



# Utah health status update

## Key findings

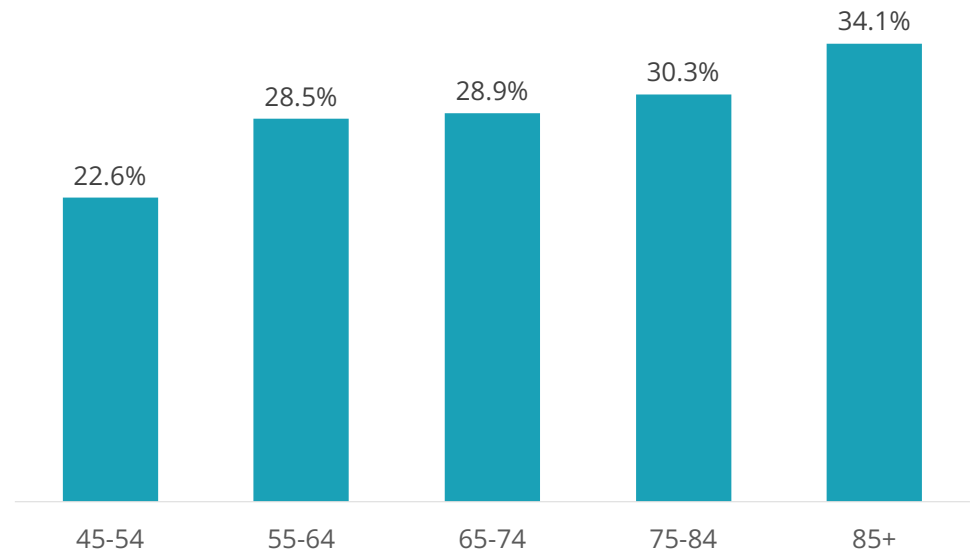
- In 2020, one in three (29.9%) adults 65 years or older reported at least one fall, which totals approximately 100,000 falls within Utah.
- Since 20% of falls include head injuries or broken bones, falls are a leading cause of traumatic brain injuries and hip fracture.
- Utahns who did not have any kind of physical activity throughout the month had a higher chance of falling compared to those who had some physical activity.
- The Healthy Aging Program recommends those ages 65+ attend their local senior centers and find ways to prevent falls.

## Solutions to falls prevention through physical activity

People ages 65 and older make up nearly 12% of the population in Utah.<sup>1</sup> This equates to more than 390,000 people. In 2020, one in three (29.9%) adults 65 years or older reported at least one fall (figure 1), which totals approximately 100,000 falls within Utah.<sup>2</sup> In 2021, older adult falls resulted in 16,000 emergency department visits and 3,800 hospitalizations. As a result, Utahns were charged more than \$300 million (figure 2).<sup>3-4</sup>

### Percentage of Utahns who report they fell in the past year, by age, 2020

Figure 1. As people age they are more likely to have a fall. In 2020, of those ages 45-54, 22.6% had a fall which increases to 34.1% for those ages 85+.



Source: Behavioral Risk Factor Surveillance System, Utah Department of Health and Human Services

Since 20% of falls include head injuries or broken bones, falls are a leading cause of traumatic brain injuries and hip fractures.<sup>5</sup> In older adults these injuries can result in problems performing basic activities of daily living and contribute to a loss of independence.

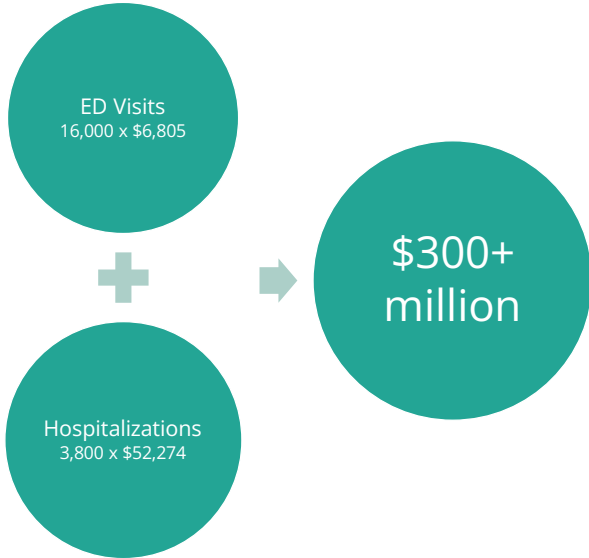




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### Emergency department (ED) visit and hospitalization charges for falls in Utahns ages 65+, 2021

