



Utah health status update

Key findings

- Women who did not have health insurance were twice as likely to not get a medical check-up before getting pregnant, twice as likely to not get enough medical care while they were pregnant, and 3 times more likely to not get a postpartum check-up.
- One in 4 women who did not get a check-up before they got pregnant did not have enough money or insurance to pay for the visit.
- Half the women who didn't have insurance said they didn't because it was too expensive (49%). Many women also said they could not get insurance through work (29%), and that their income was too high to get Medicaid (17%).

Health insurance coverage for pregnant women in Utah

Why insurance coverage for maternity care matters

Maternity care is important to make sure women and babies are healthy. It is more than just prenatal care where the woman has monthly to weekly check-ups while pregnant. It also includes health care before getting pregnant and postpartum care. Yet in Utah, many women do not get enough health care before (34%), during (10%), or after (8%) they are pregnant.*

Women are 3 to 4 times more likely to die from a complication related to being pregnant when they do not get maternity care.¹ Infants are 5 times more likely to die within a year when their mothers do not get maternity care.² Having health insurance before, during, and after pregnancy helps women access maternity care.

Analyzing PRAMS data

We used data from the Pregnancy Risk Assessment Monitoring System to find out if women got different amounts of care when they had private insurance, Medicaid, and no insurance. We also looked at what kept women from getting insurance. We included Utah residents who gave birth in 2023.

Types of insurance coverage for Utah women

A total of 44,145 women are represented by the 2023 Utah PRAMS sample. Most of these women (around 70%) had private insurance. The percentage of women with private insurance stayed about the same over time (before, during, and after pregnancy). The second most common form of insurance was Medicaid. Coverage changed more for women covered by Medicaid and women without insurance.

*Care before pregnancy was defined as a check-up with an obstetrician-gynecologist (OB-GYN) or family doctor in the year before becoming pregnant. Having enough prenatal care was based on when prenatal care started, the total number of visits, and the expected number of visits for the length of pregnancy. Not enough prenatal care was defined as fewer than half of the expected number of visits. Postpartum care was defined as a check-up within 12 weeks of giving birth. Insurance before pregnancy referred to the 1 month before, and insurance after pregnancy referred to the 2–6 months after.





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Specifically, 14% of women had Medicaid before they were pregnant, 21% had it while pregnant, and 17% had it after they were pregnant. At the same time, the percentage of women without insurance went down during pregnancy (from 11% to 5%) and back up afterward (9%).

Pregnant and postpartum women in Utah qualify for Medicaid at a slightly higher income level than other adults, at 139% or less of the federal poverty level compared to 133% or less for other adults. This could explain the increase in Medicaid coverage during pregnancy. In addition, Medicaid covered care up to 2 months postpartum for women who qualified in 2023. This changed in 2024 when postpartum coverage was extended to 1 year after delivery. This extension will likely reduce the number of women who are uninsured after pregnancy.

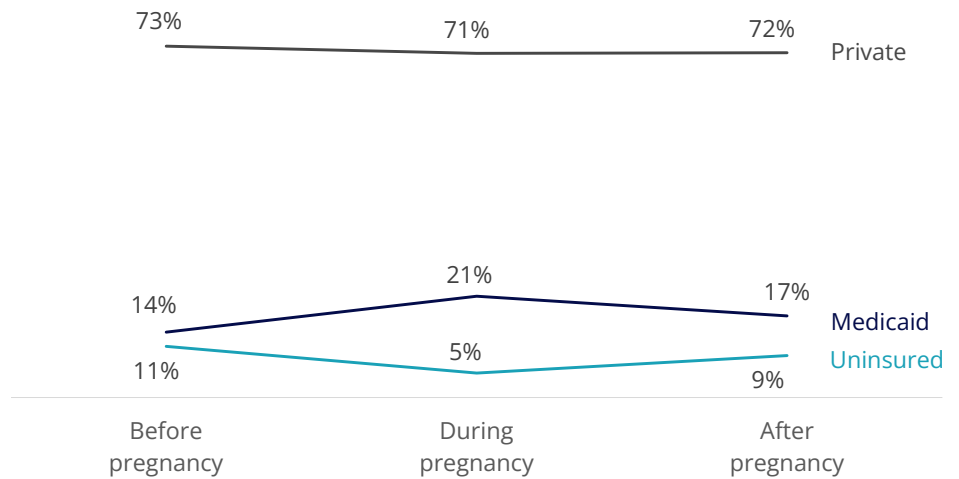
Pre-pregnancy care access by insurance type

