

**MOVING FORWARD IN 2016:
Fifteen Years of Health Data for
Native Hawaiians/Pacific Islanders in Utah**



August 2016

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Overview

This *Moving Forward* profile presents data from the 2005, 2010, and 2015 editions of the Utah Health Status by Race and Ethnicity, published by the Utah Department of Health. There are four *Moving Forward* profiles which provide line graphs that illustrate specific health indicators and health risk factors for Asian, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino communities in Utah.

These profiles can serve as a useful tool for agencies and organizations with an interest in reducing health disparities in Utah. The report can guide data-supported decisions on agency priorities and future activities aimed at improving health status in Utah populations.

Data Notes

The baselines for determining health status change were the point estimates for indicators reported in the 2005 edition of Health Status by Race and Ethnicity. The 2010 indicators were originally reported in Health Status by Race and Ethnicity 2010, and the 2015 indicators were reported in the 2015 edition of Health Status by Race and Ethnicity. It should be noted that throughout this profile, the years “2005,” “2010,” and “2015” refer to the publication dates of the Health Status by Race and Ethnicity report, and not necessarily the exact year that the presented data were collected. The actual years of data analyzed vary depending on data availability. To find out the exact years of data collection for each indicator, refer to the *Health Status by Race and Ethnicity 2005, 2010, and 2015* reports (links provided on page 19).

The data sources are listed at the bottom of each graph. Indicators that were not included in the three reports and data that were collected or analyzed differently in the three reports could not be used for comparison and change over time.

Disparity Gap

For the purpose of this report:

- "Disparity Gap" will be defined as the numerical difference between two values of the same indicator. The first value represents the overall population and the second value represents a specific minority group.
- The disparity gap increases (↑) when the difference between the overall population and the specific minority group for 2015 is higher than for 2005.
- The disparity gap decreases (↓) when the difference between the overall population and the specific minority group for 2015 is lower than for 2005.
- If the minority group is doing as well as the overall population, there is not disparity.

The improvement in a health indicator over the years does not imply closing the disparity gap. If the minority group is doing well and the overall population is doing equally well, the health status will improve; however, the disparity gap may still persist.

Native Hawaiian/Pacific Islanders in Utah

Population

There are nearly 38,000 Native Hawaiians and Pacific Islanders (NHPI) residing in Utah, with more than 85% living in Salt Lake County and Utah County.¹ The population of Guamanians/Chamorros increased 157% between 2000 and 2010, a growth rate followed by Fijians (96% growth) and Samoans (85% growth).² Salt Lake City and West Valley City have the largest and second largest population of Tongans of any city in the U.S., with one in four Tongan Americans living in Utah. While Salt Lake City has the fourth-largest Samoan community in the U.S., the overall proportion of NHPs in Salt Lake City is greater than any other city in the continental U.S.³

The median age of Utah NHPs in 2014 is 20.2 years – the second “youngest” population in Utah, with a sex distribution of 52.2% males and 47.8% females.¹ Nearly one-quarter of NHPs in Salt Lake City are foreign-born.⁴ About 68% of Tongans and 45% of Samoans report speaking a language other than English at home. About 7% of Tongans and 9% of Samoans hold a bachelor’s degree⁶



Health Status

Trend analysis over the past 15 years indicates that health disparities are still prevalent in Utah’s NHPI. Only 12 of 31 indicators analyzed for this report showed no disparity between NHPI and the overall Utah population. Nineteen indicators still showed persistent disparities among NHPI. The disparity gap was reduced in five of the indicators, remained constant in one indicator, and has increased in the other 13.

¹US Census Bureau, *Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, 2014 Population Estimates, Table PEPA SR5H*. ²US Census Bureau, *ACS 2009-2013 5-Year Estimates, Table B03001*. ³U.S. Census Bureau, *Census 2000 Summary File 2 (SF2), Table DP-1; Census 2010 Summary File 2 (SF 2), Table DP-1*.

⁴<http://www.census.gov/topics/population/hispanic-origin/about.html/>. ⁵U.S. Census Bureau, *ACS 2011-2013 3-Year Estimates, Table S0201*. ⁶US Census Bureau, *ACS 2009-2013 5-Year Estimates, Table B16001*. ⁷U.S. Census Bureau, *ACS 2006-2010 5-Year Estimates, Table B15002*.

Summary

Out of 31 indicators analyzed,
19 show disparities among Utah's NHPI

No Disparity 12 indicators

Poor mental health
Routine medical checkup
Cholesterol screening
Flu shot
Daily fruit consumption
Daily vegetable consum.
Folic acid intake
Cigarette smoking
Binge alcohol drinking
Gonorrhea
Asthma
Diabetes deaths

Disparity YES, but the disparity gap has DECREASED ↓ 5 indicators

Fair or poor health
Mammograms
Overweight or obesity
Births to adolescents
Tuberculosis

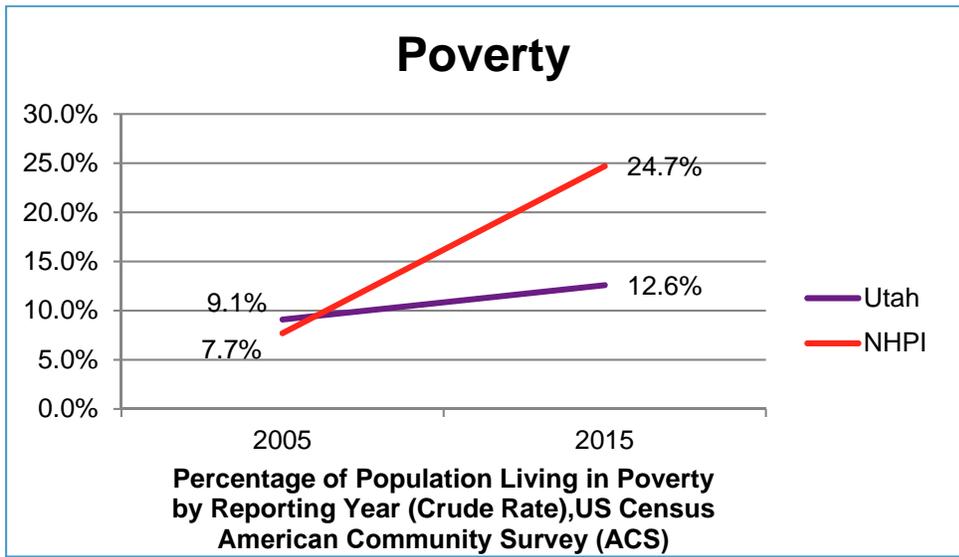
Disparity YES and gap keeps CONSTANT = 1 indicator

Low birth weight

Disparity YES, and the disparity gap has INCREASED ↑ 13 indicators

Poverty
Child poverty
No health insurance
Pap test
Colon cancer screening
Prostate cancer screening
No physical activity
Early prenatal care
Infant mortality
Chronic alcohol drinking
Chlamydia
Arthritis
Diabetes

