# Utah Health Gaps Report

What's driving health differences across
the state and how can those gaps be closed?

Every year, **over 2,200 deaths in Utah could be avoided** if all residents in the state had a fair chance to be healthy.

If residents of all counties in Utah had the same opportunities for health, there could be:

**65,000** fewer adult smokers

**48,000** fewer adults who are obese

**86,000** fewer people who are uninsured

**45,000** more adults, ages 25-44, with some education beyond high school

**12,000** fewer people who are unemployed

**45,000** fewer children in poverty

**4,900** fewer violent crimes

**48,000** fewer households with severe housing problems

# Introduction

Why is there so much difference in the health of residents in one county compared to other counties in the same state? In this report, the *County Health Rankings & Roadmaps* program explores how wide gaps are throughout Utah and what is driving those differences.

This information can help Utah state leaders as they identify ways for everyone to have a fair chance to lead the healthiest life possible. Specifically, this document can help state leaders understand:

1. What health gaps are and why they matter
2. The size and nature of the health gaps among counties within Utah
3. What factors are influencing the health of residents, and
4. What state and local communities can do to address health gaps.

## What are health gaps and why do they matter?

As a country, we have achieved significant health improvements over the past century. We have benefited from progress in automobile safety, better workplace standards, good schools and medical clinics, and reductions in smoking or infectious diseases. But when you look closer, within each state across the country—including Utah—there are significant differences in health outcomes according to where people live, learn, work, and play. It is clear that not all Americans have the means and opportunity to be their healthiest.

*Gaps in length and quality of life.* Residents in one county are more likely to die prematurely or not be as healthy as residents in another county in the same state if they do not have the same kinds of opportunities to be their healthiest.

*Gaps in the factors that influence health.* Health is influenced by every aspect of how and where we live. Access to affordable housing, safe neighborhoods, job training programs and quality early childhood education are examples of important changes that can put people on a path to a healthier life even more than access to medical care. But access to these opportunities varies county to county. This limits choices and makes it hard to be healthy.

Poor health disproportionately burdens people who live in places that limit opportunities to live long and well. These gaps in health outcomes are costly and preventable. Gaps in health could be narrowed, if not eliminated, if we took steps to create more equitable opportunities. Improving education in counties that need it most is one example. That step and others can lead to higher incomes and more lifetime stability.
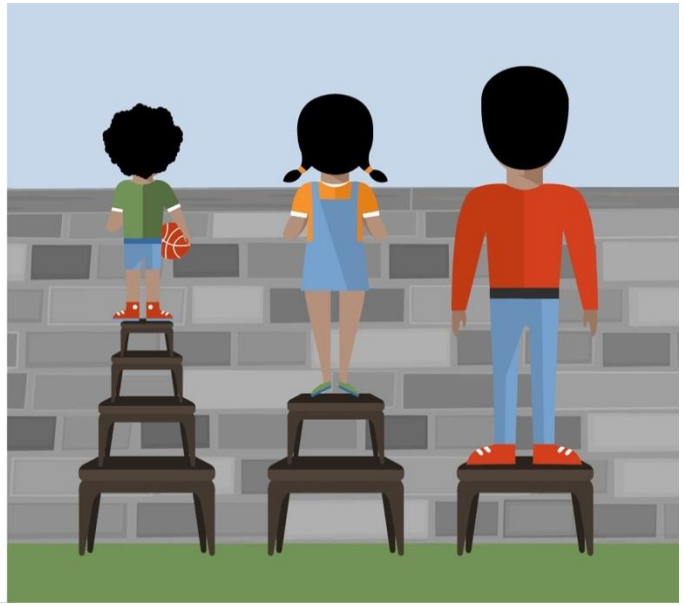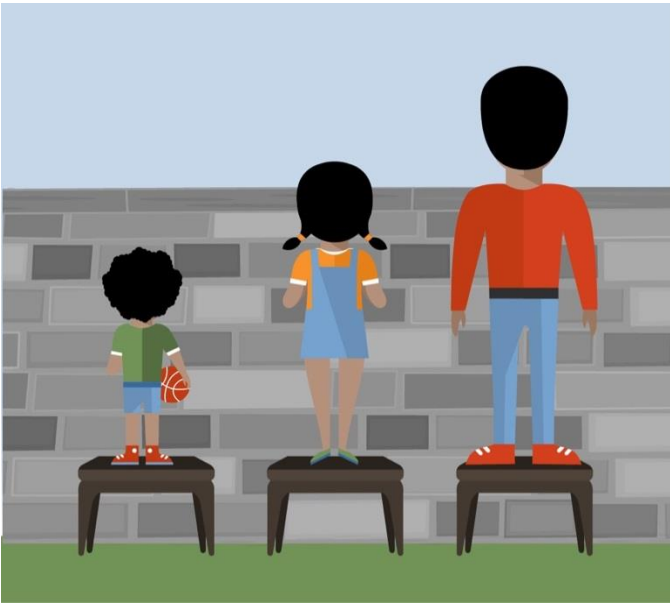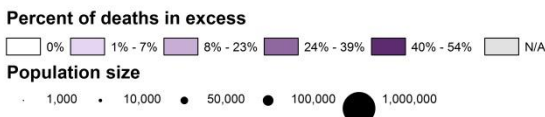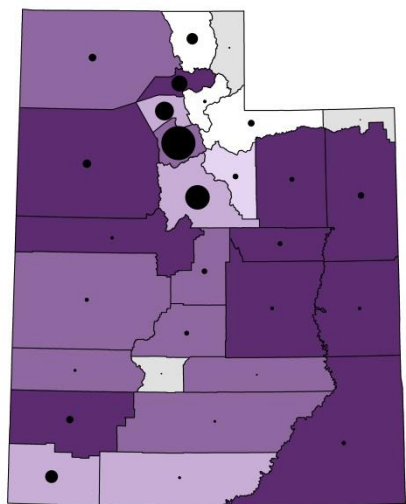
Giving everyone a fair chance to be healthy does not necessarily mean offering everyone the same resources to be healthy, but rather offering people specific resources necessary for their good health. For example, consider three children of different heights. Offering them all the same size bench to stand on would mean that shorter children do not have a fair chance to see over the wall. Offering each child a bench to stand on that is the right size for their height gives all children a fair chance to see over the wall.

