Utah Department of Health & Human Services

July 2022

Utah Health Status Update

Key findings

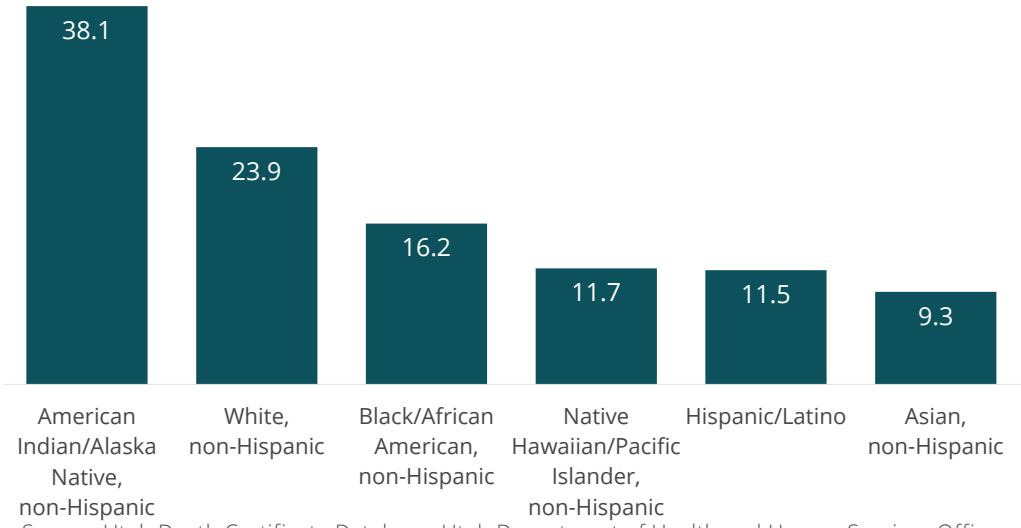
- People who identified as American Indian/Alaska Native (AI/AN), had the highest age-adjusted suicide mortality rate per 100,000 population of any racial or ethnic group in Utah during 2015–2020 (figure 1).
- Suicide rates from 2015–2020 were the highest among male and female people who identify as American Indian/Alaska Native compared with other populations in Utah (figure 2).

Suicide among American Indians/ Alaska Natives, 2015–2020

During 2015–2020, people who identified as American Indian/Alaska Native (AI/AN), had the highest age-adjusted suicide mortality rate (38.1) of any racial or ethnic group in Utah (figure 1). The average age of death by suicide among this population during 2015–2020 was 9.7 years younger than the general population (31.5 vs. 41.2 years old).[1] These suicide trends are consistent with data reported at the national level.[2,3]

Suicide age-adjusted rate per 100,000 population by race only/ ethnicity, Utah, 2015–2020

Figure 1. Suicide rates were highest among people who identify as American Indian/Alaska Native.



Source: Utah Death Certificate Database, Utah Department of Health and Human Services Office of Vital Records and Statistics. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2020.

Suicide rates from 2015–2020 were the highest among male and female people who identify as American Indian/Alaska Native compared with other populations in Utah (figure 2). Suicide risk factors, including substance or alcohol misuse and poverty, disproportionately affect AI/AN communities.[4] These disparities are not inherent to AI/AN culture; rather they can be contextualized through the lens of historical trauma.[3,5]

