IBIS, Utah's Public Health Data Resource

Utah’s Public Health Indicator Based Information System
Outline

● WHY Do We Do It?
  ○ Public health assessment/Data Dissemination

● WHERE Do I Find Indicator Reports
  ○ Health Indicators
  ○ Health Topics
  ○ Community Snapshots
  ○ Queryable Data for IBIS Users
WHY Do We Do It?

Public Health Assessment
Importance of Assessment

- Track and evaluate progress toward goals
- Guide policy decision, priorities, and long-range strategic plans
- Provide comprehensive information of population health and the health care system in Utah to inform anyone involved in private or public health activities
Utah’s IBIS-PH

- We use IBIS Indicator Reports to:
  - publish data for priority health objectives
  - promote better understanding of public health issues
  - disseminate data and information on public health topics
  - Inform needs assessments for the state, local health departments, and programs
  - Identify disparities by geographic location or population
  - Evaluate impact of prevention and intervention activities

IBIS Indicators are great!

- Allow users to view a report of data that have already been tabulated, For more novice users, easier, more user-friendly, Prepared health data reports with different views, not a query system, Displays most requested and useful views of information

Definition: HEALTH INDICATOR. • A measurable characteristic that describes: – the health of a population (e.g., life expectancy, mortality, disease incidence or prevalence, or other health states); Centers for Disease Control and Prevention.
WHAT Is IBIS?

Overview of IBIS-PH
Public health indicator based information system (IBIS)
Utah's Public Health Data Resource

Welcome to IBIS-PH; Utah's Public Health Data Resource

Visit our COVID-19 Dashboard
- For the latest information on case counts please visit: https://coronavirus.utah.gov/case-counts/

Welcome to the State of Utah, Department of Health, Indicator-Based Information System for Public Health (IBIS-PH). This site provides health data with context on the health of Utahns and status of the Utah health care system.

This Site Provides:
- Utah Health Topics - Focus on specific health topics, compile indicator data, query datasets, important facts, and publications relevant to specific health topics.
- Health Indicator Report

Public site - https://ibis.health.utah.gov
Public Health Indicator Based Information System (IBIS)
Utah's Public Health Data Resource

Introduction
- Utah Department of Health
- Utah Department of Health Budget
- Local Public Health

Part 1. Underlying Demographic Context of the Population

Characteristics of the Population
- Age Distribution of the Population
- Racial and Ethnic Composition of the Population

Birth and Death Rates
Utah's Indicator-based Information System for Public Health (IBIS) Topics

How to Find Data and Information on this Site

The "Topics" section organizes IBIS website content into the following categories. Each icon links to a page that contains information on a specific topic. Along with this information are links to the associated Indicator Reports and Dataset Queries. The Indicator Reports provide graphs, maps, public health context, and data tables. Many of the topic areas have queryable datasets that you can use to create your own analyses, charts, and maps. These data query results pages will also have dataset details, including data sources and tips on how data can or cannot be used.
for a given community. This page allows you to choose the community, and the set of indicators and the additional page content to be viewed for the selected community.

Usage

Please select the community type, the community, a set of indicators, and additional report content, below. Then press the Submit button located at the bottom of the page.

**Step 1: Select a Community**

- Local Health District/State of Utah
  - Bear River
  - Central Utah
  - Davis County
  - Salt Lake County
  - San Juan County
  - Southeast Utah
  - Southwest Utah
  - Summit County
  - Tooele County
  - TriCounty

- Utah Small Area/State of Utah

**Step 2: Select a Set of Health Indicators**

**Step 3: Select Additional Information for Your Report**

Submit  Reset
New Weighting Methodology

Beginning in 2011, BRFSS data include both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking. This methodology utilizes additional demographic information (such as education, race, and marital status) in the weighting procedure. Both of these methodology changes were implemented to account for an increased number of U.S. households without land line phones and an under-representation of certain demographic groups that were
Public Health Indicator Based Information System (IBIS)
Utah's Public Health Data Resource