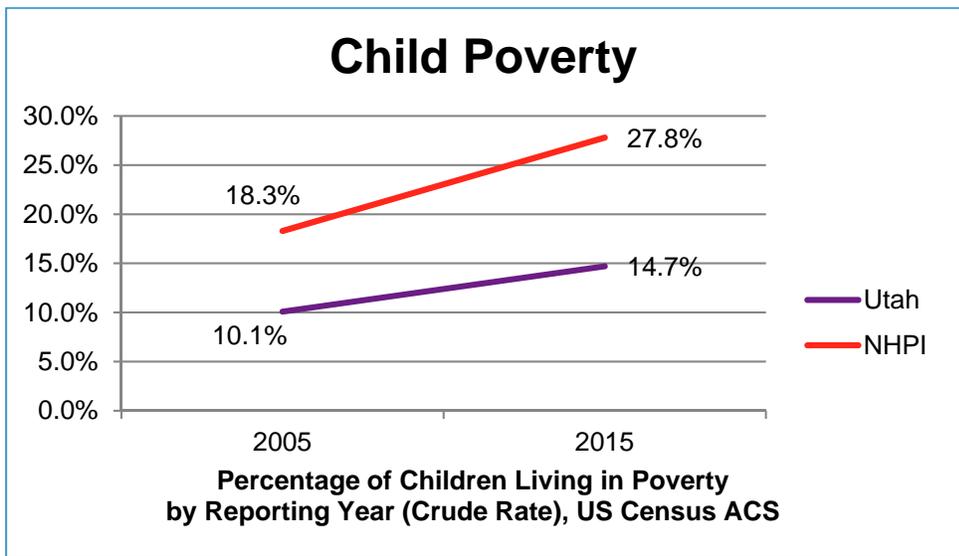
Socio-Demographics



Disparity: YES

Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in NHPI.

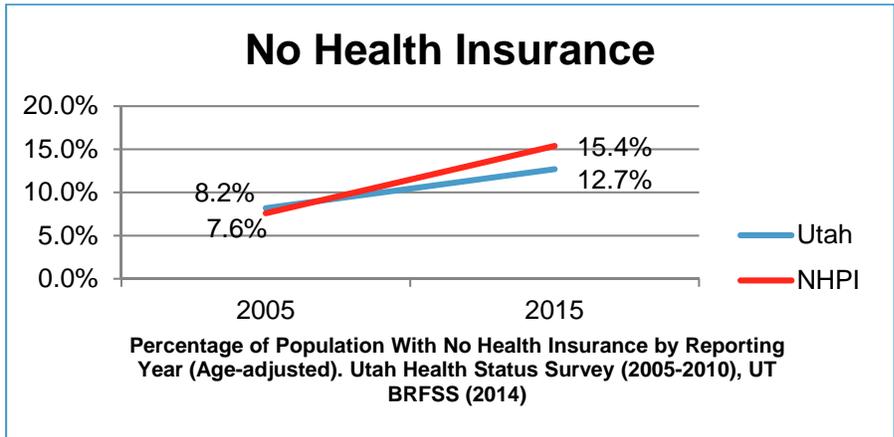


Disparity: YES

Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in NHPI.

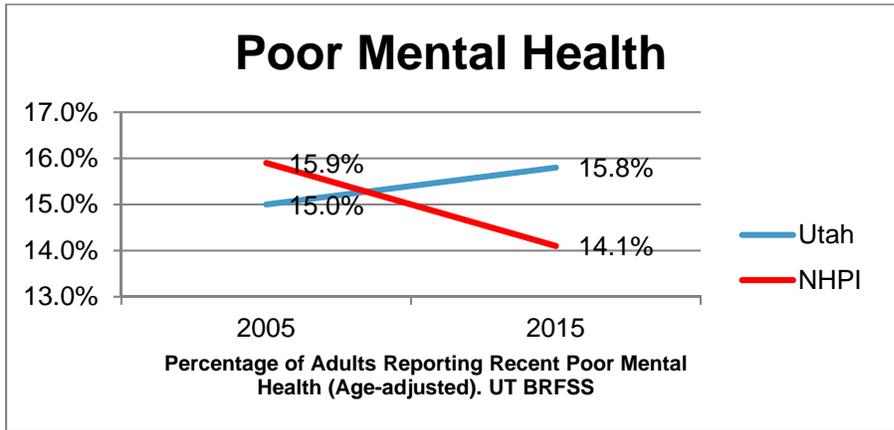
Access to Health Care and Health Status



Disparity: YES
Disparity Gap: ↑

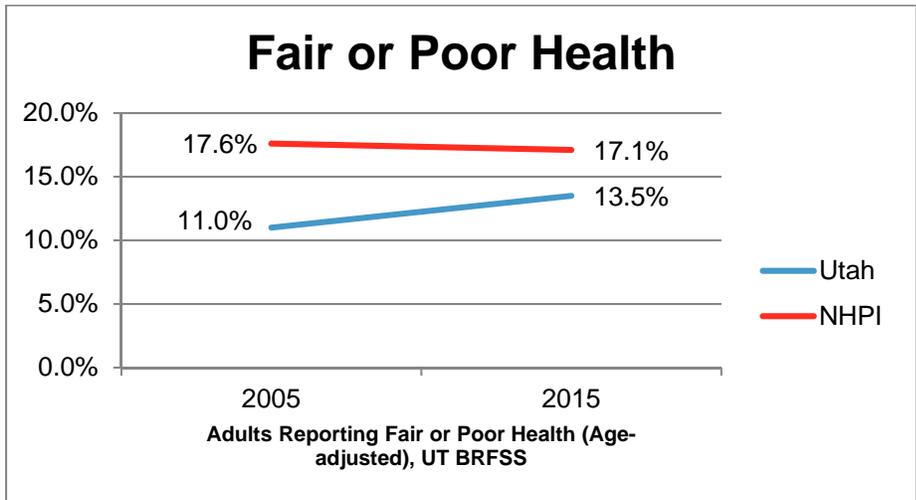
Rationale: Indicator has worsened in both populations but has worsened at a faster pace in NHPI.

Note: 2014 data was collected previous to ACA enrollment campaigns.



According to these data, there is no disparity in this indicator for NHPI.

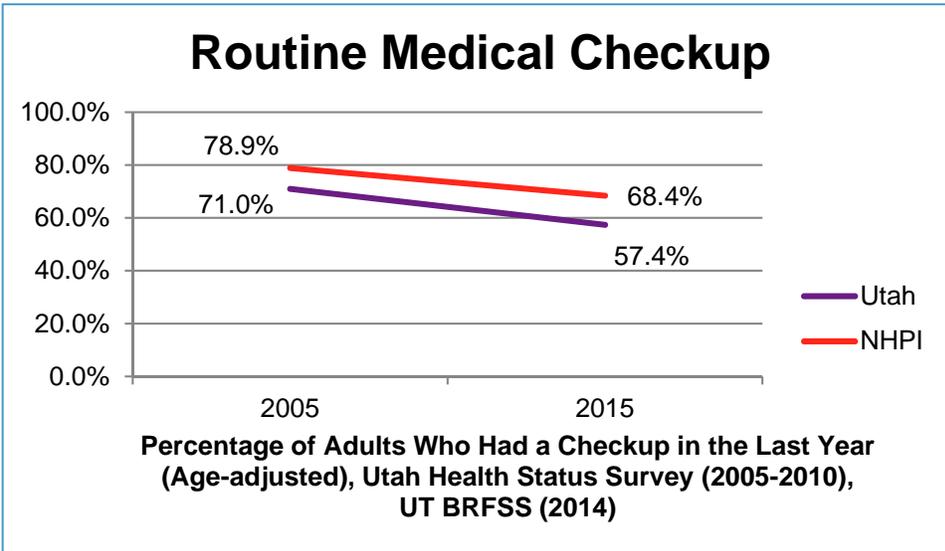
Rationale: the percentage of NHPI adults reporting poor mental health has decreased while it has increased in Utah overall.



