Utah health status update

Sexual violence in Utah

Sexual violence (SV) refers to any sexual activity where *consent* is not obtained or given freely. SV impacts every community and affects people of all genders, sexual orientations, and ages—anyone can experience or perpetrate SV. People who perpetrate SV are usually someone the victim knows such as a friend, current or former intimate partner, coworker, neighbor, or family member.[1]

Consent, by definition, means permission for something to happen or agreement to do something. Reasons someone might not consent to sexual activity include fear, age, illness, disability, and/or influence of alcohol or other drugs.[2]

What is the impact of sexual violence?
Sexual violence (SV) is a serious public health problem which affects thousands of Utah residents each year. Rape is the only violent crime in Utah that is higher than the national average. In 2022, Utah had a reported rate of 60 rape offenses per 100,000 people while the U.S average rate was 40 per 100,000 people.[3]

For those who experience SV, there can be a number of serious consequences, especially for our youth. Survivors of assault and violence are at higher risk for:[1]
• negative mental health conditions, including suicidality.
• addiction, often using substances as an escape or to self-medicate, attempting to cope with the symptoms of trauma and associated feelings of shame.
• overall chronic health conditions.

Additionally, survivors may experience:[4]
• poor academic performance which can influence GPA and academic retention.
• loss of productivity in the workplace.
• loss of income due to mental health, impacting the economy and personal wellbeing.

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What the data says

Results from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey reveal that 13% of adults in Utah have experienced attempted rape at some point in their lives.[5] People who reported being female are disproportionally affected by sexual violence. From 2010–2020 approximately 89% of the SV hospitalizations were among people who reported being female, where 11% reported being male.[6]

Percentage distribution of sexual violence hospitalizations by gender, Utah, 2010–2020
Figure 1. Almost 90% of sexual violence hospitalizations in Utah were among people who reported being female.
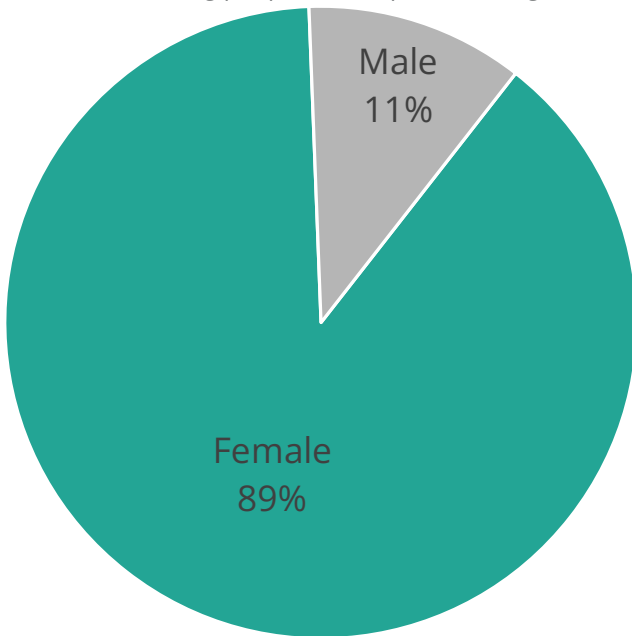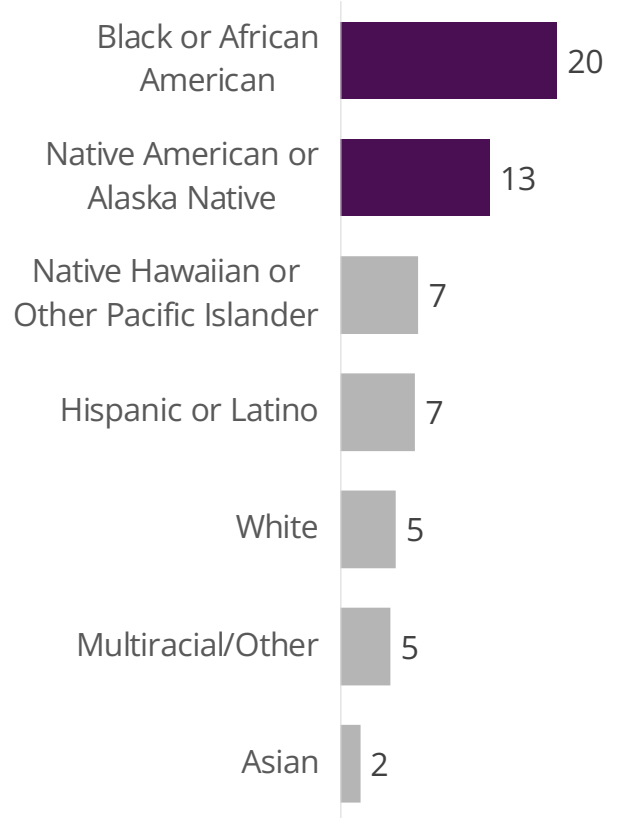

