

Utah Health Status Update

KEY FINDINGS

- Glendale, Delta/Fillmore, and Downtown Ogden had higher rates of single-parent households with children as well as higher rates of poverty, lower rates of educational attainment, and higher rates of food insecurity than the state rate (Figure 1).
- Employment opportunities and affordable housing were ranked among the highest needed improvements to the Delta and Fillmore communities with safety being the lowest priority in Delta and services for the aging population being the lowest priority in Fillmore (Figure 3).
- After identifying the priorities in these three communities through their assessments, coordinated strategies will be used to allocate resources to address the community SDOH priorities and evaluate the impact of these interventions on health outcomes.

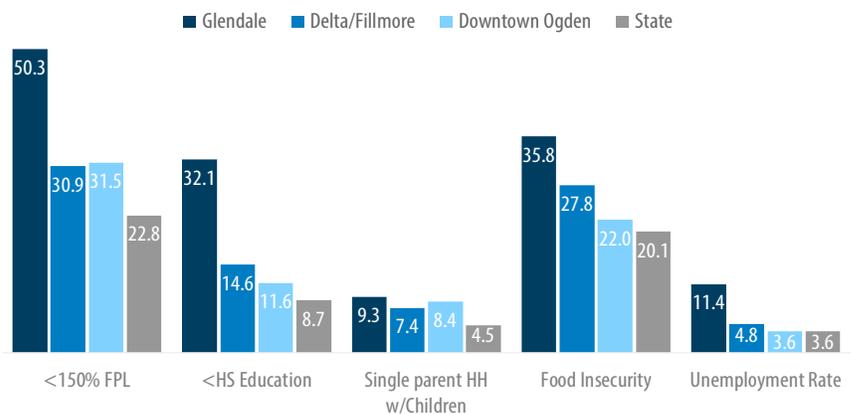
Social Determinants of Health

The social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, and age.¹ They include socio-economic factors, the physical environment in which people live, healthcare access, healthcare quality; and they affect the health of an individual throughout their lifetime as well as the health behaviors an individual exhibits. The Utah Department of Health (UDOH) and its local partners have reorganized their approach toward addressing these root causes of adverse health outcomes by focusing on creating optimal health conditions for Utahns. In an effort to do this, a method of assessing community-specific SDOH to improve health outcomes is being developed.

To identify the communities that have a higher need for improvement in SDOH, the UDOH developed the [Health Improvement Index \(HII\)](#) using methods by Singh for the Area Deprivation Index (ADI).² The HII is a composite measure of SDOH which includes nine indicators that describe important socio-economic and demographic aspects.³ The 16 areas with very high HII scores indicate a high health disparity with higher needs for improvement. Based on this high HII classification, as well as support and engagement from the local communities, three areas—Downtown Ogden, Delta/Fillmore, and Glendale—were identified for a pilot project to address SDOH. These three communities had higher rates of single-parent households with children as well as higher rates of poverty, lower rates of educational attainment, and higher rates of food insecurity than the state rate, even though unemployment was low (Figure 1).

Social Drivers for Three Priority Very High HII Small Areas

Figure 1. Glendale, Delta/Fillmore, and Downtown Ogden had higher rates of single-parent households with children as well as higher rates of poverty, lower rates of educational attainment, and higher rates of food insecurity than the state rate.



Source: Utah Behavioral Risk Factor Surveillance System 2015-2017.

Feature article continued

The UDOH collaborated with local health departments (LHDs) and community coalitions in these three areas to develop community needs assessments addressing SDOH-related factors such as social environment, healthcare access, education, food access and insecurity, economic stability, transportation and walkability, environmental concerns, affordable housing, activities/programs/schools for youth, access to services for the elderly, civic engagement, media access and use, etc.

What the Community Likes Most About Living in Delta and Fillmore, Utah

Figure 2. In Delta and Fillmore, community based traits such as kindness, people, and country living were identified as strengths of the community.



