UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
Adolescent Health Trends

October 2018

The Utah Department of Health (UDOH), Department of Human Services Division of Substance Abuse and Mental Health (DSAMH), and Utah State Board of Education (USBE) partner to conduct the School Health and Risk Prevention (SHARP) surveys in public schools throughout the state. The SHARP surveys include the Prevention Needs Assessment (PNA) survey, which is administered every odd-numbered year. Through active parental consent, students in grades 6, 8, 10, and 12 are asked about asthma, diabetes, healthy weight, injury, physical activity, nutrition, substance abuse, tanning, tobacco use, and violence. The survey is weighted to reflect probability of selection and to adjust to the distribution of students by age, grade, school district, and race/ethnicity. Response rates are approximately 60%.

The UDOH Bureau of Health Promotion recently released the *2017 Utah Adolescent Health Report*. The report contains data from 2013, 2015, and 2017 on 31 indicators by local health district. This Health Status Update highlights key trends from the report. The full report can be found at http://www.health.utah.gov/vipp/pdf/2017UtahAdolescentHealthReport.pdf.

KEY FINDINGS

- **Highlighs from the recently released 2017 Utah Adolescent Health Report include data on mental health, chronic diseases and risk factors, and substance abuse.**
- **All of the mental health indicators were trending in the wrong direction. Significant increases were seen among adolescents reporting feeling sad or hopeless (20.8% to 27.3%), suicide ideation (14.1% to 18.1%), making a suicide plan (10.8% to 14.3%), and one or more suicide attempt (6.2% to 7.7%) from 2013 to 2017.**
- **Improvement was made among adolescents for tanning (decreased from 7.7% to 4.0%) and adolescents with asthma reporting having an asthma action plan (increased from 14.8% to 22.5%) from 2013 to 2017.**
- **Improvement was made for cigarette smoking (decreased from 3.9% to 2.9%) and secondhand smoke exposure (decreased from 23.2% to 17.4%), but more adolescents reported using e-cigarettes or vape products (increased from 5.8% to 11.1%) from 2013 to 2017.**

Mental Health

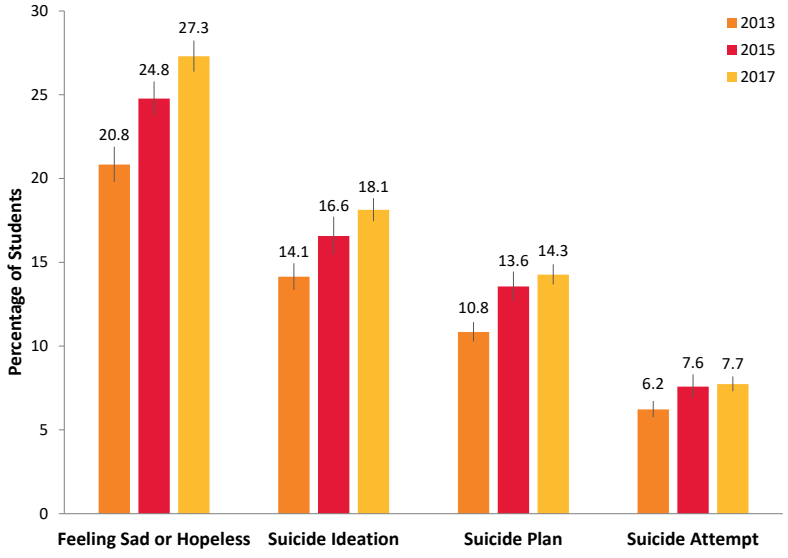
All of the mental health indicators significantly increased from 2013 to 2017. Adolescents who reported feeling sad or hopeless almost every day for two weeks increased from 20.8% in 2013 to 27.3% in 2017. Suicide ideation increased from 14.1% to 18.1%, making a suicide plan increased from 10.8% to 19.3%, and adolescents reporting one or more suicide attempts increased from 6.2% to 7.7%.

