

Utah Health Status Update

KEY FINDINGS

- Cancer screening services for uninsured women by the Utah Cancer Control Program dropped dramatically during the start of the pandemic then normalized later on in the year, with lower numbers in 2020 compared with 2018 and 2019 (Figure 1).
- Utah Cancer Control Program partner clinic services providing breast and cervical cancer screenings for uninsured women declined from 30 in March 2020 to zero in April 2020 (Figure 2).
- Utah is ranked among the lowest for breast cancer screening rates at #46 in the U.S., with a higher rate of late stage breast cancer diagnoses (37.1%) when compared with the national rate (32.5%).^{5,6}

Breast Cancer Screening in Utah and the Impact of COVID-19

Breast cancer is the leading cause of female cancer related deaths in Utah and one of the most common occurring cancers in U.S. women with 1 in 8 women at risk for developing breast cancer throughout their lifetime.¹ If detected early, breast cancer can be treated effectively, reducing the risk of death. Clinical trials and observational studies have demonstrated routine screenings with mammography can help reduce breast cancer mortality by about twenty percent for women at average risk.² The United States Preventive Services Task Force (USPSTF) recommends women who are 50–74 years old and at average risk should get a mammogram every two years, and women who are 40–49 years old should talk with their doctors about starting regular screening. Women with a family history of breast cancer or other risk factors should talk to their doctors early and may follow different screening guidelines.³

The most recent data from 2018 show 64% of Utah women older than age 40 report receiving a mammogram in the past two years in accordance with USPSTF guidelines, a lower rate when compared with 71% of women in the U.S.⁴ The American Cancer Society ranks Utah among the lowest for rates of breast cancer screening at 46 in the nation.⁵ As a result, Utah has a high rate of late stage breast cancer diagnoses compared with the rest of the U.S. According to the National Cancer Institute, 37.1% of all breast cancers in Utah were diagnosed at a late stage (42.6 cases per 100,000 women) as compared with the national average of 32.5% (42 cases per 100,000).⁶

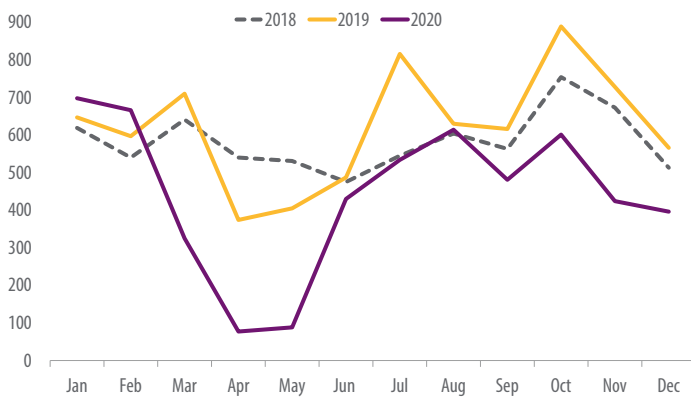
Programs at the Utah Department of Health are working to raise awareness about the importance of regular cancer screening and address barriers to screening such as low income and lack of health insurance, poor knowledge about cancer screening, lack of physician recommendation, language barriers, and lack of transportation. In 2020, the COVID-19 pandemic presented additional barriers to cancer screening and cancer care. Limitations in clinical services, the loss of employment and health insurance benefits, and fear of being exposed to the virus have significantly impacted the ability to access life-saving cancer screening services. Data from the Utah Cancer Control Program, which provides free breast and cervical cancer screening services to women who are uninsured

Feature article continued

or underinsured, show that fewer women facing insurance barriers to screening were able to access screening services in 2020 compared with previous years (see Figure 1 and Figure 2).

