UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:

Perceived Cognitive Impairment

August 2013

Many older adults experience cognitive impairment, with Alzheimer's disease being the most well-known and among the most severe forms. Cognitive impairment can affect an individual's ability to make decisions, work, and engage in social activities. People with advanced cognitive impairment may require assistance from family or caregivers.[1] Some adults with mild cognitive impairment develop Alzheimer's disease.[2]

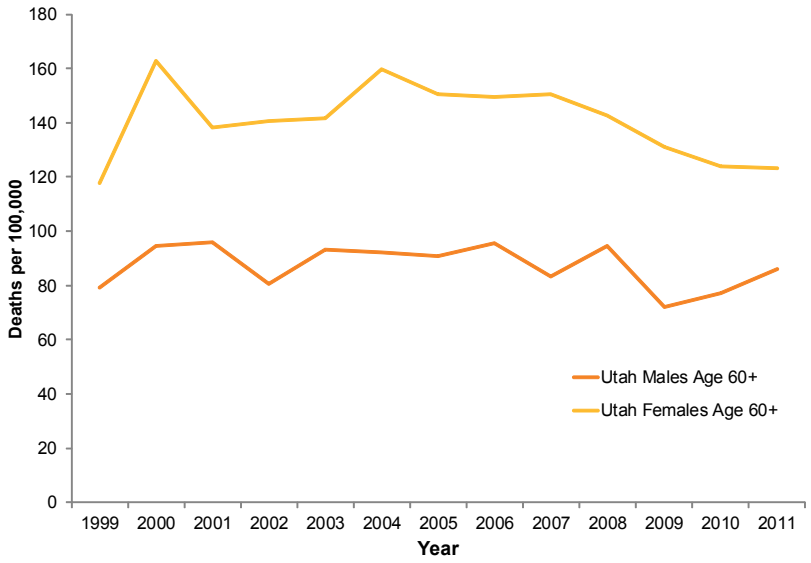
In 2011, Alzheimer's disease was the sixth leading cause of death among Utah adults age 60 and older. The Alzheimer's disease death rate has consistently been higher for Utah women age 60 and older when compared to Utah men of the same age (Figure 1).

In 2005, the Centers for Disease Control and Prevention (CDC) established the Healthy Brain Initiative and partnered with the Alzheimer's Association and other organizations to launch activities that are outlined in their 2007 publication *The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health*. One of 10 priority actions was to develop a population-based surveillance system to measure the public health burden of cognitive impairment in the U.S. A CDC Healthy Aging Program panel then developed a set of 10 questions known as the Impact of Cognitive Impairment Module to be used on state Behavioral Risk Factor Surveillance System (BRFSS) surveys.

- **Nearly 1 in 5 non-institutionalized Utah residents age 60 and older have a perceived cognitive impairment (PCI).**
- **About one-third of Utah adults age 60 and older with PCI live alone.**
- **Utah adults age 60 and older with PCI are more likely to have a number of chronic health conditions than their peers without PCI.**
- **Many Utah adults age 60 and older with PCI report functional difficulties that affect their quality of life and require services and supports now and into the future.**

Alzheimer's Disease Deaths

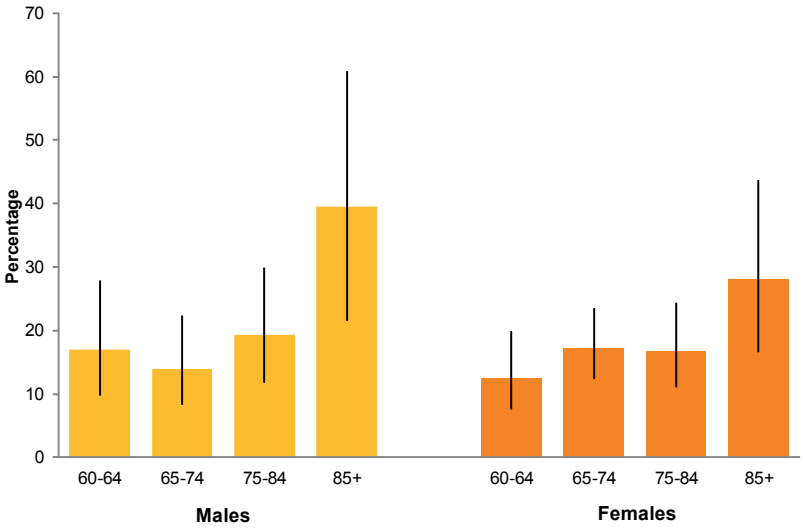
Figure 1. Deaths per 100,000 adults age 60 and older by sex, Utah, 1999-2011



