Fund that serves as a vital link between people who have brain injuries and local resources, to help them navigate the intricate support system for recovery or ongoing symptom management. The fund also works to enhance the knowledge base within the professional community and educate them on best practices in the treatment and rehabilitation of brain injuries. The Brain Injury Fund also offers educational initiatives to the wider community, providers, and individuals. These initiatives work to equip them with strategies to effectively mitigate the impact of brain injuries on both individuals and their families, and emphasize awareness, screening, and education as key components. For more information on how to connect with the Brain Injury Fund, visit the following link: <https://vipp.utah.gov/traumatic-brain-injury/>.

Brain injuries have far-reaching effects on individuals and society. They impact physical health, cognitive functioning, emotional well-being, and economic stability. Addressing the complex challenges associated with brain injuries requires a multifaceted approach, including improved access to rehabilitation services, increased public awareness, and ongoing research to develop innovative interventions. Once we understand and address the consequences of brain injuries, we can work to create a more supportive and inclusive society for those affected.

Percentage of TBI hospitalizations and deaths by etiology, Utah, 2016–2017





Monthly health indicators

Monthly report of notifiable diseases, February 2024	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 (<i>Campylobacter</i>)	31	34	82	72	1.1
Hepatitis A (infectious hepatitis)	0	1	0	2	0.0
Hepatitis B, acute infections (serum hepatitis)	0	1	2	3	0.8
Influenza	Weekly updates at https://epi.utah.gov/influenza-reports/				
Meningococcal disease	0	0	0	0	0.0
Pertussis (whooping cough)	3	15	17	33	0.5
Salmonellosis (<i>Salmonella</i>)	18	14	48	34	1.4
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	11	14	18	23	0.8
Shigellosis (<i>Shigella</i>)	10	5	21	13	1.6
Varicella (chickenpox)	13	8	29	21	1.4
West Nile (human cases)	0	0	0	0	0.0
Quarterly report of notifiable diseases, 4th 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	2,609	2,688	10,927	10,867	1.0
Gonorrhea	637	808	2,635	3,113	0.8
HIV/AIDS*	44	31	167	137	1.2
Syphilis	51	47	307	176	1.7
Tuberculosis	8	7	34	24	1.4
Medicaid expenditures (in millions) for the month of February 2024	Current month	Expected/budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	\$ 22.8		\$ 194.2		
Inpatient/outpatient hospital services	30.1	31.7	75.5	283.7	(208.2)
Nursing home services	71.2	85.3	266.0	295.9	(29.9)
Pharmacy services	12.3	28.7	80.4	156.7	(76.3)
Physician/osteo services‡	20.2	20.6	91.0	111.4	(20.4)
Medicaid expansion services	95.9		456.7	592.4	(135.7)
Total Medicaid§	252.6		1,601.6		

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.

‡ Medicaid payments reported under physician/osteo services do not include enhanced physician payments.



Monthly health indicators

Program enrollment for the month of February 2024	Current month	Previous month	% change from previous month	1 year ago	% change from 1 year ago
Medicaid	250,088	259,768	-3.7%	365,956	-31.7%
CHIP (Children’s Health Insurance Plan)	4,883	4,698	+3.9%	2,648	+84.4%
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%	11 (2021)
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).