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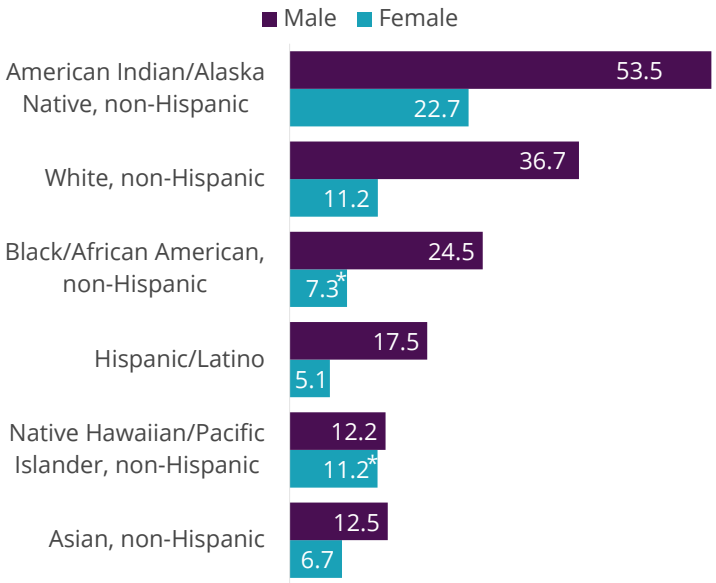
Feature article continued

Suicide age-adjusted rate per 100,000 population by race only/ethnicity and sex, Utah, 2015–2020
Figure 2. Suicide rates were highest among both male and female people who identify as American Indian/Alaska Native.



*Use caution in interpreting; the estimate has a coefficient of variation > 30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.
Source: Utah Death Certificate Database, Utah Department of Health and Human Services Office of Vital Records and Statistics. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2020.

Historical trauma can be defined as the intergenerational stress related to the immense losses of AI/AN life, political power, and culture.[5,6] These losses can negatively affect both an individual's mental health and family and social structures which could otherwise support an individual in crisis.[5,6]

Despite unique risk factors for suicide among people who identify as Amercian Indian/Alaska Native, unique protective factors exist. One study reported tribes with political sovereignty, ownership of traditional lands, and culturally appropriate facilities and services—collectively referred to as cultural continuity—had fewer suicides than tribes without those factors.[7]

Additionally, people who identify as American Indian/Alaska Native and strongly identify with their culture are less likely to have suicidal ideation.[8] Efforts to address and reduce disparities seen among people who identify as American Indian/Alaska Native should be done in accordance with EO/2014/005: Executive Agency Consultation With Federally-Recognized Indian Tribes which strives for the public interest of its citizens and ensures the right to participate in Utah governmental processes.[9]

For resources on suicide prevention in Utah visit https://liveonutah.org/ or https://988lifeline.org/help-yourself/native-americans/.

1. Utah Death Certificate Database. Retrieved on June 23, 2022 from Utah Department of Health and Human Services, Division of Data, Systems & Evaluation, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/.

2. Disparities in suicide. Centers for Disease Control and Prevention. Retrieved June 27, 2022, from https://www.cdc.gov/suicide/facts/disparities-in-suicide.html

3. Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014. MMWR Morb Mortal Wkly Rep 2018;67:237–242. DOI: http://dx.doi.org/10.15585/mmwr.mm6708a1

4. Utah Department of Health and Human Services Office of Health Disparities (2021). Utah Health Status by Race and Ethnicity 2021. Salt Lake City, UT. Utah Department of Health.

5. Evans-Campbell, T. (2008). Historical trauma in American Indian/native Alaska communities. Journal of Interpersonal Violence, 23(3), 316–338. https://doi.org/10.1177/0886260507312290

6. Wexler, L. M., & Gone, J. P. (2012). Culturally responsive suicide prevention in indigenous communities: Unexamined assumptions and new possibilities. American Journal of Public Health, 102(5), 800–806. https://doi.org/10.2105/ajph.2011.300432

7. Chandler, M. J., & Lalonde, C. E. (2008). Cultural Continuity as a Moderator of Suicide Risk among Canada's First Nations. Healing Traditions: The Mental Health of Aboriginal Peoples in Canada, 221–248.

