

# Utah health status update

## Key findings

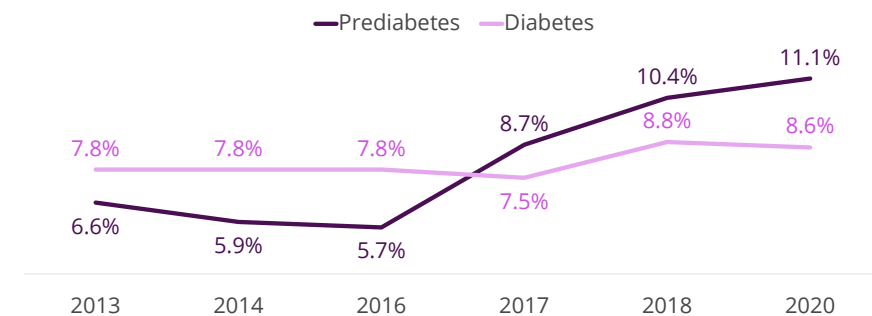
- In Utah, 11.1% of the adult population reported prediabetes diagnoses and 8.6% reported they were diagnosed with diabetes in 2020 (figure 1).<sup>3</sup>
- More than 1,300 people who live with diabetes utilized diabetes self-management education and support (DSMES) services in 2022, which is a sharp increase from 2021 (figure 2).
- As of 2022, more than 20,000 Utahns have participated and enrolled in the National DPP (7,558) and DSMES (14,407) diabetes prevention and management programs since they became available (figure 3).

## Diabetes prevention and management in Utah

According to the Centers for Disease Control and Prevention (CDC), in 2020, approximately 34.2 million Americans had diabetes, an increase from 29.1 million in 2012.<sup>1</sup> Diabetes is the 7th leading cause of death in Utah with a prevalence of 8.6% in 2020.<sup>2</sup> Diabetes can lead to several complications and comorbid conditions such as hypertension, high cholesterol, kidney disease, cardiovascular disease, loss of eyesight, and amputations.<sup>1</sup> Fortunately, type 2 diabetes can be prevented or delayed through physical activity and eating healthy. Screening for prediabetes is important to ensure those who are at highest risk are aware and make lifestyle changes needed to delay or eliminate the onset of diabetes. In Utah, 11.1% of the adult population reported prediabetes diagnoses and 8.6% reported being diagnosed with diabetes in 2020 (figure 1).<sup>3</sup>

### Age-adjusted percentage of reported adult diagnoses of prediabetes and diabetes in Utah, 2013, 2014, 2016, 2017, 2018, and 2020

Figure 1. Prediabetes has significantly increased since 2013.



Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System (BRFSS)  
Note: BRFSS prediabetes survey data is available for 2013, 2014, 2016, 2017, 2018, and 2020.

The CDC's National Diabetes Prevention Program (National DPP), an evidence-based lifestyle change program, focuses on healthy eating and increased physical activity. This program has been shown to reduce a person's risk of developing type 2 diabetes by 58% (71% for people who are older than 60).<sup>4</sup> The Utah Department of Health and Human Services Healthy Environments Active Living (HEAL) program and its partners work to promote awareness, enrollment, and retention in the National DPP and facilitate access and coverage. The National DPP is a Medicaid-covered benefit from the 2022 House Bill 80: Diabetes Prevention Program which includes reimbursement for participation in the program.

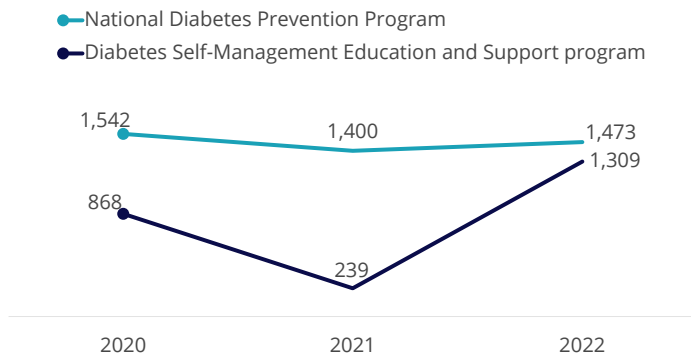
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Utah Medicaid covers National Diabetes Prevention Program services provided by organizations enrolled as Utah Medicaid providers.

