



# Utah health status update

## Key findings

- In Utah, arthritis impacts many people's daily lives. In 2021, 42.5% of people with arthritis struggled to do everyday tasks, and 23% experienced severe joint pain.
- Arthritis is linked to higher opioid prescriptions; people with arthritis are 11 times more likely to get them than those without.
- Physical activity, especially arthritis-appropriate evidence-based interventions (AAEBIs), can help manage arthritis, keep joints moving, and reduce pain without causing extra strain.
- Providers can use a helpful tool called the Physical Activity Vital Signs (PAVS) to understand their patients' current physical activity levels and recommend physical activity to support arthritis management.

## Arthritis—what helps and what hinders relief

### Arthritis—an overview

Arthritis is the fourth most common chronic condition in the U.S. and the leading cause of disability and pain in people.<sup>1</sup> It affects 1 in 5, or 22%, of adults in Utah.<sup>2</sup> It is also projected to increase as Utah's population grows and ages. Major symptoms of arthritis include pain, aching, stiffness, and swelling in or around the joints. It is also more common in adults that are considered overweight compared to those who are considered to be a normal weight or underweight.<sup>2</sup> This is due to the additional pressure that is added to the joints.

Additionally, arthritis is associated with substantial limits in physical activity, work disability, and reduced quality of life. Arthritis makes it more difficult to manage other chronic conditions, such as diabetes, obesity, or heart disease.<sup>3</sup>

In Utah, among adults with arthritis:<sup>2</sup>

- 42.5% are limited in their daily activities due to their joint symptoms.
- 36.7% are limited in their ability to work.
- 22.7% have severe joint pain.

### Opioid prescribing due to arthritis/chronic pain symptoms

Because of the pain, stiffness, aching, and swelling that comes with arthritis, people may look to treat their chronic pain in many different ways, including through prescribed medications. Around 87% of people with arthritis report taking medication to treat their symptoms.<sup>4</sup> In 2023, Utah adults with arthritis were 11 times more likely to receive an opioid prescription from their provider and use it to treat their chronic pain compared to those who do not have arthritis (Figure 1).<sup>2</sup>

Opioids are addictive, especially when used for long amounts of time. One study found 46% of people who were prescribed opioids to treat their arthritis were still getting opioids 12 months after the first prescription was written.<sup>5</sup> Another study showed that 35% of those that received an opioid prescription were at risk for misuse of the prescription. Many of those who received an opioid prescription tried to refill their prescription





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early while others had obtained more than 3 refills per month.<sup>6</sup> Further research found 1 of 4 arthritis visits "resulted in opioid prescriptions" and the number of national visits from patients requesting opioids "more than doubled during the study."<sup>7</sup> Lastly, a study gauging the impact opioids had in reducing pain in patients with arthritis found opioids provided little pain relief during the 12 week study.<sup>8</sup>

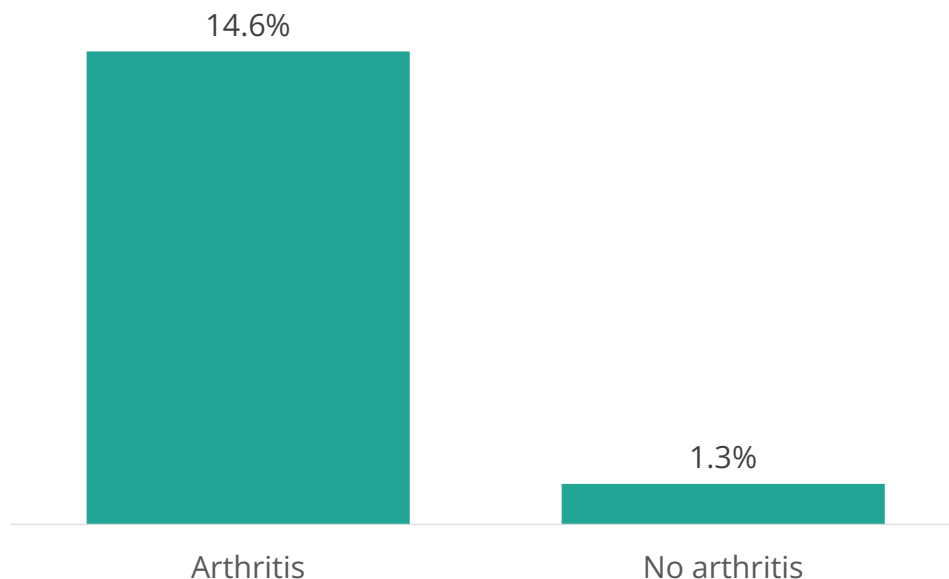
All studies advised the use of opioids be questioned before prescribing for a short amount of time. This is due to the few positive effects opioids have and the long term impact they may have on misuse, added symptom onset, overdoses, and dependence on the prescription.

