

Utah Health Status Update:

Health and Physical Activity in Utah

November 2006

Utah Department of Health

Physical activity is listed as one of the leading health indicators for the nation because of its potential impact on an individual's health, psychological well-being, and in preventing premature death. Regular physical activity is associated with lower death rates for adults of any age, even when only moderate levels of physical activity are performed.

Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. Regular physical activity helps prevent and control high blood pressure.¹ In addition, regular physical activity has been associated with improved quality of life among people with arthritis.²

Adults

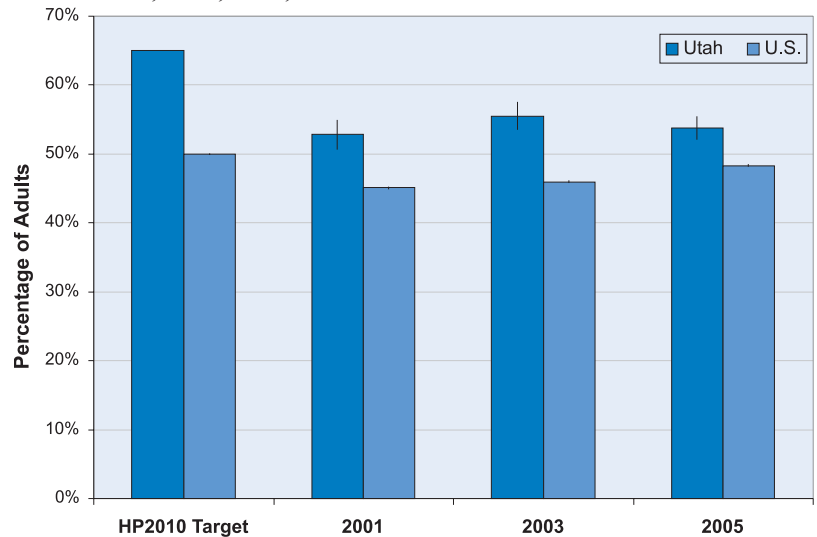
The Healthy People 2010 (HP2010) objective for adults (22-2) is to increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.³ This definition was further refined by DATA2010 to be consistent with CDC recommendations for physical activity. The recommended amount of physical activity for adults is light or moderate physical activity for at least 30 minutes at least 5 times per week or vigorous physical activity for at least 20 minutes at least 3 times per week.⁴

At 48.7%, the nation is closely approaching the U.S. HP2010 target of 50% of persons achieving recommended physical activity (Figure 1). In 2005, Utah's rate of 53.8% remained higher than national rates, but fell below Utah's HP2010 target of 65%.

In 2005 no differences were seen in activity levels between male and female adults in Utah. However, a decrease in physical activity level was shown with increasing age (Figure 2). Recommended physical activity increased with educational attainment. Only 41.2% of adults without a high school degree reported getting regular physical activity, while 58.6% of college graduates reported getting the recommend amount (BRFSS 2005, data not shown).

Recommended Physical Activity for Adults

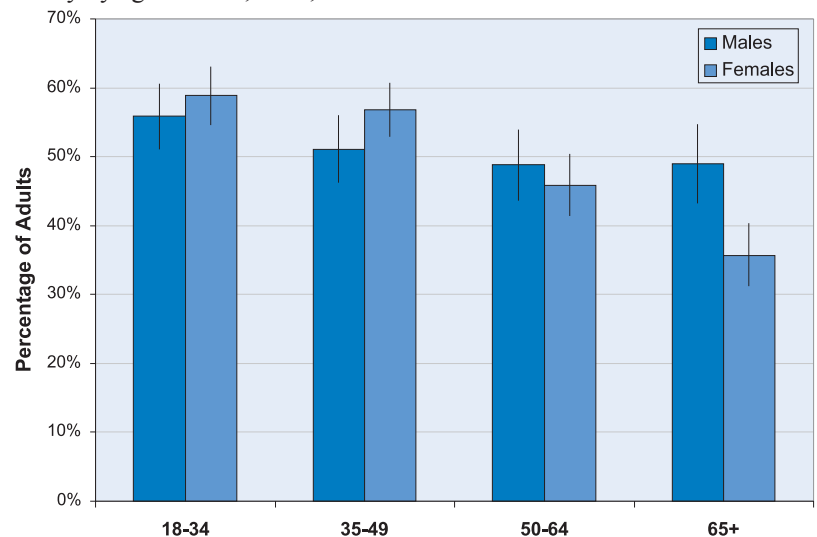
Figure 1. Percentage of adults reporting recommended physical activity, Utah and U.S., 2001, 2003, and 2005



Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)
Age-adjusted to the 2000 U.S. standard population.