Overall, 34% of women did not get a check-up in the year before they got pregnant. Women with private insurance and Medicaid were about equally likely to not get a check-up before they got pregnant (30% for private and 33% for Medicaid). However, more than 60% of women who did not have health insurance did not get a check-up.

One in 4 women who did not get a check-up before they got pregnant did not have enough money or insurance to pay for it.

Figure 1. Types of insurance coverage before, during, and after pregnancy

The percentage of women insured through Medicaid increased during pregnancy while the percentage of women without insurance decreased during pregnancy.

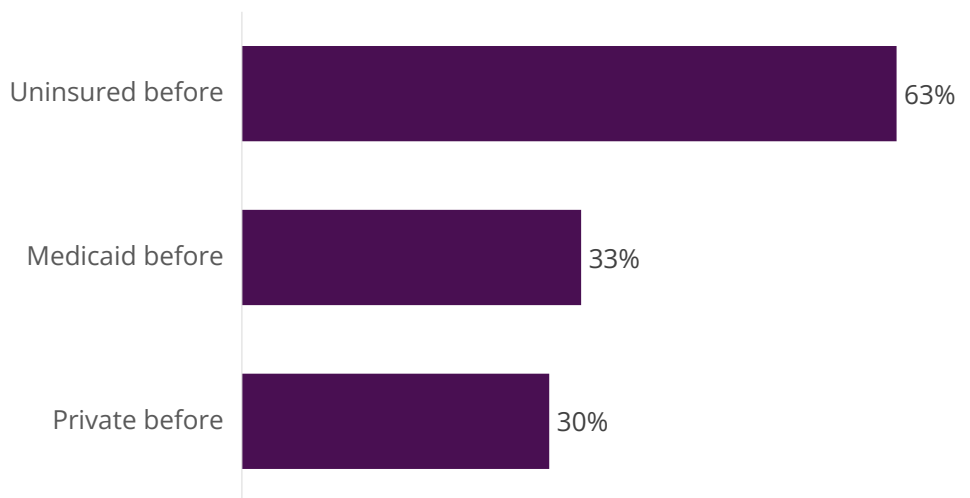


Note: Individuals with health insurance other than private insurance or Medicaid were not included in this figure.

Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS), 2023

Figure 2. Percentage of women who did not get pre-pregnancy care by type of insurance coverage before pregnancy

More than 60% of women who did not have health insurance did not get a pre-pregnancy checkup.



Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS), 2023

More than 60% of women who did not have health insurance did not get a check-up.



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Prenatal care access by insurance type

Ten percent of women overall did not get enough prenatal care. Women without insurance were 3 times as likely to not get enough prenatal care as women with private insurance (22% and 7%). Women covered by Medicaid were also less likely to get enough prenatal care (14%).

Postpartum care access by insurance type

Postpartum check-ups are important for women’s health and well-being. Providers can treat chronic conditions and any complications from giving birth, and screen for postpartum mental health conditions. A majority (92%) of women had a postpartum check-up, but 23% of women who did not have insurance, and 12% of women who were covered by Medicaid, did not.

