2015

UTAH DEPARTMENT OF HEALTH

Utah's Healthiest People Priorities Report

January 2015

HEALTHIEST PEOPLE

Introduction

The Utah Department of Health (UDOH) has been implementing the following four strategic goals from 2013 to 2016:

Healthiest People…

The people of Utah will be the healthiest in the country.

Health in Health Reform…

Contribute to "intermediate outcomes" that lead to very specific mortality outcomes, such as behaviors that contribute to high blood pressure that can lead to death from stroke.

Transform Medicaid…

Utah Medicaid will be a respected innovator in employing health care delivery and payment reforms that improve the health of Medicaid clients and keep expenditure growth at a sustainable level.

A Great Organization…

The Utah Department of Health will be recognized as a leader in government and public health for its excellent performance. The organization will attract, retain, and value the best employees to serve the health needs of the State.

This report on Utah's Healthiest People Priorities demonstrates the UDOH's commitment to its first strategic goal: "*The people of Utah will be the healthiest in the country"*; and sets up the measures and strategies for achieving the Healthiest People goal.

In order to engage public health partners, stakeholders, and the people of Utah to improve our shared understanding of what makes us healthy, UDOH identified a set of priority public health measures, also known as indicators. UDOH staff used a set of guiding principles to choose measures that:

- Emphasize personal behaviors that can be impacted by public health interventions and that directly correlate with major causes of mortality in the U.S.
- Contribute to "intermediate outcomes" that lead to very specific mortality outcomes, such as behaviors that contribute to high blood pressure that can lead to death from stroke.
- Are limited to a manageable group that have the greatest impact on health.
- Have a consistent and accurate methodology to document status and changes across all states.
- Have been chosen by one or more national groups that research public health measures and publish health ranking reports.
- Are actionable by UDOH programs.

Using these principles, UDOH identified five major topic areas and 15 specific measures that staff believe have the greatest impact on the health of Utahns. This report provides an overview of these measures. It shows how Utah is doing and how Utah compares to other states. It also includes information about what is being done in Utah to address these behaviors.

Much of this information is taken from the Indicator Reports that are a part of the UDOH web-based public health information system known as IBIS (the Indicator-Based Information System for Public Health). The 15 measures are a small sample of the 180+ public health indicators (or measures) that are part of IBIS.

It can't be emphasized enough that public health is a shared responsibility. This requires that a state public health agency collaborate effectively with various sectors of the state: for example, other state government agencies, for-profit businesses, state-wide not-for-profits, voluntary organizations, health care providers, academia and, especially, our local and Tribal health departments. Populations, or communities, that are at higher risk or have poorer outcomes must be given special consideration. And, finally, every Utah resident needs to take personal responsibility for their health.

We invite all our partners to get involved. Let us hear from you. These measures are our attempt to identify actionable areas to effectively improve Utahns' health. We invite you to share your ideas on other issues we should be considering. Please provide your feedback by contacting Dr. Marc Babitz, Director, Division of Family Health and Preparedness, Utah Department of Health, at mbabitz@utah.gov.

The current UDOH strategic plan is available at: http://health.utah.gov/about/documents/StrategicPlan_2014.pdf.

Local Public Health Systems

The Healthiest People strategies have to be implemented in healthy communities. At the local level, public health services in Utah are organized into 12 health districts. Six of the 12 local health districts are single-county districts and six are multi-county districts.

The local health districts in Utah include the following:

- Bear River (Box Elder, Cache, Rich counties)
- Central Utah (Juab, Millard, Piute, Sevier, Wayne, Sanpete counties)
- Davis County
- Salt Lake County
- Southeastern Utah (Carbon, Emery, Grand, San Juan counties)
- Southwest Utah (Garfield, Iron, Kane, Washington, Beaver counties)
- Summit County
- Tooele County
- TriCounty (Daggett, Duchesne, Uintah counties)
- Utah County
- Wasatch County
- Weber-Morgan

Local health departments provide many essential health services including investigation of disease outbreaks, regulation of known sources of health hazards such as food establishments, and health education and prevention services such as immunizations and preventive health screenings.

The private health care system, including hospitals, physicians, health plans, schools, and private-non-profit agencies, deliver many important local public health services as well.

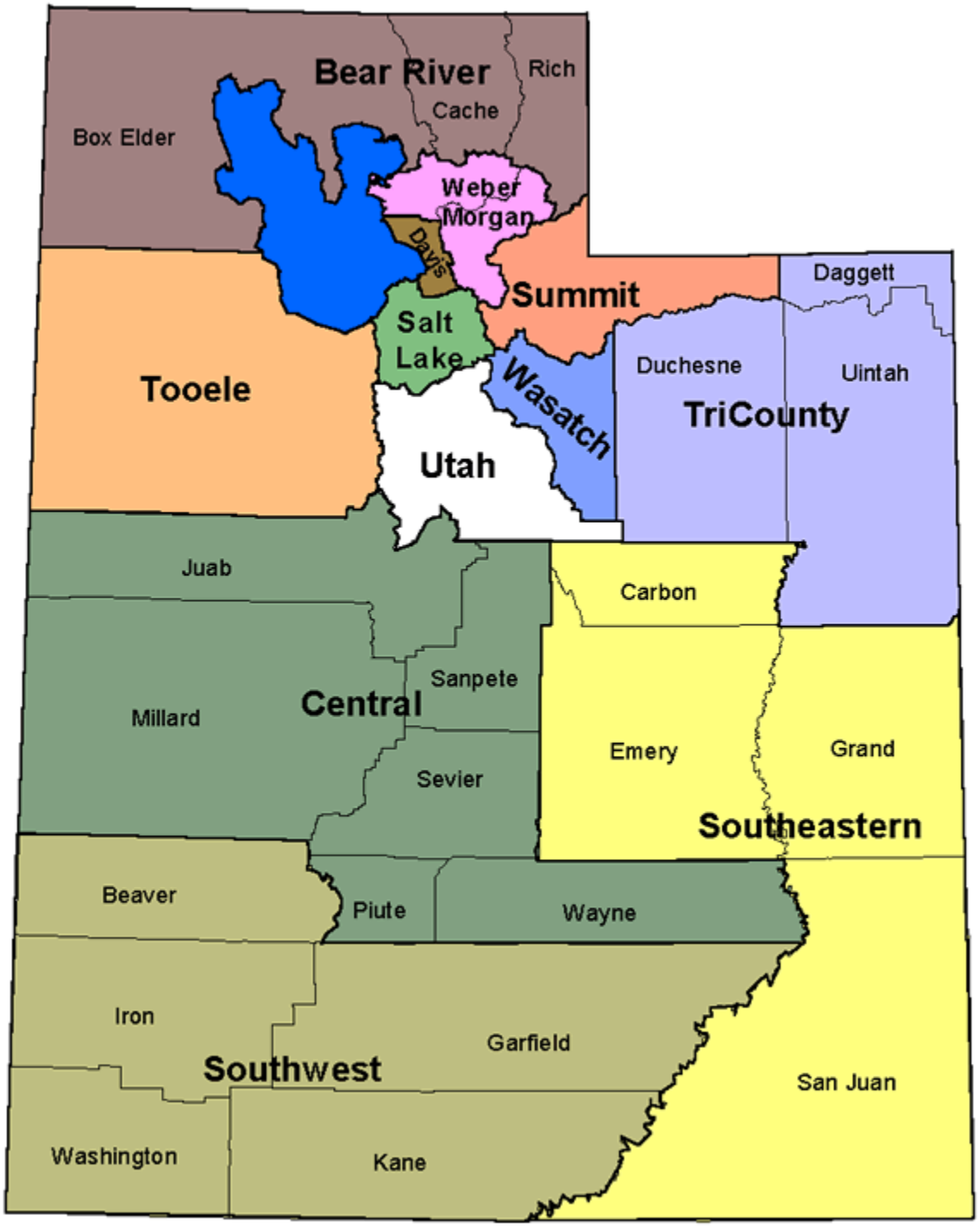
The highest priority health problems vary among local districts, especially between the more urbanized Wasatch Front districts and the more rural districts.

Local health departments are often the front line for reporting communicable diseases and other events, such as signs and symptoms of exposure to biologic agents of terrorism. The Utah Notification and Information System (UNIS), Utah's Health Alert Network, consists of a network of local, state, and private health providers who share information through instantaneous electronic transmission to provide a timely response to disease outbreaks whether natural or the result of terrorism. UNIS has expanded to include many emergency management, homeland security, and other response partners.

Utah's public health capacity is provided by both state and local public health entities, as well as community health centers and community based organizations.

For more information about local public health in Utah, see the Utah Association of Local Health Departments website at www.ualhd.org.

Map of Utah's Local Health Districts



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Executive Summary

Utah is known to be one of the healthiest states in the country. With the release of the most recent annual United Health Foundation (UHF) America's Health Rankings™ in December 2014, Utah was named the 5th healthiest state in the nation, improving its rank of 6th in 2013. To calculate the rankings, the UHF identified a priority set of public health measures that could be looked at across states.

One of the Utah Department of Health's (UDOH) strategic goals is for Utah to become the healthiest state in the nation. In this effort, UDOH identified its own set of 15 priority public health measures for Utah. They fall under five major topic areas, and are believed to be most meaningful in Utah for becoming the healthiest state.

Table 1 presents Utah rankings on the 15 measures and maps them to their data sources and to four national ranking initiatives, including America's Health Rankings™. We provide a brief summary of the measures here. More in depth information about each measure can be found in the report.

Tobacco Use

Tobacco use remains the leading cause of preventable disease and death in the U.S. It is important that public health programs remain vigilant in preventing people from starting smoking and in assisting current smokers to discontinue use. Part of that responsibility involves accurately monitoring tobacco use and being ready to respond to issues about new products such as electronic cigarettes.

Priority Measure 1: Smoking – youth: Utah has had the lowest adolescent smoking rate in the country for many years. In 2013, 4.4% of Utah public high school students reported smoking in the past 30 days compared to 15.7% combined rate for all the 41 states reporting this measure. This rate declined from 17.0% in 1991 showing significant progress in the state.

Priority Measure 2: Smoking – adults: Utah has had the lowest adult smoking rate in the nation since 1984 when these data were first collected. In 2013, 10.2% of Utah adults reported current cigarette smoking compared to 18.6% nationally (age-adjusted rates). The adult smoking rate has significantly decreased since the Utah Tobacco Prevention and Control Program (TPCP) started receiving Master Settlement Agreement funds in 2000 when it was 12.5%. Unfortunately, 1 in 10 Utah adults are still smoking cigarettes.

What is being done?

The TPCP and its partners use comprehensive programs to prevent young people from starting to use tobacco, help tobacco users quit, promote tobacco-free environments, and reduce tobacco-related disparities. These programs include:

- An extensive anti-tobacco marketing campaign,
- Free and confidential tobacco cessation services,
- School- and community-based prevention programs, and
- Efforts to improve tobacco policies

Obesity

Together, poor diet and physical inactivity, as measured by deaths due to obesity, are the number two actual causes of death[1]. Physical activity protects against obesity and many chronic illnesses, and can even improve general physical and mental health.

[1] Mokdad AH, Marks JS, Stroup JS, Gerberding JL. Actual causes of death in the United States, 2000. JAMA 2004;291:1238–1245[Erratum, JAMA 2005;293:293–4, 298.]

Priority Measure 3: Aerobic physical activity – adults: Utah ranked 9th in 2013 with 55.7% of adults reporting this level of activity compared to 49.5% nationally (age-adjusted rates). With changes in the questionnaire methodology, it's difficult to know if there has been much change in this measure over the years. However, we know that 44.3% of Utah adults are not meeting this guideline.

Priority Measure 4: Physical activity – youth: In 2013, Utah ranked 41st among the 41 states reporting this measure with only 19.7% of public high school students reporting that they met this guideline, compared to the combined rate of 27.1% for all 41 states. Because of changes in the question starting in 2011, we can only report 2011 and 2013 data, so it's not possible to discuss a trend.

Priority Measure 5: Obesity – adults: Utah ranked 9th in the nation with 24.9% of adults being obese, compared to a U.S. rate of 28.2% in 2013 (age-adjusted rates). Fortunately, this percentage has remained basically unchanged in Utah since 2009 after many years of steadily increasing. It is still increasing in the U.S. overall.

Priority Measure 4: Obesity – youth: Utah ranked 1st in 2013 with 6.4% of public high school students classified as obese compared to a combined 13.7% using data from all 42 states reporting this measure. Utah high school age boys were almost twice as likely as girls to be obese. This rate has increased over the years in both Utah and the U.S.

What is being done?

The Healthy Living through Environment, Policy, and Improved Clinical Care Program (EPICC) was established from the consolidation of three programs (Diabetes Prevention and Control Program, Heart Disease and Stroke Prevention Program, and the Physical Activity, Nutrition and Obesity Program) and the addition of one (School Health Program). The program aims to reduce obesity and increase physical activity as two of many factors in this coordinated effort. Particular areas of focus include:

- Increase physical activity;
- Increase consumption of fruits and vegetables;
- Decrease the consumption of sugar sweetened beverages
- Increase breastfeeding initiation, duration, and exclusivity;
- Reduce the consumption of high energy dense foods; and
- Decrease television viewing.

Program staff work with partners in a variety of settings including:

- schools
- worksites
- communities
- healthcare, and
- childcare

Substance Abuse

Substance abuse has serious effects on individuals from all walks of life and often involves families, friends, and communities. It is a complex public health issue due to in part to social attitudes and the responses of the political and legal systems. People still debate whether it is a disease or a matter of person choice. It often develops in adolescence and can lead to physical health consequences, including the development of chronic illnesses.

Priority Measure 7: Binge drinking – adults: Utah ranked 3rd on this measure in 2013 with 12.3% of Utah adults reporting a binge drinking episode in the 30

days prior to the survey compared to 16.5% nationally (crude rates). The Utah rate has been steadily creeping up since 2009.

Priority Measure 8: Chronic drinking – adults: Utah ranked 6th for this measure with approximately 4.5% of adults reporting what is considered excessive alcohol consumption in the 30 days prior to the survey as compared to 6.0% nationally in 2013 (crude rates). The Utah rate of chronic alcohol consumption has steadily risen since 2009.

Priority Measure 9: Alcohol Consumption – youth: Utah ranked 1st for this measure of under-age alcohol consumption in 2013. Approximately 11.0% of Utah public high school students reported at least one drink of alcohol in the past 30 days compared to the combined rate of 34.9% for all 41 states reporting this data. This measure has decreased steadily since it was first reported in 1991.

Priority Measure 10: Marijuana use – youth: Utah ranked 1st for this measure of illegal substance use by adolescents. In 2013, 7.6% of Utah public high school students reported marijuana use in the past 30 days compared to the combined rate of 23.4% for all 41 states reporting this information. This percentage has bounced around in Utah over the years, fluctuating between a low of 7.4% in 1993 to a high of 12.3% in 1997.

What is being done?

The Utah Division of Substance Abuse and Mental Health (DSAMH) is charged with ensuring a comprehensive continuum of mental health and substance abuse disorder services are available throughout the state. DSAMH contracts with local county governments that are statutorily designated as local substance abuse authorities to provide these services. In addition, DSAMH has undertaken a number of statewide initiatives to better integrate physical and behavioral health, and to prevent substance abuse. For example, the agency partnered with the UDOH Tobacco Prevention and Control Program to integrate comprehensive tobacco policies in mental health and substance abuse treatment.

Suicidal Risk

The three mental health measures included under this topic are not part of any national ranking initiative. However, mental health has been identified as an emerging issue in Utah. The burden of depression is compounded because depression has been shown to be associated with behaviors linked to other chronic diseases. Depression, especially if unrecognized and untreated, can lead to suicide ideation, attempts, and deaths. Utah has one of the highest age-adjusted suicide rates in the U.S. It is the leading cause of death for Utahns ages 10 to 17 years old.

Priority Measure 11: Depression – adults: Utah ranked 41st in the nation for the percentage of adults who have ever been diagnosed with depression in 2013: 21.7% of Utah adults reported a lifetime diagnosis of depression compared to 17.6% nationally (age adjusted). It must be kept in mind that the question asks about lifetime diagnosis and does not reflect current major depression.

Priority Measure 12: Suicide plan – youth: Utah ranked 18th on this measure in 2013, with 12.4% of public high school students reporting that they had developed a suicide plan compared to 13.6% using combined data for 39 states reporting this measure. The rate decreased in recent years, but then rose again slightly in 2013 to the current level.

Priority Measure 13: Suicide attempt – youth: Utah ranked 12th on this measure in 2013, with 7.3% of public high school students attempting suicide one or more times during the past 12 months. The national rate was 8.0% using

combined data for 40 states. This rate has been very stable in the last few years in Utah.

