UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
Utahns with Disabilities: An Overlooked, Significant Health Disparate Group

August 2018

More than 53 million adults in the U.S. have a disability.[1] People with disabilities share the experience of living with major limitations in functioning, which often excludes them from full participation in society.[2] People with disabilities cut across the boundaries of age, race, sex, and socioeconomic status. The currently mandated data collection on disability status within all federally conducted or supported health care surveys is helping to identify the needs of this heretofore largely unrecognized health priority and health disparate group.[2]

In Utah, roughly one in every five adults has a disability (22.4%).[3] In 2017, the most common functional disability type was cognitive (10.6%) followed by mobility (9.1%) and deafness or serious difficulty hearing (6.1%).[3] As shown in Figure 1, for all disability types except deafness, women were more likely than men to have a disability.[3]

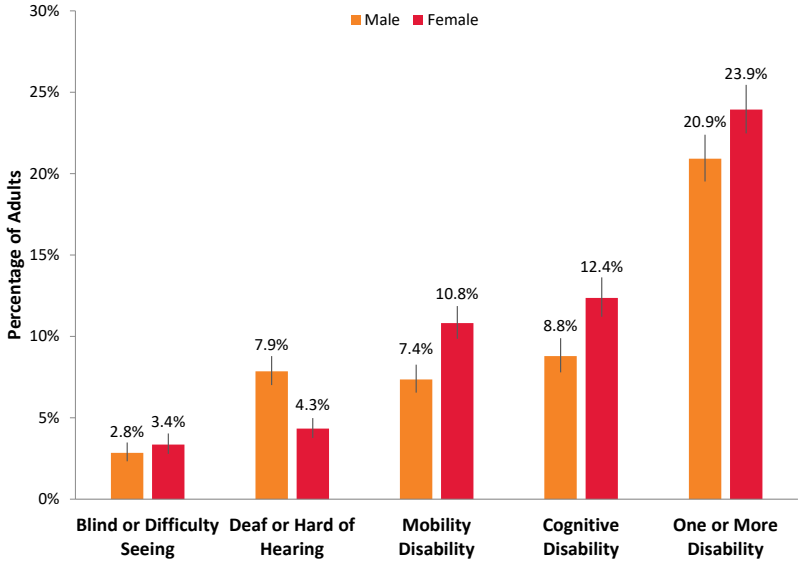
Adults with disabilities experience significant differences in their health behaviors and health compared to adults without disabilities. Few health interventions and strategies exist specifically designed to address the needs of individuals with disabilities. Utah adults with a disability were more likely to report engaging in behaviors that are harmful to their health. For example, 17.3% of adults with a disability currently smoke compared to 8.8%

KEY FINDINGS

- **In Utah, roughly one in every five adults has a disability (22.4%).**
- **Utah adults with a disability are more likely to report engaging in behaviors that are harmful to their health.**
- **Costly health events and chronic conditions are more common for persons with disabilities.**
- **In 2017, almost 40% of adults with seeing, hearing, mobility, or self-care disabilities reported fair or poor health (about three times more than the general population) and almost 40% have ever been diagnosed with depression.**
- **In order to make further progress on reducing health disparities, programs, organizations, and communities must seek to create inclusive environments and policies that facilitate greater access to health for people with disabilities.**

Disability Status by Type and Gender

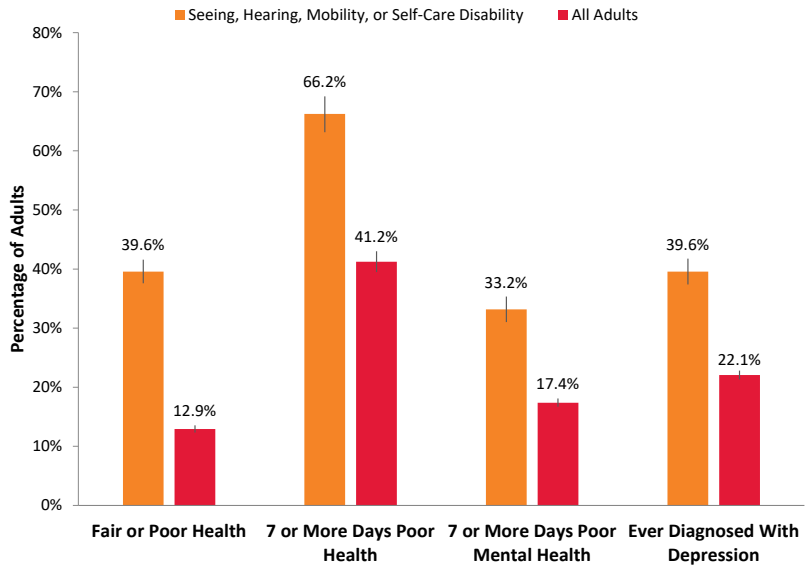
Figure 1. Age-adjusted percentage of adults reporting each type of disability and gender, Utah, 2017