- Methodology and Guidelines
  - Age Adjustment Weights
  - Confidence Intervals

Geographic Assessment and Utah Small Areas
- County Classification Definitions
- Geographic Areas for Health Data
- Utah Local Health District and Small Area Designation Algorithm Documentation
- Flow Chart for Utah Local Health District and Small Area Designation Algorithm
- SAS Code for Utah Local Health District and Small Area Designation Algorithm
- Utah Small Area Boundary Definitions
- Utah Small Area 1997 Methodology Paper

Maps of Utah Small Area Boundaries
- Bear River
- Central
- Davis
- Southeast
- Salt Lake
- Summit
- Southwest
- Tooele
- TriCounty
- Utah

Utah’s Indicator-based Information System for Public Health (IBIS) Topics

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Arthritis

Description

Arthritis includes more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other forms of arthritis that occur often are rheumatoid arthritis, lupus, fibromyalgia, and gout. Symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms.

Arthritis is more common among adults aged 65 years or older, but people of all ages (including children) can be affected. Nearly two-thirds of people with arthritis are younger than 65. Arthritis is more common among women (26%) than men (19%) in every age group, and it affects members of all racial and ethnic groups. Arthritis is also more common among adults who are obese than among those who are normal weight or underweight.

Why It's Important

What Is Known

Who Is at Risk

How To Reduce Risk

How It's Tracked

Indicator Reports (data tables, maps, charts, more detailed information)

- Arthritis - Monitoring Reach of Evidence-based Programs
- Arthritis and Activity Limitation
- Arthritis and Poor Mental Health
- Arthritis Prevalence

Queryable Datasets

Arthritis - Adults (BRFSS)

- Doctor-diagnosed Arthritis - Crude Rates
- Doctor-diagnosed Arthritis - Age-adjusted Rates

Publications

FAQs and Resources
Each Indicator Report has a default chart that comes up on the initial view along with a message on why it is an important construct in public health.
<table>
<thead>
<tr>
<th>Why Is This Important?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map</td>
</tr>
<tr>
<td>Chart</td>
</tr>
<tr>
<td>Data Table</td>
</tr>
<tr>
<td>Data Notes</td>
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<tr>
<td>Other Views</td>
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<tr>
<td>Health Indicator Definition</td>
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<tr>
<td>Health Objectives and Targets</td>
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<tr>
<td>Current Outlook</td>
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<tr>
<td>Health Improvement</td>
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<td>Methodology</td>
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<td>UT New Methodology</td>
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</table>
Generic IBIS Tutorial Videos

- The IBIS Community of Practice has developed some videos about the interactive charts and data tables.
  - Kendo Grid Chart #1 – Intro
    https://www.youtube.com/watch?v=Nbmu8WFGL_s
  - Kendo Grid Chart #2 – Series or Grouped Data
    https://www.youtube.com/watch?v=ft3D6LK6c6A
  - Kendo Grid Chart #3 – Missing Values
    https://www.youtube.com/watch?v=YyIxYVuOhWI

- IBIS CoP You Tube Channel
  https://www.youtube.com/channel/UCm0W1wnsAynixzyhRwPf-Q
  can be found by search for “IBISPH CoP” on YouTube
**Data Notes**

**Notes**
Doctor-diagnosed arthritis was self-reported and was not confirmed by a health-care provider; however, such self-reports have been shown to be acceptable for surveillance purposes.

Age-adjusted to the U.S. 2000 standard population.

In 2000 and 2001, the BRFSS questions were worded, "Have you ever been told by a doctor that you have arthritis?" In 2002, the wording was changed to "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"

Beginning in 2011, BRFSS data include both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking. More details about these changes can be found at: https://ibis.health.utah.gov/pdf/opha/resource/bfrss/RakingImpact2011.pdf.

