Utah health status update

Key findings

- In 2021, 91.3% of adults in Utah urban areas reported having up-to-date vaccination* which was higher compared with 87.9% in rural areas and 87.7% in frontier areas (figure 1).
- In 2021, 91.7% of adults with healthcare coverage were up-to-date on their vaccinations compared with 77.5% who did not have healthcare coverage (figure 2).
- The most common reasons for not having up-to-date vaccination were, 'It is difficult to find the time or money' (19.2%) and 'I don't believe vaccines are safe or effective' (16.5%) (figure 3).

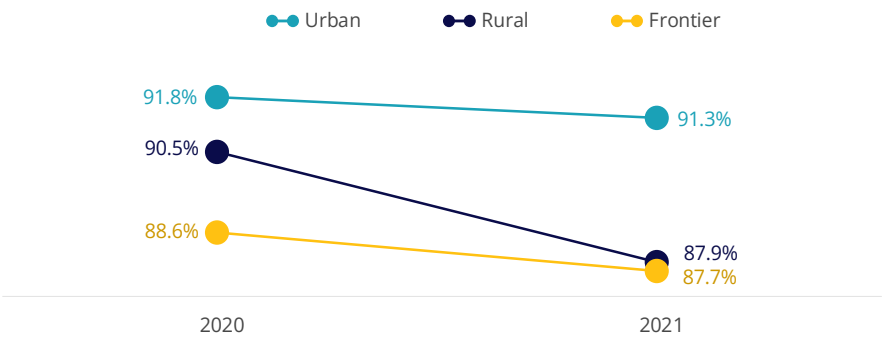
Vaccine hesitancy questions in the Utah Behavioral Risk Factor Surveillance System, 2020–2021

Identifying and addressing vaccine hesitancy is an important focus to protect community health in Utah. In 2019, the World Health Organization listed vaccine hesitancy among the top 10 threats to global health.[1] To better understand adult vaccination behaviors and assess the extent of vaccine resistance in Utah, the state added questions about vaccine acceptance to ask in the Behavioral Risk Factor Surveillance System (BRFSS)[2] survey beginning in 2020. The questions asked adult respondents if they were up-to-date with vaccines, excluding flu and COVID-19 vaccines, to explore the frequency and demographics of vaccine-resistance behaviors.

In 2021, 91.3% of adults in Utah urban areas reported having up-to-date vaccinations* compared with 87.9% in rural areas and 87.7% in frontier areas (figure 1). However, rates of vaccination decreased in all areas of the state from 2020 to 2021 (figure 1).

Percentage of adults who reported up-to-date vaccination* by geographic area classification, BRFSS, Utah 2020-2021

Figure 1. Adults in frontier and rural areas had lower percentages of up-to-date vaccinations compared with urban areas.



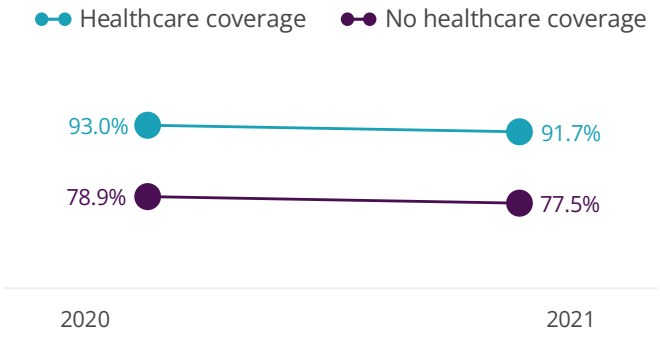
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System.
* Survey questions asked: "Are you up-to-date with all recommended vaccinations, excluding the yearly flu and any vaccines for COVID-19?"

Feature article continued

Adults with healthcare coverage were nearly 15% more likely to receive recommended vaccines compared with those with no healthcare coverage. In 2021, 91.7% of adults with healthcare coverage were up-to-date on their vaccinations compared with 77.5% who did not have healthcare coverage.[3] Vaccinations among both groups decreased from 2020 to 2021 (figure 2).

Percentage of adults who reported up-to-date vaccination* by healthcare coverage status, BRFSS, Utah 2020-2021

Figure 2. Adults with no health coverage were less likely to have up-to-date vaccinations compared with those with healthcare coverage.

