UTAH DEPARTMENT OF HEALTH

June 2011

Utah Health Status Update:

Changes in Smoking-related Outcomes After Recent Increases in the Utah Cigarette Excise Tax

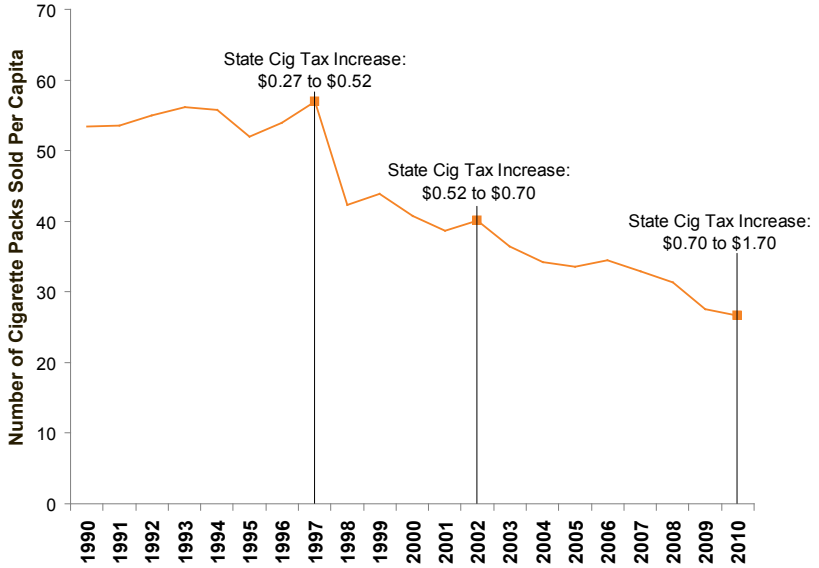
Tobacco use is the leading preventable cause of death in the U.S. Diseases caused by smoking include numerous forms of cancer, as well as chronic diseases such as heart disease, stroke, and chronic obstructive pulmonary disease. More than 1,150 Utahns die each year from smoking-related causes. The annual cost for smoking-related medical care and productivity losses is estimated at $663 million.[1]

Evidence-based, comprehensive tobacco control programs have been shown to reduce smoking rates. Increasing the unit price of tobacco products is an important strategy of a comprehensive program.[2] Numerous economic studies in peer-reviewed journals concur that every 10% increase in the real price of cigarettes reduces overall cigarette consumption by approximately 3% to 5%, and the number of adolescents who smoke by 6% or 7%.[3] Utah's $1.00 excise tax increase which went into effect in July 2010 is expected to prevent 10,500 Utah children from becoming smokers; motivate 5,500 current adult smokers to quit; save more than 4,800 Utahns from deaths caused by smoking; lead to $236 million in future health care savings; and raise about $43.3 million a year in new state revenue.[4]

- **More than 1,150 Utahns die each year from smoking-related causes. The cost for smoking-related medical care and productivity losses is estimated at $663 million per year.**
- **Utah's recent $1.00 increase in the state cigarette excise tax is expected to prevent 10,500 Utah children from becoming smokers; motivate 5,500 adult smokers to quit; prevent more than 4,800 smoking-related deaths; lead to $236 million in future health care savings; and raise about $43.3 million a year in new state revenue.**
- **Utah's per capita cigarette consumption has declined by 50% since 1990. Tax increases in 1997 and 2002 accelerated decreases in consumption.**
- **The July 2010 increase in the state cigarette excise tax led to significant increases in registrations with state sponsored tobacco cessation services.**
- **After the July 2010 tax increase, the Utah BRFSS found higher levels of quit intentions and quit attempts among current smokers.**

Cigarette Sales Over Time

Figure 1. Number of cigarette packs sold per capita by year, Utah, 1990–2010



Source: Orzechowski and Walker, 2010. *The Tax Burden on Tobacco-Historical Compilation*. Volume 45.

Since 1987, Utah has gradually increased the state cigarette tax from $0.11 to $1.70. At $1.70, Utah's cigarette tax is the 17th highest among all states. State cigarette taxes range from $0.30 in Virginia to $4.35 in New York.[5] Increases in Utah's state cigarette tax in 1997 and 2002 elicited significant declines in cigarette consumption (Figure 1). The 1997 tax increase from $0.27 to $0.52 was followed by a 26% decline in the number of packs sold per capita from 1997 to 1998. The 2002 tax increase from $0.52 to $0.69 was followed by a 9% decline in per capita consumption. Overall, Utah's per capita cigarette consumption has declined by 50% since 1990. Changes in consumption after the 2010 tax increase will be evident in 2011.