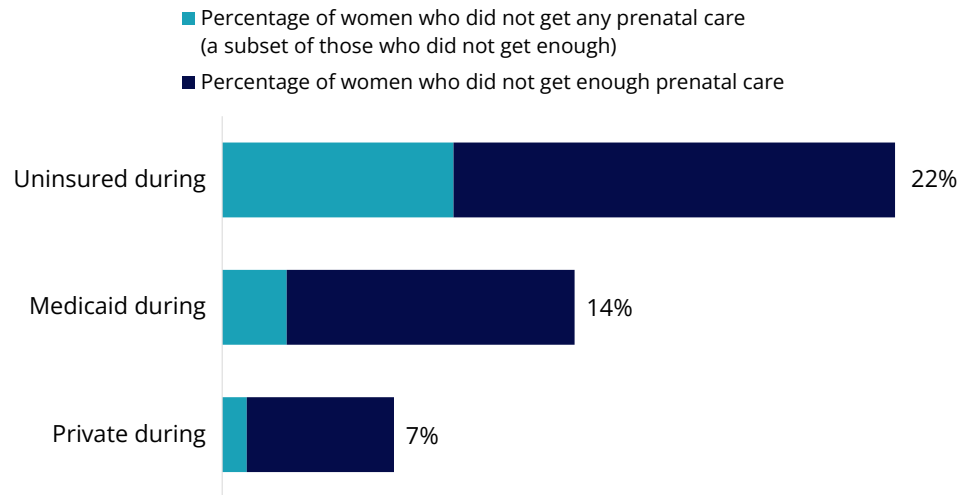
About half the women who didn’t have insurance said they didn’t because it was too expensive (49%). Many women also said they could not get insurance through work (29%), and that their income was too high to get Medicaid (17%).

Recommendations to improve coverage for pregnant and postpartum women

Many people who qualify for Medicaid don’t have insurance because they don’t know how to enroll, among other reasons.³ Some people lose Medicaid coverage because they don’t know they need to renew it. **Outreach activities** and media campaigns to encourage people to sign up or renew their Medicaid can

Figure 3. Percentage of women who did not get enough prenatal care by type of insurance coverage during pregnancy

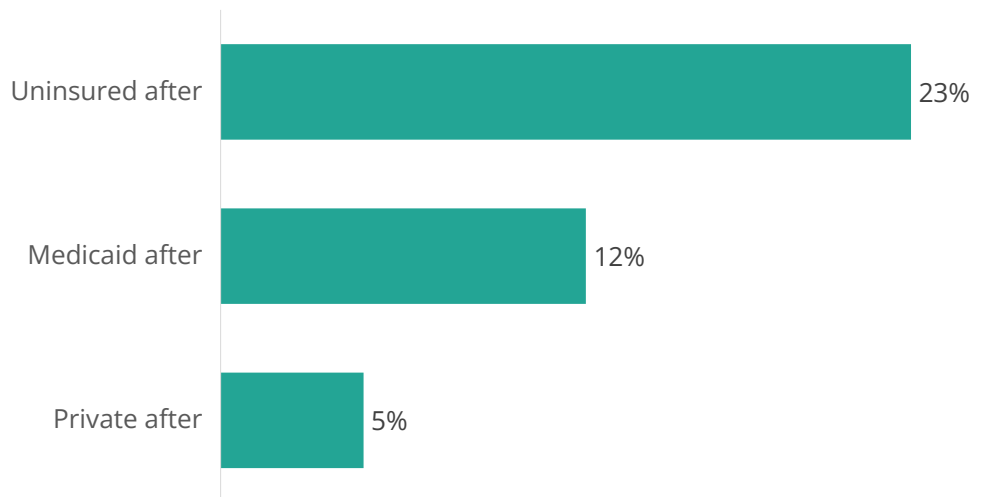
Women without insurance were 3 times as likely to not get enough prenatal care as women with private insurance.



Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS), 2023

Figure 4. Percentage of women who did not have a postpartum check-up by type of insurance coverage after pregnancy

23% of women who did not have insurance and 12% of women who were covered by Medicaid did not have a postpartum check-up.



Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS), 2023



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improve coverage. Public education should also promote the **Baby Your Baby** program, which can cover medical costs for pregnant women while they wait for their Medicaid application to be approved.

In addition, Federally Qualified Health Centers (FQHCs) offer maternity care to patients who do not have insurance. Educating the public about this service could help women who do not qualify for Medicaid but cannot afford private insurance get the care they need. The Utah Department of Health and Human Services (DHHS) supports FQHCs by sharing best practices and community resources.