Age-adjusted to the U.S. 2000 standard population using three age groups: 18-44, 45-64, 65+
Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)

General Health and Mental Health

Figure 2. Age-adjusted percentage of adults reporting poor general and/or mental health for adults with one or more seeing, hearing, mobility, or self-care disabilities and all adults, Utah, 2017



Age-adjusted to the U.S. 2000 standard population using three age groups: 18-44, 45-64, 65+
Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)

for all Utah adults in 2017.[3] Costly health events and chronic conditions were also more common for persons with disabilities. Stroke, asthma, heart disease, diabetes, cancer (not including skin cancer), and COPD were significantly more common for people with any type of disability compared to all Utah adults.[3]

Differences in self-reported health and mental health exist between those with one or more seeing, hearing, mobility, or self-care disability and the general population (Figure 2).[3] In 2017, almost 40% of adults with seeing, hearing, mobility, or self-care disabilities reported fair or poor health (about three times more than the general population) and almost 40% had ever been diagnosed with depression.[3]

While some differences in the health outcomes of people with disabilities compared to those without disabilities may be due to the nature of the disability itself, some differences may be avoidable and societal based.[2] People with disabilities experience more barriers (communication barriers, physical barriers, policy barriers, transportation barriers, etc.) that can limit their full participation in their communities and their access to goods and services.[4] Due to the need for programmatic, policy, and environmentally based inclusion strategies, the Centers for Disease Control and Prevention awarded the Disability and Health Program at the Utah Department of Health a five-year grant to reduce disparities for people with disabilities through improving health promotion and chronic disease management inclusivity. Quarterly meetings that guide inclusion efforts occur with the Utah Disability Advisory Committee, which is comprised of people with disabilities, public health management, and disability organizations.

In order to make further progress on reducing health disparities, programs, organizations, and communities must seek to create inclusive environments and policies that facilitate access to health for people with disabilities (see list of resources). More information can be found in the Disability and Health Report (https://health.utah.gov/disabilities) or the Disability and Health Data System (https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html).

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Risk Factors and Health

Table 1. Age-adjusted percentage of adults reporting each risk factor and health condition by disability type and for all adults, Utah, 2017

	Blind or Difficulty Seeing	Deaf or Hard of Hearing	Mobility Disability	Cognitive Disability	One or More Disability	All Adults
Risk Factors						
Current Smoker	***19.7%***	***18.6%***	***19.1%***	***19.5%***	***17.3%***	8.8%
Obese	29.5%^	***32.4%***	***45.5%***	***33.1%***	***34.9%***	25.5%
Chronic Pain	***46.9%***	***47.5%***	***73.3%***	***57.8%***	***51.5%***	25.6%
Prescribed and Using Opioids	26.6%^	18.0%*	***50.4%***	***37.5%***	35.5%^	27.8%
Health Conditions						
Heart Disease	***7.9%***	***6.7%***	***6.9%***	***5.3%***	***5.2%***	2.7%
Stroke	***8.8%***	***3.9%***	***9.7%***	***6.6%***	***5.5%***	2.3%
Cancer	***10.0%***	***8.9%***	***10.5%***	***10.0%***	***8.6%***	5.9%
COPD	***11.7%***	***9.8%***	***12.7%***	***11.1%***	***9.4%***	4.0%
Current Asthma	***12.9%***	***14.0%***	***19.1%***	***16.1%***	***14.5%***	8.6%
Diabetes	***12.9%***	***12.0%***	***16.1%***	***11.6%***	***12.4%***	7.6%

Bold italics - Significantly higher than the rate for all adults
^ Statistically equal to rate for all adults
* Significantly lower than the rate for all adults

Age-adjusted to the U.S. 2000 standard population using three age groups: 18-44, 45-64, 65+

Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)

Resources:

- NACCHO trainings and fact sheets, such as "Five Steps for Inclusive Communication: Engaging People with Disabilities" and "Health and Disability 101—Health Department Employee Training" (https://www.naccho.org/programs/community-health/disability)
- Livingwell.utah.gov lists Utah Department of Health evidence-based programs available in Utah communities.
- GRAIDs: a framework for closing the gap in the availability of health promotion programs and interventions for people with disabilities. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4148531/)

1. Centers for Disease Control and Prevention. National Center on Birth Defects and Developmental Disabilities. "Disability Impacts All of Us." https://www.cdc.gov/media/releases/2015/p0730-US-disability.html.
2. Krahn G.H., Walker D.K., Correa-De-Araujo R. Persons with disabilities as an unrecognized health disparity population. AJPH. 2015;105:S198–S206. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4355692/.
3. Utah Department of Health. Behavioral Risk Factor Surveillance System (BRFSS), Salt Lake City: Utah Department of Health, Center for Health Data.
4. Common Barriers to Participation Experienced by People with Disabilities. National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention Website. https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html.

UDOH ANNOUNCEMENT:

The Asthma Medication Ratio (AMR) metric measures the percentage of people aged 5–85 with persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period. Using the Utah All Payer Claims Database, the Office of Health Care Statistics at the Utah Department of Health tabulated AMR at the clinic level for clinics with five or more providers. Results are available online at https://opendata.utah.gov/Health/2016-2015-Clinic-Quality-Comparisons-for-Clinics-w/35s3-nmpm.

Breaking News, August 2018

Highlights on American Indian Health in Utah

- The Utah Department of Health (UDOH) is currently in the final stages of finalizing a Public Health Data Sharing Agreement with the Navajo Nation Department of Health (NNDOH) Epidemiology Center. This is the second Data Sharing Agreement the UDOH has with a Tribal Epi Center. This agreement will provide the framework and processes for the UDOH to share with the NNDOH public health data specific to members of the Navajo Nation who reside in Utah. Sharing data improves disease surveillance capabilities, chronic disease outcomes, and the overall public health for Utah and Navajo Nation citizens.
- The UDOH is collaborating with the states of Arizona, Colorado, and New Mexico, in partnership with Navajo Nation Council – Office of the Speaker, Navajo Office of Vital Records and Identification to sponsor a multi-day, multi-state Delayed Birth Registration Event. This multi-state event is the first of its kind and will allow individuals who were born in New Mexico, Arizona, Utah, or Colorado and who have never had a birth certificate to come together in one spot to apply for a delayed birth certificate. Vital Records staff from each state agency will be there to assist in reviewing documentation that could lead to the creation of a birth certificate. This will improve access to state health and social service programs, state IDs, and driver licenses.
- The UDOH Unified Public Health Laboratory partnered with the Ute Mountain Ute Tribe, Environmental Program on a biomonitoring project in White Mesa, Utah. The final outcomes of the project will be released in early to mid-August 2018. This partnership has provided a mechanism for building relationships and improving public surveillance addressing heavy metals in well water.
- The Utah Indian Health Advisory Board and the UDOH Office of American Indian/Alaska Native (AI/AN) Health Affairs partnered to improve access to Medicaid programs and services. Since July 2017, there has been an 11% increase in Medicaid enrollment and eligibility of AI/ANs in Utah. This increases points of access to services and provides resources for tribal health program operations.

Community Health Spotlight, August 2018

Quit Service Use Among Utah Adult Smokers, Fiscal Year 2018 (July 1, 2017 to June 30, 2018)