Disparity: YES
Disparity Gap: ↓

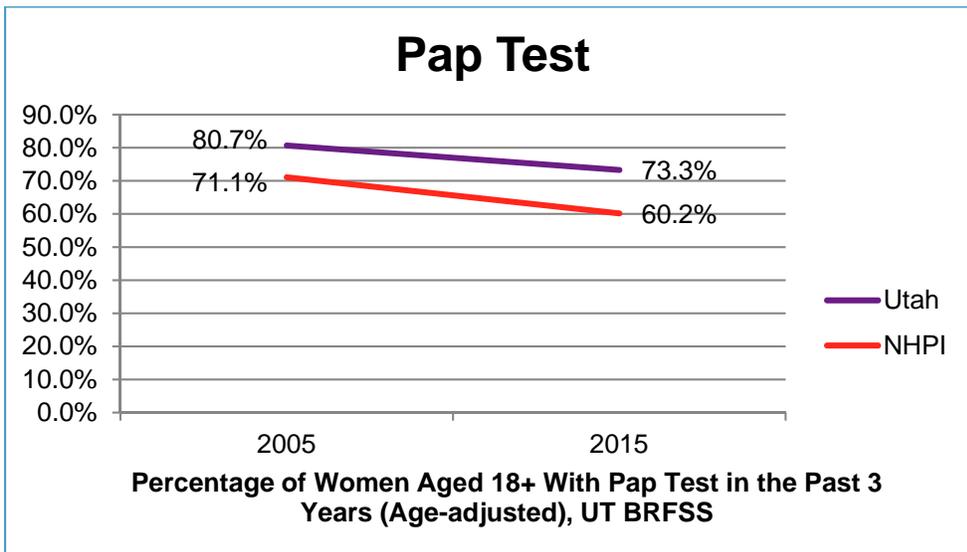
Rationale: The percentage of NHPI reporting poor health status slightly decrease while it worsened in Utah overall.

Preventive Services



There is no disparity in this indicator for NHPI.

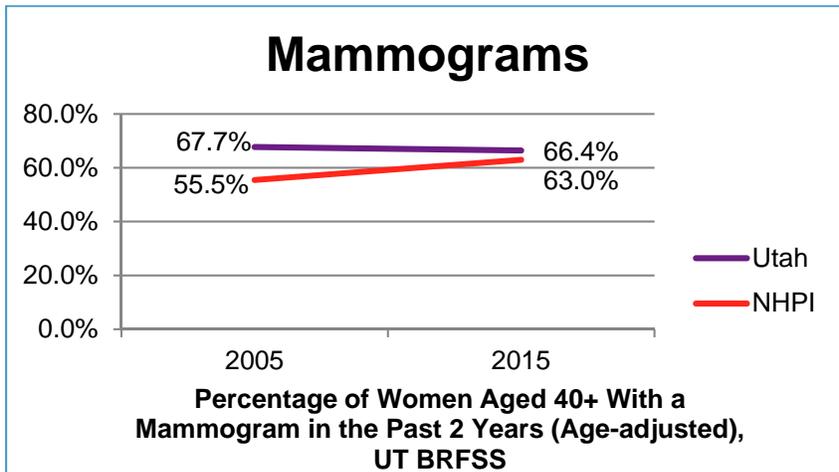
Rationale: The indicator has worsened in both populations but at a faster pace in Utah overall.



Disparity: YES

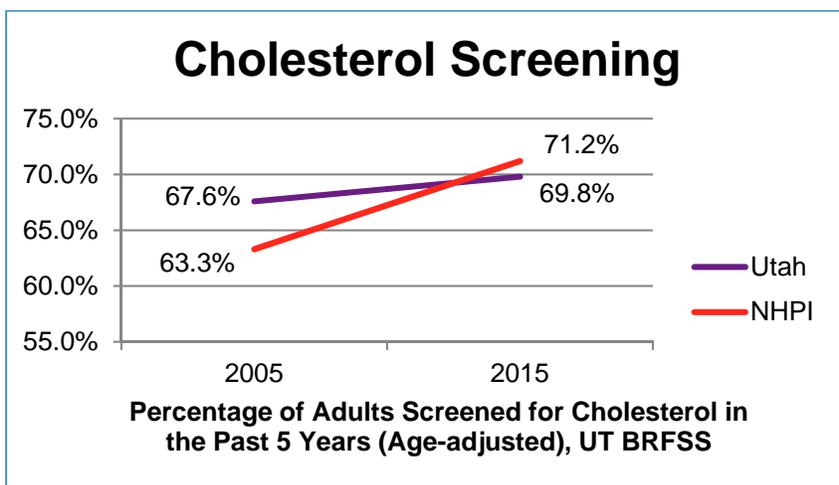
Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in NHPI.



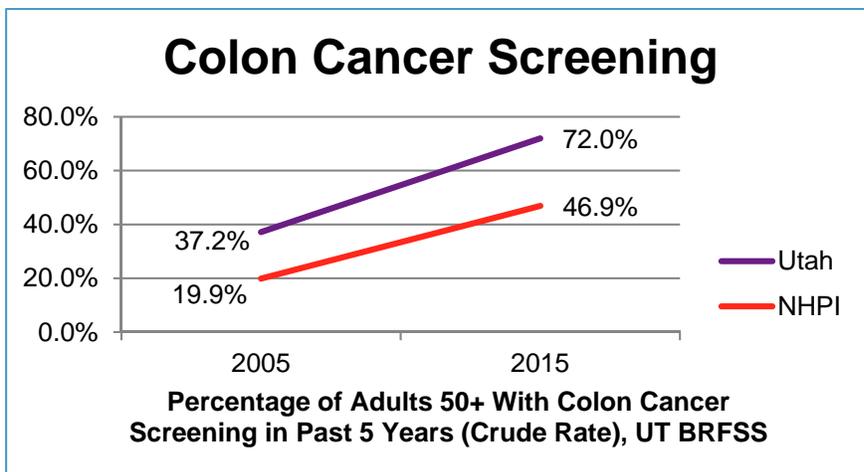
Disparity: YES
 Disparity Gap: ↓

Rationale: The percentage of NHPI women who had a mammogram in the past two years has increased while it has slightly decreased in Utah overall.



according to these data, there is no disparity in this indicator for NHPI.

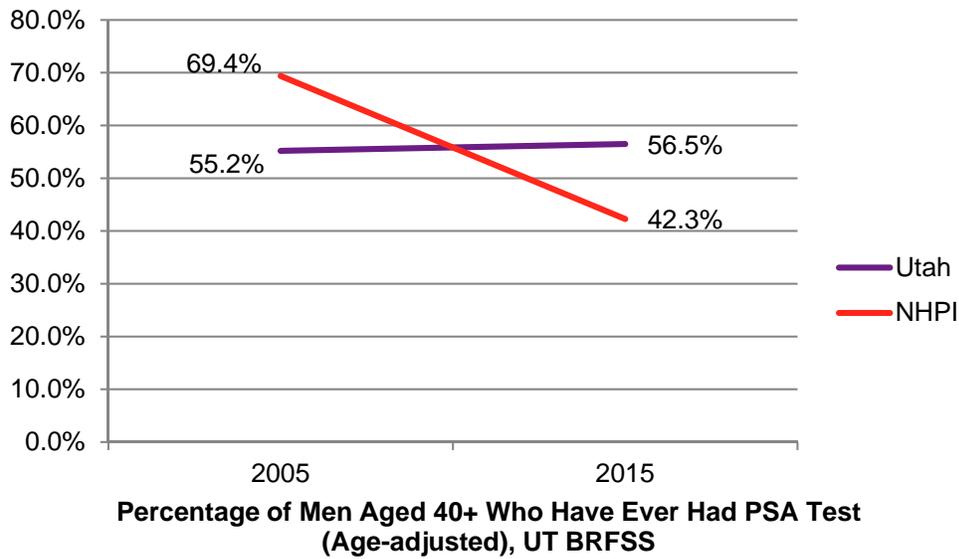
Rationale: This indicator has improved in both populations but has improved at a faster pace among NHPI.



