Utah Health Status Update:

Teen and Adult Suicide

July 2008 Utah Department of Health

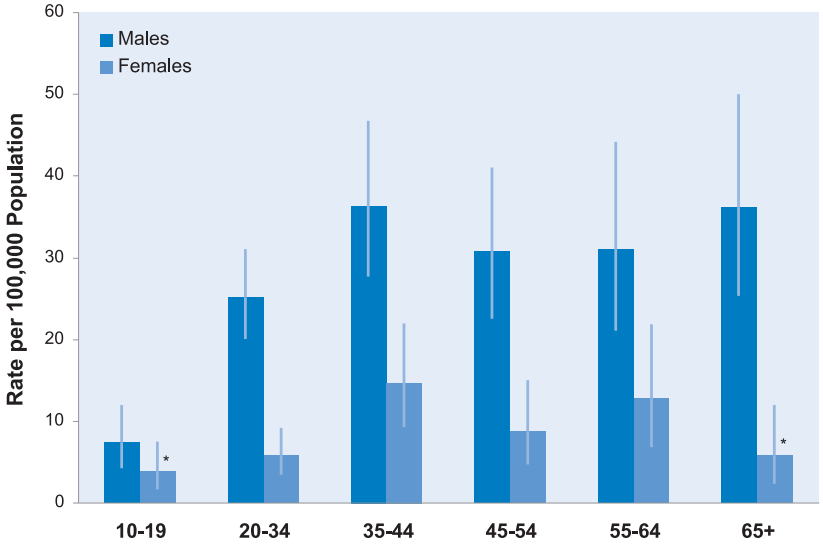
Suicide, a preventable public health problem, is the eighth leading cause of death for all ages in Utah.[1] The age-adjusted suicide rate is 15.3 per 100,000 population, which is the equivalent to one suicide per day in Utah. This is statistically higher than the U.S. age-adjusted rate of 10.8 per 100,000 population.[2] Utah ranks 16th in the U.S. for overall suicide deaths and 11th for persons aged 15–24.[3] In 2006, Utah males were three times more likely to die from suicide than females (20.8 vs. 6.4 per 100,000 population respectively). Males had a higher suicide rate compared to females in every age group. Males and females aged 35–44 had the highest suicide rate at 36.4 and 14.7 per 100,000 population respectively. Additionally, males and females aged 10–19 had the lowest suicide rate (7.4 and 3.8 per 100,000 population respectively) (Figure 1). Firearms were the most commonly used method of suicide among males (58.4%); poisoning was the most common method among females (45.8%).

Unfortunately, suicide deaths are only a part of the overall problem. For every suicide death in Utah, three people are hospitalized (47.8 per 100,000 population) and eight people are treated and released from emergency departments (109.5 per 100,000 population) for self-inflicted injuries. Females are twice as likely as males to be hospitalized or seen in the emergency department for self-inflicted injuries. Hospitalization rates for self-inflicted injuries were highest among persons aged 35–44 (85.2 per 100,000 population). Emergency department visit rates were highest among persons aged 10–19 (209.8 per 100,000 population) and notably decreased with age. More people are hospitalized or seen in the emergency department for self-inflicted injures than die from suicide in every age group except persons 65 years and older (Figure 2).

Suicide is a complex issue that many people feel uncomfortable discussing. A survey among Utah high school students showed that there was no significant difference between the prevalence of males and females who reported that they seriously considered suicide during the past year, yet a significantly higher percentage of females (15.4%) compared to males (10.4%) reported that they had made a plan to attempt suicide. Although more females reported that they attempted suicide one or more times during the past year, more males were injured from a suicide attempt (Figure 3). A survey of Utah adults

