



NOVEMBER, 2008

UNDERGROUND

OBESITY IS A NATIONAL EPIDEMIC AND A GROWING PROBLEM IN UTAH

Obesity in the U.S. population has been increasing steadily over the past 20 years; severe obesity has increased the fastest.¹ Public health officials now consider it a national epidemic.

Although Utah ranked 47th lowest in the nation in 2007 obesity rates, an alarming number of individuals are at risk for preventable diseases that frequently result in death.² In 2007, more than 1,000,000 Utahans (57% of adults) were overweight or obese. Nearly 2/3 (64.1%) of men and almost half (48.2%) of women were overweight. For both sexes, the percentage of overweight/obese adults increased with age until age 65.³ By age 40, nearly 75% of Utah men were at an unhealthy weight.

What is obesity? “Obesity” refers to an excessive amount of body fat; “overweight” refers to an excessive amount of body weight that includes muscle, bone, fat, and water. Most health care professionals agree that men with more than 25 percent body fat and women with more than 30 percent body fat are obese.

From: Understanding Adult Obesity. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute of Health. NIH Publication No. 01-3680. October 2001, Updated March 2006.

It is common knowledge that being overweight is “bad” for our health, but you may not know all the health consequences. In this brief article I note what many of these consequences are. For some, being even a few pounds overweight can significantly affect their health. For others, health problems begin with obesity.



*Obesity is a
chronic condition*

Effects of being overweight are similar to those of smokers or problem drinking. Compared with smoking or drinking, obesity is a greater trigger for health problems and increased health spending.⁵ For example, obese individuals have 30%-50% more chronic medical problems than smokers or problem drinkers.

Health consequences of overweight and obesity are presented below.



University Health Care
Miners Hospital 

50 N Medical Drive
Salt Lake City, Utah 84132

Telephone: 801-581-2251

Toll-free: 866-UMINERS (866-864-6377)

Fax: 801-585-0452

E-mail: miners.hospital@hsc.utah.edu

Website: http://uuhs.utah.edu/miners_hospital

Editor: Dana Hughes, RN, PhD

PREMATURE AGING AND DEATH

Effects of obesity are similar to 20 years of aging⁵

Obese individuals, compared to individuals with a healthy weight, have a 50 – 100% increased risk of premature death from all causes.⁴ An estimated 112,000 to 365,000 deaths per year may be attributable to obesity⁶

A weight excess of 10-20 pounds for adults of average height increases the risk of death, particularly among adults ages 30 – 64 years⁴

How is obesity measured?

Body Mass Index (BMI) is an indirect easy way that body fat is measured. It is calculated by dividing a person's weight in pounds by height in inches squared and multiplied by 703.

A BMI of 25 to 29.9 generally indicates a person is overweight; a BMI of 30 or higher is generally considered obese. However, a very muscular individual may have the same body mass index as someone who has excess fat.

Why is location of body fat important?

Individuals who carry fat around their waist are more likely to develop obesity-related health problems. Men typically store fat around their belly, whereas women typically store fat in their hips and buttocks. However, women may collect fat around their belly, particularly after menopause. Women whose waist measurement is greater than 35 and men whose waist measure is greater than 40, compared to individuals with lesser waist measurements, may have increased risk for health problems associated with obesity.

From: Understanding Adult Obesity. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute of Health. NIH Publication No. 01-3680. October 2001, Updated March 2006.

