Utah Department of
Health & Human
Services

Utah health status update

K e y   f i n d i n g s

• The Utah Healthy Places Index (HPI) is a powerful data and policy mapping tool created to advance health equity through open and accessible data.[1]

• The Utah HPI score is a composite measure of 20 key drivers of health and life expectancy at birth in Utah organized by 8 policy action areas (figure 1), which allows users to explore healthy conditions across a variety of geographic levels.

• More than 300 additional indicators called decision support indicators are included in the Utah HPI interactive platform designed to provide additional insight into community conditions.

Utah Healthy Places Index

The Utah Department of Health and Human Services just released the Utah Healthy Places Index (HPI), a new and innovative mapping platform. The Utah HPI can help community leaders understand how different neighborhoods experience the community conditions known to impact health; such as job opportunities, education, and transportation. The Utah HPI score is a composite measure of 20 drivers of health and life expectancy at birth in Utah—which can vary dramatically by neighborhood (figure 1). The Utah HPI score is displayed as a percentile ranking that shows the relative impact of community conditions in a selected geography compared with all other places in the state.

The Utah HPI indicators positively associated with life expectancy at birth in Utah
Figure 1. The Utah HPI score is a composite measure of these 20 indicators in 8 policy action areas.

| **Clean environment** -Diesel PM -Ozone PM 2.5 **Economic** -Above poverty -Employed -Per capita income **Education** -Preschool enrollment -High school enrollment -Bachelor's education or higher	**Healthcare access** -Insured adults **Housing** -Homeownership -Housing availablity -Low-income homeowner severe housing cost burden -Low-income renter severe housing cost burden -Uncrowded housing	**Neighborhood** -Park access -Tree canopy **Social** -2020 Census response rate -Voting **Transportation** -Automobile access -Bike lane access

Source: Utah Healthy Places Index.

The Utah HPI interactive platform provides data at different levels of geography from census (tracts) to counties with the ability to view data neighborhood-by-neighborhood in order to provide a granular view of community well-being. Community conditions impacting health can vary within each geographic area. For instance, an area may display a high HPI score, indicating relatively healthier community conditions but may experience less healthy conditions related to a single policy action area (e.g., transportation) or HPI indicator (e.g., bike lane access) (figure 2).

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Feature article continued

Utah HPI map display

Figure 2. The Utah HPI displays detailed data on community conditions across the 8 policy action areas. Community conditions range from less healthy (dark blue) to more healthy (dark green).
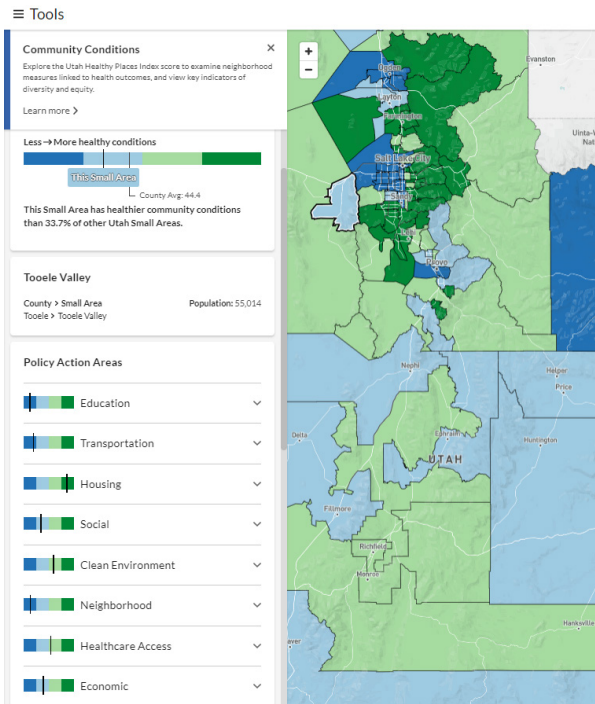
Source: Utah Healthy Places Index.

