UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
Industry and Occupation Impact on Health

September 2015

Industry and occupation are both linked to disparities in health status.[1] In order to assess the prevalence of health outcomes and health-related risk factors among employed adults in Utah, the Industry and Occupation Module was administered in the 2013 Behavioral Risk Factor Surveillance System (BRFSS).

The BRFSS is an annual, state-based, random digit-dialed telephone survey of the non-institutionalized U.S. civilian adult (≥ 18 years of age) population. In 2013, 22 states, including Utah, added questions on occupation and industry. Survey participants were asked questions regarding their employment status during the last year (i.e. employed or self-employed, currently or at some point during the year). Respondents who met one of these qualifiers were asked to list their workplace occupation and industry. Responses were coded to 2000 Standard Occupational Classification (SOC) and 2007 North American Industry Classification System (NAICS) codes by the National Institute for Occupational Safety and Health (NIOSH) using the NIOSH Industry and Occupation Computerized Coding System. The industry classification reflects the business activity of the employer or company while the occupation classification reflects the type of job or work that the employee does. For example, occupations such as administrative support exist across many industries.

Other services*; information, finance, and management services; and health care and social assistance were the most common responses for industries in Utah. Looking at occupations, nearly one-quarter of adults were employed in professional and related occupations, followed by service occupations, management, and office and administrative support.

Health care coverage is often connected to place of employment. Other services* (28.6%) and construction (23.0%) had higher rates of no insurance coverage than all employed Utahns (14.2%). Conversely, health care and social assistance (8.2%), educational services (4.7%), and public administration (3.3%) had lower rates of no insurance coverage than the state rate (Figure 1).

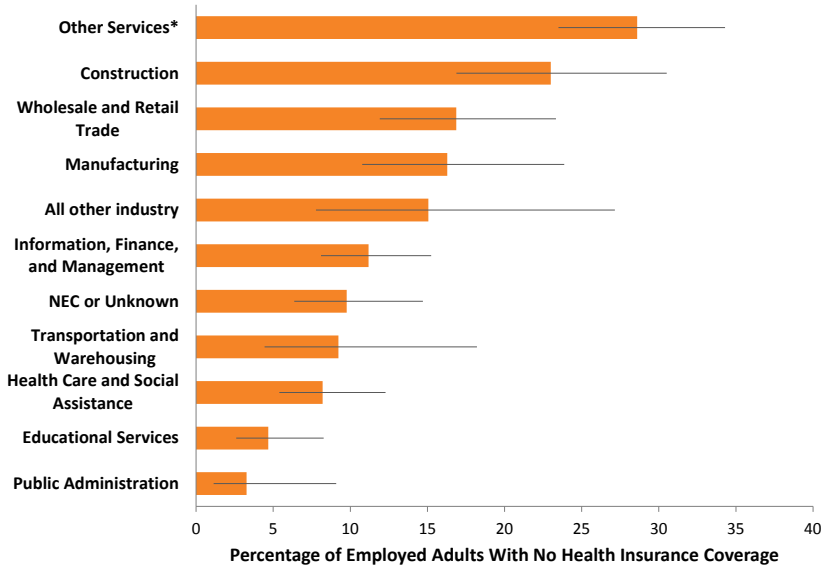
Use of addictive and abusive substances varies by industry as well. Utahns employed in construction (18.9%), manufacturing (16.4%), and other services* (15.7%) had higher rates of current smoking than all employed adult Utahns (11.1%) while Utahns employed in public administration (7.1%), health care and social assistance (7.0%), and information, finance, and management (7.0%) had lower rates. Utahns working in

KEY FINDINGS

- **Construction (23.0%) and other services* (28.6%) had higher rates of no insurance coverage than all employed Utahns (14.2%).**
- **Utahns employed in construction (18.9%), manufacturing (16.4%), and other services* (15.7%) had higher rates of current smoking than all employed adult Utahns (11.1%).**
- **Utahns working in other industries (25.2%), construction (22.2%), and manufacturing (21.1%) had higher rates of binge drinking than all employed Utahns (15.3%).**
- **Employees working in sales and related (13.1%) and office and administrative support (12.2%) had higher levels of frequent mental distress (FMD) than all employed Utahns (8.9%).**