What is being done?

The Utah Department of Health Violence and Injury Prevention Program (VIPP) has partnered with the Division of Substance and Mental Health (DSAMH) to facilitate the Suicide Prevention Coalition and Suicide Fatality Reviews. In addition, six local health districts (Bear River, Davis, Summit, Tooele, Utah, Weber-Morgan) have been funded to do suicide prevention activities such as providing mental health resources, collaborating with the National Alliance of Mental Illness Utah Chapter, and training the community on Question, Persuade, Refer (QPR), an emergency mental health intervention for suicidal persons that teaches individuals to recognize the warning signs of suicide, how to offer hope, and how to get help and save a life.

Overdose Deaths and Unintentional Injuries

Drugs, and in particular prescription pain medications, are responsible for many of the poisoning deaths in Utah. In 2012, an average of 21 Utahns per month died as a result of prescription pain medications. Unintentional injuries are another leading cause of death in Utah. They account for approximately 1,051 deaths each year in the state. In 2013, the top five leading causes of unintentional injury death for all ages in Utah were poisoning, falls, motor vehicle traffic crashes, suffocation, and drowning.

Priority Measure 14: Drug poisoning deaths: Utah ranked 47th on this measure in 2013, with 21.7 deaths per 100,000 population due to drug poisoning compared to 13.8 deaths per 100,000 nationally (age-adjusted rates). Drug poisoning deaths started rising in 2002 in Utah. This was found to be from an increase in deaths due to prescription pain medications. The rate fell between 2007 to 2010, and then once again starting rising.

Priority Measure 15: Unintentional injury deaths: Utah ranked 27th on this measure in 2013 with 42.1 deaths per 100,000 population compared to 39.2 nationally. Due to recent increases in this rate in Utah, Utah's rate surpassed the national rate in 2010, and has been significantly higher than the U.S. rate since 2011.

What is being done?

Utah received state funding in 2007 to develop the Prescription Pain Medication Management and Education Program to reduce deaths and harm from prescription opioids. Funding was eliminated in 2010 which greatly affected prevention efforts around the state. The Utah rate significantly increased in 2011 and 2012. A number of other efforts have been undertaken including:

- UDOH also launched a statewide provider education intervention where physicians have the opportunity to receive CMEs for participation in small and large group presentations.
- In 2009, the Utah Pharmaceutical Drug Crime Project was established to further efforts to reduce prescription drug overdose deaths.
- In 2010, Utah State Legislature passed House Bill 28, requiring all prescribers of controlled substances to register to use the Utah Controlled Substance Database, take a tutorial, and pass a test when applying for or renewing their license.
- In 2011, the Legislature passed Senate Bill 61, which requires prescribers renewing or applying for a controlled substance license to take controlled substance prescribing classes each licensing period.
- In 2013, the Utah State Legislature passed H.B. 214 that requires certain controlled substances prescribers to participate in additional training.

- In 2014, the Utah State Legislature passed the Good Samaritan Law that enables bystanders to report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit drug.
- Also in 2014, the Naloxone Law was passed. It permits physicians to prescribe naloxone to third parties (someone who is usually a caregiver or a potential bystander to a person at risk for an overdose). It also permits individuals to administer naloxone without legal liability.

The Utah Department of Health Violence and Injury Prevention Program (VIPP) is working with several agencies to prevent unintentional injuries and deaths. High-priority prevention areas include motor vehicle crash injury, pedestrian injury, bicycle injury, and fall-related injury.

- VIPP collaborates with the Utah Office of Highway Safety, Zero Fatalities campaign, and local health departments to conduct educational campaigns which target 16- to 19-year-old drivers, young pedestrians, law enforcement, etc. as funding allows.
- The Utah SAFE KIDS Coalition works to prevent unintentional injuries among children through raising community awareness, influencing policies, promoting safety, and establishing private/public partnerships. Inspections and instructions on the proper use of car seats, booster seats, and bicycle helmets are offered routinely to the public with car seat checkpoints and helmet education and distribution statewide.

The Violence and Injury Prevention Program (VIPP) is a trusted and comprehensive resource for data related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.

Table 1. Utah's Healthiest People Measures

Measures	Definition	Data Source	UT Rank* (1 is best)	Total	Initiatives			
					CHR	CMWF	UHF**	IHME
TOBACCO USE								
Smoking - adults	Percentage of adults aged 18 years and older who smoke cigarettes every day or some days.	BRFSS	1	51	x	x	x	x
Smoking - youth	Percentage of students (grades 9-12) who smoked cigarettes on one or more of the past 30 days.	YRBS	1	41		x	s	x
OBESITY								
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	9	51				x
Physical activity - youth	Percentage of 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 7 days.	YRBS	41	41		x		x
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	9	51	x	x	x	x
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	1	42		x	s	x
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. 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.	BRFSS	3	51	x		x	x
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. 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.	BRFSS	6	51	x			x
Alcohol consumption - 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	41				x
Marijuana use - youth	Students (grades 9-12) who reported using marijuana during the past 30 days.	YRBS	1	42				x
SUICIDAL RISK								
Depression - adults	Adults ever told they have a form of depression.	BRFSS	41	51				
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	18	39				
Suicide attempt - youth	Students (grades 9-12) who reported they attempted suicide one or more times during the past 12 months.	YRBS	12	40				
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			x	
Unintentional injury deaths	Unintentional injury deaths due to all causes per 100,000 population (ICD-10 codes V01-X59, Y85-Y86).	NCHS	27	51				

NOTES:
* Ranking data reflect most recent data available at state level (2013), age-adjusted to 2000 U.S. standard population where applicable.
** 's' indicates Supplemental Measures from 'America's Health Rankings' (page 62 of the 2013 Edition)
CHR - County Health Rankings: http://www.countyhealthrankings.org/
CMWF - The Commonwealth Fund: http://www.commonwealthfund.org/
UHF - United Health Foundation -- America's Health Rankings®: http://www.americashealthrankings.org/
IHME - Institute for Health Metrics and Evaluation: The State of US Health: Innovations, Insights, and Recommendations from the Global Burden of Disease Study: http://www.healthdata.org/policy-report/state-us-health-innovations-insights-and-recommendations-global-burden-disease-study

Tobacco Use

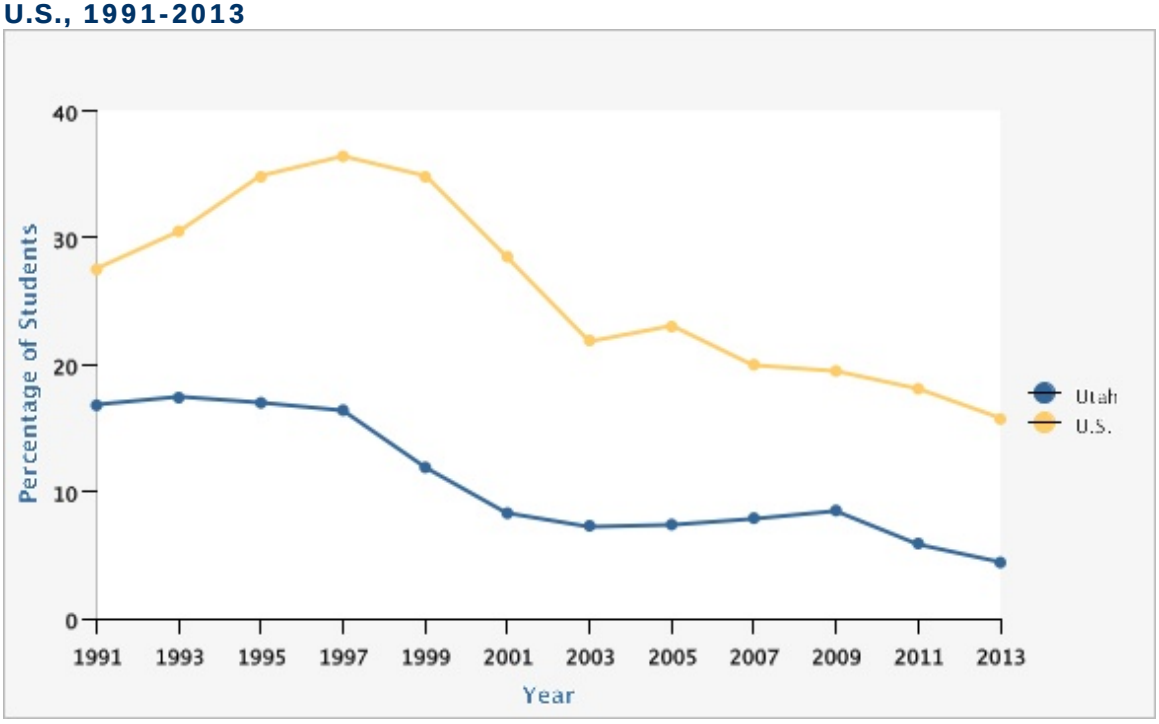
Tobacco use continues to be the single most preventable cause of death and disease in the United States. A new Surgeon General's Report highlights that smoking can cause cancer almost anywhere in the body and that by eliminating smoking, one out of three cancer deaths could be prevented. Approximately 210,000 Utahns use tobacco and 38,600 of our youth under the age of 17 are projected to die from smoking. Every year, Utah incurs $542 million in medical costs directly related to smoking.

Smoking Among Adolescents

Why Is This Important?

Tobacco use remains the leading cause of preventable disease and death in the United States. Children and adolescents who smoke cigarettes are at increased risk for developing respiratory illnesses, impaired lung growth, cancer, heart disease, and weakened immune systems. One third of adolescents who continue to use tobacco will die from tobacco-related diseases. In addition, youth smokers are less physically fit and less likely to be committed to their education than their nonsmoking peers. Since nearly all adult smokers begin smoking during adolescence, preventing youth from starting to use tobacco products is expected to result in substantial declines in tobacco-related disease and death.

Current Cigarette Smoking by Year, High School Students Grades 9-12, Utah and U.S., 1991-2013



Data are self-reported and subject to recall bias. Data are from a sample survey and subject to selection bias. Comparisons of annual rates must be interpreted cautiously as methods used to collect YRBS data may vary from year to year. With the introduction of active parental consent for Utah school surveys between 1997 and 1999, the student response rate for the YRBS decreased significantly.

Data Sources

Utah Youth Risk Behavior Surveillance System, Utah Department of Health. Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion.

Data Notes

The Youth Risk Behavior Survey (YRBS) is conducted with a representative sample of Utah public high school students in grades 9 to 12. Surveys were only conducted in odd numbered years.

How Are We Doing?

Utah teen smoking almost doubled from the mid-80s to the mid-90s (Bahr Survey, 1984-1997). Since the mid-90s, Utah's high school smoking rate declined from 17.0% to 4.4% (YRBS 1995-2013).

How Do We Compare With U.S.?

Utah's youth smoking rate remains the lowest in the nation. In 2013, Utah's smoking rate for students in grades 9-12 was 4.4% compared to the U.S. rate of 15.7% (YRBS 2013).

What Is Being Done?

The Tobacco Prevention and Control Program at the Utah Department of Health and its partners prevent youth tobacco use through a variety of programs and initiatives.

These programs include an anti-tobacco marketing campaign, school- and community-based prevention activities, tobacco cessation programs tailored to teens, and efforts to strengthen tobacco-free norms and protect children and nonsmokers from secondhand smoke through tobacco-free policies. These efforts are supported by local youth groups who share information about the dangers of tobacco use, expose tobacco industry marketing techniques, and educate about the benefits of tobacco-free policies.

Utah's anti-tobacco marketing campaign uses television, radio, billboard, online, and print media to reach mainstream and high risk youth with anti-tobacco messages. The campaign's goals are to counter tobacco industry advertising, inform Utahns about quitting services, and reinforce and support local tobacco control initiatives. Quitting services available to Utah teens include a toll-free Tobacco Quit Line tailored to teens (1-800-QUIT-NOW) and group-based quitting classes. Efforts to strengthen tobacco-free policies focus on schools, multi-unit housing, and outdoor venues frequented by children and adolescents.

Healthy People Objective TU-2.2:

Reduce tobacco use by adolescents: Cigarettes (past month)
U.S. Target: 16.0 percent
State Target: 5.0 percent

Date Indicator Content Last Updated: 10/15/2014

See the complete Indicator Report for Smoking Among Adolescents at http://ibis.health.utah.gov/indicator/complete_profile/CigSmokAdol.html. Graphical views include:

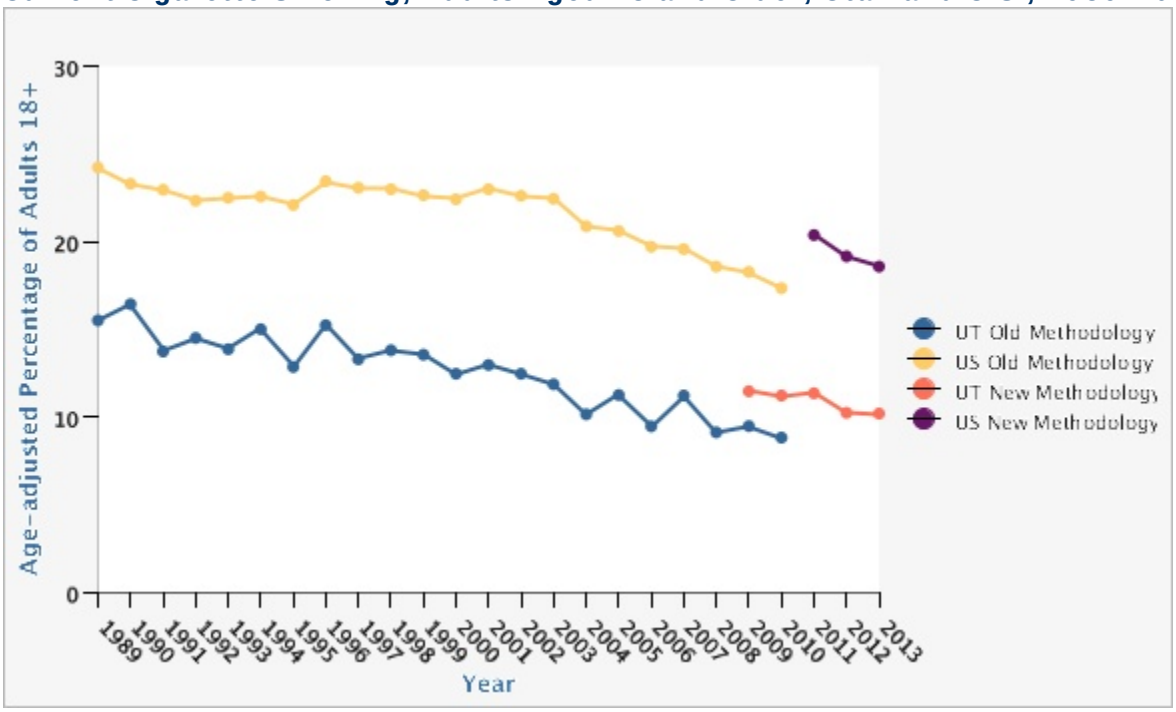
- by Sex and Year, Utah Students Grades 9-12, 1991-2013
- by Local Health District, Utah Students Grades 8, 10, 12 (combined), 2013
- by Year, High School Students Grades 9-12, Utah and U.S., 1991-2013

Smoking Among Adults

Why Is This Important?

Tobacco use remains the leading preventable cause of death and disease in the United States. In Utah, smoking claims more than 1,150 lives each year. It causes or worsens nearly every chronic condition and contributes to Utah's primary causes of death including heart disease, respiratory disease, and cancer. Smoking increases the risk for cancer of the lungs, larynx, esophagus, mouth, and bladder and contributes to cancer of the cervix, pancreas, and kidneys. Exposure to secondhand smoke increases the risk for heart disease and lung cancer among nonsmokers.

Current Cigarette Smoking, Adults Aged 18 and Older, Utah and U.S., 1989-2013



A new weighting methodology that better represents populations of low socioeconomic status and added cell phone interviews produced a higher estimated smoking rate for Utah adults compared to previous estimates that were based on post-stratification by age, sex, and local health district.

Data Sources

Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health. U.S. Data: Behavioral Risk Factor Surveillance System (BRFSS), Division of Behavioral Surveillance, CDC Office of Surveillance, Epidemiology, and Laboratory Services.

Data Notes

Age-adjusted to U.S. 2000 population.

Note: At the time of this update, the BRFSS U.S. dataset did not include an age variable but did include five age categories up to age 80+ (vs. the typical weighting scheme that includes 85+). Comparisons with both weighting schemes were compared using Utah data, and the difference was about 1/100 of a percentage point.

Risk Factors

Cigarette smoking is more common among persons with lower levels of formal education and among those in lower income groups.

