Utah Department of
Health & Human
Services

September 2024

Utah health status update

Key findings

- In 2021, the suicide death rate among veterans 18 years and older was 3 times the rate of non-veterans.
- Veteran suicide victims were more likely to use a firearm than non-veterans.
- Though most veterans are well-versed in firearm safety, all gun owners should understand that during times of distress, temporarily removing access to a gun can save a life.
- Veterans were more likely to have a physical health problem that appeared to contribute to the suicide death, as well as a mental health diagnosis of post-traumatic stress disorder (PTSD).

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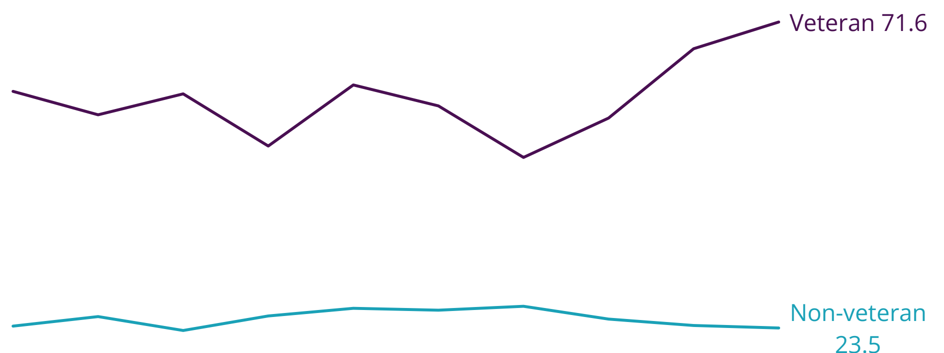
Veteran suicide death

Suicide is a serious public health concern in Utah and nationally which negatively impacts individuals, families, and communities. Understanding populations who are disproportionately affected by suicide can inform effective interventions and help reduce suicide in Utah. One such population is veterans, or those who are serving or have served in the armed forces. In 2021, 13.3% of suicide deaths in Utah for those 18 years and older were among veterans, even though veterans make up only 4.9% of the population of Utah 18 years and older.[1,2]

The rate of suicide deaths among veterans increased from 2018 to 2021, while the rate among non-veterans slightly decreased for the same year range (Figure 1). In 2021, the suicide death rate among veterans was 3 times the rate of non-veterans. Veterans consistently had higher rates of suicide deaths in 2017–2021 across all age groups. The rate of suicide deaths was highest among veterans in the 18–34

Rate of suicide deaths per 100,000 population by veteran status, adults ages 18+, Utah, 2012–2021

Figure 1. Suicide death rates among veterans have consistently been 2–3 times the rate of non-veterans.



Source: Utah Violent Death Reporting System

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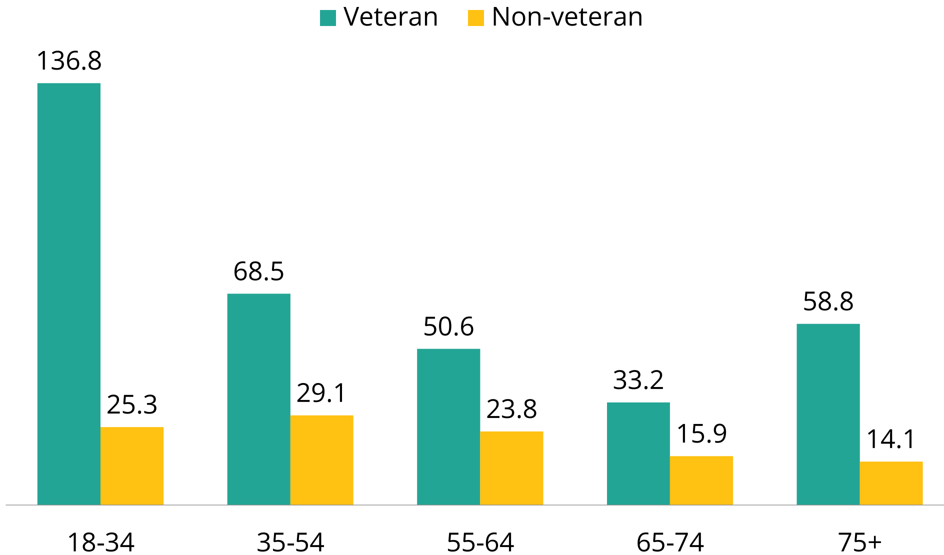
Rate of suicide deaths per 100,000 population by veteran status and age group, Utah, 2017–2021

