UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
The Status of Women's Health in Utah

Special Edition 6 *(May 2019)*

1. Introduction

This health status update provides an overview of women's health in Utah and highlights the efforts of the Utah Department of Health (UDOH) to improve women's health. Utahns have a lot to be proud of. Women in our state have some of the lowest rates of tobacco and alcohol use in the nation. We have high rates of physical activity and low rates of diabetes. However, we know that not all women are getting the care they need. One out of three Utah women did have a routine medical checkup in 2017[1], leading to low rates of important preventive services such as mammograms, Pap smears, blood pressure checks, and depression screenings. Mental health is a particular concern among Utah women, and Utah consistently ranks higher than the national average for depression among women. It is known that mental health problems often co-occur with chronic diseases, such as hypertension and diabetes, and may exacerbate poor health outcomes.[2] We recommend that healthcare providers be aware of health issues facing Utah women and take steps to implement relevant screening practices.

Social determinants of health account for approximately 50% of one's health status.[3] As you read through the individual conditions in this health status update, note what is similar among the groups bearing the greatest burden of disease. Utah women who earn less than $25,000 annually, have a high school education or less, and are of a minority race or ethnicity tend to have poorer health outcomes. We cannot fully address women's health in Utah without considering the social determinants of health. Utah women need to be empowered and supported to attain higher education and gainful employment at any stage of life. We need communities that offer positive social connections and safety. Utah has one of the highest gender wage gaps in the nation, with white non-Hispanic women earning 71 cents on the dollar compared to men. The wage gap is even greater for non-white and Hispanic women in Utah.[4] The percentage of women holding top leadership roles within Utah businesses dropped from 11.6% in 2014 to 6.4% in 2018.[5] While individual employers may offer paid sick leave, there is no Utah law requiring it. Lack of paid sick leave is more prevalent in the service industries, and is known to deter all employees from seeking healthcare and preventive services.[6]

This article is not just about how women can help themselves, but how we, as a state, can lift up half of our population. We hope that as you read this, you will consider how you and your organization can empower Utah women and then take action. Regularly updated resources for women can be found at https://mihp.utah.gov/wp-content/uploads/Womens-Health-Resources.pdf.

2. Well-woman Visit: Screenings and Prevention

Routine medical care is important for early detection and prevention of health issues. The well-woman exam is often associated with Pap smears and breast exams. Obstetrics and gynecology healthcare providers provide nearly half of all preventive care visits in reproductive-aged women.[7] However, the health services and education provided during these visits should include more than reproductive health issues.

In 2016, only 57% of reproductive-aged women in Utah, compared to 67% of U.S. women, reported they had received a routine preventive care visit, like the well-woman exam, in the last year.[1]

When looking at those screenings and services mostly associated with well-woman exams, we see that Utah is not reaching national Healthy People 2020 goals. For example, the rate of female human papillomavirus (HPV) up-to-date vaccination in Utah (42.1%) is lower than the U.S. average (53.1%). Although the Utah Department of Health Immunization Program has made efforts to increase vaccination uptake through its HPV public awareness campaign and provider training and education, we saw little increase from 2016 to 2017.[8] There is still much work to be done considering the Healthy People 2020 Goal for HPV vaccination is 80%.

Utah also performs worse than the nation for chlamydia screening in women.[9] This screening is recommended for sexually active women aged 24 years and younger to prevent serious complications including ectopic pregnancy and infertility. We have work to do to decrease disparities in access to these services as screening rates vary substantially by payer type and geographic area. In 2017, 38.4% of sexually active female Medicaid recipients aged 16–24 were screened compared to 32.5% of those commercially insured. Rates ranged from 13.8% to 49.4% when analyzed by Utah Small Area.[10]

Furthermore, in 2016, the percentage of Utah women aged 40–64 years who reported having a mammogram in the last two years was 65.1%. Women who reported an annual household income of less than $25,000 had a screening rate of 59.3% while women who reported a household income of more than $75,000 per year had a screening rate of 70.3%.[1]

The Utah Breast and Cervical Cancer Early Detection Program works to close this gap by providing free breast cancer screening for low income women aged 40–64 across the state.

