




IBIS, Utah's Public Health Data Resource

Utah's Public Health
Indicator Based
Information System





Outline

- **WHY Do We Do It?**
 - Public health assessment/Data Dissemination
- **WHERE Do I Find Indicator Reports**
 - Health Indicators
 - Health Topics
 - Community Snapshots
 - Queryable Data for IBIS Users



WHY Do We
Do It?

Public Health Assessment





Importance of Assessment

- Track and evaluate progress toward goals
- Guide policy decision, priorities, and long-range strategic plans
- Provide comprehensive information of population health and the health care system in Utah to inform anyone involved in private or public health activities



Utah's IBIS-PH

- We use IBIS Indicator Reports to:
 - publish data for priority health objectives
 - promote better understanding of public health issues
 - disseminate data and information on public health topics
 - Inform needs assessments for the state, local health departments, and programs
 - Identify disparities by geographic location or population
 - Evaluate impact of prevention and intervention activities

IBIS Indicators are great!

- Allow users to view a report of data that have already been tabulated, For more novice users, easier, more user-friendly, Prepared health data reports with different views, not a query system, Displays most requested and useful views of information

Definition: HEALTH INDICATOR. • **A measurable characteristic that describes:** – the health of a population (e.g., life expectancy, mortality, disease incidence or prevalence, or other health states); *Centers for Disease Control and Prevention.*



WHAT IS IBIS?

Overview of IBIS-PH





Public Health Indicator Based Information System (IBIS)

Utah's Public Health Data Resource

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- Explore Communities
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- Data Portal
- Resources



- Welcome
- Utah Department of Health
- Local Public Health Systems
- Contact Information

Welcome to IBIS-PH; Utah's Public Health Data Resource

Visit our COVID-19 Dashboard



CORONAVIRUS

UTAH.GOV

- For the latest information of case-counts please visit: <https://coronavirus.utah.gov/case-counts/>

Welcome to the State of Utah, Department of Health, Indicator-Based Information System for Public Health (IBIS-PH). This site provides health data with context on the health of Utahns and status of the Utah health care system.

This Site Provides:

- Utah Health Topics** - Focus on specific health topics, compile indicator data, query datasets, important facts, and publications relevant to specific health topics.
- Health Indicator Repo**

Public site - <https://ibis.health.utah.gov>



Public Health Indicator Based Information System (IBIS)

Utah's Public Health Data Resource

Path: [IBIS-PH](#) > [indicator](#) > [PHOM](#)

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- IBIS-PH News/Updates
- Local Health Departments
- Utah Department of Health

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- Part 1. Underlying Demographic Context of the Population
- Part 2. Health Care Services and Delivery
- Part 3. Risk Factors for Disease
- Part 4. Common Preventable Diseases and Conditions
- Contact Information
- Home Measures Report
- UDOH Data Sets and Contact List

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Part 1. Underlying Demographic Context of the Population

Characteristics of the Population

- [Age Distribution of the Population](#)
- [Racial and Ethnic Composition of the Population](#)

Birth and Death Rates



Public Health Indicator Based Information System (IBIS)

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Topics Index

Health Topics

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- Asthma/Respiratory
- Births/Maternity
- Brain/Nervous System
- Cancer
- Cardiovascular Disease
- Child Health
- Demographics/Social Determinants of Health
- Dental
- Diabetes
- Environment
- Health Insurance/Access to Care
- Hospital/Emergency Services

Utah's Indicator-based Information System for Public Health (IBIS) Topics

How to Find Data and Information on this Site

The "Topics" section organizes IBIS website content into the following categories. Each icon links to a page that contains information topic. Along with this information are links to the associated Indicator Reports and Dataset Queries. The Indicator Reports provide gr maps, public health context, and data tables. Many of the topic areas have queryable datasets that you can use to create your own t charts, and maps. These data query results pages will also have dataset details, including data sources and tips on how data can or used.





Community Snapshot Reports

- Introduction
- Community Snapshot Report Selector
- 3 Steps to Community Snapshot Reports

3 Steps to Community Snapshot Reports

for a given community. This page allows you to choose the community, and the set of indicators and the additional page content to be viewed for the selected community.

Usage

Please select the community type, the community, a set of indicators, and additional report content, below. Then press the Submit button located at the bottom of the page.

Step 1: Select a Community

- Local Health District/State of Utah

Bear River
Central Utah
Davis County
Salt Lake County
San Juan County
Southeast Utah
Southwest Utah
Summit County
Tooele County
TriCounty

- Utah Small Area/State of Utah

Step 2: Select a Set of Health Indicators

Step 3: Select Additional Information for Your Report



Public Health Indicator Based Information System (IBIS)

Utah's Public Health Data Resource

Path: [IBIS-PH](#) » [query](#)



Search this website...

Publications Search

BRFSS Query Module

New Publications

Utah State Health Assessment Report 2019

OPHA Topical Publications Index

Public Health Outcome Measures Report

Utah Health Improvement Plan 2017-2020

OPHA Chronological Publications Index

Utah Health Status Updates

Utah State Health Assessment Report 2016

Other UDOH publications

About Publications

Utah's Healthiest People Priorities Report 2015

Click on either the "Landline and Cell Phone" or "Landline Only" Selection bar to see a list of publications. To view the publications, click on the folder icon. Clicking on the folder icon will take you to the query module. For further explanation on the modules, click on the "Help" button to the right.

Tutorials

New Weighting Methodology

Beginning in 2011, BRFSS data include both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking. This methodology utilizes additional demographic information (such as education, race, and marital status) in the weighting procedure. Both of these methodology changes were implemented to account for an increased number of U.S. households without land line phones and an under-representation of certain demographic groups that were

Help



Public Health Indicator Based Information System (IBIS)

Utah's Public Health Data Resource

Path: [IBIS-PH](#) » [health indicators](#) » [index](#)



Search this website...



ibis.health.utah.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html

Services Agencies

Search Utah.gov



Public Health Indicator Based Information System (IBIS)

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Search this website...

