

Utah Health Status Update:

Utahns, Becoming the Healthiest People in the Nation - Progress Review

December 2015

The Utah Department of Health (UDOH) established a strategic goal in 2013: “The people of Utah will be the healthiest in the country.” In order to engage public health partners, stakeholders, and the people of Utah to improve our shared understanding of what makes us healthy, the UDOH identified 15 health measures to guide health improvement efforts. Many of these health measures targeted underlying issues that contribute to the leading causes of mortality and morbidity in Utah.

Table 1 presents the Utah rankings of the 15 measures selected. The most recent data available indicates Utah ranks #1 among all states in lowest percentages of adults and youth who smoke, youth who consume alcohol or smoke marijuana, adults who report heavy drinking in the last 30 days, and youth who are obese.

Improvement is needed in increasing physical activity for youth, decreasing depression and suicide, and decreasing drug poisoning and

unintentional injury deaths. There have not been significant changes in these measures over the past four years; however, work to develop programs to affect change in the future has been ongoing. Efforts to improve these health outcomes are led by the Healthy Living through Environment, Policy, and Improved Clinical Care program (EPICC) and the Violence and Injury Prevention Program (VIIP) and include:

- Working through local health departments to encourage K-12 schools to participate in the national Healthy Schools Program (<https://schools.healthiergeneration.org/>).
- Partnering with the Utah State Office of Education to train teachers on the Healthy Bodies, Healthy Minds initiative which links physical activity to increased academic performance.
- Developing a suicide prevention plan in 2013 with the Utah Suicide Prevention Coalition (http://utahsuicideprevention.org/images/pdf/Suicide_State_Plan_goals_obj_2.pdf).
- Collaborating with local health departments to provide Question, Persuade, and Refer (QPR) training events (suicide prevention training for laypersons).
- Developing a strategic plan with the Utah Pharmaceutical Drug Community Project to address prescription drug abuse, misuse, and overdose deaths through public awareness and education, provider training, access to treatment, naloxone education and awareness, prevention, criminal justice initiatives, and data and evaluation efforts.
- Developing and providing resources to help communities and health care providers identify the signs and symptoms of an overdose (<http://www.health.utah.gov/vipp/topics/prescription-drug-overdoses/prevention.html>).
- Updating content for controlled substance prescribing classes and developing the Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain. In addition, a referral directory is being developed to assist healthcare professionals in referring patients who at risk for substance abuse to treatment and services (<http://www.health.utah.gov/vipp/topics/prescription-drug-overdoses/healthcare.html>).
- Maintaining the Use Only as Directed website and using social media to increase public awareness of drop off locations and inform on safe use, storage, and disposal of prescription drugs (<http://useonlyasdirected.org/>).
- Partnering with local agencies to implement the Stepping On Program to reduce falling (<http://www.health.utah.gov/vipp/older-adults/falls/prevention.html>).
- Publishing the annual Teen Memoriam (<http://www.health.utah.gov/vipp/teens/teen-driving/memoriams.html>) which tells stories of teens killed on Utah roads, as told by their grieving families, for use in driver education classes.

KEY FINDINGS

- The Utah Department of Health established a strategic goal in 2013: “The people of Utah will be the healthiest in the country.”
- The most recent data available indicates Utah ranks #1 among all states in lowest percentage of adults and youth who smoke, lowest rate of youth who consume alcohol or smoke marijuana, lowest rate of adults who report heavy drinking in the last 30 days, and lowest percentage of youth who are obese.
- Improvement is needed in increasing physical activity for youth, decreasing depression and suicide, and decreasing drug poisoning and unintentional injury deaths.
- Efforts to improve these health outcomes are led by the Healthy Living through Environment, Policy, and Improved Clinical Care and Violence and Injury Prevention Programs.

UDOH is committed to continuing efforts toward becoming the ‘healthiest state.’