Suicide Deaths by Sex and Age Group

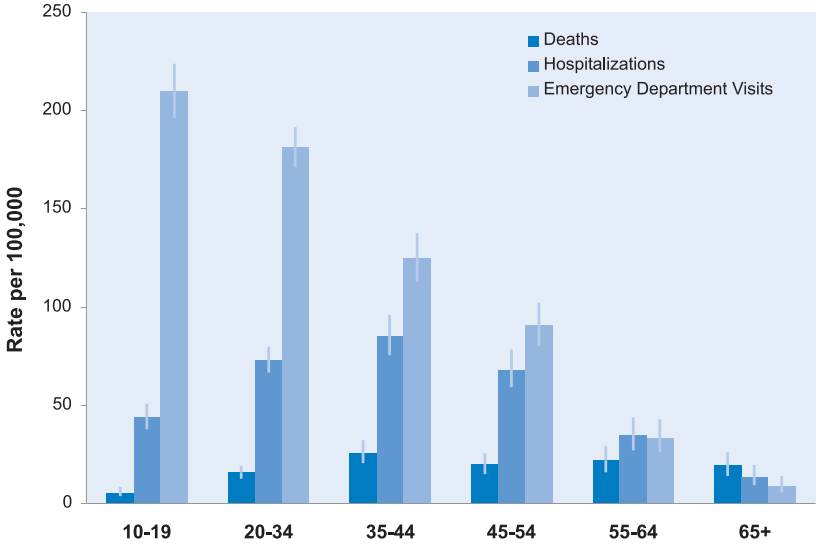
Figure 1. Number of suicide deaths per 100,000 population by sex and age group, Utah, 2006



* Use caution when interpreting the results. The estimate has a relative standard error of .30 or more.
Source: Utah's Indicator-Based Information System for Public Health, 2006

Suicide Deaths, Hospitalizations, and ED Visits

Figure 2. Number of suicide deaths and injuries per 100,000 population by age group, Utah, 2006



Source: Utah's Indicator-Based Information System for Public Health, 2006

showed that females 85 years and older had the highest prevalence of reported thoughts of hurting themselves or that they would be better off dead one or more times in the past two weeks (12.4%); the highest prevalence for males was also among persons 85 years and older (8.0%) (Figure 4).

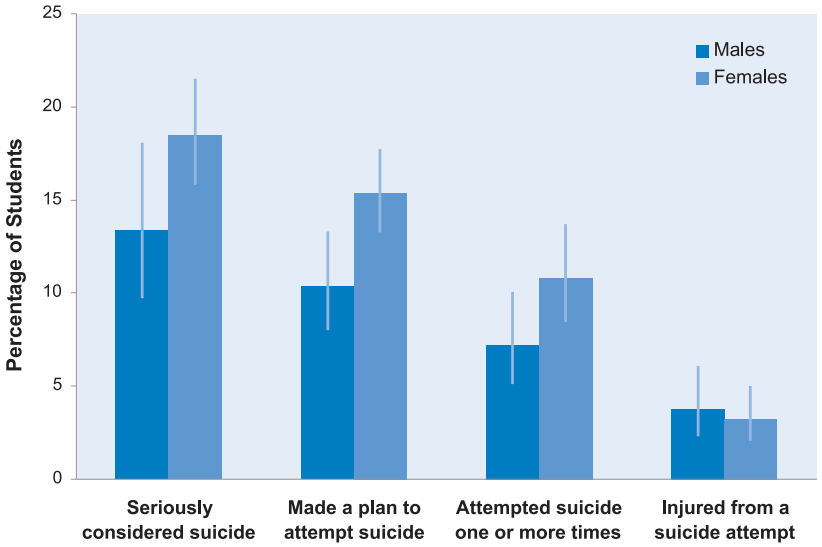
The Utah Violent Death Reporting System examined circumstances surrounding suicide deaths and found that females were more likely to have been treated for mental illness prior to committing suicide (75.4%) than males (39.9%), and that the most commonly diagnosed mental illness for both males and females was depression (27.5% and 54.1%, respectively). Moreover, females were more likely to have a history of suicide attempts, another risk factor for suicide, than males (44.3% and 19.2%, respectively). Other risk factors for suicide include substance abuse, easy access to firearms, and unwillingness to seek help because of stigma attached to mental and substance abuse disorders. Some protective factors for suicide include easy access and effective clinical care for mental illness, physical and substance abuse services, family and community support for help seeking, cultural and religious beliefs that discourage suicide, and restricted access to firearms.[4] With a focus on many of these risk and protective factors, the Utah Suicide Prevention Plan, http://www.intermountaininjury.org/publications/UtahStateSuicidePreventionPlan051007.pdf, was developed in 2007 to address suicide prevention strategies.