About Health Topics Health Indicators Explore Communities Publications Data Portal Resources

My Data

Births, Fetal Death, and Infant Deaths

- Utah Birth Data
- Birth Defects
- Fetal Mortality
- Infant Mortality

Health Surveys

- Behavioral Risk Factor Surveillance System (BRFSS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Youth Risk Behavior Survey (YRBS)

Cancer Registry

- Cancer Registry

Communicable Diseases

- Communicable Diseases
- COVID-19

Emergency Department and Hospital

- Inpatient Hospital Discharge
- Emergency Dept Encounter
- Emergency Dept Encounters for Primary Care Sensitive Conditions

Injury

- Injury Mortality
- Injury Inpatient Hospital Discharge
- Injury Emergency Dept Encounter
- Student Injury
- Trauma Registry
- Utah Violent Death Reporting System

Mortality

- Mortality
- Years of Potential Life Lost

Population Estimates

- American Community Survey
- Population Estimates

National Toxic Substance Incidents

- National Toxic Substance Incidents

Environmental Public Health Tracking

- Air Quality Index
- Birth Defects
- Births (NCDM)
- Blood Lead Level
- Cancer Registry (NCDM)
- Drinking Water
- Emergency Dept Encounter (NCDM)
- Extreme Weather Events
- Inpatient Hospital Discharge (NCDM)
- People in Poverty
- Radon Test Results
- Wildfire Smoke

Data Queries

- All Data Queries
- My Saved Queries
- Saved Queries Help

Secure Data

- Secure Data Selections
- Apply for EPHT Access
- Apply for Communicable Disease Access

[Arthritis and Activity Limitation](#)

[Arthritis and Poor Mental Health](#)

[Asthma Hospitalizations](#)

[Asthma Management](#)

[Asthma-related Emergency Department \(ED\) Visits](#)

07/06/2015

04/01/2014

03/03/2015

01/23/2015

07/21/2015



Public Health Indicator Based Information System (IBIS)

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- UDOH Data Sets and Contacts
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- [Age Adjustment Weights](#)
- [Confidence Intervals](#)

Geographic Assessment and Utah Small Areas

- [County Classification Definitions](#)
- [Geographic Areas for Health Data](#)
- [Utah Local Health District and Small Area Designation Algorithm Documentation](#)
- [Flow Chart of Utah Local Health District and Small Area Designation Algorithm](#)
- [SAS Code for Utah Local Health District and Small Area Designation Algorithm](#)
- [Utah Small Area Boundary Definitions](#)
- [Utah Small Area 1997 Methodology Paper](#)

Maps of Utah Small Area Boundaries

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- Health Topics**
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- Dental
- Diabetes
- Environment
- Health Insurance/Access to Care
- Hospital/Emergency Services
- Immunizations and Screenings

Utah's Indicator-based Information System for Public Health (IBIS) Topics

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[Arthritis](#)



[Asthma/
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[Births/Maternity](#)



[Brain/Nervous
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[Cancer](#)



[Cardiovascular
Disease](#)



[Child Health](#)



[Demographics](#)



[Dental](#)



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- Injury and Violence
- Mental Health
- Mortality
- Nutrition
- Other Health Topics

Arthritis

Description

Arthritis includes more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other forms of arthritis that occur often are rheumatoid arthritis, lupus, fibromyalgia, and gout. Symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms.

Arthritis is more common among adults aged 65 years or older, but people of all ages (including children) can be affected. Nearly two-thirds of people with arthritis are younger than 65. Arthritis is more common among women (26%) than men (19%) in every age group, and it affects members of all racial and ethnic groups. Arthritis is also more common among adults who are obese than among those who are normal weight or underweight.

Why It's Important

What Is Known

Who Is at Risk

How To Reduce Risk

How It's Tracked

Indicator Reports (data tables, maps, charts, more detailed information)

- [Arthritis - Monitoring Reach of Evidence-based Programs](#)
- [Arthritis and Activity Limitation](#)
- [Arthritis and Poor Mental Health](#)
- [Arthritis Prevalence](#)

Queryable Datasets

- Arthritis - Adults (BRFSS)**
- [Doctor-diagnosed Arthritis - Crude Rates](#)
 - [Doctor-diagnosed Arthritis - Age-adjusted Rates](#)

Publications

FAQs and Resources



- Important Facts
- Data Views
- Related Indicators
- Available Services
- Other Resources & Links
- Full Report

Health Indicator Report of Arthritis Prevalence

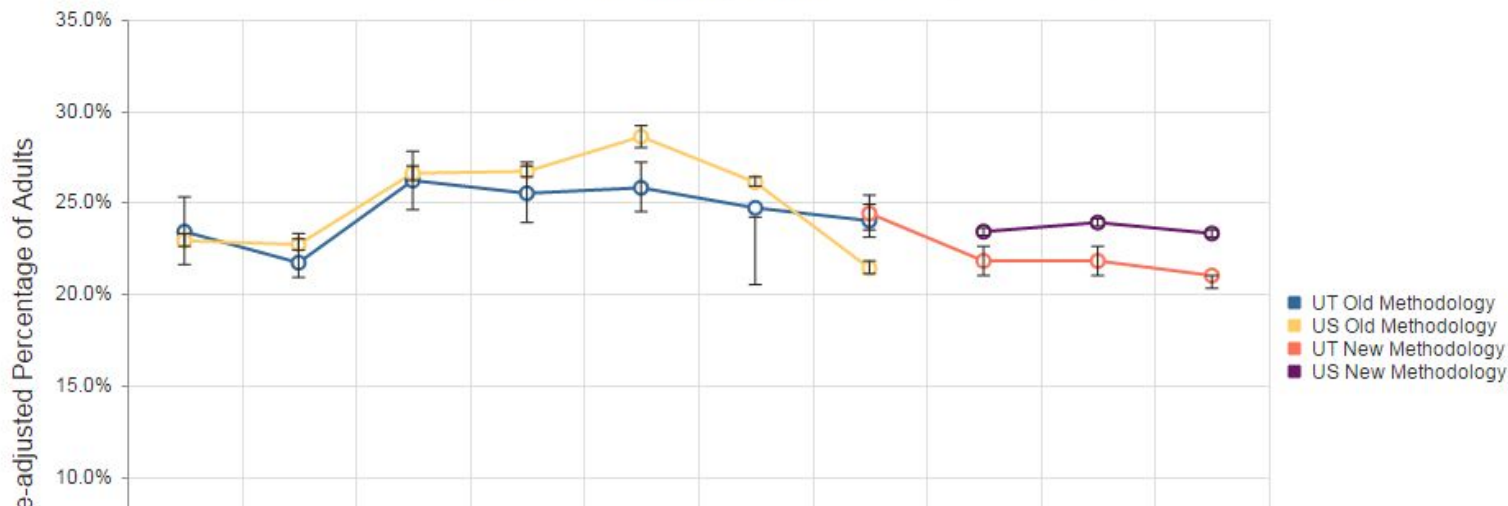
Why Is This Important?

Arthritis affects 52.5 million adults in the U.S. and is the leading cause of disability. Arthritis is also associated with substantial activity limitation, work disability, and reduced quality of life.

Findings from the National Health Interview Survey (2010-2012) indicated that 9.8 percent of adults 18 and older (22.7 million) had arthritis attributable activity limitation.

Chart

Prevalence of Arthritis, Utah and U.S., 2000-2013



Each Indicator Report has a default chart that comes up on the initial view along with a message on why it is an important construct in public health.

Why Is This Important?



