

Utah Health Status Update:

Local Health District Survey Data: Two New Reports

August 2003

Utah Department of Health

Two recent reports by the Utah Department of Health show that progress towards meeting health objectives differs amongst Utah's 12 local health districts.

Utah is divided into 12 single- or multi-county health districts. Each district has a local health department that is responsible for public health services in that district. Looking at the data by health district is one way for health officials in the state, the local health districts, and communities within these districts to target public health programs to areas of the state where they are most needed.

Behavioral Risk Factor Surveillance System

The Utah Behavioral Risk Factor Surveillance System (BRFSS) collects uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. Measuring the prevalence of high risk behaviors and preventive health services provides information for developing and monitoring interventions designed to reduce disease prevalence and premature death. The BRFSS is an ongoing random-digit-dialed telephone survey of adults ages 18 years or over conducted by the Utah Department of Health in conjunction with the U.S. Centers for Disease Control and Prevention (CDC).

The "Utah BRFSS Local Health District Report 1999-2001" reports findings of combined data from Utah's BRFSS for the years 1999-2001. Telephone numbers for the BRFSS were randomly selected for each of Utah's 12 health districts so that data could be analyzed for each of the districts.

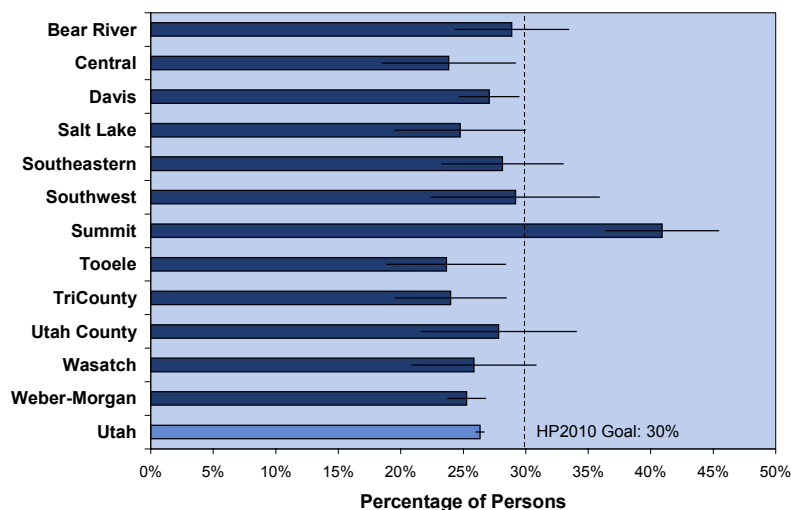
- BRFSS findings from this report indicate that for the entire state of Utah, the proportion of adults who engaged in no leisure time physical activity was 17%, which meets the national Healthy People 2010

(HP2010) goal of no more than 20%. However, Tooele County and TriCounty Health Districts reported slightly higher proportions of 21% and 24%, respectively.

- Another BRFSS physical activity measure was the proportion of adults who engaged "regularly, preferably daily, in moderate physical activity for at least 30 minutes per day." The proportion for Utah was 26%. The national HP2010 goal is to increase the proportion to 30%. There was only one health district that met this goal, and that was Summit County Health District, where 41% of adults reported regular physical activity.

Regular Physical Activity

Figure 1. Percentage of persons reporting regular physical activity* by local health district, Utah adults ages 18+, 1999-2000.



* Regular physical activity is defined as 5+ times/week, 30+ minutes/session, regardless of intensity.

- One national HP2010 goal is to increase the proportion of women ages 18 years and over who received a Pap test within the preceding three years to 90%. According to the BRFSS report, Utah's proportion was 81%, and Summit County Health District was the only district to meet the objective with a proportion of 90%.
- It is a well known fact that tobacco is addictive and that cigarette smoking is the leading preventable cause of death in the United States. The national HP2010 goal is to reduce adult cigarette smoking to 12%. Utah's adult smoking rate was estimated to be 13%, which is the lowest of all the states and close to the national goal. There were four health districts that exceeded the objective. In Bear River and Summit County Health Districts, 8% of adults reported current cigarette smoking. The proportion was 10% in Wasatch County Health District. Utah County Health District had the lowest adult smoking rate of only 6%.

- Many diseases are associated with overweight and obesity. The percentage of adults who are overweight or obese has increased dramatically in Utah and the U.S. in recent years. In Utah, this proportion was 54%, and ranged from 42.0% in Summit County Health District to 60.3% in both TriCounty and Central Utah Health Districts. None of Utah's health districts achieved the HP2010 goal (60% with healthy weight).

