

Utah Health Status Update:

Utahns, Becoming the Healthiest People in the Nation

May 2014

The Utah Department of Health (UDOH) is committed to its first strategic goal: “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, we propose to identify a set of health measures to identify statewide priorities for health improvement and periodically evaluate the progress of Utahns’ health-related behavior compared with residents of other states.

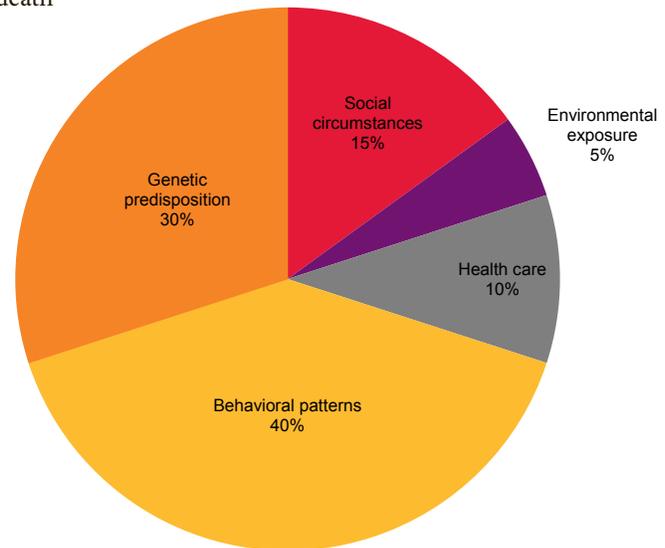
We propose to use the following principles to choose measures that:

- Emphasize personal behaviors that can be impacted by public health interventions and directly correlate with major causes of mortality in the U.S. (Figure 1).
- Contribute to “intermediate outcomes” that lead to very specific mortality outcomes, such as behaviors that contribute to high blood pressure that can lead to death from stroke.
- Limit the number of measures to a manageable group that have the greatest impact.
- Have a consistent and accurate methodology to document status and changes across all states.

- **The Utah Department of Health (UDOH) is committed to its first strategic goal: “The people of Utah will be the healthiest in the country.”**
- **Measures have been proposed in four areas we believe have the greatest impact on the health of Utahns: tobacco use, substance abuse, obesity and inactivity, and mental health.**
- **These proposed measures are our first step to identify actionable areas to effectively improve Utahns’ health status.**
- **We invite you to share your ideas on other issues we should be considering. Please provide your feedback by contacting Dr. Marc Babitz at mbabitz@utah.gov.**

Determinants of Health

Figure 1. Determinants of health and their proportional contribution to premature death



Source: Schroeder, Steven A. We can do better — improving the health of the American people. *N Engl J Med* 2007; 357:1221-1228.

- Have been chosen by one or more national groups that research and publish health ranking reports.
- Are actionable by UDOH programs.

Using these principles, we identified four areas we believe have the greatest impact on the health of Utahns. For each of these areas we identified specific measures that have a high degree of accuracy, are reproducible and comparable from year to year, and directly impact that issue.

The proposed measures by specific adverse behavior are listed in Table 1.

How do Utahns compare in these health areas?

Table 1 presents Utah rankings of the 13 measures within the four health areas. The selected measures are also mapped to four national ranking initiatives and data sources.

Tobacco, alcohol consumption, and illicit drug use caused an estimated 22.3% of all deaths in the U.S. in 2000.¹ While Utahns have some of the healthiest behaviors in these areas, according to the 2012 Behavioral Risk Factor Surveillance System (BRFSS), 10.2% of adults still smoke and 10.6% binge drink in Utah. We must continue our improvement efforts in these areas.

According to the 2011 Youth Risk Behavior Survey (YRBS), the Utah youth obesity rate ranks third lowest, but our youth physical activity ranks 36th in the nation. Together, poor diet and physical inactivity, as measured by deaths due to obesity, are the number two actual cause of death.¹

Is Utah the Healthiest State?