HEART DISEASE⁴

- Heart disease is increased in overweight or obese individuals (includes heart attack, sudden cardiac death, angina or chest pain, congestive heart failure, and abnormal heart rhythm).
- High blood pressure is twice as common in adults who are obese, compared to adults of healthy weight
- Obesity is associated with elevated triglycerides (blood fat) and decreased HDL cholesterol (good cholesterol)

DIABETES

- Excess weight, especially weight around the middle, are strong risk factors for the development of diabetes - type 2⁷
- Diabetes was the seventh leading cause of death listed on U.S. death certificates in 2006.⁸

BREATHING PROBLEMS⁴

- Obesity is associated with a higher prevalence of asthma
- Sleep apnea (interrupted breathing while sleeping) is more common in obese individuals

ARTHRITIS⁴

- The risk of developing arthritis is increased 9 – 13% for every 2-pound increase in weight
- Symptoms of arthritis may improve with weight loss

CANCER⁴

- Overweight and obesity are associated with increased risk for some cancers including endometrial (cancer of the lining of the uterus), colon, gall bladder, prostate, kidney, and postmenopausal breast cancer

REPRODUCTIVE COMPLICATIONS⁴

- Obesity in women is associated with irregular menstrual cycles and infertility
- Mother's obesity is associated with complications of pregnancy (high blood pressure, gestational diabetes, problems during labor and delivery, and death)
- Infants of obese mothers are at increased risk for birth defects, high birth weight, cesarean section delivery, low blood sugar, and death.

ECONOMIC COSTS OF OVERWEIGHT/OBESITY⁶

- Obese individuals have higher health care costs compared to normal weight individuals
 - 45% more hospital days
 - 36% higher spending for inpatient and outpatient services
 - 77% higher medication spending
- Obesity accounts for about 9.1% of total annual medical care costs
- Obesity-related disabilities cost employers an average of \$8,720 per claimant per year for wage indemnity

- Obesity is associated with 39 million lost work days; 239 restricted-activity days; 90 million bed days; and 63 million physician visits

Dana C. Hughes, RN, PhD

REFERENCES

1. Rand Corporation. Obesity and disability The shape of things to come. Research Highlights RAND Health. www.rand.org. Accessed 08-27-2008
2. Utah Department of Health. UDOH gets Fed's help in obesity fight. June 30, 2008, News Release
3. Utah Department of Health. Utah Health Status Update: Overweight/Obese. September, 2007.
4. Office of Disease Prevention & Health Promotion. Surgeon General's call to action to prevent and decrease overweight and obesity: U.S. Department of Health and Human Services, Public Health Service, Office of Surgeon General. 2001. Publication available on World Wide Web - <http://surgeongeneral.gov/library>
5. Sturm, R. The effects of obesity, smoking, and drinking on medical problems and costs. *Health Affairs*. Mar / Apr, 2002, pp 245-253
6. National business group on health. Healthy weight, healthy lifestyles Primary Fact Sheet for the Institute on the Costs and Health Effects of Obesity. Feb 1, 2007. <http://www.businessgrouphealth.org/pdfs/obesity factsheet.pdf>. Accessed 9/9/2008
7. Parmet S, Lynn C, Glass RM. Weight and diabetes. *JAMA*. 299(23), June 18, 2008, p 2814
8. CDC. National Diabetes Fact Sheet, 2007. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf, Accessed 9/9/2008.

SAVE THE DATES

June 23 – June 24, 2009

Third Annual Conference on
Drug Use In & Out of the Mines

Co-sponsors: Miners Hospital &
School on Alcoholism & Other Drug
Dependencies, University of Utah

Where: University of Utah campus
Salt Lake City, Utah

WHY SO MANY STRUGGLE WITH WEIGHT ISSUES¹

Many people eat too much and are not active enough. Although eating and activity levels are most often an individual choice, many factors such as the availability of high caloric and high fat foods make it hard to make healthy food and physical activity choices.

The choices YOU make determine if you will be successful in achieving and maintaining a healthy weight.