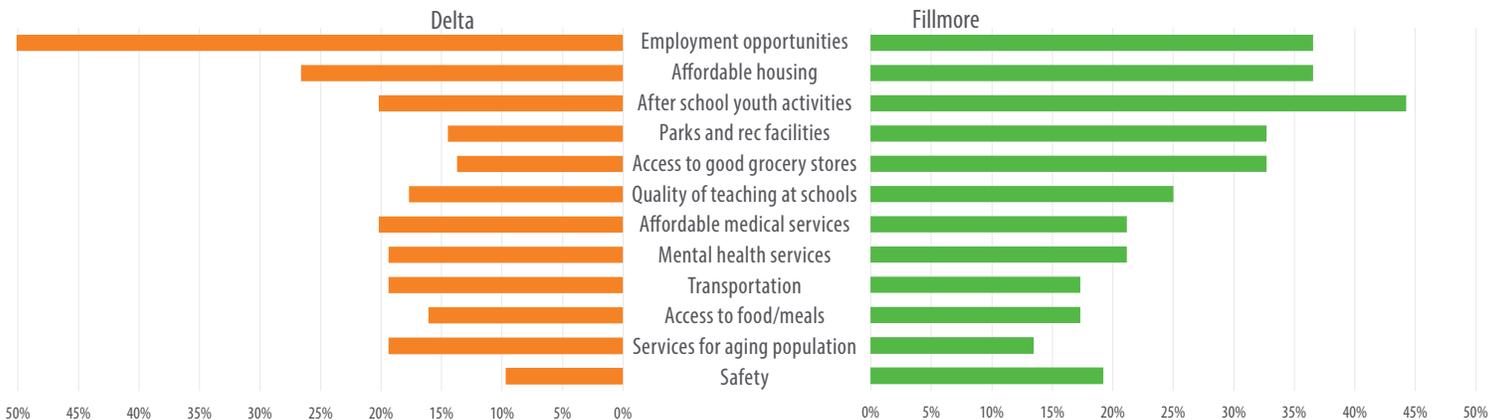
Source: Delta/Fillmore Community Night Out survey, September 2019.

While assessment efforts are underway for each of the three pilot areas, this article highlights initial data collection results from the Delta and Fillmore areas. The UDOH chose to focus on data collection efforts in Delta and Fillmore based on community needs and lack of access to resources. To gather baseline data for community assets and challenges related to SDOH, an initial brief survey was conducted in Delta and Fillmore at their community night out events. About 180 responses were collected on what residents liked about their community (Figure 2), aspects that need to be improved, and suggestions for future improvements (Figure 3).

The Delta/Fillmore community is in the process of developing a county-wide needs assessment with strong collaboration and support from the state, local, and community organizations. After identifying priorities in all three pilot project communities, coordinated strategies will be used to allocate resources to address the community SDOH priorities and evaluate the impact of these interventions on health outcomes.

Most Needed Improvements in Delta and Fillmore

Figure 3. In Delta, lack of employment opportunities was identified as the biggest need for improvement, while in Fillmore, after school youth activities/programs took priority over employment opportunities. Safety and services for aging population ranked the lowest priority for Delta and Fillmore.



Source: Delta/Fillmore Community Night Out survey, September 2019.

1. About Social Determinants of Health. World Health Organization, 25 Sept. 2017, www.who.int/social_determinants/sdh_definition/en/. Retrieved on 28 February 2020.
2. Singh, GK. Area deprivation and widening inequalities in US mortality, 1969-1998. American Journal of Public Health. 2003; 93(7); 1137-1143.
3. Utah Department of Health: <https://health.utah.gov/disparities/data/ohd/UtahHII.pdf>. Retrieved on 26 February 2020.