Adult Physical Activity by Age and Sex

Figure 2. Percentage of adults reporting recommended levels of physical activity by age and sex, Utah, 2005



Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)

Results from the 2005 BRFSS showed that persons with chronic diseases or their risk factors generally reported lower rates of recommended physical activity than those without disease or risk factors (Figure 3).

Over 25% of U.S. and 19.8% of Utah adults reported getting no physical activity. Utah adults in lower education and income categories reported higher rates of physical inactivity (data not shown).

Adolescents

The HP2010 objective for adolescents (22-7) is to increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per session.

Results from the 2005 Youth Risk Behavior Survey (YRBS) indicated that national rates of vigorous physical activity have remained at around 64% since 2001. The rate of physical activity among Utah adolescents increased from 67.1% to 71.1% since 2001, but must improve to reach the HP2010 target of 85% (Figure 4). Rates of vigorous physical activity were significantly higher in boys than girls.

Although these figures may be encouraging, 38.7% reported attending no physical education classes in an average school week, and 19% reported spending at least three hours watching TV on an average school day.

Solutions

The Utah Department of Health's Heart Disease and Stroke Prevention Program (HDSPP) and the Alliance for Cardiovascular Health in Utah are actively developing partnerships to create environments and policies that support regular physical activity among all ages within schools, worksites, and in communities. The Gold Medal Schools Program assists elementary schools in creating healthier school environments and implementing programs such as Walk to School Day and Safe Routes to School projects.

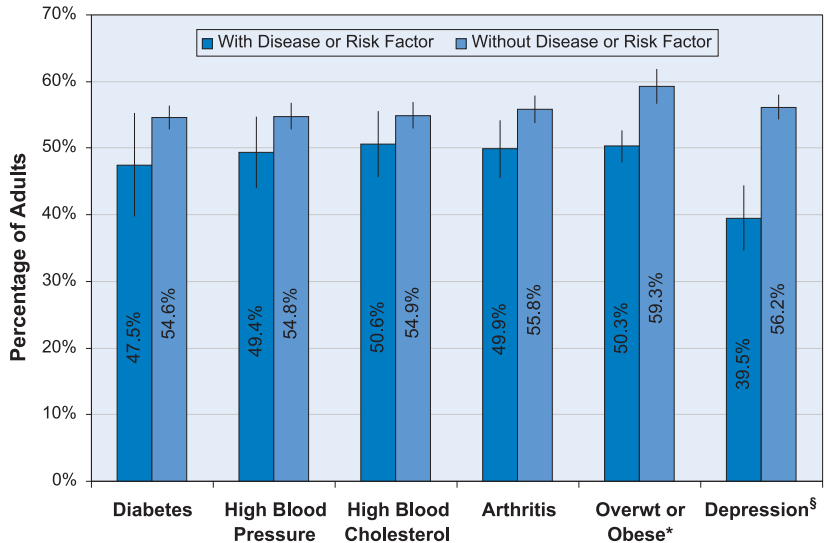
The HDSPP also provides financial support to worksites to establish wellness councils to increase physical activity among employees. The Utah Council for Worksite Health Promotion formally recognizes businesses that offer employee health promotion programs.