Disparity: YES
 Disparity Gap: ↑

Rationale: Indicator has improved in both populations but has improved at a faster pace in Utah overall.

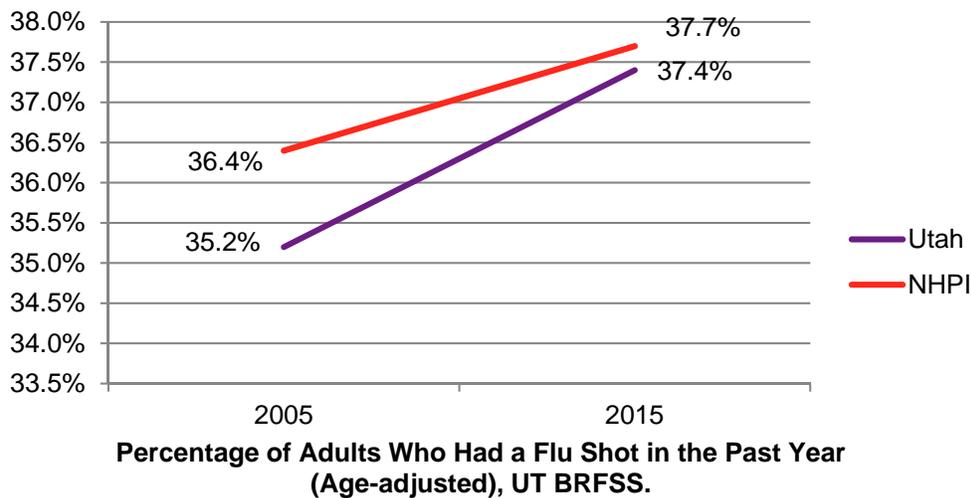
Prostate Cancer Screening



Disparity: YES
Disparity Gap: ↑

Rationale: While the indicator has slightly improved in Utah overall, it has steadily worsened in NHPI.

Flu Shot

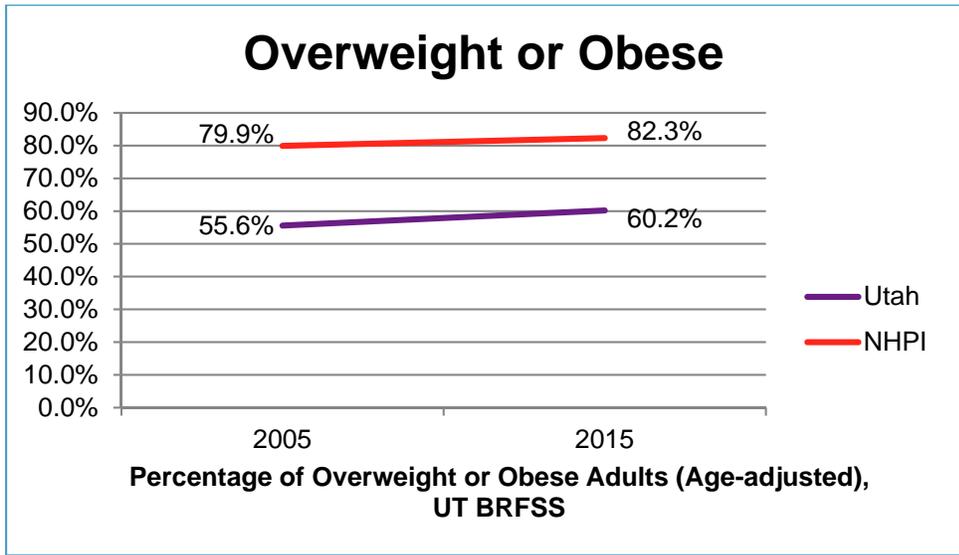


There is no disparity in this indicator for NHPI.

Rationale: NHPI have consistently had a higher rate of annual flu shots than the overall Utah population.

The indicator has improved in both populations but at slightly faster pace in Utah overall.

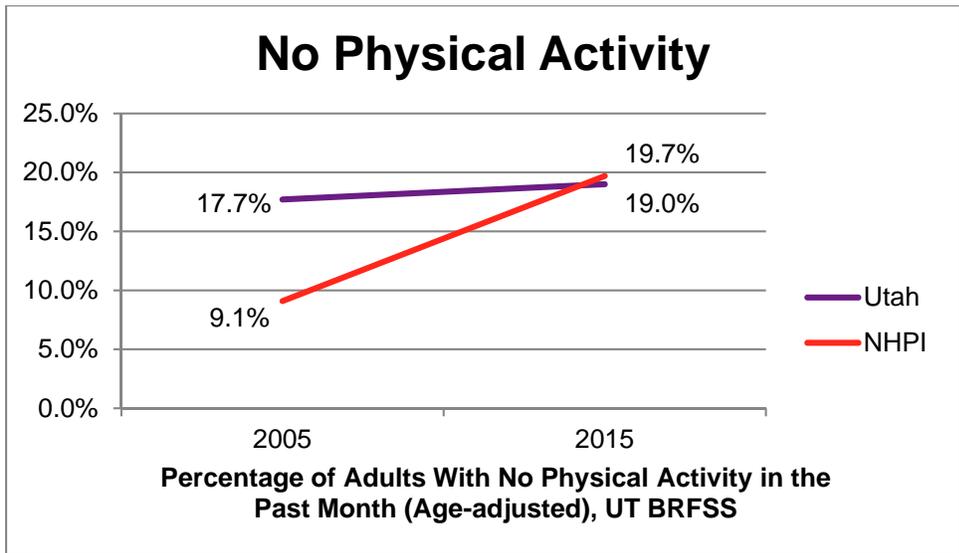
Physical Activity and Nutrition



Disparity: YES
Disparity Gap: ↓

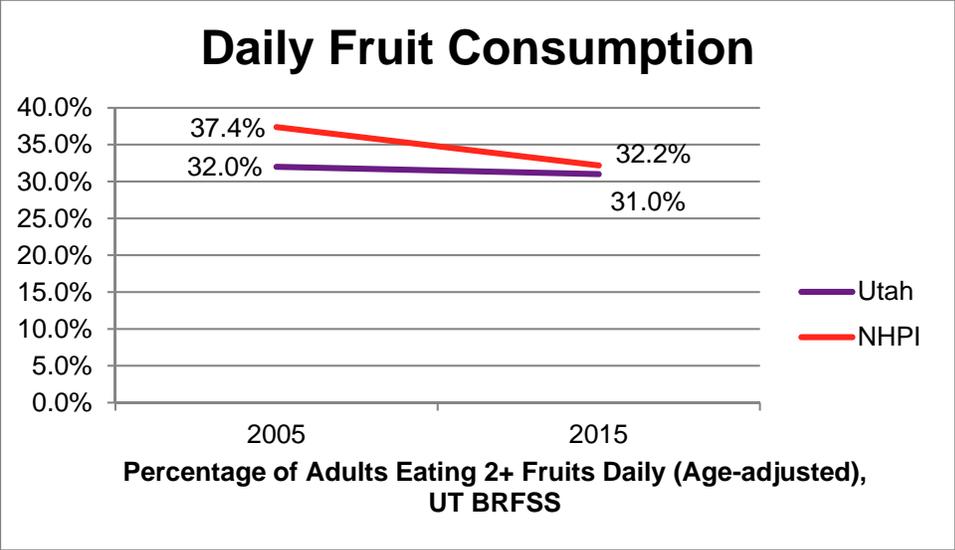
Rationale: The percentage of overweight or obesity in NHPI population has consistently been higher than the overall Utah rate.