KEY FINDINGS

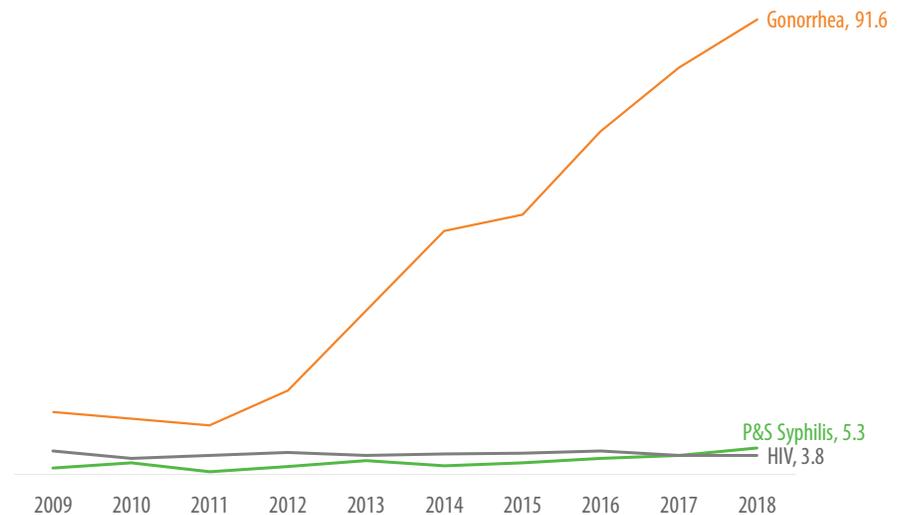
- The rate of primary and secondary syphilis has increased from 1.2 to 5.3 cases per 100,000 people per year and the rate of gonorrhea increased dramatically from 12.5 to 91.6 cases per 100,000 people per year (Figure 1).
- Approximately one third of early syphilis infections reported in Utah in the past ten years have been among people living with diagnosed HIV. HIV diagnoses in Utah have decreased in the past ten years from 4.7 to 3.8 cases per 100,000 people per year with the help of HIV prevention (Figure 2).
- Social, economic, and environmental inequities have made co-infection common indicating epidemics of HIV and STDs are a syndemic.

The Syndemic of HIV and STDs

While Human Immunodeficiency Virus (HIV) prevention efforts have been successful in reducing the national rate of new HIV diagnoses, sexually transmitted diseases (STDs) are being reported at all-time highs. These national trends are also evident in Utah, where in the past 10 years the rate of new HIV diagnoses has decreased slightly from 4.7 to 3.8 cases per 100,000 people per year, while the rate of primary and secondary (P&S) syphilis has increased from 1.2 to 5.3 cases per 100,000 people per year and the rate of gonorrhea has increased dramatically from 12.5 to 91.6 cases per 100,000 people per year (Figure 1). In addition to the real human cost of these infections, this rise in STDs threatens the progress public health has made in the fight against HIV and could derail the recently announced initiative, [Ending the HIV Epidemic: A plan for America](#).¹

Rates of HIV, P&S Syphilis, and Gonorrhea, Utah, 2009–2018

Figure 1. The rate of gonorrhea infections in Utah increased from 12.5 to 91.6 cases per 100,000 per year while HIV decreased from 4.7 to 3.8 cases per 100,000 per year, and P&S syphilis increased from 1.2 to 5.3 cases per 100,000 per year.



Source: Utah Department of Health UT-NEDSS reportable disease surveillance system and the Enhanced HIV/AIDS Reporting System (eHARS).

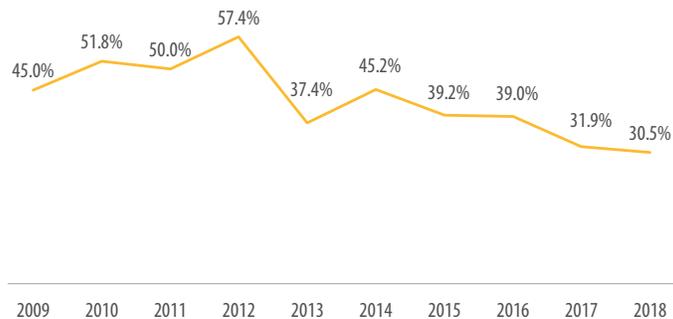
The HIV epidemic has always been, and will always be, inextricably linked to the STD epidemic. HIV is predominantly transmitted sexually and STDs are associated with an increased risk of HIV acquisition and transmission. Furthermore, both of these epidemics have disproportionately burdened racial and sexual minority populations due to social, economic, and environmental inequities. Together, these factors have made co-infection common and clearly indicate that the epidemics of HIV and STDs are truly a syndemic.

Feature article continued

In Utah, this syndemic is most apparent among early syphilis infections. Approximately one third of early syphilis infections reported in Utah in the past ten years have been among people living with diagnosed HIV, indicating that HIV prevention efforts need to be integrated into STD treatment practices and vice versa (Figure 2). Further underscoring this need for integration, one fifth of new HIV diagnoses were previously diagnosed with an STD in Utah in the preceding five years (Figure 3).

