

Utah Health Status Update: Chronic Care in Utah

November 1997

Utah Department of Health

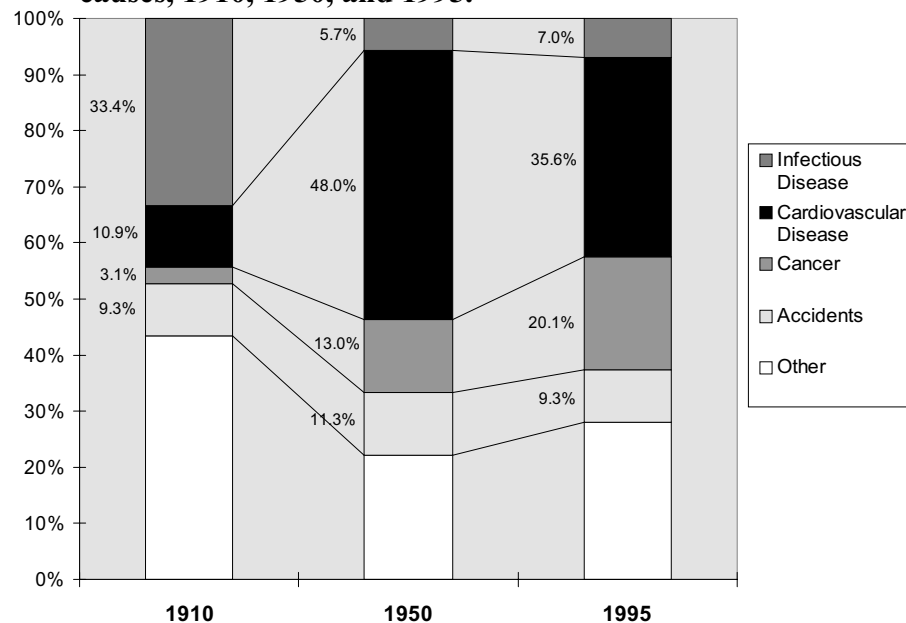
Chronic conditions, those that cannot be cured and often last for years, are an enormous health challenge for Utah and the U.S. As the life expectancy of Americans has increased during the 20th century, these conditions have become the most important causes of death and disability. Nevertheless, the medical care system has remained better at delivering care for acute conditions than at providing care for chronic conditions. Good chronic care:

- includes an integrated array of medical and non-medical services and supports;
- is provided in a variety of settings, including the home;
- is provided by professional care givers and by others, including family, friends, and neighbors;
- is aimed at maintaining independence and level of function or assisting those who have lost independence.

An upcoming Utah Department of Health report, *Chronic Care in Utah*, examines the chronic conditions that affect Utahns, the financing of chronic care, and stresses to the chronic care system in Utah. This health status update describes important findings of that report.

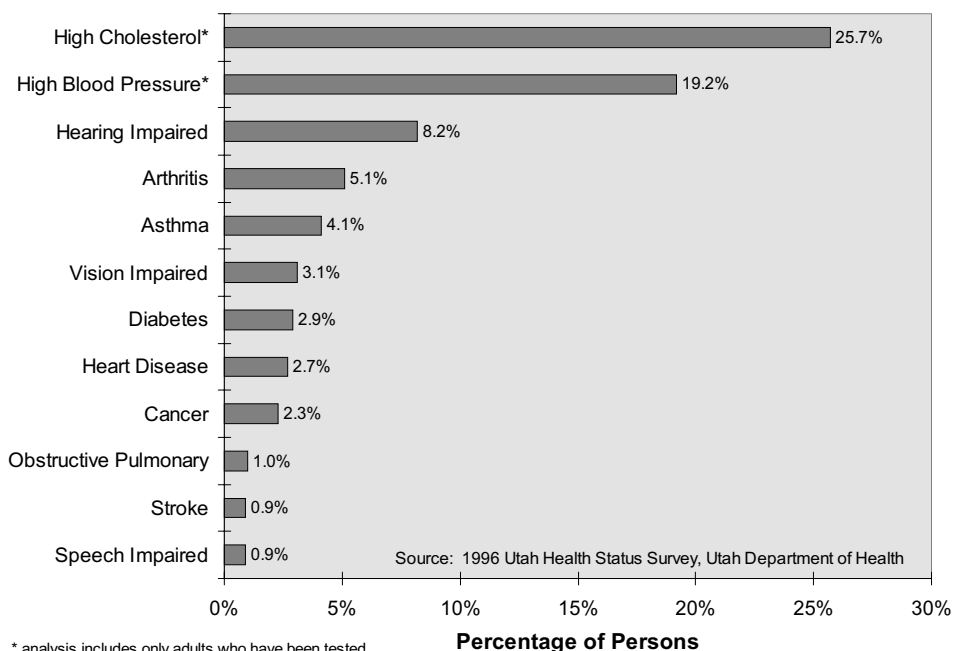
- The most common chronic conditions are high cholesterol, high blood pressure, hearing impairment, asthma, and arthritis.
- Excluding high blood pressure and high cholesterol, which are less disabling in the short term, about 21% of Utahns have a chronic condition; about 420,000 Utahns have one of ten chronic conditions (1996 Health Status Survey).
- Chronic conditions are most common among the elderly, but two thirds of those with chronic conditions in Utah are less than 65 years of age.
- In 1996, at least 7% of Utahns reported being limited in activities of daily living. These data probably underestimate the actual number of such Utahns by as much as half.
- Studies performed elsewhere suggest that many of those who are limited in their ability to perform activities of daily living have unmet needs for assistance.
- Public financing, including medicare and medicaid, pay for about 40% of personal health care expenditures for chronic conditions, compared to only about 20% for acute conditions.
- The total bill for personal health care expenditures for chronic conditions in Utah has been estimated at \$2.9 billion.
- The chronic care system is evolving rapidly, including:
 - As the number of older Utahns increases, the prevalence of chronic conditions and need for chronic care is increasing.
 - Long term care service capacity has increased in Utah--both community-based care and number of nursing home beds. Nevertheless, the range of options (such as assisted living) and financing for those options have not kept pace with the needs and preferences of the elderly and others who need such care.
 - An increasing proportion of Utah women are entering the workforce; women have traditionally performed most care giving for friends and family.
 - An increasing proportion of Utahns are covered by managed care plans, which have the potential to improve integration of chronic care services, or to restrict access to needed services through utilization management.