In 2021, participation in both programs, the National Diabetes Prevention Program (National DPP) and Diabetes Self-Management Education and Support (DSMES) program decreased. The HEAL program attributes the decrease to the COVID-19 pandemic. In 2022, 1,473 Utahns at risk of developing type 2 diabetes were enrolled in the National DPP, which is a slight increase from 2021. However, during the 2022 calendar year, 1,309 people living with diabetes used DSMES services, which is a sharp increase from 2021 (figure 2).

### Number of participants enrolled in the National Diabetes Prevention Program and Diabetes Self-Management Education and Support program, Utah, 2020–2022

Figure 2. The number of participants in these diabetes programs dropped in 2021 then increased in 2022.

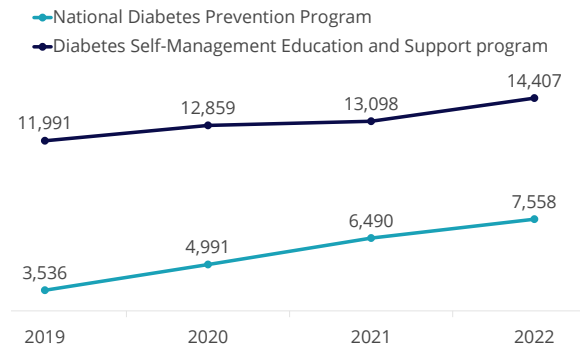


Source: Centers for Disease Control and Prevention National Diabetes Prevention Program <https://nationaldppcsc.cdc.gov/s/article/DPRP-State-Report> National Diabetes Prevention Program and Diabetes Self-Management Education and Support (DSMES) program ADA and ADCES DSMES state data report.  
Note: The number of participants includes those who had diabetes diagnoses.

The DSMES helps those who live with diabetes gain knowledge, skills, and abilities for diabetes self-care. Participation can lead to improved blood sugar (hemoglobin A1C) levels, higher rates of medication adherence, fewer and/or less severe diabetes-related complications, and healthier lifestyle behaviors.<sup>5</sup> As of 2022, more than 20,000 Utahns have participated in National DPP (7,558) and DSMES (14,407) programs (figure 3).

### Cumulative number of participants enrolled in the National Diabetes Prevention Program and Diabetes Self-Management Education and Support program, Utah, 2019–2022

Figure 3. Participants in the state have steadily enrolled in diabetes prevention programs since 2019.



Source: Centers for Disease Control and Prevention National Diabetes Prevention Program <https://nationaldppcsc.cdc.gov/s/article/DPRP-State-Report> National Diabetes Prevention Program and Diabetes Self-Management Education and Support (DSMES) program ADA and ADCES DSMES state data report.  
Note: The number of participants include those who had diabetes diagnoses.

The HEAL program works with clinical partners on quality improvement efforts related to diabetes management and to address social determinants of health within diabetes care practices to increase diabetes prevention, awareness, and participation in DSMES through tailored marketing and programming and engagement with those who receive DSMES services. For more information visit the HEAL website: <https://heal.utah.gov/diabetes/>.

For questions about National DPP coverage for Utah Medicaid Fee for Service members, contact the Utah Medicaid Pharmacy Program at 801-538-6155. Press 3 at the first prompt, then 3 at the next prompt, then 2 at the next prompt, or email [medicaidpharmacy@utah.gov](mailto:medicaidpharmacy@utah.gov).

