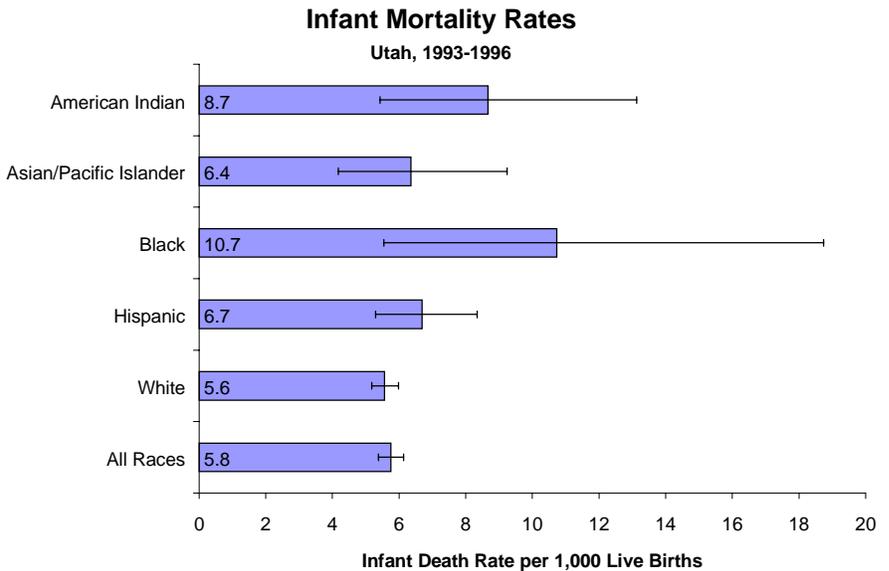


Infant mortality, or death of an infant in the first year of life, is an important measure of the overall health of a community. In Utah, as well as nationally, Black infants have the highest infant mortality rates. However, Utah's infant mortality rate for Black infants is lower than the national rate. Infant mortality rates in Utah appear to be lower than national rates for all groups except Asian/Pacific Islanders.

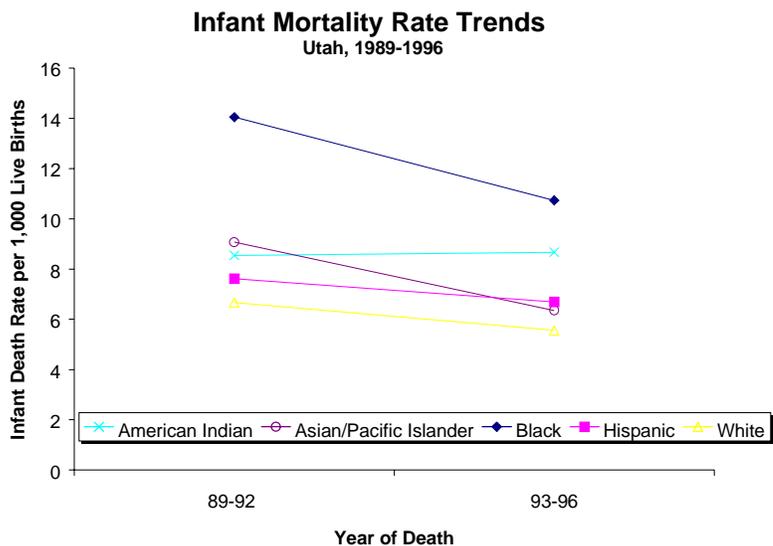
These rates were calculated using a linked database (birth certificate and infant death certificate) and these rates may not match rates calculated using unlinked databases.

Comparing 1989-92 to 1993-96, infant mortality rates decreased in all racial ethnic groups except among American Indian people, where rates did not change. Due to small numbers of events, not all those decreases can be shown to be statistically significant, however.