Source: Utah Death Certificate Database

Perceived Cognitive Impairment

Figure 2. Percentage of adults age 60 and older who reported perceived cognitive impairment by sex and age group, Utah, 2011



Source: Utah Behavioral Risk Factor Surveillance System

This module was included on Utah's 2011 BRFSS. Respondents who answered affirmatively to the question, "During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?" were categorized as having perceived cognitive impairment (PCI) and then asked additional questions about the impact of PCI on their lives.

Results from the survey show that 17.0% of Utah adults age 60 and over reported perceived cognitive impairment. The rate was similar for men (17.6%) and women (18.2%). The prevalence increased with age for both men and women (Figure 2).

Of those with cognitive impairment, 29.4% lived alone and 17.2% discussed their condition with a health care provider. About half (48.3%) of the people who had talked with their health care provider received some sort of treatment such as therapy or medications.

Functional difficulties reported among older adults with cognitive impairment included giving up on household activities or chores (6.9%), inability to work or engage in social activities (10.5%), and getting care from a family member or friend (5.8%). When asked which area required the most assistance, safety (6.7%), transportation (10.7%), household activities (20.5%) and personal care (8.4%) were the most commonly reported. Over half (53.6%) said that they did not require assistance in any area (Figure 3).

Older adults have higher rates of many chronic diseases and chronic disease risk factors than younger adults. In addition, older adults with cognitive impairment had higher rates than older adults without cognitive impairment (Figure 4).

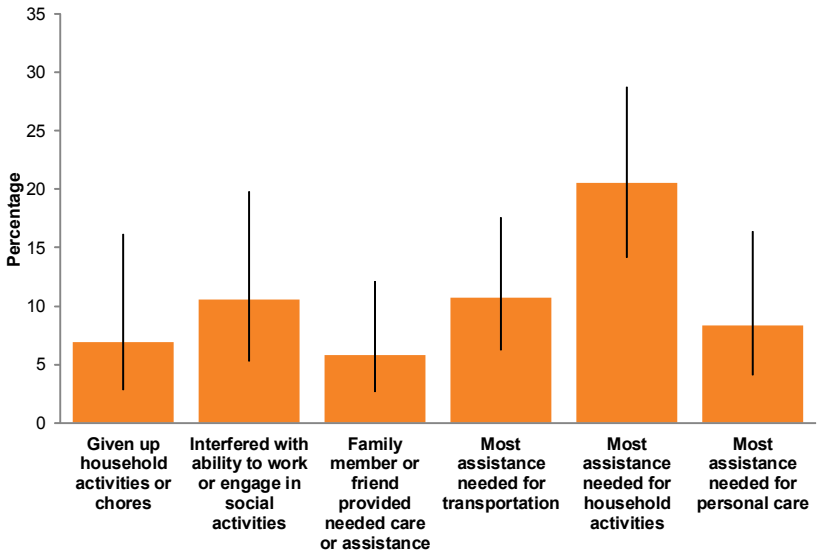
The newest road map from the CDC and the Alzheimer's Association provides specific actions the public health community and partners can take to promote cognitive functioning, address cognitive impairment and help meet the needs of caregivers.[3]