Figure 2. In 2021, older adult falls in Utah resulted in 16,000 ED visits and 3,800 hospitalizations. The average cost was \$6,804 per ED visit and \$52,274 per hospitalization which resulted in Utahns being charged more than \$300 million.



Source: Utah Emergency Department Encounter Database and Utah Inpatient Hospital Discharge Data, Utah Department of Health and Human Services

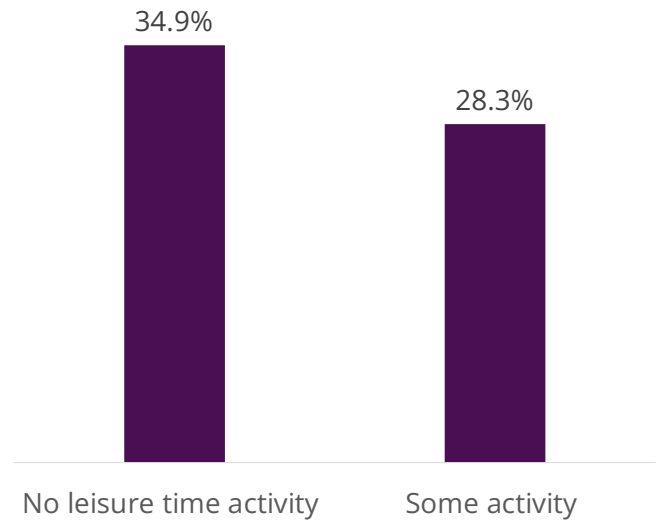
While falls are common, they are preventable through cautionary measures. Information helps people plan to prevent and minimize falls instead of reacting after a fall happens.

Those who are at risk of a fall should talk about prevention efforts with their healthcare providers. Patients should check with their health care provider to make sure their medications don't cause additional drowsiness, get their hearing and vision tested, and have their bone density checked. If a loss of balance happens a lot, they might want to think about using a walker, cane, or wheelchair.

Physical activity can help prevent falls. Utahns who did not have any kind of physical activity throughout the month had a higher chance of falling compared to those who had some

### Percentage of Utahns ages 65+ who report a fall and physical activity level, 2020

Figure 3. Utahns who did not have any kind of physical activity throughout the month had a higher chance of falling compared to those who had some physical activity throughout the month.



Source: Behavioral Risk Factor Surveillance System, Utah Department of Health and Human Services

physical activity (figure 3). The Healthy Aging Program (HAP), in conjunction with the Department of Health and Human Services Violence and Injury Prevention Program, works with community partners across the state to provide workshops that can help older adults reduce the risk of falling. The workshops available in Utah are Tai Chi for Arthritis and Falls Prevention, EnhanceFitness, and Stepping On. Use the find a workshop link on the Healthy Aging website to sign up for a class near you ([Find a Workshop | Healthy Aging](#)).<sup>6</sup>

These programs typically include one or more of the following components and have been researched and proven to reduce falls: exercise, medication management, and home modifications. A review of these programs found that several of these interventions together can reduce both the rate and number of falls among older adult populations.<sup>5</sup>



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The HAP recommends those ages 65+ attend their local senior centers and learn more about ways to prevent falls. For those who may not have access to a senior center, information can be accessed and found in the [Division of Aging and Adult Services webpage](#). Providers and other healthcare groups should work together to talk about these risks with patients and recommend preventive measures, including attendance in one of the workshops listed previously.