Table 1. Description of each proposed measure, Utah's current rank, and mapping of national initiatives

Measures	Definition	Data Source	UT Rank* (1 is best)	# of States	Initiatives			
					CHR	CMWF	UHF**	IHME
TOBACCO USE								
Smoking - adults	Percentage of adults aged 18 years and older who smoke cigarettes every day or some days.	BRFSS	1	51	x	x	x	x
Smoking - youth	Percentage of students (grades 9–12) who smoked cigarettes on one or more of the past 30 days.	YRBS	1	43		x	s	x
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				x
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		x		x
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	10	51	x	x	x	x
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		x	s	x
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	1	51	x		x	x
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	1	51	x			x
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				x
Marijuana use - youth	Students (grades 9–12) who reported using marijuana during the past 30 days.	YRBS	1	43				x
SUICIDE RISK AND MENTAL HEALTH								
Depression - adults	Adults ever told they have a form of depression.	BRFSS	43	51				
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				
Suicide attempt - youth	Students (grades 9–12) who reported they attempted suicide one or more times during the past 12 months.	YRBS	18	42				

* Ranking data reflect most recent data available at state level (2012 for BRFSS; 2011 for YRBS), age-adjusted to 2000 U.S. standard population where applicable. "# of States" indicates the number of states reporting for each measure.

** 's' indicates Supplemental Measures from 'America's Health Rankings' (page 62 of the 2013 Edition).

CHR - County Health Rankings: <http://www.countyhealthrankings.org/>

CMWF - The Commonwealth Fund: <http://www.commonwealthfund.org/>

UHF - United Health Foundation -- America's Health Rankings®: <http://www.americashealthrankings.org/Rankings>

IHME - Institute for Health Metrics and Evaluation: The State of US Health: Innovations, Insights, and Recommendations from the Global Burden of Disease Study: http://www.healthmetricsandevaluation.org/sites/default/files/policy_report/2013/IHME_GBD_US_FINAL_PRINTED%20070513.pdf

The three mental health measures are not included in the four national ranking initiatives. However, mental health issues have been identified as an emerging issue locally. Utah ranks 43rd in the nation for adult depression (2012 BRFSS). Utah youth suicide risk (made a plan) and suicide attempt rates are 22nd and 18th among the states, respectively (2011 YRBS). We propose to include the improvement of mental health in our "Healthiest People" efforts.

What are the next steps?

These proposed measures are our first step to identify actionable areas to effectively improve Utahns' health status. We invite you to share your ideas on other issues we should be con-

sidering. Please provide your feedback by contacting Dr. Marc Babitz, Director, Division of Family Health and Preparedness, Utah Department of Health, at mbabitz@utah.gov.

References

1. Mokdad AH, Marks JS, Stroup JS, Gerberding JL. Actual causes of death in the United States, 2000. JAMA 2004;291:1238–1245[Erratum, JAMA 2005;293:293–4, 298.]

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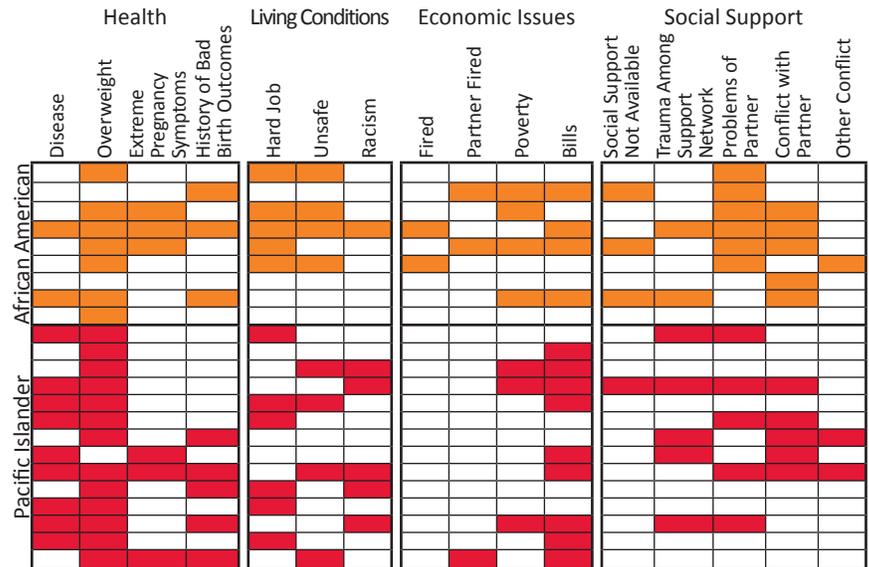
For additional information about this topic, contact Marc Babitz, MD, Director, Division of Family Health and Preparedness, Utah Department of Health, email: mbabitz@utah.gov, or the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-9191, email: chdata@utah.gov