HP2000 OBJECTIVE 14.1 GOAL: $\leq 7/1,000$ LIVE BIRTHS (SEE APPENDIX)

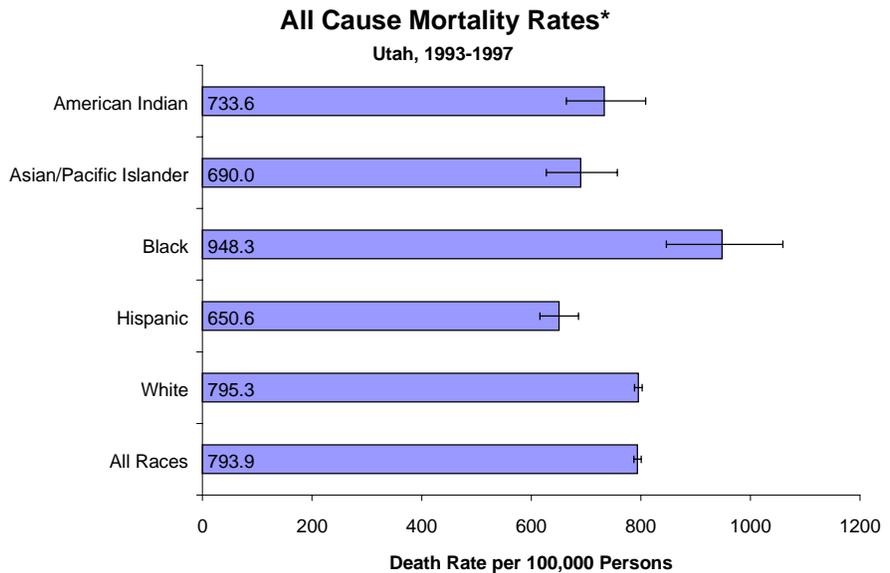
U.S. 1995					
American Indian	Asian/Pacific Islander	Black	Hispanic	White	Total
9.0	5.3	14.6	not available	6.3	7.6



All Cause Mortality

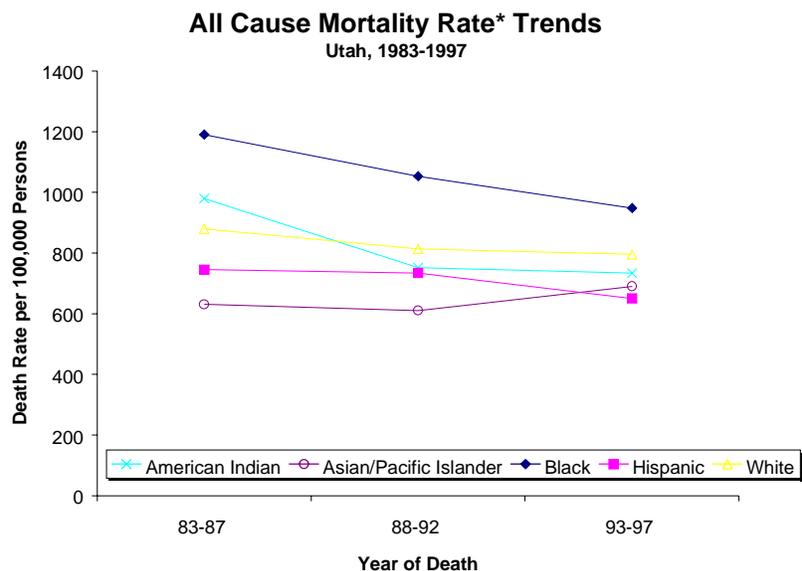
The all cause death rate examines deaths from all causes and at all ages. A higher rate indicates that deaths in that population are occurring at younger ages than in another population with a lower overall death rate. In both Utah and the U.S., the overall death rates for Black people are significantly higher than the rates for people of all races, although in each instance Utah's death rate is lower than the U.S. rate. The overall death rates for Asian/Pacific Islander and Hispanic people are lower than the Utah rate for people of all races. The rate for American Indian people is not significantly different from the Utah rate.

All cause death rates appear to have decreased over this time period for all racial/ethnic groups except Asian/Pacific Islander people.



