

Utah Health Disparities Summary 2009

Asians

Chronic Conditions, Reproductive Health, Injury, and Lifestyle Risk

The Utah Asian population shares many health issues with the larger Utah population, but also has health problems and strengths unique to its communities. The Utah Department of Health, Division of Community and Family Health Services has compiled this summary to help community members and health workers:

- Raise awareness of health issues among Asians in Utah;
- Plan health programs specific to Asians;
- Obtain grant funding for organizations serving Asians, and;
- Eliminate racial health disparities.

This page provides context for some of the health indicators listed on page 2.

The low birth weight rate is higher for Asians than all Utahns.¹ Low birth weight increases risk for infant sickness and death. The lower average weight of mothers may affect birth weight to a degree, but like other Utahns, preterm birth rates and births from unintended pregnancies were higher than the state targets for the year 2010.^{2,3,4}

Gestational diabetes, which can increase risk for poor pregnancy outcomes and future adult type 2 diabetes, is higher among Asians than Utahns overall.^{2,5} As it is statewide, the rate of type 2 diabetes in this population is above the state target.^{4,6} Complications from diabetes can result in loss of vision and leg amputations.

Inadequate health care affects Utah's Asian population at similar rates to all Utahns. Utah Asians are still below state targets for health insurance coverage, adequate prenatal care, and having a usual place of care.^{2,4,7,8} Inadequate health care can result in fewer health screenings, delayed health interventions, and difficulty managing chronic health conditions like diabetes.

Poor nutrition and sedentary lifestyle are problems for all Utahns, including Asians. Like most Utahns, the majority of Asian Utahns do not meet national guidelines for vegetable consumption and only 48.7% report getting the recommended amount of daily physical activity.^{6,9}

Fewer births to teens occur among Utah's Asian population than statewide.¹⁰

Lower rates of coronary heart disease death and obesity than all Utahns are other strengths.^{6,12,13} Utah Asians are also meeting state targets for low rates of smoking and death from stroke, cancer, and injury.^{4,6,12}

The diversity of this population may mask important health differences between national origins or ancestry and other socio-demographic factors. Less than 20% of Asian immigrants to Utah have come from the same country of origin.¹⁴



This document highlights selected chronic diseases and risks particularly relevant to community health.¹⁵ Future summaries are planned for other topics. Information on other diseases is available at <http://ibis.health.utah.gov>. Like all data products, these results have limitations. Surveys randomly select a segment of the population and may not include enough people in small population groups to identify statistically significant health disparities. Birth and death records are also subject to variation as they are, in effect, taken from a sample of time (a year).¹⁶



Health Indicators of Utah Asians

From 2003 through 2007, the life expectancy at birth of Utah Asians was 82.8 years. The statewide life expectancy was 78.7 years.¹⁷

This table compares health indicators of Asian Utahns to all Utahns and state and national targets for the year 2010. The first two columns list the estimated rates followed by the 95% confidence interval (the range within which we can be 95% certain to be correct). The disparity column indicates when we can be 95% confident that the Asian rate is **better** (↓) or **worse** (↑) than the rate for all Utahns. The final column indicates whether the **Utah Asian population met the state target for 2010** (✓) at the time of data collection. State targets were set by Utah public health workers based on health program goals and Healthy People 2010, the national health promotion agenda. Healthy People 2010 names two overarching goals: increase quality and years of healthy life and eliminate health disparities.⁴