Health Status Outcomes

Smoking increases the risk for chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, and bladder.

How Are We Doing?

Utah's adult smoking rate has decreased since the Utah Department of Health Tobacco Prevention and Control Program started receiving Master Settlement Agreement funds in 2000.

People with low household income and fewer years of formal education report higher rates of tobacco use than the general population. Recent surveys show that approximately 75% of Utah smokers intend to quit within the next year. Comprehensive and free tobacco cessation services help Utah smokers quit successfully and ensure declines in tobacco use rates among all population groups.

How Do We Compare With U.S.?

In 2013, Utah's adult smoking rate was 10.2% compared to the national rate of 18.6%. (Rates are age-adjusted to the U.S. 2000 standard population.)

What Is Being Done?

The Tobacco Prevention and Control Program (TPCP) at the Utah Department of Health and its partners use comprehensive programs to prevent young people from starting to use tobacco, help tobacco users quit, promote tobacco-free environments, and reduce tobacco-related disparities. These programs include an extensive anti-tobacco marketing campaign, free and confidential tobacco cessation services, school- and community-based prevention programs, and efforts to improve tobacco policies. Tobacco-free policies support tobacco-free norms and protect nonsmokers from secondhand smoke. The marketing campaign uses television, radio, billboard, print, and on-line media to reach youth, adults, pregnant women, racial and ethnic minorities, and rural populations with anti-tobacco messages. The campaign's goals are to counter tobacco industry promotions, inform Utahns about quitting services, and support local tobacco control efforts. Quitting services available to Utahns are accessible through Utah's tobacco cessation web site, waytoquit.org, and include a toll-free Tobacco Quit Line (1-800-QUIT-NOW) and a web-based tobacco cessation program. TPCP also partners with community health clinics to offer counseling services for uninsured or under-insured tobacco users. Local health departments hold group-based quitting classes for adults and youth in local communities. Efforts to protect nonsmokers from secondhand smoke focus on strengthening tobacco-free policies in apartment complexes, workplaces, schools, and outdoor venues frequented by children.

Healthy People Objective TU-1.1:

Reduce tobacco use by adults: Cigarette smoking
U.S. Target: 12.0 percent
State Target: 9.0 percent

Date Indicator Content Last Updated: 10/29/2014

See the complete Indicator Report for Smoking Among Adults at http://ibis.health.utah.gov/indicator/complete_profile/CigSmokAdlt.html. Graphical views include:

- Utah and U.S., 1989-2013
- by Sex, Utah Adults Aged 18 and Older, 1990-2013
- by Age Group, Utah Adults Aged 18 and Older, 2013
- by Local Health District, Utah Adults Aged 18 and Older, 2013
- by Utah Small Area, Adults Aged 18 and Older, 2012-2013
- by Education, Utah Adults Aged 25 and Older, 2013
- by Income, Utah Adults Aged 18 and Older, 2013
- by Race, Utah Adults Aged 18 and Older, 2012-2013
- by Ethnicity, Utah Adults Aged 18 and Older, 2012-2013

Obesity

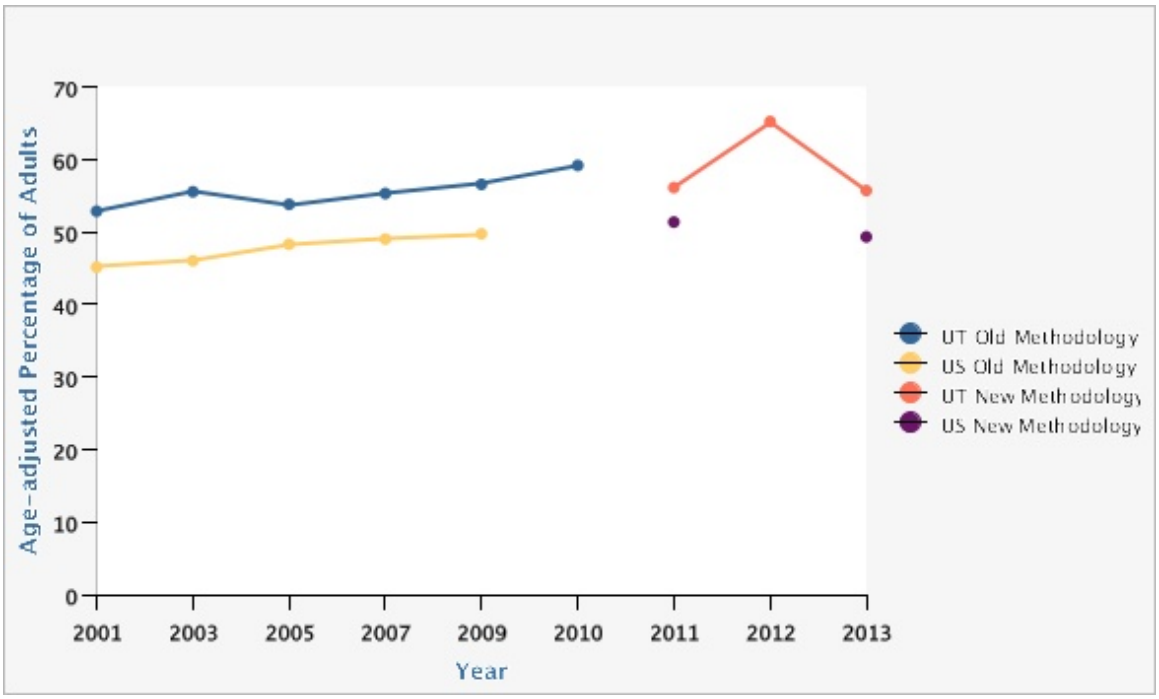
Achieving and maintaining a healthy weight is key to preventing disability and chronic diseases such as diabetes, hypertension, stroke, heart disease, arthritis, asthma, and some cancers. In addition, overweight or obese people are at increased risk for depression and illness and death due to violence and injury. The best way to achieve a healthy weight is through healthy eating and getting the recommended level of physical activity, to balance calories with physical activity. Today the number of Utah children, adolescents, and adults that are obese is at a record high. Over 1,140,000 Utah adults are at an unhealthy weight (overweight or obese); more than 472,000 of those are obese. Additionally, 20.8% of Utah elementary school students and 20.8% of Utah high school students are at an unhealthy weight (overweight or obese).

Physical Activity: Recommended Aerobic Activity Among Adults

Why Is This Important?

Physical activity protects independently against cardiovascular disease. Physical activity has been shown to reduce the risk of some cancers, type 2 diabetes, stroke, and heart disease. Physical activity improves general physical and mental health. Regular physical activity helps to relieve pain from osteoarthritis. Regular physical activity is also known to improve effective disorders such as depression and anxiety, and increase quality of life and independent living among the elderly. Physical inactivity is a leading cause of premature death and also results in greater occurrence of illness.

Recommended Amount of Aerobic Physical Activity, Utah and U.S. Adults Age 18+, 2001-2013



Physical activity questions are generally asked in odd years only. Utah added the questions for the 2012 BRFSS. Changes to the questionnaire in 2012 may have had an effect on the 2012 rate for Utah.

Data Sources

Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health. U.S. Data: Behavioral Risk Factor Surveillance System (BRFSS), Division of Behavioral Surveillance, CDC Office of Surveillance, Epidemiology, and Laboratory Services.

Data Notes

In 2011, the BRFSS changed its methodology from a landline only sample and weighting based on post-stratification to a landline/cell phone sample and raking as the weighting methodology. Raking accounts for variables such as income, education, marital status, and home ownership during weighting and has the potential to more accurately reflect the population distribution.

Age-adjusted to U.S. 2000 population.

Note: At the time of this update, the BRFSS U.S. dataset did not include an age variable but did include five age categories up to age 80+ (vs. the typical weighting scheme that includes 85+). Comparisons with both weighting schemes were compared using Utah data, and the difference was about 1/100 of a percentage point.

Due to changes in both sampling and the wording of the questions in 2011, data for 2011 forward should not be compared to previous years.

Risk Factors
The percentage of persons who reported getting the recommended amount of physical activity was higher as income increased and was higher as education increased.

Health Status Outcomes
Small changes in levels of physical activity such as walking or gardening can lead to big improvements in personal health. In fact, the greatest benefits occur among those who have never exercised regularly. Even moderate amounts of exercise can substantially reduce an individual's chance of dying from heart disease, cancer, or other causes.

How Are We Doing?
The Healthy People 2020 (HP2020) U.S. target for recommended aerobic physical activity is 47.9%. This target has been reached. Using the identical age categories for the U.S. rate as used in HP2020, the U.S. rate for 2013 was 49.5% (49.2-49.8%).

How Do We Compare With U.S.?
Compared to the nation, more Utahns are physically active. Our latest data from 2013 show that 55.7% of Utah adults reported getting the recommended amount of aerobic physical activity (age-adjusted). Nationally, the 2013 rate was 49.5%.

What Is Being Done?
Through funding from the Centers for Disease Control and Prevention (CDC) the Healthy Living through Environment, Policy, and Improved Clinical Care Program (EPICC) was established from the consolidation of three programs (Diabetes Prevention and Control Program, Heart Disease and Stroke Prevention Program, and the Physical Activity, Nutrition and Obesity Program) and the addition of one (School Health). This consolidation was designed to assist in the coordination of activities to ensure a productive, collaborative, and efficient program focused on health outcomes. The program aims to reduce the incidence of diabetes, heart disease, and stroke by targeting risk factors including reducing obesity, increasing physical activity and nutritious food consumption, and improving diabetes and hypertension control.

Housed within the EPICC Program, the Utah Physical Activity and Nutrition Plan (U-PAN) 2010-2020 plan was released April 2010 and addresses the six areas of focus including 1) increase physical activity; 2) increase consumption of fruits and vegetables; 3) decrease the consumption of sugar sweetened beverages; 4) increase breastfeeding initiation, duration, and exclusivity; 5) reduce the consumption of high energy dense foods; and 6) decrease television viewing.

Implementation of the plan is accomplished through five workgroups: Schools, Childcare, Healthcare, Worksite, and Community.

One of EPICC's partners, Utah Partnership for Healthy Weight, a non-profit organization, is focused on bringing informational and financial resources not readily available to state health departments to obesity prevention efforts in Utah. The Partnership works to coordinate the many ongoing and future initiatives within Utah's communities. UDOH staff attend regular meetings of the Partnership and also serve as Partnership board members.

Current activities include:

- ✓ In Worksites:
  (1) The Utah Council for Worksite Health Promotion recognizes businesses that offer employee fitness and health promotion programs.
  (2) The U-PAN worksite workgroup provides toolkits and other resources for employers interested in implementing wellness programs through the choosehealth.utah.gov website: http://choosehealth.utah.gov/business/worksite-wellness.php.

✓ In the Community:

(1) Local health departments (LHDs) receive federal funding to partner with schools, worksites, and other community based organizations to increase access to fresh fruits and vegetables through farmers markets and retail stores. LHDs also work with cities within their jurisdictions to create a built environment that encourages physical activity.

(2) The EPICC program leads a statewide coalition to implement strategies within the U-PAN state plan.

✓ In Healthcare:

(1) The Utah Medical Association's Healthy Lifestyles workgroup also serves as the U-PAN Healthcare workgroup. They work to address objectives of the U-PAN State Plan.

(2) Several of the U-PAN Healthcare Workgroup objectives involve regularly assessing and counseling for physical activity during patient visits.

(3) The EPICC program works with health care systems to establish community clinical linkages to support individuals at risk for or diagnosed with diabetes to engage in lifestyle change programs such as chronic disease self-management.

Healthy People Objective PA-2.1:

Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination
U.S. Target: 47.9 percent

Date Indicator Content Last Updated: 10/31/2014

See the complete Indicator Report for Physical Activity: Recommended Aerobic Activity Among Adults at http://ibis.health.utah.gov/indicator/complete_profile/PhysAct.html. Graphical views include:

- Utah and U.S. Adults Age 18+, 2001-2013
- by Gender and Age Group, Utah Adults Aged 18+ (Crude Rates), 2013
- by Ethnicity, Utah Adults Aged 18+, 2013
- by Race, Utah Adults Aged 18+, 2013
- by Local Health District, Utah, 2013
- by Utah Small Area, Adults Aged 18+, 2013
- by Income, Utah, 2013
- by Education, Utah, 2013

Physical Activity Among Adolescents

Why Is This Important?

According to the 2013 Youth Risk Behavior Survey (YRBS), 17.5 percent of all Utah public high school students were at an unhealthy weight and 6.4 percent were obese. Since diet and physical activity have been shown to help reduce weight and also to maintain weight, monitoring physical activity levels in adolescents is important.

The recommendation based on the most current (as of October 2013) HHS Physical Activity Guidelines for Americans is:

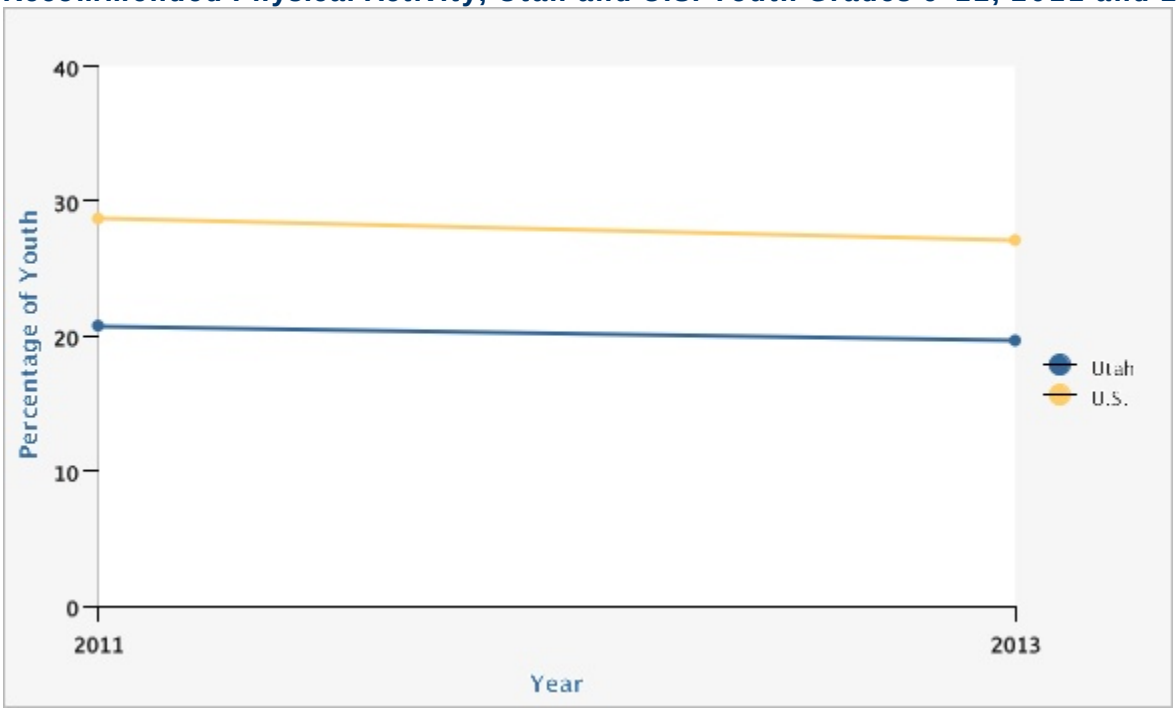
Children and adolescents should have 60 minutes (1 hour) or more of physical activity daily.

Aerobic: Most of the 60 or more minutes a day should be either moderate- or vigorous-intensity aerobic physical activity and should include vigorous-intensity physical activity at least 3 days a week.

Muscle-strengthening: As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of the week.

Bone-strengthening: As part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.

Recommended Physical Activity, Utah and U.S. Youth Grades 9-12, 2011 and 2013



Data Sources

Utah Youth Risk Behavior Surveillance System, Utah Department of Health. Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion.

Data Notes

Because of changes in question context starting in 2011, YRBS prevalence estimates derived from the 60 minutes of physical activity question in 2011 are not comparable to those reported in 2009 or earlier. Beginning with the 2005-2009 national YRBS questionnaire, physical activity was assessed

with three questions (in the following order) that asked the number of days students participated in: 1) at least 20 minutes of vigorous physical activity, 2) at least 30 minutes of moderate physical activity, and 3) at least 60 minutes of aerobic (moderate and vigorous) physical activity. On the 2011 national YRBS questionnaire, only the 60 minutes of aerobic physical activity question was included.

Health Status Outcomes

According to the 2013 Youth Risk Behavior Survey (YRBS), 6.4 percent of all Utah public high school students were obese. Diet and physical activity have been shown to help reduce weight and to maintain a healthy weight.

How Are We Doing?

