UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
Utahns, Becoming the Healthiest People in the Nation—Progress Review

December 2016

The Utah Department of Health (UDOH) 2013–2016 Strategic Plan has a primary goal that "The people of Utah will be the healthiest in the country." Fifteen 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, behaviors and concerns such as tobacco use, obesity, and lack of physical activity may contribute to heart disease, cancer, and respiratory diseases.

Most recent data available indicates Utah ranks #1 among all states in lowest percentage of adults who smoke and report heavy drinking during the past 30 days. Utah is second lowest in adults who report binge drinking during the last 30 days. Utah also has a very low rate of youth cigarette use (see table).

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 trended downward over the past five years. Youth smoking and alcohol consumption significantly decreased from 2011 to 2015 according to the PNA data. However, youth suicide plan and attempts significantly increased from 2011 to 2015 based on the PNA data. 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) and include:

KEY FINDINGS

- **Utah ranks #1 among all states in lowest percentage of adults who smoke and report heavy drinking during the past 30 days.**
- **Utah is second lowest in adults who report binge drinking during the last 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 TPCP Program has:

- Used data to improve effectiveness of anti-tobacco media messages and enrollment in quit services.
- Researched youth use of electronic cigarettes and other vape products, started improving enforcement of laws regulating youth access to tobacco, and zoning for tobacco specialty stores.

The EPICC Program has:

- Worked through local health departments (LHDs) to encourage K–12 schools to participate in the national Healthy Schools Program (https://schools.healthiergeneration.org/).
- Partnered with the Utah State Board of Education, LHDs, and school districts to implement Comprehensive School Physical Activity Programs.

The VIPP Program has:

- Expanded guidance and strategies for alcohol-related tracking and interventions through a CDC grant.
- Used the controlled substance database to inform intervention and prevention efforts (http://www.health.utah.gov/vipp/pdf/RxDrugs/PrescribingPracticeInUtah.pdf).
- Coordinated the Utah Coalition for Opioid Overdose Prevention.
- Developed and provided resources to identify risks of opioids, signs and symptoms of an overdose, availability of naloxone, training on naloxone use, safe storage, safe use, and safe disposal (http://www.opidemic.org, https://naloxone.utah.gov, and http://useonlyasdirected.org).
- Implemented the comprehensive Utah Suicide Prevention Coalition Plan and the Zero Suicide framework (utahsuicideprevention.org, zerosuicide.sprc.org).
- Partnered with local agencies to implement the Stepping On Program to reduce older adults falls (http://www.health.utah.gov/vipp/olderadults/falls/prevention.html).
- Published the annual Teen Memoriam with stories of teens killed on Utah roads to 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.

While Utah ranks high in the nation and has improved for some measures, other areas have proven more challenging to affect positive changes in. The UDOH is working with LHDs, health systems, and other partners on a statewide Utah Health Improvement Plan in hopes that increasing collaborative efforts and focus will lead to an increase in positive impact.

1. Accessible online at: http://dsamh.utah.gov/pdf/sharp/2015/2015%20State%20of%20Utah%20Profile%20Report.pdf

Utah's Ranking in 15 Healthiest People Measures

Table 1. Utah's national ranking of 15 Healthiest People priority measures for 2011–2015

Measures	Definition	Data Source	2011		2013		2014		2015		Significant Change†
			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)	9.5%	1 (51)	9.1%	▼
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%	—	—	—	—	
		PNA	—	5.2%	—	3.9%	—	—	—	3.4%	▼
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%	—	—	—	—	
		PNA	—	18.7%	—	17.6%	—	—	—	19.9%	
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)	26.4%	8 (51)	25.0%	
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%	—	—	—	—	
		PNA	—	7.5%	—	9.0%	—	—	—	9.6%	
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)	11.1%	2 (51)	11.5%	
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.	BRFSS	2 (51)	4.1%	6 (51)	4.5%	1 (51)	3.3%	1 (51)	3.7%	
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%	—	—	—	—	
		PNA	—	11.2%	—	9.1%	—	—	—	8.6%	▼
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%	—	—	—	—	
		PNA	—	7.0%	—	7.6%	—	—	—	6.9%	
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%	34 (51)	20.8%	37 (51)	20.8%	
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%	—	—	—	—	
		PNA	—	7.8%	—	10.8%	—	—	—	13.5%	▲
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%	—	—	—	—	
		PNA	—	5.1%	—	6.2%	—	—	—	7.6%	▲
OVERDOSE DEATHS and UNINTENTIONAL INJURIES											
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	—	—	—	—	
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	—	—	—	—	

