

# Introduction

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In July 1991, the Centers for Disease Control released a set of health status indicators, in response to Objective 22.1 of Healthy People 2000. CDC attempted to develop a set of health status indicators that would: be few in number; allow a comprehensive measure of community health; include general and specific measures of community health; be measurable at federal, state, and local levels; be readily and uniformly understandable; be measurable using available data; imply specific interventions compelling action; and be outcome oriented.

This is an update on the Healthy People 2000 Health Status indicators for the 12 local health department districts in Utah. The data are presented so that policy implications relevant to each local health department district can be considered. Recent national data are presented. Health, as measured by several of these indicators, differs substantially among racial and ethnic groups in the United States. A higher proportion of Utah's population is white (95%) than is true of the U.S. Therefore, in addition to the U.S. overall rates, we also present U.S. rates for white persons. Appendix 3 presents data on the Health Status Indicators for the major racial and ethnic groups in the U.S.

The health status indicators are often difficult to interpret for districts with populations smaller than about 50,000 people. Rates for Summit, Wasatch, and Tooele counties, and Tri-County district should be interpreted with caution. One way to determine if a high rate means that a problem exists is look at variations over time; if the rate is always high, then a problem may exist; on the other hand, if the rate varies from high to low, then the high rate may well be a chance variation based on small numbers. Appendix 4 presents additional information on how to interpret rates based on small numbers. This report presents data for 1988-1996. The ACTION-2000 computer system is available to obtain data for different periods of time.

The report has two parts. Part 1 presents a description of each of the health status indicators. Under the description for each indicator, the data for all 12 local health department districts are presented. For example, on page 1 the infant mortality rates for each of the 12 districts are presented, as well as the relevant Utah and U.S. rates for comparison. Two Utah rates are presented: first, the rate above the graph is for the same year as the most recent available U.S. rate, in order to compare Utah to the U.S.; and second, the rate below the graph is for the same time period as the LHD rates, in order to compare the LHD rates to Utah. The narratives for the individual health status indicators briefly describe the relationships between the individual local health department rates and the Utah and U.S. rates, but are not intended to be a comprehensive analysis of the data. Data are not included for syphilis, one of the Healthy People 2000 Health Status Indicators, because too few cases occur in Utah for meaningful analysis at the district level.

Part 2 contains profiles for each local health department district. Each profile contains demographic and risk factor information for a local health department, as well as results for each of the health status indicators for that local health department. The risk factor information in this report was obtained from the 1996 Utah Health Status Survey, conducted by the Utah Department of Health.