### Provider prescribing

Healthcare providers are the main source of prescription medications for the public, so what they prescribe and how they choose what to prescribe matters. Most providers grasp the harm opioids can have and the increased risk of opioid dependence linked to constant prescribing. While strides have been made to decrease opioid prescribing, more can be done to decrease the harm done to Utahns. In 2023, Utah had the 17th highest dispensing rate of opioids (Figure 2).<sup>9</sup>

**Figure 1. Percentage of adults using prescribed opioid medications to treat chronic pain by arthritis diagnosis, Utah, 2023**

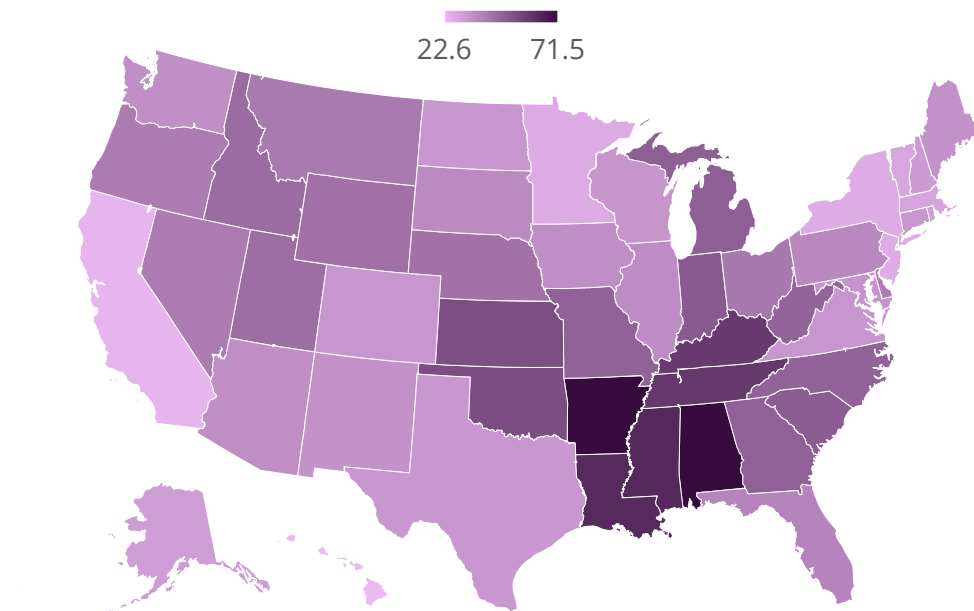
Adults with arthritis were 11 times more likely to treat their chronic pain with an opioid prescription than those without arthritis experiencing chronic pain.



Source: Utah Behavioral Risk Factor Surveillance System

**Figure 2. Opioid dispensing rate per 100 persons by state, 2023**

Utah ranked 17th highest for dispensing of opioids with a rate of 43.8.



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Source: Opioid Dispensing Rate Maps, Centers for Disease Control and Prevention



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The Centers for Disease Control and Prevention (CDC) drafted clinical practice guidelines for prescribing opioids for pain.<sup>10</sup> They recommend the following 4 guidelines:

1. Determining whether or not to initiate opioids for pain.
2. Selecting opioids and determining dosages.
3. Deciding duration of initial opioid prescription and conducting follow-up.
4. Assessing risk and addressing potential harms of opioid use.

