UTAH SOLUTIONS FOR A HEALTHY ECONOMY AND COMMUNITY

Cost Containment through Healthy Lifestyles: Wellness

Session Moderator: Lt. Governor Greg Bell

Session Manager: Teresa Garrett RN, MS, Division Director, Disease Control and Prevention

Utah's Winnable Health Battles: Building Health through Communities

The Concept:

Poor health is often a result of many lifestyle and environmental factors, most of which can be changed. Public health institutions, health care providers, and worksites have all encouraged personal responsibility in making health improvements, but with mixed success. Current research and practice recognize that personal responsibility can only go so far in creating lasting positive health improvements. These health improvements require better knowledge, skills, and abilities on the part of the individual, partnered with supporting environments from families, friends, organizations (schools, businesses, etc.), and the culture at large. By recognizing and improving the role at each level, we can not only improve the health of individuals, but of the community, state, and nation as well.

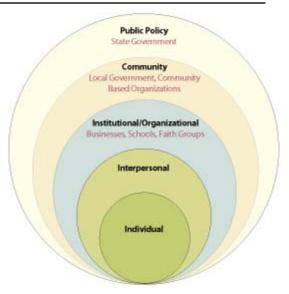


Figure 1. Social Ecological Model

Communities as the Battlefield:

Health does not exist within a bubble, but rather in the context of one's income, geographic location, education, social networks, occupation, and culture. If Utah is to see improvement in the health status of its residents, businesses, faith communities, government, and neighborhoods need to work together.

For example, a person who wants to be healthy may live in an area with no sidewalks, a large number of tobacco retailers, limited transportation options to access health care, or high crime. This person, regardless of personal motivation, will have a harder time sustaining a healthy lifestyle. Some examples of things that businesses, communities, and government can do to support individual efforts include:

- Limiting the number of tobacco shops in cities
- Supporting safe disposal of prescription drugs
- Implementing worksite policies requiring healthy food options

- Ensuring preventive cancer screenings are covered by health plans
- Creating places where people want to go to be active

Working from both sides of the spectrum can result in lasting change. As we address issues at the level closest to the individual, there will be faster results for those individuals, whereas establishing policies in the outer rings (See Figure 1) will have longer lasting and more sustainable effects on communities.



Using the Data:

By using state and local health data, we can make meaningful connections about strategies that will most impact the health of our local communities. The Utah Department of Health and local health departments have data that show what the rates for health risk factors look like by small area. An

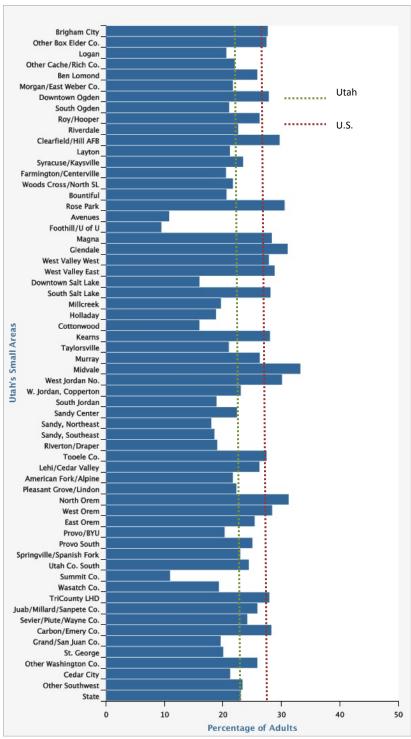


Figure 2. Percent of Adults that are Obese by Small Area, 2009

example of this is highlighted in Figure 2, which shows the percentage of adults who are obese by ZIP code. These reports can help determine the areas communities most need to focus on, and also provide a way to measure how well a community is doing to improve health through local policies. Community assessments are another way local communities can better understand their local health needs. In addition, policy scans that determine the existence of local policies can support healthy decisions and are also a useful tool in assessing how to work together at the local level to improve the health of the community at large.