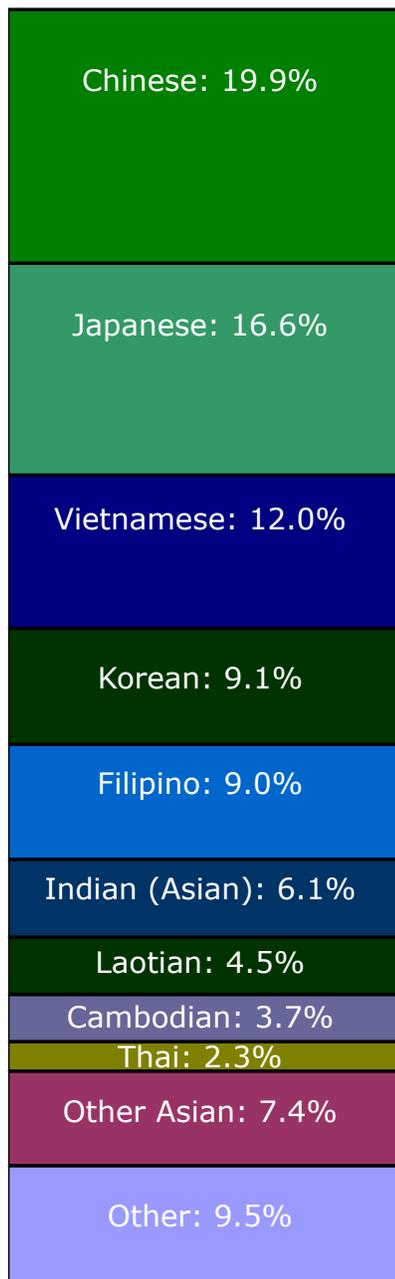
	Asian Utahns	All Utahns	Disparity	2010 Target Met
Access to Health Care				
No Health Insurance Coverage ⁷	6.4% (3.6-11.1)	10.7% (10.0-11.3)		
No Usual Place of Care ^{7,8}	11.7% (6.9-16.4)	9.8% (9.2-10.4)		
Inadequate Prenatal Care ²	20.1% (17.6-22.8)	18.6% (18.3-18.9)		
Births				
Infant Death per 1,000 Births ¹¹	5.3 (3.0-7.7)	4.4 (4.1-4.7)		
Low Birth Weight ¹	9.6% (8.3-11.0)	6.8% (6.7-7.0)	↑	
Preterm Birth ²	11.1% (9.2-13.3)	9.5% (9.2-9.7)		
Gestational Diabetes ²	6.2% (4.2-8.2)	3.2% (3.0-3.3)	↑	N/A
Births from Unintended Pregnancies ³	40.5% (31.2-49.9)	33.2% (31.8-34.6)		
Births to Adolescents per 1,000 Girls 15-17 ¹⁰	12.4 (7.7-17.0)	17.5 (16.7-18.2)	↓	✓
Chronic Conditions				
Coronary Heart Disease Death per 100,000 Population ¹²	21.7 (11.4-37.7)	59.4 (56.5-62.4)	↓	✓
Stroke Death per 100,000 Population ¹²	21.2 (10.9-37.0)	27.6 (25.7-29.7)		✓
Cancer Death per 100,000 Population ¹²	62.3 (43.5-86.5)	97.6 (93.8-101.4)		✓
Diabetes ⁶	4.1% (2.2-7.2)	5.5% (5.2-5.9)		
Activities Limited Due to Arthritis ⁹	Not Available (N/A)	27.1% (25.9-28.4)	N/A	N/A
Injury				
Unintentional Injury Death per 100,000 Population ^{12,18}	14.1 (6.1-27.8)	27.4 (25.4-29.4)		✓
Lifestyle Risk				
Cigarette Smoking ⁶	11.3% (6.5-18.9)	11.1% (10.5-11.6)		✓
Obesity ^{6,13}	7.3% (4.3-12.1)	21.3% (20.7-22.0)	↓	✓
No Physical Activity ⁶	20.5% (15.0-27.4)	18.3% (17.7-19.0)		
Fewer than 3 Vegetables per Day ⁶	71.0% (61.0-79.3)	77.3% (76.4-78.2)		
Overall Health Status				
Self-Reported Poor Physical Health ^{6,19}	9.4% (5.5-15.5)	13.9% (13.3-14.4)		N/A

Note: The values in this table are crude rates that show the burden on the population. The checks and arrows in the "Disparity" and "2010 Target Met" columns use age-adjusted rates to compare populations with different age distributions. See the Appendix (p. 4) for age-adjusted rates and 2010 targets.

Demographics of Utah Asians

There were about **67,000 Asian Utahns in 2007, comprising 3% of the Utah population.**¹⁴

Self-reported Ancestry¹⁴



	Asian Utahns	All Utahns
Age¹⁴		
Children Under 18	32.9%	31.0%
Adults Age 18-44	44.7%	41.0%
Adults Age 45-64	16.5%	19.4%
Adults Age 65 and Older	5.9%	8.7%
Gender¹⁴		
Male	48.5%	50.4%
Female	51.5%	49.6%
Poverty¹⁴		
Persons Living in Poverty	13.9%	10.3%
Children Living in Poverty	10.7%	11.4%
Education (age 25 and older)^{14,20}		
No High School Diploma	14.2%	10.0%
High School Graduate	21.9%	26.3%
Some College	25.1%	35.5%
Bachelor's or Graduate Degree	38.8%	28.2%
Housing (by occupied housing unit)¹⁴		
Owned	60.6%	71.9%
Rented	39.4%	28.1%
Families with Children¹⁴		
Married Couple Families	80.5%	81.0%
Single Mother Families	13.0%	13.8%
Single Father Families	6.5%	5.3%
U.S. Citizenship¹⁴		
Citizen by Birth	51.3%	92.0%
Citizen by Naturalization	24.8%	2.5%
Not a Citizen	23.9%	5.5%
English Skills (age 5 and older)¹⁴		
Speak Only English at Home	39.7%	86.1%
Speak English Very Well*	31.6%	8.0%
Do Not Speak English Very Well*	28.7%	5.9%