Chronic Diseases and Risk Factors

More than one in 10 adolescents reported having current asthma. Although this remained stable from 2013 to 2017, the percentage of adolescents with asthma who had an asthma action plan increased from 14.8% in 2013 to 22.5% in 2017. In 2017, less than one in five adolescents (19.0%) reported the recommended level of physical activity and almost one in 10 (9.5%) were obese. Neither of these indicators increased or decreased from 2013 to 2017. Also in 2017, more than half of adolescents (58.3%) reported eating at least one meal with their family on five or more days per week. There was a significant decrease in the percentage

Mental Health

Figure 1. Percentage of students in grades 8, 10, and 12 reporting each mental health measure, Utah, 2013, 2015, and 2017



Source: Utah Prevention Needs Assessment Survey

of adolescents who used a tanning device in the past 12 months from 2013 to 2017 (7.7% and 4.0% respectively).

Substance Abuse

In 2017, Utah adolescents continued to have a low rate of binge drinking (5.5%) and these rates have remained constant. Also in 2017, about one in 12 adolescents reported using marijuana in the past 30 days (8.1%), statistically similar to the rates in 2013 and 2015. In 2017, there were fewer adolescents who reported smoking cigarettes than in 2013 (2.9% and 3.9% respectively), but more who reported using e-cigarettes or vape products (5.8% in 2013, increasing to 11.1% in 2017). Fewer adolescents reported being in the same room with someone who smoked cigarettes in the past seven days (23.2% in 2013, 17.4% in 2017).

Violence

More than one in four adolescents (27.9%) reported being bullied in the past 12 months on school property and a similar number (27.2%) reported being threatened or harassed over the internet. More girls (33.8%) reported cyber bullying than boys (20.9%). Additionally, one in 10 adolescents (8.8% of boys, 12.5% of girls) reported experiencing dating violence in the past 12 months.

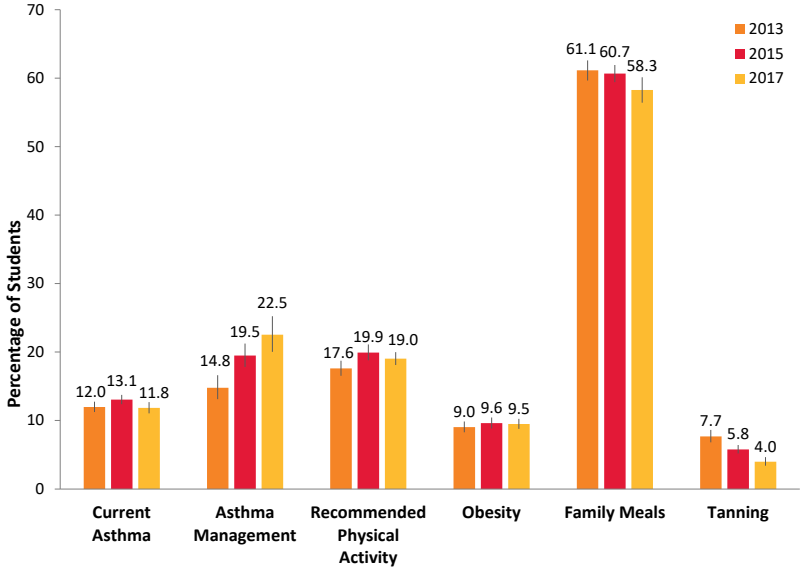
The PNA survey is vital to describe the prevalence and trends in risk and protective factors among Utah adolescents. The information is used to identify areas of greatest concern and assist school administrators, teachers, and public health practitioners in protecting and improving student health. The data is critical to maintaining the well-being of Utah adolescents and to evaluate the success of programs that target high-risk behaviors. The findings are also used to inform community and school level programs and policies.

UDOH ANNOUNCEMENT:

In 2018, Senate Bill 184 permits pharmacists in Utah to dispense self-administered hormonal contraception under a standing order from the Utah Department of Health (UDOH). Once the standing order is issued, women may receive birth control pills, the patch, or a vaginal ring from participating pharmacists after they complete a health history form, have their blood pressure taken, affirm that they have seen a women's health care provider within the last two years, and talk with their pharmacist about the method that works best for them. Pharmacists who wish to utilize this standing order will be required to register online with the UDOH and submit annual reports of aggregate data on their dispensing activities.