American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	1224.7	889.8	918.3

** includes both White Hispanic and White Non-Hispanic

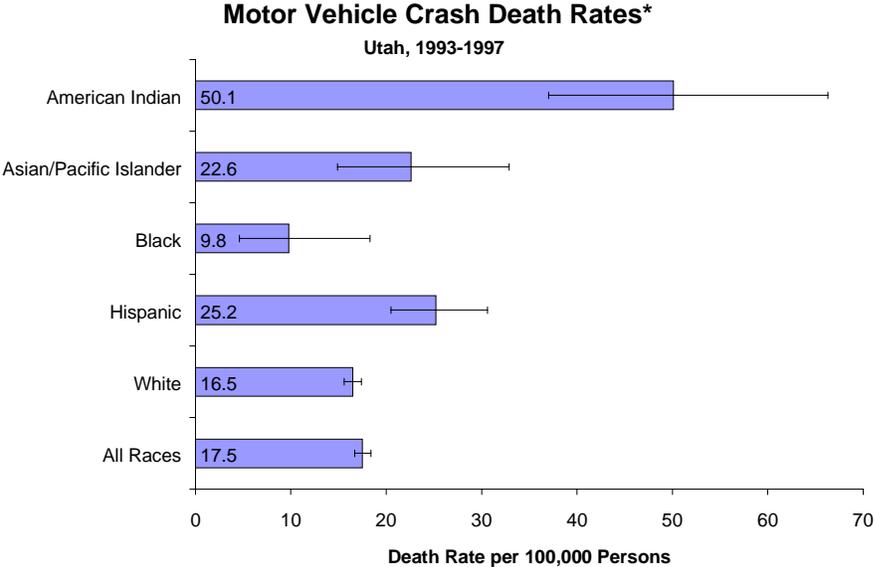


* All mortality rates were age-adjusted to projected U.S. 2000 population.

Motor Vehicle Crash Deaths

American Indian people are the race/ethnic group at highest risk of death from motor vehicle crashes in Utah, with a death rate almost 3 times as high as the overall state rate. The death rate for Hispanic people was also significantly higher than the overall state rate. Utah's overall death rate from motor vehicle crash deaths was slightly higher than the U.S. rate.

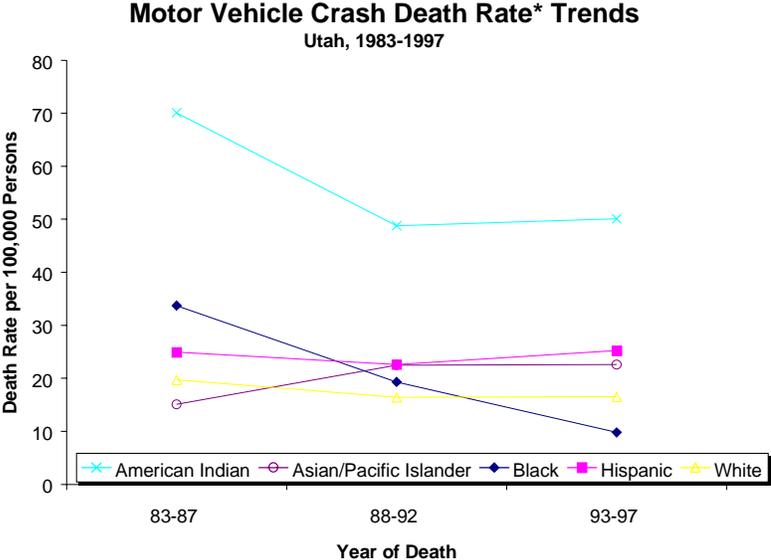
It is difficult to interpret time trends for motor vehicle crash deaths in specific race/ethnic populations.



HP2000 OBJECTIVE 9.3 GOAL: 17.2 PER 100,000 PERSONS (SEE APPENDIX)

U.S. 1995				
American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	16.9	16.5	16.5