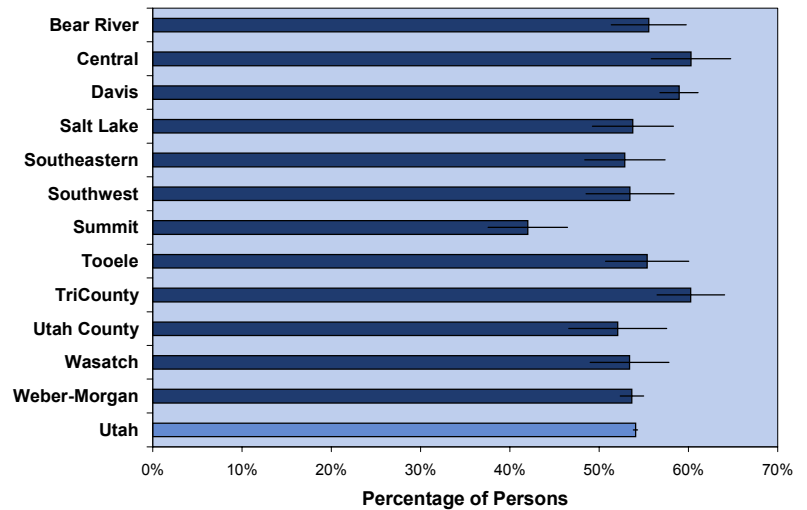
Utah Health Status Survey

The "2001 Utah Health Status Survey Local Health District Overview Report" reports findings of a telephone survey conducted with 7,520 households, randomly selected within Utah local health districts. The survey was designed to collect information on a variety of health topics, including health insurance coverage, access to health care, chronic health conditions, health screening, limitations of activities, general health status, and demographics. This survey collected information about all household members and provides estimates for children.

- Findings from this report included the percentage of children (age 17 and under) who had been exposed to cigarette smoke inside the home. The rate for the entire state of Utah was 6.0%. However, rates for Southeastern and TriCounty health districts were 18% and 17%, respectively.
- Health insurance coverage was another measure included in the HSS report. The report measured the percentage of persons with no health insurance coverage. The overall state rate was 8.7%, ranging from 4% in Davis County to 14% in TriCounty Health Districts.
- Another insurance-related focus of the HSS report was access to care, which measured the percentage of insured persons who were unable to get needed medical, dental, or mental health care in the previous 12 months. The percentage for the state was 11.6%, with a range of 10% in Davis County to 19% in Southeastern Health District.

Overweight or Obese

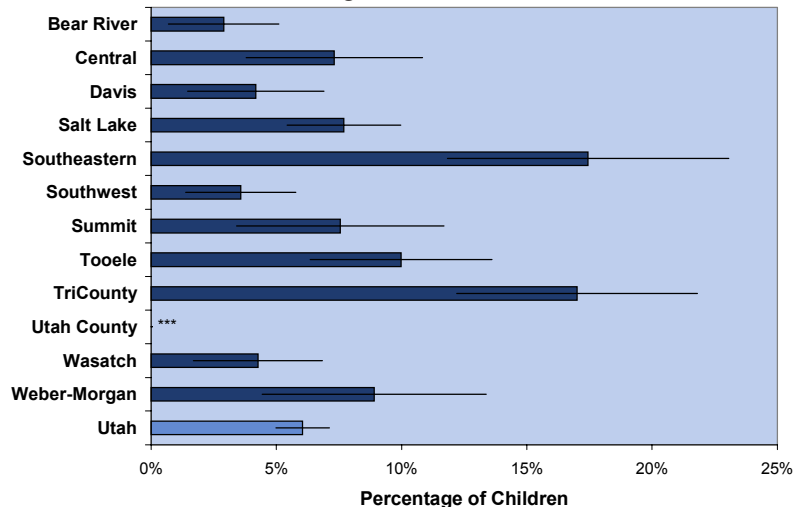
Figure 2. Percentage of persons classified as overweight or obese* by local health district, Utah adults ages 18+, 1999-2001.



* Overweight, but not obese, is defined as BMI 25-29; obese is defined as BMI of 30 or more.

Exposure to Cigarette Smoke

Figure 3. Percentage of children who had been exposed to cigarette smoke inside the home, Utah children age 17 or less, 2001.



*** Insufficient sample size for calculation of population estimates.

All the data reported here for both the BRFSS and the HSS were age standardized to the U.S. 2000 population to control for differences in the age distributions of Utah's health districts. As with any data derived from a sample of the entire population, these estimates have a margin of error. Error also results when people who are selected for the survey refuse to participate or don't answer specific questions and because people sometimes have trouble remembering the answers to some questions.

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