Chronic Diseases and Risk Factors

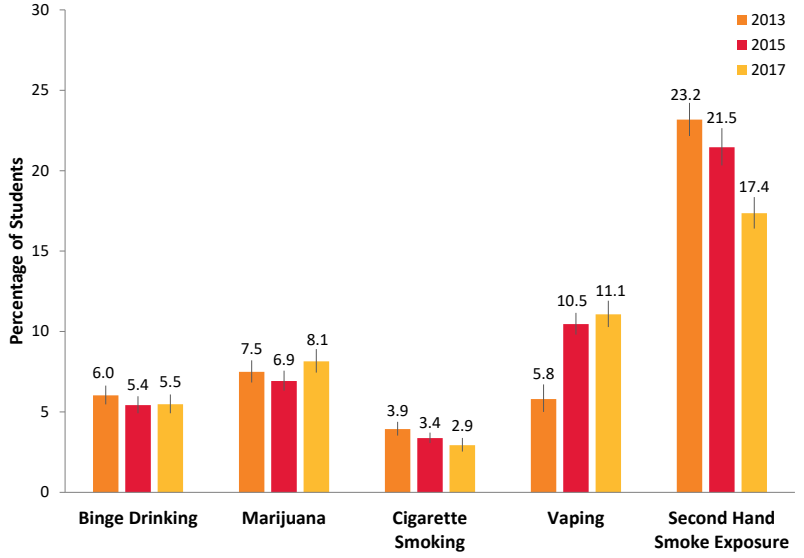
Figure 2. Percentage of students in grades 8, 10, and 12 reporting each chronic disease or risk factor, Utah, 2013, 2015, and 2017



Source: Utah Prevention Needs Assessment Survey

Substance Abuse

Figure 3. Percentage of students in grades 8, 10, and 12 reporting each type of substance abuse, Utah, 2013, 2015, and 2017



Source: Utah Prevention Needs Assessment Survey

For additional information about this topic, contact Michael Friedrichs, 801-538-6244, mfriedrichs@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, chdata@utah.gov.

Breaking News, October 2018

Reasons for Not Having Health Insurance Before Pregnancy

Health insurance coverage is a critical factor in making preconception health care and family planning services affordable and accessible to women. Of the 50,486 Utah women who delivered a live infant in 2016, most had some form of coverage. However, gaps in private sector and publicly funded programs remain, resulting in more than one in 10 women reporting they had no health insurance before becoming pregnant. According to the Utah Department of Health Pregnancy Risk Assessment Monitoring System (PRAMS), the highest rates of being uninsured before pregnancy were reported by women younger than 20 with less than a high school education, of non-White race, of Hispanic ethnicity, or living at 100% or less of the federal poverty rate. The PRAMS survey asks women, "What was the reason that you did not have any health insurance during the month before you got pregnant with your new baby?" In 2016, cost was the most frequently reported reason for not having health insurance. The accompanying table lists the other top reasons women cited for being uninsured.

Of concern, is the 28.6% of women who lacked knowledge about how to obtain health insurance or had problems with the application process. In-person assistance can be obtained through Take Care Utah, https://takecareutah.org/, which is a network of nonprofit organizations focused on helping people apply for health insurance.

Reason For Not Having Health Insurance	Percentage of Women
Health insurance was too expensive	66.8%
Health insurance was not offered through employment	35.5%
Lack of knowledge about how to obtain health insurance or had problems with application process	28.6%
Income was too high to qualify for Medicaid	24.7%
Income was too high to qualify for coverage through the Affordable Care Act (ACA)	6.2%

