

Utah Health Status Update:

Utahns, Being Among the Healthiest People in the Nation—Progress Review

January 2018

Since 2003, the Utah Department of Health (UDOH) has included a priority in the agency's strategic plans that "the people of Utah will be among the healthiest in the country" promoting health behaviors, preventing injury and disease, connecting at-risk people with appropriate services, and making data-driven decisions to guide programs toward improved outcomes. In 2013, 15 health measures were selected to target for improvement. Many of these health measures aimed to improve underlying issues that contribute to the leading causes of mortality and morbidity in Utah. For example, tobacco use, obesity, and physical activity may contribute to heart disease, cancer, and respiratory diseases.

Table 1 presents the Utah data and rankings of the 15 measures within five health areas, where available. The most recent data indicates Utah ranks #1 in lowest percentage of adults who smoke and who report binge drinking during the last 30 days. Utah is fourth lowest in adults who report heavy drinking during the past 30 days. Utah also has a very low rate of youth cigarette use.

Improvement is needed in increasing physical activity for youth and adults, decreasing depression and suicide, and decreasing drug poisoning and unintentional injury deaths.

The percentage of adults who smoke cigarettes has significantly declined over the past five

years. Youth marijuana use during the past 30 days increased significantly in 2016. Efforts to improve these health outcomes are led by the Tobacco Prevention and Control Program (TCPC), the Healthy Living through Environment, Policy, and Improved Clinical Care program (EPICC) and the Violence and Injury Prevention Program (VIPP):

The TPCP Program has:

- Expanded the cessation services offered, allowing tobacco users to better customize their quit plan.
- Used digital media to better target tobacco users with cessation messaging.
- Worked closely with local health departments (LHDs) to improve enforcement of zoning laws that reduce youth access to tobacco products and marketing.

The EPICC Program has:

- Worked with LHDs to increase access to fresh fruits and vegetables—especially in low-income populations—through food pantries, farmers markets, and retail stores.
- Assisted LHDs working with local cities and towns to develop walkable environments.
- Worked with the Utah Worksite Wellness Council to assess the impact of a worksite recognition program to feature worksites that promote physical activity and nutrition policies.
- Partnered with the Utah State Board of Education, LHDs, and school districts to implement comprehensive school physical activity programs.
- Worked with LHDs to encourage schools to participate in the national Healthy Schools Program (<https://schools.healthiergeneration.org/>).

The VIPP Program has:

- Disseminated data to inform alcohol-related prevention efforts.
- Expanded the use of the controlled substance database tool through the development of dashboards for clinical decision making.
- Coordinated the Utah Coalition for Opioid Overdose Prevention (<https://ucoop.utah.gov>).
- Developed and provided resources to identify opioid risks, signs and symptoms of an overdose, and naloxone availability (<http://www.opidemic.org>, <https://naloxone.utah.gov>).
- Facilitated an epidemiologic investigation with the U.S. Centers for Disease Control and Prevention on the increase of youth suicides (https://ibis.health.utah.gov/pdf/opha/publication/hsu/SE04_SuicideEpiAid.pdf).
- Increased rehabilitation services to individuals with a traumatic brain injury (<http://www.health.utah.gov/tbi>).
- Published the annual Teen Memoriam with stories of teens killed on Utah roads for use in driver education (<http://www.health.utah.gov/vipp/teens/teen-driving/memoriams.html>).
- Maintained a multidisciplinary committee to review all child deaths to identify risk and protective factors and make recommendations for action (<http://www.health.utah.gov/vipp/kids/child-fatalities/review.html>).

UDOH is working with LHDs, health systems, and other partners on these goals. The hope is that collaborative efforts will increase positive impact.

KEY FINDINGS

- Utah ranks #1 in lowest adult smoking and binge drinking and is fourth lowest in adult heavy drinking. Utah also has a very low rate of youth cigarette use.
- The percentage of adults who smoke cigarettes has significantly declined over the past five years.
- Youth marijuana use during the past 30 days increased significantly in 2016.
- Improvement is needed in increasing physical activity for youth and adults, decreasing depression and suicide, and decreasing drug poisoning and unintentional injury deaths.