They explain, "The principal aim of this clinical practice guideline is to ensure persons have equitable access to safe and effective pain management that improves their function and quality of life while illuminating and reducing risks associated with prescription opioids...Communication between clinicians and patients about the benefits and risks of opioids should be central to treatment decisions for patients in pain."<sup>10</sup>

**Other options outside of opioids—physical activity and other AAEBIs (arthritis-appropriate evidenced-based interventions)**

When opioids may not be the best option for a patient, the CDC advises 5 ways that people can manage their arthritis.<sup>11</sup>

1. Learn skills you need to manage your arthritis.
2. Be active.
3. Keep a healthy weight.
4. See your healthcare provider.
5. Protect your joints.

Physical activity can be a helpful resource in coping with arthritis symptoms. Knowing that "motion is lotion" to the joints may help people be more willing to try physical activity, even if it seems contrary to the pain they may have from their arthritis. It's important for providers to learn where patients are in their physical activity journey when prescribing physical activity.

**PAVS, counseling and referrals**

Providers can measure physical activity by using the Physical Activity Vital Signs (PAVS). These questions can be added to electronic health record systems to make it easier for providers to measure physical activity levels and chart this information while meeting with a patient.<sup>12</sup>

PAVS questions:

1. On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?  
\_\_\_\_\_ days
2. On average, how many minutes do you engage in exercise at this level?  
\_\_\_\_\_ minutes
3. How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training?  
\_\_\_\_\_ days (recommended for older adults)

People with arthritis may need to change the types of physical activity they use to prevent joint pain. Arthritis-appropriate evidence-based interventions (AAEBIs) are programs that vary from self-management



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education to physical activity classes. All AAEBIs provide evidence-based ways to improve arthritis symptoms and help people achieve a manageable lifestyle. AAEBI physical activity classes are low impact and limit strain put on the joints when moving. Physical activity workshops include Tai Chi, EnhanceFitness, Walk with Ease, and the Arthritis Foundation Exercise Program. These can be found throughout your community at <https://healthyaging.utah.gov/find-workshop/#/>

### Call to action

A patient is 5 times more likely to attend a workshop if their provider advises it.<sup>4</sup> We urge providers to look into the many programs that support Utah communities and connect their patients to programs that may help them better manage their arthritis. This can be found on Utah's Healthy Aging website: <https://healthyaging.utah.gov/livingwell/>

The Healthy Aging Program has also worked with Comagine to create a continuing medical education (CME) or continuing education unit (CEU) for providers who want to learn more. This learning opportunity is focused on teaching providers how to help their patients manage arthritis, PAVS, counseling on physical activity, and referring to AAEBIs. We urge providers to complete this CME/CEU and help us improve the lives of those that have arthritis. Find the CME/CEU at <https://learning.comagine.org/course/index.php?categoryid=25>

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  2. Utah Department of Health and Human Services. 2023 Utah Behavioral Risk Factor Surveillance System (BRFSS)
  3. Utah Department of Health and Human Services. *Arthritis*. Public Health Indicator Based Information System (IBIS). Accessed April 8, 2025 from <https://ibis.utah.gov/ibisph-view/topic/Arthritis.html>
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  6. Alamanda, V. K., Wally, M. K., Seymour, R. B., Springer, B. D., & Hsu, J. R. (2019, May 25). *Prevalence of Opioid and Benzodiazepine Prescriptions for Osteoarthritis*. American College of Rheumatology. <https://onlinelibrary.wiley.com/doi/abs/10.1002/acr.23933>
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  9. Centers for Disease Control and Prevention. (2024, November 7). *Opioid dispensing rate maps*. Overdose Prevention. [https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html#cdc\\_data\\_surveillance\\_section\\_3-county-opioid-dispensing-rates](https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html#cdc_data_surveillance_section_3-county-opioid-dispensing-rates)
  10. Dowell, D., Ragan, K. R., Jones, C. M., Baldwin, G. T., & Chou, R. (2022, November 3). *CDC Clinical Practice Guideline for prescribing opioids for pain*. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>
  11. Centers for Disease Control and Prevention. (2024, January 17). *Self-care for arthritis: Five ways to manage your symptoms*. Centers for Disease Control and Prevention. <https://www.cdc.gov/arthritis/caring/index.html>
  12. American College of Sports Medicine. (2021, April 19). *What is the EIM solution?*. ACSM Exercise is Medicine. <https://www.exerciseismedicine.org/eim-in-action/eim-solution/>