**Data Sources**
- Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health
- U.S. Data: Behavioral Risk Factor Surveillance System (BRFSS), Division of Behavioral Surveillance, CDC Office of Surveillance, Epidemiology, and Laboratory Services

**Data Interpretation Issues**
Because age affects the likelihood of having arthritis, it is beneficial to adjust for the effect of age when comparing populations. This helps determine if a certain population has factors that contribute to arthritis prevalence other than the effect of age.

Beginning in 2011, BRFSS data included both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking. This methodology utilizes additional demographic information (such as education, race, and marital status) in the weighting procedure. Both of these methodology changes were implemented to account for an increased number of U.S. households without landline phones and an under-representation of certain demographic groups that were not well-represented in the sample. More details about these changes can be found at: https://ibis.health.utah.gov/pdf/opha/resource/bfrss/RakingImpact2011.pdf.

**Other Views**
- by Age Group and Sex, Utah, 2014-2016
- by Local Health District, Utah, 2014-2016
- by Ethnicity, Utah, 2014-2016
- by Race, Utah, 2014-2016
- by Education Level, Utah Adults 25+ 2014-2016
Health Indicator Report of Arthritis Prevalence

Why Is This Important?

Chart

Data Table

Data Notes

Other Views

- by Age Group and Sex, Utah, 2014-2016
- by Local Health District, Utah, 2014-2016
- by Ethnicity, Utah, 2014-2016
- by Race, Utah, 2014-2016
- by Education Level, Utah Adults 25+, 2014-2016
- by Income, Utah, 2014-2016
- by Utah Small Area, 2014-2016

Health Indicator Definition

Definition
Percentage of persons who have ever been told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Numerator
Includes survey respondents ages 18 and older who reported being told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Excludes those with missing, don’t know, and refused answers.

Denominator
Includes survey respondents ages 18 and older. Excludes those with missing, don’t know, or refused answers.

Health Objectives and Targets

Current Outlook

Health Improvement

Page Content Updated On 12/12/2017, Published on 01/03/2018

Utah Arthritis Program, Bureau of Health Promotion, Division of Disease Control and Prevention, Utah Department of Health, PO Box 142107, Salt Lake City, UT 84114-2107, Telephone: 801-538-9458, Fax: 801-538-9495, Website: http://health.utah.gov/arthritisis, E-mail: sgeorge@utah.gov or acarolan@utah.gov
The age-adjusted prevalence of arthritis for combined years 2014-2016 in Utah's Local Health Districts ranged from a low of 17.4 percent in Summit County Health District, to a high of 27.5 percent in Tooele County Health District. Health districts with arthritis prevalence lower than the state rate included Summit County, Wasatch County, Utah County, and Salt Lake County. Health districts with rates higher than the state rate included Weber-Morgan, Central Utah, Southeast Utah, and Tooele County. The rest of the health districts had rates that were considered the same as the state rate.
Healthy People Objective AOCBC-2:
Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.

**U.S. Target:** 35.5 percent
**State Target:** 37.0 percent

Other Objectives
Healthy People 2020 Objective AOCBC-7.2: Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling for physical activity or exercise.

**U.S. Target:** 45.3 percent

Current Outlook

How Are We Doing?
The 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey revealed that nearly half (45.5 percent) of Utah adults with arthritis (crude rate) limited their usual activities due to their arthritis.

Despite the known benefits of exercise for persons with arthritis, in 2015, 46.8 percent of Utah adults with arthritis reported they did not meet the recommended requirements for aerobic physical activity, and 27.4 percent reported no leisure time physical activity (i.e. were physically inactive).

How Do We Compare With the U.S.?
In 2015, the age-adjusted rate of activity limitation due to arthritis was 45.0 percent in Utah, which was slightly better than the U.S. rate of 49.2 percent.