The indicator has worsened in both populations but has worsened at a faster pace in Utah overall.



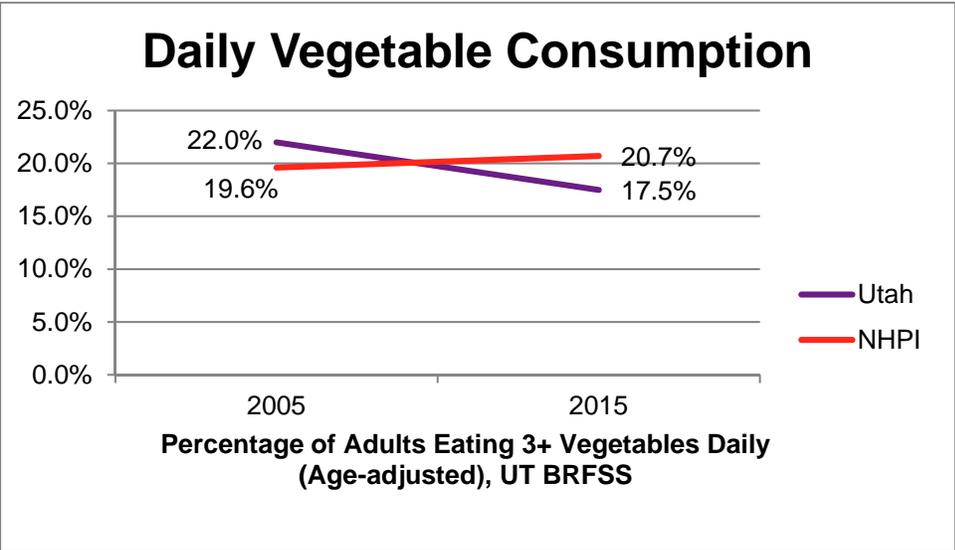
Disparity: YES
Disparity Gap: ↑

Rationale: While the indicator has worsened in both populations, it has worsened at a faster pace in NHPI.



There is no disparity in this indicator for NHPI.

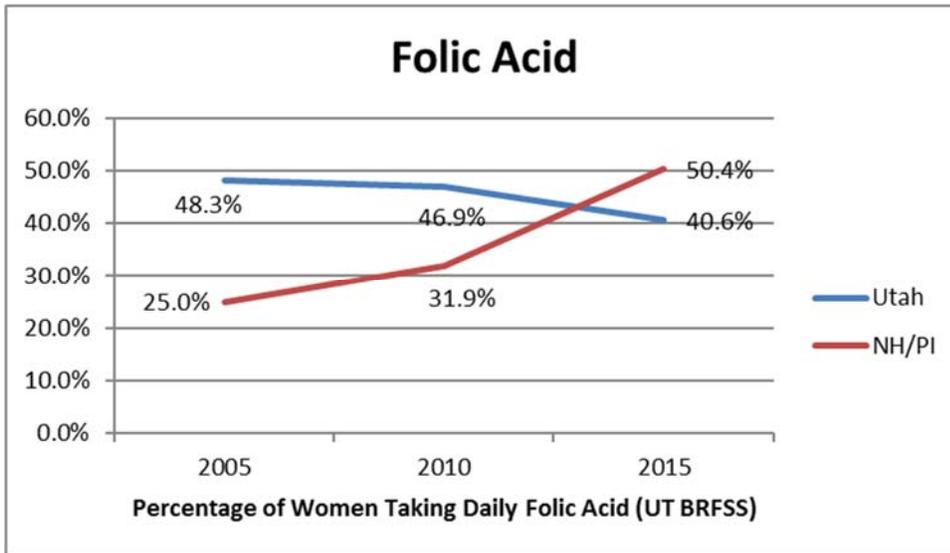
Rationale: Although the data show no disparity, the indicator has worsened in both populations and it has worsened at a faster pace in NHPI.



There is no disparity in this indicator for NHPI.

Rationale: While the indicator has improved slightly in NHPI, it has worsened in Utah overall.

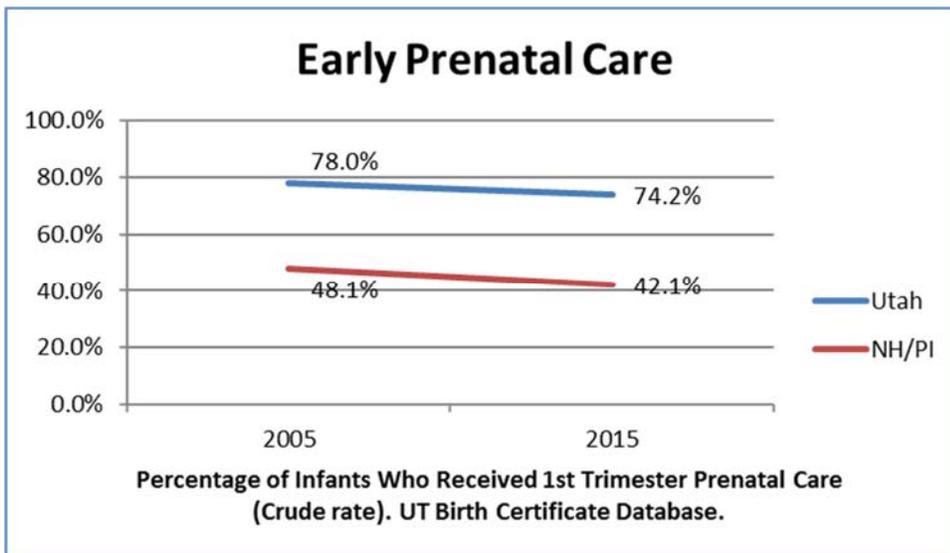
Health of Mothers and Infants



According to these data, there is not disparity in this indicator for NHPI.

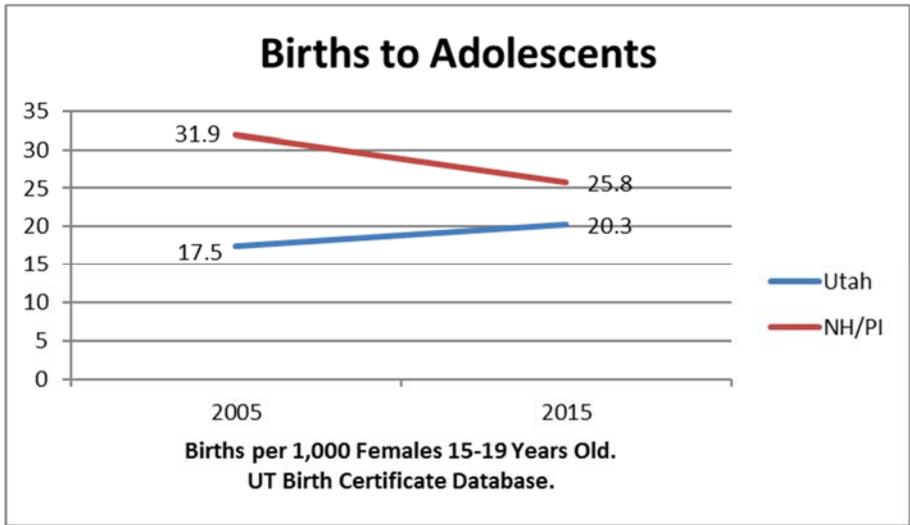
Rationale: The percentage of folic acid consumption among NHPI women was lower than the Utah overall percentage in 2005 and 2010 but has steadily increased since then.