References

1. CDC. Physical activity and health: a report of the surgeon general. Atlanta (GA): U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Promotion; 1996.
2. Abell JE, Hootman JM, Zack MM, Morairty D, Helmick CG, J. Epidemiol Community Health, 2005 May; 59(5): 380-5
3. U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. Washington, DC: U.S. Government Printing Office, Nov 2000.
4. CDC Division of Physical Activity and Nutrition <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/index.htm>

Physical Activity by Risk Factor or Chronic Disease

Figure 3. Percentage of Utah adults who reported recommended levels of physical activity with and without chronic disease or risk factors, Utah, 2005



Source: Utah Behavioral Risk Factor Surveillance System (BRFSS)

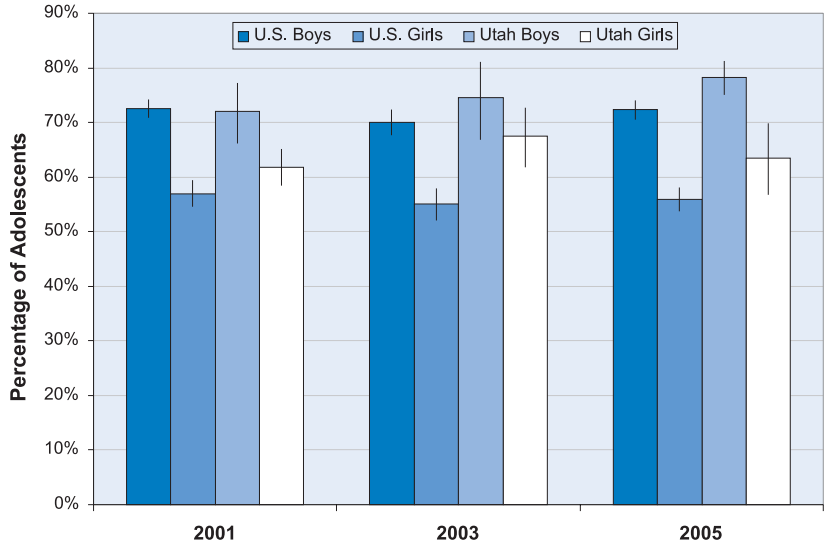
Age-adjusted to the 2000 U.S. standard population.

* Overweight or obese is defined as a BMI of >25

§ Based on PHQ-9 criteria for major or other depression

Recommended Physical Activity for Adolescents

Figure 4. Percentage of adolescents meeting recommended vigorous physical activity, Utah and U.S., 2001, 2003, and 2005



Source: Youth Risk Behavior Survey (YRBS)

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For additional information about this topic, contact the Utah Heart Disease and Stroke Prevention Program, Utah Department of Health, Box 142107, Salt Lake City, UT 84114-2107, (801) 538-6229; or the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-9947, FAX (801) 538-9346, email: phdata@utah.gov.

Breaking News, October 2006

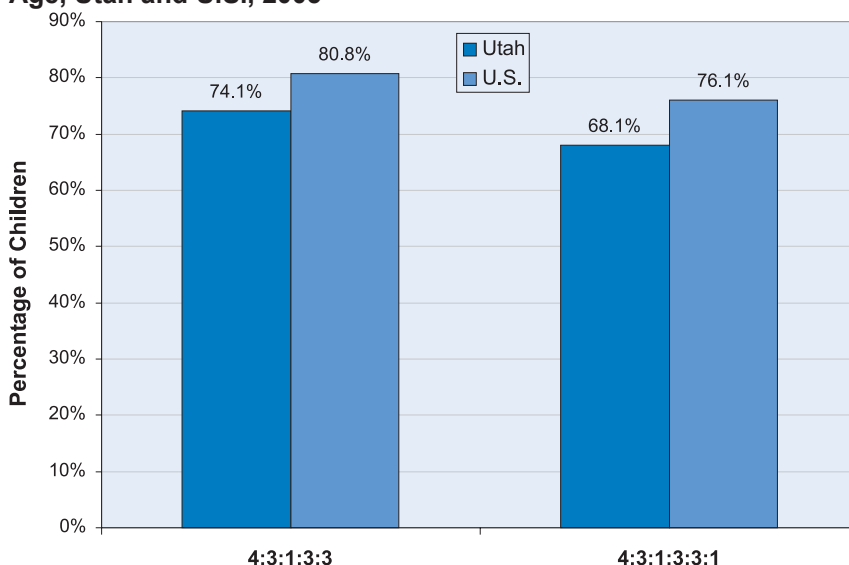
Utah's Childhood Immunization Levels

Utah's ranking for childhood immunization levels improved from 49th place in 2004 to 41st in 2005, according to the National Immunization Survey (NIS). The NIS revealed that 68.1% of children in Utah have received the recommended immunization series by two years of age (19–35 months). The national average is 76.1%.