Call to Action

Because women aged 18–44 were significantly less likely to receive routine preventive care, a greater focus by local health departments and health clinics must be placed on educating women on what a well-woman exam involves and why it is important to receive one every year. We encourage local health departments and health clinics to use the Well-Woman Task Force recommendations of evidence-based or evidence-informed screenings to be considered in a well-woman visit.[7] Box 1 details screening recommendations for healthy, reproductive-aged, non-pregnant adult women.

***Box 1:* Screening elements to consider for healthy, reproductive-aged, non-pregnant adult women[7]**

- Alcohol misuse
- Blood pressure
- Breast cancer screening
- Cervical cancer
- Colorectal cancer
- Contraception, sexually transmitted infections, and reproductive health
- Depression and mental health
- Diabetes
- Diet, fitness, and nutrition
- Domestic and intimate partner violence
- Drug use
- Genetic screening
- Hepatitis B and C screening
- Immunizations
- Obesity
- Oral health
- Pap smear
- Sexual health
- Tobacco use

3. Chronic Conditions

Utah women experiencing socio-economic disparities suffer the most from chronic conditions. There are also significant differences in chronic disease rates by sex for women and men in Utah. Table 1 and Box 2 illustrate these differences by select characteristics.

Common Risk Factors for Selected Chronic Conditions

Table 1. Common risk factors for selected chronic conditions (statistically significant differences from the state rate in prevalence for sub-characteristics are indicated)

	Low Income	Low Education	Minority	Uninsured	Rural	Age (65+)
Overweight/obese	X	X	X			X
Hypertension	X	X	X	X	X	X
Diabetes	X	X	X	X		X
Asthma	X			X	X	X
Arthritis	X	X	X		X	X
Disabilities	X	X	X	X	X	X

During 2015–2017, more than half of Utah women were overweight or obese (52.4%), a significant risk factor for many chronic conditions. Women with the highest rates of obesity in Utah were among those who were Pacific Islander (68.2%), American Indian (64.1%), low income (59.2%), low education (60.4%), and aged 65 and older (59.8%).[1]

Heart disease is the leading cause of death for Utah women, and hypertension is a major contributing factor. Groups of Utah women with significantly higher rates of hypertension included: low education (27.3%), low income (26.5%), and African American/Black women (34.7%) in 2014, 2015, and 2017 combined compared to the state rate of 20.9%.[1] However, the death rate from heart disease for women is lower in Utah than for the U.S. (114.5 vs. 181.2 per 100,000).[11]

The prevalence of diabetes was lower for Utah women compared to U.S. women (6.7% versus 10.8%) in 2017.[12] The crude diabetes death rate was also lower for Utah women than for U.S. women (18.4 versus to 22.5 per 100,000 population) in 2017. However, the Utah population is much younger than the U.S. population, and after adjusting for this age difference, Utah women had a higher diabetes death rate than U.S. women (20.2 versus 17.1).[11] The highest diabetes rates from 2014–2017 were among women with low education (10.3%), low income (9.7%), and who were American Indian (13.7%).[1]

Box 2:

Chronic diseases can impact women differently than men. For example, there are significant sex differences in asthma prevalence and severity. Current research suggests that fluctuating sex hormones may play a role. In Utah, as women aged, they were more likely to have uncontrolled asthma (18–34: 29.8% vs. 65+: 47.5%) during 2014–2016. Additionally, they had higher rates of uncontrolled asthma when compared to men of the same age (18–34: 17.4% vs. 65+: 28.6%).[13]

In 2017, one in four Utah women had a disability, substantially impacting their ability to work, perform basic daily activities, and quality of life.

Women with the highest rates were among those with low education (44.8%) and low income (44.3%).[1] Arthritis is a leading cause of disability affecting 22.3% of women in Utah in 2017, and disproportionately affecting women with lower income (29.6%). By age 65, 53.1% of women had arthritis.[1] Other chronic conditions, such as obesity, heart disease, and diabetes are significantly more common for women with arthritis and other disabilities.[14]

Call to Action

Healthcare professionals are encouraged to identify women with risk factors for chronic conditions and recommend behavior changes such as increasing physical activity and fruit and vegetable consumption. Healthcare professionals should work with the UDOH Bureau of Health Promotion to develop cross-sector opportunities to improve the health of women and support positive health behaviors.