In 2013, 11.5 percent of girls and 27.6 percent of boys in Utah high schools reported getting at least 60 minutes of physical activity on all 7 days of the week.

From the Prevention Needs Assessment (PNA) survey, adolescents in grades 8, 10, and 12 in TriCounty (27.0%), Wasatch (24.9%), Central (23.7%), and Bear River (20.9%), and Southwest (20.7%) had higher rates of getting at least 60 minutes of physical activity every day than the state rate (17.5%).

How Do We Compare With U.S.?

Utah high school students reported significantly lower rates of recommended physical activity in 2013 (19.7%) than the U.S. (27.1%).

What Is Being Done?

Through funding from the Centers for Disease Control and Prevention (CDC) the Healthy Living through Environment, Policy, and Improved Clinical Care Program (EPICC) was established from the consolidation of three programs (Diabetes Prevention and Control Program, Heart Disease and Stroke Prevention Program, and the Physical Activity, Nutrition and Obesity Program) and the addition of one (School Health). This consolidation was designed to assist in the coordination of activities to ensure a productive, collaborative, and efficient program focused on health outcomes. The program aims to reduce the incidence of diabetes, heart disease, and stroke by targeting risk factors including reducing obesity, increasing physical activity and nutritious food consumption, and improving diabetes and hypertension control.

Housed within the EPICC Program, the Utah Physical Activity and Nutrition Plan (U-PAN) 2010-2020 plan was released April 2010 and addresses the six areas of focus including 1) increase physical activity; 2) increase consumption of fruits and vegetables; 3) decrease the consumption of sugar sweetened beverages; 4) increase breastfeeding initiation, duration, and exclusivity; 5) reduce the consumption of high energy dense foods; and 6) decrease television viewing.

Implementation of the plan is accomplished through five workgroups: Schools, Childcare, Healthcare, Worksite, and Community.

One of EPICC's partners, Utah Partnership for Healthy Weight, a non-profit organization, is focused on bringing informational and financial resources not readily available to state health departments to obesity prevention efforts in Utah. The Partnership works to coordinate the many ongoing and future initiatives within Utah's communities. UDOH staff attend regular meetings of the Partnership and also serve as Partnership board members.

Current activities include:

- ✓ In Schools:
  - (1) The USDA's HealthierUS Challenge helps elementary schools set up policy and environmental supports that make it easier for students and staff to be physically active and eat healthy food.
  - (2) Height and weight trends are being tracked in a sample of elementary students to monitor Utah students.
  - (3) Action for Healthy Kids brings partners together to improve nutrition and physical activity environments in Utah's schools by implementing the school-based state plan strategies, working with local school boards to improve or develop policies for nutritious foods in schools. This includes recommendations for healthy vending options.
- ✓ In the Community:
  - (1) Local health departments (LHDs) receive federal funding to partner with schools, worksites, and other community based organizations to increase access to fresh fruits and vegetables through farmers markets and retail stores. LHDs also work with cities within their jurisdictions to create a built environment that encourages physical activity.
  - (2) The EPICC program leads a statewide coalition to implement strategies within the U-PAN state plan.
- ✓ In Healthcare:
  - (1) The Utah Medical Association's Healthy Lifestyles workgroup also serves as the U-PAN Healthcare workgroup. They work to address objectives of the U-PAN State Plan.
  - (2) Several of the U-PAN Healthcare Workgroup objectives involve regularly assessing and counseling for physical activity during patient visits.
  - (3) The EPICC program works with health care systems to establish community clinical linkages to support individuals at risk for or diagnosed with diabetes to engage in lifestyle change programs such as chronic disease self-management.
- ✓ In Childcare:
  - (1) LHDs statewide are implementing the TOP Star program, which aims to improve the nutrition and physical activity environments and achieve best practice in child care centers and homes.
  - (2) EPICC works with state and local partners through the Childcare Obesity Prevention workgroup to implement policy and systems changes in early care and education across agencies statewide.

Healthy People Objective PA-3.1:

Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity

U.S. Target: 20.2 percent

Date Indicator Content Last Updated: 10/29/2014

See the complete Indicator Report for Physical Activity Among Adolescents at http://ibis.health.utah.gov/indicator/complete_profile/PhysActAdol.html. Graphical views include:

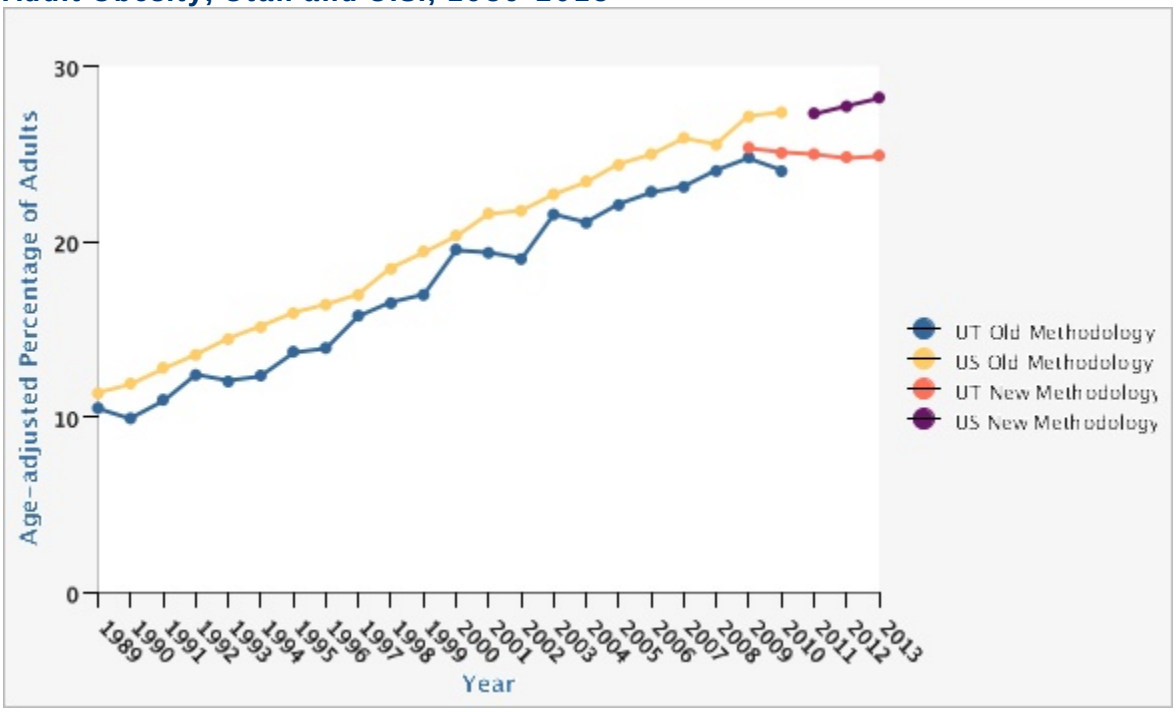
- Utah and U.S. Youth Grades 9-12, 2011 and 2013
- by Sex, Utah Youth Grades 9-12, 2011, and 2013
- by Local Health District, Utah Youth Grades 8, 10, and 12, 2013

Obesity Among Adults

Why Is This Important?

Adults who are obese are at increased risk of morbidity from hypertension, high LDL cholesterol, type 2 diabetes, coronary heart disease, stroke, and osteoarthritis. Obesity is the second leading cause of preventable death in the United States. Only smoking may exceed obesity in contributing to total U.S. mortality rates.

Adult Obesity, Utah and U.S., 1989-2013



Obesity in the U.S. and in Utah continue to increase, although rates in Utah may be beginning to level off.

Data Sources

Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health. U.S. Data: Behavioral Risk Factor Surveillance System (BRFSS), Division of Behavioral Surveillance, CDC Office of Surveillance, Epidemiology, and Laboratory Services.

Data Notes

Obesity is defined as a BMI of 30 or more. BMI is calculated by dividing weight in kilograms by the square of height in meters.

Age-adjusted to U.S. 2000 standard population.

U.S. data does not include U.S. territories, but does include Dist. of Columbia.

Note: At the time of this update, the BRFSS U.S. dataset did not include an age variable but did include five age categories up to age 80+ (vs. the typical weighting scheme that includes 85+). Comparisons with both weighting schemes were compared using Utah data, and the difference was about 1/100 of a percentage point.

Beginning in 2011, BRFSS data include both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking. This methodology utilizes

additional demographic information (such as education, race, and marital status) in the weighting procedure. Both of these methodology changes were implemented to account for an increased number of U.S. households without landline phones and an under-representation of certain demographic groups that were not well-represented in the sample. Comparisons between 2011 and prior years should be made with caution. More details about these changes can be found at: http://health.utah.gov/opha/publications/brfss/Raking/Raking%20impact%202011.pdf.

Risk Factors

Genetic or familial factors may increase the risk for being overweight or obese for some people, but anyone whose calorie intake exceeds the number of calories they burn is at risk. Physical activity and a healthy diet are both important for obtaining and maintaining a healthy weight.

Adults who are obese are at increased risk of morbidity from hypertension, elevated LDL cholesterol, type 2 diabetes, coronary heart disease, stroke, osteoarthritis, sleep apnea, respiratory problems, and endometrial, breast, prostate, and colon cancers.

Health Status Outcomes

Utahns have been gaining weight so rapidly that more than half of all adults are overweight or obese. The obesity epidemic among Utahns threatens to reverse the decades-long progress made in reducing death from cardiovascular disease, diabetes, and certain cancers.

How Are We Doing?

According to a recent report from the Trust for America's Health and the Robert Wood Johnson Foundation, Utah has the fifth lowest adult obesity rate in the nation (see The State of Obesity: Better Policies for a Healthier America, September 2014).

In just 14 years, the age-adjusted proportion of obese Utah adults increased from 15.8% in 1997 to 24.9% in 2013. While the sampling method changed for 2011 data, this change was still similarly pronounced in the years immediately prior.

The highest rates of obesity were seen for adults ages 50 to 64.

Age-adjusted rates are used to compare rates for race and local health districts to account for the differences in ages. In 2013, Pacific Islanders (42.5%) had higher rates than the state, while Asians (9.1%) had lower rates than the state. About 27 percent (27.4%) of Hispanic/Latino adults were obese.

Tooele and Southeastern Local Health Districts had the highest rates of obesity in the state in 2013 (35.0% and 32.4%, respectively). The lowest rate of obesity was seen for Summit County Local Health District (14.1%) in 2013.

How Do We Compare With U.S.?

The age-adjusted prevalence of obesity in Utah adults is slightly lower than the U.S. In 2013, the obesity prevalence rate in Utah adults was 24.9%. The obesity prevalence for U.S. adults in 2013 was 28.2%.

What Is Being Done?

Through funding from the Centers for Disease Control and Prevention (CDC) the Healthy Living through Environment, Policy, and Improved Clinical Care Program (EPICC) was established from the consolidation of three programs (Diabetes Prevention and Control Program, Heart Disease and Stroke Prevention Program, and the Physical Activity, Nutrition and Obesity Program) and the addition of one (School Health). This consolidation was designed to assist in the coordination of activities to ensure a productive, collaborative, and efficient program focused on health outcomes. The program aims to reduce the incidence of diabetes, heart disease, and stroke by targeting risk factors including reducing obesity, increasing physical activity and nutritious food consumption, and improving diabetes and hypertension control.

Housed within the EPICC Program, the Utah Physical Activity and Nutrition Plan (U-PAN) 2010-2020 plan was released April 2010 and addresses the six areas of focus including 1) increase physical activity; 2) increase consumption of fruits and vegetables; 3) decrease the consumption of sugar sweetened beverages; 4) increase breastfeeding initiation, duration, and exclusivity; 5) reduce the consumption of high energy dense foods; and 6) decrease television viewing.

Implementation of the plan is accomplished through five workgroups: Schools, Childcare, Healthcare, Worksite, and Community.

One of EPICC's partners, Utah Partnership for Healthy Weight, a non-profit organization, is focused on bringing informational and financial resources not readily available to state health departments to obesity prevention efforts in Utah. The Partnership works to coordinate the many ongoing and future initiatives within Utah's communities. UDOH staff attend regular meetings of the Partnership and also serve as Partnership board members.

Current activities include:

- ✓ In Worksites:
  - (1) The Utah Council for Worksite Health Promotion recognizes businesses that offer employee fitness and health promotion programs.
  - (2) The U-PAN worksite workgroup provides toolkits and other resources for employers interested in implementing wellness programs through the choosehealth.utah.gov website: http://choosehealth.utah.gov/business/worksite-wellness.php.
- ✓ In the Community:
  - (1) Local health departments (LHDs) receive federal funding to partner with schools, worksites, and other community based organizations to increase access to fresh fruits and vegetables through farmers markets and retail stores. LHDs also work with cities within their jurisdictions to create a built environment that encourages physical activity.
  - (2) The EPICC program leads a statewide coalition to implement strategies within the U-PAN state plan.
- ✓ In Healthcare:
  - (1) The Utah Medical Association's Healthy Lifestyles workgroup also serves as the U-PAN Healthcare workgroup. They work to address objectives of the U-PAN State Plan.
  - (2) Several of the U-PAN Healthcare Workgroup objectives involve regularly assessing and counseling for physical activity during patient visits.
  - (3) The EPICC program works with health care systems to establish community clinical linkages to support individuals at risk for or diagnosed with diabetes to engage in lifestyle change programs such as chronic disease self-management.

Healthy People Objective NWS-9:

Reduce the proportion of adults who are obese
U.S. Target: 30.6 percent
State Target: 24.0 percent

Date Indicator Content Last Updated: 10/28/2014

See the complete Indicator Report for Obesity Among Adults at http://ibis.health.utah.gov/indicator/complete_profile/Obe.html. Graphical views include:

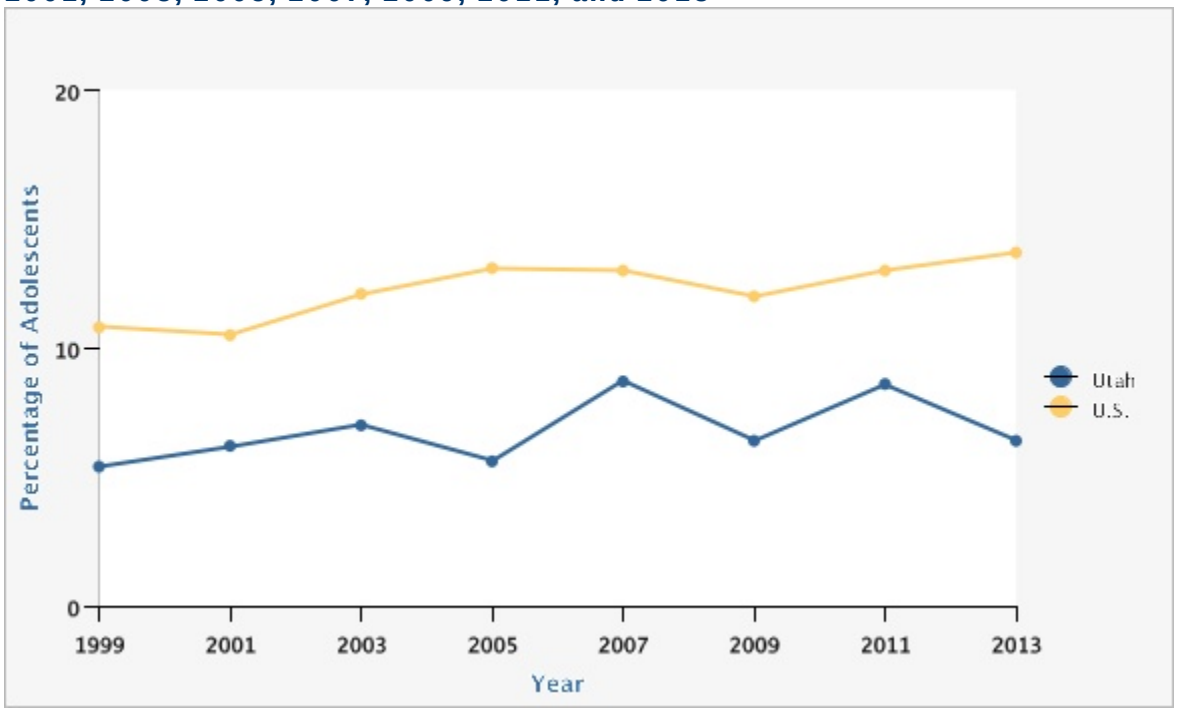
- Utah and U.S., 1989-2013
- by Age and Sex, Utah, 2013
- by Local Health District, Utah, 2013
- by Utah Small Area, 2012-2013
- by Ethnicity, Utah, 2013
- by Race, Utah, 2013
- by Education, Utah, 2013
- by Income, Utah, 2013

Obesity Among Children and Adolescents

Why Is This Important?