The detailed view of the indicators within the Utah HPI interactive platform can support local leaders when prioritizing investments, resources, and programming to improve overall well-being. The Utah HPI was developed by the Utah Department of Health and Human Services in partnership with the Public Health Alliance of Southern California, creators of the California Healthy Places Index,™ and multi-sector stakeholders from across the state.[1]

Decision support indicators

More than 300 additional indicators called decision support indicators are included in the Utah HPI platform. These indicators provide additional insight into community conditions and include categories like health outcomes, health risk behaviors, school and education, and more.

Health and racial equity

The Utah HPI platform includes measures of racial equity and diversity along with functionalities to explore the racial/ethnic profile of communities across Utah (figure 3). The racial equity and diversity measures and functionalities include:

- Detailed race/ethnicity profiles of each census tract which show the racial/ethnic make-up of the area.
- Historically redlined tracts indicating whether the Home Owners Loan Corporation officially redlined a census tract in the early 20th century.
- Race/ethnicity diversity index which measures the racial and ethnic diveristy of community.
- Race/ethnicity diversity of elected officials measures how the race/ethnicity composition of the county's elected representatives compares with its population.

Utah HPI platform health and racial equity display

Figure 3. The Utah HPI platform shows the racial/ethnic distribution of each selected geography and 3 indicators of health equity.
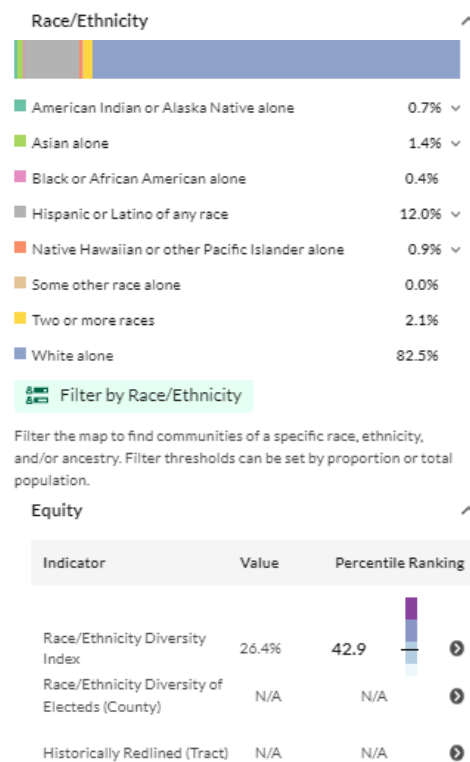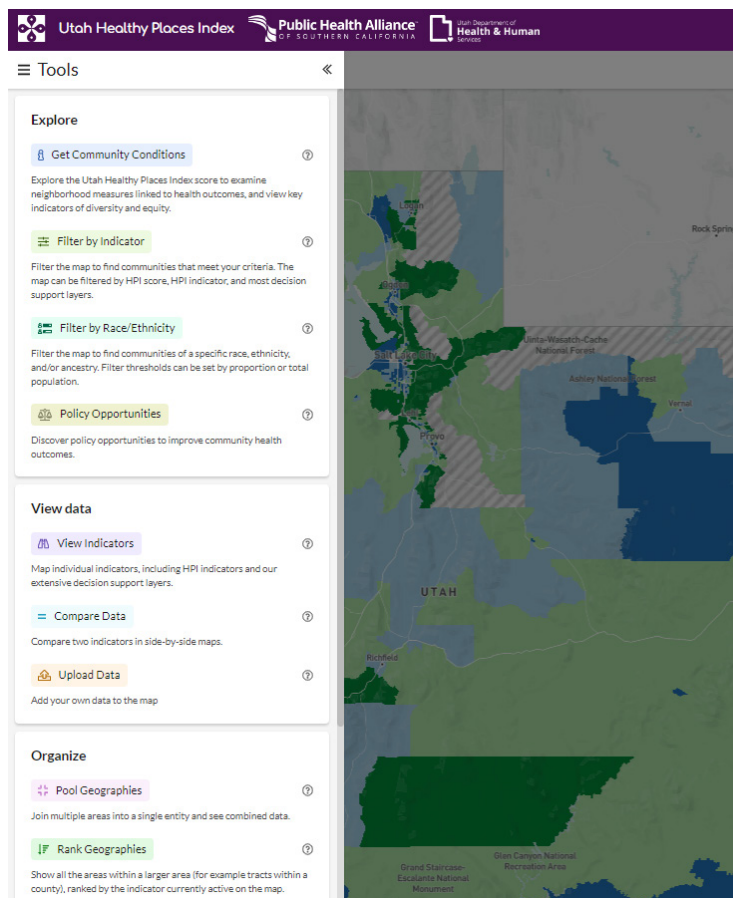