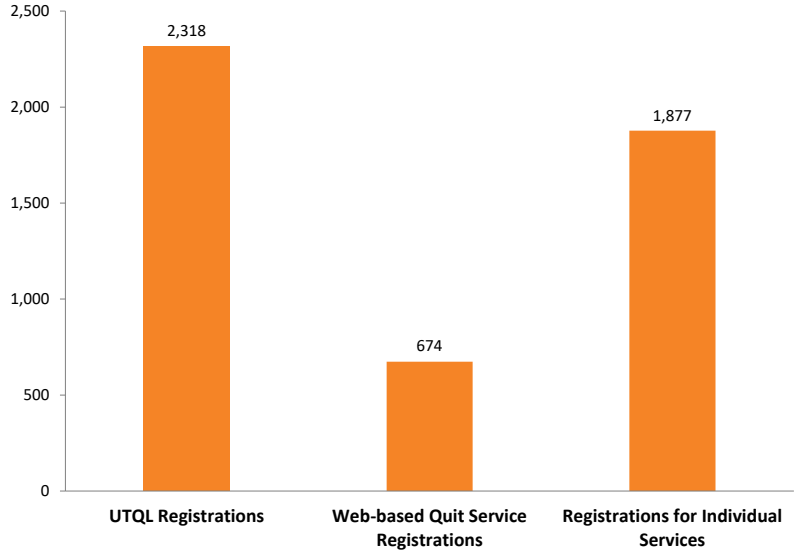
Seventy percent of Utah adults who smoke cigarettes plan to quit within the next year.[1] Since the nicotine in cigarettes is highly addictive, the majority of cigarette smokers make multiple quit attempts before they are able to quit successfully. Quit medications and counseling can significantly improve quit outcomes.[2]

To increase options for successful quitting, the Utah Department of Health Tobacco Prevention and Control Program (TPCP) launched the *Quit Your Way* campaign as part of its waytoquit.org website. *Quit Your Way* directs tobacco users to a variety of services including comprehensive telephone counseling through the Utah Tobacco Quit Line (UTQL), web-based quit counseling, *Individual Services*, and detailed advice for those who prefer to quit on their own. Those who select *Individual Services* can combine one to four of the following options:

- FREE 2-week nicotine replacement therapy starter kit (gum/patches)
- Educational materials
- Text messaging
- Email

Since its launch, the *Quit Your Way* web pages have been viewed more than 17,000 times and almost 5,000 tobacco users have enrolled in TPCP quit services. Nearly 39% of quit service users selected the *Individual Services* option.

Quit Service Use Among Utah Adults by Type of Service, Fiscal Year 2018



1. 2017 Utah Behavioral Risk Factor Surveillance System (BRFSS).
2. National Institute on Drug Abuse. https://www.drugabuse.gov/publications/research-reports/tobacco-nicotine-e-cigarettes.

Monthly Health Indicators Report

(Data Through June 2018)

Monthly Report of Notifiable Diseases, June 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*)	41	67	253	249	1.0
Shiga toxin-producing *Escherichia coli* (*E. coli*)	22	11	77	32	2.4
Hepatitis A (infectious hepatitis)	5	1	112	6	20.0
Hepatitis B, acute infections (serum hepatitis)	1	1	5	3	1.5
Meningococcal Disease	0	1	1	2	0.5
Pertussis (Whooping Cough)	10	65	169	399	0.4
Salmonellosis (*Salmonella*)	26	40	155	180	0.9
Shigellosis (*Shigella*)	6	4	22	21	1.0
Varicella (Chickenpox)	2	10	71	130	0.5
West Nile (Human cases)	0	0	0	0	--
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 June 2018‡	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Mental Health Services§	$ 15.4	$ 15.7	$ 171.3	$ 172.8	$ (1.5)
Inpatient Hospital Services	$ 16.1	$ 16.3	$ 226.5	$ 228.4	$ (1.8)
Outpatient Hospital Services	$ 4.1	$ 4.2	$ 45.7	$ 48.1	$ (2.4)
Nursing Home Services	$ 18.4	$ 18.3	$ 239.2	$ 242.2	$ (3.0)
Pharmacy Services	$ 12.2	$ 12.0	$ 123.6	$ 125.0	$ (1.4)
Physician/Osteo Services	$ 5.1	$ 5.0	$ 68.2	$ 69.9	$ (1.7)
Medicaid Expansion Services	$ 7.4	$ 7.8	$ 49.2	$ 50.6	$ (1.4)
TOTAL MEDICAID#	$ 228.9	$ 230.4	$ 2,628.2	$ 2,630.5	$ (2.3)

† 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 June 2018	Current Month	Previous Month	% Change** From Previous Month	1 Year Ago	% Change** From 1 Year Ago
Medicaid	275,743	276,801	-0.4%	283,969	-2.9%
PCN (Primary Care Network)	13,850	14,433	-4.0%	13,344	+3.8%
CHIP (Children's Health Ins. Plan)	19,148	19,405	-1.3%	19,248	-0.5%
	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.