References:

1. Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2005). National Center for Injury Prevention and Control, CDC (producer). Available from URL. www.cdc.gov/ncipc/wisqars/default.htm.
2. Ibid
3. H.-S. Kung, D.L. Hoyert, J. Xu, & S.L. Murphy. (2008, January). Deaths: Final data for 2005. National Vital Statistics Reports, 56(10). http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf obtained 16 January 2008.
4. U.S. Public Health Service. Surgeon General's Call to Action to Prevent Suicide. Washington, DC: 1999.

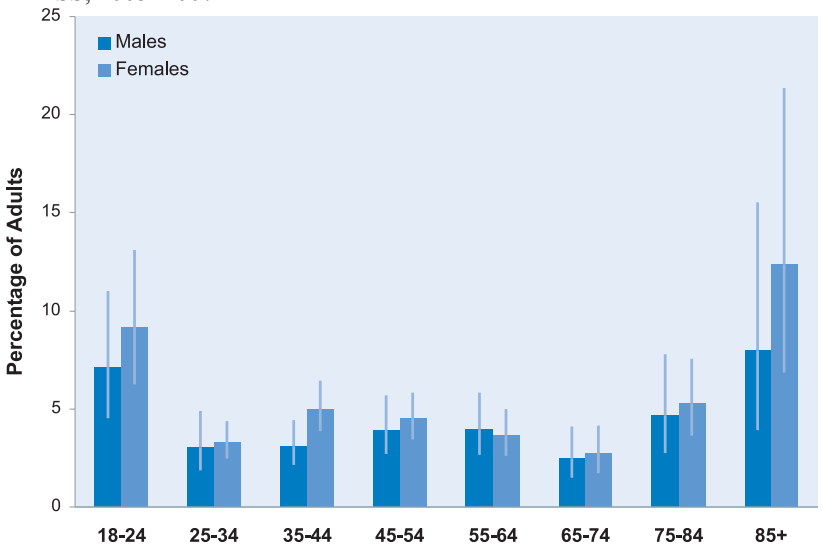
Suicide Ideation and Attempts Among Students

Figure 3. Percentage of suicide ideation, attempts and injury of high school students during the past year by sex, Utah YRBS, 2005 and 2007



Suicide Ideation Among Adults

Figure 3. Percentage of adults reporting thoughts of hurting themselves or being better off dead in the past two weeks by sex and age group, Utah BRFSS, 2005–2007



June 2008 Utah Health Status Update

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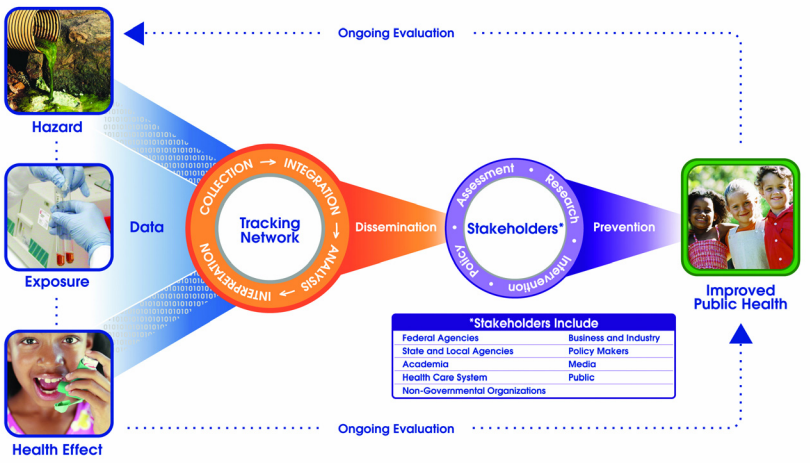
Breaking News, June 2008