Utah's Ranking in 15 Healthiest People Measures

Table 1. Utah's national ranking of 15 Healthiest People priority measures for 2011–12 and 2013–14

Measures	Definition	Data Source	2011		2012		2013		2014	
			UT Rank* (# of states)	Rate**						
TOBACCO USE										
Smoking - adults	Percentage of adults aged 18 years and older who smoke cigarettes every day or some days.	BRFSS	1 (51)	11.3%	1 (51)	10.2%	1 (51)	10.2%	1 (51)	9.5%
Smoking - youth	Percentage of students (grades 9–12) who smoked cigarettes on one or more of the past 30 days.	YRBS	1 (43)	5.9%	--	--	1 (43)	4.4%	--	--
OBESITY AND INACTIVITY										
Aerobic physical activity - adults	Percentage of adults aged 18 years and older who meet aerobic physical activity recommendations of getting at least 150 minutes per week of moderate-intensity activity, or 75 minutes of vigorous-intensity activity, or an equivalent combination of moderate-vigorous intensity activity.	BRFSS	12 (51)	56.1%	--	--	9 (51)	55.7%	--	--
Physical activity - youth	The percentage of public high school students (grades 9–12) who did any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on all of the past seven days.	YRBS	36 (36)	20.8%	--	--	41 (41)	19.7%	--	--
Obesity - adults	Percentage of respondents aged 18 years and older who have a body mass index (BMI) greater than or equal to 30.0 kg/m ² calculated from self-reported weight and height.	BRFSS	12 (51)	25.0%	10 (51)	24.8%	9 (51)	24.9%	8 (51)	26.4%
Obesity - youth	Percentage of adolescents (grades 9–12) surveyed who are obese (BMI greater than or equal to the 95th percentile for BMI by age and sex based on CDC Growth Charts).	YRBS	3 (43)	8.6%	--	--	1 (42)	6.4%	--	--
SUBSTANCE ABUSE										
Binge drinking - adults	Percentage of adults aged 18 years and older who reported binge drinking during the 30 days prior to the survey. Binge drinking is defined as consuming five or more drinks on an occasion for men, or four or more drinks on an occasion for women one or more times during the past 30 days. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.	BRFSS	2 (51)	11.3%	1 (51)	10.6%	3 (51)	11.8%	2 (51)	11.1%
Chronic drinking - adults	Percentage of adults aged 18 years and older who reported heavy drinking during the 30 days prior to the survey. Heavy drinking is defined as having more than two drinks per day for men or having more than one drink per day for women during the past 30 days. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.	BRFSS	2 (51)	4.1%	1 (51)	3.5%	6 (51)	4.5%	1 (51)	3.3%
Alcohol use - youth	Students (grades 9–12) who reported using alcohol during the past 30 days. Alcohol use was defined as at least one drink of alcohol.	YRBS	1 (43)	15.0%	--	--	1 (41)	11.0%	--	--
Marijuana use - youth	Students (grades 9–12) who reported using marijuana during the past 30 days.	YRBS	1 (42)	9.6%	--	--	1 (42)	7.6%	--	--
SUICIDE RISK AND MENTAL HEALTH										
Depression - adults	Adults ever told they have a form of depression.	BRFSS	44 (51)	21.8%	42 (51)	20.7%	41 (51)	21.7%	34 (51)	20.8%
Suicide plan - youth	Students (grades 9–12) who reported they made a plan about how they would attempt suicide during the past 12 months.	YRBS	22 (41)	12.4%	--	--	18 (39)	12.8%	--	--
Suicide attempt - youth	Students (grades 9–12) who reported they attempted suicide one or more times during the past 12 months.	YRBS	18 (42)	7.2%	--	--	12 (40)	7.3%	--	--
OVERDOSE DEATHS and UNINTENTIONAL INJURIES										
Drug poisoning deaths	Deaths resulting from drug poisoning per 100,000 population (ICD-10 codes X40-44, X60-64, X85, Y10-Y14).	NCHS	47 (51)	19.5	48 (51)	23.1	47 (51)	21.9	--	--
Unintentional injury deaths	Unintentional injury deaths due to all causes per 100,000 population (ICD-10 codes V01-X59, Y85-Y86).	NCHS	28 (51)	42.9	30 (51)	44.4	27 (51)	43.2	--	--

* 1 is best.