References

1. National Institute on Aging. *Alzheimer's disease fact sheet*. Available at http://www.nia.nih.gov/alzheimers/publication/alzheimers-disease-fact-sheet.
2. National Institute on Aging. *2011–2012 Alzheimer's Disease Progress Report: Intensifying the Research Effort.* Available at http://www.nia.nih.gov/alzheimers/publication/2011-2012-alzheimers-disease-progress-report.
3. Alzheimer's Association and Centers for Disease Control and Prevention. *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2018.* Available at http://www.alz.org/publichealth/downloads/2013-roadmap.pdf.

Functional Limitations and Assistance

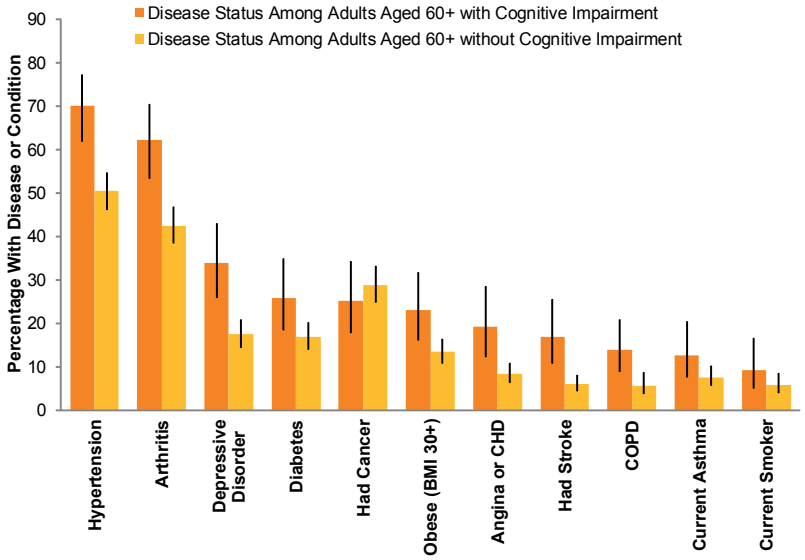
Figure 3. Percentage of adults age 60 and older with perceived cognitive impairment who also reported functional limitations or the need for assistance, Utah, 2011



Source: Utah Behavioral Risk Factor Surveillance System

Chronic Diseases and Conditions

Figure 4. Percentage of adults age 60 and older with disease or condition by perceived cognitive status, Utah, 2011



Source: Utah Behavioral Risk Factor Surveillance System

August 2013 Utah Health Status Update

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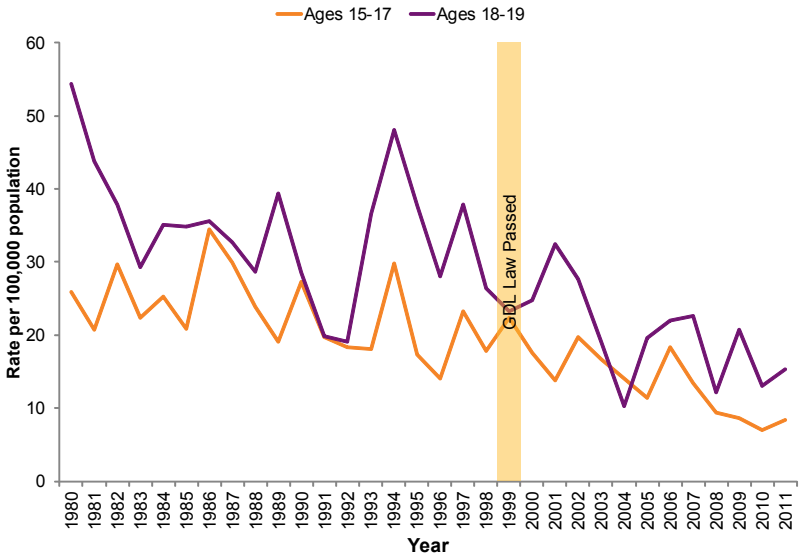
Breaking News, August 2013

Teen Motor Vehicle Crash Deaths Drop 62% Since Passage of Utah's Graduated Driver Licensing Law

Beginning drivers – especially teens – are of special concern because of their high crash rates and lack of driving experience. National and international studies consistently show Graduated Driver Licensing (GDL) laws to be effective in reducing crashes. GDL laws allow new drivers to gain driving experience before receiving full licensure.