Breaking News, May 2014

African American and Pacific Islander Mothers with Poor Birth Outcomes

African American and Pacific Islander women in Utah have a history of poor pregnancy outcomes, including high rates of infant mortality and preterm birth. The Utah Department of Health, Office of Health Disparities (OHD) sought to learn more about the social determinants of health leading to poor birth outcomes among these minority groups by interviewing Utah Pacific Islander and U.S.-born African American mothers who experienced an infant mortality, fetal death or preterm birth during the time period from January–August 2013. Each row on the chart represents one of the study participants and the problems and stressors she experienced during the year prior to the poor birth outcome. Most of the women in the cohort were overweight or obese prior to pregnancy. Other common problems included chronic illnesses such as hypertension or diabetes, a history of poor birth outcomes, physically hard or emotionally stressful jobs, unsafe working or living conditions, poverty, financial and relationship problems, and little social support. Study recommendations include supporting the whole woman both health and social before and between pregnancies, and explaining and offering resources thoroughly and frequently.

Problems or Stressors Reported by African American and Pacific Islander Mothers During the Year Prior to a Preterm Birth, Stillbirth, or Infant Mortality



Source: Utah African American and Pacific Islander Postnatal Interview Study, 2014

Community Health Indicators Spotlight, May 2014

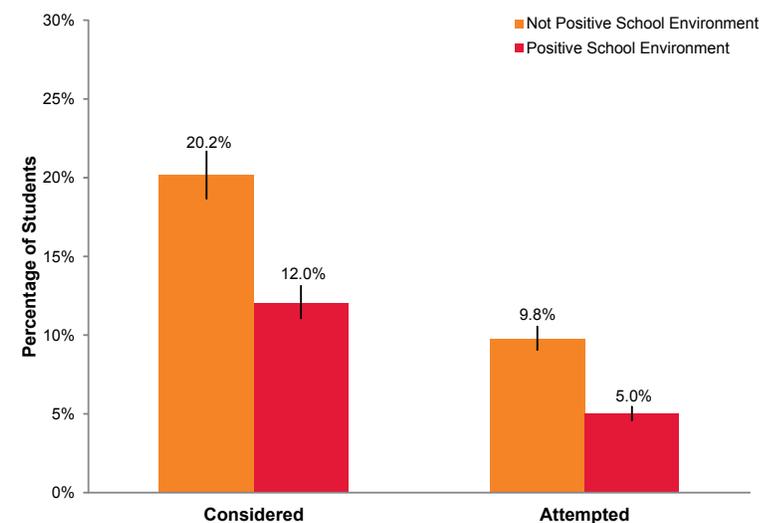
School Environment and Suicidality

Suicide is the second leading cause of death among youth ages 10 to 17 in Utah. More youth are hospitalized or treated in an emergency department for suicide attempts than are fatally injured. Suicide ideation—thinking about and/or considering attempting suicide—is a risk factor for suicide.

In 2013, 14.1% of Utah students in grades 8, 10, and 12 reported that they had seriously considered attempting suicide at some point in their lives and 6.2% reported they had made one or more suicide attempts in the past 12 months. Among those who reported attempting suicide, 3.3% reported one attempt, and 3.0% reported more than one. Rates of suicide ideation and attempts were significantly higher among females compared to males.

Students' perception of their school environment may play a role in their likelihood of considering or attempting suicide. A scale based on five survey questions about students' involvement in classroom and other school activities was used to identify those with a positive school environment. In 2013, 20.2% of Utah students who did not have a positive environment reported they had considered suicide compared to 12.0% of students who had a positive environment. Furthermore, 9.8% of students who did not have a positive environment reported having attempted suicide compared to 5.0% of students who had a positive environment.

Percentage of Students Who Reported They Had Considered or Attempted Suicide by Perception of School Environment, Utah 8th, 10th, and 12th Grades



Source: Utah Prevention Needs Assessment Survey, 2013

Monthly Health Indicators Report

(Data Through March 2014)