Environmental Public Health Tracking Network Launches September 2008

After years of planning and piloting, the state and national Environmental Public Health Tracking Networks (EPHTN) will launch September of 2008. Each network will consist of a public and secure web-based portal. These web-based portals will make available for the first time in one place, information about environmental hazards, exposures to those hazards, and the subsequent health outcomes. Utah uses the Indicator Based Information System for Public Health (IBIS-PH) as its state public portal. The EPHTN is adding tracking related content to the public IBIS-PH portal. One example of new content is an indicator that shows a possible association between low birth weight babies and living in close proximity to environmental hazard sites. Perhaps the most influential contribution EPHTN will make for local health departments (LHDs) is the development of secure IBIS-PH which will contain data on a finer level such as at census tracts geography making it possible for LHDs to quickly and more efficiently respond to public concerns. For example, Utah LHDs frequently receive inquiries to conduct cancer cluster investigations which seek to resolve whether or not there is an above-average cancer incidence in a certain area and whether or not any cancer cluster could be environmentally related. In the past, cluster investigations took 6 months to over a year to complete. LHDs could not do these kinds of investigations because the data they had access to was not a fine enough resolution. With the secure IBIS-PH web portal, LHDs can access data to compute local cancer incidence and quickly determine if a particular neighborhood or census tract is experiencing a high cancer incidence all within minutes. For more information contact John Contreras at jrcontreras@utah.gov.



Community Health Indicators Spotlight, June 2008

Insurance Coverage Among Utah Women

Women without health insurance are less likely than those with coverage to receive preventive healthcare services at appropriate ages. Receipt of preventive healthcare services such as prenatal care, mammograms, and Pap screenings are correlated with improved outcomes and decreased morbidity and mortality; and yet the percentage of Utah women with insurance coverage to pay for these preventive healthcare services is declining.

Over the past ten years, the percentage of persons in Utah and in the U.S. who lacked insurance coverage has increased. United Health Foundation's America's Health, State Health Rankings 2005 report ranks Utah 23rd among states for percentage of residents with health insurance. According to the 2007 Utah Healthcare Access Survey 10.4% of adult Utah women are uninsured, a 17% increase since 2001 (8.9%). These data also indicate that characteristics of Utah women who are more likely to be uninsured include: lower education levels, lower socioeconomic levels, being unmarried, being of Hispanic ethnicity, or being unemployed and/or a student.

Lack of insurance coverage may be affecting Utah women's compliance with recommended preventive health screenings; only 68.2% of women (aged 40 and over) received a mammogram in the past two years and only 74.3% of women received a Pap smear in the past three years according to the 2006 Behavioral Risk Factor Surveillance System data compared to 76.5% and 84.0% respectively across the nation as a whole.

Another service that may be affected by lack of insurance coverage is early entry into prenatal care for pregnant women. According to Utah PRAMS (Pregnancy Risk Assessment Monitoring System) data, over 20% of Utah women entered prenatal care after the first trimester and the most commonly cited reason was, "I didn't have insurance or enough money to pay for care." The Healthy People 2010 goal for early entry into prenatal care is set at 90%, a benchmark that Utah has yet to reach.

The Utah Department of Health (UDOH) administers programs to improve insurance coverage, such as Medicaid, Baby Your Baby, Primary Care Network (PCN), and Utah's Premium Partnership (UPP). The UDOH Office of Primary Care and Rural Health has also recently awarded 36 health care agencies $1.4 million in grants to increase their capacity to provide primary health care to medically underserved individuals not eligible for CHIP, Medicaid, Medicare, private insurance, or PCN.

Monthly Health Indicators Report

(Data Through May 2008)

Monthly Report of Notifiable Diseases, May 2008	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)	19	20	93	94	1.0
Enterotoxigenic Escherichia coli (E. coli)	3	5	11	16	0.7
Hepatitis A (infectious hepatitis)	0	2	1	11	0.1
Hepatitis B (serum hepatitis)	6	3	13	13	1.0
Influenza†	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	1	4	4	1.0
Norovirus	0	2*	8	9*	0.9
Pertussis (Whooping Cough)	19	39	133	167	0.8
Salmonellosis (Salmonella)	24	23	114	108	1.1
Shigellosis (Shigella)	2	4	8	17	0.5
Varicella (Chickenpox)	87	73*	495	425*	1.2
Viral Meningitis	5	6	19	26	0.7