Because age affects the likelihood of having arthritis, it is beneficial to adjust for the effect of age when comparing populations. This method helps to determine if a certain population has a factor, which contributes to arthritis more than the effect of age. Therefore, these data were adjusted to the U.S. 2000 standard population.
Health Improvement

What Is Being Done?
The Utah Arthritis Program focuses on measuring the occurrence of arthritis in Utah, increase arthritis awareness and educational opportunities, and promoting participation in programs proven to help persons with arthritis and other chronic conditions. Visit LivingWell.Utah.Gov to find a workshop for yourself or a loved one.

Evidence-based Practices
The Utah Arthritis Program (UAP) partners with healthcare, nonprofit, and government organizations across Utah to deliver evidence-based workshops to help people better manage and prevent arthritis.

The UAP recommends and supports the Chronic Disease Self-Management Programs, EnhanceFitness, Walk With Ease, and the Arthritis Foundation Exercise Program which have been proven to improve the quality of life for people with arthritis.

Available Services
To find and register for an evidence-based program in your area please visit:
http://www.livingwell.utah.gov
or call the Health Resource Line at:
1-888-222-2542

Other resources for people with arthritis are available at:

Utah Arthritis Program
http://health.utah.gov/arthritis

Arthritis Foundation Great West Region
4424 S 700 E Ste 180, SLC UT 84107
888-391-9389

Information Evidence-Based Programs:
https://www.selfmanagementresource.com/
http://www.projectenhance.org/

Rheumatologists in Utah
http://health.usnews.com/doctors/city-index/utah/rheumatologists

Page Content Updated On 12/12/2017, Published on 01/03/2018

Utah Arthritis Program, Bureau of Health Promotion, Division of Disease Control and Prevention, Utah Department of Health, PO Box 142107, Salt Lake City, UT 84114-2107, Telephone: 801-538-9458, Fax: 801-538-9495, Website: http://health.utah.gov/arthritis, E-mail: sgeorge@utah.gov or acarolan@utah.gov
Health Indicator Report of Arthritis Prevalence

Why Is This Important?
Arthritis affects 52.5 million adults in the U.S. and is the leading cause of disability. Arthritis is also associated with substantial activity limitation, work disability, and reduced quality of life.

Findings from the National Health Interview Survey (2010-2012) indicated that 9.8 percent of adults 18 and older (22.7 million) had arthritis attributable activity limitation.

Chart
Prevalence of Arthritis, Utah and U.S., 2000-2013

Data Table
Prevalence of Arthritis, Utah and U.S., 2000-2013

<table>
<thead>
<tr>
<th>BRFSS Utah vs. U.S.</th>
<th>Year</th>
<th>Age-adjusted Percentage of Adults</th>
<th>Lower 95% CI</th>
<th>Upper 95% CI</th>
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</table>
Relevant Population Characteristics for Arthritis Prevalence

Relevant Population Characteristics
The population characteristic most relevant to arthritis is the age distribution of the population. As the Utah population ages, a greater percentage of Utahns will be at risk for developing arthritis.

Related Relevant Population Characteristics Indicators:
- Utah Population Characteristics: Age Distribution of the Population

Health Care System Factors for Arthritis Prevalence

Health Care System Factors
Utah's aging population is likely to lead to an increase in the prevalence of arthritis that will have dramatic consequences in terms of disability and health care expenditures. Access to health care is still a problem for many Utahns. Individuals who cannot obtain needed health care tend to have higher rates of death and disability from chronic disease. Cost is the most commonly reported barrier to getting needed health care.

Many physicians are leaving practices for a number of reasons, and enrollment in medical schools has dropped. Inevitably this will...

Risk Factors for Arthritis Prevalence

Risk Factors
The prevalence of arthritis increases with age. Females are more likely to report arthritis than males. White, non-Hispanic individuals are more likely to report arthritis than Hispanic persons. Being overweight or obese is also a risk factor. Specific genes are associated with a higher risk of certain types of arthritis, such as rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), and ankylosing spondylitis.