Utah's Ranking in 15 Healthiest People Measures

Table 1. National ranking of 15 Healthiest People priority measures for 2011–2017, Utah

Measures	Definition	Data Source	2011		2013		2015		2016		2017	
			UT Rank* (# of states)	Rate**	UT Rank* (# of states)	Rate**	UT Rank* (# of states)	Rate**	UT Rank* (# of states)	Rate**	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)	9.1%	1 (51)	8.8%	—	—
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 (41)	4.4%	—	—	—	—	—	3.7%
		PNA	—	5.2%	—	3.9%	—	3.4%	—	—	—	2.9%
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%	13 (51)	55.6%	—	—	—	—
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%	—	—	—	—	—	19.2%
		PNA	—	18.7%	—	17.6%	—	19.9%	—	—	—	19.0%
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%	9 (51)	24.9%	8 (51)	25.0%	10 (51)	26.2%	—	—
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%	—	—	—	—	—	9.6%
		PNA	—	7.5%	—	9.0%	—	9.6%	—	—	—	9.5%
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.	BRFSS	2 (51)	11.3%	3 (51)	11.8%	2 (51)	11.5%	1 (51)	12.0%	—	—
Heavy 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.	BRFSS	2 (51)	4.1%	6 (51)	4.5%	1 (51)	3.7%	4 (51)	4.7%	—	—
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%	—	—	—	—	—	10.7%
		PNA	—	11.2%	—	9.1%	—	8.6%	—	—	—	8.8%
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%	—	—	—	—	—	7.9%
		PNA	—	7.0%	—	7.6%	—	6.9%	—	—	—	8.2%
SUICIDE RISK AND MENTAL HEALTH												
Depression - adults	Adults ever told they have a form of depression.	BRFSS	44 (51)	21.8%	41 (51)	21.7%	37 (51)	20.8%	39 (51)	21.5%	—	—
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%	—	—	—	—	—	17.0%
		PNA	—	7.8%	—	10.8%	—	13.5%	—	—	—	14.3%
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%	—	—	—	—	—	9.5%
		PNA	—	5.1%	—	6.2%	—	7.6%	—	—	—	7.7%
OVERDOSE and UNINTENTIONAL INJURY DEATHS												
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	47 (51)	21.9	43 (51)	23.4	—	—	—	—
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	27 (51)	43.2	22 (51)	45.7	—	—	—	—

* A ranking of #1 is best.

** Behavioral Risk Factor Surveillance System (BRFSS) and National Center for Health Statistics (NCHS) rates are age-adjusted to the 2000 U.S. standard population.

† A drink of alcohol is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

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

Note: Data for youth are presented from two sources, the Youth Risk Behavior Surveillance System (YRBS) and the Prevention Needs Assessment (PNA) Survey (accessible online at <https://dsamh.utah.gov/pdf/sharp/2017/State%20of%20Utah%20Profile%20Report.pdf>). Unfortunately, national PNA data are not available for comparison.

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:

The Office of Health Disparities (OHD) has now reached over 1,600 underserved Utahns through its Bridging Communities and Clinics Program. To date, the OHD has increased access to oral health care services through six free dental days and two mobile clinics where over \$75,000 worth of care was provided at no cost to the patients. The OHD also partnered with the Family Dental Plan to track care given through their school-based sealant program to 300 kids in OHD's target area. For more information visit health.utah.gov/disparities/current-projects.html.

Breaking News, January 2018

Progress in Utah as Part of the Four Corners States Biomonitoring Consortium

In 2014, the Utah Department of Health in collaboration with the Arizona, Colorado, and New Mexico state health departments formed the Four Corners States Biomonitoring Consortium (4CSBC) to conduct biomonitoring in these states. One of the first projects conducted by the consortium was the investigation of population exposures to arsenic, cadmium, manganese, mercury, selenium, and uranium through urinalysis of samples from participants. During 2014 through 2017, biomonitoring teams have collected 278 urine samples and 121 water samples from participants from approximately 120 households in 19 Utah communities. The accompanying table presents a preliminary descriptive analysis of analytical results for heavy metals. Urine results are creatinine corrected. The 4CSBC compares participant body burden to the range of findings from the National Health and Nutrition Examination Survey (NHANES). The NHANES data are “typical” exposure levels for the U.S. population. Private well water levels are compared to the U.S. Environmental Protection Agency’s maximum contamination levels (MCL) for public water systems. Private wells are not required to meet these standards. The 4CSBC website <http://www.4csbc.org> has more information about this project. Persons interested in additional information may contact Sam LeFevre at (801) 538-6191 or slefevre@utah.gov.