No Health Insurance Coverage by Industry

Figure 1. Percentage of employed adults reporting no health insurance coverage by industry, Utah, 2013



Source: Utah Behavioral Risk Factor Surveillance System

*Other services includes equipment and machinery repairing, promoting or administering religious activities, grantmaking, advocacy, drycleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, and dating services.[2]

other industries (25.2%), construction (22.2%), and manufacturing (21.1%) had higher rates of binge drinking than all employed Utahns (15.3%), while those working for information, finance, and management (12.1%); health care and social assistance (9.4%), and educational services (6.5%) had lower rates (see Figure 2).

Health status also differed by occupation. Employees working in sales and related (13.1%) and office and administrative support (12.2%) had higher levels of frequent mental distress (FMD)—defined as 14 or more days of poor mental health in the past 30 days—than all employed Utahns (8.9%). Conversely, those working in professional and related occupations (6.8%) and management, business, and financial operations (6.1%) had lower rates of FMD (Figure 3).

Information about health risks by business type or industry will assist health professionals to target programs to industries with high risk employees. Information about occupation will assist employers and wellness programs across all industries to provide wellness opportunities to high risk jobs. In addition, the data will improve partnerships with workplace wellness programs and target interventions based on increased risks for unhealthy behaviors by occupation and industry.

1. Towle M, Tolliver R, Bui AG, Warner A, Van Dyke M. Adding industry and occupation questions to the behavioral risk factor surveillance system: new opportunities in public health surveillance. *Public Health Rep*. 2015 Mar–Apr;130(2) 153–160. PMID: 25729104.

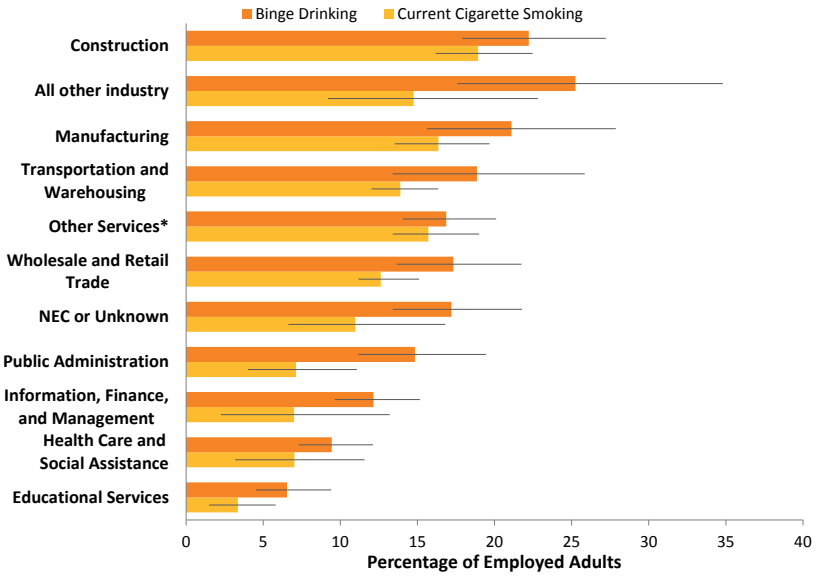
2. U.S. Census Bureau, 2007 North American Industry Classification System (NAICS), http://www.census.gov/cgi-bin/sssd/naics/naicsrch?code=81&search=2007%20NAICS%20Search

UDOH ANNOUNCEMENT:

The UDOH Office of Health Disparities has worked with local African American community organizations to convene the African American Community Health Task Force earlier this year. The Task Force has identified key priority health topics to address and are actively seeking collaborations with UDOH programs. For more information please see: http://health.utah.gov/disparities/utah-minority-communities/black-african-americans.html.