*Speak language(s) other than English at home

Note: These demographic indicators are included as context; they may be associated with health. For more demographic information, see <http://factfinder.census.gov/>

Appendix

The conclusions listed in the "Disparity" and "2010 Target Met" columns were analyzed using rates that were age-adjusted to the U.S. 2000 population for Behavioral Risk Factor Surveillance System (BRFSS), Utah Healthcare Access Survey (UHAS), and Utah Death Certificate Database (UDCD) data. Age-adjustment categories were 18-34, 35-49, and 50+ for BRFSS and 0-44, 45-64, and 65+ for UHAS and UDCD.

Unadjusted Indicators	Target ⁴	Age-adjusted Indicators	Asian Utahns	All Utahns	Target ⁴
Inadequate Prenatal Care ²	10.0%	No Health Insurance Coverage ⁷	5.9% (3.3-10.2)	10.0% (9.4-10.6)	0.0%
Infant Death ¹¹	4.5	No Usual Place of Care ^{7,8}	11.0% (7.2-16.4)	9.4% (8.9-10.0)	4.0%
Low Birth Weight ¹	5.0%	Coronary Heart Disease Death ¹²	33.6 (17.0-59.6)	84.3 (80.1-88.6)	98.6
Preterm Birth ²	7.6%	Stroke Death ¹²	37.2 (18.9-65.8)	40.1 (37.2-43.2)	49.0
Gestational Diabetes ²	N/A	Cancer Death ¹²	104.5 (72.0-146.6)	133.9 (128.7-139.3)	144.1
Births from Unintended Pregnancies ³	30.0%	Diabetes ⁶	7.4% (4.2-12.6)	6.3% (6.0-6.7)	3.9%
Births to Adolescents ¹⁰	16.3	Activities Limited Due to Arthritis ⁹	Not Available	26.0% (24.8-27.3)	33.0%
		Unintentional Injury Death ^{12,18}	18.7 (7.6-38.5)	31.1 (28.9-33.6)	29.3
		Cigarette Smoking ⁶	9.5% (5.8-15.2)	10.9% (10.4-11.4)	11.0%
		Obesity ^{6,13}	8.7% (5.1-14.3)	22.2% (21.6-22.9)	15.0%
		No Physical Activity ⁶	23.9% (18.0-31.0)	19.0% (18.4-19.7)	15.0%
		Fewer than 3 Vegetables per Day ⁶	80.1% (68.8-88.8)	76.5% (75.6-77.4)	55.0%
		Self-reported Poor Physical Health ^{6,19}	9.7% (6.1-15.3)	14.5% (13.9-15.0)	N/A