The number of overweight or obese children and adolescents is increasing and diseases previously thought to affect mainly adults, such as type 2 diabetes, high blood pressure, and high cholesterol, are now being diagnosed in children and adolescents. The social and psychological impacts of childhood obesity include social isolation, increased rate of suicidal thoughts, low self-esteem, increased rate of anxiety disorders and depression, and increased likelihood of being bullied.

Percentage of Adolescents Who Were Obese, Grades 9-12, Utah and U.S., 1999, 2001, 2003, 2005, 2007, 2009, 2011, and 2013



Data Sources

Utah Youth Risk Behavior Surveillance System, Utah Department of Health. Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion.

Data Notes

Childhood obesity is determined by calculating BMI using the height, weight, age, and sex of the child. The child is considered to be obese if the resulting BMI is greater than or equal to the 95th percentile for age and sex based on the Centers for Disease Control and Prevention Growth Charts (2 to 20 years: Boys Body Mass index-for-age percentiles and 2 to 20 years: Girls Body Mass index-for-age percentiles).

The Youth Risk Behavior Surveillance survey is performed only in odd-numbered years. YRBS BMI data should be used with caution since individual height and weight are self-reported.

How Are We Doing?

The percentage of obese children in Utah increased dramatically in the first decade of the century. From 1994 to 2010 the number of obese third grade boys increased by 97 percent, from 6.0 percent in 1994 to 11.8 percent in 2010. The percentage of obese third grade girls increased by 40 percent over the same time period. In 2010, 8.4 percent of third grade girls were obese compared to 6.0

percent in 1994. Childhood obesity in Utah seems to have leveled off since 2010. In 2014 10.4% of boys and 8.2%of girls were obese.

Among adolescents, in 2013 6.4 percent of Utah public high school students were obese; boys were almost twice as likely as girls to be obese (8.3% compared to 4.4%). The adolescent obesity rate nationally is double Utah's rate, where 13.7% of U.S. adolescents were obese.

The obesity rate in 2013 among adolescents in grades 8, 10 and 12 was lower in Summit County Local Health District (4.1%), Davis County (5.7%), and Utah County (7.3%) than the state rate (8.9%).

It is likely that these data, based on self-reported height and weight, under represent the prevalence of overweight or obesity among high school students.

How Do We Compare With U.S.?

In the U.S. there has been more than a 300 percent increase during the past 40 years in the number of obese children aged 6 to 11 years (4.2% in 1963-65 and 18.0% in 2009-10).[2] An increase has also been observed in Utah between 1994 and 2010 with the number of overweight third grade boys and girls increasing by 97 percent and 40 percent, respectively.

In 2013 a total of 13.7 percent of American public high school students were obese compared to 6.4 percent of Utah public high school students.

What Is Being Done?

Through funding from the Centers for Disease Control and Prevention (CDC) the Healthy Living through Environment, Policy, and Improved Clinical Care Program (EPICC) was established from the consolidation of three programs (Diabetes Prevention and Control Program, Heart Disease and Stroke Prevention Program, and the Physical Activity, Nutrition and Obesity Program) and the addition of one (School Health). This consolidation was designed to assist in the coordination of activities to ensure a productive, collaborative, and efficient program focused on health outcomes. The program aims to reduce the incidence of diabetes, heart disease, and stroke by targeting risk factors including reducing obesity, increasing physical activity and nutritious food consumption, and improving diabetes and hypertension control.

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[2] National Center for Health Statistics, Centers for Disease Control and Prevention. Prevalence of overweight among children and adolescents: United States, Trends 1963-1965 Through 2009-2010. Retrieved on September 28, 2012, http://www.cdc.gov/nchs/data/hestat/obesity_child_09_10/obesity_child_09_10.html.

Current activities include:

- ✓ In Schools:
  - (1) The USDA's HealthierUS Challenge helps elementary schools set up policy and environmental supports that make it easier for students and staff to be physically active and eat healthy food.
  - (2) Height and weight trends are being tracked in a sample of elementary students to monitor Utah students.
  - (3) Action for Healthy Kids brings partners together to improve nutrition and physical activity environments in Utah's schools by implementing the school-based state plan strategies, working with local school boards to improve or develop policies for nutritious foods in schools. This includes recommendations for healthy vending options.
- ✓ In the Community:
  - (1) Local health departments (LHDs) receive federal funding to partner with schools, worksites, and other community based organizations to increase access to fresh fruits and vegetables through farmers markets and retail stores. LHDs also work with cities within their jurisdictions to create a built environment that encourages physical activity.
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  - (3) The EPICC program works with health care systems to establish community clinical linkages to support individuals at risk for or diagnosed with diabetes to engage in lifestyle change programs such as chronic disease self-management.
- ✓ In Childcare:
  - (1) LHDs statewide are implementing the TOP Star program, which aims to improve the nutrition and physical activity environments and achieve best practice in child care centers and homes.
  - (2) EPICC works with state and local partners through the Childcare Obesity Prevention workgroup to implement policy and systems changes in early care and education across agencies statewide.

Healthy People Objective NWS-10:

Reduce the proportion of children and adolescents who are considered obese

NWS-10.2: Children aged 6 to 11 years.
U.S. Target: 15.7 percent
Utah Target: 10.0 percent

NWS-10.3: Adolescents aged 12 to 19 years.
U.S. Target: 16.1 percent
Utah Target: 10.0 percent

Date Indicator Content Last Updated: 12/01/2014

See the complete Indicator Report for Obesity Among Children and Adolescents at http://ibis.health.utah.gov/indicator/complete_profile/OvrwtChild.html. Graphical views include:

- by Grade and Sex, 1st, 3rd, and 5th Grades, Utah, 2014
- Grades 9-12, Utah and U.S., 1999, 2001, 2003, 2005, 2007, 2009, 2011, and 2013
- by Grade and Sex, Grades 9-12, Utah, 2013
- by Local Health District, Grades 8, 10, and 12, Utah, 2013

Substance Abuse

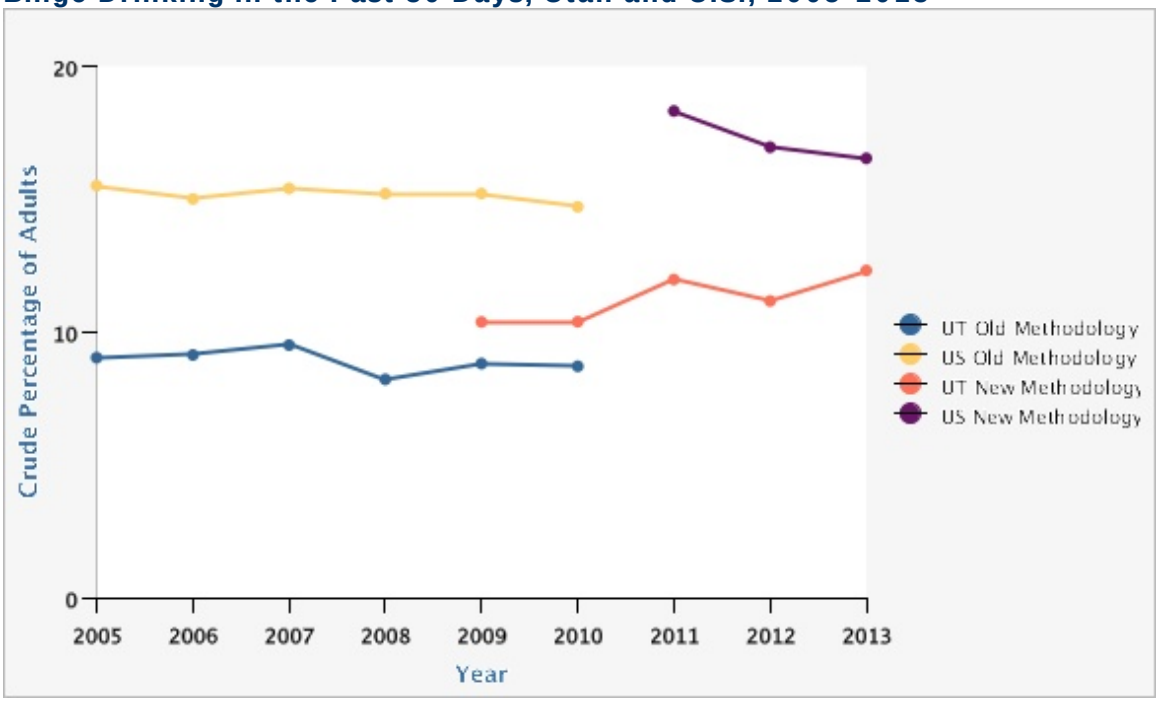
Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide.

Alcohol Consumption - Binge Drinking

Why Is This Important?

Binge drinking is an indicator of potentially serious alcohol abuse, and is related to driving under the influence of alcohol. It is a problem nationally, especially among males and young adults. Alcohol abuse is strongly associated with injuries and violence, chronic liver disease, fetal alcohol syndrome, and risk of other acute and chronic health conditions. Binge drinking among women of childbearing age is a problem because of the risk for prenatal alcohol exposure. Birth defects associated with prenatal alcohol exposure can occur during the first 6 to 8 weeks of pregnancy before a woman knows she is pregnant.

Binge Drinking in the Past 30 Days, Utah and U.S., 2005-2013



Data Sources

Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health. U.S. Data: Behavioral Risk Factor Surveillance System (BRFSS), Division of Behavioral Surveillance, CDC Office of Surveillance, Epidemiology, and Laboratory Services.

Data Notes

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. U.S. data are the average value for all states and the District of Columbia; they do not include U.S. territories.

A new weighting methodology that better represents populations of low socioeconomic status and added cell phone interviews produced a higher estimated binge drinking rate for Utah adults compared to previous estimates that were based on post-stratification by age, sex, and local health district.

From 1989-2005, binge drinking on the BRFSS was defined as consuming five or more drinks of alcohol on an occasion one or more times during the past 30 days for both males and females.

Starting in 2006, the definition of binge drinking changed to 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. Data for this graph have been analyzed using the new definition, which is only available from 2005 forward (refer to 'Data Interpretation Issues' for question text).

These rates are crude rates, not age-adjusted, given that the Healthy People 2020 Objective is based on crude rates.

Risk Factors
People experiencing poor mental health are more likely to drink excessively.

Health Status Outcomes
Alcohol abuse is associated with motor vehicle and other unintentional injury deaths.

How Are We Doing?
Using data from both landline and cell phones in 2013, it was estimated that 12.3% (crude rate) of Utah adults binge drank at least once in the 30 days prior to the survey. Utah is well below the Healthy People 2020 objective of 24.4% for this measure.

This measure of binge drinking in the past 30 days fluctuated between a high of 12% in 1993 to a low of 7.7% in 1997 during the time these rates were calculated using only data from landline phone interviews.

How Do We Compare With U.S.?
Estimates for 2013 show that 16.5% of U.S. adults reported binge drinking in the past 30 days whereas 12.3% of Utah adults reported binge drinking (crude rates).

The percentage of adults who reported binge drinking in the past 30 days was substantially lower in Utah than in the U.S. for all years reported between 1989-2013.

What Is Being Done?
The Utah Division of Substance Abuse and Mental Health is the agency responsible for ensuring that substance abuse and mental health prevention and treatment services are available statewide. The Division also acts as a resource by providing general information, research, and statistics to the public regarding substances of abuse and mental health services. <http://www.dsamh.utah.gov>

Healthy People Objective SA-14.3:
Reduce the proportion of persons engaging in binge drinking during the past month--Adults aged 18 years and older
U.S. Target: 24.4 percent

Date Indicator Content Last Updated: 12/09/2014

See the complete Indicator Report for Alcohol Consumption - Binge Drinking at http://ibis.health.utah.gov/indicator/complete_profile/AlcConBinDri.html. Graphical views include:

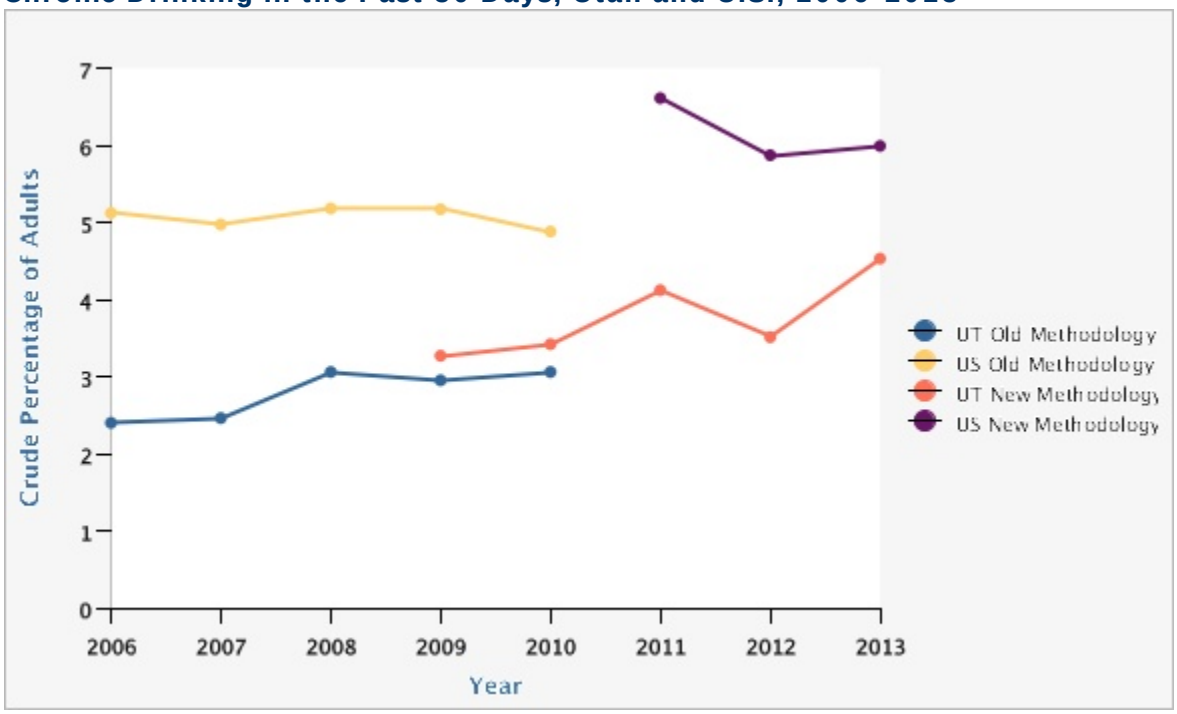
- Utah and U.S., 2005-2013
- by Age Group and Sex, Utah, 2013
- by Education, Utah, 2013
- by Ethnicity, Utah, 2013
- by Race, Utah, 2011-2013
- by Local Health District, Utah, 2013
- by Utah Small Area, 2011-2013

Alcohol Consumption - Chronic Drinking

Why Is This Important?

Chronic drinking is an indicator of potentially serious alcohol abuse, and is related to driving under the influence of alcohol. It is a problem nationally. Alcohol abuse is strongly associated with injuries and violence, chronic liver disease, fetal alcohol syndrome, and risk of other acute and chronic health conditions. Chronic drinking among women of childbearing age is a problem because of the risk for prenatal alcohol exposure. Birth defects associated with prenatal alcohol exposure can occur during the first 6 to 8 weeks of pregnancy before a woman knows she is pregnant.

Chronic Drinking in the Past 30 Days, Utah and U.S., 2006-2013



Data Sources

Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health. U.S. Data: Behavioral Risk Factor Surveillance System (BRFSS), Division of Behavioral Surveillance, CDC Office of Surveillance, Epidemiology, and Laboratory Services.

Data Notes

A drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

A new weighting methodology that better represents populations of low socioeconomic status and added cell phone interviews produced a higher estimated binge drinking rate for Utah adults compared to previous estimates that were based on post-stratification by age, sex, and local health district.

These rates are crude rates, not age-adjusted, given that the Healthy People 2020 Objective is based on crude rates.

How Are We Doing?

Using data from both landline and cell phones in 2013, it was estimated that 4.5% (crude rate) of Utah adults exceeded the guidelines for low-risk drinking in the 30 days before for the survey.

What Is Being Done?