Health gaps can exist in many dimensions—for residents across neighboring county lines, or between various groups within a community according to race, ethnicity, age, income, education or sexual orientation, among others. For this report, we focus on the gaps in opportunities for health that exist between counties within Utah, and provide strategies to address factors that influence these differences.

# How big are the gaps in health outcomes between counties within Utah?

Every year, **over 2,200 deaths in Utah could be avoided** if all residents in the state had a fair chance to be healthy.



**Percent of deaths in excess**

0% | 1% - 7% | 8% - 23% | 24% - 39% | 40% - 54% | N/A

**Population size**

· 1,000   · 10,000   ● 50,000   ● 100,000   ⬤ 1,000,000

## What do gaps in opportunities for health mean for people in Utah?

If residents of all counties in Utah had the same opportunities for health,* there could be:

- 65,000 fewer adult smokers
- 48,000 fewer adults who are obese
- 86,000 fewer people who are uninsured
- 45,000 more adults, ages 25-44, with some education beyond high school
- 12,000 fewer people who are unemployed
- 45,000 fewer children in poverty
- 4,900 fewer violent crimes
- 48,000 fewer households with severe housing problems

* see page 6

Most of Utah's 2,200 excess deaths tend to occur in counties with higher populations (such as Weber and Salt Lake). However, some counties with smaller populations also have a disproportionate share of avoidable lives lost. For example, over 54 percent of premature deaths in Carbon County could be avoided if Carbon residents had the opportunities of those in healthier counties (no shading).

Of course, population size is not the only factor that state leaders should take into account when selecting strategies to solve health gaps. We know that there are many factors that shape health. The next page of this report highlights factors state leaders may want to pay particular attention to as they work to improve health for all.

# Highlighted health gaps in Utah

**Highlighted measures (➡) indicate** *meaningful gaps* **that policymakers and leaders may want to examine more closely.** We define *meaningful gaps* as those that are noteworthy or statistically different from a state or U.S. value for factors that have the greatest influence on health (e.g., social and economic factors have a greater influence than clinical care). The best and worst counties represent the top and bottom 10% of county-level values for a given measure in the state or the U.S., respectively.