Source: National Syndromic Surveillance Program Biosense Platform

Due to the economic and social conditions that influence differences in individual and group health outcomes (also known as the social determinants of health), certain populations experience a greater burden of SV. In Utah, populations of color experience SV at a higher rate than White populations. In Utah, Native American people are twice as likely

to experience hospitalization due to sexual assault as all other races (Figure 2),[6] and a recent report from the Urban Indian Health Institute found Salt Lake City to be in the top 10 U.S. cities for cases of missing and murdered indigenous women and girls.[7] It's important to the health of the state of Utah to have the same opportunities across the board to address SV as it happens, and resources dedicated to preventing it before it occurs.

Sexual violence hospitalization rate per 10,000 persons, Utah, 2021
Figure 2. The Utah sexual violence hospitalization rate for Native American and Black people was more than double the rate for White people in 2021.

Source: National Syndromic Surveillance Program Biosense Platform

Approximately 5% of crimes against persons in Utah are rape offenses.[8] The most affected counties are Duchesne, Grand, and Juab counties according to the number of offenses

collected by the Utah Department of Public Safety. Duchesne County had a rate of 444 per 100,000 people, Grand County had a rate of 282, and Juab had a rate of 249 (Figure 3). All 3 of these counties are considered rural counties. Counties not shown here were suppressed due to small numbers and to protect survivor identity; however, it is important to note that these counties do have cases of rape offenses and are also affected by sexual assault.[8]

Sexual violence criminal offenses per 100,000 population by county, Utah, 2021–2022
Figure 3. There are more sexual assault offenses per capita in some rural counties than in more urban counties.
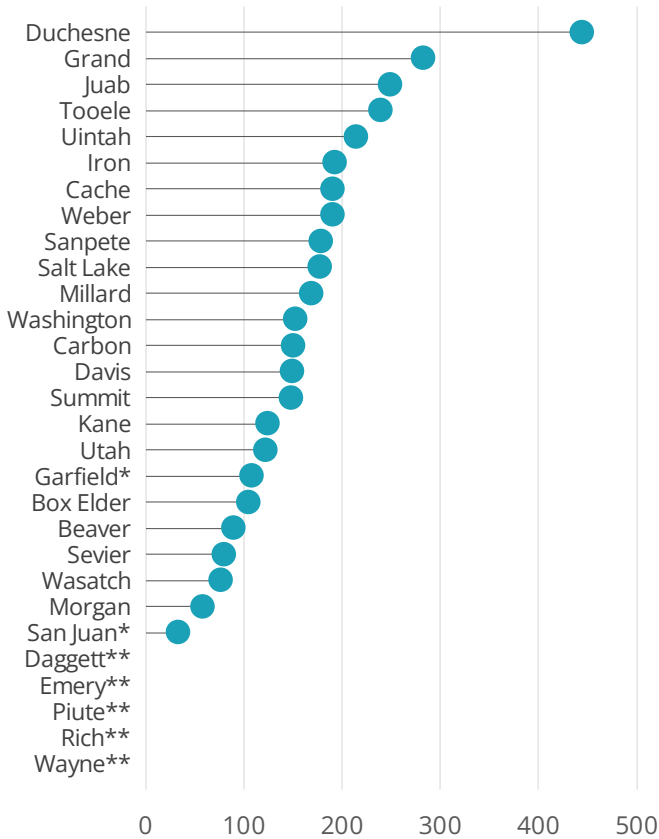
* Use caution in interpreting; the estimate has a coefficient of variation >30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.
** Estimates have been suppressed because the relative standard error is greater than 50% or the observed number of events is very small and not appropriate for publication.
Source: Crime in Utah Dashboards, Utah Department of Public Safety Bureau of Criminal Identification