Addictive Substances by Industry

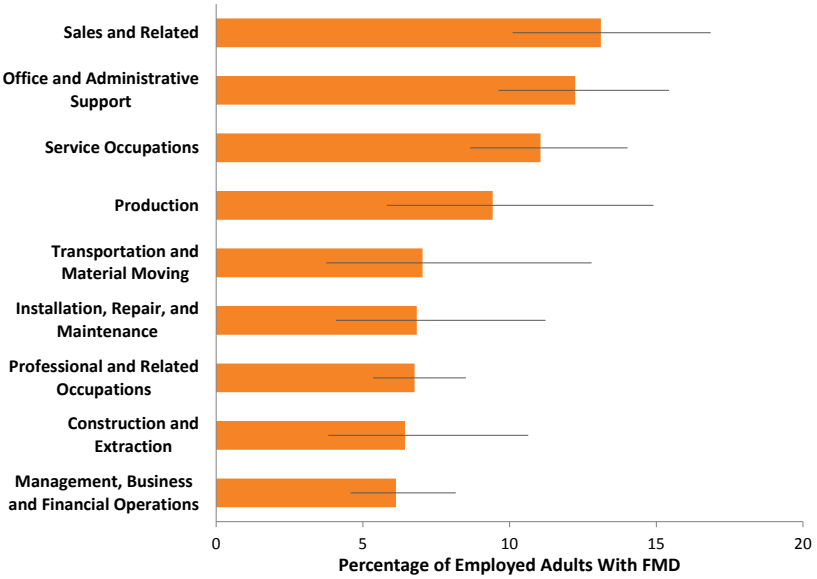
Figure 2. Percentage of employed adults reporting use of addictive substances (cigarette smoking and binge drinking) by industry, Utah, 2013



Current smoking is defined as smoking 100 cigarettes in one's lifetime and smoking some days or every day. Binge drinking is defined as 5 or more drinks in one occasion for men or 4 or more drinks in one occasion for women.
*Other services includes equipment and machinery repairing, promoting or administering religious activities, grant-making, advocacy, drycleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, and dating services.[2]
Source: Utah Behavioral Risk Factor Surveillance System.

Frequent Mental Distress (FMD) by Occupation

Figure 3. Percentage of employed adults reporting frequent mental distress (FMD) by occupation, Utah, 2013



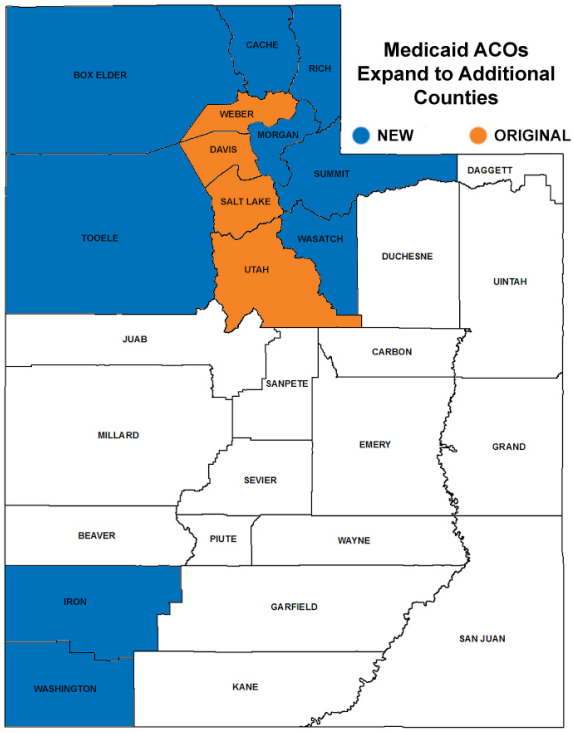
Frequent mental distress is defined as 14 or more days of poor mental health in the past 30 days.
Source: Utah Behavioral Risk Factor Surveillance System.

For additional information about this topic, contact Michael Friedrichs, Utah Department of Health, (801) 538-6244, email: mfriedrichs@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, email: chdata@utah.gov.

Breaking News, September 2015

Medicaid Accountable Care Organizations Expand to Additional Counties

In January 2013, Utah Medicaid changed the way it delivers care to Medicaid recipients. A new Accountable Care Organization (ACO) model was implemented in response to concerns about the long-term sustainability of Utah's Medicaid program. The goal of this innovative delivery model is to reduce the rate at which Medicaid spending grows each fiscal year, while maintaining quality of care and patient satisfaction for Medicaid members.