4. Mental Health

Mental health affects women throughout the lifespan. Women aged 18–34 years had significantly higher rates of poor mental health compared to the state average, with the highest rates among the youngest and those who used tobacco, binge drank, or had asthma (Figure 1).[1] Depression and anxiety are common types of poor mental health, although there are many other mental illnesses that affect Utah women. For individuals currently suffering from mental health issues: you are not alone, and treatment is available.

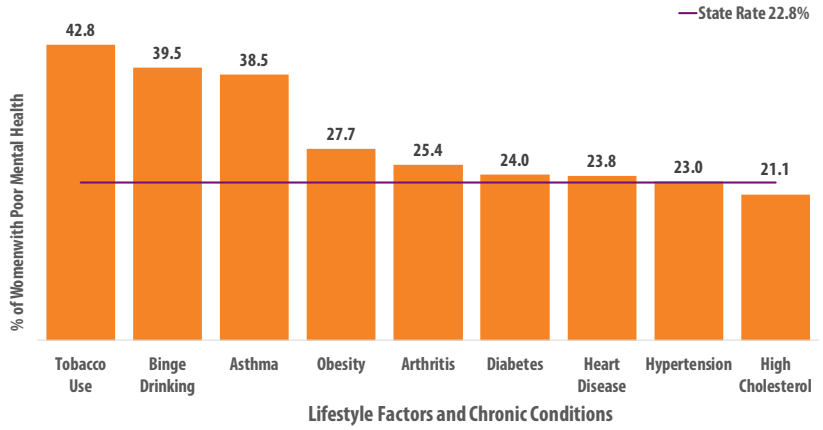
Pregnant and postpartum women are especially at risk for mental illness and the potential negative impacts on not only their health, but their family's health. Data shows one in eight women experience postpartum depression in Utah and one in four women with a history of anxiety or depression before pregnancy experience symptoms of postpartum depression.[15] From 2015–2016, one in five maternal deaths were suicides, and in three out of four deaths reviewed, there was a pre-existing mental health condition noted.[16]

Call to Action

Healthcare providers and community health workers should screen pregnant and postpartum women for mental health disorders during every visit, and connect them to care in a variety of settings, including WIC offices and community-based organizations. Links to appropriate screening instruments can be found at https://www.psiutah.org/professionals/screening-instruments/.

Risk Factors of Women With Poor Mental Health

Figure 1. Utah women who used tobacco, binge drank, and/or had asthma had significantly higher rates of poor mental health than other women in 2017.



Source: 2017 Utah Behavioral Risk Factor Surveillance System

***Box 3:* Did you know?** Women are more likely than men (62% vs. 38%) to provide care to a family member or friend.[17] There are resources for these women as they juggle this added responsibility:

1. The Caregiver Corner (https://eldercare.acl.gov/Public/Resources/Topic/Caregiver.aspx)
2. Caregiving (https://www.cdc.gov/aging/caregiving/index.htm)
3. Age Well (https://agewell.health.utah.gov/)

5. Violence and Injuries

Healthy People 2020 describes violence and injury as a public health priority that significantly impacts health.[18] Compared to national numbers, the rate of rape[19] and domestic fatalities[20] in Utah is high. In fact, in Utah, rape is the only violent crime that is higher than the national rate (49.8 vs. 40.4 per 100,000 in 2016),[21] other violent crimes were historically two to three times lower than the national rate.[19] One out of every four Utah females in grades 9–12 experienced sexual violence in 2017.[22] Women are often the victims of these violent acts, which can result in long-lasting physical, social, and emotional health consequences.[23]

Substance use and misuse may result in injury, such as overuse and overdose. Some groups of women may be at greater risk for overdose than others. Among females who died from prescription opioids, the most common occupational groups were 'healthcare support', 'healthcare practitioners and technical', and 'food preparation and serving' during 2012–2017.[24] In addition, in Utah, 8.4% of women binge drank in 2017, and women between 18–34 years of age binge drank at a higher rate (12.2%).[1]