Experiencing SV can take a toll on a person's physical, mental, and emotional well-being. In Utah, of those with a history of sexual violence:[5]
- 13% had activities limited due to poor physical health, mental health, and or emotional problems.
- 42% have attempted suicide in their lifetime.
- 19% reported fair/poor health.

Shared risk and protective factors approach
The Violence and Injury Prevention Program (VIPP) is implementing a shared risk and protective factor framework to increase protective factors and reduce risk factors in communities. Risk and protective factors are shared across different forms of violence and health. For example, living in poverty is a shared risk factor for suicide, experiencing or perpetrating violence (bullying, teen dating violence) and substance abuse. On the other hand, a shared protective factor for these areas would include feeling connected to family, friends, schools, and/or the community.[1]

VIPP's strategic plan identifies 5 superfactors of focus:
1. Encourage social norms that promote safety and health
2. Improve access to and use of physical and behavioral health care
3. Enhance the physical environment to improve safe and healthy living
4. Improve the socioeconomic conditions for Utahns
5. Promote individual, family, and community connectedness

These superfactors have a broad range of benefits including:[4]
- Connecting with others doing similar work and better collaboration across organizations.

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- Providing the ability to use limited funding more effectively.
- Strengthening community partnerships.
- Increasing the reach and impact of prevention strategies.

For this reason, our work needs to focus on collaborating with communities of highest need to address SV prevention that is tailored to their community while improving data representation, community-level resources, and equitable policies. To learn more about what VIPP is doing to prevent SV, visit our website at https://vipp.utah.gov/sexual-violence/.

1. National Sexual Violence Resource Center. https://www.nsvrc.org/.

2. Love is Respect. Understanding Consent. Austin, TX. Accessed 1/18/2024: https://www.loveisrespect.org/everyone-deserves-a-healthy-relationship/understand-consent/.

3. Federal Bureau of Investigation Crime Data Explorer, https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend.

4. Shared Risk and Protective Factors of SV. Adapted from: Introducing the Risk and Protective Factors Infographic. National Sexual Violence Resource Center. https://www.nsvrc.org/blogs/preventionista/introducing-risk-and-protective-factors-infographic. 2019.

5. Utah Behavioral Risk Factor Surveillance System, https://ibis.health.utah.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html.

6. National Syndromic Surveillance Program Biosense Platform.

7. Missing and Murdered Indigenous Women & Girls, Urban Indian Health Institute, https://www.uihi.org/resources/missing-and-murdered-indigenous-women-girls/.

8. Crime in Utah Dashboards, Utah Department of Public Safety Bureau of Criminal Identification, https://bci.utah.gov/crime-in-utah-dashboards/.

Health debt impacts on type 2 diabetes severity in Utah

The COVID-19 pandemic disrupted routine medical care for many Utahns. These disruptions and delays in care have long-term negative impacts on health. During the pandemic many Utahns with type 2 diabetes did not receive adequate and timely treatment for their condition. It is likely that they will face more severe and costly health impacts as a result.[1]

The rate of emergency department and hospitalizations for those with type 2 diabetes as the principal diagnosis increased from 14.7 per 10,000 in 2020 to 17.5 in 2021 and 18.2 in 2022.