Finally, the DHHS Perinatal Mortality Review Committee recommends that employers start employee health insurance coverage on the first day of employment, and that all insurance plans cover pre-pregnancy care and family planning.

1. Association of Maternal & Child Health Programs. Opportunities to Optimize Access to Prenatal Care through Health Transformation. 2016. https://web.archive.org/web/20170517095739/https://www.amchp.org/Policy-Advocacy/health-reform/resources/Documents/Pregnancy%20Issue%20Brief_Final%202016.pdf

2. Office of Women's Health, U.S. Department of Health and Human Services. Prenatal Care. 2021. <https://womenshealth.gov/a-z-topics/prenatal-care>

3. Artiga S, Rudowitz R, Tolbert J. Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population. Kaiser Family Foundation. 2016. <https://www.kff.org/medicaid/issue-brief/outreach-and-enrollment-strategies-for-reaching-the-medicaid-eligible-but-uninsured-population/>

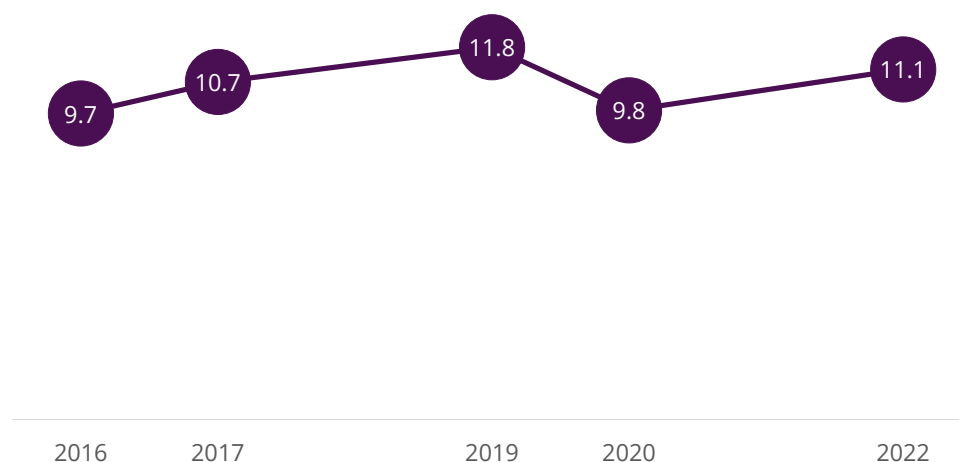
Cognitive decline

Utah is home to more than 3.5 million people with more than 400,000 who are aged 65 and older.¹ In 2022, 11% of Utahns aged 45 and older reported experiencing cognitive decline (Figure 1). This number has increased since data collection started in 2016 through the Behavioral Risk Factor Surveillance System (BRFSS).² Cognitive decline refers to a gradual loss of functions such as memory, attention, learning, reasoning, language, and problem-solving. Dementia is a general term that refers to a loss of cognitive function severe enough to interfere with daily life. Dementia is often referred to as an umbrella term as it covers a broad range of diseases. The most common forms of dementia are Alzheimer's disease, vascular dementia, frontotemporal degeneration, and Lewy body dementia. Many people also have mixed dementia, which is a condition where brain changes of at least 2 types of dementia occur at the same time (Figure 2). We currently do not have the data to inform us just how widespread dementia is outside of Alzheimer's disease, the most common form of dementia. But we do know that overall, Alzheimer's and other dementias are considerably underdiagnosed. It is estimated there are currently 38,300 (10%) Utahns aged 65 and older living with Alzheimer's disease.³

The lifetime risk for Alzheimer's disease at age 45 is 1 in 5 for women and 1 in 10 for men.³ While age is the largest risk factor, dementia is not a normal part of

Figure 1. Percentage of Utahns aged 45+ experiencing cognitive decline by year, 2016–2022