Several strategies can be used to achieve and maintain a healthy weight:^{1,2}

- Become aware of what you eat, how much you eat and when you eat. It may be helpful to keep a food diary for a few days.
- Eat portion sizes that are appropriate for your age and body needs. Learn about portion distortion and the healthy way to fill your plate.
- Eat smaller meals more often rather than three large meals daily. Balance your food intake with your activity level.
- Learn what emotions trigger your eating behavior. Find ways to deal with your emotions that do not include food.
- Think in terms of health lifestyle changes rather than "dieting."
- Increase your physical fitness by focusing on three areas:
 - cardiovascular exercise
 - flexibility
 - strength training

Dana C. Hughes, RN, PhD

REFERENCES

1. Checkyourhealth.org. Your weight and your health. http://www.checkyourhealth.org/cyh_kutv.htm. Accessed 9/12/08
2. Checkyourhealth.org. Well-rounded Fitness. http://www.checkyourhealth.org/pa/pa_well_rounded.htm. Accessed 9/12/08

NOVEMBER IS COPD AWARENESS MONTH

COPD is the 4th leading cause of death in the U.S. More than 12 million people are diagnosed with COPD and an additional 12 million likely have the disease and do not know it. From 15 – 19% of COPD cases are work-related.

WHAT IS COPD?

COPD is a serious lung disease that over time makes it hard to breath. You may have heard it called other names, like emphysema or chronic bronchitis. In people who have COPD, the lung airways are partly blocked, which makes it hard to get air in and out.

ARE YOU AT RISK?

The primary risk factor is smoking. Long-term smoking is responsible for 80-90% of cases. Prolonged exposure to harmful particles and gases (secondhand and industrial smoke, chemical gases, vapors, mists and fumes, and dust from grains, rocks, coal, and other minerals) is a risk factor for many workers.

WHAT ARE SYMPTOMS OF COPD?

- Constant chronic coughing
- Shortness of breath while doing activities you used to be able to do
- Excess sputum production
- Feeling like you can't breathe
- Not being able to take a deep breath
- Wheezing

When COPD is severe, shortness of breath and other symptoms can get in the way of doing even the most basic tasks, such as doing light housework, taking a walk, and even bathing and getting dressed.

COPD develops slowly, and can worsen over time, so be sure to report any symptoms you might have to your doctor as soon as possible, no matter how mild they may seem.

COPD RESOURCES ON THE INTERNET

<http://www.lungusa.org>

<http://www.nhlbi.nih.gov/health/public/lung/copd/index.htm>

REFERENCES

1. U.S. Department of Health and Human Services, NIH, NHLBI. COPD: Are You at Risk?
2. American Lung Association. Breathing Hazards at Work, Workplace Exposures Can Generate Breathing Hazards. www.lungusa.org
3. Miners Hospital, University of Utah & Utah Department of Health, Asthma Program. COPD Chronic Obstructive Pulmonary Disease. http://uuhsc.utah.edu/miners_hospital/materials.htm

STAFF NOTES

Currently, 289 miners are active members of the Miners Health Trust Plan.

Carolyn Wiggins, RN, BSN, is Manager of the Miners Hospital, Joseph Webster, MD, is Medical Director.

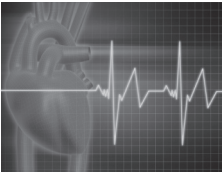
Thanks to Dr. Maria Swartz for her service to miners this past year.

Health education programs were scheduled in Price and Magna in 2008:

- Musculoskeletal injuries and disorders related to the Mining Industry by Dr. Joseph Webster, Medical Director, Miners Hospital
- Why You should be concerned about alcohol and drug abuse in and out of the mines. A drug free work environment begins on the weekend by Craig PoVey, LCSW. Utah Division of Substance Abuse & Mental Health
- Understanding your medication coverage and Medicare by Kristin Fox-Smith, University Hospital Pharmacy Billing Service

A conference for the mining industry was conducted in June, 2008 on the University of Utah campus as part of the School on Alcoholism and Other Drug Dependencies. Safety First: Be part of the solution to prevent substance abuse in the mine was co-sponsored by the Miners Hospital and the School on Alcoholism and Other Drug Dependencies, University of Utah

Miners Hospital staff visited Senior Centers in Goshen, Huntington, Tooele, Beaver, Milford, Salina and Gunnison to discuss services of the Miners Hospital. They also met with managers of the Canyon Fuel Co- Sufco Mine in Salina.



Can You Recognize a Heart Attack?