Map



Chart



Data Table



Data Notes



Other Views



Health Indicator Definition



Health Objectives and Targets



Current Outlook



Health Improvement



Prevalence of Arthritis, Utah and U.S., 2000-2013

BRFSS Utah vs. U.S.	Year	Age-adjusted Percentage of Adults	Lower 95% CI	Upper 95% CI
UT Old Methodology				
UT Old Methodology	2000	3.4%	21.6%	25.3%
UT Old Methodology	2001	1.7%	20.9%	23.3%
UT Old Methodology	2002	6.2%	24.6%	27.8%
UT Old Methodology	2003			27.2%
UT Old Methodology	2005			27.2%
UT Old Methodology	2007			24.2%
UT Old Methodology	2009			24.9%
UT Old Methodology	2011			n/a
UT Old Methodology	2012			n/a
UT Old Methodology	2013			n/a
US Old Methodology				
US Old Methodology	2000	22.9%	22.6%	23.3%
US Old Methodology	2001	22.7%	22.4%	23.0%
US Old Methodology	2002	26.6%	26.2%	27.0%
US Old Methodology	2003	26.7%	26.4%	27.0%
US Old Methodology	2005	28.6%	28.0%	29.2%
US Old Methodology	2007	26.1%	25.9%	26.4%
US Old Methodology	2009	21.4%	21.1%	21.8%
US Old Methodology	2011		n/a	n/a
US Old Methodology	2012		n/a	n/a
US Old Methodology	2013		n/a	n/a
UT New Methodology				
UT New Methodology	2000		n/a	n/a
UT New Methodology	2001		n/a	n/a
UT New Methodology	2002		n/a	n/a
UT New Methodology	2003		n/a	n/a

- Sort Ascending
- Sort Descending
- Columns
- Filter
 - Show items with value that:
 - Is equal to
 - Is equal to**
 - Is not equal to
 - Starts with
 - Contains
 - Does not contain
 - Ends with



Generic IBIS Tutorial Videos

- The IBIS Community of Practice has developed some videos about the interactive charts and data tables.
 - Kendo Grid Chart #1 – Intro
https://www.youtube.com/watch?v=Nbmu8WFGL_s
 - Kendo Grid Chart #2 – Series or Grouped Data
<https://www.youtube.com/watch?v=ft3D6LK6c6A>
 - Kendo Grid Chart #3 – Missing Values
<https://www.youtube.com/watch?v=YylxYVuOhWI>
- IBIS CoP You Tube Channel
<https://www.youtube.com/channel/UCm0W1wnsAynixzyhRwPf-Q>
can be found by search for “IBISPH CoP” on YouTube

US New Methodology	2014	24.0%	23.8%	24.2%
US New Methodology	2015	23.0%	22.8%	23.2%
US New Methodology	2016	23.5%	23.3%	23.7%

Data Notes

Notes

Doctor-diagnosed arthritis was self-reported and was not confirmed by a health-care provider; however, such self-reports have been shown to be acceptable for surveillance purposes.

Age-adjusted to the U.S. 2000 standard population.

In 2000 and 2001, the BRFSS questions were worded, "Have you ever been told by a doctor that you have arthritis?" In 2002, the wording was changed to "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"

Beginning in 2011, BRFSS data include both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking. More details about these changes can be found at: <https://ibis.health.utah.gov/pdf/opha/resource/brfss/RakingImpact2011.pdf>.

Data Sources

- Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health
- U.S. Data: Behavioral Risk Factor Surveillance System (BRFSS), Division of Behavioral Surveillance, CDC Office of Surveillance, Epidemiology, and Laboratory Services

Data Interpretation Issues

Because age affects the likelihood of having arthritis, it is beneficial to adjust for the effect of age when comparing populations. This helps determine if a certain population has factors that contribute to arthritis prevalence other than the effect of age.

Beginning in 2011, BRFSS data included both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking. This methodology utilizes additional demographic information (such as education, race, and marital status) in the weighting procedure. Both of these methodology changes were implemented to account for an increased number of U.S. households without landline phones and an under-representation of certain demographic groups that were not well-represented in the sample. More details about these changes can be found at: <https://ibis.health.utah.gov/pdf/opha/resource/brfss/RakingImpact2011.pdf>.

Other Views

- [by Age Group and Sex, Utah, 2014-2016](#)
- [by Local Health District, Utah, 2014-2016](#)
- [by Ethnicity, Utah, 2014-2016](#)
- [by Race, Utah, 2014-2016](#)
- [by Education Level, Utah Adults 25+, 2014-2016](#)

Health Indicator Report of Arthritis Prevalence

Why Is This Important?

Chart

Data Table

Data Notes

Other Views

- [by Age Group and Sex, Utah, 2014-2016](#)
- [by Local Health District, Utah, 2014-2016](#)
- [by Ethnicity, Utah, 2014-2016](#)
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- [by Education Level, Utah Adults 25+, 2014-2016](#)
- [by Income, Utah, 2014-2016](#)
- [by Utah Small Area, 2014-2016](#)



Health Indicator Definition

Definition

Percentage of persons who have ever been told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Numerator

Includes survey respondents ages 18 and older who reported being told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Excludes those with missing, don't know, and refused answers.

Denominator

Includes survey respondents ages 18 and older. Excludes those with missing, don't know, or refused answers.