** includes both White Hispanic and White Non-Hispanic

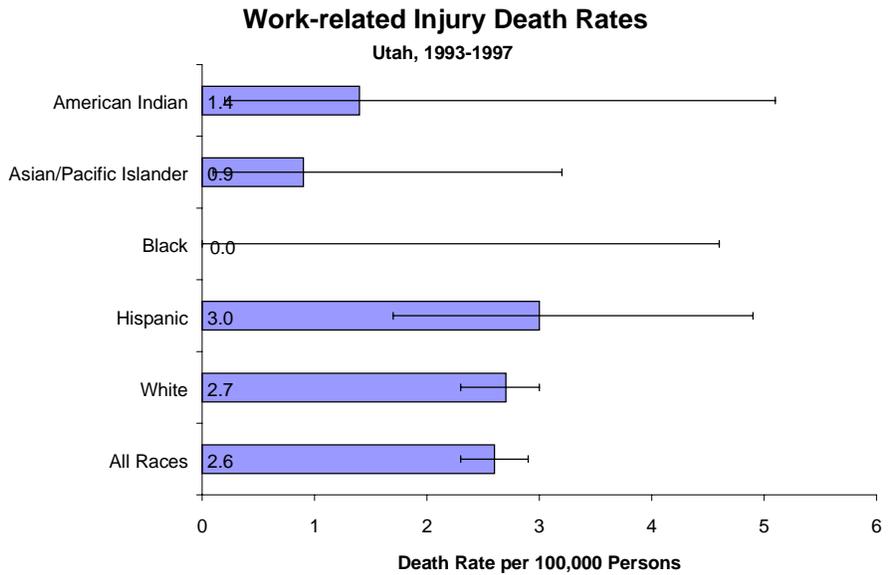


* All mortality rates were age-adjusted to projected U.S. 2000 population.

Work-related Injury Deaths

Utah's overall work-related death rate is slightly lower than the national rate. Among the racial and ethnic populations in Utah, the work-related injury death rates were not significantly different from the overall state rate, but confidence limits were wide for this measure.

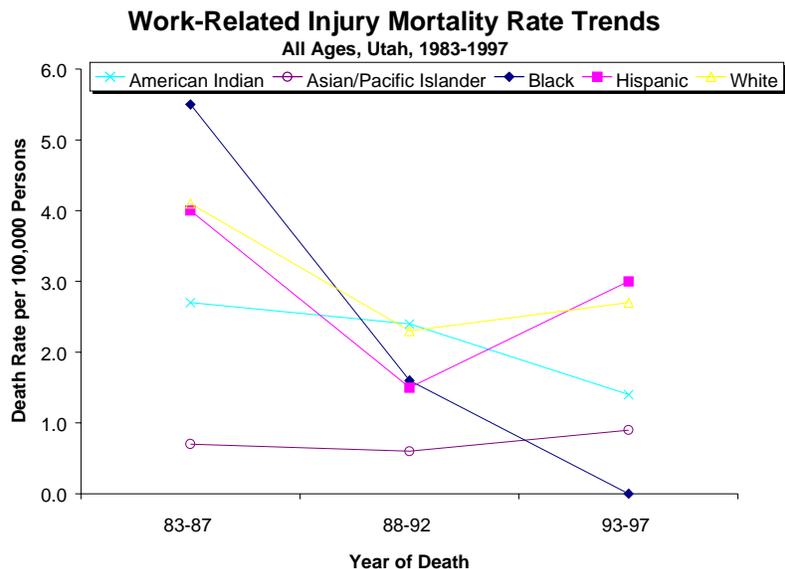
Work-related death rates appear to have decreased for Utah overall and White people. Small numbers of events preclude interpreting trends for other racial/ethnic groups.



HP2000 OBJECTIVE 10.01 GOAL: 4 PER 100,000 FULL-TIME WORKERS (SEE APPENDIX)

U.S. 1995				
American Indian	Asian/Pacific Islander	Black	White**	Total
1.7	2.2	2.8	2.9	3.0

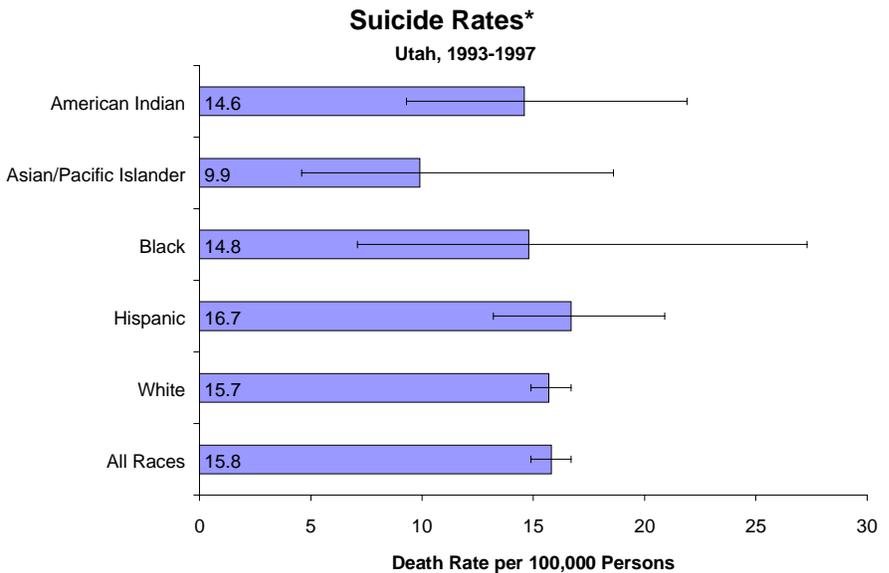
** includes both White Hispanic and White Non-Hispanic