Health Status Outcomes for Arthritis Prevalence

Health Status Outcomes
In 2016, 28.2 percent of Utah adults with arthritis reported being in fair or poor health, and 32.3 percent reported experiencing seven or more days in the last month when their physical health was not good. The relationship between arthritis and mental health is less dramatic than physical health. One in five Utah adults with arthritis (22.5 percent) reported seven or more days of poor mental health in the past month.

Related Health Status Outcomes Indicators:
- Fair/Poor Health
- Health Status: Mental Health Past 30 Days
- Health Status: Physical Health Past 30 Days
More Information and References for Colorectal Cancer Screening

References and Community Resources

**Other resources:**
- Utah Cancer Control Program: [http://www.cancerutah.org](http://www.cancerutah.org)
- Utah Cancer Action Network: [http://www.ucan.cc](http://www.ucan.cc)
- American Cancer Society: [http://www.cancer.org](http://www.cancer.org)
- Huntsman Cancer Institute: [http://www.huntsmancancer.org](http://www.huntsmancancer.org)
- Centers for Disease Control and Prevention: [http://www.cdc.gov](http://www.cdc.gov)
- American Society of Clinical Oncology: [http://www.asco.org](http://www.asco.org)

More Resources and Links
Evidence-based community health improvement ideas and interventions may be found at the following sites:

- [The Guide to Community Preventive Services](http://www.cdc.gov/TCP)
- [Health Indicators Warehouse](http://www.healthdata.gov)
- [County Health Rankings](http://www.countyhealthrankings.org)
- [Healthy People 2020 Website](http://www.healthypeople.gov)

Additional indicator data by state and county may be found on these Websites:

- [Health Indicators Warehouse](http://www.healthdata.gov)
- [County Health Rankings](http://www.countyhealthrankings.org)
- Kaiser Family Foundation’s [StateHealthFacts.org](http://www.statehealthfacts.org)
- CDC WONDER’s [DATA2010](http://www.cdc.gov/data2010), the Healthy People 2010 Database.

Medical literature can be queried at the [PubMed](http://www.ncbi.nlm.nih.gov/pubmed) website.

For an on-line medical dictionary, click on this [Dictionary](http://www.dictionary.com) link.
Complete Health Indicator Report of Arthritis Prevalence

Definition
Percentage of persons who have ever been told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, or gout.

Related Indicators

Relevant Population Characteristics
The population characteristic most relevant to arthritis is the age distribution of the population. As the Utah population ages, a greater percentage of Utahns will be at risk for developing arthritis.

Graphical Data Views

Arthritis Prevalence by Age Group and Sex, Utah, 2013

References and Community Resources

Utah Arthritis Program
http://www.health.utah.gov/arthritis

Centers for Disease Control and Prevention
http://www.cdc.gov/arthritis/

American Academy of Physical Medicine and Rehabilitation
http://www.aapmr.org/

American College of Rheumatology

Arthritis Foundation
http://www.arthritis.org/

National Institute of Arthritis and Musculoskeletal and Skin Diseases
http://www.niams.nih.gov/

More Resources and Links
Evidence-based community health improvement ideas and interventions may be found at...
WHERE Do I Find Indicator Reports?

Health Indicators
Health Topics
Community Snapshots
PHOM Report
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This Site Provides:

- **Utah Health Topics** - Focus on specific health topics, compiles indicator data, query datasets, important facts, and publications relevant to specific topics.
- **Health Indicator Reports** - Health indicator reports provide an overview of specific public health issues in Utah as well as its public health context.
- **Customizable Public Health Query Modules** - Data access and analysis tools to numerical datasets. Custom queries include charts, maps, Utah-specific indicators, and more.
- **Community Snapshot Reports** - Community measures of health indicators within Local Health Districts and Utah Small Areas in the state.
- **Publications for Health Data by Topic** - Publications address studies of current health issues and answer frequently asked questions concerning Department of Health publications and access to over 7,000 publications in the online Utah Public Health Library.
- **Information About IBIS-PH** - Information about the IBIS-PH website, Utah Public Health data, and other general support.