** BRFSS and NCHS rates are age-adjusted to the 2000 U.S. standard population.

-- indicates that data were not collected that year or has not been released yet.

For additional information about this topic, contact Navina Forsythe, Utah Department of Health, (801) 538-6434, email: nforsythe@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, email: chdata@utah.gov.

UDOH ANNOUNCEMENT:

Utah All Payer Claims Database (APCD) Community Update
On December 15th, there will be a community showcase of the Utah's APCD featuring updates, upgrades, and projects. Come see what the APCD is all about. See <http://health.utah.gov/hda/TAG.pdf> for more information.

Breaking News, December 2015

Office of Primary Care and Rural Health is Accepting Applications for the Rural Physician Loan Repayment Program

Physicians working for rural hospitals in Utah can now receive funding to help pay back their educational loans. During the 2015 Utah General Legislative Session, lawmakers allocated funding to allow physicians who have been practicing at hospitals in rural communities for no longer than one year to receive up to \$30,000 total per year in loan repayment; \$15,000 from the Utah Department of Health and \$15,000 matched funds from the hospital. Physicians are required to have a written agreement from the hospital to match funds from the Utah Department of Health over a 24 total month period, totaling \$60,000.

Loan repayment amounts are strictly based on the level of full-time equivalency of the physician. Physicians are required to provide services under these contracts for a period no shorter than 24 months, as full-time or part-time. Physicians considering applying for the Rural Physician Loan Repayment Program cannot be in or enter into a similar contract for loan repayment. Progress reports for those who are given an award are also required on a biannual basis.

The application process is managed by the Office of Primary Care and Rural Health. Applications can be found at <http://health.utah.gov/primarycare/?p=prgRplr>. The application is simple, but does require loan information from lending institutions, as well as the physician's contract with the rural hospital.

This program is a great way for physicians to serve rural communities, as well as remove some of the burden for loan repayment. Questions can be directed to opcrh@utah.gov or 801-273-6619.

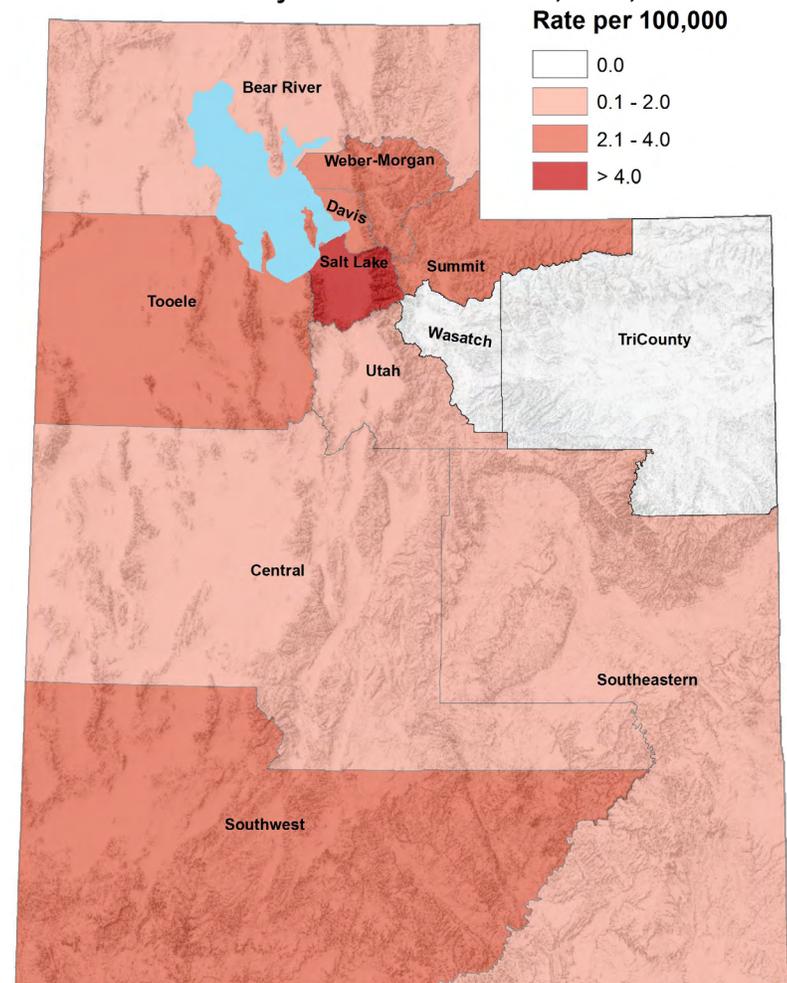
Community Health Indicators Spotlight, December 2015

