

Accomplishments State Fiscal Years 2009 & 2010

Overall Results

During the last two years, CMH has worked to reduce health disparities in the State of Utah and advanced the Department's public health mission to:

- Prevent avoidable disease, injury, disability, and premature death;
- Assure access to affordable, quality health care;
- Promote healthy lifestyles; and
- Document and monitor health events

CMH has increased Department capacity and filled gaps in services by:

- Working with Medicaid and health promotion programs to increase enrollment among eligible populations
- Collaborating with local health departments' clinics to meet Culturally and Linguistically Appropriate Services (CLAS) Standards
- Representing the Department to the Spanish-language media and reviewing Spanish-language news releases from UDOH programs
- Increasing the production and dissemination of health data by race and ethnicity, effectively meeting demand from racial and ethnic minority populations that previously did not have adequate data to describe the impact of disease

Recent Results (July 1, 2009- June 30, 2010)

- **Capacity Building and Technical Assistance:** Worked in 9 projects, such as CLAS standards at LHDs and health education classes at Jordan School District.
- **Media Interviews:** 20 (English and Spanish languages).
- **Cultural Competency Trainings:** Provided 25 trainings. Reached 343 people.
- **Materials Translated/Edited:** Reviewed 77 documents for Utah Department of Health.
- **Health Promotion Materials Distributed:** 2,201.
- **Health Screenings Conducted:** 448.
- **Interpretation Equipment:** 3 agencies served. Reached 64 people.

POSITIVE PROGRESS

Many Utah racial and ethnic minority groups saw improvement in health status since 2005:

- Hispanics saw declines in several diseases, including gonorrhea, tuberculosis, arthritis, and cancer. This ethnic group also had lower rates of death from diabetes, coronary heart disease, and stroke.
- The Black/African American prostate cancer rate dropped.
- Blacks/African Americans reported improvements in overall physical and mental health.
- A lower percentage of American Indian and Black/African American babies had low birth weights.
- The Hispanic and Black/African American infant mortality rates dropped.
- The American Indian motor vehicle traffic crash death rate improved.
- More Asians were physically active.
- Hispanics reported higher rates of prenatal care and colon cancer screening. Pacific Islanders reported higher rates of colon cancer screening and blood cholesterol screening.

Note: There were no disparities among Non-Hispanic Whites for any of these measures.

- **Conferences/Forums:** Involved with 17 agencies in organizing 2 conferences and 13 forums. Reached 530 public health professionals and community leaders.
- **Data Reports:** Published Utah Health Status by Race and Ethnicity 2010 Report and 5 Utah Health Disparities Summaries.
- **Website Visits:** 57, 220. Updated calendar of events daily and online newsletter weekly.

Preceding Results (July 1, 2008- June 30, 2009)

- **Cultural and Linguistically Appropriate Services Assessment:** 1 UDOH clinic, 4 LHD clinics, 1 LHD, 1 non-for-profit clinic, and 16 private clinics.
- **Cultural Competency Trainings:** Cultural competency presentations and trainings: Average of 15 trainings/presentations per year to public health professional and health care providers.
- **Funding, Technical Assistance and Capacity Building for Community-Based Organizations (CBOs):** Funded the Multicultural Health Network (MHN) (2006-2010). Provided to CBOs an average of 3 capacity building trainings per year.
- **Clearinghouse for Utah Minority Health Information:** CMH website which includes a Multilingual Library (39 languages and 33 topics).
- **Health Promotion Materials Created/Revised:** Average of 20 per year.
- **Outreach:** Provided face to face outreach to more than 10,000 racial/ethnic minorities with health information, insurance options, and screenings.
- **Interpretation Equipment:** Provided interpretation equipment to at least 2 health-related events per year.
- **Collaboration with Educational Institutions:** Family and Genetics conference with the University of Utah.
- **Data Collection and Dissemination:** The 2008 Qualitative Report: Public Health Messages from Utah's Racial and Ethnic Minority Populations.
- **Minority Health Conferences:** MHN annual conference, Hispanic Health Care Task Force annual conference, and Pacific Islanders conference.

2010-2013 Priority Areas

Rationale

1. During 2009, and in collaboration with other UDOH programs, CMH conducted a study of 76 indicators of health, risk factors for illness and injury and social determinants of health by race and ethnicity.
2. The RFP from the Office of Minority Health, the primary funding organization of CMH, arrived in August 2010 and required CMH to choose 1-3 priority issues from a list of 10.
3. CMH considered the following questions: How urgent or important is the issue? How many people are affected? Are race and culture important factors affecting health outcomes in the area? Has any other group already taken a leadership role in addressing the problem among minorities?
4. Of the items on the list, CMH chose the three health disparity areas: birth outcomes, obesity/overweight and health care access.

Birth Outcomes

The infant mortality rate among Utah Pacific Islander and Black/African American populations has exceeded the state rate since the 1980s. Pacific Islander infants under one year had nearly twice the death rate (8.8 deaths/1,000 births) of infants statewide (4.5 deaths/1,000 births). The Utah Black/African American infant death rate was 8.4 deaths/1,000 births. Of all Utah infants, Black/African American

infants had the highest rates of low birth weight (11.4%) and preterm birth (13.0%). The statewide low birth weight rate was 6.8% and preterm birth rate was 9.7%.

Obesity/Overweight

Pacific Islander (75.1%), Black/African American (66.3%), and Hispanic/Latino (62.2%) Utahns had higher rates of overweight compared to all Utahns (56.4%).

Health Care Access

Over the past decade, health care access has declined among Utah minorities. Hispanics had the highest uninsured rate in the state at 35.7%, up from 25.8% in 2001. Statewide, 11.1% of Utahns were uninsured. Only 8.8% of Pacific Islanders lacked health insurance in 2001, but 23.0% were uninsured in the recent analysis. 21.3% of Hispanics and 21.9% of Blacks/African Americans reported that they were unable to access health care due to cost, in contrast to 15.9% of all Utahns. All Utah racial and ethnic minority groups had lower rates of receiving early prenatal care than statewide. 75.2 percent of Asians, 63.4% of Hispanic/Latinos, 61.2% of Blacks/African Americans, and 48.1% of Pacific Islanders received early prenatal care, compared to 79.1% of all Utahns.