The indicator is improving in NHPI while is worsening in Utah overall.



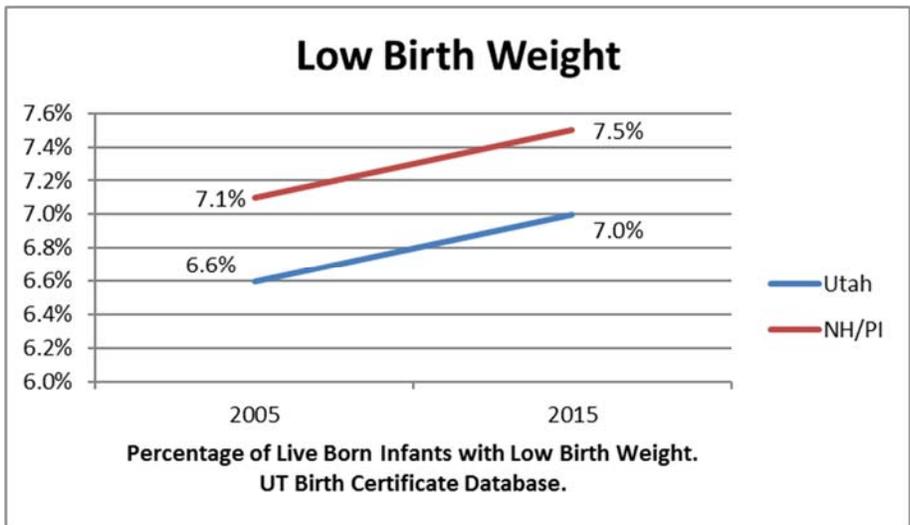
Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace in NHPI.



Disparity: YES
Disparity Gap: ↓

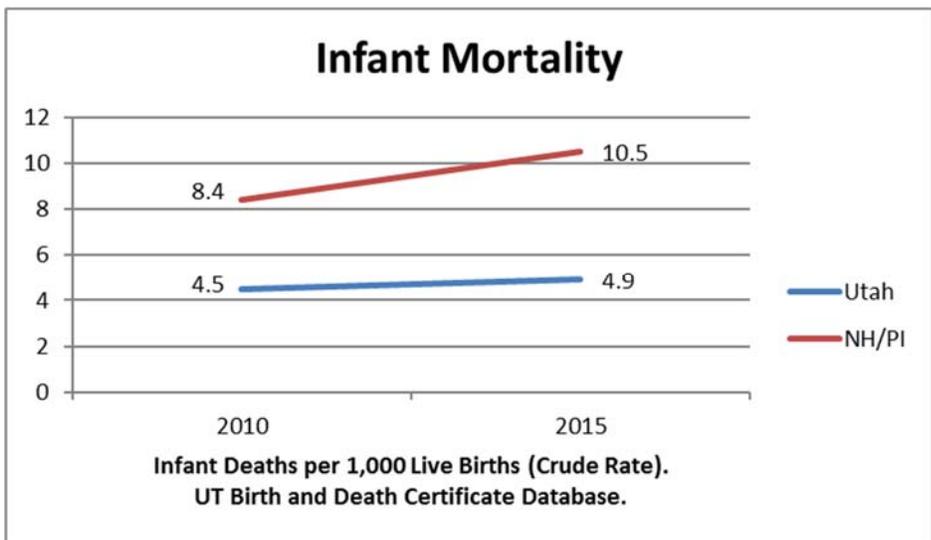
Rationale: This indicator is improving in NHPI while is worsening in Utah overall; however, the number is still higher among NHPI.



Disparity: YES
Disparity Gap: =

Rationale: The number of NHPI infants born with low birth weight is higher than the Utah overall.

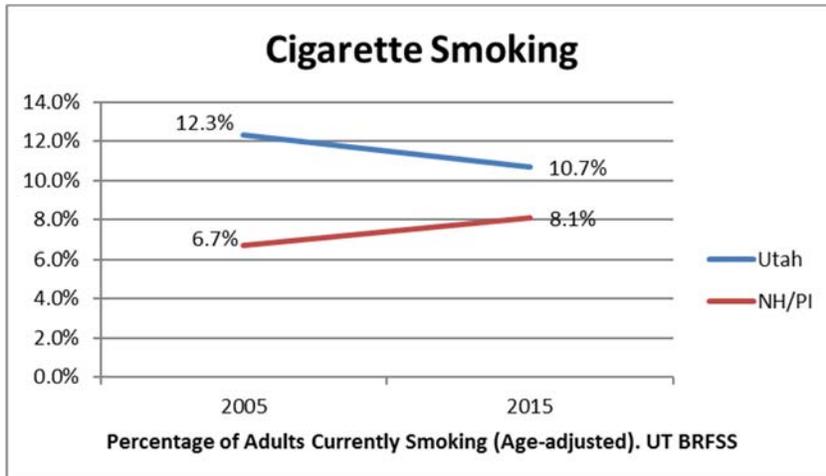
This indicator has worsened in both populations at the same pace so, the disparity gap remains constant.



Disparity: YES
Disparity Gap: ↑

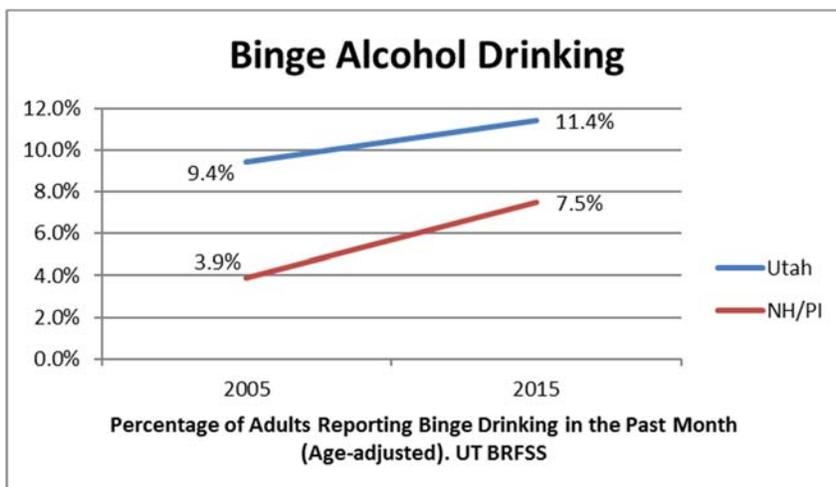
Rationale: The infant mortality rate among NHPI has consistently been higher than the overall Utah rate and has increased since 2010 to more than double the overall Utah rate.
(Data from 2005 is not available due to aggregation with Asian data.)

