

Utah's Health Condition

July 15, 2004

Utah's Health: How Do We Fare?

Maintaining good physical health is a priority for Utahns. According to the U.S. Department of Health and Human Services, 31.9% of Utahns report that they exercise vigorously at least three times per week[1]. Several factors contribute to maintaining overall wellness. In this research brief, Utah Foundation examines the underlying patterns and components of Utahns' health, including several individual indicators of citizens' health, the cost and availability of health insurance, and the availability of health care provided to Utah's children and the general population.

Indicators

Utah is a comparatively healthy state, according to a 2004 Morgan Quitno comparison of all 50 states[2]. According to that study, Utah is the 6th healthiest state in the nation for 2004. New Hampshire ranked first, and Mississippi ranked last. The analysis considers 21 different health measures, as presented in Figure 1. A discussion is presented below covering six of these indicators—the three each for which Utah scored the highest and the lowest.

Figure 1: Health Indicators and State Rankings

| Indicator | Utah's Rank | Utah's Value | Highest State | Highest State Value | Lowest State | Lowest State Value |
|--|-------------|--------------|---------------|---------------------|---------------|--------------------|
| Estimated Rate of New Cancer Cases (cases per 100,000 population) | 50 | 270.5 | West Virginia | 631.4 | Utah | 270.5 |
| Age-Adjusted Death Rate by Malignant Neoplasms (deaths per 100,000 population) | 50 | 143.4 | Kentucky | 227.9 | Utah | 143.4 |
| Percent of Adults Who Smoke | 50 | 12.70% | Kentucky | 32.60% | Utah | 12.70% |
| Infant Mortality Rate (infant deaths per 1000 live births) | 49 | 4.8 | Delaware | 10.7 | New Hampshire | 3.8 |
| Per Capita Personal Health Expenditures | 49 | \$2,824 | Massachusetts | \$4,915 | Idaho | \$2,778 |
| Percent of Adults Who Are Binge Drinkers | 48 | 10.10% | Wisconsin | 24.90% | Kentucky | 7.90% |
| Percent of Adults Obese | 48 | 17.50% | West Virginia | 27.60% | Colorado | 16.50% |
| Sexually Transmitted Disease Rate (cases per 100,000 population) | 47 | 175.5 | Alaska | 709.3 | New Hampshire | 136.3 |
| Age-Adjusted Death Rate (deaths per 100,000 population) | 45 | 776.8 | Mississippi | 1023.2 | Hawaii | 652.6 |
| Health Care Expenditures as a Percent of Gross State Product | 43 | 10.00% | West Virginia | 18.00% | Wyoming | 8.50% |
| Births of Low Birthweight as a Percent of All Births | 40 | 6.40% | Mississippi | 11.20% | Oregon | 5.80% |
| New AIDS Cases (per 100,000 population) | 40 | 3.1 | New York | 32.3 | North Dakota | 0.3 |
| Teenage Birth Rate (per 1000 live births) | 32 | 36.8 | Mississippi | 64.7 | New Hampshire | 20.0 |
| Number of Days in Past Month When Physical Health was "Not Good" | 27 | 3.3 | West Virginia | 5.3 | Hawaii | 2.1 |
| Percent of Population Not Covered by Health Insurance | 21 | 13.60% | Texas | 24.10% | Minnesota | 8.00% |
| Percent of Population Lacking Access to Primary Care | 15 | 15.40% | Mississippi | 28.20% | New Jersey | 2.90% |
| Age-Adjusted Death Rate by Suicide (deaths per 100,000 population) | 8 | 15.4 | New Mexico | 19.8 | New York | 6.6 |
| Percent of Mothers Receiving Late or No Prenatal Care | 6 | 4.90% | New Mexico | 7.90% | New Hampshire | 1.40% |
| Beds in Community Hospitals per 100,000 Population | 49 | 190 | North Dakota | 612 | Washington | 187 |
| Percent of Children Aged 19-35 Months Immunized | 23 | 79.10% | Massachusetts | 89.20% | Colorado | 64.30% |
| Safety Belt Usage Rate | 14 | 80% | Washington | 93% | Massachusetts | 51% |

Source: Morgan Quitno

Top 3 - Where Utah was Healthiest

Low Rate of New Cancer Cases

Utah ranked healthier than any other state in three areas. Two of these are related to cancer, including the lowest rate of new cancer cases. The incidence of cancer correlates directly with age—77% of all cancers are diagnosed in people age 55 or older, according to the American Cancer Society. A likely reason why Utah scored so highly, therefore, is Utah's low median age. According to the 2000 U.S. Census, Utah is the youngest state in the nation, with a median age of 27.1 years. Its closest competitor, Texas, has a median age of 32.3, and the nation as a whole has a median age of 35.3.

Low Age-Adjusted Death Rate by Malignant Neoplasms

A neoplasm is an abnormal growth, tissue, or tumor. Most neoplasms that result in death are cancerous. This measure is particularly useful for Utah, because it is adjusted for age, which removes the effects of Utah's young population on cancer rates. The fact that Utah enjoys the lowest rate in the nation for this age-adjusted statistic indicates that Utah's low cancer rates are not simply the result of a young population – Utahns' lifestyles must be a major contributor to the low rates of cancer in this state.