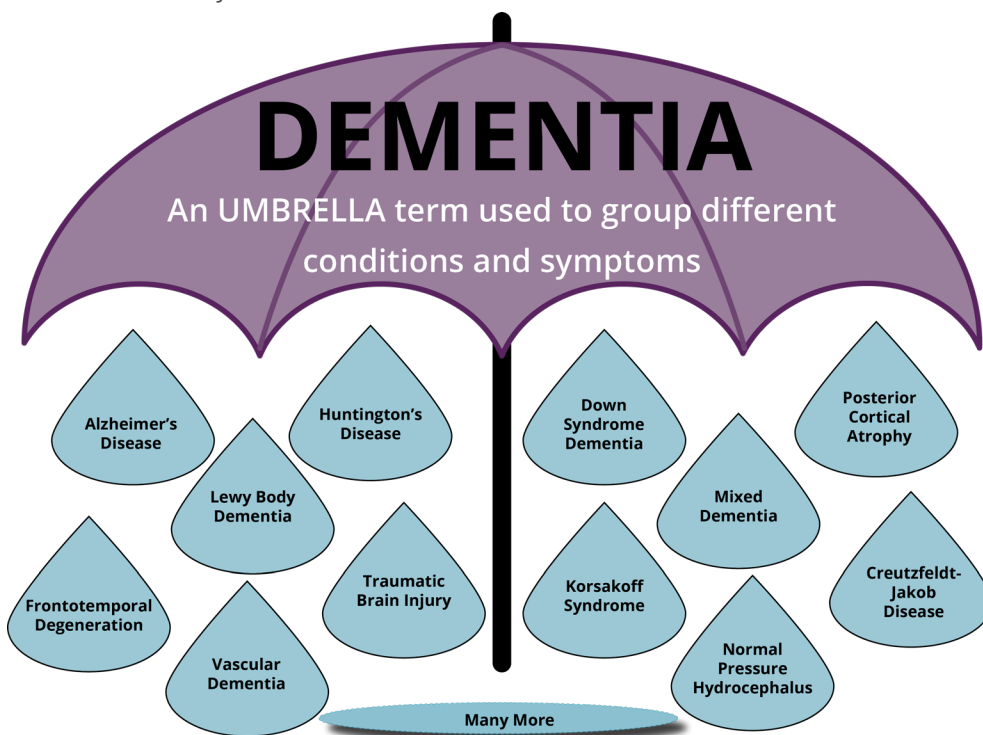
The proportion of Utahns experiencing cognitive decline has increased since 2016



Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)

Figure 2. Definition of dementia

Dementia is a general term referring to a loss of cognitive function severe enough to interfere with daily life.



Source: DHHS Alzheimer's Disease and Related Dementias Program

aging. Though there are factors we cannot change such as age, family history, and genetics, there ARE ways each of us can reduce our risk. In Utah, the DHHS Alzheimer's Disease and Related Dementias Program leads this effort by running a statewide [public awareness campaign](#) to highlight different reduction strategies. These strategies are supported by [The Dementia prevention, intervention, and care: 2024 report](#) of the Lancet.⁴ This report outlines 14 risk factors across the life course that, if eliminated, can reduce dementia cases by up to 45%. These risk reduction strategies include working with your healthcare provider to manage chronic conditions such as diabetes, heart disease, and blood pressure; staying socially active; eating a healthy diet; exercising; managing hearing loss; and keeping your brain active.

Call to action

We encourage Utahns of all ages to practice habits that can reduce your risk of dementia. If you have concerns with your thinking, behavior, and memory, talk to your healthcare provider and request a cognitive screening (or as we call it, a brain health check). Early diagnosis is important to allow you to understand how the disease may affect you and your loved ones, manage symptoms to maintain a good quality of life, and plan for the future.

There are helpful resources available through dementia.utah.gov, the [Alzheimer's Association](#), and the [Alzheimer's and Dementia Research Center](#) housed at Utah State University. We also suggest older adults get in contact with their local Area Agency on Aging (AAA) in order to be connected to resources in their area. You can find your local AAA at daas.utah.gov/locations.