The recommended series (4:3:1:3:3:1) includes: 4 or more doses of diphtheria, tetanus, pertussis (DTaP) vaccine; 3 or more doses of polio vaccine; 1 or more doses of measles, mumps, rubella (MMR) vaccine; 3 or more doses of haemophilus influenzae type b (Hib) vaccine; 3 or more doses of hepatitis B vaccine and 1 or more doses of varicella (chickenpox) vaccine. Prior to 2005, varicella data was not reported as part of the recommended immunization series (4:3:1:3:3).

Ongoing efforts to increase childhood immunization levels include such interventions as providing information to parents and physicians on the immunization status of individual children, enrolling physicians in the Utah Statewide Immunization Information System (USIIS), educating parents, and reminding them when their child's next immunization dose is due.

Percentage of Adequately Immunized Children 19-35 Months of Age, Utah and U.S., 2005

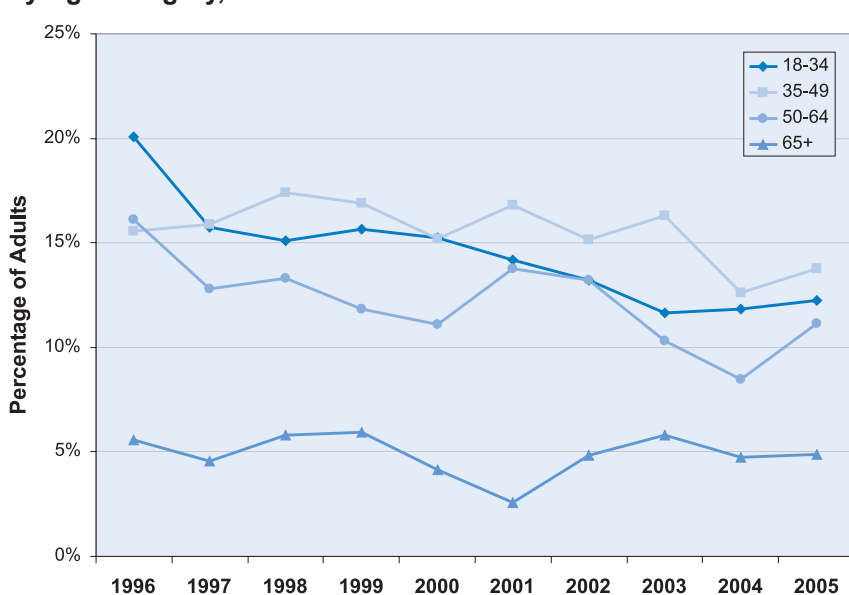


Community Health Indicators Spotlight, October 2006

Cigarette Smoking Among Utah Adults

In the past decade, adult smoking rates declined both in Utah and the United States. Utahns reduced smoking by 39%; the U.S. rate decreased by 12%. At 11.2% (2005) Utah's smoking rate continues to be significantly lower than the U.S. rate of 20.6% (2005). While Utah smoking for all adult age groups combined shows an impressive decline of nearly 40% ($p < .0001$), reductions in smoking rates varied notably by age category. Over the past 10 years, the youngest adult age group (18-34) reported a statistically significant linear decline in smoking of 62% ($p < .0001$). Smoking among 50–64 year olds decreased by 41% ($p = 0.0035$). However, Utahns aged 35–49 reported only a small reduction in smoking ($p = 0.0531$), and Utahns 65 and older, with a smoking rate of 5%, showed no reduction in current smoking ($p = 0.6341$). Smoking rate declines among Utah's youngest adults may be partially linked to effective tobacco use prevention among youth. These findings suggest a need for continued prevention efforts and increased assistance with quitting, especially for those adults ages 35–49.