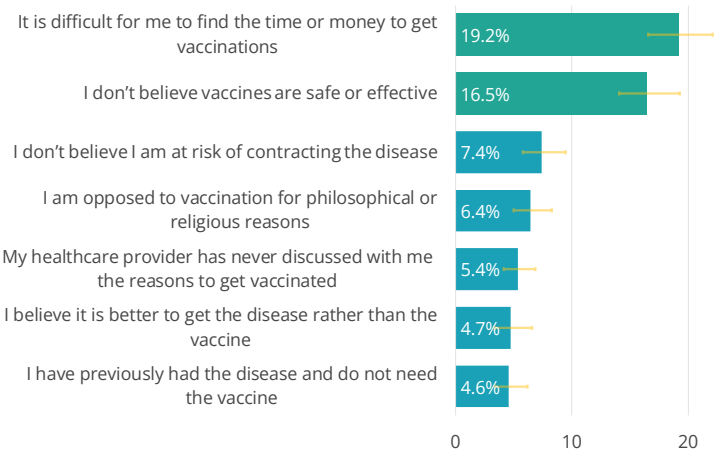


Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System.
*Survey question asked: Are you up-to-date with all recommended vaccinations, excluding the yearly flu and any vaccines for COVID-19?

In order to identify drivers of vaccine resistance, respondents were asked about the reasons for not receiving recommended vaccines in a follow-up question. The most common responses were, 'It is difficult for me to find the time or money to get vaccinations' (19.2%) and 'I don't believe vaccines are safe or effective' (16.5%) (figure 3) indicating healthcare access and vaccine mistrust are important drivers of under-vaccination. The highest percentage of respondents (35.8%) chose an 'Other, specified' category when asked about reasons for not receiving recommended vaccines. This demonstrates Utahns may have a large variety of reasons for non-vaccination that are not easily captured and summarized by a survey.

Percentage of adults who specified a reason they had not recieved a vaccination, BRFSS, Utah 2020–2021

Figure 3. The top reasons for not recieving vaccines were other, specified,* difficult to find time or money, and don't believe they are safe and effective.

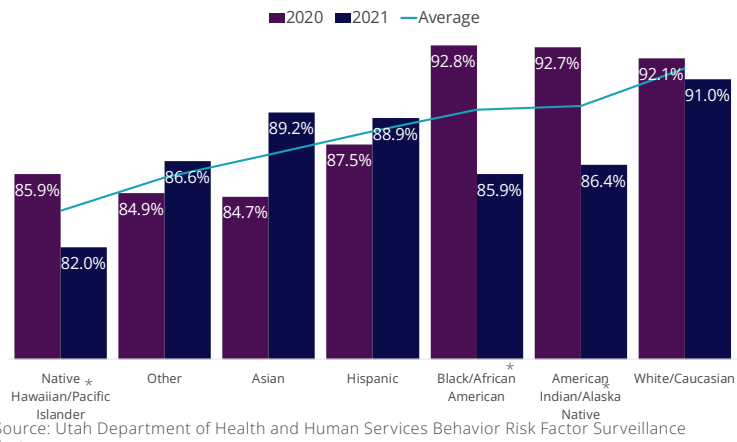


Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System.
*Other, specified (35.8%) answers include specified answers not shown in this example.

During 2021, rates of vaccinations among adults who identified as Asian or "other" increased from 2020 while vaccination among adults in other race categories decreased (figure 4). Adults who identified as White reported the highest percentage of complete vaccinations in 2021 (Figure 4).

Percentage of adults who reported up-to-date vaccination by race and ethnicity, BRFSS, Utah 2020–2021

Figure 4. Adults who identify as White reported the highest average percentage of complete vaccinations.



Source: Utah Department of Health and Human Services Behavior Risk Factor Surveillance System.
*Use caution in interpretation; does not meet DHHS standards for reliability
Survey question asked: Are you up-to-date with all recommended vaccinations, excluding the yearly flu and any vaccines for COVID-19?

Education levels beyond high school and incomes higher than $50,000 per year, also corresponded strongly with increased likelihood to have up-to-date vaccinations.[3]

These findings, along with future survey data, will help provide direction for immunization interventions and help describe some of the impact of the COVID-19 vaccination campaign on public acceptance of routinely recommended vaccines. Additional work is needed to address vaccine mistrust and improve access to vaccination and healthcare for all Utahns.

For more information about the Utah Immunization Program visit https://immunize.utah.gov/.

For recommended vaccinations and resources in Utah visit https://dhhs.utah.gov/up2date/.

1. World Health Organization. Ten threats to global health in 2019. https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019

2. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System: About BRFSS. https://www.cdc.gov/brfss/about/index.htm

3. Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System. https://ibis.health.utah.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html