1. United States Census Bureau. (2025, April 21). U.S. QuickFacts Utah. Census.gov. www.census.gov/quickfacts/fact/table/UT/PST045223

2. Utah Department of Health and Human Services. Behavioral Risk Factor Surveillance System Survey Data. 2016-2022. Salt Lake City, Utah.

3. Alzheimer's disease facts and figures. Alzheimer's Association. (n.d.). <https://www.alz.org/alzheimers-dementia/facts-figures>

4. Livingston, G., Huntley, J., Liu, K. Y., Costafreda, S. G., Selbæk, G., Alladi, S., Ames, D., Banerjee, S., Burns, A., Brayne, C., Fox, N. C., Ferri, C. P., Gitlin, L. N., Howard, R., Kales, H. C., Kivimäki, M., Larson, E. B., Nakasujja, N., Rockwood, K., ... Mukadam, N. (2024). Dementia prevention, intervention, and care: 2024 report of The Lancet Standing Commission. *The Lancet*, 404(10452), 572–628. [https://doi.org/10.1016/s0140-6736\(24\)01296-0](https://doi.org/10.1016/s0140-6736(24)01296-0)

Guidelines for data collection on language

The Utah DHHS Office of Health Equity released *Guidelines for the collection of data on language* in October 2024. These guidelines give clear and consistent wording for questions and answer choices when you collect language data.

These data standards do not require anyone to collect language data. Their purpose is to make sure that language data is collected and reported in the same way. Language data collection is important to make sure everyone has access to information they can understand. Ultimately, it helps improve the quality of DHHS services.

The basic standard focuses on how well someone speaks English and what other languages they speak at home (see Figure 1). Additional questions focus on which spoken and written languages people prefer to use when they get services and information (see Figure 2).

For more information on language data collection and other data collection standards, visit the DHHS Office of Health Equity website <https://healthequity.utah.gov/data-and-reports/data-collection-standards/>.

1. United States Census Bureau. Why we ask questions about...language spoken at home. Retrieved May 2025, from <https://www.census.gov/acs/www/about/why-we-ask-each-question/language/>

2. CLEAR Global. Language-related questions for new and ongoing surveys. Retrieved May 2025, from <https://clearglobal.org/language-questions/>

3. Oregon Department of Human Services. (2024, February). Race, ethnicity, language and disability (REALD.) Oregon Health Authority. Retrieved May 2025, from <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0074.pdf>

Figure 1. DHHS language data collection standard*

1. How well do you speak English?

Very well

Well

Not well

Not at all

2. Do you speak a language other than English at home?

Yes (if yes, ask question 3)

No

3. What is this language?

Spanish

Sign language (ex: American Sign Language, Spanish Sign Language, etc.)

Other language not listed: _____

It may be appropriate to add additional languages relevant to your community of focus.

*These questions have been adapted from the American Community Survey (ACS) questions on language.¹

Figure 2. DHHS language data collection standards for additional details

Preferred spoken or signed language2**

Which language do you prefer to receive spoken or signed information in? (Select one)

English

Spanish

Sign language (ex: American Sign Language, Spanish Sign Language), specify: _____

Other, specify: _____

Preferred written or signed language2**

Which language do you prefer to receive written or signed information in? (Select one)

English

Spanish

Sign language (ex: American Sign Language, Spanish Sign Language), specify: _____

Other, specify: _____

None. I do not wish to receive any written information

Note: Use the same list of languages/answers as in the main language question. Make sure to include a "none" option in case the person wants to specify that they cannot read and do not want to receive any written information.

For service providers:

Which language do you prefer our service providers to speak with you in? (select one)**2

English

Spanish

Sign language (ex: American Sign Language, Spanish Sign Language), specify: _____

Other language not listed: _____

Do you need or want to use an interpreter for us to communicate with you?***3

Yes

No

It may be appropriate to add additional languages relevant to your community of focus.

**These questions were adapted from ClearGlobal.²

***These questions were adapted from REALD³