* 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.
† Significant change based on 5-year trend where available, or difference between 2011 and 2015 rates.
‡ 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.
— indicates that data were not collected that year or has not been released yet.
Note: The most recent nationally comparable data for youth from the Youth Risk Behavior Surveillance System (YRBS) is 2013. In order to have more recent data for youth and to see the trend, we have included data from the Prevention Needs Assessment (PNA) Survey facilitated by the Utah Division of Substance Abuse and Mental Health.[1] 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 UDOH has formed a Population Health Steering Committee to integrate its practice with health systems and payers to fully address determinants and outcomes of health in Utah and its sub-populations. For more information please contact Navina Forsythe, (801) 538-6434, email: nforsythe@utah.gov.

Breaking News, December 2016

Updated Utah Air Quality School Recess Guidance

Poor air quality has been connected to a number of health problems, including asthma, heart failure, coronary artery disease, adverse birth outcomes, COPD, and other heart and lung conditions.[1,2] The primary pollutant of concern during winter months is particulate matter (PM) 2.5, which increases during Utah inversions.[1,2] The elderly, immunocompromised, and children have been identified as sensitive groups to air pollution and special precautions should be taken during poor air quality days to reduce their exposure.[3]

On June 13, 2016, the Utah Department of Health Asthma Program hosted the "Air Quality and Health Summit." The purpose of the summit was to ensure the Utah Air Quality Recess Guidance is based on current evidence and supported by schools, health professionals, and community members. The event included a variety of expert-led presentations, moderator-led discussion, and was attended by 53 stakeholders representing 27 different organizations in the community. At the end of the summit, stakeholders were asked to vote on changes to the Guidance. The voting results led to the decision to change the Guidance to better align with Air Quality Index (AQI) recommendations and colors. The Guidance now recommends the following:

- **When PM2.5 levels are below 35.4 (green and yellow zone), all students can go outdoors for recess.**
- **When PM2.5 levels are between 35.5 to 55.4 (orange zone), sensitive high-risk students and students with respiratory symptoms should remain indoors for recess.**
- **When PM2.5 levels are above 55.5 (red and purple zone), all students should be kept indoors for recess.**

The Utah Asthma Program coordinated with the PIO Offices for the Utah Department of Health and Department of Environmental Quality to roll out a media campaign of the updated Guidance prior to the first inversion in the winter of 2016. The media campaign will include an explainer video that will be launched for the general public, a training video to guide school staff in implementing the Guidance, a news release, and Facebook campaign. The Utah Asthma Program will email details of the updated Guidance to school superintendents, school principals, school nurses, and local health departments. The Recess Guidance tools and school resources are available at http://health.utah.gov/asthma.

1. http://health.utah.gov/asthma
2. http://health.utah.gov/utahair/AQI/
3. https://airnow.gov/index.cfm?action=aqibasics.aqi

Community Health Spotlight, December 2016

Improving Health for All Utahns: Developing the Health Improvement Plan

The Utah Health Improvement Plan will be a statewide plan shared by multiple agencies. The goal of the plan is to improve the health of Utahns by working together to make progress towards a narrow set of high-impact priorities that can be improved through concerted effort.

Development of the plan started with a community and statewide needs assessment conducted in partnership with the Utah Department of Health (UDOH), local health departments (LHDs), and Intermountain Healthcare (https://ibis.health.utah.gov/pdf/opha/publication/SHAReport2016.pdf). The collaboration included 27 community input meetings around the state, identification and data sharing on more than 100 health data indicators, and discussions regarding increased collaboration on implementation of the plan. In Spring 2016, UDOH, LHDs, and partners representing many different sectors and organizations throughout the state, met to take part in a prioritization process of health issues. The results of the meeting were submitted to the Utah Health Improvement Plan Executive Committee to finalize priorities.

Based on broad input, and narrowing down from a large list of indicators, the following three priorities were decided for the Utah Health Improvement Plan:

1. Reducing obesity and obesity-related chronic conditions (baseline adult obesity rate - 25.7% in 2014).
2. Reducing prescription drug misuse, abuse, and overdose (baseline opioid overdose death rate - 15.5 per 100,000 population in 2014).
3. Improving mental health and reducing suicide (baseline adult poor mental health - 15.9% in 2014; baseline suicide death rate - 19.0 per 100,000 population in 2014).

The next step is for workgroups made up of diverse partners to convene around the three priorities to develop objectives and action plans, and then implement the work. The overall work will be led by the Utah Health Improvement Plan Executive Committee and guided by a broad Utah Health Improvement Plan Coalition. Once the plan is complete it will be posted online.