## Resources to improve perinatal mental health conditions

The Utah Women and Newborns Quality Collaborative (UWNQC) is a statewide network of maternal and child health professionals who work together to improve maternal health among Utah women. UWNQC partners with the Alliance for Innovation on Maternal Health (AIM) and Utah hospitals to provide patient safety bundles with resources that improve health outcomes for those who are pregnant or postpartum (after birth). These bundles include evidence-based best practices that hospitals can implement to improve maternal healthcare and save lives. UWNQC has previously worked with hospitals on implementing 3 patient safety bundles: Obstetric Hemorrhage, Severe Hypertension in Pregnancy, and Care for Pregnant and Postpartum People with Substance Use Disorder. UWNQC received an AIM Capacity grant in 2023 to implement 2 additional patient safety bundles by August 2027.

Data from the 2020–2021 Pregnancy Risk Assessment and Monitoring System (PRAMS) shows 49% of Utah women have symptoms of anxiety or depression before, during, or after pregnancy. In comparison, 20% of women nationally self-report postpartum depression symptoms on average.<sup>1</sup> Yet, only 55% of Utah’s perinatal\* population who have anxiety or depression symptoms asked for help from a healthcare worker during 2020–2021. This means many women in Utah don’t get the help they need.

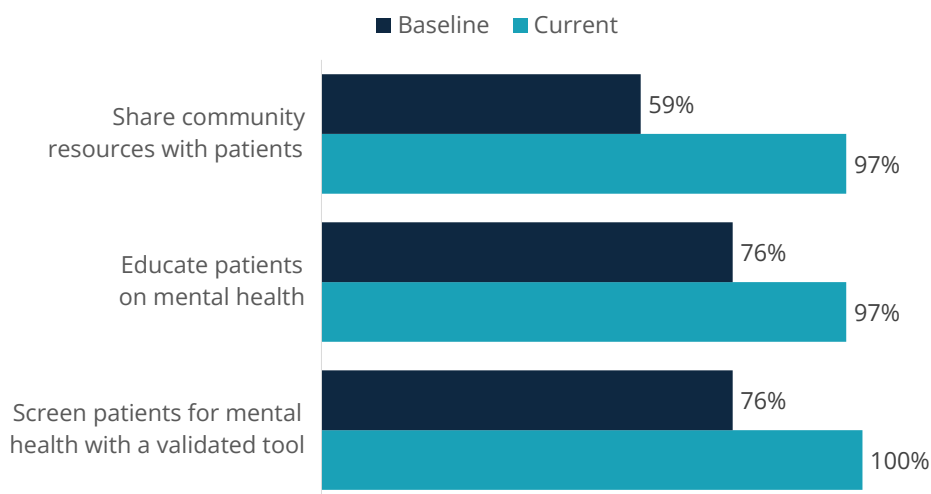
Due to the statewide need for information on mental health resources, Utah’s birthing hospitals voted to implement the Perinatal Mental Health Conditions (PMHC) patient safety bundle. Over 100 people from hospitals, clinics, and public health joined together for the kick-off training in Salt Lake City. Attendees learned about respectful maternity care, substance use in pregnancy, birth trauma, and perinatal mental health. Additionally, 9 individuals with lived expertise shared their experiences with mental health conditions during their pregnancy or after birth.

UWNQC also holds virtual learning sessions, called ACT (Ask, Collaborate, Teach) sessions, for healthcare providers to learn more about perinatal mental health. Topics have included perinatal depression, anxiety, bipolar disorder, birth trauma, patient safety bundle implementation, and more. In 2024, 227 different people attended the live sessions, and 450 people viewed the YouTube videos.

Participating hospitals are currently monitoring their implementation efforts and reporting back to UWNQC. Thirty of the participating birthing hospitals have shown improvements in resource use since April 2024. These areas include screening and educating patients on PMHC, and providing resources (see Figure).

UWNQC has improved resource use by sharing the mental health information with other maternal care touchpoints, such as urgent cares, OB-GYN and family practice clinics, and community-based

### Highlights of improvements in resource use from implementing Perinatal Mental Health Conditions (PMHC) patient safety bundle among 30 birthing hospitals



\*For the purposes of this Spotlight, “perinatal” refers to the period of time when one becomes pregnant and up to a year after giving birth.

and faith-based organizations. As of April 8, 2025, 121 healthcare providers in outpatient settings received training from UWNQC. Reach out to Morgan Harris at [morganlh@utah.gov](mailto:morganlh@utah.gov) if you'd like to receive maternal mental health information from UWNQC.