In just a year and a half, hospitals and providers have reported that there has been a decrease in the number of inpatient hospital days for Medicaid recipients because of their well-managed care, aiming to improve the patient's health outcome. The program has also been able to put $17 million of savings into a stabilization account.

While realizing cost-savings, Medicaid continues to receive high satisfaction ratings from recipients regarding the quality and access to care in an annual consumer health plan survey (Consumer Assessment of Healthcare Providers and Systems).

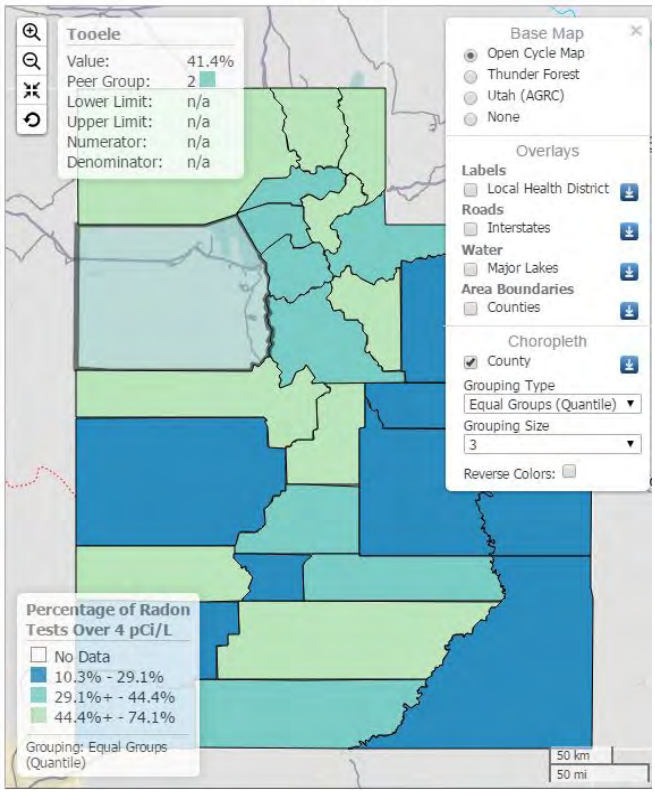
Because of the successful implementation and positive trends of the ACO model, Utah expanded beyond the initial Wasatch Front region. On July 1, 2015, Medicaid members living in nine more counties (Cache, Rich, Morgan, Box Elder, Tooele, Wasatch, Summit, Iron, and Washington) were enrolled in an ACO as their health plan. The ACOs include Molina Healthcare of Utah, SelectHealth Community Care, Healthy U, and HealthChoice Utah. Now more than 86 percent of Medicaid members receive Medicaid services through an ACO.

Community Health Indicators Spotlight, September 2015

Utah's Environmental Public Health Tracking Network

Have you ever wondered what radon levels are in your community? You can learn this and more about your community on the Utah Environmental Public Health Tracking Network (EPHTN) website. The Utah EPHTN has developed new tools for its website to improve data discovery and user experience. When users view data by geography, it is displayed on an interactive map application. Users can zoom in/out, toggle four different overlays, change the base map, and control the data grouping type and size (see Figure). When users mouse over a geographic area, it reveals the base map underneath. This helps users understand the boundaries of the geographic areas. Also, the data visualization software for all tables, charts, and graphs has been upgraded. Data is presented on a cleaner interface and allows users more flexibility on how the data results are displayed. Users can hide data columns they do not want to see, filter observations by custom criteria, and sort alphabetically or numerically. When users mouse over specific observations on a table, chart, or graph, that observation's specific information is displayed in a pop-up box. All of these additions are available for both indicator reports and custom queries. These tools and enhancements are available on the full IBIS-PH website as well. Visit epht.health.utah.gov to learn more.