The 2010 tax increase encouraged Utah tobacco users to seek help with quitting. The Tobacco Prevention and Control Program (TPCP) at the Utah Department of Health funds a Tobacco Quit Line (1.800.QUIT. NOW) and an internet-based quit service (UtahQuitNet.com). Both services offer free and confidential counseling and support options. The Quit Line also provides access to nicotine replacement therapy for qualified callers. When the latest Utah cigarette excise tax increase went into effect in July 2010, the number of callers who registered with the Utah Tobacco Quit Line increased by 72% compared to the average number of callers during July of the previous four years. The number of QuitNet registrations was 119% higher in July 2010 compared to the average number of registrations

in July 2006 to 2009 (Figure 2). The TPCP media buys for anti-tobacco advertising and quit service promotions during July were comparable for all years.

Participants in Utah's Behavioral Risk Factor Surveillance System (BRFSS) reported an increase in quit intentions following the 2010 tax increase. The percentage of current smokers who reported wanting to quit in the next 7 or 30 days increased from 37% in January–June 2010 to 44% in July–December 2010. The percentage of current smokers who reported that they quit smoking for one day or longer because they were trying to quit for good increased from 61% in January–June 2010 to 69% in July–December 2010 (Figure 3).

Utah data indicate that in conjunction with services provided by a comprehensive tobacco prevention and control program, raising the state excise tax helps with increasing quit attempts among smokers, decreasing cigarette consumption, and improving the health of Utahns. The extent to which the 2010 tax increase influenced consumption and smoking rates among Utahns will be evident when 2011 data become available.

References

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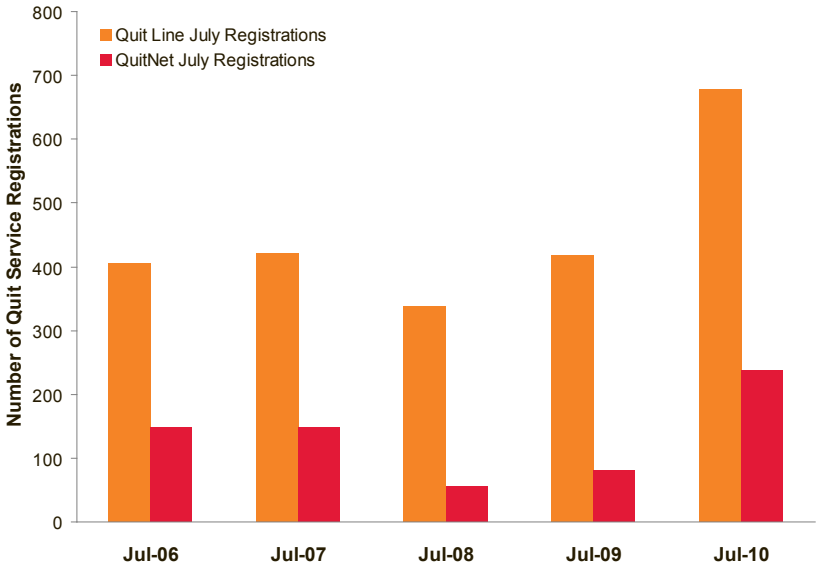
Utah Quit Services Registrations

Figure 2. Number of registrations for Utah quit services, July 2006–July 2010



Source: TPCP Utah Tobacco Quit Line and Utah QuitNet monthly reports

Current Smokers Trying to Quit

Figure 3. Percentage of current smokers (adults 18+) who intended to quit or made a quit attempt, Utah 2010

Source: Behavioral Risk Factor Surveillance System (BRFSS)

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Breaking News, May 2011

Statewide clinical Health Information Exchange (cHIE)

With broad support from federal, state, health industry, and community organizations, Utah began to implement a statewide clinical Health Information Exchange (cHIE). The goal is to use information technology to improve healthcare's efficiency to reduce cost and enhance quality of care for the people of Utah. Utah Health Information Network (UHIN) is the state-designated entity to lead this effort. All health systems and many clinics in Utah have voluntarily participated in the cHIE development. As of April 30, 2011, cHIE has electronically connected with eight hospitals, one large clinic group, one national clinical laboratory, two Electronic Health Records (EHR), and the state Medicaid program.