Source: Utah Healthy Places Index.

Tools of the Utah HPI

The Utah HPI provides several tools (figure 4) which allows users to:

- Create customized geographies to access community conditions and pooled data using the pool geographies function.
- Rank geographies, such as census tracts or Utah small areas, by their Utah HPI score or any Utah HPI or decision support indicator.
- View and compare 2 different indicators in side-by-side maps or view differences in indicators by race/ethnicity.
- Set criteria using high or low values (or percentiles) for any Utah HPI or decision support indicator to view communities that meet certain criteria.

Utah HPI tools diplay

Figure 4. The tools display of the Utah HPI.

Source: Utah Healthy Places Index.

A positive framing of community conditions

The Utah HPI has a positive framework and speaks to community assets. The Utah HPI refers extensively to the healthy community conditions and the health opportunities in a neighborhood, not disadvantage. Most of the indicators included in the HPI score are presented using a positive framework, such as counting those who are employed, instead of unemployed.

The colors of the Utah HPI map represent a paradigm shift in how we characterize communities that have faced historic disinvestment, the impacts of institutional racism, and the compounding effects of generational poverty. The Utah HPI map uses shades of blue to identify communities with fewer health-supportive conditions, instead of colors with negative connotations like red or orange.

Accessing the Utah HPI

Anyone can access the Utah HPI and use it for free. The Utah HPI provides community leaders, policymakers, planners, transportation agencies, and other stakeholders with sound and validated data to explore local factors that predict life expectancy, prioritize and allocate resources, and identify policies that would improve health in their communities. To access the platform and additional resources including tip sheets and tutorial videos, please visit the Utah HPI website at http://dhhs.utah.gov/UtahHPI.

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1. Utah Healthy Places Index developed by the Utah Department of Health and Human Services in partnership with the Public Health Alliance of Southern California, creators of the California Healthy Places Index.™
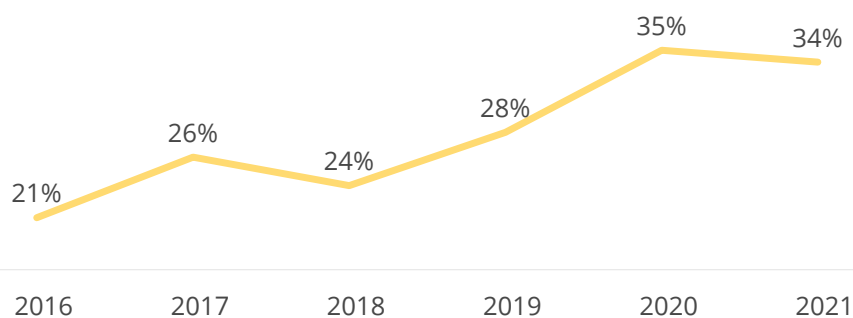
Experiences of anxiety during pregnancy in Utah, PRAMS 2016–2020