| HEALTH FACTORS | Best UT Counties | Worst UT Counties | UT Mean | Best US Counties |
|---|---|---|---|---|
| **Health Behaviors** | | | | |
| **Adult smoking:** adults who are current smokers | 6% | 18% | 9% | 14% |
| **Adult obesity:** adults that report a BMI of 30 or more | 22% | 30% | 25% | 25% |
| **Food environment index:** access to healthy food and food insecurity | 8.0 | 4.2 | 7.4 | 8.4 |
| **Physical inactivity:** adults reporting no leisure-time physical activity | 14% | 24% | 17% | 20% |
| **Access to exercise opportunities:** adequate access to locations for physical activity | 94% | 41% | 87% | 92% |
| **Excessive drinking:** adults reporting binge or heavy drinking | 5% | 14% | 9% | 10% |
| **Alcohol-impaired driving deaths:** driving deaths with alcohol involvement | 0% | 46% | 20% | 14% |
| **Sexually transmitted infections:** newly diagnosed chlamydia cases per 100,000 population | 68 | 347 | 267 | 138 |
| **Teen births:** births per 1,000 females ages 15-19 | 18 | 54 | 30 | 20 |
| **Clinical Care** | | | | |
| **Uninsured:** population under age 65 without health insurance | 13% | 22% | 16% | 11% |
| **Primary care physicians:** ratio of population to primary care physicians | 1,084:1 | 3,611:1 | 1,768:1 | 1,039:1 |
| **Dentists:** ratio of population to dentists | 1,276:1 | 3,391:1 | 1,501:1 | 1,362:1 |
| **Mental health providers:** ratio of population to mental health providers | 250:1 | 1,344:1 | 434:1 | 383:1 |
| **Preventable hospital stays:** hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 24 | 75 | 34 | 41 |
| **Diabetic monitoring:** diabetic Medicare enrollees, ages 65-75, that receive HbA1c monitoring | 88% | 70% | 84% | 90% |
| ➡ **Mammography screening:** female Medicare enrollees, ages 67-69, that receive mammography screening | 67% | 42% | 60% | 71% |

| HEALTH FACTORS | Best UT Counties | Worst UT Counties | UT Mean | Best US Counties |
|---|---|---|---|---|
| **Social & Economic Factors** | | | | |
| **High school graduation:** ninth-grade cohort that graduates in 4 years | 92% | 73% | 80% | 93% |
| **Some college:** adults ages 25-44 with some post-secondary education | 73% | 53% | 69% | 71% |
| **Unemployment:** population 16+ that are unemployed but seeking work | 4% | 9% | 4% | 4% |
| **Children in poverty:** children under age 18 living in poverty | 10% | 25% | 15% | 13% |
| **Income inequality:** ratio of 80th/20th percentile of income | 3.2 | 4.6 | 3.9 | 3.7 |
| **Children in single-parent households:** children that live in a household headed by a single parent | 11% | 24% | 19% | 20% |
| **Social associations:** social associations per 10,000 population | 8 | 0 | 4 | 22 |
| **Violent crime:** violent crime offenses per 100,000 population | 30 | 228 | 205 | 59 |
| **Injury deaths:** deaths due to injury per 100,000 population | 46 | 123 | 61 | 50 |
| **Physical Environment** | | | | |
| **Air pollution:** average daily density ($\mu g/m^3$) of fine particulate matter (2.5) | 9.1 | 12.6 | 11.4 | 9.5 |
| **Drinking water violations:** population potentially exposed to water exceeding violation limit during past year | 0% | 37% | 9% | 0% |
| **Severe housing problems:** households with ≥ 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen or plumbing facilities | 10% | 18% | 16% | 9% |
| **Driving alone to work:** workforce that drives alone to work | 68% | 82% | 76% | 71% |
| **Long commute - driving alone:** among workers who commute in their car alone, those that commute more than 30 minutes | 11% | 37% | 23% | 15% |
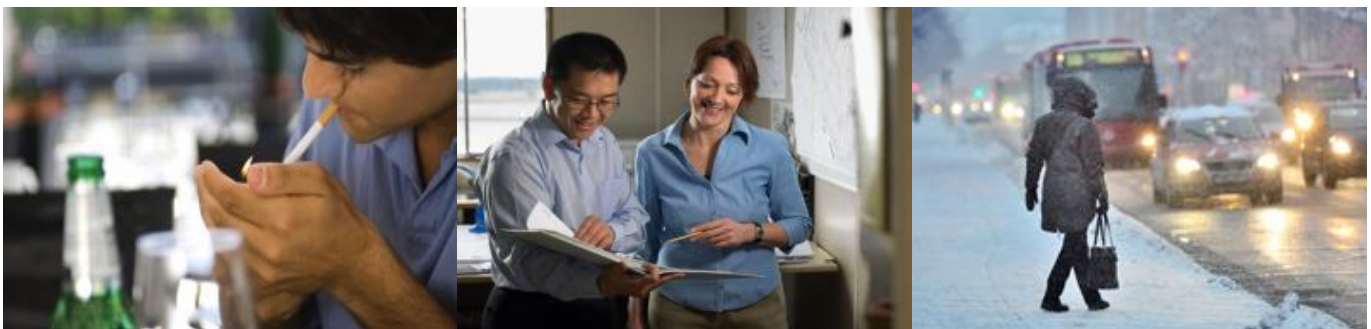
# What can be done to help close gaps in Utah?