Percentage of Utah Adults (18+) Who Reported Current Smoking by Age Category, 1996–2005



Monthly Health Indicators Report

(Data Through September 2006)

Monthly Report of Notifiable Diseases, September 2006	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	9	24	230	242	0.9
Enterotoxigenic Escherichia coli (E. coli)	4	10	124	74	1.7
Hepatitis A (infectious hepatitis)	0	3	11	39	0.3
Hepatitis B (serum hepatitis)	0	5	22	35	0.6
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	0	5	6	0.8
Norovirus	0	0*	5	11*	0.4
Pertussis (Whooping Cough)	19	28	689	195	3.5
Salmonellosis (Salmonella)	8	25	227	227	1.0
Shigellosis (Shigella)	4	6	56	41	1.4
Varicella (Chickenpox)	25	47*	607	419*	1.4
Viral Meningitis	2	25	57	145	0.4
West Nile (Human cases/Equine cases)†	68 / 32	14 / 20*	151 / 53	20 / 32	7.6 / 1.7
Notifiable Diseases Reported Quarterly, 3rd Qtr 2006	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	20	19	130	60	2.2
AIDS	13	12	50	38	1.3
Chlamydia	1,348	1,042	3,717	2,577	1.4
Gonorrhea	190	128	623	316	2.0
Tuberculosis	8	12	25	27	0.9
Program Enrollment for the Month of September 2006	Current Month	Previous Month	% Change^s From Previous Month	1 Year Ago	% Change^s From 1 Year Ago
Medicaid	168,196	170,393	-1.3%	179,041	-6.1%
PCN (Primary Care Network)	17,093	16,799	+1.8%	16,123	+6.0%
CHIP (Children's Health Ins. Plan)	35,180	34,538	+1.9%	32,112	+9.6%

Medicaid Expenditures (in Millions) for the Month of September 2006‡	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital	N/A	N/A	N/A	N/A	N/A
Outpatient Hospital	N/A	N/A	N/A	N/A	N/A
Long Term Care	N/A	N/A	N/A	N/A	N/A
Pharmacy	N/A	N/A	N/A	N/A	N/A
Physician/Osteo Services	N/A	N/A	N/A	N/A	N/A
TOTAL HCF MEDICAID	N/A	N/A	N/A	N/A	N/A
Health Care System Measures	Number of Events	Rate per 100 Population	% Change^s From Previous Year	Total Charges in Millions	% Change^s From Previous Year
Overall Hospitalizations (2005)	268,652	10.0%	-1.3%	\$ 3,501.7	+8.6%
Non-maternity Hospitalizations (2005)	161,474	5.8%	-1.6%	\$ 2,914.5	+8.2%
Emergency Department Encounters (2004)	627,078	24.2%	-4.2%	\$ 456.6	+14.7%
Outpatient Surgery (2004)	303,123	11.7%	+6.0%	\$ 845.3	+15.6%
Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/Rate	% Change^s From Previous Year
Overweight and Obesity (Adults 18+)	2005	1,740,474	942,900	54.2%	-3.9%
Cigarette Smoking (Adults 18+)	2005	1,740,474	200,600	11.5%	+9.7%
Influenza Immunization (Adults 65+)	2005	212,582	148,300	69.7%	-7.6%
Health Insurance Coverage (Uninsured)	2005	2,528,926	292,800	11.6%	+13.5%
Motor Vehicle Crash Injury Deaths	2005	2,528,926	292	11.6 / 100,000	-4.5%
Suicide Deaths	2005	2,528,926	344	13.6 / 100,000	-11.1%
Diabetes Prevalence	2005	2,528,926	104,200	4.1%	+8.7%
Coronary Heart Disease Deaths	2005	2,528,926	1,567	62.0 / 100,000	-4.6%
All Cancer Deaths	2005	2,528,926	2,512	99.3 / 100,000	+0.4%
Births to Adolescents (Ages 15-17)	2005	58,374	917	15.7 / 1,000	+5.8%
Early Prenatal Care	2005	51,517	40,587	78.8%	+1.0%
Infant Mortality	2005	51,517	231	4.5 / 1,000	-13.3%
Childhood Immunization (4:3:1:3:3)	2005	50,043	37,100	74.1%	+3.9%

* Due to limited historical data, the average is based upon 3 years of data for norovirus, varicella, and West Nile virus infections.

† West Nile virus was detected first in wild birds in early June for the 2006 season. This is the earliest WNV has ever been detected in Utah for a given season.

§ % Change could be due to random variation.

‡ Medicaid expenditure information for the month of September 2006 will not be finalized until the end of October. All year-to-date transactions will be corrected and reported in next month's report.

Note: Active surveillance has ended for influenza until the 2006 season.