HIV Surveillance Update for 2014

HIV (human immunodeficiency virus) infection continues to impact communities in Utah each year. Identifying new cases early is integral to reducing the spread of HIV. The Utah Department of Health collaborates with local health departments, clinical providers, community-based organizations, and laboratories to identify newly diagnosed infections of HIV through testing and disease reporting. When a newly diagnosed infection of HIV is found, local health departments work quickly to obtain basic demographic and risk information. Keeping track of who becomes infected with HIV and how they become infected provides public health professionals with the knowledge needed to direct resources to individuals and communities most likely to be affected.

In 2014, there were 118 cases of newly diagnosed HIV reported in Utah. This is an increase from 2013, which saw 105 cases reported. In 2014, 90% of newly diagnosed HIV cases were reported along the Wasatch Front and 75% of newly diagnosed HIV cases were reported in Salt Lake County alone. New diagnoses of HIV disproportionately affect males in Utah. From 2005–2014, cumulatively, males accounted for 85% of newly diagnosed cases. The majority of cases were reported in those aged 15–44. How individuals become infected with HIV varies significantly by sex. In 2014, 57% of males reported being infected after having sex with men. However, 65% of females did not identify a cause of transmission. Looking at race/ethnicity for 2014, 55% (65 cases) of new HIV diagnoses were among White non-Hispanic individuals.

HIV Infection Rates by Local Health District, Utah, 2014



Source: eHARS (enhanced HIV/AIDS Reporting System)

Monthly Health Indicators Report

(Data Through October 2015)

Monthly Report of Notifiable Diseases, October 2015	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (<i>Campylobacter</i>)	23	41	362	438	0.8
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	18	10	86	92	0.9
Hepatitis A (infectious hepatitis)	0	0	6	7	0.9
Hepatitis B, acute infections (serum hepatitis)	0	1	8	8	1.0
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	0	0	1	5	0.2
Pertussis (Whooping Cough)	3	72	371	819	0.5
Salmonellosis (<i>Salmonella</i>)	33	26	402	286	1.4
Shigellosis (<i>Shigella</i>)	2	5	28	35	0.8
Varicella (Chickenpox)	10	26	136	249	0.5
Quarterly Report of Notifiable Diseases, 3rd Qtr 2015	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	35	23	91	80	1.1
Chlamydia	2,195	1,885	6,409	5,548	1.2
Gonorrhea	413	198	1,089	491	2.2
Syphilis	19	13	42	38	1.1
Tuberculosis	15	7	28	24	1.2
Medicaid Expenditures (in Millions) for the Month of October 2015	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 14.3	\$ 13.4	\$ 58.5	\$ 59.2	\$ (0.8)
Inpatient Hospital	\$ 6.8	\$ 5.7	\$ 31.6	\$ 32.8	\$ (1.2)
Outpatient Hospital	\$ 3.9	\$ 2.1	\$ 12.2	\$ 14.5	\$ (2.4)
Long Term Care	\$ 15.2	\$ 13.4	\$ 57.7	\$ 59.0	\$ (1.3)
Pharmacy	\$ 11.0	\$ 11.2	\$ 39.6	\$ 40.3	\$ (0.7)
Physician/Osteo Services	\$ 4.1	\$ 4.2	\$ 12.6	\$ 16.4	\$ (3.8)
TOTAL MEDICAID	\$ 220.2	\$ 218.9	\$ 837.7	\$ 842.7	\$ (5.0)