Anxiety during pregnancy has been linked to higher rates of preterm birth and low birth weight infants.[1] Important contributors to pregnancy-related anxiety include real or anticipated threats to pregnancy or its outcomes and low perceived control.[2] For some, these factors were amplified by the COVID-19 pandemic due to disruptions in prenatal, postpartum, and infant healthcare visits.[2] In 2020, more than half (56%) of people with a live delivery reported feeling more anxious than usual due to the pandemic.[3] The percentage of people experiencing anxiety during pregnancy increased from 21% in 2016 and reached 35% in 2020 (figure 1). However, it is important to note the rates of anxiety during pregnancy have been steadily increasing in Utah since before the pandemic.

Percentage of people with a live delivery who experienced anxiety during pregnancy, Utah, 2016–2022
Figure 1. The percentage of people experiencing anxiety during pregnancy in Utah increased steadily during 2016–2022.

Source: Utah Department of Health and Human Services Pregnancy Risk Assessment Monitoring System (PRAMS), 2016–2020.

Experiences of anxiety during the postpartum period is also common. Identifying postpartum anxiety is important because it is related to lower maternal self-confidence and can have long-term negative consequences leading to delayed mental development in children.[4] According to Utah PRAMS, 22% of people with a live delivery in 2021 asked for help for anxiety from a healthcare provider after their babies were born. However, because the PRAMS survey is administered only 2–4 months postpartum, and anxiety can manifest at any time during the postpartum period, the actual percentage of people who need help for anxiety is likely much higher.

These findings emphasize the importance of screening for mental health conditions during pregnancy and during the postpartum period. In Utah, resources and referral information for maternal anxiety and other maternal mental health conditions can be found at https://mihp.utah.gov/maternal-mental-health.

1. Grigoriadis S, Graves L, Peer M, Mamisashvili L, Tomlinson G, Vigod SN, et al. Maternal Anxiety During Pregnancy and the Association With Adverse Perinatal Outcomes: Systematic Review and Meta-Analysis. J Clin Psychiatry. 2018 Sep 4;79(5):17r12011.
2. Moyer CA, Compton SD, Kaselitz E, Muzik M. Pregnancy-related anxiety during COVID-19: a nationwide survey of 2740 pregnant women. Arch Womens Mental Health. 2020 Dec;23(6):757-765.
3. Pregnancy Risk Assessment Monitoring System (PRAMS) COVID-19 survey, 2020
4. Nakić Radoš S, Tadinac M, Herman R. Anxiety During Pregnancy and Postpartum: Course, Predictors and Comorbidity with Postpartum Depression. Acta Clin Croat. 2018 Mar;57(1):39-51.

Major depressive disorder in Utah, 2019–2021

Major depressive disorder (MDD) is a common and serious medical illness which negatively affects how you feel, think, and act.[1] The Utah Department of Health and Human Services Division of Data, Systems & Evaluation examined claim rates from January 2019–April 2021 where major depressive disorder was listed as a first, second, or third diagnosis in the Utah All Payers Claims Database (APCD). The APCD is a database of insurance claims from payers throughout Utah and includes data from Utahns younger than 65 years of age covered by insurance plans throughout Utah. The claim rate metric measured major depressive disorder-related professional or facility claims in a monthly time period per 1,000 members covered per by medical insurance over the same time period. The highest monthly claim rate was 23.4 observed in March 2021 (figure 1).