Spotlights

Utah Department of Health & Human Services
July 2023

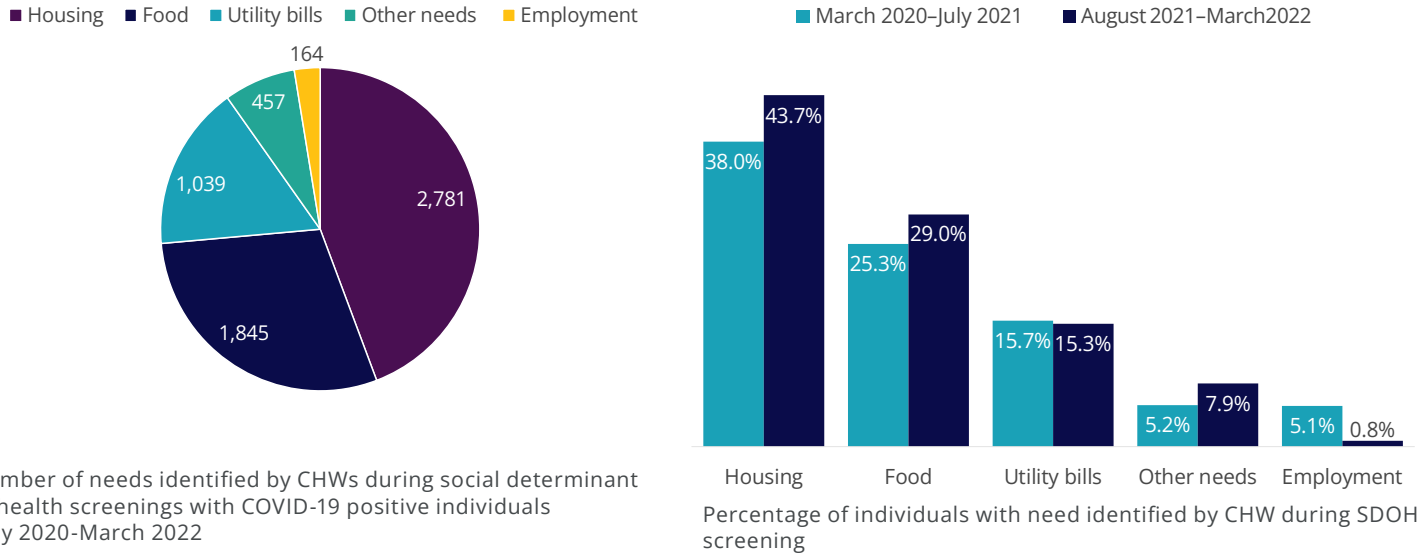
COVID Community Partnership project

In 2020, the COVID-19 outbreak placed a disproportionate burden on racial and ethnic minority communities who experienced higher rates of infection, hospitalization, economic hardship, and mortality, reflecting patterns observed nationwide[1]. COVID-19 made existing racial and ethnic health disparities worse and demanded a focus on advancing health equity overall in Utah. This led to the creation of the COVID Community Partnership project. This project used community health workers (CHWs) from diverse communities, and partnered with community-based organizations and local health departments to incorporate CHWs into the COVID-19 emergency response.

In the middle of the pandemic, CHWs conducted social determinants of health screenings to identify needs and connect COVID-19 positive individuals to critical resources, as well as provide education, prevention, and assist with access to testing and vaccination. Data from the project shows between May 2020 and March 2022, CHWs successfully connected more than 3,500 individuals to community resources to assist with basic needs. The COVID-19 pandemic highlights the crucial role CHWs can play to address social determinants of health, such as the need for housing, food, and help with utility bills, and reduce health disparities in underserved communities (figure 1). With the end of the COVID-19 public health emergency, the COVID Community Partnership project is shifting focus to the infrastructure and sustainability of CHWs in community-based organizations and local health departments. Moving forward, the COVID Community Partnership project plans to enhance the collaborative capabilities of partners by connecting community-based organizations and local health departments in their CHW efforts. Increased capacity, infrastructure, and workforce of CHWs could enable a more effective response to existing disparities amplified by COVID-19 and ensure readiness for future public health emergencies.

Top 5 Social determinants of health needs assessment, Utah 2020–2022

Figure 1. Adults in Utah reported the highest needs with housing, food, and utility bill help from 2020–2022.



Number of needs identified by CHWs during social determinant of health screenings with COVID-19 positive individuals May 2020-March 2022

Percentage of individuals with need identified by CHW during SDOH screening

Source: Utah Department of Health and Human Services

1. Lewis NM, Friedrichs M, Wagstaff S, et al. Disparities in COVID-19 Incidence, Hospitalizations, and Testing, by Area-Level Deprivation — Utah, March 3–July 9, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1369–1373. DOI: http://dx.doi.org/10.15585/mmwr.mm6938a4