## Resources

UWNQC developed various resources, including a Maternal Mental Health Summary Page. Use these flyers to help connect your community to resources:

### General Mental Health Resources

### Maternal Mental Health Resources

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1. Clarke DE, De Faria L, Alpert JE, The Perinatal Mental Health Advisory Panel, The Perinatal Mental Health Research Team. Perinatal Mental and Substance Use Disorder: White Paper. Washington, DC: American Psychiatric Association; 2023 [Available from: <https://www.psychiatry.org/maternal>].

## Utah Maternal Mental Health Provider Toolkit

Depression and anxiety are common during and after pregnancy. Many new parents deal with these mental health problems, but they are often not diagnosed. In Utah, about 38% of moms who have recently given birth say they experience symptoms of depression or anxiety during or after pregnancy.<sup>1</sup> These feelings are more common in moms who are young, live in rural areas, don't have insurance, and who have unplanned pregnancies.<sup>1</sup> Untreated mental health problems can affect the bond between parent and baby.<sup>2</sup> They can also hurt family life and child development.

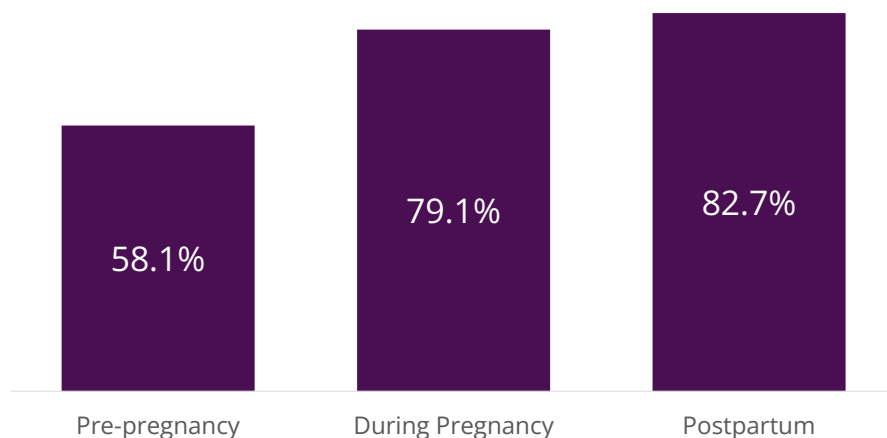
The Utah Maternal Mental Health (MMH) Provider Toolkit was created to help providers know about different resources available to support Utah moms' mental health. This resource was created by the Utah Department of Health and Human Services with the Maternal Mental Health Subcommittee of the Utah Women and Newborns Quality Collaborative.

A report from Utah's Pregnancy Risk Assessment Monitoring System says almost 83% of moms were asked about their mental health after giving birth (see Figure).<sup>1</sup> The toolkit contains strategies to help providers catch mental health problems early and provide education, treatment, and referrals to helpful resources. Providers can use it to screen for mental health symptoms during and after pregnancy with tools such as the Edinburgh Postnatal Depression Scale (EPDS) and the Patient Health Questionnaire (PHQ-9). The toolkit also provides guidance for understanding the screening results and gives recommendations for next steps, such as therapy, medications, or crisis support.

It is vital to help mothers throughout Utah be as healthy as possible, both mentally and physically. This toolkit supports providers to help both parents and children by making sure they have the right access to mental health resources.

To learn more or see the full toolkit, visit [mihp.utah.gov/mmhtoolkit](https://mihp.utah.gov/mmhtoolkit).

**Percentage of moms who said that a healthcare provider discussed depression and anxiety symptoms with them during an appointment, Utah, 2023**



Source: 2023 Utah Pregnancy Risk Assessment Monitoring System

1. Utah Pregnancy Risk Assessment Monitoring System (PRAMS), Utah Department of Health and Human Services, 2023 data.

2. Slomian J, Honvo G, Emonts P, Reginster J-Y, Bruyère O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health*. 2019;15. doi:10.1177/1745506519844044