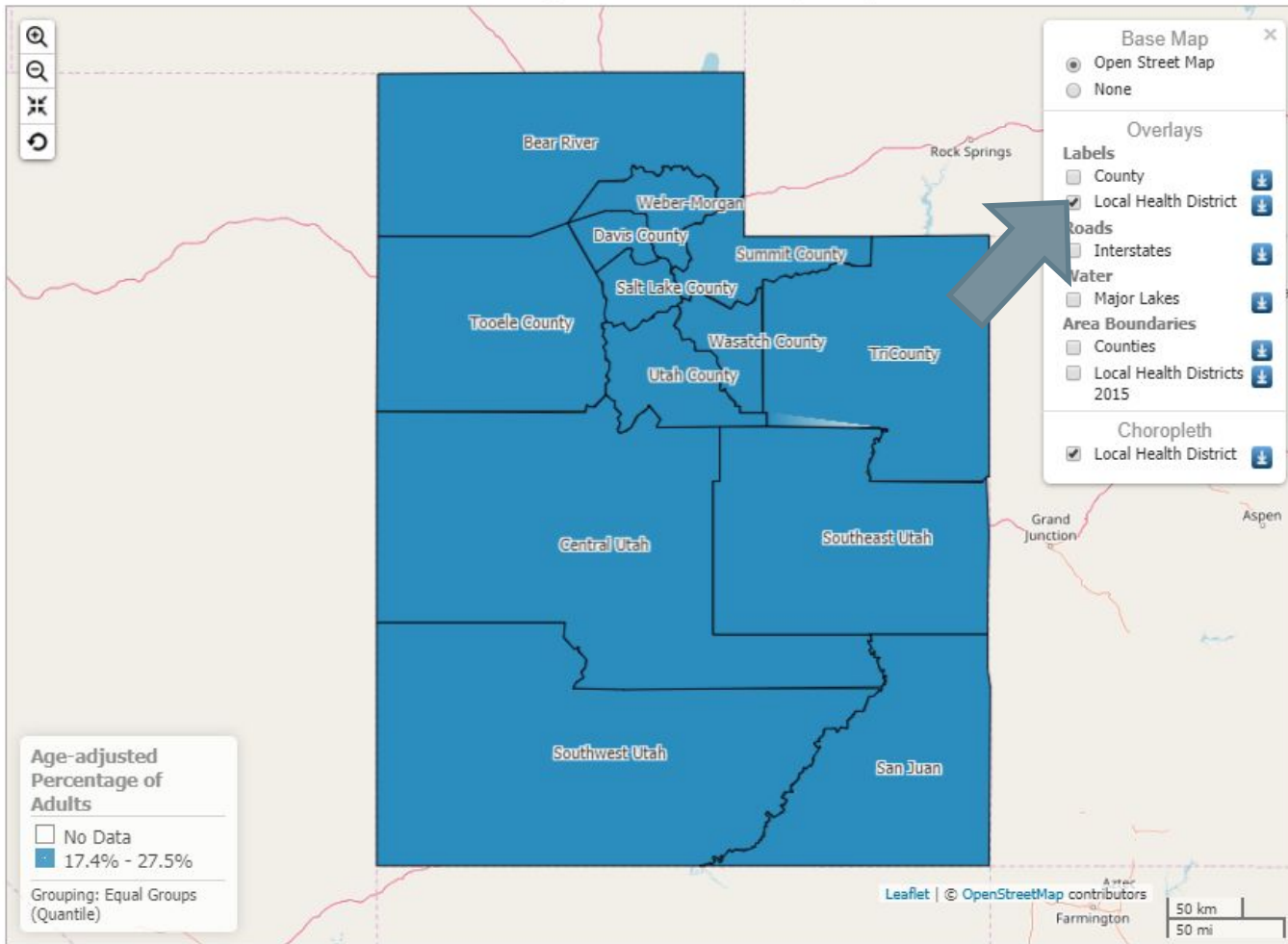
Health Objectives and Targets

Current Outlook

Health Improvement

Page Content Updated On 12/12/2017, Published on 01/03/2018

Arthritis Prevalence by Local Health District, Utah, 2014-2016



The age-adjusted prevalence of arthritis for combined years 2014-2016 in Utah's Local Health Districts ranged from a low of 17.4 percent in Summit County Health District, to a high of 27.5 percent in Tooele County Health District. Health districts with arthritis prevalence lower than the state rate included Summit County, Wasatch County, Utah County, and Salt Lake County. Health districts with rates higher than the state rate included Weber-Morgan, Central Utah, Southeast Utah, and Tooele County. The rest of the health districts had rates that were considered the same as the state rate.

Arthritis Prevalence by Local Health District, Utah, 2014-2016



Data Notes



Other Views



Health Indicator Definition



Health Objectives and Targets



Healthy People Objective AOCBC-2:

Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms

U.S. Target: 35.5 percent

State Target: 37.0 percent

Other Objectives

Healthy People 2020 Objective AOCBC-7.2: Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling for physical activity or exercise.

U.S. Target: 45.3 percent

Current Outlook



How Are We Doing?

The 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey revealed that nearly half (45.5 percent) of Utah adults with arthritis (crude rate) limited their usual activities due to their arthritis.

Despite the known benefits of exercise for persons with arthritis, in 2015, 46.8 percent of Utah adults with arthritis reported they did not meet the recommended requirements for aerobic physical activity, and 27.4 percent reported no leisure time physical activity (i.e. were physically inactive).

How Do We Compare With the U.S.?

In 2015, the age-adjusted rate of activity limitation due to arthritis was 45.0 percent in Utah, which was slightly better than the U.S. rate of 49.2 percent.

Because age affects the likelihood of having arthritis, it is beneficial to adjust for the effect of age when comparing populations. This method helps to determine if a certain population has a factor, which contributes to arthritis more than the effect of age. Therefore, these data were adjusted to the U.S. 2000 standard population.

Health Improvement



Page Content Updated On 12/04/2017, Published on 01/09/2018

Utah Arthritis Program, Bureau of Health Promotion, Division of Disease Control and Prevention, Utah Department of Health, PO Box 142107, Salt Lake City, UT 84114-2107, Telephone: 801-538-9458, Fax: 801-538-9495, Website: <http://health.utah.gov/arthritis>, E-mail: sgeorge@utah.gov or acarolan@utah.gov

What Is Being Done?

The Utah Arthritis Program focuses on measuring the occurrence of arthritis in Utah, increase arthritis awareness and educational opportunities, and promoting participation in programs proven to help persons with arthritis and other chronic conditions. Visit LivingWell.Utah.Gov to find a workshop for yourself or a loved one.

Evidence-based Practices

The Utah Arthritis Program (UAP) partners with healthcare, nonprofit, and government organizations across Utah to deliver evidence-based workshops to help people better manage and prevent arthritis.

The UAP recommends and supports the Chronic Disease Self-Management Programs, EnhanceFitness, Walk With Ease, and the Arthritis Foundation Exercise Program which have been proven to improve the quality of life for people with arthritis.

Available Services

To find and register for an evidence-based program in your area please visit:

<http://www.livingwell.utah.gov>

or call the Health Resource Line at:

1-888-222-2542

Other resources for people with arthritis are available at:

Utah Arthritis Program

<http://health.utah.gov/arthritis>

Arthritis Foundation Great West Region
4424 S 700 E Ste 180, SLC UT 84107
888-391-9389

Information Evidence-Based Programs:

<https://www.selfmanagementresource.com/>

<http://www.projectenhance.org/>

Rheumatologists in Utah

<http://health.usnews.com/doctors/city-index/utah/rheumatologists>

Page Content Updated On 12/12/2017, Published on 01/03/2018

**Utah Arthritis Program, Bureau of Health Promotion, Division of Disease Control and Prevention, Utah
Department of Health, PO Box 142107, Salt Lake City, UT 84114-2107, Telephone: 801-538-9458, Fax: 801-538-9495, Website: <http://health.utah.gov/arthritis>, E-mail: sgeorge@utah.gov or acarolan@utah.gov**