Radon Test Results With Levels Over 4 pCi/L by County, Utah, 1990-2013



Monthly Health Indicators Report

(Data Through July 2015)

Monthly Report of Notifiable Diseases, July 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 (Campylobacter)	45	61	237	293	0.8
Shiga toxin-producing Escherichia coli (E. coli)	22	20	52	45	1.2
Hepatitis A (infectious hepatitis)	0	2	4	6	0.7
Hepatitis B, acute infections (serum hepatitis)	1	1	6	6	1.0
Meningococcal Disease	0	0	1	4	0.3
Pertussis (Whooping Cough)	19	99	268	587	0.5
Salmonellosis (Salmonella)	47	35	215	194	1.1
Shigellosis (Shigella)	2	3	21	19	1.1
Varicella (Chickenpox)	7	6	106	187	0.6
West Nile (Human cases)	0	1	0	1	0.0
Quarterly Report of Notifiable Diseases, 2nd 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†	18	28	44	57	0.8
Chlamydia	2,056	1,790	4,169	3,663	1.1
Gonorrhea	322	154	664	292	2.3
Syphilis	11	15	22	25	0.9
Tuberculosis	10	10	14	17	0.8
Medicaid Expenditures (in Millions) for the Month of July 2015	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Capitated Mental Health	$ (8.4)	$ 0.0	$ 165.8	$ 165.8	$ 0.1
Inpatient Hospital	$ 8.8	$ 6.4	$ 140.5	$ 142.1	$ (1.6)
Outpatient Hospital	$ 2.8	$ 5.4	$ 65.1	$ 67.4	$ (2.3)
Long Term Care	$ 7.5	$ 13.3	$ 187.3	$ 189.0	$ (1.7)
Pharmacy	$ (8.1)	$ 6.9	$ 112.7	$ 121.1	$ (8.4)
Physician/Osteo Services	$ 3.6	$ 0.2	$ 64.1	$ 63.9	$ 0.3
TOTAL MEDICAID	$ (33.7)	$ 6.8	$ 2,323.3	$ 2,368.0	$ (44.7)

Program Enrollment for the Month of July 2015	Current Month	Previous Month	% Change‡ From Previous Month	1 Year Ago	% Change‡ From 1 Year Ago
Medicaid	289,486	288,599	+0.3%	276,382	+4.7%
PCN (Primary Care Network)	12,214	13,225	-7.6%	14,091	-13.3%
CHIP (Children's Health Ins. Plan)	16,276	16,273	+0.0%	15,473	+5.2%
	Annual Visits			Annual Charges	
Health Care System Measures	**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	523,600	25.7%	+6.5%	9 (2013)
Cigarette Smoking (Adults 18+)	2014	197,600	9.7%	-6.1%	1 (2013)
Influenza Immunization (Adults 65+)	2014	167,200	58.0%	+1.0%	39 (2013)
Health Insurance Coverage (Uninsured)	2013	336,500	11.6%	-12.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2013	192	6.6 / 100,000	-7.8%	9 (2013)
Poisoning Deaths	2013	630	21.7 / 100,000	-6.2%	47 (2013)
Suicide Deaths	2013	570	19.6 / 100,000	+2.9%	49 (2013)
Diabetes Prevalence (Adults 18+)	2014	144,700	7.1%	-0.1%	10 (2013)
Poor Mental Health (Adults 18+)	2014	324,000	15.9%	-3.0%	21 (2013)
Coronary Heart Disease Deaths	2013	1,515	52.2 / 100,000	+1.0%	1 (2013)
All Cancer Deaths	2013	2,961	102.1 / 100,000	+1.9%	1 (2013)
Stroke Deaths	2013	831	28.6 / 100,000	+3.1%	18 (2013)
Births to Adolescents (Ages 15-17)	2013	573	8.6 / 1,000	-16.3%	11 (2013)
Early Prenatal Care	2013	38,905	76.4%	+1.2%	n/a
Infant Mortality	2013	262	5.1 / 1,000	+6.7%	9 (2012)
Childhood Immunization (4:3:1:3:3:1)	2013	40,600	80.5%	+7.5%	16 (2013)

† 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.
Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for influenza until the the 2015–2016 season.