The Utah Division of Substance Abuse and Mental Health is the agency responsible for ensuring that substance abuse and mental health prevention and treatment services are available statewide. The Division also acts as a resource by providing general information, research, and statistics to the public regarding substances of abuse and mental health services. <http://www.dsamh.utah.gov>

Healthy People Objective SA-15:

Reduce the proportion of adults who drank excessively in the previous 30 days
U.S. Target: 25.3 percent

Date Indicator Content Last Updated: 01/02/2015

See the complete Indicator Report for Alcohol Consumption - Chronic Drinking at http://ibis.health.utah.gov/indicator/complete_profile/AlcConChrDri.html. Graphical views include:

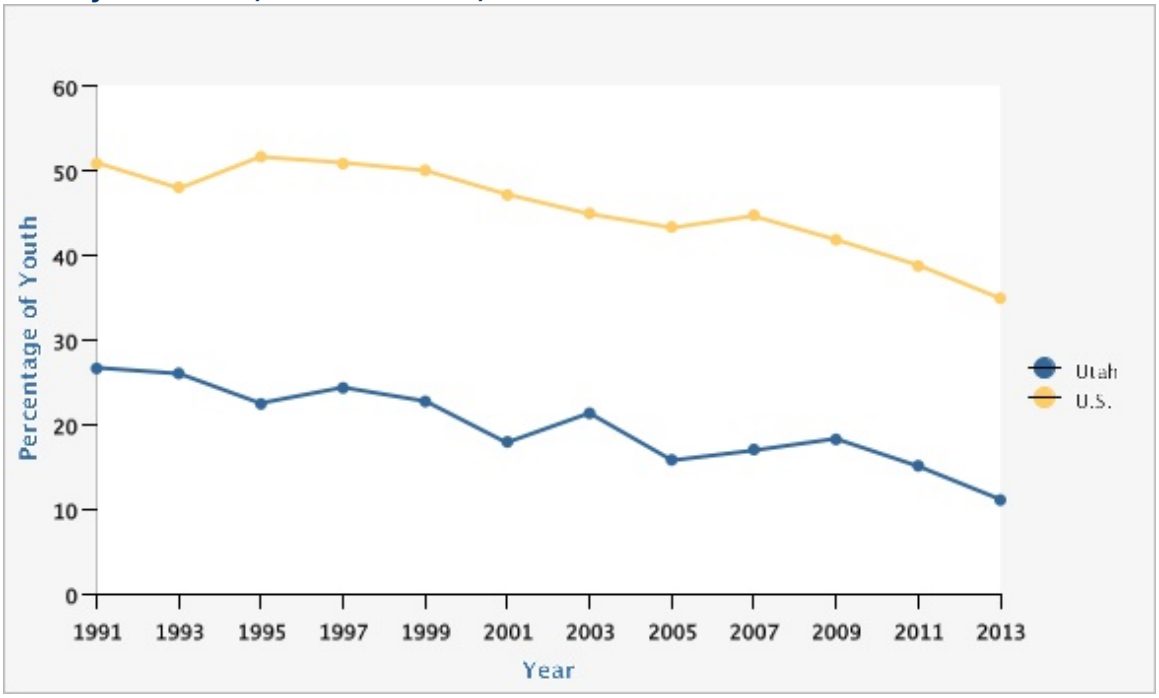
- Utah and U.S., 2006-2013
- by Age and Sex, Utah, 2013
- by Education, Utah, 2013
- by Ethnicity, Utah, 2013
- by Race, Utah, 2011-2013
- by Local Health District, Utah, 2012-2013 and U.S., 2013
- by Utah Small Area, 2011-2013

Substance Abuse – Adolescents (Alcohol Consumption – Youth)

Why Is This Important?

According to the U.S. Public Health Service, "Health risk behaviors that contribute to the leading causes of illness, death, and social problems among youth and adults often are established during youth, extend into adulthood, and are interrelated."[3]

Percentage of Students Who Used an Illegal Substance on One or More of the Past 30 Days: Alcohol, Utah and U.S., 1991-2013



Data Sources

Utah Youth Risk Behavior Surveillance System, Utah Department of Health; Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion.

Data Notes

High school students only. Alcohol use was defined as at least one drink of alcohol.

Question text: During the past 30 days, on how many days did you have at least one drink of alcohol?

Health Status Outcomes

While not all youth who abuse substances are necessarily at risk for suicide, youth who commit or attempt suicide are very commonly substance abusers.

How Are We Doing?

The most commonly-abused substance among Utah high school students during the Spring of 2013 was alcohol (11.0%), followed by marijuana (7.6%).

[3] U.S. Department of Health and Human Services. _Healthy People 2010._ 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. P. 26-20.

Weber-Morgan, Salt Lake County, and Summit County Local Health Districts (LHDs) had significantly higher rates of current alcohol use than the state while Utah County and Bear River LHDs had lower rates.

How Do We Compare With U.S.?

Utah's reported use among high school students for alcohol was lower than the U.S rates in 2013.

Utah had the lowest reported rate of high school binge drinking among all 35 reporting states in 2013.

What Is Being Done?

According to the U.S. Public Health Service, "Adopting a multicomponent approach to youth substance abuse prevention may increase the long-term effectiveness of prevention efforts. This approach includes focusing on mobilizing and leveraging resources, raising public awareness, and countering pro-use messages. Several strategies may be effective, such as increasing the involvement of parents and parent groups at the local level, increasing the number of adult volunteers involved in drug prevention at the local level, changing normative attitudes among youth from 'everyone's using drugs' to 'everyone has better things to do than drugs,' and increasing the proportion of youth participating in positive skill-building activities."[4]

Healthy People Objective SA-13.1:

Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days
U.S. Target: 16.5 percent

Date Indicator Content Last Updated: 11/24/2014

See the complete Indicator Report for Substance Abuse - Adolescents at http://ibis.health.utah.gov/indicator/complete_profile/SubAbuAdol.html. Graphical views related to alcohol consumption include:

- Alcohol, Utah and U.S., 1991-2013
- Alcohol, Grades 8, 10, and 12 by Local Health District, Utah, 2013
- Binge Drinking During the Past 30 Days by State, 2013

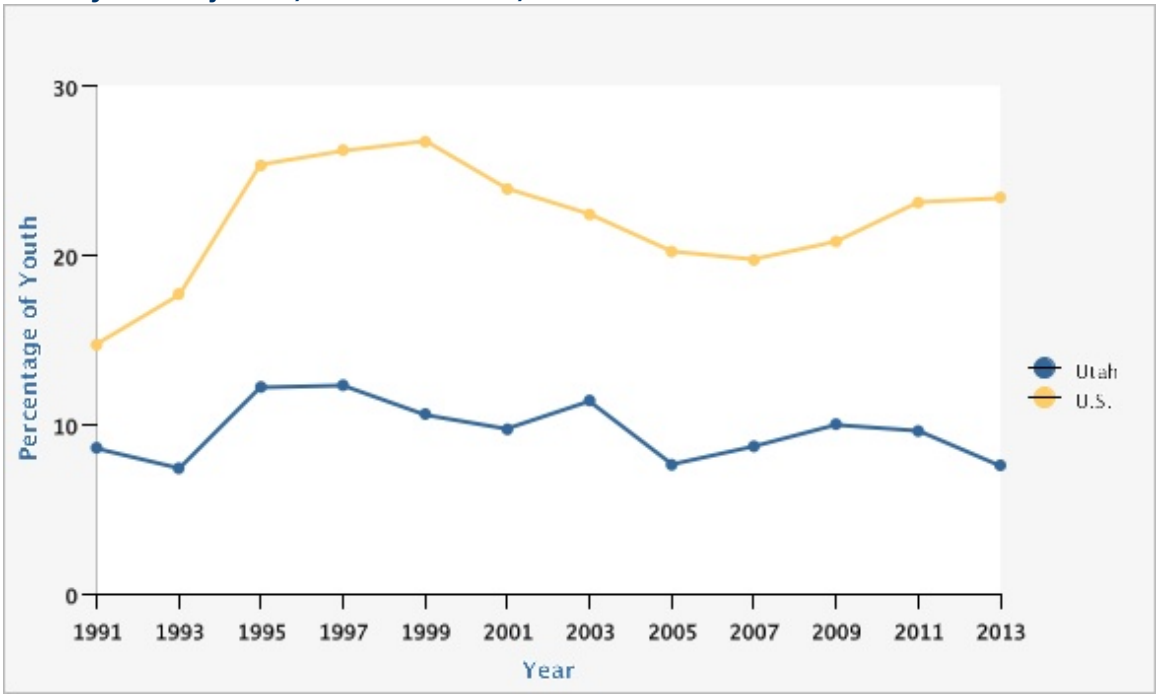
[4] U.S. Department of Health and Human Services. _Healthy People 2010._ 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. P. 26-29.

Substance Abuse – Adolescents (Marijuana Use – Youth)

Why Is This Important?

According to the U.S. Public Health Service, "Health risk behaviors that contribute to the leading causes of illness, death, and social problems among youth and adults often are established during youth, extend into adulthood, and are interrelated."[5]

Percentage of Students Who Used an Illegal Substance on One or More of the Past 30 Days: Marijuana, Utah and U.S., 1991-2013



Data Sources

Utah Youth Risk Behavior Surveillance System, Utah Department of Health. Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion.

Data Notes

High school students only.

Question text: During the past 30 days, how many times did you use marijuana?

Health Status Outcomes

While not all youth who abuse substances are necessarily at risk for suicide, youth who commit or attempt suicide are very commonly substance abusers.

How Are We Doing?

The most commonly-abused substance among Utah high school students during the Spring of 2013 was alcohol (11.0%), followed by marijuana (7.6%).

[5] U.S. Department of Health and Human Services. _Healthy People 2010._ 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. P. 26-20.

Salt Lake County, Weber-Morgan, Summit County, and Tooele County LHDs had significantly higher rates of current marijuana use than the state while Utah County, Central Utah, Bear River, TriCounty, and Southwest Utah LHDs had lower rates.

How Do We Compare With U.S.?

Utah's reported use among high school students for marijuana was lower than the U.S rates in 2013.

What Is Being Done?

According to the U.S. Public Health Service, "Adopting a multicomponent approach to youth substance abuse prevention may increase the long-term effectiveness of prevention efforts. This approach includes focusing on mobilizing and leveraging resources, raising public awareness, and countering pro-use messages. Several strategies may be effective, such as increasing the involvement of parents and parent groups at the local level, increasing the number of adult volunteers involved in drug prevention at the local level, changing normative attitudes among youth from 'everyone's using drugs' to 'everyone has better things to do than drugs,' and increasing the proportion of youth participating in positive skill-building activities."[6]

Healthy People Objective SA-13.2:

Reduce the proportion of adolescents reporting use of marijuana during the past 30 days
U.S. Target: 6.0 percent

Date Indicator Content Last Updated: 11/24/2014

See the complete Indicator Report for Substance Abuse - Adolescents at http://ibis.health.utah.gov/indicator/complete_profile/SubAbuAdol.html. Graphical views related to marijuana use include:

- Marijuana, Utah and U.S., 1991-2013
- Marijuana, Grades 8, 10 and 12 by Local Health District, Utah, 2013

[6] U.S. Department of Health and Human Services. _Healthy People 2010._ 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. P. 26-29.

Suicidal Risk

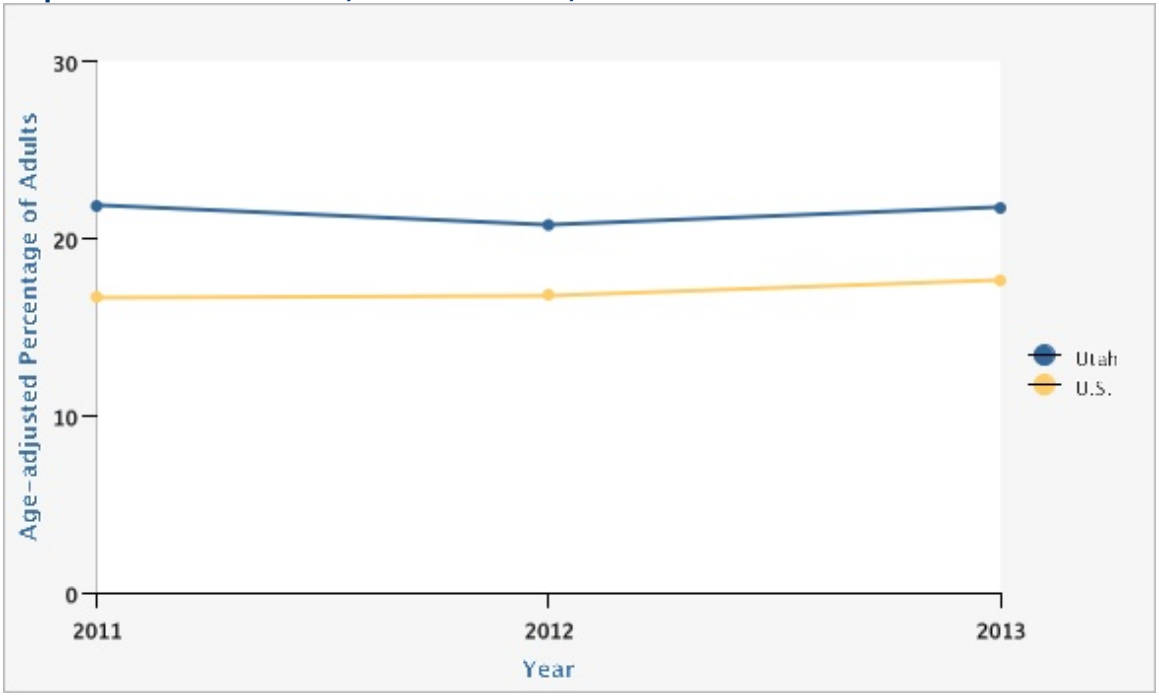
Suicide is a major public health problem in Utah. An average of 535 Utahns die from suicide and 4,078 Utahns attempt suicide each year. More Utahns are treated in an emergency department or hospitalized due to suicide attempts than are fatally injured. There are age-specific circumstances and stressors surrounding risk for suicide deaths in Utah. Among adults, the data show many suffered from a diagnosed mental illness. Adult men in particular face a myriad of other risk factors, including alcohol and substance abuse and job or financial problems.

Depression: Adult Prevalence

Why Is This Important?

Approximately 20% of the U.S. population is affected by mental illness during any given year. Of all mental illnesses, depression is the most common disorder.[7] Major depression is defined as having severe symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy life. Symptoms of major depression may include fatigue or loss of energy, feelings of worthlessness or guilt, impaired concentration, loss of interest in daily activities, appetite or weight changes, sleep changes, and recurring thoughts of death or suicide. Despite the availability of effective treatments for major depression, such as medications and/or psychotherapeutic techniques, it often goes unrecognized and untreated.[8]

Depression Prevalence, Utah and U.S., 2011-2013



Data Sources

Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health. U.S. Data: Behavioral Risk Factor Surveillance System (BRFSS), Division of Behavioral Surveillance, CDC Office of Surveillance, Epidemiology, and Laboratory Services.

Data Notes

The question asks about lifetime diagnosis and does not reflect current major depression. Age-adjusted to the 2000 U.S. standard population.

Risk Factors

Utah adults who reported chronic illnesses and/or poor health status in general, were also more likely to have reported having ever been told they had a depressive disorder. It is known that behavioral health problems often co-occur with chronic diseases and may exacerbate poor health outcomes.

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[7] U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. Washington, DC: U.S. Government Printing Office, November 2000.

[8] National Institutes of Mental Health Mental Illness Facts and Numbers Retrieved from http://www.nami.org/factsheets/mentalillness_factsheet.pdf on December 10, 2014.

Health Status Outcomes

In attempts to deal with the pain of depression, some people with depression turn to drugs, alcohol, and other harmful behaviors that can endanger their lives.

How Are We Doing?

In Utah during 2013, adult women (27.7%) had significantly higher rates of doctor-diagnosed depression than men (15.6%).

Combined years 2011-2013 Utah data showed the following:

- Hispanic (18.6%), Asian (8.7%), and Hawaiian/Pacific Islander (13.3%) adults reported lower lifetime depression than the state rate, while White (21.6%) adults had a higher rate of diagnosed lifetime depression than the state rate.
- Adults with a household income less than $25,000 (31.6%) and those with a household income $25,000-$49,999 (23.2%) had significantly higher rates of lifetime doctor-diagnosed depression, while adults with household incomes $50,000-$74,999 (19.4%) and those with an income greater than $75,000 (15.6%) had lower rates of lifetime depression.
- Depression also varied by education. Utah adults aged 25 and above with a college education (17.0%) had a lower rate of doctor-diagnosed depression than adults with less than a high school education (25.3%) and those with a high school or GED (22.6%).
- Adults in Salt Lake County (22.5%) and Weber-Morgan (23.2%) Local Health Districts (LHDs) reported higher rates of doctor-diagnosed depression than the state rate, while adults in Summit County (15.8%) and Wasatch County (16.6%) LHDs reported lower rates of doctor-diagnosed depression.
- Among Utah Small Areas, Magna (32.4%), Kearns V2 (30.6%), West Jordan Northeast (29.4%), Roy/Hooper (27.7%), Sevier/Piute/Wayne Co. (27.2%), Downtown Salt Lake (27.0%), South Ogden (26.6%), and West Valley West (25.6%) had higher rates of doctor-diagnosed depression than the state rate. Summit County (15.8%), West Orem (16.2%), Morgan/E. Weber Co (16.2%), and Wasatch County (16.6%) had lower rates than the state rate.