8. Risk and protective factors: American Indian and Alaska native ... - SPRC. (n.d.). Retrieved June 27, 2022, from https://www.sprc.org/sites/default/files/resource-program/Risk%20and%20Protective%20Factors%20AI_AN.pdf

9. Exec. Order No. 5, (2014). https://rules.utah.gov/execdocs/2014/ExecDoc155570.htm

Spotlights

Utah mental health crisis 988 hotline

The Utah Legislature passed S.B. 155 988 Mental Health Crisis Assistance which became active on July 16, 2022. 988, the three digit suicide and prevention lifeline replaces the 10-digit (1-800-273-8255) National Suicide Prevention line.[1] This transition is in accordance with National Suicide Hotline Designation Act of 2020,[2] which required all telecom providers to activate the three-digit number by July 16, 2022. This change draws comparisons to the creation of 911 for access to public safety services. The 988 hotline provides immediate access to the crisis line as well as a bridge to a continuum of services in Utah including statewide mobile crisis outreach teams and a developing network of receiving centers.The 988 website is also live at https://988lifeline.org/.

"The Utah Crisis Line operates seven days a week, 24 hours a day, and is managed and staffed by certified crisis workers at the Huntsman Mental Health Institute (HMHI). From July 1, 2020 – June 30, 2021, HMHI fielded more than 92,532 calls and made 1,353 lifesaving interventions, according to the Crisis Services Annual Report. That amounted to a 32% increase in total calls to the Utah Crisis Line compared to fiscal year 2020. In fiscal year 2022, the Utah Crisis Line received 102,742 calls – an 11% increase in calls for support year over year – and anticipates doubling the call volume with the roll-out of 988."[3]

988 suicide and mental health crisis hotline
Figure 1. The 988 hotline is a shortcut to the suicide prevention lifeline.

Source: Substance Abuse and Mental Health Services Administraton (SAMSA)

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1. Utah consumer engagement study 9-8-8. https://dsamh-training.utah.gov/_documents/reports/Utah_988_Consumer_Engagement_Study.pdf
2. S.2661 - National Suicide Hotline Designation Act of 2020 116th Congress (2019-2020).
https://www.congress.gov/bill/116th-congress/senate-bill/2661
3. NATIONAL 988 SUICIDE AND CRISIS HOTLINE LAUNCHES ON JULY 16, 2022.
https://healthcare.utah.edu/publicaffairs/news/2022/07/988.php

Utah Department of Health & Human Services

Data through **May 2022**

Monthly health indicators

Monthly report of notifiable diseases, May 2022	Current month # cases	Current month # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity Ratio (obs/exp)
COVID-19 (SARS-CoV-2)||	Weekly updates at https://coronavirus.utah.gov/case-counts/				
Campylobacteriosis (Campylobacter)	54	52	211	196	1.1
Salmonellosis (salmonella)	44	26	152	110	1.4
Shiga toxin-producing Escherichia coli (E. coli)	22	13	72	50	1.4
Pertussis (whooping cough)	<5	24	42	132	0.3
Varicella (Chickenpox)	14	11	41	73	0.6
Shigellosis (shigella)	7	<5	31	18	1.7
Hepatitis A (infectious hepatitis)	<5	<5	7	27	0.3
Hepatitis B, acute infections (serum hepatitis)	<5	<5	<5	9	n/a
Influenza*	Updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal disease	<5	<5	<5	<5	n/a
West Nile (Human cases)	<5	<5	<5	<5	n/a
Quarterly report of notifiable diseases, 2nd quarter 2022	**Current quarter # cases**	**Current quarter # expected cases (5-yr average)**	**# cases YTD**	**# expected cases YTD (5-yr average)**	**YTD standard morbidity ratio (obs/exp)**
HIV/AIDS†	28	31	28	31	0.9
Chlamydia (Q4 2021)	2,633	2,614	11,206	10,342	1.1
Gonorrhea (Q4 2021)	907	728	3,620	2,699	1.3
Syphilis (Q4 2021)	45	32	212	130	1.6
Tuberculosis	14	<5	18	12	1.6
Medicaid expenditures (in millions) for the month of May 2022	**Current month**	**Expected/ budgeted for month**	**Fiscal YTD**	**Budgeted fiscal YTD**	**Variance over (under) budget**
Mental health services	$11	$11	$203	$204	($1.0)
Inpatient hospital services	$22	$22	$226	$227	($1.0)
Outpatient hospital services	$4	$4	$34	$36	($1.7)
Nursing home services	$22	$23	$304	$305	($1.3)
Pharmacy services	$13	$12	$137	$137	($0.7)
Physician/osteo services‡	$5	$6	$81	$82	($1.6)
Medicaid expansion services	$98	$98	$1,033	$1,035	($1.2)
***Total Medicaid	$324	$326	$4,121	$4,123	($2.1)

|| Comparisons include previous data year 2020. 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.