**IBIS Training**
We provide quarterly IBIS training. For the next session, please register [here](https://coronavirus.utah.gov/case-counts/).

**Questions, Concerns, and Feedback**
Health Indicators: Alphabetical, Categorized, PHOM

Breast Cancer Screening Recommendations (American Cancer Society):

**Before Age 40:** Women who are at higher than average risk of breast cancer (due to family history of breast cancer, BRCA 1 or 2 genetic mutations, or who received thoracic irradiation between the ages of 10 and 30) should seek expert medical advice about whether they should begin screening before age 40 and the frequency of that screening.

**Age 40-44:** Women with average risk of developing breast cancer may consider being screened annually for breast cancer. Women at higher risk should consult with their physician.

**Age 45-54:** Women with average risk of developing breast cancer should be screened annually for breast cancer. Women at higher risk should consult with their physician.

**Age 55-74:** Women with average risk of developing breast cancer may be screened annually or biennially for breast cancer. Women at higher risk should consult with their physician.

**Age 75+** Annual or biennial breast cancer screening should continue for women who are in good health and who are expected to live an additional 10+ years.

If you are age 40 or over, or have a family history of breast cancer, talk to your doctor about the best screening guidelines for you.


Chart:

Mammogram Within the Past Two Years, Utah and U.S., 1989-2019
# Alphabetical Health Indicator Report Selection List

Welcome to the alphabetical selection list of all available health Indicator Reports. To view a health Indicator Report, click on the item's title located in the following list. The Health Indicator Report by Category Select Index provides a hierarchical selection menu that organizes the health Indicator Reports by category.

<table>
<thead>
<tr>
<th>Health Indicator Report</th>
<th>Published Date</th>
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<tbody>
<tr>
<td>Activity Limitation</td>
<td>03/12/2021</td>
</tr>
<tr>
<td>Adolescent Births</td>
<td>11/23/2020</td>
</tr>
<tr>
<td>Adverse Events Related to Hospital Inpatient Care</td>
<td>10/20/2014</td>
</tr>
<tr>
<td>Air Quality: Ozone</td>
<td>12/21/2020</td>
</tr>
<tr>
<td>Air Quality: Particulate Matter (PM2.5)</td>
<td>12/21/2020</td>
</tr>
<tr>
<td>Alcohol Consumption - Binge Drinking</td>
<td>12/21/2020</td>
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<tr>
<td>Alcohol Consumption - Heavy Drinking</td>
<td>12/21/2020</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>12/31/2015</td>
</tr>
<tr>
<td>Ambulatory Care Sensitive Condition: Bacterial Pneumonia Hospitalization Among Adults</td>
<td>12/08/2014</td>
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<tr>
<td>Ambulatory Care Sensitive Conditions: Diabetes Hospitalization Among Adults</td>
<td>12/09/2014</td>
</tr>
<tr>
<td>Arthritis Prevalence</td>
<td>12/21/2020</td>
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<tr>
<td>Arthritis and Activity Limitation</td>
<td>02/04/2021</td>
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<tr>
<td>Arthritis and Poor Mental Health</td>
<td>02/04/2021</td>
</tr>
<tr>
<td>Asthma Hospitalizations</td>
<td>12/21/2020</td>
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<tr>
<td>Asthma Management</td>
<td>02/07/2019</td>
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<tr>
<td>Asthma-related Emergency Department (ED) Visits</td>
<td>12/08/2020</td>
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<tr>
<td>Asthma: Adult Prevalence</td>
<td>12/21/2020</td>
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<tr>
<td>Asthma: Child Prevalence</td>
<td>12/21/2020</td>
</tr>
<tr>
<td>Birth Defects: Infant Mortality</td>
<td>01/20/2021</td>
</tr>
<tr>
<td>Birth Defects: Overall</td>
<td>01/20/2021</td>
</tr>
</tbody>
</table>
Health Indicator Report by Categorized Selection Index