The cHIE will only exchange patient information among health care providers for the purpose of treatment with patient consent. By participating in the cHIE, a patient is enabling their medical professional to have access to their health information to provide better and more accurate care. Doctors are able to see prior laboratory results or radiology reports and are able to save time and money by not having to duplicate tests and procedures. Additionally, by participating in the cHIE, it would allow an emergency room physician access to basic medical information about a patient in the ER who is unable to communicate chronic conditions, allergies, or the medications he is currently using.

UHIN began a consumer outreach campaign on May 14, 2011 at the Weber County Kids Safe Fair. Patients and families can choose whether to allow their medical information to be stored and accessed through the cHIE. They also can change their choice any time if they want. For more information on cHIE confidentiality, privacy, security, and patient education, please go to http://mychie.org.

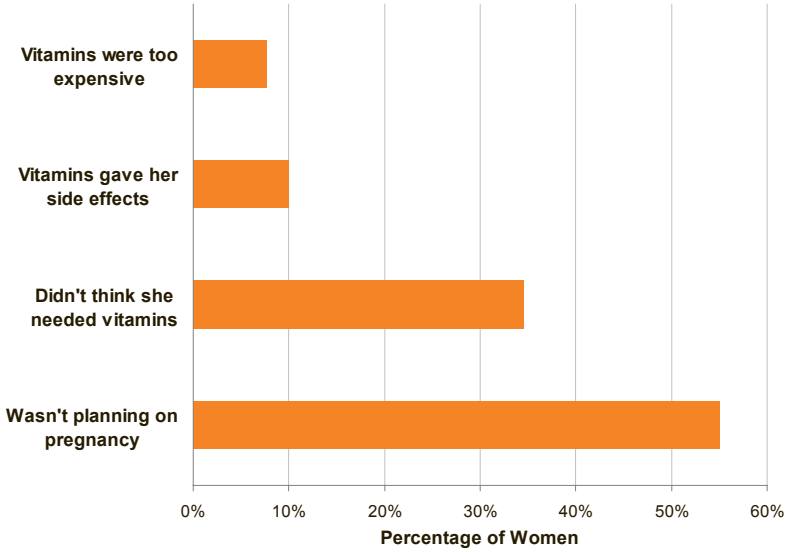
Community Health Indicators Spotlight, May 2011

Utah Women's Reasons for Not Taking Vitamins Before Pregnancy

It is recommended that all reproductive aged women take a multivitamin that contains 400 mcg of folic acid to help prevent neural tube birth defects, or defects of the brain and spine. Because these defects form in the first 30 days of pregnancy, a time in which most women are unaware they are pregnant, it is important for women to achieve optimal folate levels prior to conception. Utah women have poor rates of daily multivitamin consumption, but reasons for non-consumption have historically not been understood.

In 2009, the Utah Pregnancy Risk Assessment Monitoring System (PRAMS) began asking women who reported not taking multivitamins in the month before pregnancy, their reasons for not doing so. Almost half of women (46.5%) who answered the survey said they did not take a multivitamin before pregnancy. The top reason cited for not taking a multivitamin was not planning on becoming pregnant (55.0%), followed by not thinking they needed to take vitamins prior to pregnancy (34.5%), having side effects from the vitamins (10.0%), and cost of vitamins being too expensive (7.7%). These results emphasize the need for continued education about the benefits of folic acid. Because many pregnancies are unplanned (33.6% in 2009), all women of reproductive age should be counseled about the importance of taking folic acid, regardless of their intent to conceive.

Reasons for No Multivitamin Consumption in the Month Before Pregnancy, Utah PRAMS, 2009



Monthly Health Indicators Report

(Data Through April 2011)

Monthly Report of Notifiable Diseases, April 2011	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	29	23	104	87	1.2
Shiga toxin-producing Escherichia coli (E. coli)	4	4	17	12	1.4
Hepatitis A (infectious hepatitis)	0	0	2	4	0.6
Hepatitis B, acute infections (serum hepatitis)	0	2	1	5	0.2
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Meningococcal Disease	0	0	5	3	1.8
Pertussis (Whooping Cough)	0	29	56	150	0.4
Salmonellosis (Salmonella)	21	27	70	87	0.8
Shigellosis (Shigella)	9	2	20	10	2.0
Varicella (Chickenpox)	22	76	168	351	0.5