Looking Forward:

Working together as business leaders, community leaders, concerned citizens and public servants, we can implement policies that support individuals in their efforts to be healthy by making the healthy choice the easy choice. This can best be accomplished by recognizing health in all policies.

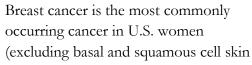
UTAH SOLUTIONS FOR A HEALTHY ECONOMY AND COMMUNITY

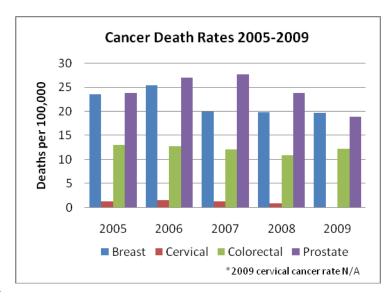
Utah's Winnable Health Battles:

"Cancer: Breast, Cervical, Colorectal & Prostate"

The Battle:

Cancer is the second leading cause of death in the U.S. and in Utah. In 2009, 2,543 Utah deaths were attributable to cancer. The financial costs of cancer are also substantial, with an overall annual cost estimated at \$228.1 billion in 2009. Treatment for lung, prostate, and breast cancers accounts for more than half of the direct medical costs. ¹

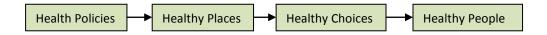




cancers) and the leading cause of female cancer death in Utah. Deaths from breast cancer can be substantially reduced if the tumor is discovered at an early stage, and mammography is currently the best method for detecting cancer early. The percentage of Utah women over the age of 40 who have received a mammogram in the past two years is the second lowest in the nation (just 67.8 percent in 2008).ⁱⁱ

Cervical cancer is one of the most curable cancers if detected early through routine screening and can usually be found early by having regular Pap tests; however, Utah's screening rate is below the national average. Between 1991 and 2008, the percentage of Utah women aged 18 or older who reported receiving a Pap test within the last three years decreased from 88.2% to 74.1%. iii

Colorectal cancer is one of the three most common cancers in Utah in terms of both incidence (34.5 cases per 100,000 residents in 2007)^{iv} and deaths (12.2 deaths per 100,000 residents in 2009).^v Colorectal cancer can be prevented by removing pre-cancerous polyps or growths, which can be present in the colon for years before invasive cancer develops. The growths can be found and removed during a routine colonoscopy.



The Strategy:

Mammograms are the best method to detect breast cancer early when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer.

The Utah Cancer Control Program (UCCP) provides free or low-cost clinical breast exams, mammograms, Pap tests, and pelvic exams to women who meet age and income guidelines. Eligible women with abnormal screening exams are offered diagnostic evaluation by participating providers. The UCCP also offers free colonoscopies to low-income, uninsured Utahns between the ages of 50 and 64 who have no symptoms of colon cancer.

The UCCP promotes these services through marketing campaigns in an effort to increase breast, cervical, and colorectal cancer screening. These campaigns are updated as new data and funding become available, and have proven to be an effective tool for increasing both enrollment in the UCCP and statewide screening numbers.

For example, the UCCP began its first colon cancer media campaign in 2003 to raise awareness of the importance of colon cancer screening. Thanks in part to the continuing media campaign, there has been a significant increase in the number of Utah residents who report having been screened for colon cancer. The proportion of Utah's population ages 50 and older who have ever had a sigmoidoscopy or colonoscopy increased dramatically from 44.1% in 1999 to 67.2% in 2008. There has also been a decline in colon cancer mortality, from 17.8 in 2000 to 12.2 per 100,000 in 2009.

The UCCP also recently began a new, two-year statewide media campaign in April 2011 to increase mammography screening for women ages 40-64 and to recruit women into Utah's breast and cervical cancer screening program. As a result, the number of calls to the hotline for information on free screening jumped from 180 in March to 478 in April, an increase of over 165%.