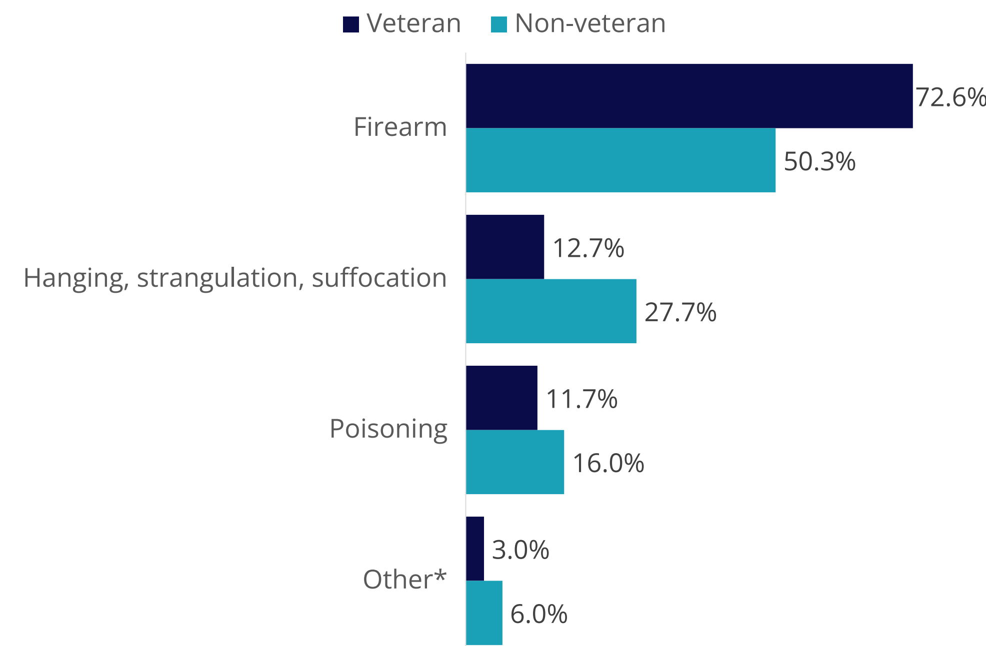
Figure 2. Suicide rates were highest among veterans ages 18–34.



Source: Utah Violent Death Reporting System

Percentage of suicide deaths by veteran status and method, Utah, 2017–2021

Figure 3. The percentage of suicides by firearms was higher among veterans (72.6%) than non-veterans (50.3%).



* Other includes sharp instrument, fall, drowning, fire or burns, motor vehicle, other transport vehicle, intentional neglect, biological weapons, and unknown.

Source: Utah Violent Death Reporting System

age group (136.8 per 100,000), which was more than 5 times higher than the non-veteran rate for the same age group (Figure 2). Males made up the vast majority (97%) of veteran suicide deaths.[1,2]

The proportion of firearms as a method in suicide deaths was higher among veterans than non-veterans (73% and 50%, respectively, Figure 3).[1] Access to lethal means, including firearms, is a risk factor for suicide.[3] Though most veterans are well-versed in firearm safety, all gun owners should understand that during emotional or stressful times, delaying access to a gun could mean the difference between life and death. Such efforts should encourage asking a trusted family member or friend to hold the firearm outside the home for a period of time during times of crisis, locking up the firearm, or storing the ammunition in a different location than the firearm.