Here are some examples of evidence-informed strategies to improve the above highlighted health factors:

➔ **Quality of Care (Mammography screening)**
- Culturally adapted health care Tailor health care to patients' norms, beliefs, and values, as well as their language and literacy skills
- Interventions to improve health literacy Offer outreach and education with enhanced written materials and other approaches to increase patients' health-related knowledge

➔ **Education (High school graduation)**
- Community schools Combine academics, physical health, mental health, and social service resources for students and families through partnerships with community organizations
- Dropout prevention programs Provide services such as remedial education, vocational training, case management, health care, and transportation assistance, to help students complete high school
- Targeted truancy interventions Support interventions that provide at-risk students and families with resources to improve self-esteem, social skills, discipline, and unmet needs in order to increase school attendance
- Universal pre-kindergarten (pre-K) Provide pre-K education to all 4-year-olds, regardless of family income

➔ **Income (Children in poverty)**
- Earned income tax credits Look for ways to expand various earned income tax credits for low to moderate income working individuals and families
- Funding for child care subsidy Increase financial assistance to working parents or parents attending school to pay for center-based or certified in-home child care
- Living wage laws Establish locally or state mandated wages that are higher than federal minimum wage levels
- Paid family leave Provide employees with paid time off for circumstances such as a recent birth or adoption, a parent or spouse with a serious medical condition, or a sick child

➔ **Family and Social Support (Social associations)**
- Activity programs for older adults Encourage group educational, social, or physical activities that promote social interactions, regular attendance, and community involvement
- Early childhood home visiting programs Provide parents with information, support, and/or training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors
- Extracurricular activities Support organized social, academic, or physical activities for school-aged youth outside of the school day

➡ **Housing and Transit (Severe housing problems)**

- Housing rehabilitation loans and grants Provide funding, primarily to low or median income families, to repair, improve, or modernize dwellings and remove health or safety hazards
- Low-income housing tax credits Provide funding via tax credits at the state and local level for the development costs of low income rental housing
- Mixed-use development Support a combination of land uses (e.g., residential, commercial, recreational) in development initiatives, often through zoning regulations
- Service-enriched housing Coordinate permanent, basic rental housing with social services available onsite or by referral, usually for low-income families, seniors and people with disabilities



## Choosing strategies that work

Taking time to choose policies and programs that have been shown to work in real life and that are a good fit for your state will maximize the chances of success. Focusing on policy, systems, and environmental changes – or implementing programs in a broad, systematic way – can lead to the most substantial improvements over time.

The strategies listed above are among many resources in *What Works for Health*, a searchable database of policies or programs that have worked in other places or are recommended by unbiased experts.

**Visit *What Works for Health* at countyhealthrankings.org/what-works-for-health for information on these and other strategies to improve health in Utah.**

## How have states and local communities taken action?

The approach to reducing health gaps is not 'one size fits all.' Each state and community has different assets and opportunities they can use.

Many communities across the U.S. are already addressing health gaps and building a Culture of Health. States and local communities have improved health by taking action and making changes. Just look at community revitalization efforts, the expansion of education programs that empower young people, and local and state economic development.