These services should continue to be marketed through targeted media campaigns that include television, radio, and print ads, in addition to intensive grassroots interventions.



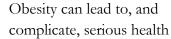
UTAH SOLUTIONS FOR A HEALTHY ECONOMY AND COMMUNITY

Utah's Winnable Health Battles:

Physical Activity, Nutrition, & Obesity

The Battle:

In 2010, 24.0 percent of Utah adults were obese – a figure that represents a more than doubling of Utah's adult obesity rate over the past two decades (a 142 percent increase) vii. In Utah's elementary schools, 20.4 percent of all students are at an unhealthy weight, meaning they are either obese or overweight (2010 data) viii.



Percentage of Obese Adults Over
Time, Utah and US

15%

10%

5%

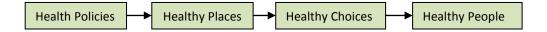
0%

Source: Utah and US BRFSS, age-adjusted to the 2000 US population

conditions, including coronary heart disease, high blood pressure, stroke, type 2 diabetes, certain types of cancer and arthritis, asthma, and premature death^{ix}. There is also an association between obesity and major depression. Utah's medical costs associated with obesity are estimated at \$393 million for 2008^x, part of the estimated \$147 billion in the United States. This rise in obesity prevalence added \$40 billion to the annual healthcare bill for obesity. That same year, people who were obese had an average annual medical cost of \$1,429, which was 42% higher than those who were within weight recommendations.

The Cost of Inaction:

Obesity rates are is rising faster than any previous public health issue our nation has faced, and if current trends continue, 103 million U.S. adults will be obese by 2018^{xi}. The annual healthcare cost



of obesity in the U.S. has doubled in less than a decade, making obesity now responsible for approximately 9.1% of all annual medical costs, compared to 6.5% in 1998. Obesity accounts for 8.5% of Medicare expenditures, 11.8% of Medicaid expenditures, and 12.9% of private insurance expenditures^{xii}.

If current rates continue, Utah could expect to see an estimated increase in obesity attributable healthcare spending from \$901 million in 2013 to \$2.3 billion by 2018. That would be approximately \$513 per person in 2013 to \$1,248 in 2018. If obesity rates stayed at the same level as 2008, that would result in savings of \$140 per person by 2013, or \$749 per person by 2018^{xiii}.

Beyond overweight and obesity, the determinants of excess weight, such as physical activity and proper nutrition, play a dramatic role in health status and health expenditures. Physical inactivity in Utah costs nearly \$257 million per year, or about \$2,700 per person if workplace productivity is taken into account xiv. Access to healthy foods is a vital part of creating a culture of health in worksites and communities. While financial outlooks are variable by nature, it is estimated that community based programs to increase physical activity, improve nutrition, and prevent tobacco use could provide a return on investment of \$5.60 for every dollar spent in five years xiv. For example, for every dollar invested in building bicycle and pedestrian trails, there is a nearly \$3 saving in medical costs xiv.

Businesses are in a unique position to measure the impact of overweight and obesity on healthcare costs. Businesses can partner with their healthcare plans to establish policy, environmental, and programmatic changes to improve the health of their employees and contain costs.

The Strategy:

The Utah Nutrition and Physical Activity plan identifies strategies to fight the obesity epidemic in school, community, workplace, and healthcare settings. The plan is currently being implemented through partnerships with state and local public health departments, health care organizations, community based organizations, and the business community. The focus of the plan is to propose strategies that change policies and environments such as incorporating non-motorized and mass transportation opportunities into state and local transportation policies, and increasing the availability of healthy foods in the community.