The Centers for Medicare and Medicaid Services (CMS) regularly updates its risk adjustment models to reflect recent utilization and cost patterns. CMS's Hierarchical Condition Categories (HCC) v24 model is applicable for service dates from 2020 through 2022. For ease of analysis, the same model has been applied for service dates in 2018 and 2019. This model was used to classify various diagnosis codes associated with type 2 diabetes into the low, medium, and high severity categories.
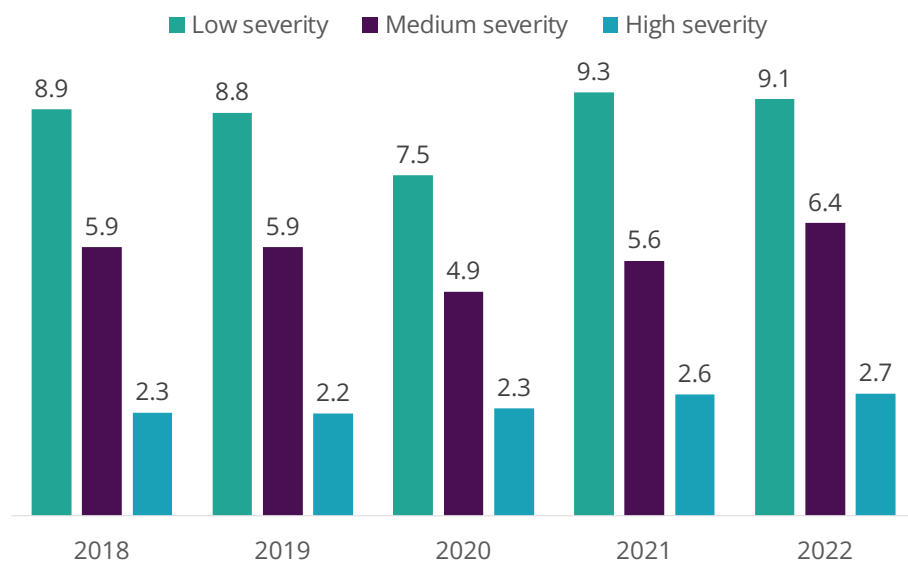
Utahns living with prediabetes, type 2 diabetes, or other chronic conditions are encouraged to prioritize their healthcare needs. Accessing appropriate medical attention and resources can significantly improve their quality of life and overall health outcomes. Taking proactive steps to manage their condition by seeking out the necessary healthcare support and resources is essential. Investing in their healthcare journey is an investment in their well-being.

For more information on diabetes management and prevention, please visit <ins>https://heal.utah.gov/diabetes/</ins>.

1. Gertz, A. H., Pollack, C. C., Schultheiss, M. D., & Brownstein, J. S. (2022). Delayed medical care and underlying health in the United States during the COVID-19 pandemic: A cross-sectional study. Preventive medicine reports, 28, 101882. https://doi.org/10.1016/j.pmedr.2022.101882.

Rates of emergency department (ED) and hospitalizations per 10,000 with type 2 diabetes as principal diagnosis, Utah, 2018–2022
ED and hospitalization rates for type 2 diabetes increased both in quantity and severity after 2020.

Legend: Low severity, Medium severity, High severity

Year	Low severity	Medium severity	High severity
2018	8.9	5.9	2.3
2019	8.8	5.9	2.2
2020	7.5	4.9	2.3
2021	9.3	5.6	2.6
2022	9.1	6.4	2.7

Source: Utah Healthcare Facilities Database

Methamphetamine-involved deaths in Utah 2019–2022

Methamphetamine is a highly addictive stimulant and remains one of the leading drugs involved in unintentional or undetermined fatal overdoses in Utah (see figure 1). Methamphetamine is easily produced and inexpensive, leading to widespread use in Utah and across the U.S.[1]