Veterans who died by suicide were more likely to have a physical health problem that appeared to have contributed to the death (38%) compared to non-veterans (20%). Approximately half of those who died by suicide during 2017–2021 had a current mental health problem for both veterans

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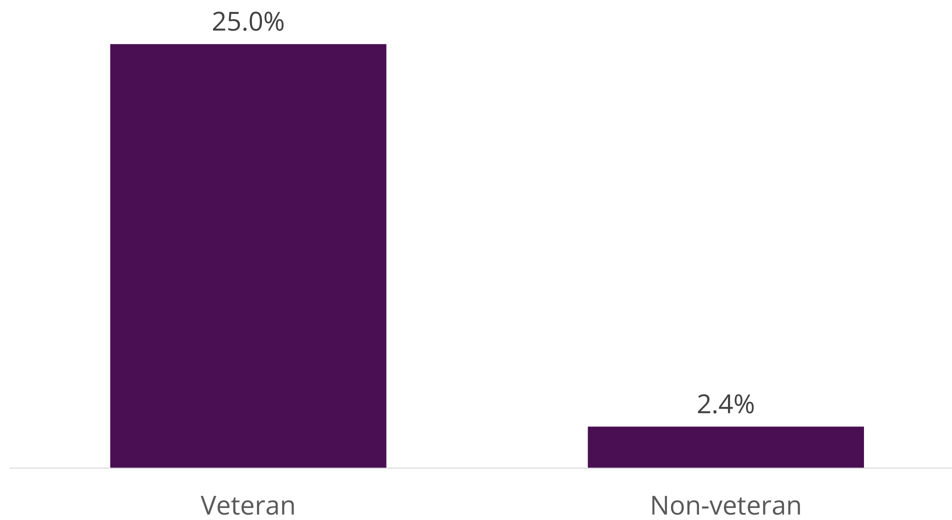
(51.5%) and non-veterans (56.3%). Notably, a quarter of veterans that died by suicide and had a current mental health problem had a diagnosis of post-traumatic stress disorder (PTSD) compared to only 2.4% of non-veterans who died by suicide and had a current mental health problem (Figure 4).[1] Ongoing efforts to reduce stigma around asking for help and increase access to care for chronic pain, PTSD, and other mental disorders can help reduce suicide risk among veterans.

Percentage of mental health-related suicides with PTSD by veteran status, Utah, 2017–2021

Figure 4. Among suicides diagnosed with a current mental health problem, the percentage of veterans who died by suicide with a diagnosis of PTSD was 10 times higher than the percentage of non-veteran suicide victims.



Source: Utah Violent Death Reporting System

The Utah Suicide Prevention State Plan provides guidance on how individuals and communities can address suicide and includes strategies for primary prevention, intervention, and postvention response. The 988 Suicide and Crisis Lifeline provides 24/7, free and confidential support for people in distress, as well as prevention and crisis resources for loved ones. For the Veterans Crisis Line, call 988 and select 1.

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1. Utah Violent Death Reporting System, Violence and Injury Prevention Program, Utah Department of Health and Human Services, 2012–2021 data [cited 2024 June].
2. U.S. Census Bureau, 5-year Population Estimates by Age and Veteran Status for 2017–2021 in Utah [cited 2024 June].
3. American Foundation for Suicide Prevention, https://afsp.org/risk-factors-protective-factors-and-warning-signs/, [cited 2024 June].

September is Suicide Awareness month. For more resources on suicide prevention visit:

- Governor's Challenge, https://veterans.utah.gov/governors-challenge/resources/
- Live On Military Playbook which is available on Facebook, YouTube, and Instagram, https://liveonutah.org/playbook/
- 988 Suicide and Crisis Lifeline, 988lifeline.org
- SafeUT app, safeut.org
- Utah Suicide Prevention Coalition | LiveOn, liveonutah.org

Sources of information and trust among patients enrolled in Utah's medical cannabis program

The number of medical cannabis patients in Utah has grown consistently each month since the medical cannabis program started in 2020. Currently, more than 88,000 Utah patients use medical cannabis. The DHHS Center for Medical Cannabis' (CMC) mission is to help patients use medical cannabis safely and effectively. To fulfill our mission, we need to understand where patients find information about medical cannabis and which sources they trust.

We partnered with the University of Utah to conduct a study and gather this information. The Study of Utahns' Beliefs and Life Experiences with Integrative Medicine (SUBLIME) interviewed patients who used medical cannabis (study group) and those who didn't (control group) to compare and contrast the patients' experiences, health outcomes, and beliefs about cannabis. This article focuses on findings from the study group.