Welcome to the Health Indicator Report by Categorized Selection Index. This index provides a hierarchical selection menu organized by category. To view a report use the hierarchical selection list shown below to drill down/locate the desired report. Once found, click on the desired report’s title link. Note that you can also use the site’s Health Topics section, the Alphabetical Health Indicator Report Selection Index page which provides an alternate menu that lists all of the available health Indicator Reports sorted alphabetically, or the site’s search feature.

- Causes of Death
  - Coronary Heart Disease Deaths
  - Heart Disease Deaths
  - Stroke (Cerebrovascular Disease) Deaths
  - Cancer Deaths
  - Breast Cancer Deaths
  - Colorectal Cancer Deaths
  - Lung Cancer Deaths
  - Prostate Cancer Deaths
  - Cervical Cancer Death
  - Melanoma of the Skin Deaths
  - Deaths due to Diabetes as Underlying Cause
  - Alzheimer's Disease
  - Unintentional Injury Deaths
  - Drug Overdose and Poisoning Incidents
  - Motor Vehicle Traffic Crash Deaths
  - Homicide
  - Domestic Violence Fatalities
  - Suicide
  - Carbon Monoxide Deaths
Utah's Indicator-based Information System for Public Health (IBIS) Topics

How to Find Data and Information on this Site

The "Topics" section organizes IBIS website content into the following categories. Each icon links to a page that contains information for that topic. Along with this information are links to the associated Indicator Reports and Dataset Queries. The Indicator Reports provide graphs, maps, public health context, and data tables. Many of the topic areas have queryable datasets that you can use to create your own tables, charts, and maps. These data query results pages will also have dataset details, including data sources and tips on how data can or cannot be used.
Arthritis

Description
Arthritis includes more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other forms of arthritis that occur often are rheumatoid arthritis, lupus, fibromyalgia, and gout. Symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms.

Arthritis is more common among adults aged 65 years or older, but people of all ages (including children) can be affected. Nearly two-thirds of people with arthritis are younger than 65. Arthritis is more common among women (26%) than men (19%) in every age group, and it affects members of all racial and ethnic groups. Arthritis is also more common among adults who are obese than among those who are normal weight or underweight.

Why It’s Important

What Is Known

Who Is at Risk

How To Reduce Risk

How It's Tracked

Indicator Reports (data tables, maps, charts, more detailed information)
- Arthritis - Monitoring Reach of Evidence-based Programs
- Arthritis and Activity Limitation
- Arthritis and Poor Mental Health
- Arthritis Prevalence

Queryable Datasets

Arthritis - Adults (BRFSS)
- Doctor-diagnosed Arthritis - Crude Rates
- Doctor-diagnosed Arthritis - Age-adjusted Rates

Publications

FAQs and Resources
Explore Communities

Community Snapshot Report - Criteria Definition

Overview

Welcome to the Community Snapshot Report Selection page. A community snapshot produces a report on a set of health indicators for a given community. This page allows you to select the set of indicators and the additional page content to be viewed for the selected community.

Usage

Please select the community type, the community, a set of indicators, and additional report content, below. Then press the Submit button located at the bottom of the page.

Step 1: Select a Community

- Local Health District/State of Utah
  - Bear River
    - Central Utah
    - Davis County
    - Salt Lake County
    - San Juan County
    - Southeast Utah
    - Southwest Utah
    - Summit County
    - Tooele County
    - TriCounty

- Utah Small Area/State of Utah

Step 2: Select a Set of Health Indicators

Select the measures to include in your report.