Important Facts
Data Views ✖
by Age Group and Sex, Utah, 2013
by Local Health District, Utah, 2013
by Ethnicity, Utah, 2013
by Race, Utah, 2013
by Education Level, Utah, 2013
by Income, Utah, 2013
Utah and U.S., 2000-2013
by Utah Small Area, 2013
Related Indicators ✖
Relevant Population Characteristics
Health Care System Factors
Risk Factors
Health Status Outcomes
Available Services
Other Resources & Links
Full Report

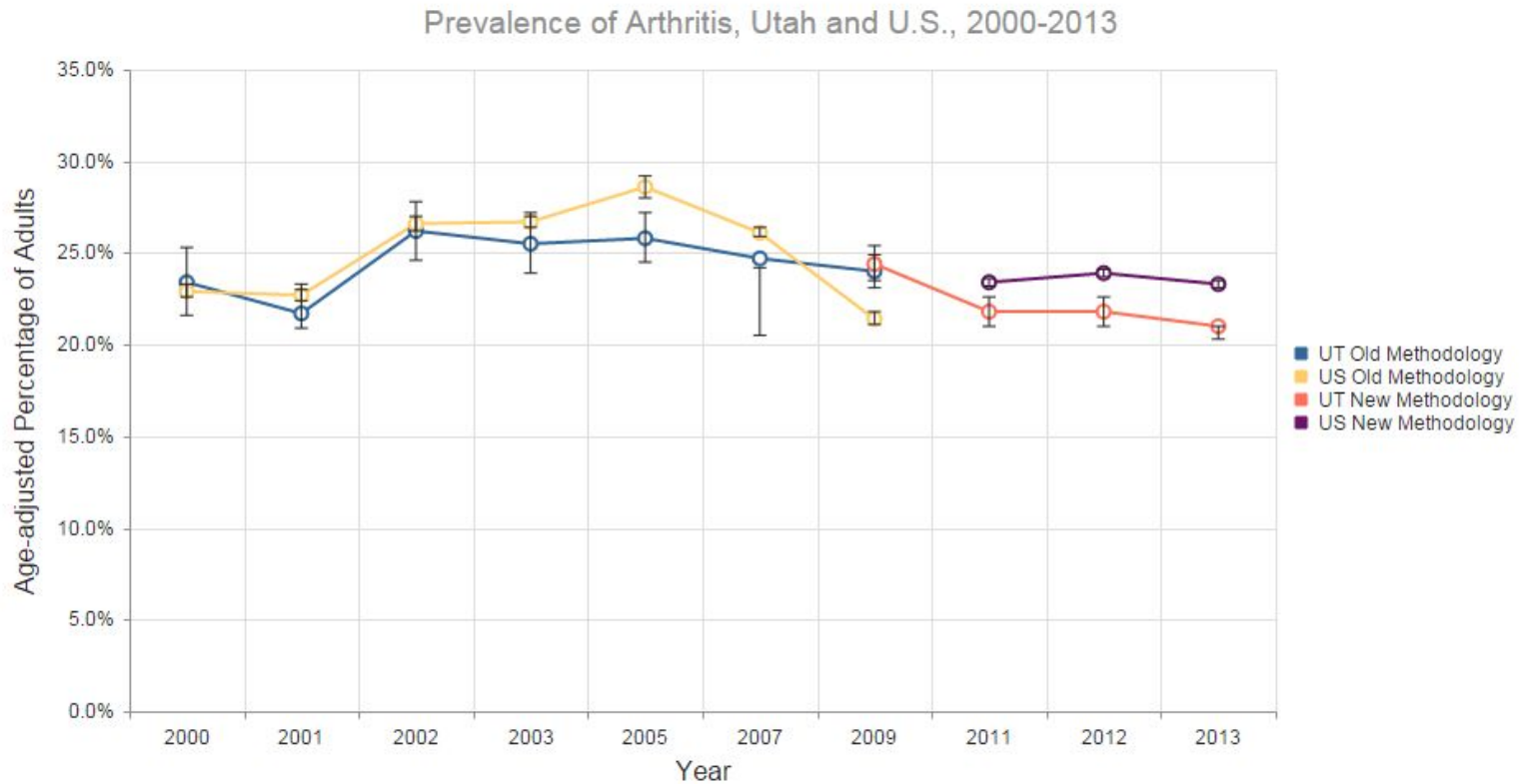
Health Indicator Report of Arthritis Prevalence

Why Is This Important?

Arthritis affects 52.5 million adults in the U.S. and is the leading cause of disability. Arthritis is also associated with substantial activity limitation, work disability, and reduced quality of life.

Findings from the National Health Interview Survey (2010-2012) indicated that 9.8 percent of adults 18 and older (22.7 million) had arthritis attributable activity limitation.

Chart



Data Table

Prevalence of Arthritis, Utah and U.S., 2000-2013

BRFSS Utah vs. U.S. ▼	Year ▼	Age-adjusted Percentage of Adults ▼	Lower 95% CI ▼	Upper 95% CI ▼

Important Facts
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Related Indicators 
Relevant Population Characteristics

Relevant Population Characteristics for Arthritis Prevalence

Relevant Population Characteristics

The population characteristic most relevant to arthritis is the age distribution of the population. As the Utah population ages, a greater percentage of Utahns will be at risk for developing arthritis.

Related Relevant Population Characteristics Indicators:

- [Utah Population Characteristics: Age Distribution of the Population](#)

Important Facts
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Health Care System

Health Care System Factors for Arthritis Prevalence

Health Care System Factors

Utah's aging population is likely to lead to an increase in the prevalence of arthritis that will have dramatic consequences in terms of disability and health care expenditures. Access to health care is still a problem for many Utahns. Individuals who cannot obtain needed health care tend to have higher rates of death and disability from chronic disease. Cost is the most commonly reported barrier to getting needed health care.

Many physicians are leaving practices for a number of reasons, and enrollment in medical schools has dropped. Inevitably this will

Important Facts
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Relevant Population Characteristics

Risk Factors for Arthritis Prevalence

Risk Factors

The prevalence of arthritis increases with age. Females are more likely to report arthritis than males. White, non-Hispanic individuals are more likely to report arthritis than Hispanic persons. Being overweight or obese is also a risk factor. Specific genes are associated with a higher risk of certain types of arthritis, such as rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), and ankylosing spondylitis.

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Health Status Outcomes for Arthritis Prevalence

Health Status Outcomes

In 2016, 28.2 percent of Utah adults with arthritis reported being in fair or poor health, and 32.3 percent reported experiencing seven or more days in the last month when their physical health was not good. The relationship between arthritis and mental health is less dramatic than physical health. One in five Utah adults with arthritis (22.6 percent) reported seven or more days of poor mental health in the past month.