Suicide

Utah's rate of death from suicide was 30% higher than the U.S. rate. White people and Hispanic people have the highest suicide rates in Utah, although none of the differences were statistically significant. The confidence interval on the suicide rate for Blacks was wide, making comparisons to the nation difficult to interpret.

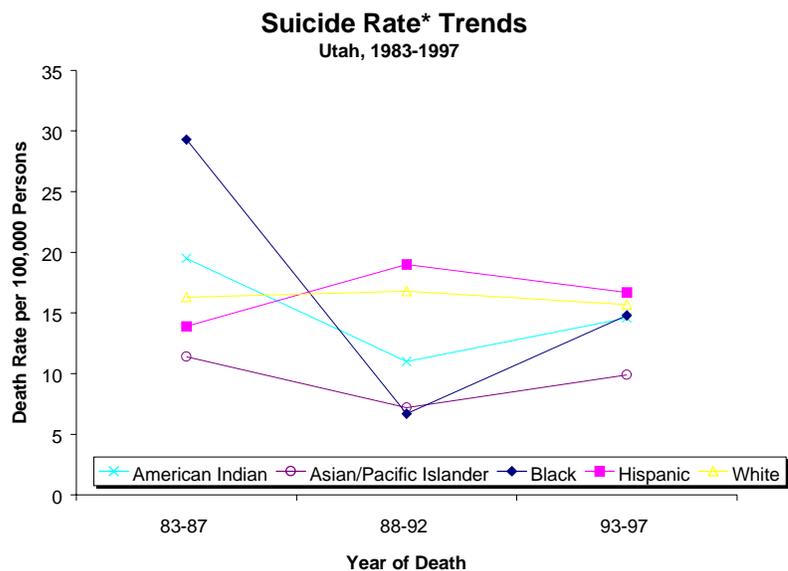
Suicide death rates do not appear to have changed significantly for any racial/ethnic populations.



HP2000 OBJECTIVE 6.1 GOAL: 11.5 PER 100,000 PERSONS (SEE APPENDIX)

American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	6.9	12.8	12.0

** includes both White Hispanic and White Non-Hispanic

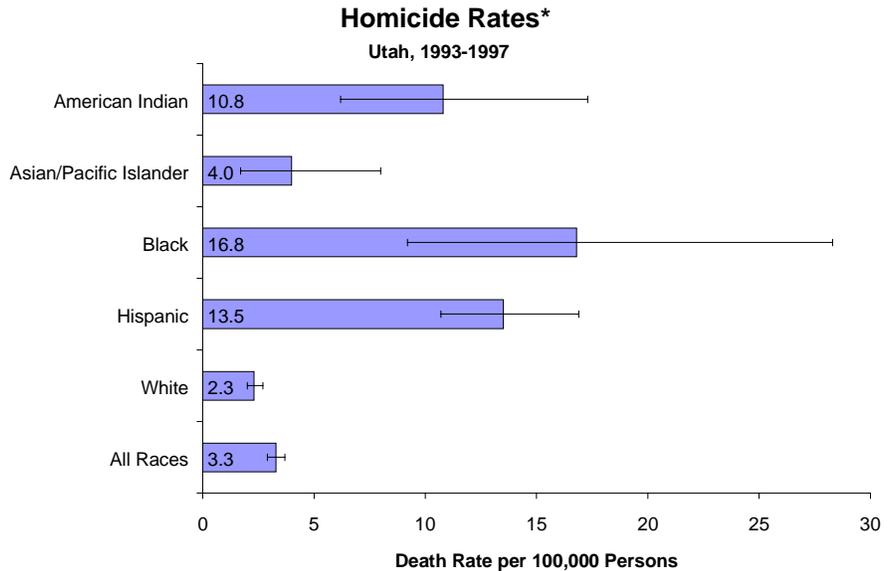


* All mortality rates were age-adjusted to projected U.S. 2000 population.