Figure 1. Number of unintentional and undetermined fatal drug overdoses and methamphetamine-involved drug overdoses by year, Utah, 2019–2022
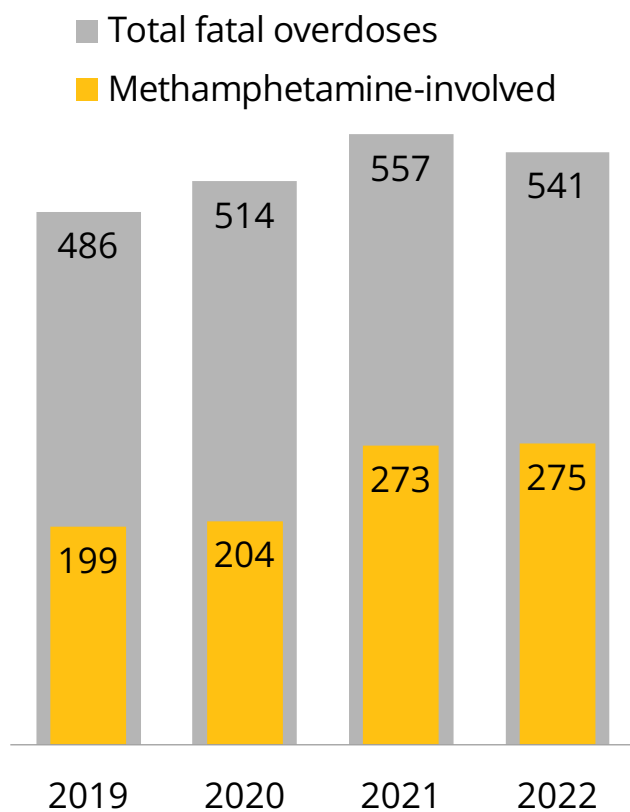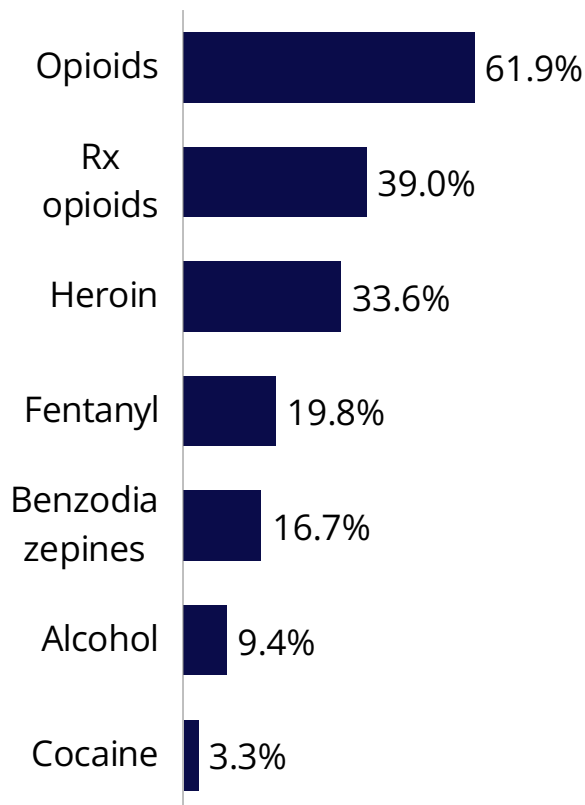

Source: State Unintentional Drug Overdose Reporting System, Utah Department of Health and Human Services Violence and Injury Prevention Program

Between 2019–2022, methamphetamine was the most common drug involved in overdose deaths in Utah. Among all methamphetamine-involved deaths between 2019–2022, 61.9% involved opioids, 33.6% involved heroin, and 19.8% involved illicit fentanyl (see figure 2).

Figure 2. Methamphetamine-involved fatal drug combinations by drug type, Utah, 2019–2022

Source: State Unintentional Drug Overdose Reporting System, Utah Department of Health and Human Services Violence and Injury Prevention Program

People aged 35–44 and 45–54 had the highest rate of methamphetamine-involved deaths when compared to other age groups; those aged 45–54 observed the highest count (n=71) and rate (20.2 per 100,000) in 2022. Males experience more methamphetamine-involved deaths than females; in 2022, 190 males and 85 females died.

Circumstantial information, including known life stressors and bystander information is captured in the state unintentional drug overdose reporting system (SUDORS). Data from 2019–2022 indicate 1 or more bystanders were present in 60.5% of the methamphetamine-involved deaths while 32.2% had no bystander present. An alcohol problem was identified as the leading life stressor (16.1%), followed by crisis with physical health (5.6%), depressed mood (5.2%), intimate partner problem (3.7%), and recent argument (3.6%).