‡ Medicaid payments reported under physician/osteo Services do not include enhanced physician payments.

***The Total Medicaid program costs do not include costs for the PRISM project.

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Program enrollment for the month of May	Current month	Previous month	% change§ from previous month	1 year ago	% change§ from 1 year ago
Medicaid	470,024	466,728	+0.7%	414,549	+13.4%
CHIP (Children's Health Insurance Plan)	7,132	7,381	-3.4%	15,024	-52.5%
Commercial insurance payments#	**Current data year**	**Number of members**	**Total payments**	**Payments per member per month (PMPM)**	**% change§ from previous year**
Dental	2020	5,667,256	$ 154,748,044	$27.31	N/A
Medical	2020	11,631,161	$ 3,365,207,356	$289.33	-3.8%
Pharmacy	2020	10,845,512	$ 889,492,538	$82.01	+9.4%
Annual community health measures	**Current data year**	**Number affected**	**Percent\rate**	**% change from previous year**	**State rank** (1 is best)**
Suicide deaths	2020	651	20.0 / 100,000	-1.90%	40 (2019)
Asthma prevalence (adults 18+)	2020	250,600	10.80%	9.10%	39 (2020)
Poor mental health (adults 18+)	2020	540,700	23.30%	7.90%	37 (2020)
Influenza immunization (adults 65+)	2020	261,400	68.50%	7.20%	23 (2020)
Drug overdose deaths involving opioids	2020	432	13.3 / 100,000	7.30%	20 (2019)
Unintentional fall deaths	2020	651	20.0 / 100,000	-1.90%	17 (2019)
Infant mortality	2020	366	11.3 / 100,000	4.60%	17 (2018)
Traumatic brain injury deaths	2020	2,272	69.9 / 100,000	6.10%	15 (2019)
Obesity (adults 18+)	2020	663,700	28.60%	-2.10%	13 (2020)
Diabetes prevalence (adults 18+)	2020	188,000	8.10%	1.30%	17 (2020)
Births to adolescents (ages 15–17)	2020	318	4.1 / 1,000	7.70%	10 (2018)
Childhood immunization (4:3:1:3:3:1:4)††	2020	47,970	74.6%	-2.5%	19 (2020)
Motor vehicle traffic crash injury deaths	2020	299	9.2 / 100,000	27.60%	7 (2019)
High blood pressure (adults 18+)	2020	598,700	25.80%	5.70%	7 (2019)
Cigarette smoking (adults 18+)	2020	206,500	8.90%	1.10%	1 (2020)
Binge drinking (adults 18+)	2020	264,500	11.40%	0.90%	1 (2020)
Coronary heart disease deaths	2020	1,853	57.0 / 100,000	12.00%	1 (2020)
All cancer deaths	2020	3,459	106.4 / 100,000	3.70%	1 (2020)
Stroke deaths	2020	916	28.2 / 100,000	-1.00%	1 (2020)
Child obesity (grade school children)	2018	38,100	10.60%	11.60%	n/a
Vaping, current use (grades 8, 10, 12)	2019	37,100	12.40%	11.30%	n/a
Health insurance coverage (uninsured)	2020	383,500	11.80%	-6.30%	n/a
Early prenatal care	2020	34,716	75.90%	0.00%	n/a

§ Relative percent change. Percent change could be due to random variation.
# Figures subject to revision as new data is processed.
** State rank in the United States based on age-adjusted rates where applicable.
†† Data from 2020 NIS for children aged 24 month (birth year 2018).