The misuse of substances, including opioids, alcohol, and other drugs, may be associated with poor mental health among women. Women may turn to unhealthy coping mechanisms, such as opioid use and binge drinking to adapt to life's stresses.[25] Data show history of alcohol and substance use is a risk factor for suicide.[26] The rate of suicide among Utah women was highest for those aged 45–54 (22.1 per 100,000) during 2015–2017.[27]

Violence and injuries are preventable. Research shows that multiple forms of violence and injury are linked to shared risk factors and protective factors.[28] A combination of individual, relational, community, and societal-level factors contribute to the circumstances that facilitate or buffer against the risk of perpetration or experiencing violence. The UDOH Violence and Injury Prevention Program focuses on primary prevention to reduce violence and injury in Utah; visit http://health.utah.gov/vipp/topics/.

Call to Action

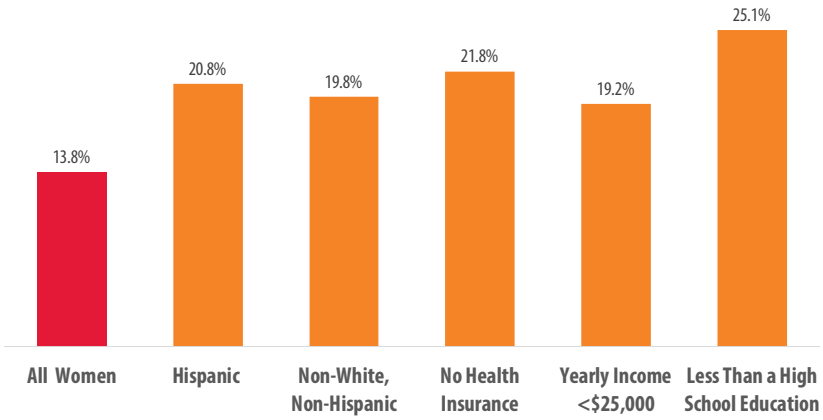
Prevention professionals should focus on shared risk and protective factors across higher levels of the social ecological model. For more information on violence prevention strategies, visit https://vetoviolence.cdc.gov/primary-prevention.

6. Family Planning

Women with unintended pregnancies are less likely to seek early prenatal care or receive adequate prenatal care, more likely to smoke or drink during pregnancy, and less likely to initiate or maintain breastfeeding.[29] Unintended pregnancy mainly results from not using contraception, or inconsistent or incorrect use of effective contraceptive methods. Although the rate of intended pregnancy in Utah (65.3%) is higher than the Healthy People 2020 goal (56.0%), some groups have higher percentages of women *at risk* for *unintended* pregnancy (Figure 2). Women without health insurance and women with characteristics associated with a higher risk of being uninsured face many barriers in the healthcare system to accessing family planning services in Utah.

Women at Risk for Unintended Pregnancy

Figure 2. Utah women who were of a minority race or ethnicity, had no health insurance, had incomes less than $25,000, and/or had less than a high school education had significantly higher rates of at risk for unintended pregnancy than other women.



Note: At risk for unintended pregnancy is defined as women who said they did not use contraception the last time they had sex—not including women who wanted to be pregnant, had their tubes tied, had a hysterectomy, whose parter had a vasectomy, who were currently pregnant, or whose sex partner was female.
Source: 2016–2017 Utah Behavioral Risk Factor Surveillance System

Call to Action

Encourage women who may be eligible for Medicaid to apply for coverage. For women who may not qualify for Medicaid, but still need low cost family planning services, referrals should be made to Title X or Family Planning Elevated clinics.

7. Childbearing

Each year in Utah, approximately 48,000 women experience a pregnancy. The health of Utah's childbearing women is generally above average with lower rates of chronic disease, and alcohol and tobacco use. These healthy behaviors are important for optimal birth outcomes for both mother and baby.