There has been a 62% decrease in the rate of teens ages 15-17 killed in motor vehicle crashes since Utah's GDL laws went into effect in 1999. From 1980 to 1999 there was only a 31% decrease. For teens ages 18-19, there has been a 34% decrease since 1999. These findings mirror data from the Utah Highway Safety Office that show teen drivers ages 18 and 19 have the highest total crash rate and highest total fatal crash rate per licensed driver in Utah.

Rate of Teens Killed in Motor Vehicle Traffic Crashes by Age Group, Utah, 1980-2011



A possible explanation is the differences in Utah's GDL requirements by age. In Utah, drivers under age 18 have the strictest requirements, including a six-month learner permit holding period, passenger restrictions, and nighttime driving restrictions. Drivers aged 18 have no learner permit holding period requirement, passenger, or nighttime driving restrictions. Drivers aged 19 and older have a 90-day learner permit holding period requirement. National studies show an increase in fatal crashes among new drivers, no matter their age, in the first few years after GDL requirements are no longer applicable.

Community Health Indicators Spotlight, August 2013

Utah's First Statewide Foodborne Complaint System

In 2013, the Utah Department of Health (UDOH) and Utah's 12 local health departments (LHDs) launched the first statewide foodborne complaint system in the form of an online self-reporting website, http://igotsick.health.utah.gov, or **"Igotsick"**. **Igotsick** was developed through an ongoing collaboration between UDOH and the Council for Local Environmental Health Administrators (CLEHA). The vision for **Igotsick** was to create a standardized electronic system that would support documentation, surveillance, and response to foodborne illness complaints across all jurisdictions and agencies.

Approximately one in 38 people who experience a foodborne disease have a laboratory-confirmed illness, as not everyone who becomes sick visits a doctor. **Igotsick** is designed to capture data from anyone who is experiencing foodborne illness symptoms, including those who don't visit a doctor. **Igotsick** users can confidentially and securely share information about their symptoms, foods they ate during their exposure period, and places they visited. Reports are automatically sent to the appropriate LHD for follow-up as needed to monitor trends, identify common exposures, and prevent future illness.

During the first five months of implementation (02/01/13-06/30/13), residents of eight of the 12 LHDs placed 107 complaints in **Igotsick**. Out-of-state residents who had eaten at a Utah food establishment placed nine complaints.

Rapid detection of foodborne illnesses and identifying common sources are essential to timely investigation and intervention to stop outbreaks from spreading. If public health can receive information earlier through tools like **Igotsick**, it will improve outbreak detection, intervention, and prevention of further illness.

Monthly Health Indicators Report

(Data Through June 2013)