1. Utah Department of Health and Human Services. (2023, January 20). Population Estimates Query Module Selection Configuration Selection. IBIS. <https://ibis.health.utah.gov/ibisph-view/query/selection/pop/PopSelection.html>
2. Utah Department of Health and Human Services. (2023, January 20). Utah Behavioral Risk Factor Surveillance System (BRFSS) configuration selection. IBIS. <https://ibis.health.utah.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html>
3. Utah Department of Health and Human Services. (2023, January 20). Injury emergency department encounter query module configuration selection. IBIS. <https://ibis.health.utah.gov/ibisph-view/query/selection/ed/InjEDSelection.html>
4. Utah Department of Health and Human Services. (2023, January 20). Injury inpatient hospital discharge query module configuration selection. IBIS. <https://ibis.health.utah.gov/ibisph-view/query/selection/hddb/InjHDDDBSelection.html>
5. National Association of County and City Health Officials. (2021, February). Issue brief: Older adult fall prevention - NACCHO. <https://www.naccho.org/uploads/downloadable-resources/Fall-Prevention-Issue-Brief-February-2021-Final.pdf>
6. Utah Department of Health and Human Services. (2023, February 14). Find a Workshop. Utah Department of Health and Human Services - Population Health - Healthy Aging Program. <https://healthyaging.utah.gov/find-workshop/#/>
7. The National Council on Aging. (2023, May 25). Falls Prevention for older Adults - Make Your Home Safe: 5 Easy Ways to Avoid Falls at Home. The National Council on Aging. <https://www.ncoa.org/article/make-your-home-safe-5-easy-ways-to-avoid-falls-at-home>
8. The National Council on Aging. (n.d.). Falls Free Checkup. The National Council on Aging - AgeWell Planner. <https://www.ncoa.org/age-well-planner/assessment/falls-free-checkup>

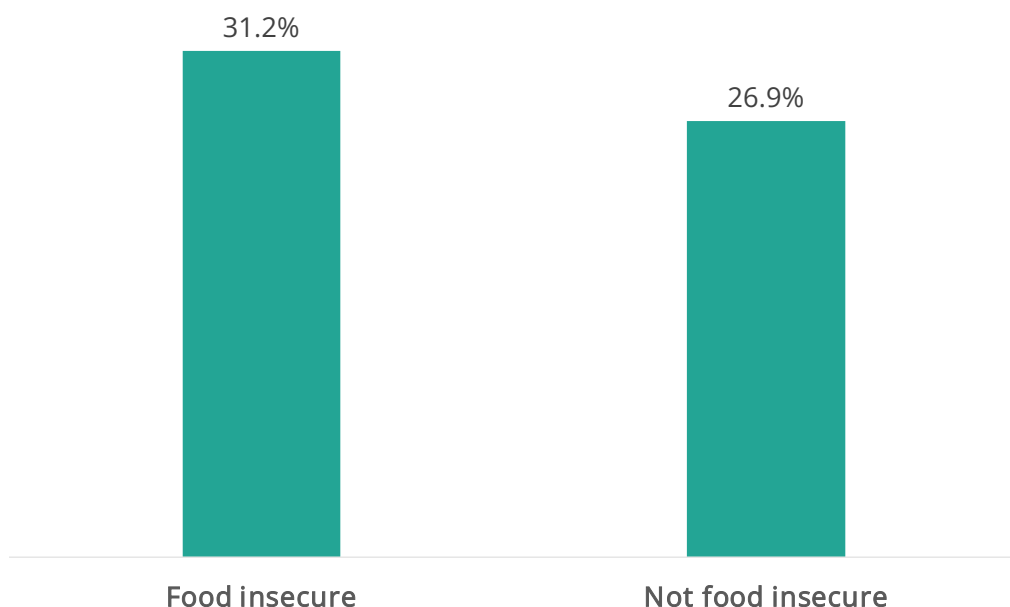
## Local health departments work to add healthy food options to food pantries