Childbirth is the most common hospitalization for women of reproductive age. During labor and delivery, women may suffer from unexpected health outcomes, or severe maternal morbidities, that can have mild to long-lasting effects on their health.[30] An average of 600 women experience a severe maternal morbidity each year in Utah.[31] The leading indicators for severe maternal morbidity in Utah from 2013–2015 were blood transfusions, disseminated intravascular coagulation, sepsis, heart failure during surgery or operation, and hysterectomy.[31]

Each year in Utah, approximately 20 women die while pregnant or in the year after delivery, a tragic loss for families and communities. The rate of maternal mortality in Utah (25.7 in 2016) remains above the Healthy People 2020 goal of no more than 11.4 deaths per 100,000 live births. An examination of 40 maternal deaths in 2015–2016 found that the leading causes of maternal death in Utah were accidental drug-related overdose and suicide. The majority of deaths (82.5%) occurred in the postpartum period, underscoring the importance of educating women on postpartum complications and the need to increase support for women throughout the year after delivery.[16]

Call to Action

The Utah Women and Newborns Quality Collaborative (UWNQC) is a statewide network of professionals, hospitals, and clinics dedicated to improving the health of Utah women and babies using evidence-based practice guidelines and quality improvement processes. We encourage all providers who care for childbearing women to consider participation in the activities of this collaborative. For more information, visit https://mihp.utah.gov/uwnqc.

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10. Utah All Payer Claims Data.

11. CDC WONDER Online Database. http://wonder.cdc.gov/ucd-icd10.html.

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16. Utah Department of Health. *Perinatal Mortality Review Update: Maternal Mortality in Utah 2015–2016* (July 2018). Accessed at https://mihp.utah.gov/wp-content/uploads/PMR-Update-0718.pdf.

17. Utah Caregiving Infographic. https://www.cdc.gov/aging/data/infographic/2017/utah-caregiving.html.

Box 4: Glossary

Arthritis is defined as persons who have ever been told by a doctor, nurse, or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Asthma is defined as adults who reported having been told by a doctor that they have asthma and who currently have asthma.

Binge drinking for women is defined as four or more drinks on one occasion.

Diabetes is defined as adults who reported being told by a doctor, nurse, or other health professional that they have diabetes (excludes women who were told they had diabetes only during pregnancy or those who reported they had "borderline" or prediabetes).

Disability is defined as one or more of the following: being blind or having serious difficulty seeing, even when wearing glasses; having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional problem; having serious difficulty walking or climbing stairs; having difficulty dressing or bathing; having difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition; being deaf or having serious difficulty hearing.

Heart disease is defined as persons who have ever been told by a doctor, nurse, or other health professional that they have had a heart attack, stroke, angina, or coronary heart disease.

High cholesterol is based on the answer to the question, "Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?"

Hypertension is based on the answer to the question, "Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Obesity is defined as a body mass index (BMI) of 30 or more. BMI is calculated by dividing weight in kilograms by the square of height in meters.

Overweight/obese is defined as a BMI of 25 or more.

Poor mental health is defined as self-reported 7 or more of past 30 days in which mental health was not good.

Postpartum depression is defined as answering 'always' or 'often' to either of these questions: "Since your new baby was born, how often have you felt down, depressed, or hopeless?" And, "Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?"

Rape is defined as penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person (without the consent of the victim) and which was reported to law enforcement.

Sexual violence is defined as being forced to do sexual things (such as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by anyone, one or more times during the 12 months before the survey.

Tobacco use is defined as current smoking (smoke cigarettes every day or some days).

Uncontrolled asthma is defined as having asthma symptoms >2 days awake, nighttime awakenings due to asthma symptoms 1–3 times a week, and/or short acting β2-agonists used for asthma symptom control >2 days a week.

Unintended pregnancy is defined as women who wanted to be pregnant later or didn't want to be pregnant when asked how they felt about becoming pregnant.

Violent crime is defined as murder, rape, robbery, and aggravated assault.

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22. Youth Online: High School YRBS - Utah 2017 Results. Centers for Disease Control and Prevention. https://nccd.cdc.gov/youthonline/App/Default.aspx.

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