

Profiles of Utah Local Health Districts

Part 2 contains 12 sections, one for each local health department. Each section has 2 subsections. The first subsection contains demographic information, including estimated population, racial and ethnic distribution, education and income, as well as risk factor and health related behavior information. The second subsection presents the Healthy People 2000 Health Status Indicators for that district.

The data presented in the first subsection were selected for several reasons. First, most are risk factors for the outcomes measured by the Health Status Indicators. For example, educational level is related to overall mortality, smoking is related to lung cancer mortality, alcohol use is related to motor vehicle crashes and to suicide mortality, and the chronic disease risk factors are related to cardiovascular disease and cancer deaths. Second, asthma was selected because it may be in part caused or worsened by poor air quality. Third, indicators of health care access are presented; although on a population basis, health care access is not related strongly to health status, on an individual basis, it can make a major difference in quality and duration of life. Fourth, the prevalence of households with guns is presented because of the potential for accidental or intentional injury.

The Healthy People 2000 indicators are presented in the second subsection, after the demographic and risk factor information. For each indicator, the following information is shown:

- The local health department district result
- The comparable Utah specific result
- The ranking of the local health department district, relative to the other 12 districts. The lowest or best rate, was ranked 1, and the highest or worst rate, 12. For a tie, both were given the same rank at the best or lowest level.
- The average number of events per year

The information allows a comparison between the local health department district and the state rate, as well as indicating how well the local health department compares to the other districts by presenting the ranking. Additionally, the public health impact of the indicator can be assessed by the total number of events occurring per year.

Although this report does not represent a comprehensive analysis, some of the major findings include:

- 1) Southeast and Tri-County districts had the highest proportion of Native Americans (16.3%, and 8.9% respectively).
- 2) Hispanics comprised 14.4% of Tooele, 9.7% of Weber-Morgan, 6.6% of Southeast, and 8.3% of Salt Lake districts.
- 3) The prevalence of people (aged 18 and older) with less than a high school education ranged from 3.6% in Davis to 16.9% in Tri-County district.
- 4) The prevalence of households with income of less than \$10,000 per year ranged from 7.2% in Davis to 21.2% in Southeastern district.

- 5) The highest smoking prevalences were found in Tooele (21.7%), Southeastern (18.4%), and Tri-County (18.2%) districts, and the lowest in Utah County (7.2%) and Bear River (7.8%) districts.
- 6) The highest prevalence rates of alcohol use were found in Summit (48.9%), Salt Lake (32.9%), and Tooele (29.1%) districts.
- 7) The percentage of individuals who had had a cholesterol test ranged from 62.5% in Central to 76.1% in Weber-Morgan district.
- 8) Southeastern and Weber-Morgan had the highest prevalence rates of reported asthma in children under the age of 17 (66.0/1000 and 63.1/1000 respectively).
- 9) The percentage of households with at least one gun ranges from 36.6% in Salt Lake to 69.3% in Central district.
- 10) The percentage of individuals without health insurance ranges from 4.9% in Davis to 16.7% in Tri-County district.

The most striking finding that emerged from these data was that some districts were below the state rate for most of the indicators, whereas some districts were above the state rate for most of the indicators. For example, Bear River, Utah County, and Davis had the “healthiest” profiles, and Southeastern and Tri-County had the least healthy profiles. Bear River was above (worse than) the state rate for only two indicators (work-related injury deaths and breast cancer deaths), whereas Southeastern was above the state rate for 15 of 20 indicators, and Tri-County for 14 of 20 indicators. It appears that factors related to “good” health outcomes cluster both individually and regionally. Perhaps if an individual tends to adopt one lifestyle factor related to good health, that individual is also likely to adopt others.

Another observation is that having a ‘healthy profile’ was not necessarily related to whether or not the area is rural or urban. These results suggested that the people in some rural counties, such as those in Southeastern District had overall poorer health status. Similarly, the urban counties of Utah and Davis had much healthier profiles than did the urban counties of Weber and Salt Lake.

The factors related to health status are complex, and include education level, economic well being, lifestyles and behaviors, such as tobacco use, excessive use of alcohol, exercise, and a healthy diet, as well as access to personal health care.

In summary, these data are presented as a guide for each local health department to compare its profile for risk factors, health-related behaviors, and health outcomes to the state, and to other districts in order to better determine the public health needs most appropriate for that district.