Changes in Leading Causes of Death Proportion of Utah deaths due to selected causes, 1910, 1950, and 1995.

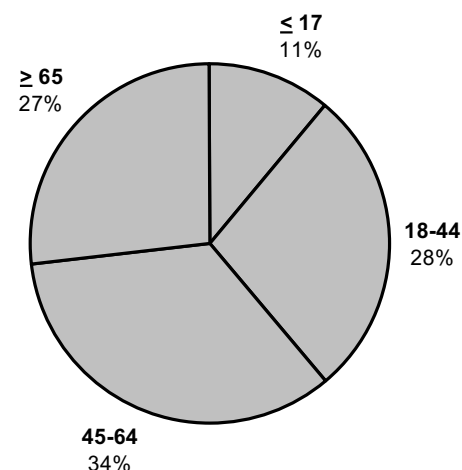


Chronic Medical Conditions

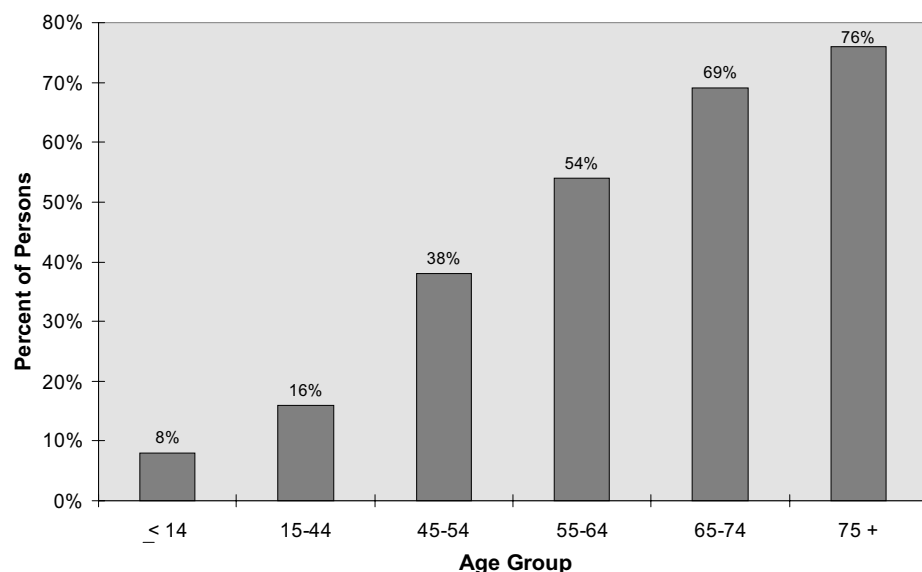
Proportion of Utahns reporting selected chronic medical conditions, 1996.



Utahns with Chronic Conditions by Age Utahns reporting having one of ten selected chronic medical conditions (excludes high blood pressure and cholesterol) by age, 1996.



Chronic Conditions and Limited Activities by Age
Percentage of Utahns living with a chronic medical condition*
and/or limited in activities of daily living, by age group, 1996.

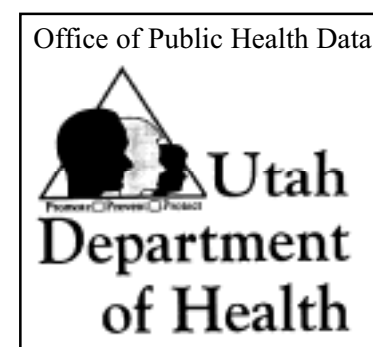


Conditions include: Alzheimer's disease, asthma, arthritis, COPD, diabetes, stroke, heart disease, and hearing, vision and speech disorders.
 Source: 1996 Utah Health Status Survey, Utah Department of Health, unduplicated count

The concept of chronic care represents two important changes. First, it expands our concept of providing assistance for those who need it, from formal long term care facilities such as nursing homes, to the complete range of assistance needed and used by people throughout the life span. Second, it suggests that our medical care system needs to change how care is organized and delivered to better provide care for these chronic conditions. To provide such care, the system needs to coordinate and monitor care across time and visits, and to include and coordinate the activities of doctors, nurses, dietitians, physical therapists, and numerous other professionals, with those of family members and friends. In Utah, if we are to plan for and monitor the performance of our chronic care system, we need better information on that system, including its finances, ability to meet needs of people served, and the health outcomes to which it contributes.

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The data for this update came from the recently released report *Chronic Care in Utah*. The complete report is available on the Internet at <http://hlunix.hl.state.ut.us/action2000/reports.html> and copies can be obtained from the Bureau of Chronic Disease Prevention and Control, Utah Department of Health, 288 North 1460 West, P O Box 142868, Salt Lake City, Utah 84114-2868, (801) 538-6186, FAX (801) 538-9495, or email: llarsen@state.ut.us.



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