Program Enrollment for the Month of October 2015	Current Month	Previous Month	% Change‡ From Previous Month	1 Year Ago	% Change‡ From 1 Year Ago
Medicaid	290,639	289,983	+0.2%	278,208	+4.5%
PCN (Primary Care Network)	12,745	12,460	+2.3%	20,515	-37.9%
CHIP (Children's Health Ins. Plan)	16,469	16,441	+0.2%	15,868	+3.8%
Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change‡ From Previous Year	Total Charges in Millions	% Change‡ From Previous Year
Overall Hospitalizations (2013)	279,393	9.0%	-2.8%	\$ 6,513.8	+5.9%
Non-maternity Hospitalizations (2013)	177,191	5.6%	-2.5%	\$ 5,554.8	+6.6%
Emergency Department Encounters (2013)	683,415	22.3%	-1.5%	\$ 1,555.4	+7.1%
Outpatient Surgery (2013)	404,303	13.1%	+7.3%	\$ 2,167.9	+11.5%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change‡ From Previous Year	State Rank§ (1 is best)
Obesity (Adults 18+)	2014	524,000	25.7%	+6.5%	8 (2014)
Cigarette Smoking (Adults 18+)	2014	197,800	9.7%	-6.1%	1 (2014)
Influenza Immunization (Adults 65+)	2014	171,300	58.0%	+1.0%	36 (2014)
Health Insurance Coverage (Uninsured)	2014	303,100	10.3%	-11.2%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2014	234	8.0 / 100,000	+20.2%	9 (2013)
Poisoning Deaths	2014	641	21.8 / 100,000	+0.4%	47 (2013)
Suicide Deaths	2014	555	18.9 / 100,000	-4.0%	49 (2013)
Diabetes Prevalence (Adults 18+)	2014	144,800	7.1%	-0.1%	8 (2014)
Poor Mental Health (Adults 18+)	2014	324,200	15.9%	-3.0%	19 (2014)
Coronary Heart Disease Deaths	2014	1,574	53.5 / 100,000	+2.5%	1 (2013)
All Cancer Deaths	2014	3,033	103.1 / 100,000	+1.0%	1 (2013)
Stroke Deaths	2014	854	29.0 / 100,000	+1.4%	18 (2013)
Births to Adolescents (Ages 15-17)	2014	537	7.9 / 1,000	-8.8%	11 (2013)
Early Prenatal Care	2014	39,005	76.2%	-0.2%	n/a
Infant Mortality	2014	251	4.9 / 1,000	-4.7%	9 (2012)
Childhood Immunization (4:3:1:3:3:1)	2014	36,700	74.6%	n/a#	24 (2014)

* Influenza activity is minimal in Utah. Influenza-like illness activity is below baseline statewide. As of November 14, 2015, 10 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/influenza/index.html>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Relative percent change. Percent change could be due to random variation.

§ State rank based on age-adjusted rates where applicable.

In 2014, NIS analysis for the complete 4:3:1:3:3:1 series was updated to provide a more accurate assessment of Haemophilus influenzae type B vaccination. Due to this change, the 2014 results for 4:3:1:3:3:1 coverage are not comparable to prior years.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2016 season.