Source: 2016 Pregnancy Risk Assessment Monitoring System (PRAMS) survey

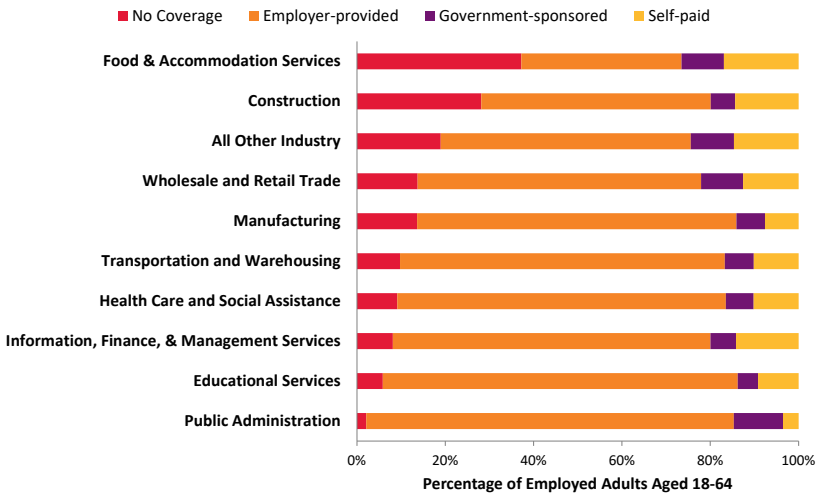
Community Health Spotlight, October 2018

Insurance Coverage by Industry

Health care costs in the U.S. exceed $3 trillion annually. Businesses with 50 or more employees working 30+ hours weekly are required to provide health insurance under the Affordable Care Act but there is considerable variation in type of coverage by industry.

A recent study indicated that 14.5% of employed or self-employed working-age Utah adults (aged 18–64) did not have any kind of health insurance (Utah Behavioral Risk Factor Surveillance System, 2013–2015). Respondents self-reported place of work and type of insurance coverage. Responses were categorized into 10 industry types using standard coding provided by the National Institute of Occupational Safety and Health (NIOSH). Two industries had significantly higher rates of uninsured workers—Food and Accommodation Services and Construction (37.2% and 28.2%, respectively). These two industries also had the lowest rates of employer-provided coverage. Industrial disparities in non-coverage may increase once individual coverage is no longer mandated. Public health interventions may be necessary to ensure access to affordable health care coverage across all industries.

Percentage of Employed Utah Adults Aged 18–64 Reporting Type of Inusrance Coverage by Industry, Utah, 2013–2015



Source: Utah Behavioral Risk Factor Surveillance System

Monthly Health Indicators Report

(Data Through August 2018)

Monthly Report of Notifiable Diseases, August 2018	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (*Campylobacter*)	49	56	384	369	1.0
Shiga toxin-producing *Escherichia coli* (*E. coli*)	20	14	130	67	1.9
Hepatitis A (infectious hepatitis)	6	3	127	11	11.1
Hepatitis B, acute infections (serum hepatitis)	0	1	13	6	2.2
Meningococcal Disease	1	0	3	2	1.3
Pertussis (Whooping Cough)	21	58	232	523	0.4
Salmonellosis (*Salmonella*)	43	47	244	266	0.9
Shigellosis (*Shigella*)	10	4	40	27	1.5
Varicella (Chickenpox)	4	12	89	150	0.6
West Nile (Human cases)	6	8	6	10	0.6
Quarterly Report of Notifiable Diseases, 2nd Qtr 2018	**Current Quarter # Cases**	**Current Quarter # Expected Cases (5-yr average)**	**# Cases YTD**	**# Expected YTD (5-yr average)**	**YTD Standard Morbidity Ratio (obs/exp)**
HIV/AIDS†	22	29	59	60	1.0
Chlamydia	2,568	2,099	5,196	4,354	1.2
Gonorrhea	729	387	1,397	770	1.8
Syphilis	31	22	61	42	1.5
Tuberculosis	2	8	10	14	0.7
Medicaid Expenditures (in Millions) for the Month of August 2018‡	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Mental Health Services§	$ 12.9	$ 13.6	$ 23.5	$ 24.8	$ (1.3)
Inpatient Hospital Services	$ 12.4	$ 13.6	$ 18.0	$ 19.5	$ (1.6)
Outpatient Hospital Services	$ 0.6	$ 0.2	$ 1.7	$ 2.3	$ (0.6)
Nursing Home Services	$ 4.0	$ 3.9	$ 14.5	$ 15.5	$ (1.0)
Pharmacy Services	$ 9.9	$ 10.2	$ 19.1	$ 20.4	$ (1.4)
Physician/Osteo Services	$ 4.3	$ 4.1	$ 6.1	$ 6.1	$ (0.0)
Medicaid Expansion Services	$ 6.2	$ 7.0	$ 10.2	$ 11.6	$ (1.4)
TOTAL MEDICAID#	$ 142.0	$ 147.2	$ 281.3	$ 290.0	$ (8.6)