Low Percentage of Adults Who Smoke

The third health indicator for which Utah ranked healthiest is the number of adults who smoke. Much of Utah's aversion to smoking cigarettes is due to the presence of the Church of Jesus Christ of Latter-day Saints in the state, which forbids the use of tobacco among its members. Approximately 70% of Utahns are LDS. Also, recent anti-smoking campaigns have been successful in preventing young people from beginning to smoke and in encouraging adult smokers to quit. According to the Utah Department of Health and the State Office of Education, the adult tobacco use rate in Utah declined by 9%, and the youth (high school students grades 9-12) tobacco use rate declined by 26% in FY 2003. Interestingly, Utah also ranks highest among the states in the number of people per 100,000 who have tried to quit smoking.

Bottom 3 - Where Utah was the Least Healthy

Few Hospital Beds

Utah ranks quite poorly in three areas. At number 49, Utah has fewer community hospital beds per 100,000 population than any other state except Washington. Community hospital beds are classified as nonfederal short-term general and special hospitals, including beds in nursing home units. Beds in federal institutions, including Salt Lake City's Veteran's Administration Hospital, are not counted in this study. Utah does have a higher number of V. A. beds per population than the average state, which may factor into this. However, the difference is not large enough to make it the sole explanation. Utah's young population likely contributes to it as well, since there is a smaller need for nursing home beds here than in other states as a percentage of population.

High Rate of Suicide

Utah ranks 8th highest in the nation for the number of age-adjusted suicides. For many years, suicide rates have been significantly higher for the Western States than for the rest of the country. By order of rank, the top ten states are New Mexico, Montana, Nevada, Colorado, Wyoming, Idaho, Alaska, Utah, West Virginia and Oklahoma. Several studies have positively linked suicide with certain demographic, social and environmental factors[3], but none of these factors correlate significantly with the data from the Western States. The cause of this phenomenon remains to be discovered.

High Rate of Late or No Prenatal Care

The rate of prenatal care that is received late (sometime in the third trimester) or not at all is comparatively high in Utah. Utah ranks 6th in the nation for this indicator. There are two conditions in Utah that likely contribute to this. First, evidence indicates that in Utah, roughly twice as many babies are delivered at home or in places other than hospitals as the national average. National data indicate that these are likely to be midwife-assisted deliveries. Mothers under the care of midwives would not qualify as having received prenatal care, for the purposes of the national survey. Another condition that may contribute is a growing shortage of physicians willing to deliver babies. According to the Utah Medical Association, ob/gyn and family practice physicians who are committed to delivering babies, along with neurosurgeons and general surgeons, are concerned over the rising cost of malpractice insurance for specialties that involve higher risk procedures. Accordingly, they are focusing on other areas of their practices in order to limit their costs and liability.

Health Insurance for Children

Utah launched the Children's Health Insurance Program (CHIP) in 1997 to provide health care to children in Utah's lower-income families. Standard medical treatments are available for a minimal co-pay, plus a charge of up to \$25 every three months per family. Treatments covered include office or urgent care visits, immunizations and well-child exams, ER visits, prescription medications, X-rays and laboratory work, surgery, ambulance and medical equipment. Also included (with co-pays) are dental services, hearing and vision screening, mental health and substance abuse treatment, and physical, occupational and chiropractic therapy.

CHIP is funded by both the state and federal governments. The state's 20% share comes from the Tobacco Master Settlement Agreement. The family charge of up to \$25 every three months also goes towards funding the program.

Enrollment in CHIP has kept pace with plans. The capacity was recently raised by 4,000 to 28,000, and there are currently just over 25,000 children enrolled. Open enrollment periods are offered as needed, based on turnover and the current capacity. The most recent was in May, when more than 10,000 applications were received in the 10-day period.

Health Insurance Coverage

According to a 2001 survey by the Utah Department of Health, roughly 91% of Utahns have some type of health coverage, either public or private. The survey, which allowed respondents to indicate if they had more than one type of coverage, showed that approximately 81% of Utahns were covered by private insurance, whether through an employer or union or through individual policies. Seventy two percent indicated that they were covered through an employer or union. Nine percent were covered by Medicare, 6% were covered by Medicaid and 4% were covered by some other government plan. Other surveys, while comparable, show the level of coverage in Utah slightly less.

Maintaining adequate health insurance can be prohibitively expensive. The survey revealed that 8.7% of Utahns were without any health insurance coverage in 2001. Of these, 52% cited their inability to afford insurance as a chief reason why they didn't have coverage. Another reason given by 33% was the fact that their employers didn't offer a health insurance plan. Utah received a waiver to use CHIP funds for the Primary Care Network (PCN), a low-cost preventive care program available to adults under 64 who are unable to afford their employer's health insurance.

Conclusion

Utah's citizens enjoy a relatively high level of health. The 21 indicators selected by the Morgan Quitno comparison, while not exhaustive, do represent a cross-section of Utah's health status, and reveal that Utah measures favorably against the rest of the country. However, there are areas that require more attention. There is also good reason to believe that many of Utah's lower-income children are living a healthier lifestyle than they were prior to CHIP. Finally, a significant portion of Utah's overall population is covered by some form of health insurance. However, the rising costs of health care make it unavailable for some. The federal and state administered programs of Medicaid/Medicare and the Primary Care Network make this more tolerable, but we may expect to see continued gaps in health insurance coverage.

Endnotes

[1] Centers for Diseases Control and Prevention, "2001 Behavioral Risk Factor Surveillance Summary Prevalence Report" (Aug 9, 2002).

[2] Morgan, Kathleen O., and Morgan, Scott, eds. Health Care State Rankings 2004. Lawrence: Morgan Quitno, 2004.

[3] Centers for Disease Control and Prevention, August 29, 1997 / 46(34);789-793. Includes references to other studies. Regional Variations in Suicide Rates — United States, 1990-1994.

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