Utah Sample Results from 278 Participants during 2014–2017

Participant Urine Samples (results are creatinine corrected)						
	Arsenic	Cadmium	Manganese	Mercury	Selenium	Uranium
Median Level (ug/g)	6.69	0.237	0.464	0.102	53.0	0.011
95th Percentile (ug/g)	39.09	0.550	1.717	0.703	132.0	0.039
NHANES 95th Percentile (ug/g) for comparison (from the 2011–2012 NHANES study period)	50.4	0.907	0.548	1.75	N/A	0.029
Percent of Utah Samples Higher than NHANES 95th Percentile	2.9%	0.0%	42.4%	1.1%	N/A	7.4%
Participant Private Well Water Samples						
Median Concentration (ug/L)	2.14	0.05	1.17	0.1	0.50	1.45
95th Percentile (ug/L)	16.96	1.00	19.29	0.1	4.98	13.50
EPA Maximum Contaminate Level [MCL] (ug/L)	10.00	5.00	50.00	2.0	50.00	30.00
Percent of Utah Samples Higher than EPA’s MCL	8.3%	0.0%	2.5%	0.0%	0.0%	2.5%

Note: Selenium was not part of the NHANES study. For manganese, the EPA only has a secondary MCL (for palatability).

Community Health Spotlight, January 2018

Maternal Anxiety and Depression

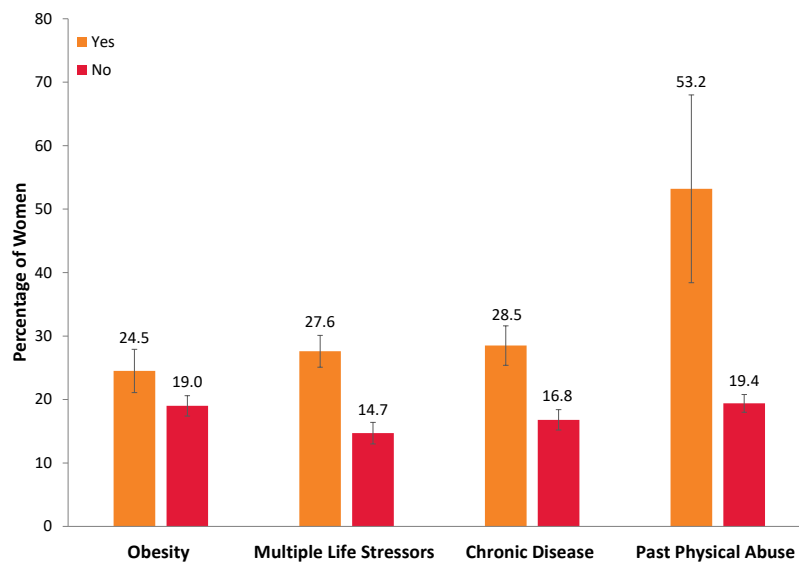
There is substantial evidence that anxiety and depression in pregnancy can have negative long-term impacts on both maternal health and child development. According to the Pregnancy Risk Assessment Monitoring System (PRAMS), one in five Utah women who gave birth in 2013–2015 reported a history of anxiety or depression before becoming pregnant. Women with obesity, multiple life stressors, chronic disease, and a history of physical abuse reported higher rates of pre-pregnancy depression and anxiety than those without (see figure).

While only 17% of PRAMS participants reported being checked for depression or anxiety before pregnancy, nearly 100% of participants reported receiving some prenatal care, which is the next best opportunity for mental health screening.

In May 2015, the American College of Obstetricians and Gynecologists (ACOG) issued the following recommendations for prenatal caregivers:

- Screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.
- Closely monitor patients with current depression or anxiety, or risk factors for perinatal mood disorders.
- Couple screening with appropriate follow-up and treatment. Clinical staff should be prepared to initiate medical therapy and refer patients for behavioral health resources when indicated.
- Systems should be in place to ensure follow-up for diagnosis and treatment.

Percentage of Women with Pre-pregnancy Anxiety or Depression by Risk Factors, Utah, 2013–2015



Source: Utah Pregnancy Risk Assessment Monitoring System

Monthly Health Indicators Report

(Data Through November 2017)