Utah Department of Health & Human Services

Data through **June 2023**

Monthly health indicators

Monthly report of notifiable diseases, June 2023	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/				
Influenza*	Updates at http://health.utah.gov/epi/diseases/influenza				
Campylobacteriosis (Campylobacter)	43	62	317	255	1.2
Salmonellosis (Salmonella)	30	31	173	145	1.2
Shigellosis (Shigella)	9	6	80	27	2.9
Shiga toxin-producing Escherichia coli (E. coli)	15	26	96	86	1.1
Varicella (Chickenpox)	4	5	36	65	0.6
Pertussis (Whooping Cough)	20	21	92	125	0.7
Hepatitis A (infectious hepatitis)	<5	<5	7	29	0.2
Hepatitis B, acute infections (serum hepatitis)	<5	<5	<5	12	0.1
Meningococcal Disease	<5	<5	<5	<5	2.5
West Nile (Human cases)	<5	<5	<5	<5	0.0
Quarterly report of notifiable diseases, 1st quarter 2023	**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†	38	32	38	32	1.2
Chlamydia	2,772	2,832	2,772	10,959	0.3
Gonorrhea	665	846	665	3,187	0.2
Syphilis	78	54	78	178	0.4
Tuberculosis	9	6	9	6	1.5
Medicaid expenditures (in millions) for the month of April 2023	**Current month**	**Expected/ budgeted for month**	**Fiscal YTD**	**Budgeted fiscal YTD**	**Variance over (under) budget**
Mental health services	$112	$2	$110	$237	($127.2)
Inpatient hospital services	$98	$8	$96	$267	($171.3)
Outpatient hospital services	$19	$1			$0.0
Nursing home services	$138	$52	$113	$437	($323.9)
Pharmacy services	$80	$4	$64	$161	($97.6)
Physician/osteo services‡	$44	$3	$29	$91	($62.0)
Medicaid expansion services	$641	$45	$1,001	$1,001	$0.1
***Total Medicaid	$1,419	$156	$1,413	$2,194	($781.9)

|| 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.

Utah Department of Health & Human Services

Data through **June 2023**

Monthly health indicators

Program enrollment for the month of May	Current month	Previous month	% change§ from previous month	1 year ago	% change§ from 1 year ago
Medicaid	486,779	515,069	-5.5%	471,182	+3.3%
CHIP (Children's Health Insurance Plan)	6,215	5,258	+18.2%	7,441	-16.5%
Commercial insurance payments#	**Current data year**	**Number of members**	**Total payments**	**Payments per member per month (PMPM)**	**% change§ from previous year**
Dental	2021	6,426,514	$ 183,425,231	$28.54	+4.3%
Medical	2021	12,277,219	$ 3,996,141,589	$325.49	+11.1%
Pharmacy	2021	10,843,802	$ 926,553,357	$85.45	+4.0%
Annual community health measures	**Current data year**	**Number affected**	**Percent\rate**	**% change from previous year**	**State rank** (1 is best)**
Suicide deaths	2021	643	20.1 / 100,000	-0.9%	37 (2021)
Asthma prevalence (adults 18+)	2021	315,200	9.7%	0.0%	21 (2021)
Poor mental health (adults 18+)	2021	540,700	25.2%	9.1%	37 (2021)
Influenza immunization (adults 65+)	2020	261,400	69.9%	2.0%	20 (2021)
Drug overdose deaths involving opioids	2020	432	13.3 / 100,000	7.3%	20 (2019)
Unintentional fall deaths	2020	651	20.0 / 100,000	-1.9%	17 (2019)
Infant mortality	2020	248	5.43 / 1,000	1.0%	24 (2020)
Traumatic brain injury deaths	2020	2,272	69.9 / 100,000	6.1%	15 (2019)
Obesity (adults 18+)	2021	663,700	30.9%	8.0%	17(2021)
Diabetes prevalence (adults 18+)	2021	260,000	8.0%	-2.4%	15 (2021)
Births to adolescents (ages 15–17)	2020	318	4.1 / 1,000	7.7%	10 (2018)
Childhood immunization (4:3:1:3:3:1:4)††	2021	47,307	74.6%	0.0%	16 (2021)
Motor vehicle traffic crash injury deaths	2020	299	9.2 / 100,000	27.6%	7 (2019)
High blood pressure (adults 18+)	2021	867,700	26.7%	3.5%	12 (2021)
Cigarette smoking (adults 18+)	2021	206,500	7.3%	-18.0%	1 (2021)
Binge drinking (adults 18+)	2021	264,500	11.7%	2.6%	1 (2021)
Coronary heart disease deaths	2021	1,853	57.0 / 100,000	12.0%	1 (2021)
All cancer deaths	2021	3,492	121.0 / 100,000	1.1%	1 (2021)
Stroke deaths	2020	916	28.2 / 100,000	-1.0%	1 (2021)
Child obesity (grade school children)	2018	38,100	10.6%	11.6%	n/a
Vaping, current use (grades 8, 10, 12)	2019	37,100	12.4%	11.3%	n/a
Health insurance coverage (uninsured)	2020	383,500	11.8%	-6.3%	n/a
Early prenatal care	2020	34,716	75.9%	0.0%	n/a

§ Relative percent change. Percent change could be due to random variation.
# Figures are subject to revision as new data is processed.
** State rank in the United States is based on age-adjusted rates where applicable.
†† Data from 2021 NIS is for children aged 24 month (birth year 2019).