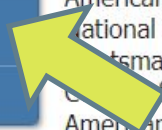
Related Health Status Outcomes Indicators:

- [Fair/Poor Health](#)
- [Health Status: Mental Health Past 30 Days](#)
- [Health Status: Physical Health Past 30 Days](#)

Health Care System Factors
Risk Factors
Health Status Outcomes



- Important Facts
- Data Views
- Related Indicators
- Available Services
- Other Resources & Links
- Full Report



More Information and References for Colorectal Cancer Screening

References and Community Resources

Other resources:

- Utah Cancer Control Program: <http://www.cancerutah.org>
- Utah Cancer Action Network: <http://www.ucan.cc>
- American Cancer Society: <http://www.cancer.org>
- National Cancer Institute: <http://www.cancer.gov>
- Huntsman Cancer Institute: <http://www.huntsmancc.org>
- Centers for Disease Control and Prevention: <http://www.cdc.gov>
- American Society of Clinical Oncology: <http://www.asco.org>

More Resources and Links

Evidence-based community health improvement ideas and interventions may be found at the following sites:

- [The Guide to Community Preventive Services](#)
- [Health Indicators Warehouse](#)
- [County Health Rankings](#)
- [Healthy People 2020 Website](#)

Additional indicator data by state and county may be found on these Websites:

- [Health Indicators Warehouse](#)
- [County Health Rankings](#)
- Kaiser Family Foundation's [StateHealthFacts.org](#)
- CDC WONDER's [DATA2010](#), the Healthy People 2010 Database.

Medical literature can be queried at the [PubMed](#) website.

For an on-line medical dictionary, click on this [Dictionary](#) link.

Complete Health Indicator Report of Arthritis Prevalence

Definition

Percentage of persons who have ever been told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, osteoarthritis, or gout.

Related Indicators

Number

Relevant Population Characteristics

The population characteristic most relevant to arthritis is the age distribution of the population. As the Utah population ages, a greater percentage of Utahns will be at risk for developing arthritis.

Definition

Incidence

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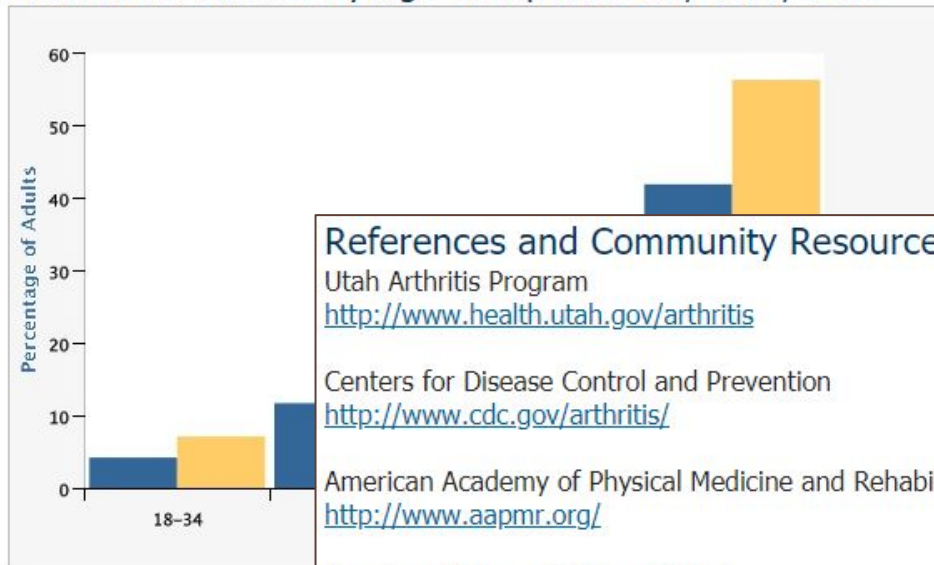
Female

More Resources and Links

Evidence-based community health improvement ideas and interventions may be found at

Graphical Data Views

Arthritis Prevalence by Age Group and Sex, Utah, 2013



References and Community Resources

Utah Arthritis Program

<http://www.health.utah.gov/arthritis>

Centers for Disease Control and Prevention

<http://www.cdc.gov/arthritis/>

American Academy of Physical Medicine and Rehabilitation

<http://www.aapmr.org/>

American College of Rheumatology

<http://www.rheumatology.org/practice/clinical/patients/index.asp>

Arthritis Foundation

<http://www.arthritis.org/>

National Institute of Arthritis and Musculoskeletal and Skin Diseases

<http://www.niams.nih.gov/>

More Resources and Links

Evidence-based community health improvement ideas and interventions may be found at



WHERE Do I Find Indicator Reports?

Health Indicators

Health Topics

Community Snapshots

PHOM Report



Public Health Indicator Based Information System (IBIS)

Utah's Public Health Data Resource



Public Health Indicator Based Information System (IBIS)

Utah's Public Health Data Resource

Path: [IBIS-PH](#) » [About](#)



Se

- about
- Health Topics
- Health Indicators
- Explore Communities
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- Data Portal
- Resources

- Welcome
- Utah Department of Health
- Local Public Health Systems
- Contact Information

Welcome to IBIS-PH; Utah's Public Health Data Resource

Visit our COVID-19 Dashboard



CORONAVIRUS

UTAH.GOV

- For the latest information of case-counts please visit:

<https://coronavirus.utah.gov/case-counts/>

Welcome to the State of Utah, Department of Health, Indicator-Based Information System for Public Health (IBIS-PH). This site provides health data w care system.

This Site Provides:

- [Utah Health Topics](#) - Focus on specific health topics, compiles indicator data, query datasets, important facts, and publications relevant to specific
- [Health Indicator Reports](#) - Health indicator reports provide an overview of specific public health issues in Utah as well as its public health contex
- [Customizable Public Health Query Modules](#) - Data access and analysis tools to numerical datasets. Custom queries include charts, maps, Utah
- [Community Snapshot Reports](#) - Community measures of health indicators within [Local Health Districts](#) and [Utah Small Areas](#) in the state.
- [Publications for Health Data by Topic](#) - Publications address studies of current health issues and answer frequently asked questions concerning Department of Health publications and access to over 7,000 publications in the online [Utah Public Health Library](#).
- [Information About IBIS-PH](#) - Information about the IBIS-PH website, Utah Public Health data, and other general support.

IBIS Training

We provide quarterly IBIS training. For the next session, please register [here](#).

Questions, Concerns, and Feedback



Health Indicators: Alphabetical, Categorized, PHOM



Health Indicators

- Alphabetical List
- Categorized List
- Public Health Outcome Measures Report

- Available Services
- Other Resources & Links
- Full Report

substantially reduced if the tumor is discovered at an early stage. Mammography is currently the best method for detecting cancer early. Clinical trials and observational studies have demonstrated that routine screening with mammography can reduce breast cancer mortality by about 20% for women of average risk.¹

Breast Cancer Screening Recommendations (American Cancer Society):

Before Age 40: Women who are at higher than average risk of breast cancer (due to family history of breast cancer, BRCA 1 or 2 genetic mutations, or who received thoracic irradiation between the ages of 10 and 30) should seek expert medical advice about whether they should begin screening before age 40 and the frequency of that screening.