Total Number Cancer Screening Services Provided to Uninsured Women by the Utah Cancer Control Program, 2018–2020

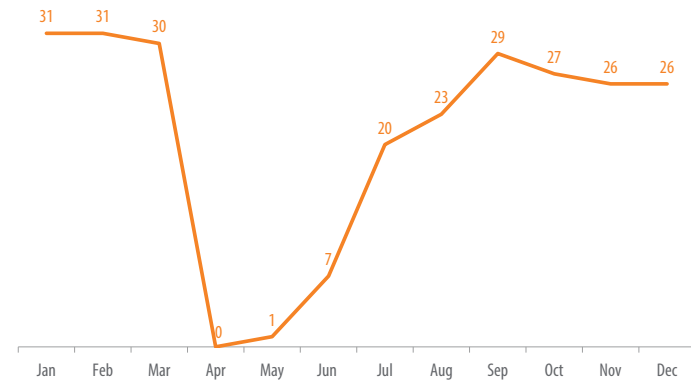
Figure 1. Fewer cancer screening services were provided in 2020 compared with 2018 and 2019.



Utah Department of Health, Cancer Control Program, 2020.

Total Number of Contracted Partner Clinics Providing Cancer Screenings in 2020 (33 Available)

Figure 2. Utah Cancer Control Program partner clinics providing breast and cervical cancer screenings for uninsured women were disrupted providing no services in April 2020.



Utah Department of Health, Cancer Control Program, 2020.

The Utah Cancer Control Program will continue to monitor breast cancer screening rates among different groups across the state and assess how COVID-19 continues to impact access in 2021, as well as continue community outreach efforts to inform women of

available program services. All women should know regardless of their income and insurance status, there are options for getting the cancer screenings they need. Cancer doesn't stop for COVID-19. Call the Utah Cancer Control Program at 1-800-717-1811 or visit www.cancerutah.org to learn more about the Utah Breast and Cervical Cancer Program's cancer screening services.

1. Utah Department of Health, Public Health Indicator Based Information System, Breast Cancer Overview. https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/BreCAInc.html
2. Myers ER, Moorman P, Gierisch JM, et al. Benefits and harms of breast cancer screening. JAMA. [doi:10.1001/jama.2015.13183](https://doi.org/10.1001/jama.2015.13183).
3. Centers for Disease Control and Prevention, Breast Cancer Screening Guidelines. https://www.cdc.gov/cancer/breast/basic_info/screening.htm
4. Utah Department of Health, Public Health Indicator Based Information System, Breast Cancer Screening Overview. <https://ibis.health.utah.gov/ibisph-view/indicator/view/BreCAMam.html>
5. American Cancer Society, Cancer Statistics Center, Utah. <https://cancerstatisticscenter.cancer.org/#/state/Utah>
6. National Cancer Institute, State Cancer Profiles: Utah. <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=utah>

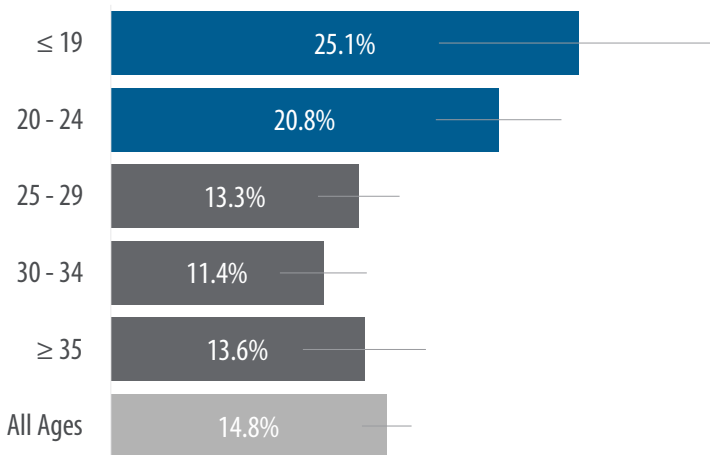
Postpartum Depression Among Adolescent Mothers