Food insecurity is defined as a measure of the number of adults who are always, usually, or sometimes “worried or stressed about having enough money to buy nutritious meals” in the past 12 months. Utah adults who have food insecurity have significantly higher rates of high blood pressure than those who do not report food insecurity (31.2% v. 26.9%).<sup>1</sup> Individuals who experience food insecurity may be more likely to visit food pantries.<sup>2</sup> But, donations made to pantries are often those low in nutritional quality, such as white bread products and pastries. Food pantries operate with minimal funding and often have limited storage capacity, such as refrigeration, cooling, and shelving. The Utah Department of Health and Human Services, Healthy Environments Active Living (HEAL) Program received funding in 2022 from the Association of State and Territorial Health Officials to partner with 7 local health departments to address better food options for pantry staff and patrons.

Local health departments helped pantry staff assess and improve their existing food environments. The HEAL program provided funds to pantries to make small changes, such as improving their cool storage capacity and using shelving and signage to promote patrons’ selection of healthy foods. This project helped 12 pantries make changes in their food displays and signage to promote heart-healthy options. The collaboration between Utah State University (USU) Extension Create Better Health (Utah’s SNAP-Ed program), the HEAL program, and local health departments made it possible to develop educational materials about high blood pressure and healthy food choices in seven different languages (English, Spanish, Arabic, Dari, Farsi, French, and Somali). For more information, contact Laura Holtrop Kohl at [lholtrop@utah.gov](mailto:lholtrop@utah.gov) or Danielle Forbes at [dforbes@utah.gov](mailto:dforbes@utah.gov)

## Age-adjusted percentage of adults with high blood pressure according to food insecurity status, BRFSS, Utah, 2021

Figure 1. Utah adults who are food insecure have higher rates of high blood pressure.



Source: Behavioral Risk Factor Surveillance System, Utah Department of Health and Human Services

1. Utah Department of Health and Human Services. Behavioral Risk Factor Surveillance System 2021. Office of Public Health Assessment.

2. Feeding America. “What are the Connections Between Food Insecurity and Health?” <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/hunger-health-101>. Accessed July 11, 2023.



# Monthly health indicators

Monthly report of notifiable diseases, August 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>				
Campylobacteriosis ( <i>Campylobacter</i> )	100	62	549	380	1.4
Hepatitis A (infectious hepatitis)	0	2	7	39	0.2
Hepatitis B, acute infections (serum hepatitis)	1	2	5	15	0.3
Meningococcal disease	0	1	2	1	1.4
Pertussis (whooping cough)	16	22	146	165	0.9
Salmonellosis ( <i>Salmonella</i> )	60	39	297	248	1.2
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	53	32	201	144	1.4
Shigellosis ( <i>Shigella</i> )	22	7	120	42	2.9
Varicella (chickenpox)	10	9	64	77	0.8
West Nile (human cases)	3	8	4	8	0.5
Quarterly report of notifiable diseases, 2nd quarter 2023	Current quarter # cases	Current quarter # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity ratio (obs/exp)
Chlamydia	2,774	2,735	5,479	5,387	1.0
Gonorrhea	665	736	1,349	1,466	0.9
HIV/AIDS*	43	30	79	62	1.3
Syphilis	73	39	120	80	1.5
Tuberculosis	8	6	17	11	1.5
Medicaid expenditures (in millions) for the month of July 2023†	Current month	Expected/ budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	\$ 16.2	\$ 16.5	\$ 206.8	\$ 250.5	\$ (43.8)
Inpatient hospital services	30.2	31.4	217.2	318.3	(101.1)
Outpatient hospital services	4.0	4.9	42.9	39.6	3.3
Nursing home services	27.6	37.4	386.3	421.0	(34.7)
Pharmacy services	(6.1)	3.7	172.8	172.6	227.0
Physician/osteo services‡	4.9	4.9	88.1	87.3	767.4
Medicaid expansion services	49.3	58.2	1,158.1	1,132.7	25.4
<b>Total Medicaid§</b>	<b>126.2</b>	<b>157.2</b>	<b>2,272.2</b>	<b>2,422.0</b>	<b>(149.8)</b>

Note: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations.