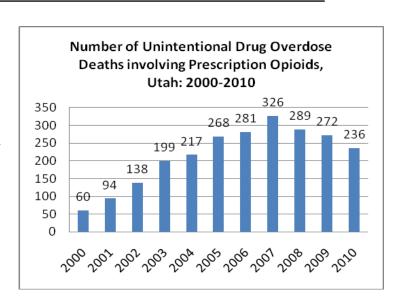
UTAH SOLUTIONS FOR A HEALTHY ECONOMY AND COMMUNITY

Utah's Winnable Health Battles:

Prescription Drug Misuse, Abuse and Overdose Deaths

The Battle:

Since 2003, more Utah residents have died each year from prescription drug overdoses than in car crashes. Over the past decade, Utah has experienced a more than 400 percent increase in deaths associated with misuse and abuse of prescription medications xvii. The majority of these deaths are unintentional – making prescription drug overdose the number one cause of injury deaths in Utah xviii.



Key Facts:

- In Utah, nearly 10% of high school seniors abused prescription narcotic drugs^{xix}.
- In 2008, 72% of Utahns who had been prescribed pain medication the previous year reported having leftover medication, and 71% of those Utahns reported keeping the medication^{xx}.
- Women make up about 50% of prescription drug overdose deaths each year
- In 2008, prescription drug overdose deaths occurred in 21 of Utah's 29 counties xxi
- In 2006, Utah was number one in the nation for rates of non-medical use of pain relievers.
- Utah has among the highest rates in the nation for unintentional prescription drug overdose deaths (in the top 10) xxiii.



The Strategy:

In 2007, the Utah Department of Health (UDOH) received funding from the State Legislature to develop the 'Use Only as Directed' public awareness campaign and the Prescription Pain Medication

Program (PPMP)^{xxiii}. The program worked to educate the public and providers about the dangers of prescription drug misuse and to research risk factors of the deaths. After the first year of the media campaign and provider education, the state experienced its largest decrease in prescription drug deaths since 1994.

Utah used a multi-pronged approach for reducing prescription drug overdose deaths by educating providers, patients, and the general public to increase knowledge about the potential dangers of prescription pain medication. Approaches included a media awareness campaign, opioid-prescribing guidelines, provider education via small group sessions, and collaboration among state agencies and interested parties xxiv. The media campaign materials and guidelines were well accepted in Utah and are available for other states to use, adapt, and distribute. To sustain a reduction in deaths, a continuing effort to educate the public and providers is needed. It is hoped that the lessons learned from this program can help inform other programs at the local and state levels.

Results:

The goal for the PPMP was to see a 15% decrease in the number of unintentional, opioid-related drug deaths by 2009 based on 2007 numbers.

In 2008, there was an 11% reduction in the number of unintentional, opioid-related drug overdose deaths, from 326 deaths in 2007 to 289 in 2008. This decrease has continued in 2009 and 2010 for an overall reduction of 28% from 2007 to 2010.

In order to sustain this decrease in prescription overdose deaths, educational efforts must continue and funding will be needed in order to maintain efforts.



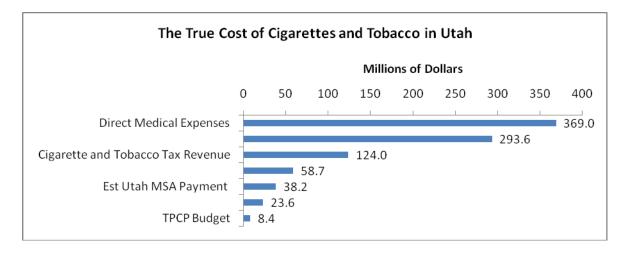
UTAH SOLUTIONS FOR A HEALTHY ECONOMY AND COMMUNITY

Utah's Winnable Health Battles:

Tobacco Prevention and Control

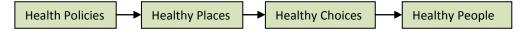
The Battle:

Smoking remains a leading cause of preventable death in Utah. Approximately 200,000 Utahns are current smokers. Each year more than 1,200 of them will die from tobacco-related causes^{xxv}. Utah spends \$663 million every year on smoking-attributable medical expenses and lost productivity^{xxvi}. The state's Medicaid program alone spends \$104 million per year on smoking-related healthcare costs^{xxvii}. Each year, the tobacco industry spends an estimated \$57.9 million marketing its products to children and adults in Utah ^{xxviii}.