Age 40-44: Women with average risk of developing breast cancer may consider being screened annually for breast cancer. Women at higher risk should consult with their physician.

Age 45-54: Women with average risk of developing breast cancer should be screened annually for breast cancer. Women at higher risk should consult with their physician.

Age 55-75: Women with average risk of developing breast cancer may be screened annually or biennially for breast cancer. Women at higher risk should consult with their physician.

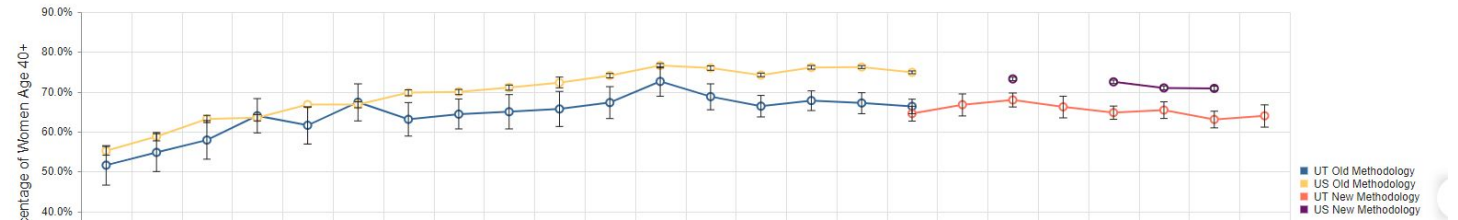
Age 76+: Annual or biennial breast cancer screening should continue for women who are in good health and who are expected to live an additional 10+ years.

If you are age 40 or over, or have a family history of breast cancer, talk to your doctor about the best screening guidelines for you.

1. Myers ER, Moorman P, Gierisch JM, et al. Benefits and harms of breast cancer screening. *JAMA*. doi:10.1001/jama.2015.13183.

Chart

Mammogram Within the Past Two Years, Utah and U.S., 1989-2019





ctrl+f (find or search)

[Health Indicator Reports](#)
[Explore Communities](#)
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Alphabetical Health Indicator Report Selection List

Welcome to the alphabetical selection list of all available health Indicator Reports. To view a health Indicator Report, click on the item's title located in the following list. The [Health Indicator Report by Category Select Index](#) provides a hierarchical selection menu that organizes the health Indicator Reports by category.

Index: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Health Indicator Report	Published Date
Activity Limitation	03/12/2021
Adolescent Births	11/23/2020
Adverse Events Related to Hospital Inpatient Care	10/20/2014
Air Quality: Ozone	12/21/2020
Air Quality: Particulate Matter (PM2.5)	12/21/2020
Alcohol Consumption - Binge Drinking	12/21/2020
Alcohol Consumption - Heavy Drinking	12/21/2020
Alzheimer's Disease	12/31/2015
Ambulatory Care Sensitive Condition: Bacterial Pneumonia Hospitalization Among Adults	12/08/2014
Ambulatory Care Sensitive Conditions: Diabetes Hospitalization Among Adults	12/09/2014
Arthritis Prevalence	12/21/2020
Arthritis and Activity Limitation	02/04/2021
Arthritis and Poor Mental Health	02/04/2021
Asthma Hospitalizations	12/21/2020
Asthma Management	02/07/2019
Asthma-related Emergency Department (ED) Visits	12/08/2020
Asthma: Adult Prevalence	12/21/2020
Asthma: Child Prevalence	12/21/2020
Birth Defects: Infant Mortality	01/20/2021
Birth Defects: Overall	01/20/2021

Introduction
Contents and Usage
Health Topics
Categorized Index of Health Indicator Reports
Alphabetical List of all Health Indicator Reports

Health Indicator Report by Categorized Selection Index

Welcome to the Health Indicator Report by Categorized Selection Index. This index provides a hierarchical selection menu organized by category. To view a report use the hierarchical selection list shown below to drill down/locate the desired report. Once found, click on the desired report's title link. Note that you can also use the site's [Health Topics](#) section, the [Alphabetical Health Indicator Report Selection Index](#) page which provides an alternate menu that lists of all of the available health Indicator Reports sorted alphabetically, or the site's search feature.

- ☰ [Causes of Death](#)
 - ☰ [Coronary Heart Disease Deaths](#)
 - ☰ [Heart Disease Deaths](#)
 - ☰ [Stroke \(Cerebrovascular Disease\) Deaths](#)
 - ☰ [Cancer Deaths](#)
 - ☰ [Breast Cancer Deaths](#)
 - ☰ [Colorectal Cancer Deaths](#)
 - ☰ [Lung Cancer Deaths](#)
 - ☰ [Prostate Cancer Deaths](#)
 - ☰ [Cervical Cancer Death](#)
 - ☰ [Melanoma of the Skin Deaths](#)
 - ☰ [Deaths due to Diabetes as Underlying Cause](#)
 - ☰ [Alzheimer's Disease](#)
 - ☰ [Unitentional Injury Deaths](#)
 - ☰ [Drug Overdose and Poisoning Incidents](#)
 - ☰ [Motor Vehicle Traffic Crash Deaths](#)
 - ☰ [Homicide](#)
 - ☰ [Domestic Violence Fatalities](#)
 - ☰ [Suicide](#)
 - ☰ [Carbon Monoxide Deaths](#)



Topics Index

Health Topics

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[Arthritis](#)

[Asthma/Respiratory](#)

[Births/Maternity](#)

[Brain/Nervous System](#)

[Cancer](#)

[Cardiovascular Disease](#)

[Child Health](#)

[Demographics](#)

[Dental](#)

[Diabetes](#)

[Environment](#)

[Health Insurance/Access to Care](#)




[Hospital/Emergency Services](#)


[Immunizations and Screenings](#)

Utah's Indicator-based Information System for Public Health (IBIS) Topics

How to Find Data and Information on this Site

The "Topics" section organizes IBIS website content into the following categories. Each icon links to a page that contains information for that topic. Along with this information are links to the associated Indicator Reports and Dataset Queries. The Indicator Reports provide graphs, maps, public health context, and data tables. Many of the topic areas have queryable datasets that you can use to create your own tables, charts, and maps. These data query results pages will also have dataset details, including data sources and tips on how data can or cannot be used.