Monthly Report of Notifiable Diseases, March 2014	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)	30	27	80	71	1.1
Shiga toxin-producing Escherichia coli (E. coli)	3	5	6	11	0.6
Hepatitis A (infectious hepatitis)	2	1	2	2	1.0
Hepatitis B, acute infections (serum hepatitis)	0	0	2	3	0.6
Meningococcal Disease	0	1	1	2	0.6
Pertussis (Whooping Cough)	47	52	211	168	1.3
Salmonellosis (Salmonella)	39	21	70	55	1.3
Shigellosis (Shigella)	1	3	8	8	1.1
Varicella (Chickenpox)	11	51	63	142	0.4
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Quarterly Report of Notifiable Diseases, 1st Qtr 2013	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†	36	28	36	28	1.3
Chlamydia	2,105	1,779	2,105	1,779	1.2
Gonorrhea	314	93	314	93	3.4
Syphilis	12	9	12	9	1.4
Tuberculosis	5	8	5	8	0.6
Medicaid Expenditures (in Millions) for the Month of March 2014	Current Month	Expected/Budgeted‡ for Month	Fiscal YTD	Budgeted‡ Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 18.9	\$ 11.7	\$ 106.2	\$ 108.2	\$ (2.0)
Inpatient Hospital	\$ 17.5	\$ 8.3	\$ 100.0	\$ 127.7	\$ (27.7)
Outpatient Hospital	\$ 11.0	\$ 4.6	\$ 40.1	\$ 53.4	\$ (13.3)
Long Term Care	\$ 16.2	\$ 17.4	\$ 120.9	\$ 125.7	\$ (4.7)
Pharmacy ‡	\$ 12.1	\$ 9.2	\$ 81.7	\$ 120.3	\$ (38.6)
Physician/Osteo Services §	\$ 7.0	\$ 0.5	\$ 41.9	\$ 61.3	\$ (19.3)
TOTAL HCF MEDICAID	\$282.7	\$280.9	\$1,666.5	\$1,670.9	\$ (4.4)

Program Enrollment for the Month of March 2014	Current Month	Previous Month	% Change¶ From Previous Month	1 Year Ago	% Change¶ From 1 Year Ago
Medicaid	276,485	263,479	+4.9%	261,894	+5.6%
PCN (Primary Care Network)	12,531	13,082	-4.2%	9,123	+37.4%
CHIP (Children's Health Ins. Plan)	16,670	27,152	-38.6%	35,173	-52.6%
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 (2012)	281,605	9.2%	-1.2%	\$ 6,146.4	+5.6%
Non-maternity Hospitalizations (2012)	177,753	5.7%	-0.3%	\$ 5,208.7	+6.1%
Emergency Department Encounters (2011)	665,925	22.5%	+1.8%	\$ 1,309.5	+12.8%
Outpatient Surgery (2011)	376,054	12.7%	+2.5%	\$ 1,878.5	+6.5%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change¶ From Previous Year	State Rank# (1 is best)
Obesity (Adults 18+)	2012	476,400	24.3%	-0.5%	10 (2012)
Cigarette Smoking (Adults 18+)	2012	207,300	10.6%	-10.8%	1 (2012)
Influenza Immunization (Adults 65+)	2012	147,100	56.0%	-1.5%	40 (2012)
Health Insurance Coverage (Uninsured)	2012	376,600	13.2%	-1.5%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2012	205	7.2 / 100,000	-16.8%	19 (2010)
Poisoning Deaths	2012	661	23.1 / 100,000	+15.6%	45 (2010)
Suicide Deaths	2012	545	19.1 / 100,000	+9.3%	45 (2010)
Diabetes Prevalence (Adults 18+)	2012	141,100	7.2%	+7.5%	14 (2012)
Poor Mental Health (Adults 18+)	2012	307,800	15.7%	-3.7%	12 (2012)
Coronary Heart Disease Deaths	2012	1,580	55.3 / 100,000	-3.4%	3 (2010)
All Cancer Deaths	2012	2,861	100.2 / 100,000	+3.3%	1 (2010)
Stroke Deaths	2012	793	27.8 / 100,000	+0.6%	17 (2010)
Births to Adolescents (Ages 15-17)	2012	668	10.4 / 1,000	-6.6%	11 (2011)
Early Prenatal Care	2012	38,829	75.5%	+1.0%	n/a
Infant Mortality	2012	248	4.8 / 1,000	-12.6%	10 (2010)
Childhood Immunization (4:3:1:3:3:1)	2012	40,000	74.9%	+5.3%	15 (2012)

* Influenza activity is minimal in Utah. Influenza-like illness activity is below baseline statewide. As of April 16, 2014, 746 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Includes only the gross pharmacy costs. Pharmacy Rebate and Pharmacy Part D amounts are excluded from this line item.

§ Physician/Osteo Services - Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

¶ % Change could be due to random variation.

State rank based on age-adjusted rates.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2014 season.