Monthly Report of Notifiable Diseases, November 2017	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	32	540	480	1.1
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	3	6	111	88	1.3
Hepatitis A (infectious hepatitis)	29	1	106	8	13.3
Hepatitis B, acute infections (serum hepatitis)	0	1	12	8	1.5
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	1	0	2	3	0.6
Pertussis (Whooping Cough)	13	72	353	862	0.4
Salmonellosis (<i>Salmonella</i>)	17	23	364	329	1.1
Shigellosis (<i>Shigella</i>)	1	4	37	40	0.9
Varicella (Chickenpox)	19	23	187	223	0.8
Quarterly Report of Notifiable Diseases, 3rd Qtr 2017	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	28	92	89	1.0
Chlamydia	2,598	2,097	7,586	6,202	1.2
Gonorrhea	668	366	1,863	935	2.0
Syphilis	29	17	85	50	1.7
Tuberculosis	2	10	21	24	0.9
Medicaid Expenditures (in Millions) for the Month of November 2017‡	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Mental Health Services§	\$ 13.9	\$ 13.9	\$ 66.4	\$ 67.4	\$ (1.0)
Inpatient Hospital Services	\$ 12.2	\$ 12.9	\$ 72.7	\$ 75.1	\$ (2.4)
Outpatient Hospital Services	\$ 3.7	\$ 3.6	\$ 17.6	\$ 19.1	\$ (1.5)
Nursing Home Services	\$ 13.9	\$ 13.9	\$ 69.0	\$ 73.6	\$ (4.6)
Pharmacy Services	\$ 9.3	\$ 9.8	\$ 49.1	\$ 50.7	\$ (1.6)
Physician/Osteo Services	\$ 4.1	\$ 4.2	\$ 22.4	\$ 23.1	\$ (0.6)
Medicaid Expansion Services	\$ 2.1	\$ 2.5	\$ 8.7	\$ 9.8	\$ (1.2)
TOTAL MEDICAID#	\$ 197.9	\$ 198.9	\$ 1023.2	\$ 1029.7	\$ (6.5)

* Influenza-like illness is minimal in Utah. As of December 2, 2017, 112 influenza-associated hospitalizations have been reported to UDOH since the start of the influenza season on October 1, 2017. More information can be found at <http://health.utah.gov/epi/diseases/influenza/surveillance/index.html>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Program Enrollment for the Month of November 2017	Current Month	Previous Month	% Change** From Previous Month	1 Year Ago	% Change** From 1 Year Ago
Medicaid	280,202	281,676	-0.5%	288,797	-3.0%
PCN (Primary Care Network)	13,779	14,332	-3.9%	15,050	-8.4%
CHIP (Children's Health Ins. Plan)	19,334	19,439	-0.5%	18,696	+3.4%
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 (2015)	291,216	8.8%	+2.9%	\$ 7,965.1	+9.4%
Non-maternity Hospitalizations (2015)	188,130	5.5%	+1.9%	\$ 6,838.5	+10.3%
Emergency Department Encounters (2015)	737,578	22.7%	+7.4%	\$ 1,878.3	+6.7%
Outpatient Surgery (2015)††	487,945	14.9%	+4.9%	\$ 3010.3	+38.9%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change** From Previous Year	State Rank** (1 is best)
Obesity (Adults 18+)	2016	538,700	25.3%	+3.3%	10 (2016)
Cigarette Smoking (Adults 18+)	2016	187,400	8.8%	-3.3%	1 (2016)
Influenza Immunization (Adults 65+)	2016	176,300	54.9%	-6.9%	41 (2016)
Health Insurance Coverage (Uninsured)	2016	265,500	8.7%	-1.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2015	247	8.2 / 100,000	+3.7%	19 (2015)
Poisoning Deaths	2015	697	23.3 / 100,000	+6.8%	43 (2015)
Suicide Deaths	2015	609	20.3 / 100,000	+7.8%	47 (2015)
Diabetes Prevalence (Adults 18+)	2016	153,300	7.2%	+2.9%	8 (2016)
Poor Mental Health (Adults 18+)	2016	362,000	17.0%	+6.3%	21 (2016)
Coronary Heart Disease Deaths	2015	1,619	54.0 / 100,000	+1.0%	2 (2015)
All Cancer Deaths	2015	3,091	103.2 / 100,000	+0.1%	1 (2015)
Stroke Deaths	2015	887	29.6 / 100,000	+2.0%	18 (2015)
Births to Adolescents (Ages 15-17)	2015	489	6.9 / 1,000	-11.7%	13 (2015)
Early Prenatal Care	2015	38,803	76.4%	+0.2%	n/a
Infant Mortality	2015	257	5.1 / 1,000	+3.2%	12 (2015)
Childhood Immunization (4:3:1:3:3:1)	2016	37,100	73.6%	0.0%	26 (2016)

‡ This state fiscal year (SFY) 2018 report includes supplemental payments to better match the SFY 2018 Medicaid Forecast Budget which costs have not been included in previous years.

§ The SFY 2018 Medicaid Forecast Budget includes Mental Health and Substance Abuse services together while this report only accounts for Mental Health services. This is to stay consistent with the previous years reports.

Medicaid Expansion Services was added to the Medicaid program in SFY 2018. Total Medicaid costs exclude the Prism Project.

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

†† Change was calculated from 2013 to 2015 for outpatient surgery.

** 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 for West Nile Virus will start in June for the 2018 season.