Monthly major depressive disorder claim rates for Utah residents, January 2019–April 2021, claims per 1,000 members covered by medical insurance

Figure 1. The 2020 and 2021 monthly claim rates were consistently higher than the corresponding 2019 monthly claim rates.
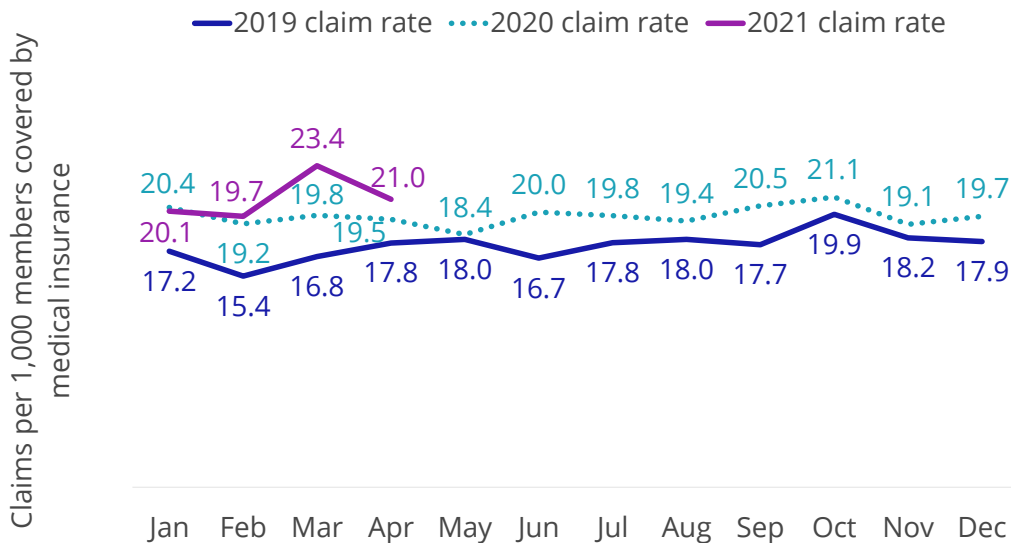
Source: Utah All Payers Claims Database (APCD), 2022.

The full report identifies resources such as websites, smartphone apps, and telephone or text lines Utahns can use to get information and help for major depressive disorder. The full report can be accessed at: https://stats.health.utah.gov/publications/databyte-major-depressive-disorder/. For more reports visit https://stats.health.utah.gov/news/.

1. Association AP. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Fifth ed2013.

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Monthly health indicators

Monthly report of notifiable diseases, September 2022	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/				
Influenza*	Updates at http://health.utah.gov/epi/diseases/influenza				
Campylobacteriosis (Campylobacter)	59	53	576	433	1.3
Salmonellosis (Salmonella)	28	29	300	280	1.1
Shiga toxin-producing Escherichia coli (E. coli)	28	19	204	146	1.4
Pertussis (Whooping Cough)	5	21	83	230	0.4
Varicella (Chickenpox)	8	12	61	107	0.6
Shigellosis (Shigella)	11	6	71	40	1.8
Hepatitis A (infectious hepatitis)	<5	5	9	42	0.2
Hepatitis B, acute infections (serum hepatitis)	<5	<5	13	18	0.7
Meningococcal Disease	<5	<5	<5	<5	0.0
West Nile (Human cases)	<5	10	5	24	0.2

Quarterly report of notifiable diseases, 3rd quarter 2022	Current quarter # cases	Current quarter # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity ratio (obs/exp)
HIV/AIDS[†]	37	40	104	104	1.0
Chlamydia	3,118	2,614	11,206	10,342	1.1
Gonorrhea	1,078	728	3,620	2,699	1.3
Syphilis	52	32	212	130	1.6
Tuberculosis	8	5	26	16	1.6

Medicaid expenditures (in millions) for the month of September 2022	Current month	Expected/ budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	$8	$2	$46	$54	($7.6)
Inpatient hospital services	$23	$8	$41	$43	($2.1)
Outpatient hospital services	$4	$1	$7	$8	($0.8)
Nursing home services	$60	$52	$50	$54	($3.8)
Pharmacy services	$12	$4	$36	$39	($3.0)
Physician/osteo services[‡]	$4	$3	$20	$21	($0.9)
Medicaid expansion services	$35	$45	$264	$331	($67.1)
***Total Medicaid	$232	$156	$1,007	$1,220	($212.4)

\|\| Comparisons include previous data year 2020. Updates for COVID-19 can be found at https://coronavirus.utah.gov. This includes case counts, deaths, number of Utahns tested for disease, and latest information about statewide public health measures to limit the spread of COVID-19 in Utah.
* More information and weekly reports for influenza can be found at http://health.utah.gov/epi/diseases/influenza.
† Diagnosed HIV infections, regardless of AIDS diagnosis.
Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations.
‡ Medicaid payments reported under physician/osteo Services do not include enhanced physician payments.
***The Total Medicaid program costs do not include costs for the PRISM project.