Quarterly Report of Notifiable Diseases, 1st Qtr 2011	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	12	32	12	122	0.1
Chlamydia	1,673	1,503	1,673	1,503	1.1
Gonorrhea	53	151	53	151	0.4
Tuberculosis	12	8	12	8	1.4

Medicaid Expenditures (in Millions) for the Month of April 2011	Current Month	Expected/ Budgeted‡ for Month	Fiscal YTD	Budgeted‡ Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	$ 11.9	$ 13.1	$ 126.4	$ 131.1	$ (4.7)
Inpatient Hospital	$ 52.3	$ 28.8	$ 279.9	$ 288.3	$ (8.4)
Outpatient Hospital	$ 10.2	$ 8.9	$ 81.1	$ 89.4	$ (8.3)
Long Term Care	$ 11.7	$ 13.5	$ 125.2	$ 135.0	$ (9.8)
Pharmacy§	$ 15.0	$ 14.4	$ 140.9	$ 144.4	$ (3.6)
Physician/Osteo Services	$ 8.2	$ 8.2	$ 78.8	$ 82.3	$ (3.5)
TOTAL HCF MEDICAID	$ 185.8	$ 156.8	$ 1,457.4	$ 1,567.9	$ (110.6)

Program Enrollment for the Month of April 2011	Current Month	Previous Month	% Change¶ From Previous Month	1 Year Ago	% Change¶ From 1 Year Ago
Medicaid	239,656	239,280	+0.2%	213,550	+12.2%
PCN (Primary Care Network)	19,697	21,172	-7.0%	14,737	+33.7%
CHIP (Children's Health Ins. Plan)	37,457	37,416	+0.1%	40,865	-8.3%

Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change¶ From Previous Year	Total Charges in Millions	% Change¶ From Previous Year
Overall Hospitalizations (2009)	276,924	9.3%	-2.6%	$ 5,116.1	+8.8%
Non-maternity Hospitalizations (2009)	166,045	5.4%	-0.7%	$ 4,298.2	+9.5%
Emergency Department Encounters (2009)	684,176	23.3%	-1.1%	$ 1,081.4	+22.9%
Outpatient Surgery (2008)	299,958	10.4%	-1.0%	$ 1,277.7	+15.2%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/ Rate	% Change¶ From Previous Year	State Rank# (1 is best)
Obesity (Adults 18+)	2009	465,600	24.0%	+3.9%	11 (2009)
Cigarette Smoking (Adults 18+)	2009	190,300	9.8%	+5.4%	1 (2009)
Influenza Immunization (Adults 65+)	2009	174,400	68.8%	-6.2%	33 (2009)
Health Insurance Coverage (Uninsured)	2009	314,300	11.2%	+4.7%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2009	227	8.1 / 100,000	-16.6%	15 (2007)
Poisoning Deaths	2009	543	19.4 / 100,000	+7.0%	49 (2007)
Suicide Deaths	2009	445	15.9 / 100,000	+15.3%	n/a
Diabetes Prevalence (Adults 18+)	2009	118,500	6.1%	+0.2%	11 (2009)
Poor Mental Health (Adults 18+)	2009	291,600	15.0%	+7.0%	19 (2009)
Coronary Heart Disease Deaths	2009	1,469	52.5 / 100,000	-4.4%	1 (2007)
All Cancer Deaths	2009	2,543	90.8 / 100,000	+1.1%	1 (2007)
Stroke Deaths	2009	734	26.2 / 100,000	-2.2%	14 (2007)
Births to Adolescents (Ages 15-17)	2009	992	16.5 / 1,000	-10.6%	19 (2008)
Early Prenatal Care	2009	38,562	71.6%	-9.6%	n/a
Infant Mortality	2009	285	5.3 / 1,000	+11.4%	4 (2007)
Childhood Immunization (4:3:1:3:3:1)	2009	41,500	76.6%	+4.1%	16 (2009)

* Influenza activity remains minimal in Utah. Influenza-like illness activity is below baseline statewide. As of May 4, 2011, 685 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at http://health.utah.gov/epi/diseases/flu.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Budget has been revised to include supplemental funding from 2011 General Session.

§ Only includes the gross pharmacy costs. Pharmacy Rebate and Pharmacy Part-D amounts are excluded from this line item.

¶ % Change could be due to random variation.

State rank based on age-adjusted rates.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2011 season.