 Air Quality	 Arthritis	 Asthma/ Respiratory	 Births/Maternity	 Brain/Nervous System
 Cancer	 Cardiovascular Disease	 Child Health	 Demographics	 Dental
 Diabetes	 Environment	 Health Insurance/ Access to Care	 Hospital/ Emergency Services	 Immunizations and Screenings

- Topics Index
- Health Topics 
- Air Quality
- Arthritis
- Asthma/Respiratory
- Births/Maternity
- Brain/Nervous System
- Cancer
- Cardiovascular Disease
- Child Health
- Demographics
- Dental
- Diabetes
- Environment
- Health Insurance/Access to Care
- Hospital/Emergency Services
- Immunizations and Screenings
- Infectious Disease
- Injury and Violence
- Mental Health
- Mortality
- Nutrition
- Other Health Topics

Arthritis

Description

Arthritis includes more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other forms of arthritis that occur often are rheumatoid arthritis, lupus, fibromyalgia, and gout. Symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms.

Arthritis is more common among adults aged 65 years or older, but people of all ages (including children) can be affected. Nearly two-thirds of people with arthritis are younger than 65. Arthritis is more common among women (26%) than men (19%) in every age group, and it affects members of all racial and ethnic groups. Arthritis is also more common among adults who are obese than among those who are normal weight or underweight.

Why It's Important

What Is Known

Who Is at Risk

How To Reduce Risk

How It's Tracked

Indicator Reports (data tables, maps, charts, more detailed information)

- [Arthritis - Monitoring Reach of Evidence-based Programs](#)
- [Arthritis and Activity Limitation](#)
- [Arthritis and Poor Mental Health](#)
- [Arthritis Prevalence](#)

Queryable Datasets

- Arthritis - Adults (BRFSS)**
- [Doctor-diagnosed Arthritis - Crude Rates](#)
 - [Doctor-diagnosed Arthritis - Age-adjusted Rates](#)

Publications

FAQs and Resources

- Introduction
- Community Snapshot Report Selector
- 3 Steps to Community Snapshot Reports

Community Snapshot Report - Criteria Definition

Overview

Welcome to the Community Snapshot Report Selection page. A community snapshot produces a report on a set of health indicators for a given community. This page allows the set of indicators and the additional page content to be viewed for the selected community.

Usage

Please select the community type, the community, a set of indicators, and additional report content, below. Then press the Submit button located at the bottom of the page.

Step 1: Select a Community

- Local Health District/State of Utah

- Bear River
- Central Utah
- Davis County
- Salt Lake County
- San Juan County
- Southeast Utah
- Southwest Utah
- Summit County
- Tooele County
- TriCounty

- Utah Small Area/State of Utah

Step 2: Select a Set of Health Indicators

Select the measures to include in your report.

- Causes of Death
- Demographic Characteristics/Social Determinants of Health
- Health System Factors
- Risk and Resiliency Factors
- Health Outcomes
- State Health Profile Indicators
- Statewide Health Status Report
- State Health Assessment Indicators
- Environmental Public Health Tracking (EPHT) Indicators
- Healthiest People Priorities
- Women's Health Indicators
- Injury Indicators
- Communicable Diseases
- All Available Indicators

Step 3: Select Additional Information for Your Report

Community Snapshot for TriCounty Local Health District - All Available Indicators

Overview

Overview

This Community Snapshot Report by local health district provides information for the selected Utah local health district indicated above. It also provides confidence intervals for the measures included, and the Utah and U.S. values of the same measures when they are available. This report only includes Indicators that include a graphical view by local health district.

Clicking on the highlighted, hypertext indicator name in the table will take you to the online indicator report page for that measure.

All Available Indicators

The Community Snapshot Report below includes information from all the Indicators that have a graphical view by the selected community.

Indicator	Community Data			Comparison Values	
	Count/Rate	Confidence Interval*	Compared to Utah	Utah	U.S.
Coronary Heart Disease Deaths, 2013-2015 (Age-adjusted Rate per 100,000 Population) The rate of coronary heart disease-related deaths per 100,000 population.	56.3	(44.5 - 70.1)	≈	65.6	--
Heart Disease Deaths, 2011 (Age-adjusted Death Rate per 100,000 Population) The rate of heart disease related deaths (ICD-10 codes I00-I09, I11, I13, I20-I51) per 100,000 population (age-adjusted to 2000 U.S. population).	145.7	(112.1 - 186.2)	≈	139.3	--
Stroke Deaths, 2013-2015 (Age-adjusted Rate per 100,000 Population) The rate of stroke deaths (ICD-10 codes I60-I69) per 100,000 population.	29.5	(20.9 - 40.4)	≈	38.2	--
Cancer Death Rate, 2013-2015 (Age-adjusted Rate per 100,000 Population) The rate of death from all cancers per 100,000 persons.	126.7	(108.7 - 146.9)	≈	126.6	161.0
Breast Cancer Deaths, 2011-2015 (Age-adjusted Rate per 100,000 Women) The rate of death from cancer of the breast (ICD-10 C50) per 100,000 women.	11.7	(6.5 - 19.5)	✓	20.3	--
Breast Cancer, 2013-2015 (Age-adjusted Incidence Rate per 100,000 Females) The rate of breast cancer incidence (ICD-10 code C50) in Utah or U.S. per 100,000 females.	79.0	(59.7 - 102.6)	✓	113.8	--
Colorectal Cancer Deaths, 2011-2015 (Age-adjusted Death Rate per 100,000 Population) The rate of death from cancer of the colon or rectum (ICD-10: C18-C21) per 100,000 persons.	17.2	(12.2 - 23.6)	!	11.3	--
Colorectal Cancer Incidence, 2013-2014	40.0	(30.0 - 62.2)	!	20.0	--



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Table of Contents - Public Health Outcome Measures Report

- [Part 1. Underlying Demographic Context of the Population](#)
- [Part 2. Health Care Services and Systems](#)
- [Part 3. Risk Factors for Illness](#)
- [Part 4. Common Preventable Diseases and Conditions](#)

Introduction

- [Utah Department of Health](#)
- [Utah Department of Health Budget](#)
- [Local Public Health](#)

Part 1. Underlying Demographic Context of the Population

Characteristics of the Population

- [Age Distribution of the Population](#)
- [Racial and Ethnic Composition of the Population](#)

Birth and Death Rates

- [Birth Rates](#)
- [Deaths From All Causes](#)
- [Life Expectancy at Birth](#)

Household and Family Characteristics

Indicator pages may be combined into online reports, like Utah's Public Health Outcome Measures Report:
<https://ibis.health.utah.gov/report/phom/TableOfContents.htm>



Utah's Public Health Outcome Measures (PHOM) Report

- Legislators are notified every November/December.
- Shoot for all indicators updated by Oct 31.
- Available Online at:
<https://ibis.health.utah.gov/ibisph-view/report/phom/Introduction.htm>
↓
- IBIS Version 2019 population numbers are available on the production site: <https://ibis.health.utah.gov>



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