More than 6,500 individuals were treated in Utah hospitals for a heart attack in the years 2004-2006; 6.4% of these individuals died.¹ However, Utah deaths due to heart attack are likely higher as one U. S. study demonstrated that almost half of cardiac deaths occur within 1 hour of symptom onset, before individuals reach a hospital.²

It is now known that rapid access to emergency cardiac care, receipt of advanced treatment, and the potential for surviving a heart attack all depend on the following:

- **Rapidly recognizing warning signs and symptoms of heart attack and**
- **Immediately receiving emergency care**

FAST ACTION can save lives, perhaps your own. CALL 9-1-1

If you are unable to access emergency medical services, have someone drive you to the nearest hospital.

REFERENCES

1. Heart Attack Deaths in Utah Hospitals, <http://health.utah.gov/myhealthcare/reports/2007/heartUpdate/quality/heartattack.pdf>
2. Zheng ZJ, Croft JB, Giles WH, et al. Sudden cardiac death in the United States, 1989 to 1998. *Circulation* 2001;104:2158-63
3. American Heart Organization. Heart Attack, Stroke and Cardiac Arrest Warning Signs. <http://www.americanheart.org/>

Warning Signs of Heart Attack

Some heart attacks are sudden and intense, but most start slowly, with mild pain or discomfort.

- Chest pain or discomfort in center of chest that may come and go. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Pain or discomfort in other areas of upper body including jaw, neck, back, arms, shoulders and/or stomach.
- Shortness of breath with or without chest discomfort.
- Feeling weak, lightheaded, nauseated or breaking out in cold sweat.

Chest pain or discomfort is the most common heart attack symptom. However, women, compared with men, are more likely to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

MINERS HOSPITAL ADVISORY COUNCIL

This council was established to evaluate compliance of the Miners Hospital with the court ordered settlement and to make recommendations regarding the delivery of health services to disabled miners. Current members representing the mining community are Warren Oviatt, Grant Howell, Colleen Burgess, and Anita O'Neil. Members representing the University of Utah are Kathy Anderson, Gordon Crabtree, Rob Lloyd and John Michael.

Notes from Grant Howell, Advisory Council Member

It is a great honor to serve on the Miners Hospital Advisory Council and represent the United Mine Workers of America. It is rewarding to know that Utah miners are receiving the care that they need. I value my associations with the Miners Hospital staff who are so dedicated and informed about health problems and injuries that occur in the mining workplace. Sunny Vance-Lauritzen, Carolyn Wiggins, Dana Hughes and Holly Horton have been on board since the creation of the Miners Hospital in 2004. Shauna Vincent joined the staff as the demand for services of the Miners Hospital increased. Joseph Webster, MD, has served as Medical Director for the past two years. It is with great pride that I thank them for their hard work and dedication. I have yet to receive a negative comment from miners who have received services from the Miners Hospital.

MINERS HOSPITAL

The Miners Hospital was created in 2004 using funds from Federal land grants provided to the State of Utah. The Miners Hospital is part of the University of Utah Rehabilitation Center located in Salt Lake City, Utah. The Miners Clinic is held at the University of Utah Parkway Community Clinic in Orem, Utah.

WHO IS ELIGIBLE FOR SERVICES?

Any miner who

1. Has worked in a Utah coal, metal or non-metal mine for at least 2 years
2. Has lived in Utah for at least 2 years immediately prior to applying for services, &
3. Is experiencing symptoms associated with a mining related injury or illness.

To be seen at the Miners Clinic, an application for services must be completed and mailed to

The Miners Hospital
50 North Medical Drive
Salt Lake City, Utah 84132
OR
Faxed to 801-585-0452



Miners Clinic, Parkway Community Clinic
145 West University Parkway
Orem Utah

To request application for services
call the Miners Hospital's toll-free telephone
1-866-864-6377
OR
access the Miners Hospital internet website
http://uuhsc.utah.edu/miners_hospital/

THE MINERS HOSPITAL

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