Monthly health indicators

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Program enrollment for the month of September	Current month	Previous month	% change§ from previous month	1 year ago	% change§ from 1 year ago
Medicaid	466,728	482,605	-3.3%	436,036	+7.0%
CHIP (Children's Health Insurance Plan)	7,381	6,213	+18.8%	8,906	-17.1%

Commercial insurance payments#	Current data year	Number of members	Total payments	Payments per member per month (PMPM)	% change§ from previous year
Dental	2020	5,667,256	$ 154,748,044	$27.31	N/A
Medical	2020	11,631,161	$ 3,365,207,356	$289.33	-3.8%
Pharmacy	2020	10,845,512	$ 889,492,538	$82.01	+9.4%

Annual community health measures	Current data year	Number affected	Percent\rate	% change from previous year	State rank** (1 is best)
Suicide deaths	2020	651	20.0 / 100,000	-1.9%	43 (2020)
Asthma prevalence (adults 18+)	2021	315,200	9.7%	0.0%	21 (2021)
Poor mental health (adults 18+)	2021	540,700	25.2%	9.1%	37 (2021)
Influenza immunization (adults 65+)	2020	261,400	69.9%	2.0%	20 (2021)
Drug overdose deaths involving opioids	2020	432	13.3 / 100,000	7.3%	20 (2019)
Unintentional fall deaths	2020	651	20.0 / 100,000	-1.9%	17 (2019)
Infant mortality	2020	366	11.3 / 100,000	4.6%	17 (2018)
Traumatic brain injury deaths	2020	2,272	69.9 / 100,000	6.1%	15 (2019)
Obesity (adults 18+)	2021	663,700	30.9%	8.0%	17(2021)
Diabetes prevalence (adults 18+)	2021	260,000	8.0%	-2.4%	15 (2021)
Births to adolescents (ages 15–17)	2020	318	4.1 / 1,000	7.7%	10 (2018)
Childhood immunization (4:3:1:3:3:1:4)††	2020	47,970	74.6%	-2.5%	19 (2020)
Motor vehicle traffic crash injury deaths	2020	299	9.2 / 100,000	27.6%	7 (2019)
High blood pressure (adults 18+)	2021	867,700	26.7%	3.5%	12 (2021)
Cigarette smoking (adults 18+)	2021	206,500	7.3%	-18.0%	1 (2021)
Binge drinking (adults 18+)	2021	264,500	11.7%	2.6%	1 (2021)
Coronary heart disease deaths	2020	1,853	57.0 / 100,000	12.0%	1 (2021)
All cancer deaths	2020	3,459	106.4 / 100,000	3.7%	1 (2021)
Stroke deaths	2020	916	28.2 / 100,000	-1.0%	1 (2021)
Child obesity (grade school children)	2018	38,100	10.6%	11.6%	n/a
Vaping, current use (grades 8, 10, 12)	2019	37,100	12.4%	11.3%	n/a
Health insurance coverage (uninsured)	2020	383,500	11.8%	-6.3%	n/a
Early prenatal care	2020	34,716	75.9%	0.0%	n/a

§ Relative percent change. Percent change could be due to random variation.
# Figures subject to revision as new data is processed.
** State rank in the United States based on age-adjusted rates where applicable.
†† Data from 2020 NIS for children aged 24 month (birth year 2018).