Risk Factors



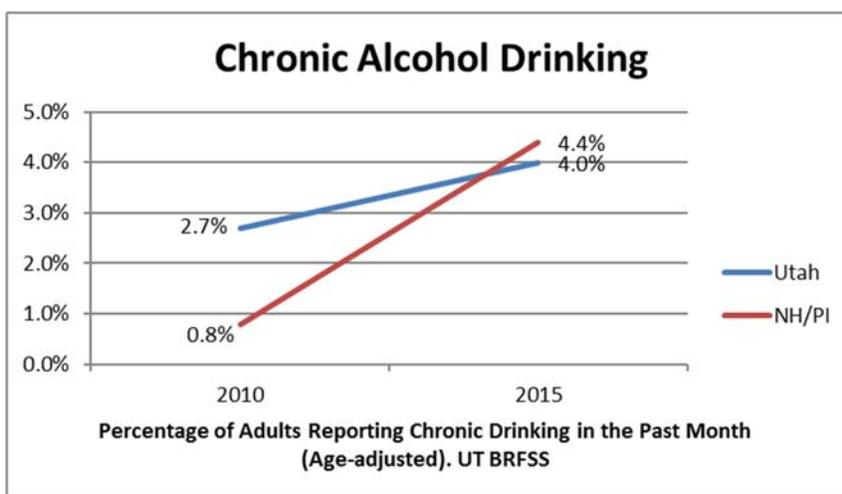
According to these data, there is not disparity in this indicator for NHPI.

Rationale: The percentage of cigarette smoking in NHPI adults have consistently been lower than the overall Utah rate; however, this percentage is increasing in NHPI while decreasing in Utah overall.



According to these data, there is no disparity in this indicator for NHPI.

Rationale: The percentage of NHPI adults reporting binge drinking has consistently been lower than the overall Utah rate; however, the percentage is increasing in NHPI while decreasing in Utah overall.

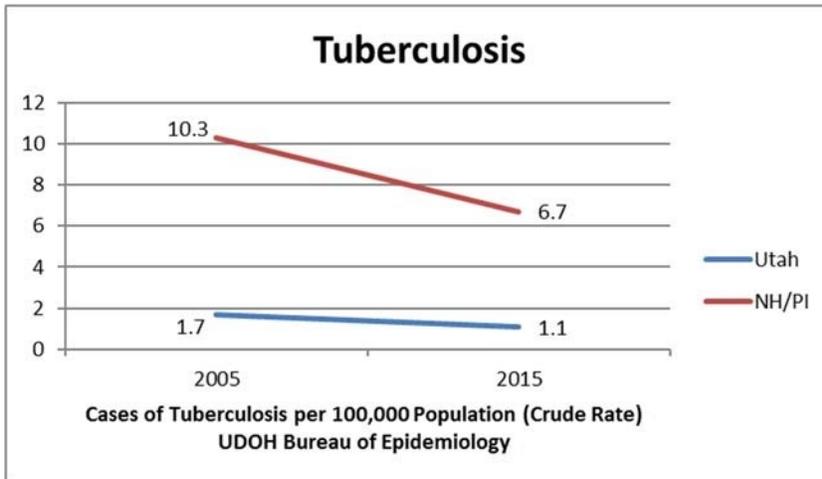


Disparity: YES

Disparity Gap: ↑

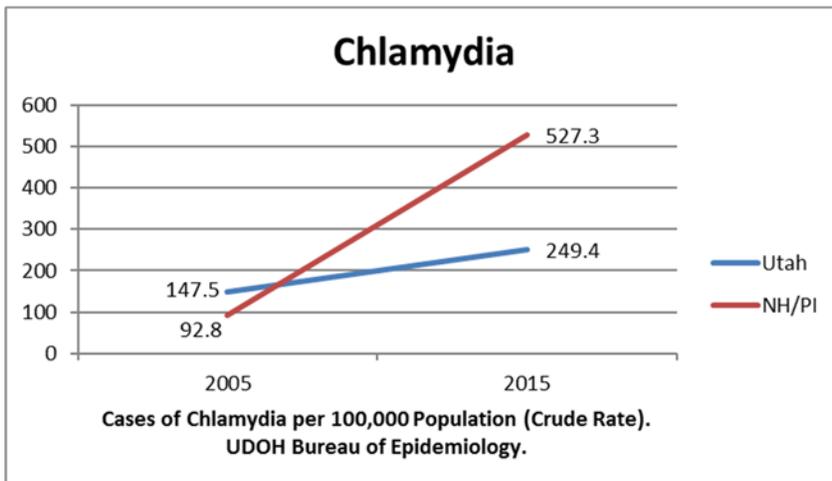
Rationale: This indicator has worsened in both populations but at a faster pace among NHPI.

Infectious Diseases



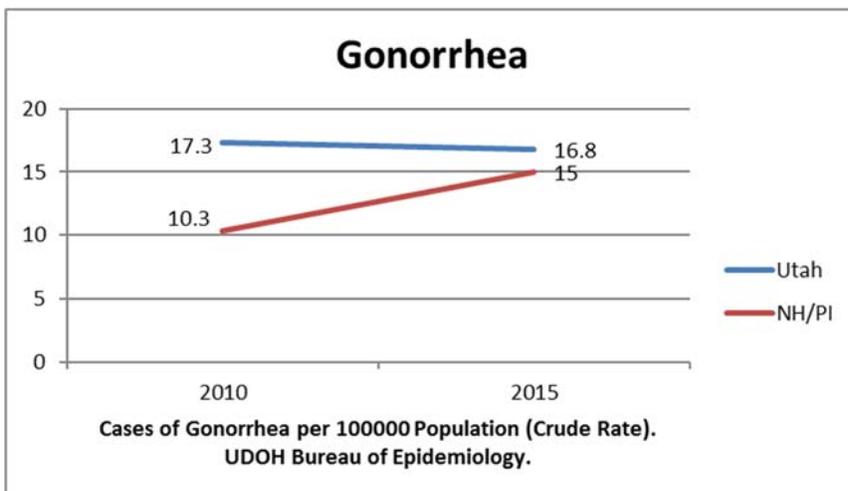
Disparity: YES
Disparity Gap: ↓

Rationale: The number of tuberculosis cases among NHPI has consistently been higher than the Utah overall number of cases. This indicator is improving in both populations but at a faster pace among NHPI.



Disparity: YES
Disparity Gap: ↑

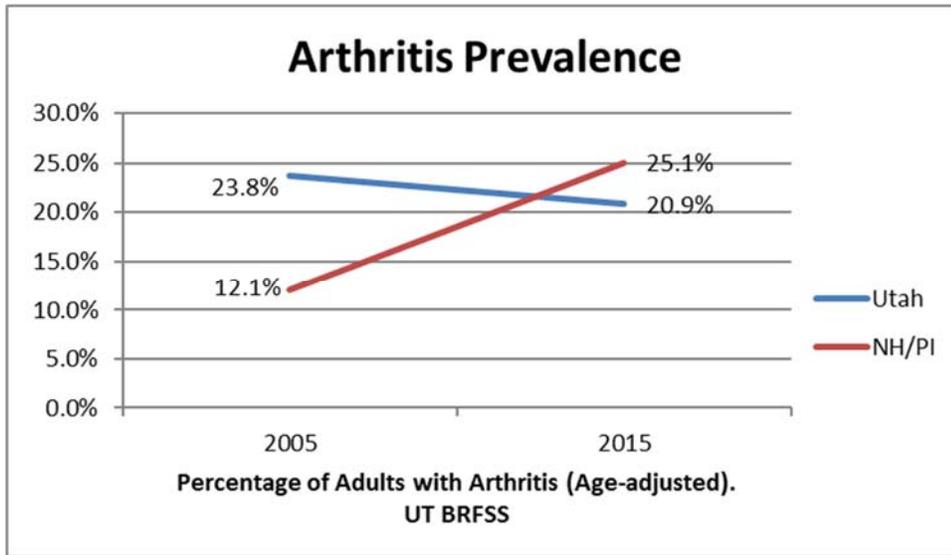
Rationale: This indicator has worsened in both populations but at a faster pace among NHPI.