**For more detailed tools and guidance on how to improve health for all, visit the *Roadmaps to Health* Action Center: www.countyhealthrankings.org/ roadmaps/action-center**

**Robert Wood Johnson Foundation Culture of Health Prize**

State and local efforts can harness the collective power of leaders, partners, and community members to provide everyone with opportunities for better health. The 2015 *RWJF Culture of Health Prize* winners are prime examples of making this a reality. Here are links to examples of how these communities are cultivating a shared belief in good health for all:

- Bridgeport, Connecticut
- Bronx, New York
- Everett, Massachusetts
- Kansas City, Missouri
- Lawrence, Massachusetts
- Menominee Nation, Wisconsin
- Spartanburg County, South Carolina
- Waaswaaganing Anishinaabeg (Lac du Flambeau Tribe), Wisconsin

# About County Health Rankings & Roadmaps

The *County Health Rankings & Roadmaps* program brings actionable data and strategies to communities to make it easier for people to be healthy in their neighborhoods, schools, and workplaces. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is keeping people healthy or making them sick. The *Roadmaps* show **what we can do** to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

Visit the *County Health Rankings & Roadmaps* website at www.countyhealthrankings.org to learn more about the *Rankings*, the health gaps for each state, and how you can take action in your community.
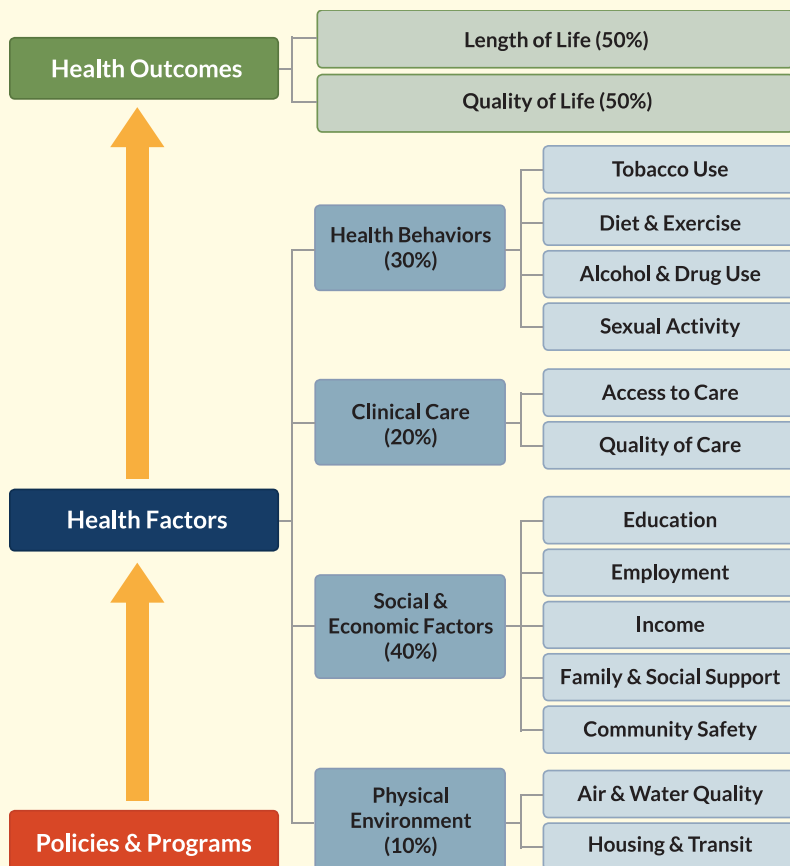
## How did we measure excess deaths?

Excess deaths were estimated using two measures: population size and the difference in premature mortality risk between the county's age-adjusted mortality rate and the rate for the top performing 10% of counties within each state or region (for states with fewer, less populated counties). Premature deaths were considered those that occurred before the age of 75. Mortality rates were calculated using CDC WONDER data for 2011-2013. For each county, we examined the difference in mortality rates and then applied this risk difference to the county's population to estimate the number of excess deaths. To estimate the total for each state, the number of excess deaths was tallied for each county within the state.

This approach considers both the magnitude of the gap in mortality rates and the population living with that rate. So, if two communities had the same mortality risk gap, more excess deaths would be observed in the community with the larger population. Similarly, if two communities had the same population size, more excess deaths would be observed in the community with the greatest gap in mortality risk.

## How did we identify health factors to improve?

*County Health Rankings* data can help to identify factors with meaningful differences across counties. Accounting for the relative influence of various factors on health outcomes, a range of techniques were used to identify those factors that seem to have the greatest potential opportunity for improvement. We identified measures where there are meaningful differences between the state's or poor performing counties' value and that of a U.S. or state reference value for the factor. Meaningful differences indicate that for a given state, the magnitude of the difference is consequential and/or statistically significant compared to this reference value.



**Health Outcomes**
- Length of Life (50%)
- Quality of Life (50%)

**Health Factors**

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment (10%)
- Air & Water Quality
- Housing & Transit

**Policies & Programs**

*County Health Rankings* model © 2014 UWPHI

# Credits

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