How Do We Compare With U.S.?

Utah has consistently higher rates of self-reported lifetime depression than the U.S. rate (21.7% vs. 17.6% in 2013).

What Is Being Done?

The Utah Department of Health Violence and Injury Prevention Program (VIPP) has partnered with the Division of Substance and Mental Health (DSAMH) to facilitate the Suicide Prevention Coalition and Suicide Fatality Reviews. In addition, six local health districts (Bear River, Davis, Summit, Tooele, Utah, Weber-Morgan) have been funded to do suicide prevention activities such as providing mental health resources, collaborating with the National Alliance of Mental Illness Utah Chapter, and training the community on Question, Persuade, Refer (QPR), an emergency mental health intervention for suicidal persons that teaches individuals to recognize the warning signs of suicide, how to offer hope, and how to get help and save a life.

Date Indicator Content Last Updated: 12/09/2014

See the complete Indicator Report for Depression: Adult Prevalence at http://ibis.health.utah.gov/indicator/complete_profile/Dep.html. Graphical views include:

- Utah and U.S., 2011-2013
- by Age and Sex, Utah, 2011-2013
- by Ethnicity, Utah, 2011-2013
- by Race, Utah, 2011-2013
- by Local Health District, Utah, 2011-2013
- by Utah Small Area, 2011-2013
- by Education, Utah, 2011-2013
- by Income, Utah, 2011-2013

Suicide Risk - Youth

Why Is This Important?

Utah has one of the highest age-adjusted suicide rates in the U.S. In 2013, it was the leading cause of death for Utahns ages 10 to 17 years old.

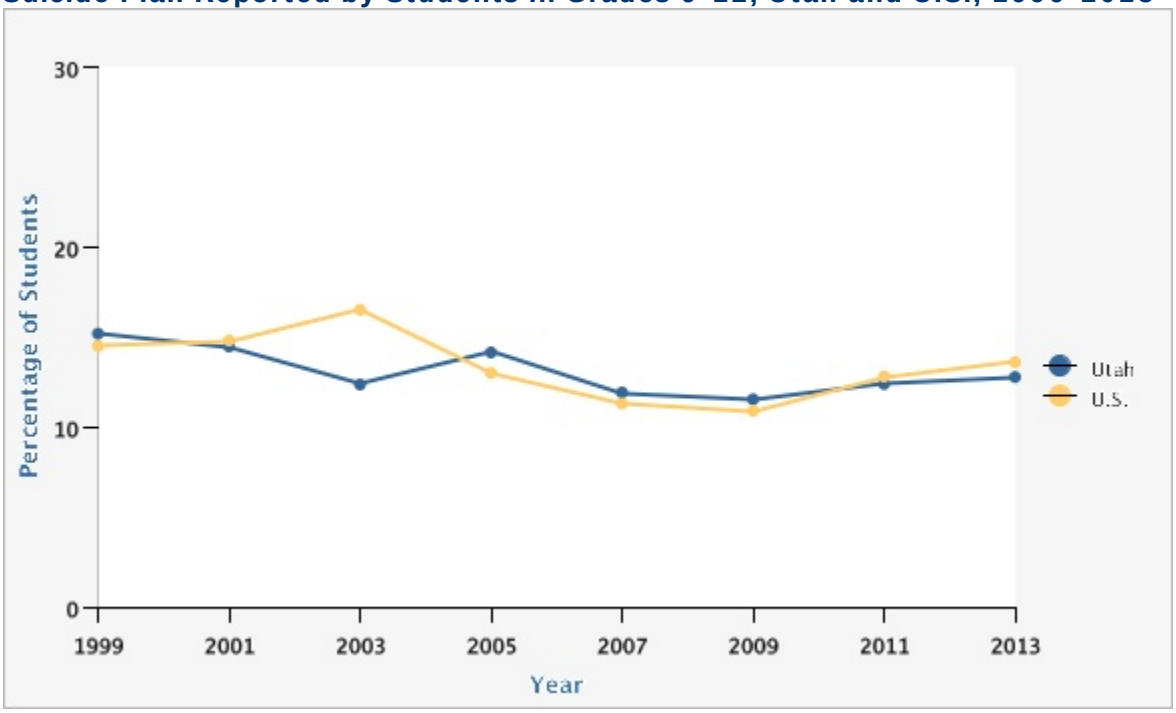
According to the 2013 Youth Risk Behavior Survey, during the past 12 months before the survey Utah high school students reported the following: 25.7% felt sad or hopeless, 15.5% seriously considered attempting suicide, 12.8% made a suicide plan, 7.3% attempted suicide one or more times and 2.1% of these students suffered an injury, poisoning, or an overdose that had to be treated by a doctor or nurse.

2013 Prevention Needs Assessment data indicate that Salt Lake County and Tooele County Health District students had significantly higher rates of psychological distress, making a suicide plan, and attempting suicide compared to the state.

All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

Suicide is a complex public health issue where victims may be blamed and family members stigmatized. Consequently, suicide is not openly discussed making it difficult to collect meaningful data that is vital to suicide prevention efforts.

Suicide Plan Reported by Students in Grades 9-12, Utah and U.S., 1999-2013



Data Sources

Utah Youth Risk Behavior Surveillance System, Utah Department of Health.

Data Notes

Percentage of students who made a plan about how they would attempt suicide during the past 12 months.

Data are self-reported and subject to recall bias. Data are from a sample survey and subject to selection bias. Comparisons of annual rates must be interpreted cautiously as methods used to collect YRBS data may vary from year to year.

Risk Factors

Many conditions and stressors may be related to suicide including:

- Previous suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness
- Local epidemics of suicide

Source: http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html (accessed 11/7/2014)

How Are We Doing?

According to the 2013 Youth Risk Behavior Survey, during the past 12 months before the survey Utah high school students reported the following: 25.7% felt sad or hopeless, 15.5% seriously considered attempting suicide, 12.8% made a suicide plan, 7.3% attempted suicide one or more times and 2.1% of these students suffered an injury, poisoning, or an overdose that had to be treated by a doctor or nurse.

2013 Prevention Needs Assessment data indicate that Salt Lake County and Tooele County Health District students had significantly higher rates of psychological distress, making a suicide plan, and attempting suicide compared to the state.

How Do We Compare With U.S.?

Utah ranked 18th on this measure in 2013, with 12.4% of public high school students reporting that they had developed a suicide plan compared to 13.6% using combined data for 39 states reporting this measure. The rate decreased in recent years, but then rose again slightly in 2013 to the current level.

What Is Being Done?

The UDOH Violence and Injury Prevention Program (VIPP) is funded by the U.S. Centers for Disease Control and Prevention (CDC) to implement the Utah Violent Death Reporting System (UTVDRS). UTVDRS is a data collection and monitoring system that will help Utahns better understand the public health problem of violence by informing decision makers about the magnitude, trends, and characteristics of violent deaths such as suicide, and to evaluate and continue to improve state-based violence prevention policies and programs. Data are collected from the Office of the Medical Examiner, Vital Records, and law enforcement agencies and are linked together to help identify risk factors, understand circumstances, and better characterize perpetrators of violent deaths. UTVDRS is currently in its tenth year of data collection.

The Violence and Injury Prevention Program (VIPP) has partnered with the Division of Substance and Mental Health (DSAMH) to facilitate the Suicide Prevention Coalition.

Healthy People Objective MHMD-1:

Reduce the suicide rate
U.S. Target: 10.2 suicides per 100,000
State Target: 13.3 suicides per 100,000 population

Date Indicator Content Last Updated: 11/14/2014

See the complete Indicator Report for Suicide at http://ibis.health.utah.gov/indicator/complete_profile/SuicDth.html. Graphical views related to suicide risk among youth include:

- Risk Among High School Students by Risk Factor and Sex, Utah, 2013
- Plan Reported by Students in Grades 9-12, Utah and U.S., 1999-2013

Suicide Attempt - Youth

Why Is This Important?

From 2011 to 2013, Utah's age-adjusted suicide rate was 20.4 per 100,000 persons. This is an average of 535 suicides per year. Utah has one of the highest age-adjusted suicide rates in the U.S. In 2013, it is the leading cause of death for Utahns ages 10 to 17 years old, the second-leading cause of death for ages 18-24 and 25-44, and the fourth-leading cause of death for ages 45-64. Overall, suicide is the seventh-leading cause of death for Utahns ages 10+.

Completed suicides are only part of the problem. More people are hospitalized or treated in an emergency room for suicide attempts than are fatally injured. In 2012, 13 Utahns were treated for self-inflicted injuries every day (2,743 emergency department visits and 1,605 hospitalizations).

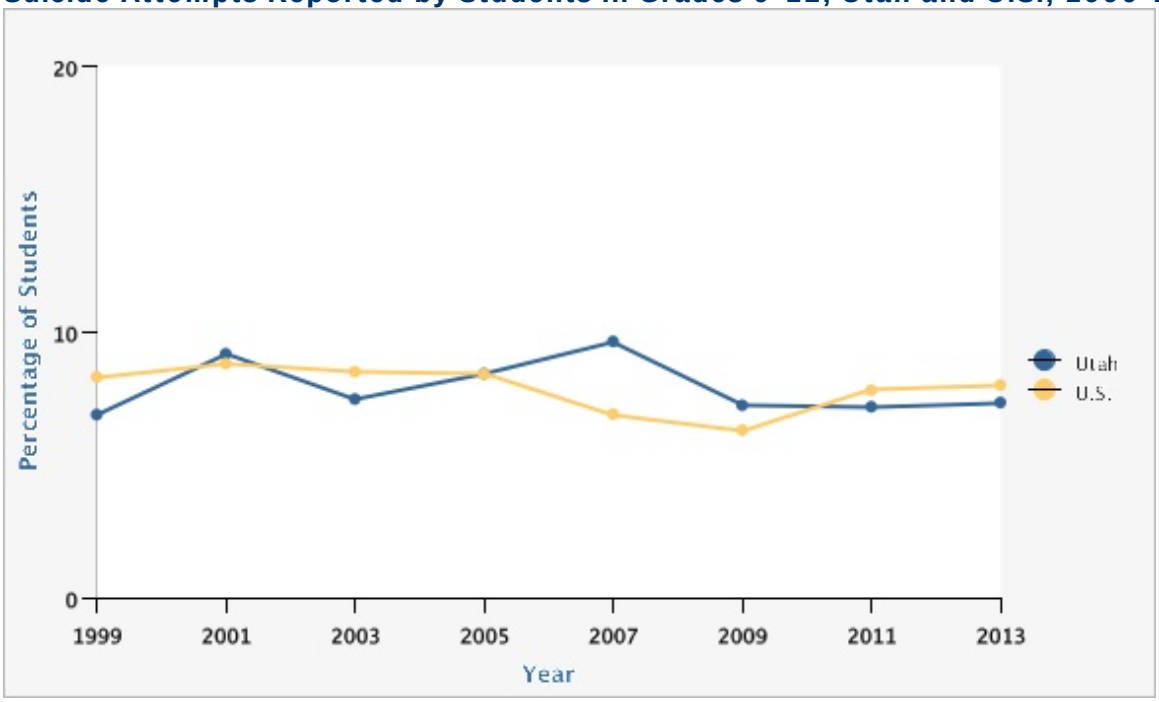
According to the 2013 Youth Risk Behavior Survey, during the past 12 months before the survey Utah high school students reported the following: 25.7% felt sad or hopeless, 15.5% seriously considered attempting suicide, 12.8% made a suicide plan, 7.3% attempted suicide one or more times and 2.1% of these students suffered an injury, poisoning, or an overdose that had to be treated by a doctor or nurse.

2013 Prevention Needs Assessment data indicate that Salt Lake County and Tooele County Health District students had significantly higher rates of psychological distress, making a suicide plan, and attempting suicide compared to the state.

All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

Suicide is a complex public health issue where victims may be blamed and family members stigmatized. Consequently, suicide is not openly discussed making it difficult to collect meaningful data that is vital to suicide prevention efforts.

Suicide Attempts Reported by Students in Grades 9-12, Utah and U.S., 1999-2013



Data Sources
Utah Youth Risk Behavior Surveillance System, Utah Department of Health. Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion.

Data Notes
Percentage of students who actually attempted suicide one or more times during the past 12 months.

Data are self-reported and subject to recall bias. Data are from a sample survey and subject to selection bias. Comparisons of annual rates must be interpreted cautiously as methods used to collect YRBS data may vary from year to year.

Risk Factors
Many conditions and stressors may be related to suicide including:

- Previous suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness
- Local epidemics of suicide

Source: http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html (accessed 11/7/2014)

Health Status Outcomes
Suicide, by definition is fatal. Those who attempt suicide and survive may have serious injuries like broken bones, brain damage, or organ failure. Also, people who survive often have depression and other mental health problems.

Source: http://www.cdc.gov/violenceprevention/pdf/Suicide-FactSheet-a.pdf (accessed 11/7/2014)

How Are We Doing?
According to the 2013 Youth Risk Behavior Survey, during the past 12 months before the survey Utah high school students reported the following: 25.7% felt sad or hopeless, 15.5% seriously considered attempting suicide, 12.8% made a suicide plan, 7.3% attempted suicide one or more times and 2.1% of these students suffered an injury, poisoning, or an overdose that had to be treated by a doctor or nurse.

2013 Prevention Needs Assessment data indicate that Salt Lake County and Tooele County Health District students had significantly higher rates of psychological distress, making a suicide plan, and attempting suicide compared to the state.

The 2013, the Utah age-adjusted suicide rate was 21.1 per 100,000 population. In the last three years, males (32.0 per 100,000 population) had a significantly higher suicide rate than females (9.0 per 100,000 population).

From 2011 to 2013, Southeastern Utah LHD, Central Utah LHD, and Southwest Utah LHD had significantly higher age-adjusted suicide rates compared to the state rate.

Among Utah Small Areas, Southwest LHD (Other), Carbon/Emery Counties, South Salt Lake, Murray, Grand/San Juan Counties, Ogden (Downtown), Juab/Millard/Sanpete Counties, and TriCounty LHD had significantly higher age-adjusted suicide rate than the state rate.

How Do We Compare With U.S.?
Utah ranked 12th on this measure in 2013, with 7.3% of public high school students attempting suicide one or more times during the past 12 months. The national rate was 8.0% using combined data for 40 states. This rate has been very stable in the last few years in Utah.

Utah's suicide rate has been consistently higher than the national rate. In 2012, according to the National Center for Health Statistics, the age-adjusted suicide rate for the U.S. was 12.9 per 100,000 population while Utah's age-adjusted suicide rate was 19.3 per 100,000 population during the same time period.

What Is Being Done?

The UDOH Violence and Injury Prevention Program (VIPP) is funded by the U.S. Centers for Disease Control and Prevention (CDC) to implement the Utah Violent Death Reporting System (UTVDRS). UTVDRS is a data collection and monitoring system that will help Utahns better understand the public health problem of violence by informing decision makers about the magnitude, trends, and characteristics of violent deaths such as suicide, and to evaluate and continue to improve state-based violence prevention policies and programs. Data are collected from the Office of the Medical Examiner, Vital Records, and law enforcement agencies and are linked together to help identify risk factors, understand circumstances, and better characterize perpetrators of violent deaths. UTVDRS is currently in its tenth year of data collection.

The Violence and Injury Prevention Program (VIPP) has partnered with the Division of Substance and Mental Health (DSAMH) to facilitate the Suicide Prevention Coalition.