Monthly Report of Notifiable Diseases, June 2013	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)	54	55	236	189	1.2
Shiga toxin-producing Escherichia coli (E. coli)	6	11	36	29	1.3
Hepatitis A (infectious hepatitis)	1	1	6	4	1.4
Hepatitis B, acute infections (serum hepatitis)	0	2	1	6	0.2
Influenza	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Meningococcal Disease	2	1	5	3	1.6
Pertussis (Whooping Cough)	41	50	491	273	1.8
Salmonellosis (Salmonella)	24	34	144	152	0.9
Shigellosis (Shigella)	2	3	11	16	0.7
Varicella (Chickenpox)	4	11	129	298	0.4
Quarterly Report of Notifiable Diseases, 2nd 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† (1st Qtr 2013)	15	25	25	102	0.2
Chlamydia	1,830	1,623	3,708	3,361	1.1
Gonorrhea	166	91	320	184	1.7
Syphilis	21	10	37	16	2.3
Tuberculosis	10	9	18	18	1.0
Medicaid Expenditures (in Millions) for the Month of June 2013	**Current Month**	**Expected/ Budgeted‡ for Month**	**Fiscal YTD**	**Budgeted‡ Fiscal YTD**	**Variance - over (under) budget**
Capitated Mental Health	$ 13.2	$ 11.2	$ 142.7	$ 140.1	$ 2.5
Inpatient Hospital	$ 9.3	$ 27.5	$ 254.5	$ 343.9	$ (89.4)
Outpatient Hospital	$ 5.0	$ 6.7	$ 65.1	$ 83.6	$ (18.5)
Long Term Care	$ 15.9	$ 12.4	$ 162.9	$ 155.1	$ 7.9
Pharmacy ‡	$ 9.8	$ 8.7	$ 135.8	$ 134.6	$ 1.2
Physician/Osteo Services §	$ 4.8	$ 7.1	$ 74.2	$ 88.6	$ (14.4)
TOTAL HCF MEDICAID	$196.7	$ 169.8	$2,101.6	$2,038.4	$ 63.2

Program Enrollment for the Month of June 2013	Current Month	Previous Month	% Change¶ From Previous Month	1 Year Ago	% Change¶ From 1 Year Ago
Medicaid	259,206	260,046	-0.3%	252,573	+2.6%
PCN (Primary Care Network)	15,508	12,465	+24.4%	16,734	-7.3%
CHIP (Children's Health Ins. Plan)	34,603	34,563	+0.1%	36,873	-6.2%
	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 (2011)	280,830	9.3%	+0.8%	$ 5,818.8	+7.4%
Non-maternity Hospitalizations (2011)	175,847	5.7%	+3.8%	$ 4,909.9	+7.9%
Emergency Department Encounters (2011)	665,925	22.4%	+1.7%	$ 1,309.5	+12.8%
Outpatient Surgery (2010)	362,106	12.4%	+13.2%	$ 1,764.0	+20.4%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/ Rate**	**% Change¶ From Previous Year**	**State Rank# (1 is best)**
Obesity (Adults 18+)	2011	472,400	24.4%	+1.3%	12 (2011)
Cigarette Smoking (Adults 18+)	2011	229,300	11.8%	+2.7%	1 (2011)
Influenza Immunization (Adults 65+)	2011	147,400	56.9%	-15.5%	41 (2011)
Health Insurance Coverage (Uninsured)	2011	377,700	13.4%	+26.4%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2011	242	8.6 / 100,000	+3.2%	19 (2010)
Poisoning Deaths	2011	554	19.7 / 100,000	+12.8%	45 (2010)
Suicide Deaths	2011	503	17.9 / 100,000	+5.2%	n/a
Diabetes Prevalence (Adults 18+)	2011	129,600	6.7%	-1.8%	6 (2011)
Poor Mental Health (Adults 18+)	2011	315,300	16.3%	-0.4%	17 (2011)
Coronary Heart Disease Deaths	2011	1,612	57.2 / 100,000	+6.7%	3 (2010)
All Cancer Deaths	2011	2,733	97.0 / 100,000	-3.5%	1 (2010)
Stroke Deaths	2011	778	27.6 / 100,000	+5.6%	17 (2010)
Births to Adolescents (Ages 15-17)	2011	706	11.2 / 1,000	-20.3%	11 (2011)
Early Prenatal Care	2011	38,228	74.7%	+2.3%	n/a
Infant Mortality	2011	282	5.5 / 1,000	+14.6%	10 (2010)
Childhood Immunization (4:3:1:3:3:1)	2011	37,400	71.1%	+0.7%	42 (2010)

† 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 2013 season.