A stimulant overdose, also referred to as stimulant toxicity or overramping, can cause a heart attack, stroke, seizure, or overheating. Signs of a stimulant overdose include extreme paranoia, hallucinations, chest pain, racing pulse, and nausea/vomiting.[2] Naloxone will not prevent a fatal overdose involving a stimulant, but it is still recommended to administer naloxone if you think someone is experiencing a stimulant overdose, as many fatal overdoses also involve an opioid. More information can be found in the Stimulant Guide[3] developed by the Centers for Disease Control and Prevention.

Methamphetamine is a continuing threat in Utah. It is the most commonly used drug and is involved in more overdose deaths than any other single drug in Utah. At-risk groups include people between age 35 and 55 and all males. A bystander was present in the majority of methamphetamine deaths in Utah, which demonstrates the need for more education around the signs and symptoms of a methamphetamine overdose and safer-use practices. There are currently no medications approved to treat methamphetamine use disorder but other treatment methods, such as behavioral therapies, have been effective.[4] Treatment is available in Utah: 11 inpatient hospitals and facilities, 84 residential facilities, and 216 outpatient treatment facilities. Finally, primary prevention efforts have proven successful in averting use and are an integral piece of preventing substance-use and overdose in Utah.

1. Richards JR, Laurin EG. Methamphetamine Toxicity. 2023 Jun 8. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan–. PMID: 28613645.

2. National Harm Reduction Coalition. (n.d.). Recognizing stimulant overamping. harmreduction.org. https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/recognizing-stimulant-overamping/.

3. Centers for Disease Control and Prevention. (n.d.). *Stimulant guide.* https://www.cdc.gov/drugoverdose/featured-topics/stimulant-guide.html.

4. NIDA. 2021, April 13. What treatments are effective for people who misuse methamphetamine?. Retrieved from https://nida.nih.gov/publications/research-reports/methamphetamine/what-treatments-are-effective-people-who-misuse-methamphetamine on 2024, March 19.

Monthly health indicators

Utah Department of
Health & Human
Services

Monthly report of notifiable diseases, March 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 *(Campylobacter)*	32	41	138	113	1.2
Hepatitis A (infectious hepatitis)	0	2	0	5	0.0
Hepatitis B, acute infections (serum hepatitis)	0	1	2	3	0.6
Influenza	Weekly updates at https://epi.utah.gov/influenza-reports/				
Meningococcal disease	0	0	0	0	0.0
Pertussis (whooping cough)	1	13	29	46	0.6
Salmonellosis *(Salmonella)*	31	23	86	57	1.5
Shiga toxin-producing *Escherichia coli (E. coli)*	8	13	31	36	0.9
Shigellosis *(Shigella)*	11	5	32	18	1.7
Varicella (chickenpox)	7	9	38	30	1.3
West Nile (human cases)	0	0	0	0	0.0

Quarterly report of notifiable diseases, 1st quarter 2024	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	2,612	2,763	2,612	2,763	0.9
Gonorrhea	472	735	472	735	0.6
HIV/AIDS*	53	32	53	32	1.6
Syphilis	62	47	62	47	1.3
Tuberculosis	12	6	12	6	2.0

Medicaid expenditures (in millions) for the month of March 2024	Current month	Expected/ budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	$ 15.0	$ 19.0	$ 270.4	$ 250.8	$ 19.6
Inpatient/outpatient hospital services	68.1	73.6	309.1	318.3	(9.2)
Nursing home services	25.8	38.0	266.0	394.5	(128.5)
Pharmacy services	16.9	12.9	104.9	154.3	(49.4)
Physician/osteo services‡	2.6	3.8	59.8	49.9	9.8
Medicaid expansion services	81.3	83.6	505.3	592.3	(87.0)
Total Medicaid§	209.8	231.2	1,811.4	1,760.1	51.3

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 March 2024	Current month	Previous month	% change‖ from previous month	1 year ago	% change‖ from 1 year ago
Medicaid	240,642	254,608	-5.5%	368,209	-34.6%
CHIP (Children's Health Insurance Plan)	5,232	5,059	+3.4%	2,637	+98.4%

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).