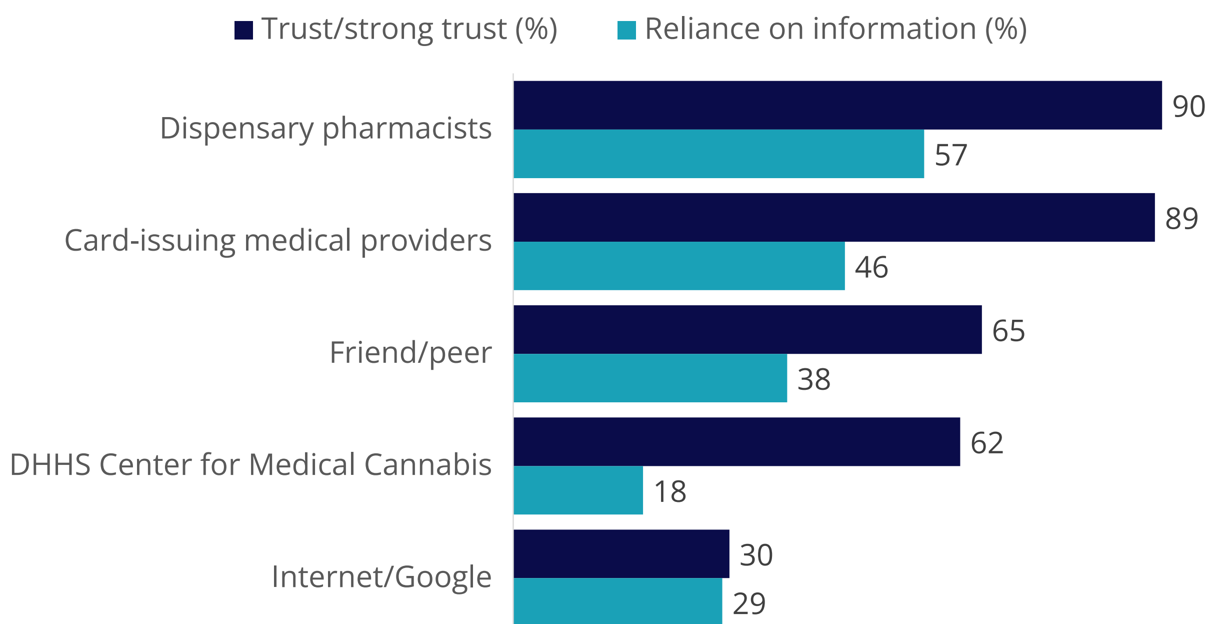
Study group participants were medical cannabis patients for fewer than 6 months who were diagnosed with chronic pain, post-traumatic stress disorder (PTSD), or cancer (N=191). Participants completed surveys and interviews where they self-reported where they found information about cannabis and which information sources they trusted the most.

The majority of participants reported they trusted information from medical cannabis pharmacists and medical providers the most. They also used the information from medical cannabis pharmacists and medical providers the most often. Information from the DHHS CMC had moderate trust, but participants didn't use it very often (Figure 1).

With a better understanding of medical cannabis patients' perspective, the DHHS CMC plans to use this data to provide targeted education to medical cannabis pharmacists and medical providers who educate patients.

Percentage of trust and reliance on information sources from survey respondents

Figure 1. Respondents have the highest trust and reliance on information with dispensary pharmacists.



Source: Study of Utahn's Beliefs and Life Experiences with Integrative Medicine survey, 2023, Medical Cannabis Outcomes Research and Evaluation

Barriers and experiences of people with disabilities engaging with health promotion programs and preventive healthcare

Approximately 26% of Utah adults have a disability.[1] People with disabilities experience significant health gaps and barriers that can contribute to poor health outcomes.[2] However, we don't know very much about the barriers that limit participation and engagement with preventive healthcare services and health promotion programs among adults with disabilities. The Utah DHHS Disability and Health Program (DHP) partnered with the Utah Developmental Disabilities Council (UDDC) and local health departments to conduct focus groups in select local health districts to better understand these experiences and barriers. The UDDC facilitated the focus groups and worked with the centers for independent living in each area to recruit participants. Participants included adults with disabilities and caregivers ages 18 and older.