Percentage of Early Syphilis Infections Among Persons Living With Diagnosed HIV

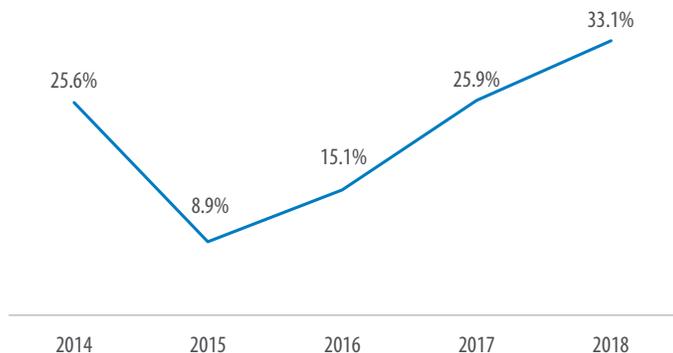
Figure 2. Percentage of early syphilis infections in persons previously diagnosed with HIV in Utah has decreased from 45% in 2009 to 30.5% in 2018.



Source: Utah Department of Health UT-NEDSS reportable disease surveillance system and the Enhanced HIV/AIDS Reporting System (eHARS).

New HIV Diagnoses With Prior Reported STDs Within the Last Five Years During 2014–2018.

Figure 3. Percentage of new HIV diagnoses with prior reported STDs increased in Utah from 25.6% in 2014 to 33.1% in 2018.



Source: Utah Department of Health UT-NEDSS reportable disease surveillance system and the Enhanced HIV/AIDS Reporting System (eHARS).

In order to adequately respond to this syndemic, it is more important than ever to leverage limited patient encounters to promote overall sexual health. Public health should continue to promote the use of complementary testing and evidence-based risk reduction interventions for people at risk for HIV and people living with diagnosed HIV. Furthermore, public health must also more fully accept and promote the use of biomedical interventions such as pre-exposure prophylaxis (PrEP). PrEP is highly effective at preventing HIV infection, and PrEP interventions also have the potential to prevent STDs through increased screening, diagnosis, and treatment.

The Utah Department of Health intends for Utah to be one of the first states to significantly reduce HIV infections and meet the ambitious national goal of reducing HIV infections by 75% in five years and 90% by 2030. To accomplish this, a comprehensive approach to improving sexual health is needed, as it will not be possible to end the HIV epidemic without addressing the increasing rates of STDs and the underlying inequities and stigma that drive this syndemic. We encourage community partners and providers throughout the state to join the UDOH in these efforts by adopting a comprehensive approach to sexual health promotion.

1. Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/endhiv/index.html>. Retrieved March 2020.

Monthly Health Indicators

Monthly Report of Notifiable Diseases, March 2020	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (<i>Campylobacter</i>)	19	35	73	99	0.7
COVID-19 (SARS-CoV-2)	Cases updated at https://coronavirus.utah.gov/case-counts/ .				
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	9	6	56	14	4.1
Hepatitis A (infectious hepatitis)	2	2	4	18	0.2
Hepatitis B, acute infections (serum hepatitis)	0	1	0	1	0.0
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza .				
Meningococcal Disease	0	0	0	0	--
Pertussis (Whooping Cough)	8	39	44	91	0.5
Salmonellosis (<i>Salmonella</i>)	16	30	52	76	0.7
Shigellosis (<i>Shigella</i>)	4	4	17	12	1.4
Varicella (Chickenpox)	4	20	37	67	0.6
Quarterly Report of Notifiable Diseases, 1st Qtr 2020	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†	33	32	33	32	1.0
Chlamydia	2,672	2,535	2,672	2,535	1.1
Gonorrhea	663	555	663	555	1.2
Syphilis	27	26	27	26	1.0
Tuberculosis	10	7	10	7	1.5
Medicaid Expenditures (in Millions) for the Month of March 2020	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$ 18.3	\$ 17.9	\$ 143.9	\$ 145.0	\$ (1.1)
Inpatient Hospital Services	30.4	30.1	149.1	150.3	(1.2)
Outpatient Hospital Services	3.1	2.2	32.2	33.1	(0.9)
Nursing Home Services	18.3	17.5	219.2	220.0	(0.8)
Pharmacy Services	10.3	9.6	91.3	92.0	(0.7)
Physician/Osteo Services‡	9.4	8.1	47.7	48.0	(0.3)
Medicaid Expansion Services	41.5	41.3	364.7	365.8	(1.1)
TOTAL MEDICAID	284.8	285.3	2,398.6	2,400.9	(2.2)