Notes

- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2006-2007. Low birth weight is less than 2,500 grams (about 5.5 pounds).
- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2007. Inadequate prenatal care is the opposite of "adequate" care. Adequate care is defined according to the Kotelchuck Index, which includes month that prenatal care began, number of prenatal visits, and gestation. Preterm births are less than 37 weeks.
- Utah Pregnancy Risk Assessment Monitoring System, Reproductive Health Program, Utah Department of Health, 2004-2006.
- See <http://www.healthypeople.gov/>. When Utah-specific targets exist, Utah targets that may differ from national Healthy People 2010 targets are listed. See Appendix.
- Gestational Diabetes: What it means for me and my baby. Diabetes Prevention and Control Program, Utah Department of Health, 2004.
- Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health, 2003-2007. This survey includes adults only ages 18+.
- Utah Healthcare Access Survey (formerly Utah Health Status Survey), Office of Public Health Assessment, Utah Department of Health, 2003-2007.
- No usual source of health care is defined as answering, "no" to the question, "Thinking about medical visits, is there a USUAL place that you go when you are sick or need advice about your health?"
- Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health, 2003, 2005, 2007.
- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2006-2007. Population Estimates: Utah Governor's Office of Planning and Budget, 2008 Baseline projections (revised July 23, 2008). Adolescents or teens are ages 15-17.
- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2006; Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2006. The Healthy People 2010 target is for all races/ethnicities and uses death data only. The race/ethnicity data reported here use a linked birth/death file and may underestimate the race-specific infant mortality rate.
- Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2001-2005; Population Estimates: Utah Governor's Office of Planning and Budget, 2008 Baseline projections (revised July 23, 2008).
- Obesity is defined as a body mass index of 30kg/m² or higher.
- American Community Survey, U.S. Census Bureau, 2005-2007. Universe: Utah Asian alone or in combination. (People who report themselves as descended from Asians, including those who are also descended from other races.) The American Community Survey interviews the resident population without regard to the person's legal status or citizenship. The survey is completed through random sample and undocumented residents are included. Anyone who lives in the United States for more than two months out of the year is usually considered a resident. "Non-citizen" includes any non-citizen, with or without a visa. The survey is conducted by mail to persons with mailing addresses, with telephone and in-person follow-up, like the decennial census. See <http://www.census.gov/acs/www/Downloads/tp67.pdf>.
- A more comprehensive report is available at <http://health.utah.gov/oph/publications/raceeth05/RaceEth05.htm>. Indicators were selected as follows:
 Step 1. A team from the Division of Community and Family Health Services, Bureaus of Health Promotion, Maternal and Child Health, and Center for Multicultural Health examined data indicators that the bureaus track. Indicators for other important conditions, such as infectious diseases and mental health, are not included.
 Step 2. The team subjectively chose a few indicators with broad implications for health outcomes, with preference for indicators from the Community Health Indicators Report. See http://health.utah.gov/oph/publications/CommunityHealth/CHI/CHI_Report.htm
- BRFSS and UHAS include only data from Utahns with residential phones until 2009. For more information about state data sources, analysis techniques, and limitations, see <http://ibis.health.utah.gov/home/Help.html>.
- Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2007. Five year population count based on 2005 population estimates. Rates used to calculate life expectancy are per 100,000 population. The life expectancies for several groups are based on small numbers, so they could change noticeably with a few additional deaths overall or with additional deaths in a particular age group.
- Unintentional injury death includes non-homicide and non-suicide deaths from drowning, falls, fires or burns, transportation-related injuries, poisoning, suffocation, and other unintended injuries.
- Self-reported poor physical health is defined as the percentage of adults aged 18 years and older who reported seven or more days when physical health was not good in the past 30 days.
- Education is the highest level of education attained.



Minority Health Resources



The Utah Department of Health (UDOH), Division of Community and Family Health Services has many **FREE** health resources for community agencies, health care providers, and the public. The following is a short description of the programs and resources available.

Arthritis Program (UAP)

The UAP works to improve the quality of life for people affected by arthritis. The UAP has educational materials, public service announcements, and posters on self management and physical activity in both English and Spanish. The UAP promotes and refers Spanish and English speaking persons with arthritis to several classes, including the Arthritis Self Help Course and a Chronic Disease Self Help Program.

<http://health.utah.gov/arthritis/>

Asthma Program

The Asthma Program works to provide a better quality of life for those with asthma. Educational materials are available on using inhalers correctly, how to control asthma triggers, information on how to find discount asthma medications, as well as community resources that teach asthma management. Many of the materials are available in both English and Spanish.

<http://health.utah.gov/asthma/>

Baby Your Baby (BYB)

The BYB program educates women, families, health care providers, and the community about the importance of prenatal care, postpartum health, and infant care. The program has a website and materials that focus on these issues, such as the Infant Care Newsletters, the Baby Your Baby Health Keepsake, and Pregnancy Weight Gain tables. The website and many materials are available in both English and Spanish.

<http://www.babyyourbaby.org/>

Cancer Control Program (UCCP)

UCCP works to reduce cancer incidence and death in Utah. Available resources include education materials and public awareness campaigns for: breast, cervical, colon, prostate, and skin cancers. Most materials are available in English and Spanish and some prostate cancer materials are specific to African-American men. The UCCP offers free or low-cost breast and cervical cancer screening to qualifying women ages 50-64.

<http://health.utah.gov/utahcancer/>

Center for Multicultural Health (CMH)

CMH is Utah's office of minority health. CMH assists organizations serving racial and ethnic minorities with cultural responsiveness, interpretation and translation, outreach, and data. CMH publishes The CONNECTION, a monthly e-newsletter about minority health, and the Multilingual Library, an online collection of health materials in more than 30 languages.