\* Diagnosed HIV infections, regardless of AIDS diagnosis.

† This SFY 2023 report includes supplemental payments to better match the SFY 2023 Medicaid Forecast Budget which costs have not been included in previous years.

‡ 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 August 2023	Current month	Previous month	% change   from previous month	1 year ago	% change   from 1 year ago
Medicaid	433,368	455,458	-4.9%	478,651	-9.5%
CHIP (Children’s Health Insurance Plan)	7,278	7,175	+1.4%	6,473	+12.4%
Commercial insurance payments#	Current data year	Number of members	Total payments	Payments per member per month (PMPM)	% change** from previous year
Medical	2022	12,035,192	\$ 4,057,120,087	\$ 337.10	+3.6%
Pharmacy	2022	11,211,332	1,048,715,815	93.54	+9.5%
Dental	2022	8,688,828	229,619,441	26.43	-7.4%
Annual community health measures	Current data year	Number affected	Percent/rate	% change   from previous year	State rank†† (1 is best)
Obesity (adults 18+)	2021	1,048,100	30.9%	+8.0%	16 (2022)
Child obesity (grade school children)	2018	38,100	10.6%	0.0%	n/a
Cigarette smoking (adults 18+)	2021	244,200	7.2%	-12.2%	1 (2022)
Vaping, current use (adolescents)	2021	24,900	7.8%	-37.1%	n/a
Binge drinking (adults 18+)	2021	396,900	11.7%	+3.5%	1 (2022)
Influenza immunization (adults 65+)	2021	275,200	69.9%	+2.0%	34 (2022)
Health insurance coverage (uninsured)	2019	277,200	8.6%	-9.5%	n/a
Motor vehicle traffic crash injury deaths	2021	331	9.9 / 100,000	+8.8%	12 (2021)
Drug overdose deaths involving opioids	2021	434	13.0 / 100,000	-1.3%	11 (2021)
Suicide deaths	2021	640	19.1 / 100,000	-3.4%	38 (2021)
Unintentional fall deaths	2021	403	12.1 / 100,000	+8.2%	38 (2021)
Traumatic brain injury deaths	2021	674	20.2 / 100,000	+8.9%	24 (2021)
Arthritis prevalence (adults 18+)	2021	708,926	20.9%	-0.5%	17 (2022)
Asthma prevalence (adults 18+)	2021	329,000	9.7%	-10.2%	32 (2022)
Diabetes prevalence (adults 18+)	2021	271,400	8.0%	-2.4%	15 (2022)
High blood pressure (adults 18+)	2021	905,700	26.7%	+3.5%	11 (2022)
Poor mental health (adults 18+)	2021	854,800	25.2%	+9.1%	32 (2022)
Coronary heart disease deaths	2021	1,866	55.8 / 100,000	-1.1%	7 (2021)
All cancer deaths	2021	3,491	104.4 / 100,000	-0.8%	1 (2021)
Stroke deaths	2021	854	25.5 / 100,000	-8.4%	11 (2021)
Births to adolescents (ages 15-17)	2022	257	3.0 / 1,000	-10.8%	11 (2021)
Early prenatal care	2022	33,326	72.8%	-5.5%	n/a
Infant mortality	2021	219	4.7 / 1,000	-14.6%	23 (2020)
Complete immunization by age 2‡‡	2021	49,400	74.6%	-5.6%	15 (2021)

|| Relative percent change. Percent change could be due to random variation.

# Figures subject to revision as new data is processed.

\*\* Percent change is due to changes in membership as well as changes in data suppliers included.

†† State rank in the United States based on age-adjusted rates where applicable.

‡‡ Childhood 7-series (4:3:1:3:3:1:4) data from 2021 NIS is for children aged 24 months (birth year 2019).