According to these data, there is not disparity in this indicator for NHPI.

Rationale: Although no disparity exists yet, the indicator is improving in Utah overall while worsening in NHPI.

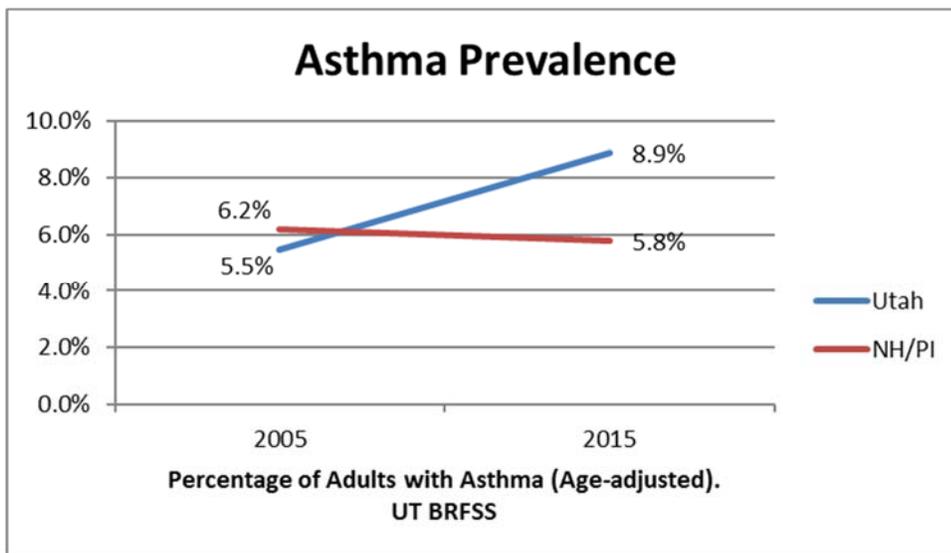
Chronic Diseases



Disparity: YES
Disparity Gap: ↑

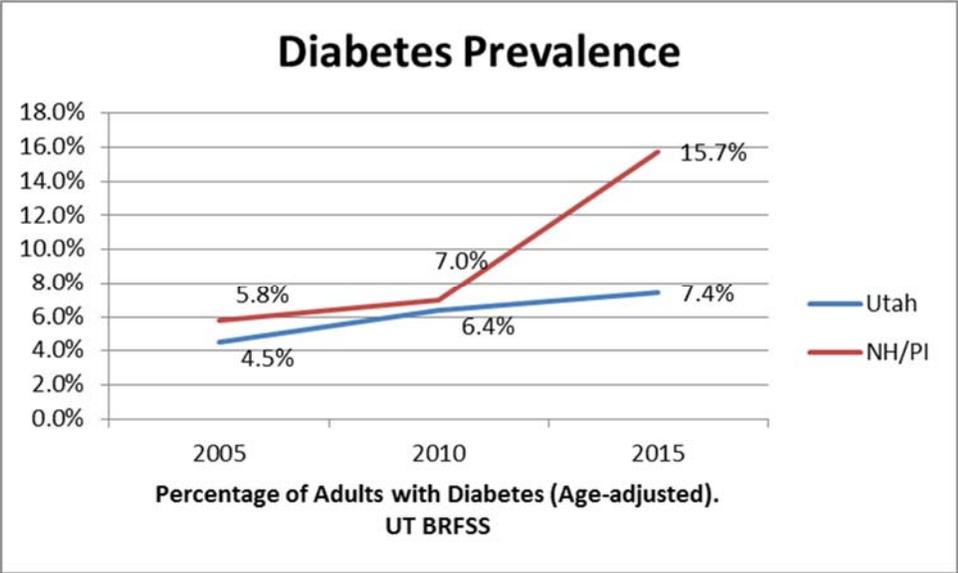
Rationale: The percentage of NHPI adults reporting a diagnosis of arthritis was lower than the overall Utah rate in 2005 but has increased steadily since then.

The indicator is improving in Utah overall while getting worse in NHPI.



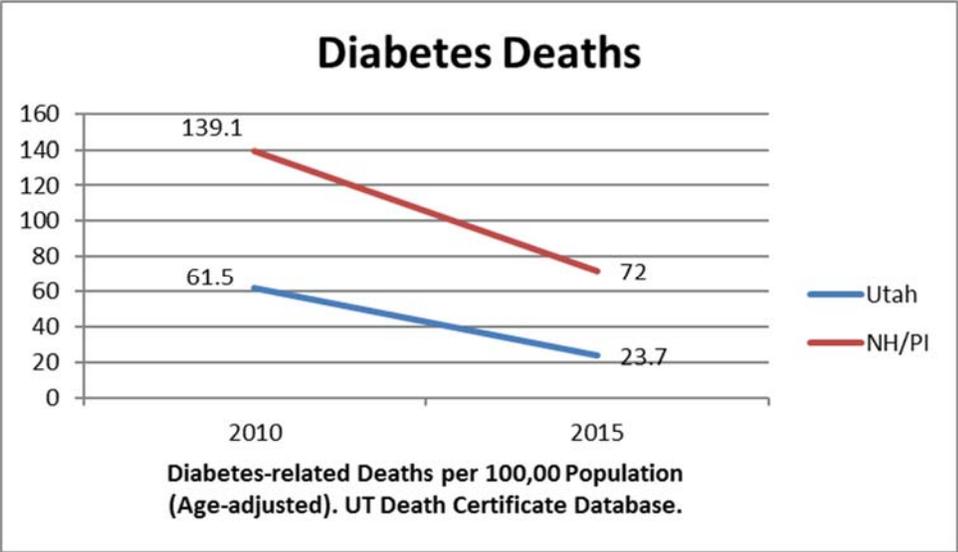
According to these data, there is no disparity in this indicator for NHPI.

Rationale: This indicator is slightly improving in NHPI while getting worse in Utah overall.



Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace in NHPI.



Disparity: YES
Disparity Gap: ↓

Rationale: The number of diabetes-related deaths among NHPI has consistently been higher than the overall Utah population

This indicator is improving in both populations but at a faster pace in NHPI.
(Data from 2005 is unavailable due to aggregation with Asian data.)

Acknowledgments

Author

Dulce Díez, MPH, MCHES, Office of Health Disparities

Collaborators

Jake Fitisemanu, MPH, Office of Health Disparities

Tashelle Wright, Office of Health Disparities

The complete Health Status by Race and Ethnicity Reports cited throughout this report can be found at:

Utah Health Status by Race and Ethnicity: 2015 Report

<http://www.health.utah.gov/disparities/data/race-ethnicity-report/2015HealthStatusbyRace&Ethnicity.pdf>

Utah Health Status by Race and Ethnicity: 2010 Report

<http://www.health.utah.gov/disparities/data/race-ethnicity-report/healthstatus.pdf>

Utah Health Status by Race and Ethnicity: 2005 Report

http://www.health.utah.gov/disparities/data/race-ethnicity-report/Race-Eth_Report.pdf

For a demographic profile of this population visit:

<http://www.health.utah.gov/disparities/utah-minority-communities/native-hawaiian-pacific-islander.html>