Between 2017 and 2019, 4,888 infants were born to adolescent mothers in Utah (13.4 births for every 1000 females age 15–19 years). Mothers younger than 20 are more likely to have used illicit drugs prior to pregnancy, smoked during pregnancy, received inadequate prenatal health care, had no partner support, had an unintended pregnancy, and experienced physical abuse when compared to older mothers.^{1,2}

As these risk factors are associated with postpartum depression³, it is not surprising that when compared to other age groups women younger than 20 reported the highest rates of postpartum depressive symptoms on the Utah Pregnancy Risk Assessment Monitoring System (PRAMS) survey (Figure 1). Mothers with postpartum depressive symptoms (PPDS) are defined as those who answer “always” or “often” to the following questions on the PRAMS survey: 1) “Since your new baby was born, how often have you felt down, depressed, or hopeless?” and 2) “Since your new baby was born, how often have you had little interest or little pleasure in doing things?” These questions are based on the Patient Health Questionnaire (PHQ-2).

Percentage of Mothers Who Reported Postpartum Depressive Symptoms by Age Group, 2017–2019

Figure 1. When compared to all age groups, the highest rates of postpartum depressive symptoms were found among mothers younger than 20 during 2017–2019.



Utah Pregnancy Risk Assessment Monitoring System

Despite successful efforts to reduce rates of adolescent pregnancy, the high rates of postpartum depression in this population remain an important public health concern. Obstetricians and pediatricians should ensure these mothers are screened for depression and provided with resources during their visits for postpartum care and pediatric well-baby visits. Maternal mental health information and materials in English and Spanish can be found at <https://mihp.utah.gov/maternal-mental-health>. Maternal mental health resources including counselors/therapists, support groups, and other types of providers trained in maternal mental health can be found on the statewide referral network: <https://maternalmentalhealth.utah.gov/>. At this site, providers can be found based on location, provider type, and insurance type.

1. Kingston D, Heaman M, Fell D, Chalmers B. Comparison of adolescent, young adult and adult women’s maternity experiences and practices. *Pediatrics* 2012;129:e1228–37
2. Pregnancy Risk Assessment Monitoring System (PRAMS) 2016–2019.
3. Sit DK, Wisner KL. Identification of postpartum depression. *Clin Obstet Gynecol.* 2009;52(3):456-468. doi:10.1097/GRF.0b013e3181b5a57c

2019 Youth Risk Behavior Survey Report

The health and well-being of Utah youth is important. Schools can help to provide a safe, healthy environment where it is easy for adolescents to make healthy choices and adopt healthy behaviors. Students' health, safety, and social situations can impact their success in the classroom, as healthy students do better academically.¹

The Youth Risk Behavior Survey (YRBS) is a survey that asks about health-related behaviors among students in grades 9-12. It is administered every two years in representatively sampled Utah schools. The Utah Department of Health (UDOH) has conducted the YRBS for more than 20 years in conjunction with the Division of Substance Abuse and Mental Health with support from the Utah State Board of Education.

The Schools Workgroup in the Bureau of Health Promotion at UDOH recently published a report detailing the findings from the latest YRBS conducted in 2019. This report highlights important data on student health, safety, and lifestyle factors such as physical activity and nutrition, tobacco use, violence and injury prevention, and asthma. The report also provides school staff, parents, and students with resources to further address each topic, to help students improve their well-being and live healthy, active lives.

The full YRBS 2019 report can be accessed on the Choose Health website here: https://choosehealth.utah.gov/documents/pdfs/yrbs_2019.pdf

Key Findings

- Only 1 in 3 students reported eating breakfast every day (30.9%)
- More than 1 out of every 5 students seriously considered attempting suicide (22.3%)
- More than 1 in 5 Utah high school students are overweight or obese (22%) and males are significantly more likely to be obese than females
- Nearly 1 in 5 Utah high school students were bullied on school property during the past 12 months (18.4%)
- More than 1 in 10 students reported using tobacco products including e-cigarettes or vape in the past 30 days (11.1% of males; 10.4% of females)
- 8.7% of Utah high school students have a current asthma diagnosis