- Causes of Death
- Demographic Characteristics/Social Determinants of Health
- Health System Factors
- Risk and Resiliency Factors
- Health Outcomes
- State Health Profile Indicators
- Statewide Health Status Report
- State Health Assessment Indicators
- Environmental Public Health Tracking (EPHT) Indicators
- Healthiest People Priorities
- Women's Health Indicators
- Injury Indicators
- Communicable Diseases
- All Available Indicators

Step 3: Select Additional Information for Your Report

Submit  Reset
Community Snapshot for TriCounty Local Health District - All Available Indicators

Overview
This Community Snapshot Report by local health district provides information for the selected Utah local health district indicated above. It also provides confidence intervals for the measures included, and the Utah and U.S. values of the same measures when they are available. This report only includes Indicators that include a graphical view by local health district.

Clicking on the highlighted, hypertext indicator name in the table will take you to the online indicator report page for that measure.

All Available Indicators
The Community Snapshot Report below includes information from all the Indicators that have a graphical view by the selected community.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Count / Rate</th>
<th>Community Data</th>
<th>Compared to Utah</th>
<th>Comparison Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Heart Disease Deaths, 2013-2015</td>
<td>56.3</td>
<td>(44.5 - 70.1)</td>
<td>≈</td>
<td>65.6</td>
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<td>(Age-adjusted Rate per 100,000 Population)</td>
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<td>Heart Disease Deaths, 2011</td>
<td>145.7</td>
<td>(112.1 - 186.2)</td>
<td>≈</td>
<td>139.3</td>
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<tr>
<td>(Age-adjusted Death Rate per 100,000 Population)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke Deaths, 2013-2015</td>
<td>29.5</td>
<td>(20.9 - 40.4)</td>
<td>≈</td>
<td>38.2</td>
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<tr>
<td>(Age-adjusted Rate per 100,000 Population)</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Cancer Death Rate, 2013-2015</td>
<td>126.7</td>
<td>(108.7 - 146.9)</td>
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<td>126.6</td>
</tr>
<tr>
<td>(Age-adjusted Rate per 100,000 Population)</td>
<td></td>
<td></td>
<td></td>
<td>161.0</td>
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<td>Breast Cancer Deaths, 2011-2015</td>
<td>11.7</td>
<td>(6.5 - 19.5)</td>
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<td>20.3</td>
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<tr>
<td>(Age-adjusted Rate per 100,000 Women)</td>
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<tr>
<td>Breast, 2013-2015</td>
<td>79.0</td>
<td>(59.7 - 102.6)</td>
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<td>113.8</td>
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<tr>
<td>(Age-adjusted Incidence Rate per 100,000 Females)</td>
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</tr>
<tr>
<td>Colorectal Cancer Deaths, 2011-2015</td>
<td>17.2</td>
<td>(12.2 - 23.6)</td>
<td>!</td>
<td>11.3</td>
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<tr>
<td>(Age-adjusted Death Rate per 100,000 Population)</td>
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</tr>
<tr>
<td>Colorectal Cancer Incidence, 2013-2014</td>
<td>40.0</td>
<td>(28.6 - 63.1)</td>
<td></td>
<td>29.8</td>
</tr>
</tbody>
</table>
Table of Contents - Public Health Outcome Measures Report

Part 1. Underlying Demographic Context of the Population
   Characteristics of the Population
      • Age Distribution of the Population
      • Racial and Ethnic Composition of the Population

   Birth and Death Rates
      • Birth Rates
      • Deaths From All Causes
      • Life Expectancy at Birth

Household and Family Characteristics

Indicator pages may be combined into online reports, like Utah’s Public Health Outcome Measures Report: https://ibis.health.utah.gov/report/phom/TableOfContents.htm
Utah’s Public Health Outcome Measures (PHOM) Report

- Legislators are notified every November/December.
- Shoot for all indicators updated by Oct 31.
- IBIS Version 2019 population numbers are available on the production site: https://ibis.health.utah.gov