Homicide and Legal Intervention

Overall, Utah's rate of death from homicide was less than one-half that of the U.S. Homicide rates in Utah were substantially higher for Black, American Indian, and Hispanic people. The highest homicide death rate was for Black people, although the homicide rate for Black people in Utah was about half as high as in the U.S. Black population.

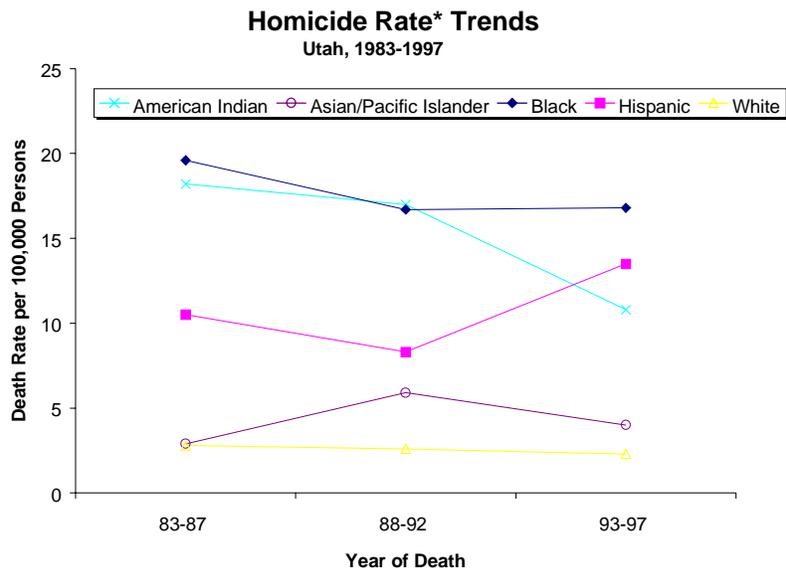
The homicide death rate appeared to increase for Hispanic people and to decrease for American Indian people, but neither change was statistically significant.



*HP2000 OBJECTIVE 7.0 GOAL: 7.1 PER 100,000 PERSONS
(SEE APPENDIX)*

American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	30.5	5.2	8.5

** includes both White Hispanic and White Non-Hispanic

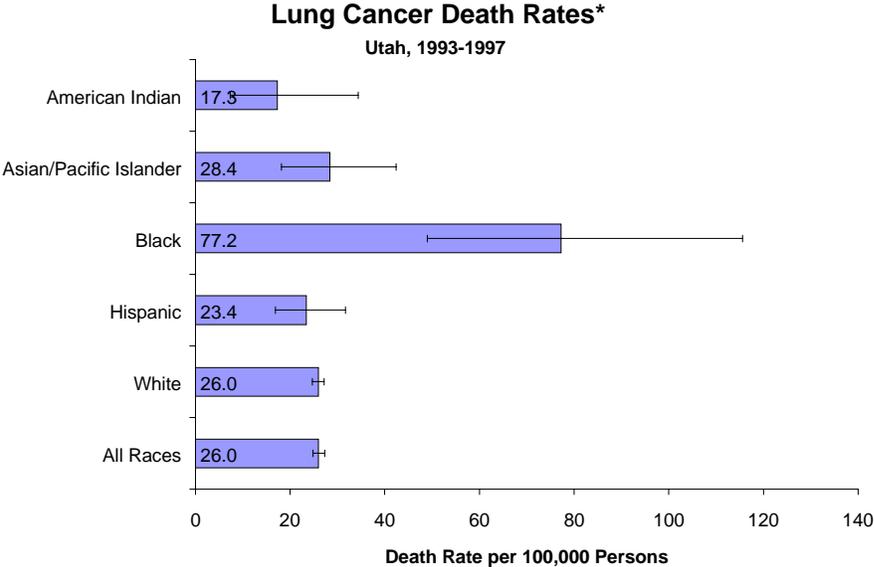


* All mortality rates were age-adjusted to projected U.S. 2000 population.

Lung Cancer Deaths

Overall, Utah's lung cancer death rate was less than half the U.S. rate. Utah's overall smoking rate is also much lower than the U.S. rate. However, the lung cancer death rate among Utah's Black population was much higher than the overall Utah rate and similar to the U.S. Black rate. American Indian people had low lung cancer death rates, despite having high smoking rates.