- Centers for Disease Control and Prevention. [National Diabetes Statistics Report, 2020](#). U.S. Dept of Health and Human Services; 2020.
- Utah Department of Health and Human Services Indicator-Based Information System [Behavioral Risk Factor Surveillance System \(BRFSS\)](#) and [Utah Death Certificate Database Mortality query](#), 2021
- Utah Department of Health and Human Services Indicator-Based Information System [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), 2020
- Centers for Disease Control and Prevention. [About the National DPP](#). U.S. Dept of Health and Human Services
- Diabetes Self-Management Education and Support (DSMES) Toolkit. Centers for Disease Control and Prevention; 2021. <https://www.cdc.gov/diabetes/dsmes-toolkit/index.html>

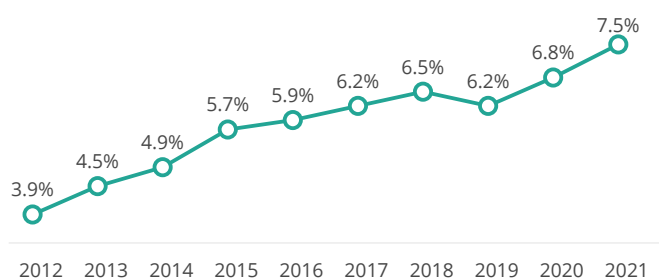
## Trends and characteristics of gestational diabetes: Utah, 2012–2021

Gestational diabetes mellitus (GDM) is defined as glucose intolerance first detected during pregnancy. GDM affects up to 10% of pregnancies each year in the United States.<sup>1</sup> Pregnant people with GDM are at increased risk of developing cardiovascular disease and type 2 diabetes later in life, GDM in later pregnancies, maternal hypertensive disorders, and having an unplanned cesarean delivery.<sup>1,2</sup> Infants born to individuals with GDM are at increased risk of adverse health outcomes, including preterm birth, oversized fetus (macrosomia), and neonatal low-blood sugar (hypoglycemia).<sup>2</sup>

The overall rate of Utah residents with GDM who gave birth in 2021 was 7.5% per 100 births, a 92% increase from 2012 (figure 1). Over the past decade, Utah has experienced a concerning trend of increasing GDM rates with persistent racial and ethnic inequities in GDM prevalence. Rates of gestational diabetes mellitus increased among all non-White racial and ethnic sub-groups and were highest among people who identify as non-Hispanic Asian (17.0%) and non-Hispanic American Indian/Alaska Native (12.2%) (figure 2).<sup>3</sup> In 2021, GDM rates were significantly lower among people who identify as non-Hispanic White when compared with all other racial and ethnic sub-groups. This observation is similar to findings from several studies of GDM and parallels known differences in type 2 diabetes prevalence by race and ethnicity.<sup>4,5,6</sup>

### Percentage of Utah residents with gestational diabetes mellitus per 100 births, 2012–2021

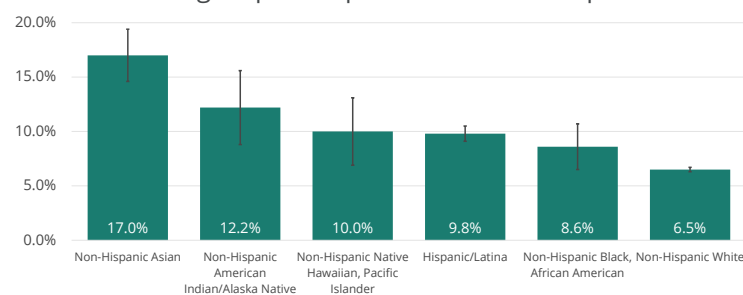
Figure 1. The percentage of Utah residents with gestational diabetes mellitus increased from 3.9%, in 2012 to 7.5% in 2021.



Source: Utah Department of Health and Human Services Office of Vital Records and Statistics, Utah Indicator-Based Information System (IBIS) birth certificate data

### Rates of gestational diabetes mellitus by maternal race and Hispanic origin in Utah, 2021

Figure 2. Rates are highest among people who identify as non-Hispanic Asian and significantly higher among all racial and ethnic subgroups compared with non-Hispanic White.



These findings support the need for additional research to understand the underlying reasons for the increasing prevalence and disproportionately high rates of gestational diabetes in pregnant people from racial and ethnic minority populations in Utah. A list of programs that can help people with gestational diabetes optimize their pregnancy outcomes can be found on the DHHS Healthy Environments Active Living (HEAL) website, <https://heal.health.utah.gov/dsmes-programs/>.