Notifiable Diseases Reported Quarterly, 2nd Qtr 2008	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	22	20	22	20	1.1
AIDS	11	11	11	11	1.0
Chlamydia	1,415	946	1,415	946	1.5
Gonorrhea	137	139	137	139	1.0
Tuberculosis	9	8	9	8	1.1

Program Enrollment for the Month of May 2008	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	163,838	163,459	+0.2%	161,368	+1.5%
PCN (Primary Care Network)	18,898	19,013	-0.6%	18,066	+4.6%
CHIP (Children's Health Ins. Plan)	34,445	33,633	+2.4%	26,285	+31.0%

Medicaid Expenditures (in Millions) for the Month of May 2008	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	$ 8.9	$ 9.0	$ 92.9	$ 89.9	$ 2.9
Inpatient Hospital	$ 22.8	$ 20.4	$ 196.1	$ 184.6	$ 11.5
Outpatient Hospital	$ 8.9	$ 8.3	$ 78.9	$ 76.1	$ 2.9
Long Term Care	$ 16.1	$ 16.5	$ 170.5	$ 178.5	($ 8.0)
Pharmacy	$ 13.0	$ 13.1	$ 118.6	$ 125.8	($ 7.2)
Physician/Osteo Services‡	$ 8.0	$ 6.8	$ 64.7	$ 61.9	$ 2.8
TOTAL HCF MEDICAID	$ 150.5	$ 139.1	$ 1,403.4	$ 1,405.3	($ 1.9)

Health Care System Measures	Number of Events	Rate per 100 Population	% Change§ From Previous Year	Total Charges in Millions	% Change§ From Previous Year
Overall Hospitalizations (2006)	272,404	9.9%	-0.9%	$ 3,874.8	+10.7%
Non-maternity Hospitalizations (2006)	161,398	5.7%	-2.5%	$ 3,235.3	+11.0%
Emergency Department Encounters (2006)	670,168	24.7%	-1.3%	$ 667.2	+20.6%
Outpatient Surgery (2006)	304,511	11.3%	-3.1%	$ 1,020.9	+7.7%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/ Rate	% Change§ From Previous Year
Overweight and Obesity (Adults 18+)	2007	1,861,147	1,077,600	57.9%	+5.5%
Cigarette Smoking (Adults 18+)	2007	1,861,147	217,800	11.7%	+19.4%
Influenza Immunization (Adults 65+)	2007	227,928	173,700	76.2%	+5.7%
Health Insurance Coverage (Uninsured)	2007	2,699,554	287,200	10.6%	-10.4%
Motor Vehicle Crash Injury Deaths	2006	2,582,371	296	11.5 / 100,000	-0.7%
Suicide Deaths	2006	2,582,371	357	13.8 / 100,000	+1.6%
Diabetes Prevalence	2007	2,699,554	127,000	4.7%	+15.0%
Coronary Heart Disease Deaths	2006	2,582,371	1,563	60.5 / 100,000	-2.3%
All Cancer Deaths	2006	2,582,371	2,600	100.7 / 100,000	+1.4%
Births to Adolescents (Ages 15-17)	2006	58,992	981	16.6 / 1,000	+5.9%
Early Prenatal Care	2006	53,475	42,237	79.0%	+0.3%
Infant Mortality	2006	53,475	269	5.0 / 1,000	+12.2%
Childhood Immunization (4:3:1:3:3:1)	2007	51,869	40,500	78.1%	+14.7%

* Due to limited historical data, the average is based upon 4 years of data for norovirus, varicella, and West Nile virus infections.
† As of May 17, 2008, the end of the influenza season, 514 influenza-associated hospitalizations and 1 pediatric death have been reported to the UDOH. More information can be found at http://health.utah.gov/epi/diseases/flu.
§ % Change could be due to random variation.
‡ Medicaid payments reported under Physician/Osteo Services do not include enhanced physician payments.
Note: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus has ended until the 2008 season.