Smoking harms nearly every organ of the body, causing or exacerbating many of the diseases the Utah Department of Health works to prevent. It is estimated that one-third of those who continue to smoke will eventually die from tobacco-related diseases. Approximately 17,000 Utah children are exposed to secondhand smoke in their homes xxix. This exposure is linked to increased risk for sudden infant death syndrome, acute respiratory infections, ear problems, bronchitis, and more severe asthma.

The risk for current tobacco use is significantly higher among Utahns with low household income, and less formal education. It is also significantly higher in Utahns with mental health or substance abuse issues, living in frontier areas, or certain racial/ethnic groups.



Utah's adult smoking rates vary considerably by small area and local health district. The small area with the highest rate of cigarette smoking was Rose Park (27.2%); Syracuse/Kaysville had the lowest rate at 1.9%. Small area data are used to identify and reach out to areas that are at higher risk for tobacco use.

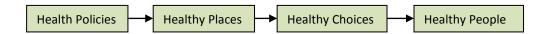
For example, in the Salt Lake Valley Health District (overall prevalence 10.6%), the small area rates range from low of 2.3% in Northeast Sandy to a high of 27.2% in Rose Park**xx.

The Strategy:

Utah has been effective in reducing the rate of tobacco use through community education, countermarketing efforts, and anti-tobacco policies and laws. The continuation of such efforts is critical to further reducing tobacco use rates, as well as preventing the use of emerging tobacco or nicotine products such as hookah, snus (a type of snuff), e-cigarettes, etc. The state must work to: develop and strengthen policies that establish tobacco-free norms in high-risk communities, schools, workplaces and healthcare settings; expand quit programs using new technologies (web and mobile applications); and promote strategies to prevent relapse in high-risk communities. We know what works, we have the tools, and the more dedicated we are to reducing tobacco use, the faster and greater gains Utah will see.

Looking ahead:

Despite many successes, more must be done to help those at greatest risk for tobacco-related disease and death, and to combat new tobacco products that threaten public health. Tobacco prevention efforts provide a return on investment for Utah. Each percentage point in actual decline of Utah's smoking rate means 18,000 fewer adult smokers, 1,700 fewer high school smokers, and \$315,000,000 in savings in future healthcare costs xxxii.



UTAH SOLUTIONS FOR A HEALTHY ECONOMY AND COMMUNITY

References:

¹ Cancer Deaths. Retrieved on August 15, 2011 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/.

Breast Cancer-Mammography. Retrieved on August 15, 2011 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/.

ⁱⁱⁱ Cervical Cancer Screning (Pap). Retrieved on August 15, 2011 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/.

^{iv} Colon Cancer Incidence. Retrieved on August 15, 2011 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/.

^v Colon Cancer Deaths. Retrieved on August 15, 2011 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/.

vi Colon Cancer Screening. Retrieved on August 15, 2011 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/.

vii Office of Public Health Assessment (2010). Percentage of adults 18+ who were obese, 1989-2009. Behavioral Risk Factor Surveillance System, Utah Department of Health. Available at http://ibis.health.utah.gov/indicator/view/Obe.UT US.html.

Physical Activity, Nutrition, & Obesity Program (2010). Utah Height/Weight Survey, Utah Department of Health.

^{ix} US Department of Health and Human Services (USDHHS)(2008). *2008 Physical Activity Guidelines for Americans*. Washington, DC: USDHHS. http://www.health.gov/paguidelines/default/aspx.

^x Finkelstein, E.A., Fiebelkorn, I.C., & Wang, G. (2004). State level estimates of annual medical expenditures attributable to obesity. Obesity Research, vol 12, 18-24.