Monthly Health Indicators Report

(Data Through October 2016)

Monthly Report of Notifiable Diseases, October 2016	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*)	10	45	370	442	0.8
Shiga toxin-producing *Escherichia coli* (*E. coli*)	3	11	58	95	0.6
Hepatitis A (infectious hepatitis)	0	0	9	7	1.4
Hepatitis B, acute infections (serum hepatitis)	0	1	2	9	0.2
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	0	0	2	5	0.4
Pertussis (Whooping Cough)	7	69	179	851	0.2
Salmonellosis (*Salmonella*)	21	28	287	305	0.9
Shigellosis (*Shigella*)	1	5	60	33	1.8
Varicella (Chickenpox)	12	25	191	227	0.8
Quarterly Report of Notifiable Diseases, 3rd Qtr 2016	**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†	21	26	80	84	1.0
Chlamydia	2,329	1,989	7,089	5,841	1.2
Gonorrhea	582	266	1,574	659	2.4
Syphilis	20	13	69	37	1.9
Tuberculosis	6	10	14	27	0.5
Medicaid Expenditures (in Millions) for the Month of October 2016	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Capitated Mental Health	$ 24.4	$ 24.5	$ 47.4	$ 48.9	$ (1.5)
Inpatient Hospital	$ 13.7	$ 14.0	$ 39.7	$ 40.1	$ (0.4)
Outpatient Hospital	$ 3.9	$ 3.7	$ 14.7	$ 14.0	$ 0.6
Long Term Care	$ 16.1	$ 14.9	$ 55.7	$ 56.0	$ (0.3)
Pharmacy	$ 11.3	$ 11.2	$ 37.5	$ 38.2	$ (0.7)
Physician/Osteo Services	$ 4.2	$ 5.2	$ 12.2	$ 13.7	$ (1.5)
TOTAL MEDICAID	$ 314.3	$ 314.2	$ 839.0	$ 845.1	$ (6.1)

Program Enrollment for the Month of October 2016	Current Month	Previous Month	% Change‡ From Previous Month	1 Year Ago	% Change‡ From 1 Year Ago
Medicaid	290,097	291,754	-0.6%	290,639	-0.2%
PCN (Primary Care Network)	15,547	15,905	-2.3%	12,745	+22.0%
CHIP (Children's Health Ins. Plan)	18,584	18,576	+0.0%	16,469	+12.8%
	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 (2014)	281,302	8.9%	-0.8%	$ 7,281.6	+11.8%
Non-maternity Hospitalizations (2014)	177,881	5.5%	-1.1%	$ 6,200.8	+11.6%
Emergency Department Encounters (2014)	710,266	22.9%	+2.6%	$ 1,760.5	+13.2%
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+)	2015	510,400	24.5%	-4.7%	8 (2015)
Cigarette Smoking (Adults 18+)	2015	189,600	9.1%	-6.2%	1 (2015)
Influenza Immunization (Adults 65+)	2015	181,600	59.0%	+1.9%	36 (2015)
Health Insurance Coverage (Uninsured)	2015	263,600	8.8%	-14.6%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2015	247	8.2 / 100,000	+3.7%	17 (2014)
Poisoning Deaths	2015	697	23.3 / 100,000	+6.8%	45 (2014)
Suicide Deaths	2015	609	20.3 / 100,000	+7.8%	41 (2014)
Diabetes Prevalence (Adults 18+)	2015	145,800	7.0%	-1.4%	10 (2015)
Poor Mental Health (Adults 18+)	2015	333,300	16.0%	+0.6%	18 (2015)
Coronary Heart Disease Deaths	2015	1,619	54.0 / 100,000	+1.0%	3 (2014)
All Cancer Deaths	2015	3,091	103.2 / 100,000	+0.1%	1 (2014)
Stroke Deaths	2015	887	29.6 / 100,000	+2.0%	31 (2014)
Births to Adolescents (Ages 15-17)	2015	489	6.9 / 1,000	-11.7%	12 (2014)
Early Prenatal Care	2015	38,803	76.4%	+0.2%	n/a
Infant Mortality	2015	257	5.1 / 1,000	+3.2%	13 (2014)
Childhood Immunization (4:3:1:3:3:1)	2015	37,400	73.6%	-1.3%	35 (2015)

* Influenza-like illness activity is minimal in Utah. As of November 5, 2016, 29 influenza-associated hospitalizations have been reported to UDOH since the start of the influenza season on October 2, 2016. More information can be found at http://health.utah.gov/epi/diseases/influenza/surveillance/index.html.

† 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 for West Nile Virus will start in June for the 2017 season.