Common themes about barriers experienced include lack of awareness, cost, transportation, and poor previous experiences. These themes and direct quotes are presented below. Some participant quotes have been edited for length and clarity.

Lack of awareness

Participants continually reported not being aware of available health promotion programs in their communities and relevant preventive care. This included a lack of information about available programs on websites, concerns about eligibility for programs, or information being hard to find. A key reason to not receive preventive care was a lack of awareness of recommended screenings and whether they were covered by insurance.

> *"I feel like . . . the programs aren't readily [available], like they're not announced. [They are] not easy to find. Some of the programs I've participated in I've discovered . . . by accident."*

> *"I've heard of programs offered by [the health department], but they're not right there. It's like I have to search and search and search to find it [on the website]. I mean you actually have to know what you're looking for and hunt for it."*

> *"I don't know if Medicaid covers it. I wish Medicaid would let you know what they cover and how. That's always been a pain in the butt to know what they cover and not cover."*

Cost as a barrier

Cost was identified as both a barrier to participation in health promotion programs and receiving preventive healthcare services. Many participants were interested in participation in health promotion programs but were concerned about any associated costs. If costs are required to participate, participants expressed the need to keep costs low to not exclude those with disabilities and low incomes. Participants were also confused if healthcare coverage was required to participate in health promotion programs.

> *"If there's a cost, I probably can't afford it."*

> *"Wouldn't that be great? But they cost money, right? And you probably have to have health insurance."*

Many participants shared experiences of going without healthcare services for long periods of time due to being uninsured or issues with health insurance programs such as Medicaid. These experiences led to people being overdue for routine vaccinations, screenings, and only seeking care in emergency situations.

> *"I didn't have a GP [general practitioner] for 7, 8 years. I mean I just barely got a new one . . . She said, you haven't got any of your shots updated, you haven't got this, you haven't got that . . . and she's like we need to get you tested for this, we need to get you tested for that."*

Transportation

Lack of personal transportation as well as accessible public transportation options was also a key barrier. For some participants who previously received transportation assistance through their insurance providers, these benefits are no longer covered which creates additional transportation barriers. For those who need public transportation in order to attend health promotion programs or appointments, transportation routes may end after normal business hours which potentially leaves people stranded. Finally, many participants expressed difficulty finding primary care providers in their area who are trained in disability-competent care, which forces them to travel outside their communities to find care.

> *"Transportation, the only thing I have problems with. Cause we used to have transportation people—but my insurance didn't want to pay for it. They didn't want to pay for it no more."*

> *"Let's say that you don't have a license and you would need—the class would have to be over by 6 o'clock because that's the time that last bus heads out on the extended route."*

Poor previous experiences

Some poor experiences participants shared included interacting with facilitators and providers who are rude or uncaring, providers who get frustrated with patients for communication needs, providers who don't show respect, and not being heard as a patient.

> *"But I will tell you that my GP [general practitioner], some GPs make fun of their patients. Some of them to their face. Which is why I didn't have a GP for 7, 8 years."*

> *[when communicating with providers] "They don't want to take the time to hear me figure out my way of saying it, so I understand it. And then by then, I forget my other questions. And the doctor is like ok, you're done, goodbye. Get out of here. Don't ask anything else, you need to go. And then I get home and remember half the things and am like, you know I really needed to know that information. "*

The DHP is working with the Utah Disabilities Advisory Committee (UDAC) to identify and address these and other barriers to increase access to healthcare services and participation in health promotion activities among people with disabilities. The DHP and the Utah Health Policy Project launched the Linkage Project to connect people with disabilities to unmet healthcare needs. Visit the Linkage Project to enroll or refer someone to participate. The DHP is also working with healthcare systems to increase competency in disability-specific care. Free continuing education credits are available for completing training on providing healthcare for people with disabilities and communication practices.

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

2. Utah Department of Health and Human Services. Utah health status update. December 2023. https://ibis.utah.gov/ibisph-view/pdf/opha/publication/hsu/2023/2312_Disability-RaceEth.pdf