^{xi} United Health Foundation, American Public Health Association, & Partnership for Prevention (2009). The future costs of obesity: National and state estimates of the impact of obesity on direct health care expenses. Available at http://www.americashealthrankings.com/2009/report/Cost%200besity%20Report-final.pdf.

^{xii} Finklestein, E.A., Trogdon, J.G., Cohen, J.W., & Dietz, W. (2009). Annual medical spending attributable to obesity: Payer and service specific estimates. Health Affairs 28(5), w822-w831; DOI 10.1377/hlthaff.28.5.w822.

united Health Foundation, et al (2009). The future costs of obesity: National and state estimates of the impact of obesity on direct health care expenses.

xiv East Carolina University. (2006). Physical Inactivity Cost Calculator. East Carolina College of Health Education & Promotion. Available at http://www.ecu.edu/picostcalc/

- ^{xv} Trust for America's Health (2008). Prevention for a healthier America: Investments in disease prevention yield significant savings, stronger communities, Washington, D.C.
- wi Wang, G., Macera, C.A., Scudder-Soucie, B. (2005). A cost benefit analysis of physical activity using bike/pedestrian trails. Health Promotion Practice, 6(2), 174-179.
- wii Website of the "Use Only as Directed" campaign. Utah Department of Health. Available at http://www.useonlyasdirected.org.
- viii Utah Department of Health. Utah Health Status Update: Prescription Medication Overdose Deaths in Utah. November 2008. Available at:

http://health.utah.gov/prescription/pdf/Utah%20Health%20Status%20Update%20final.pdf

- xix www.dsamh.utah.gov/docs/sharp statewide report 2009.pdf
- www.useonlyasdirected.org.
- wi Utah Department of Health. Utah Health Status Update: Prescription Medication Overdose Deaths in Utah. November 2008. Available at:

http://health.utah.gov/prescription/pdf/Utah%20Health%20Status%20Update%20final.pdf

- ^{xxii} Centers for Disease Control and Prevention. Increase in poisoning deaths caused by non-illicit drugs—Utah 1991-2003. *MMWR Morb Mortal Wkly Rep* 2005; 54(02):33-6.
- wiii Website of the "Use Only as Directed" campaign. Utah Department of Health. Available at http://www.useonlyasdirected.org. Accessed December 7, 2010.
- Rolfs RT, Johnson E, Williams NJ, Sundwall DN. Utah clinical guidelines on prescribing opioids for treatment of pain. *J Pain Palliat Care Pharacother* 2010; 24(3):219-35.
- National Center for Chronic Disease Prevention and Health Promotion. (2010). Tobacco Control State Highlights 2010. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved August 11, 2011 from

http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/supplement/index.htm.

- National Center for Chronic Disease Prevention an Health Promotion. (2010). State Tobacco Activities Tracking and Evaluation (STATE) System. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved August 11, 2011 from http://apps.nccd.cdc.gov/statesystem/DetailedReport/DetailedReports.aspx.
- xxvii Sustaining State Programs for Tobacco Control Highlights 2006. Retrieved August 15, 2011 from http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/index.htm
- xxviiiTobacco Prevention and Control in Utah, Eleventh Annual Report, August 2011; Utah Department of Health.
- xxix Utah Department of Health. Utah Healthcare Access Survey, 2008.
- xxx Tobacco Prevention and Control in Utah, Eleventh Annual Report, August 2011; Utah Department of Health.

*****Benefits & Savings From Each One Percentage Point Decline in Utah Smoking Rates, November 2010. Campaign for Tobacco-Free Kids.

For more information about these issues contact:

Teresa Garrett: Division Director, Division of Disease Control and Prevention

Heather Borski: Bureau Director, Bureau of Health Promotion

Lynda Blades: Program Manager, Physical Activity, Nutrition and Obesity

Amy Sands: Tobacco Program Manager

Trisha Keller: Violence and Injury Prevention, Program Manager

Kathyrn Rowley, Cancer Program Manager