|| Updates for COVID-19 can be found at <https://coronavirus.utah.gov>. This includes case counts, deaths, number of Utahns tested for disease, and latest information about statewide public health measures to limit the spread of COVID-19 in Utah.

* Influenza is circulating but still considered low severity across Utah. Both influenza B (58%) and influenza A (42%) are currently being detected, with the majority of influenza A viruses being H1N1 subtype. Hospitalizations have continued to increase with 54 being reported so far, which is normal for this time of year. More information and weekly reports can be found at <http://health.utah.gov/epi/diseases/influenza>.

† 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 for West Nile Virus will start in June for the 2020 season.

Monthly Health Indicators

Program Enrollment for the Month of March 2020	Current Month	Previous Month	% Change\$ From Previous Month	1 Year Ago	% Change\$ From 1 Year Ago
Medicaid	293,908	292,952	+0.3%	264,954	+10.9%
CHIP (Children's Health Ins. Plan)	16,559	16,814	-1.5%	17,595	-5.9%
Commercial Insurance Payments#	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change\$ From Previous Year
Medical	2018	10,355,207	\$ 3,146,492,372	\$ 303.86	-0.9%
Pharmacy	2018	8,195,234	543,507,290	66.32	+3.6%
Annual Community Health Measures	Current Data Year	Number Affected	Percent \ Rate	% Change\$ From Previous Year	State Rank** (1 is Best)
Obesity (Adults 18+)	2018	618,400	27.8%	+10.1%	13 (2018)
Child Obesity (Grade School Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2018	200,100	9.0%	+0.9%	1 (2018)
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.4%	+11.3%	n/a
Binge Drinking (Adults 18+)	2018	236,700	10.6%	-7.7%	1 (2018)
Influenza Immunization (Adults 65+)	2018	182,300	52.0%	-7.1%	16 (2018)
Health Insurance Coverage (Uninsured)	2018	300,300	9.5%	-3.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2018	239	7.6 / 100,000	-16.2%	8 (2018)
Drug Overdose Deaths Involving Opioids	2018	404	12.8 / 100,000	-0.9%	24 (2018)
Suicide Deaths	2018	665	21.0 / 100,000	-1.5%	46 (2018)
Unintentional Fall Deaths	2018	262	8.3 / 100,000	+14.8%	31 (2018)
Traumatic Brain Injury Deaths	2018	604	19.1 / 100,000	-6.5%	28 (2018)
Asthma Prevalence (Adults 18+)	2018	205,500	9.2%	+3.6%	21 (2018)
Diabetes Prevalence (Adults 18+)	2018	185,900	8.3%	+17.5%	12 (2018)
High Blood Pressure (Adults 18+)	2017	532,900	24.5%	+3.8%	3 (2017)
Poor Mental Health (Adults 18+)	2018	418,300	18.8%	+3.1%	20 (2018)
Coronary Heart Disease Deaths	2018	1,624	51.4 / 100,000	-5.8%	4 (2018)
All Cancer Deaths	2018	3,262	103.2 / 100,000	+1.3%	1 (2018)
Stroke Deaths	2018	919	29.1 / 100,000	+1.6%	24 (2018)
Births to Adolescents (Ages 15-17)	2018	363	4.9 / 1,000	-15.3%	10 (2018)
Early Prenatal Care	2018	35,975	76.2%	-1.0%	n/a
Infant Mortality	2018	255	5.4 / 1,000	-7.0%	24 (2017)
Childhood Immunization (4:3:1:3:3:1:4)††	2018	36,400	72.0%	+5.9%	22 (2018)

‡ Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

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

Figures subject to revision as new data is processed.

** State rank based on age-adjusted rates where applicable.