† 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. Active surveillance has ended for influenza until the 2018–2019 season.

Program Enrollment for the Month of August 2018	Current Month	Previous Month	% Change** From Previous Month	1 Year Ago	% Change** From 1 Year Ago
Medicaid	274,596	273,946	+0.2%	285,047	-3.7%
PCN (Primary Care Network)	15,522	13,222	+17.4%	14,220	+9.2%
CHIP (Children's Health Ins. Plan)	18,852	18,959	-0.6%	19,380	-2.7%
	Annual Visits			Annual Charges	
Health Care System Measures (Year)	**Number of Events**	**Visits per 1,000 Utahns**	**% Change** From Previous Year**	**Total Charges in Millions**	**% Change** From Previous Year**
Overall Hospitalizations (2016)	297,106	97.4	+3.0%	$ 8,638.0	+8.4%
Non-maternity Hospitalizations (2016)	198,257	65.0	+2.0%	$ 7,466.1	+9.2%
Emergency Department Encounters†† (2016)	756,376	247.9	+7.6%	$ 2,286.3	+21.7%
Outpatient Surgery (2016)	491,566	161.1	+4.9%	$ 3,000.6	-0.3%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/ Rate**	**% Change** From Previous Year**	**State Rank‡‡ (1 is best)**
Obesity (Adults 18+)	2016	538,700	25.3%	+3.3%	10 (2016)
Cigarette Smoking (Adults 18+)	2016	187,400	8.8%	-3.3%	1 (2016)
Influenza Immunization (Adults 65+)	2016	176,300	54.9%	-6.9%	41 (2016)
Health Insurance Coverage (Uninsured)	2016	265,500	8.7%	-1.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2016	257	8.4 / 100,000	+2.0%	16 (2016)
Poisoning Deaths	2016	703	23.0 / 100,000	-1.1%	33 (2016)
Suicide Deaths	2016	612	20.1 / 100,000	-1.5%	47 (2016)
Diabetes Prevalence (Adults 18+)	2016	153,300	7.2%	+2.9%	8 (2016)
Poor Mental Health (Adults 18+)	2016	362,000	17.0%	+6.3%	21 (2016)
Coronary Heart Disease Deaths	2016	1,631	53.5 / 100,000	-1.3%	4 (2016)
All Cancer Deaths	2016	3,114	102.1 / 100,000	-1.3%	1 (2016)
Stroke Deaths	2016	927	30.4 / 100,000	+2.4%	32 (2016)
Births to Adolescents (Ages 15-17)	2016	447	6.2 / 1,000	-11.1%	11 (2016)
Early Prenatal Care	2016	38,003	75.3%	-1.5%	n/a
Infant Mortality	2016	274	5.4 / 1,000	+7.2%	12 (2015)
Childhood Immunization (4:3:1:3:3:1)	2016	37,100	73.6%	0.0%	26 (2016)

‡ This state fiscal year (SFY) 2018 report includes supplemental payments to better match the SFY 2018 Medicaid Forecast Budget which costs have not been included in previous years.
§ The SFY 2018 Medicaid Forecast Budget includes Mental Health and Substance Abuse services together while this report only accounts for Mental Health services. This is to stay consistent with the previous years reports.
# Medicaid Espansion Services was added to the Medicaid program in SFY 2018. Total Medicaid costs exclude the Prism Project.
** Relative percent change. Percent change could be due to random variation.
†† Treat and release only.
‡‡ State rank based on age-adjusted rates where applicable.