Utah Department of Health, Youth Risk Behavior Survey

1. CDC Health and Academics https://www.cdc.gov/healthyschools/health_and_academics/index.htm

Monthly Health Indicators

Monthly Report of Notifiable Diseases, December 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	31	394	538	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>)	12	7	182	139	1.3
Hepatitis A (infectious hepatitis)	0	2	11	67	0.2
Hepatitis B, acute infections (serum hepatitis)	2	1	10	20	0.5
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza .				
Meningococcal Disease	0	1	1	3	0.4
Pertussis (Whooping Cough)	0	21	122	413	0.3
Salmonellosis (<i>Salmonella</i>)	9	22	347	375	0.9
Shigellosis (<i>Shigella</i>)	1	4	47	58	0.8
Varicella (Chickenpox)	4	23	82	212	0.4
Quarterly Report of Notifiable Diseases, 4th 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†	30	29	137	127	1.1
Chlamydia	2,921	2,466	10,469	9,967	1.1
Gonorrhea	1,017	619	3,105	2,396	1.3
Syphilis	21	30	99	117	0.8
Tuberculosis	10	7	29	26	1.1
Medicaid Expenditures (in Millions) for the Month of December 2020	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$ 15.8	\$ 16.4	\$ 110.9	\$ 112.7	\$ (1.8)
Inpatient Hospital Services	19.5	19.7	88.8	90.2	(1.4)
Outpatient Hospital Services	3.8	4.4	17.3	19.1	(1.8)
Nursing Home Services	20.4	20.5	134.0	135.1	(1.1)
Pharmacy Services	12.2	12.6	63.3	65.2	(2.0)
Physician/Osteo Services‡	3.8	4.9	23.0	24.6	(1.6)
Medicaid Expansion Services	63.1	64.3	367.4	370.1	(2.7)
***TOTAL MEDICAID	382.2	383.2	1841.2	1843.8	(2.6)

|| 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.

* More information and weekly reports for Influenza 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.

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

***The Total Medicaid Program costs does not include costs for the PRISM project.

Monthly Health Indicators

Program Enrollment for the Month of December	Current Month	Previous Month	% Change\$ From Previous Month	1 Year Ago	% Change\$ From 1 Year Ago
Medicaid	382,186	372,975	+2.5%	287,546	+32.9%
CHIP (Children's Health Ins. Plan)	15,906	15,932	-0.2%	17,142	-7.2%
Commercial Insurance Payments#	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change\$ From Previous Year
Medical	2019	11,881,900	\$ 3,569,847,963	\$ 300.44	-1.1%
Pharmacy	2019	10,423,251	\$ 774,925,995	\$ 74.35	+12.1%
Annual Community Health Measures	Current Data Year	Number Affected	Percent \ Rate	% Change\$ From Previous Year	State Rank** (1 is Best)
Obesity (Adults 18+)	2019	605,345	29.9%	+10.1%	15 (2019)
Child Obesity (Grade School Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2019	175,800	8.0%	-12.0%	1 (2019)
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.4%	+11.3%	n/a
Binge Drinking (Adults 18+)	2019	240,000	11.1%	+4.4%	1 (2019)
Influenza Immunization (Adults 65+)	2019	223,600	63.9%	+22.8%	22 (2019)
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+)	2019	219,900	9.9%	+6.9%	29 (2019)
Diabetes Prevalence (Adults 18+)	2019	190,500	8.5%	+1.3%	13 (2019)
High Blood Pressure (Adults 18+)	2019	532,900	27.0%	+10.3%	7 (2019)
Poor Mental Health (Adults 18+)	2019	459,100	20.7%	+10.1%	28 (2019)
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	2019	250	5.3 / 1,000	-7.0%	24 (2017)
Childhood Immunization (4:3:1:3:3:1:4)††	2019	49,400	80.0%	+8.0%	7 (2019)

§ 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.

†† Data from 2019 NIS for children aged 24 month (birth year 2017).