Healthy People Objective MHMD-2:

Reduce suicide attempts by adolescents
U.S. Target: 1.7 suicide attempts per 100 population
State Target: 6.5 percent suicide attempts

Date Indicator Content Last Updated: 12/24/2014

See the complete Indicator Report for Suicide at http://ibis.health.utah.gov/indicator/complete_profile/SuicDth.html. Graphical views related to suicide attempts among youth include:

- Attempts Reported by Students in Grades 9-12, Utah and U.S., 1999-2013

Overdose Deaths and Unintentional Injuries

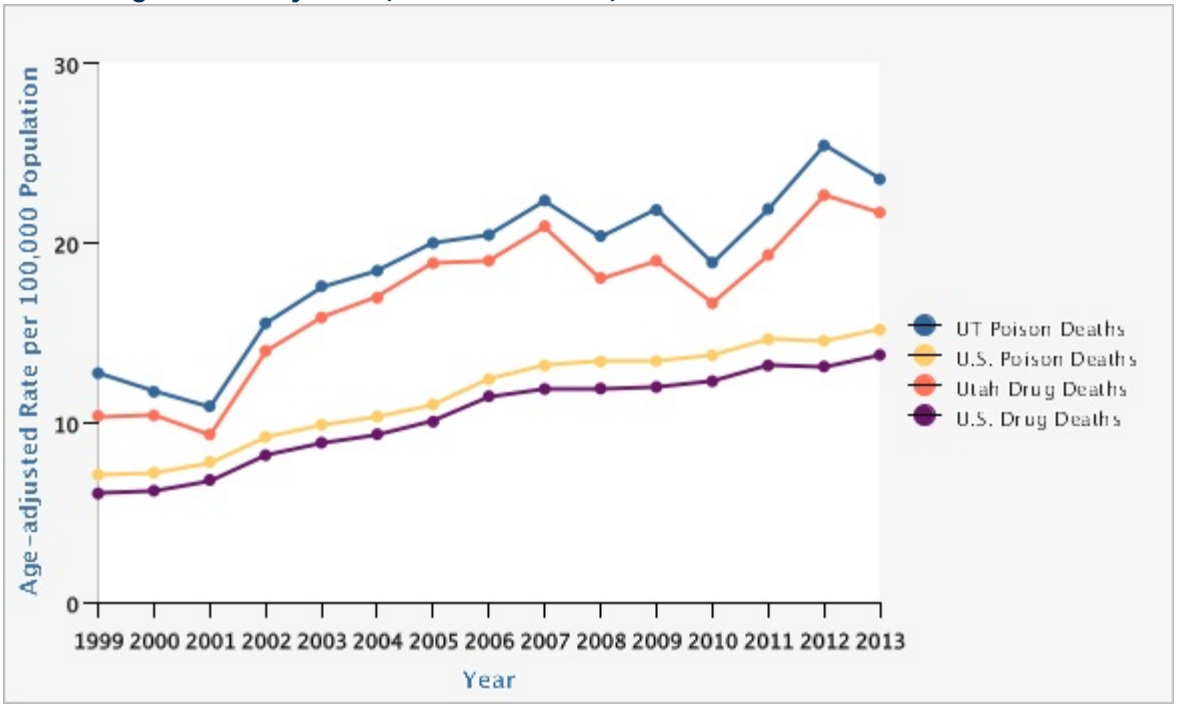
Injuries are the leading cause of death for Utahns ages 1-44. In 2013, the top five injury-related deaths in Utah were poisonings, suicides, falls, motor vehicle traffic crashes, and unintentional suffocations. In the past decade, Utah has experienced a more than 400% increase in deaths associated with misuse and abuse of prescription drugs, making prescription drug overdose one of the leading causes of injury deaths in Utah. In 2011, the top five circumstances observed in prescription opioid deaths in Utah were: substance abuse problem (includes using illegal drugs, abusing prescription medications, or regularly using inhalants at the time of death), physical health problem, diagnosed mental illness, history of alcohol dependence or problem, and history of suicide attempt.

Drug Overdose and Poisoning Incidents

Why Is This Important?

In 2002 the age-adjusted rate of drug poisoning deaths (14.0 per 100,000 population) surpassed the rate of motor vehicle crash (MVC) deaths (13.5 per 100,000 population) in Utah. Until this time, motor vehicle crashes had been responsible for more lives lost than any other cause of injury. By 2013, the age-adjusted death rate from drug poisonings (21.7 per 100,000 population) was more than three times as high as it was from MVC deaths (7.1 per 100,000 population). Prescription pain medications are responsible for many of the drug poisoning deaths in Utah.

Poisoning Deaths by Year, Utah and U.S., 1999-2013



Data Sources

Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health. Population Estimates: National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau, IBIS Version 2013. National Center for Injury Prevention and Control's Web-based Injury Statistics Query and Reporting System (WISQARS).

Data Notes

Data are age-adjusted (2000 U.S. standard population).

Poisoning deaths are defined as ICD-10 codes X40-X49, Y10-Y19, X60-X69, X85-X90, Y35.2, *U01.6-U01.7.

Drug poisoning deaths are a subset of poisoning deaths and are defined as ICD-10 codes X40-44, X60-X64, X85, Y10-Y14.

The Consensus Recommendations for National and State Poisoning Surveillance definition of a drug is as follows: A drug is any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes.

The definition specifically includes:

- Street drugs such as heroin, cocaine, and hallucinogens;
- Prescription drugs;
- Over-the-counter drugs;
- Biological substances such as vaccinations;
- Veterinary drugs;
- Dietary supplements; and
- Non-medicinal substances used primarily for the feeling they cause.

The definition specifically excludes:

- Alcohol;
- Tobacco; and
- Chemicals that are deliberately inhaled for the feeling they cause but are chiefly used for other purposes (i.e. organic solvents and halogen derivatives of aliphatic and aromatic hydrocarbons).

Risk Factors

In Utah, the top five circumstances observed in prescription opioid deaths were substance abuse problem, physical health problem, diagnosed mental illness, history of alcohol abuse, and intimate partner problem.

Source: Utah Department of Health Violence and Injury Prevention Program, Prescription Opioid Deaths in Utah, 2011 Fact Sheet
http://www.health.utah.gov/vipp/pdf/FactSheets/2012RxOpioidDeaths.pdf (accessed 1/5/2015)

How Are We Doing?

Utah has seen a 4% decrease in the age-adjusted drug poisoning death rate from 2012 (22.6 per 100,000 population) to 2013 (21.7 per 100,000 population).

Prescription pain medications underlie many Utah poisoning deaths. In 2013, 23.8% of Utah poisoning deaths were of undetermined intent, 14.0% were self-inflicted, and 62.0% were unintentional.

From 2011 to 2013, males had a significantly higher drug poisoning death rate compared to females. Utahns between 25-64 years of age were significantly higher than the state rate of 19.5 per 100,000 population. Males and females had the highest rates in the 45-54 year old age group. For ages 18-34, male drug poisoning death rates were significantly higher than female drug poisoning death rates.

Children infrequently require hospitalization for the ingestion of poison, but 1 to 4 year-olds had significantly higher drug poisoning emergency department (ED) visits rates (38.4 per 10,000 population), along with 15-24 year olds (28.2 per 10,000 population), and 25-34 year olds (21.2 per 10,000 population) compared to the state (17.3 per 10,000 population) in 2010-2012.

How Do We Compare With U.S.?

From 2010 to 2013, the U.S. age-adjusted rate of drug poisoning deaths from all intents was 13.1 per 100,000 population. During this same time period, Utah's age-adjusted rate of drug poisoning deaths was significantly higher at 20.3 per 100,000 population.

Data Source: NCHS Vital Statistics System for numbers of death. Bureau of Census for population estimates.

What Is Being Done?

In July 2007, the Utah State Legislature passed House Bill 137 appropriating funding to the Utah Department of Health (UDOH) to establish a program to reduce deaths and other harm from prescription opiates. Since 2007, the Utah Department of Health launched a media campaign, Use Only As Directed, to educate the public about how to use prescription pain medication safely (visit useonlyasdirected.org for more information). UDOH also launched a statewide provider education

intervention where physicians have the opportunity to receive CMEs for participation in small and large group presentations.

In 2009, the Utah Pharmaceutical Drug Crime Project was established to further efforts to reduce prescription drug overdose deaths. This project works with law enforcement and other organizations on initiatives such as the National Take Back Days, which collect thousands of pounds of unused medications, turned in by community members who have cleaned out their medicine cabinets. For information about where to dispose of unused prescriptions visit: http://www.useonlyasdirected.org/drop-off-locator/.

In 2010, Utah State Legislature passed House Bill 28, requiring all prescribers of controlled substances to register to use the Utah Controlled Substance Database, take a tutorial, and pass a test on the use of the database and the prescribing guidelines of controlled substances when applying for or renewing their license.

In 2011, the Legislature passed Senate Bill 61, which requires prescribers renewing or applying for a controlled substance license to take four hours of controlled substance prescribing classes each licensing period. Information about this program can be found at: http://www.dopl.utah.gov/programs/csdb/index.html.

In 2013, the Utah State Legislature passed H.B. 214. This law requires certain controlled substance prescribers to complete at least four hours of continuing education as a requisite for license renewal and requires that at least 3.5 hours of the required continuing education hours be completed in controlled substance prescribing classes.

In 2014, the Utah State Legislature passed the Good Samaritan Law (H.B. 11) and the Naloxone Law (H.B. 119). The Good Samaritan Law enables bystanders to report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit drug. The Naloxone Law permits physicians to prescribe naloxone to third parties (someone who is usually a caregiver or a potential bystander to a person at risk for an overdose). It also permits individuals to administer naloxone without legal liability.

Healthy People Objective IVP-9.1:

Prevent an increase in the rate of poisoning deaths: All persons
U.S. Target: 13.1 deaths per 100,000 population
State Target: 12.9 per 100,000 population

Date Indicator Content Last Updated: 01/05/2015

See the complete Indicator Report for Drug Overdose and Poisoning Incidents at http://ibis.health.utah.gov/indicator/complete_profile/PoiDth.html. Graphical views include:

- Injury Death by 3-Year Groups, Utah, 2002-2013
- Deaths by Year, Utah and U.S., 1999-2013
- Deaths by Intent and Type (drug vs. other), Utah, 2011-2012
- Drug Deaths by Age and Sex, Utah, 2011-2013
- Drug Deaths by Local Health District, Utah, and U.S., 2011-2013
- Drug Deaths by Utah Small Area, 2011-2013
- Drug ED Visits and Hospitalizations by Age Group, Utah, 2007-2011
- Prescription Opioid Deaths by Year, Utah, 2000-2013

Unintentional Injury Deaths

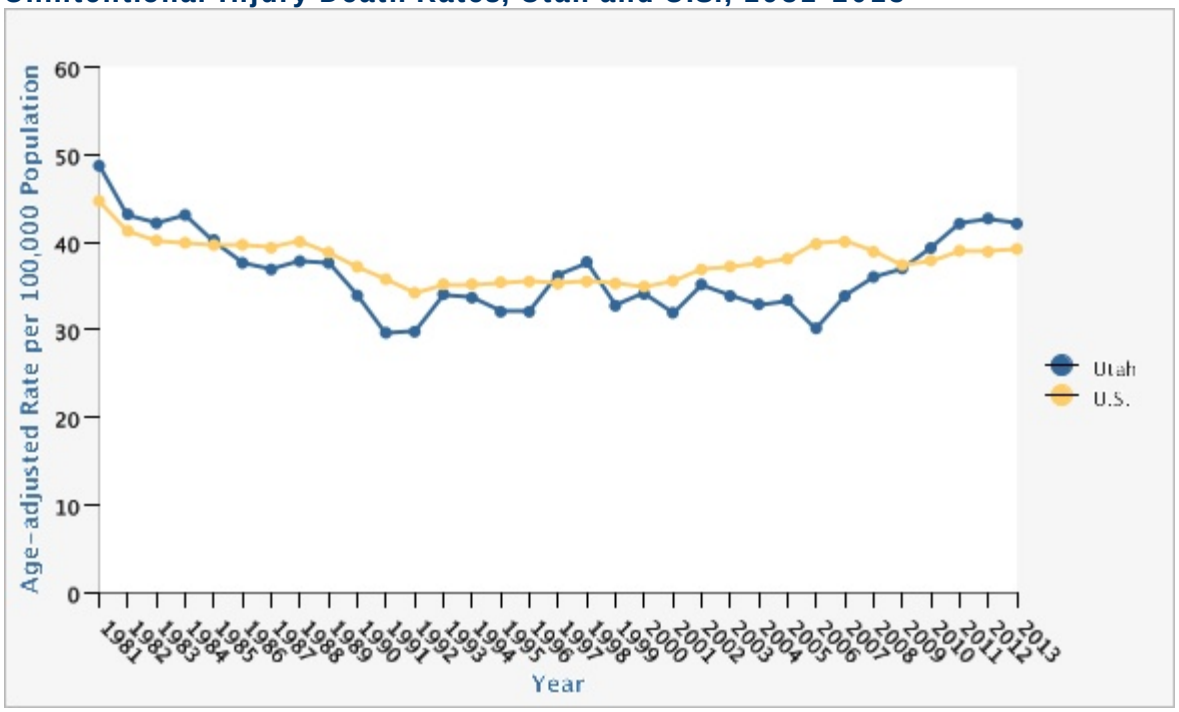
Why Is This Important?

In Utah, unintentional injuries are a leading cause of death and disability. They account for approximately 1,051 deaths and 9,678 hospitalizations each year. In addition, thousands of less severe injuries are being treated in doctor's offices, clinics, emergency departments, homes, schools, work sites, etc.

In 2013, the top five leading causes of unintentional injury death for all ages in Utah were poisoning, falls, motor vehicle traffic crashes, suffocation, and drowning.

Most injuries can be prevented by choosing safe behaviors, using safety equipment, and obeying safety laws. High-priority prevention areas include: fall-related injury, motor vehicle crash injury, pedestrian injury, and bicycle injury.

Unintentional Injury Death Rates, Utah and U.S., 1981-2013



Data Sources

Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health. Population Estimates: National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau, IBIS Version 2013. National Center for Injury Prevention and Control's Web-based Injury Statistics Query and Reporting System (WISQARS).

Data Notes

ICD-9 codes E800-E869, E880-E929; ICD-10 codes V01-X59, Y85-Y86. Does not include legal intervention.

Rates age-adjusted to U.S. 2000 standard population.

How Are We Doing?

Utah's annual age-adjusted rate of unintentional injury deaths has declined from 49.8 per 100,000 population in 1980 to 42.1 in 2013. Increased efforts in public awareness, strengthening prevention

activities, establishing resources, availability of environmental modifications, and developing collaborations with various state and local agencies have all contributed to the decline. Since 2006, unintentional injury deaths have increased despite declines in motor vehicle crash deaths. The greatest increase by cause has been in poisonings; since 2011, the rate of poisoning deaths has been significantly higher than the rates of the other leading causes.

Among Utah's local health districts (LHDs), unintentional injury death rates for 2011-2013 were highest in the Southeastern Utah and TriCounty Local Health Districts at 77.2 and 65.5 per 100,000 population, respectively. Utah County and Bear River Local Health Districts, at 36.3 and 38.2 per 100,000 population, respectively, had the lowest rates.

Among Utah Small Areas, Carbon/Emery Counties and Grand/San Juan Counties had the highest rates during 2011-2013 of unintentional injury deaths at 81.5 and 76.5 per 100,000 population, respectively. SLC (Foothill/U of U) and SLC (Avenues) had the lowest rates, at 19.9 and 20.5 per 100,000 population, respectively.

Based on 2011-2013 data, Native Americans/Alaska Natives have significantly higher rates (82.2 per 100,000 population) of unintentional injury deaths than White Utahns (41.8), while non-Hispanics (42.5 per 100,000 population) had similar rates to those of Hispanics (42.4).

How Do We Compare With U.S.?

Since 1999, the U.S. unintentional injury death rate has remained somewhat steady overall. However, Utah's rate surpassed the national rate in 2010, and has been significantly higher than the U.S. rate since 2011.

What Is Being Done?

The Utah Department of Health Violence and Injury Prevention Program (VIPP) is working with several agencies, such as the Utah Department of Public Safety, Primary Children's Medical Center, and Utah's 12 local health departments to promote the use of safety belts, child safety seats, booster seats, and helmets in an effort to further reduce unintentional injury deaths. Most injuries can be prevented by choosing safe behaviors, using safety equipment, and obeying safety laws. High-priority prevention areas include motor vehicle crash injury, pedestrian injury, bicycle injury, and fall-related injury.

Healthy People Objective IVP-11:

Reduce unintentional injury deaths
U.S. Target: 36.0 deaths per 100,000 population
State Target: 29.4 deaths per 100,000 population

Date Indicator Content Last Updated: 1/22/2015

See the complete Indicator Report for Unintentional Injury Deaths at http://ibis.health.utah.gov/indicator/complete_profile/UniInjDth.html. Graphical views include:

- Leading Causes, Utah, 1999-2013
- Rates, Utah and U.S., 1981-2013
- Rates by Utah Small Area, 2011-2013
- Rates by Local Health District, Utah, 2011-2013
- Rates by Race, Utah, 2011-2013
- Rates by Ethnicity, Utah, 2011-2013

UTAH DEPARTMENT OF HEALTH

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HEALTHIEST PEOPLE:

Strategy:

Engage public health partners, stakeholders, and the people of Utah to improve our shared understanding of what makes us healthy and to identify statewide priorities for health improvement.

- Identify a set health measures to evaluate the health of Utahns compared with residents of other states.
- Engage partners and stakeholders to prioritize actions to improve health in Utah.
- Produce regular reports on progress toward this goal.