<http://health.utah.gov/cmh/>

Check Your Health

The Check Your Health campaign educates women, families, health care providers, and the community about fitness, nutrition, and obesity prevention. The program has a website, fact sheets and brochures on healthy eating, healthy snack ideas and portion control, a guide to healthy cooking, and physical activity tracking sheets. The online video series "Workouts on the Web" teaches strength training to beginners and experienced athletes alike.

<http://www.checkyourhealth.org/>

Diabetes Prevention & Control Program (DPCP)

Diabetes disproportionately affects racial and ethnic minority populations. The DPCP has education materials available in 14 languages about diabetes management, nutrition, and physical activity. The DPCP works with community partners to provide diabetes self management education to Spanish and English speaking persons with diabetes. Also, the DPCP works closely with minority populations to help them determine diabetes risk and burden, increase capacity to address diabetes, and implement community programs to decrease the burden of diabetes among their community members.

<http://health.utah.gov/diabetes/>

Minority Health Resources

Heart Disease and Stroke Prevention Program (HDSP)

Heart disease is the number one killer in Utah and stroke is number three. The HDSP program has English and Spanish-language materials on risk factors and signs of heart disease and stroke, including a magnet with the signs of stroke. A Spanish information web page will be online in early 2009.

<http://www.hearhighway.org/>

Immunizations

The Utah Immunization Program seeks to improve the health of Utah's citizens through vaccinations to reduce illness, disability, and death from vaccine-preventable infections. There are a variety of print, online and training resources for the general public and health care providers regarding such topics as immunizations, vaccines, and vaccine safety. Most print materials are available in English and Spanish. Immunization Hotline: 1-800-275-0659.

<http://www.immunize-utah.org/index.html>

Indicator-Based Information System for Public Health (IBIS)

IBIS is the online source for UDOH data publications, indicator reports describing Utah health status by race and ethnicity, and queryable data sets.

<http://ibis.health.utah.gov/home/Welcome.html>

Physical Activity, Nutrition and Obesity Program (PANO)

The purpose of the PANO program is to improve eating and physical activity behaviors and to prevent and control obesity/other chronic diseases by building and sustaining statewide capacity to implement population-based interventions. The six target areas are: increase physical activity; increase consumption of fruits and vegetables; decrease consumption of sugar-sweetened beverages; increase breastfeeding initiation, duration and exclusivity; decrease consumption of high-energy-dense foods (high in fat or low in water); and decrease television viewing.

<http://health.utah.gov/obesity/>

Program for Indian Health and Indian Health Policy

The mission of the Indian Health and Indian Health Policy Program is to raise the health status of Utah's American Indian/Alaska Native (AI/AN) population to that of Utah's general population. The program works to improve health policy through consultation with Tribal, state and federal governments. The program provides education, training and technical assistance upon request. In addition, the program coordinates the Utah Indian Health Advisory Board (UIHAB), comprised of tribally appointed health representatives providing counsel to UDOH and others involved in improving the health of AI/AN's in Utah. Current goals of the UIHAB include increasing Medicaid enrollment for AI/AN's living in Utah, addressing mental and behavioral health disparities that exist in tribal and urban AI/AN communities, and improving access to quality health care services for all AI/AN's in Utah. More information about the Program and the UIHAB is available at 801.273.6644 and our website.

<http://health.utah.gov/indianh/>

Reproductive Health Program (RHP)

The RHP works to educate women, families, health care providers, and the community about reproductive health issues. The program has fact sheets and brochures on pregnancy-related topics such as preconception health, preterm birth, postpartum depression, pregnancy spacing, and family planning. Many of the materials are available in both English and Spanish.

<http://health.utah.gov/rhp/>

Tobacco Prevention & Control Program (TPCP)

Utah's ethnic minorities are at increased risk for tobacco use and are more aggressively targeted by tobacco industry marketing. Tobacco is the leading cause of preventable death in Utah and the U.S. The TPCP provides free quit services, including personal quit plans and free Nicotine Replacement Therapy through the Utah Tobacco Quit Line at 1.888.567.TRUTH (all languages) and utahquitnet.com. Population-specific educational materials are also available by calling 1.877.220.3466.

<http://www.tobaccofreeutah.org/>

Violence & Injury Prevention Program (VIPP)

Unintentional injuries, motor vehicle crash deaths, and homicides significantly affect some ethnic communities. VIPP studies data and writes reports on injuries and violence. VIPP has brochures in English and Spanish on car seat safety, pedestrian safety, and bike safety. Safe Kids Utah and Local Health Departments also provide free child safety seat inspections.

<http://health.utah.gov/vipp/>