- Centers for Disease Control and Prevention. Gestational diabetes. 2021. Available from: <https://www.cdc.gov/diabetes/basics/gestational.html>.
- March of Dimes. Gestational diabetes. 2022. Available from: <https://www.marchofdimes.org/complications/gestational-diabetes.aspx>.
- Utah Department of Health and Human Services Office of Vital Records and Statistics, [Indicator-Based Information System \(IBIS\) birth certificate data](#)
- Deputy NP, Kim SY, Conrey EJ, Bullard KM. Prevalence and changes in preexisting diabetes and gestational diabetes among women who had a live birth—United States, 2012–2016. *MMWR Morb Mortal Wkly Rep.* 2018;67(43):1201-1207.
- Shah NS, Wang MC, Freaney PM, et al. Trends in Gestational Diabetes at First Live Birth by Race and Ethnicity in the US, 2011-2019. *JAMA.* 2021;326(7):660-669.
- National Diabetes Statistics Report, 2020. Centers for Disease Control and Prevention. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.

# Monthly health indicators

Monthly report of notifiable diseases, February 2023	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 <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a>				
Influenza*	Updates at <a href="http://health.utah.gov/epi/diseases/influenza">http://health.utah.gov/epi/diseases/influenza</a>				
Campylobacteriosis (Campylobacter)	33	32	76	68	1.1
Salmonellosis (Salmonella)	14	17	39	37	1.0
Shiga toxin-producing Escherichia coli (E. coli)	11	13	19	21	0.9
Pertussis (Whooping Cough)	2	19	5	40	0.1
Varicella (Chickenpox)	6	10	14	27	0.5
Shigellosis (Shigella)	5	5	22	10	2.2
Hepatitis A (infectious hepatitis)	<5	<5	<5	<5	n/a
Hepatitis B, acute infections (serum hepatitis)	<5	<5	<5	<5	n/a
Meningococcal Disease	<5	<5	<5	<5	n/a
Quarterly report of notifiable diseases, 4th 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†	30	29	153	129	1.2
Chlamydia	2,951	2,806	11,052	10,879	1.0
Gonorrhea	826	854	3,158	3,128	1.0
Syphilis	68	47	233	176	1.3
Tuberculosis	7	8	33	24	1.4
Medicaid expenditures (in millions) for the month of February 2023	Current month	Expected/ budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	\$112	\$2	\$110	\$237	(\$127.2)
Inpatient hospital services	\$98	\$8	\$96	\$267	(\$171.3)
Outpatient hospital services	\$19	\$1			\$0.0
Nursing home services	\$138	\$52	\$113	\$437	(\$323.9)
Pharmacy services	\$80	\$4	\$64	\$161	(\$97.6)
Physician/osteo services‡	\$44	\$3	\$29	\$91	(\$62.0)
Medicaid expansion services	\$641	\$45	\$1,001	\$1,001	\$0.1
***Total Medicaid	\$1,419	\$156	\$1,413	\$2,194	(\$781.9)

|| 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

Program enrollment for the month of February	Current month	Previous month	% change <sup>§</sup> from previous month	1 year ago	% change <sup>§</sup> from 1 year ago
Medicaid	388,022	386,441	+0.4%	346,234	+12.1%
CHIP (Children's Health Insurance Plan)	2,620	2,729	-4.0%	3,731	-29.8%
Commercial insurance payments <sup>#</sup>	Current data year	Number of members	Total payments	Payments per member per month (PMPM)	% change <sup>§</sup> from previous year
Dental	2021	6,426,514	\$ 183,425,231	\$28.54	+4.3%
Medical	2021	12,277,219	\$ 3,996,141,589	\$325.49	+11.1%
Pharmacy	2021	10,843,802	\$ 926,553,357	\$85.45	+4.0%
Annual community health measures	Current data year	Number affected	Percent\rate	% change from previous year	State rank <sup>**</sup> (1 is best)
Suicide deaths	2020	651	20.1 / 100,000	-1.9%	42 (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

<sup>§</sup> Relative percent change. Percent change could be due to random variation.

<sup>#</sup> Figures are subject to revision as new data is processed.

<sup>\*\*</sup> State rank in the United States is based on age-adjusted rates where applicable.

<sup>††</sup> Data from 2021 NIS is for children aged 24 month (birth year 2019).