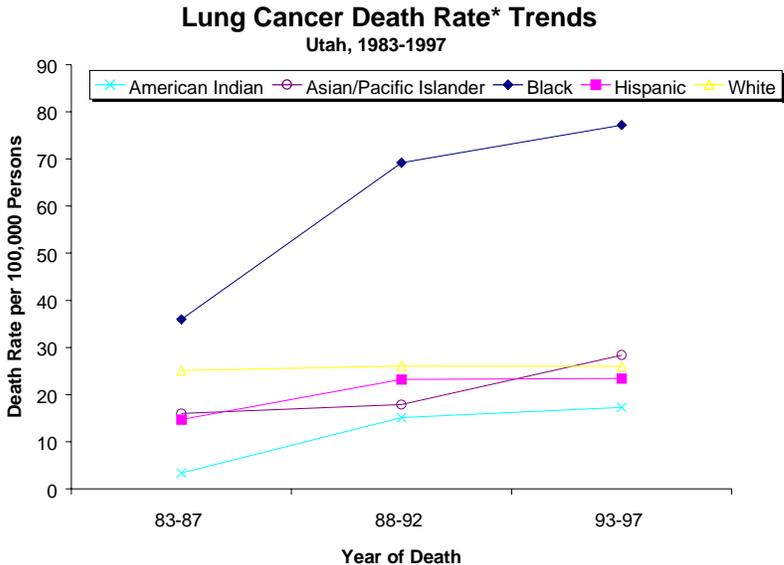
Even though this disease is almost completely preventable by tobacco cessation, death rates did not decrease in any racial/ethnic group and may have increased for some.



HP2000 OBJECTIVE 3.2 GOAL: 62.5 DEATHS PER 100,000 PERSONS (SEE APPENDIX)

U.S. 1995				
American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	69.3	58.6	58.9

** includes both White Hispanic and White Non-Hispanic

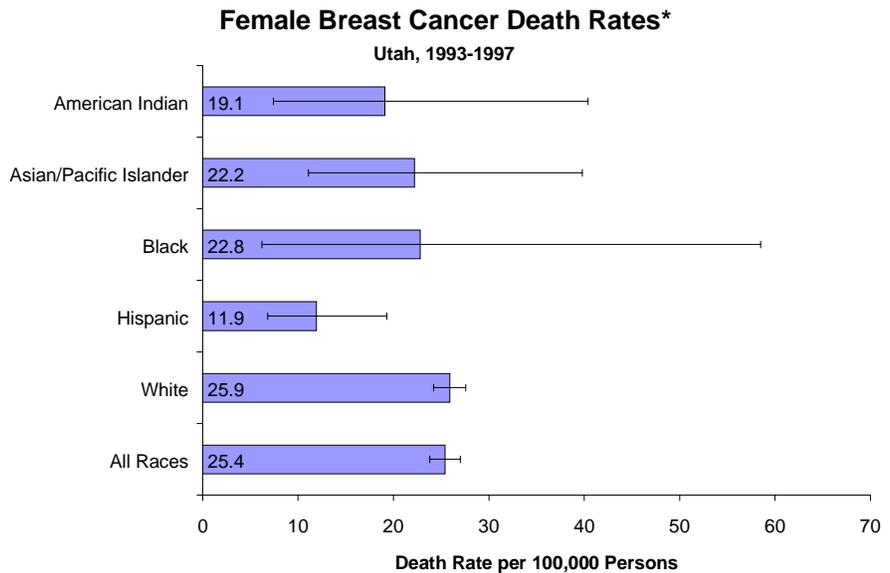


* All mortality rates were age-adjusted to projected U.S. 2000 population.

Female Breast Cancer Deaths

Utah's overall death rate from breast cancer was lower than the U.S. rate. Nationally, there are racial differences in breast cancer incidence and death rates, incidence rates being highest for White and death rates for Black people. These data indicate that death rates were highest for White people in Utah, though the confidence limits were wide especially for the Black rate. Breast cancer risk is, in part, genetically determined, but routine preventive health care can prevent deaths if breast cancer is detected early through mammography. Thus, access to health care is important in preventing breast cancer deaths. Utah's Breast and Cervical Cancer Detection Program works to increase mammography screening among low income, rural, minority, and medically underserved women.

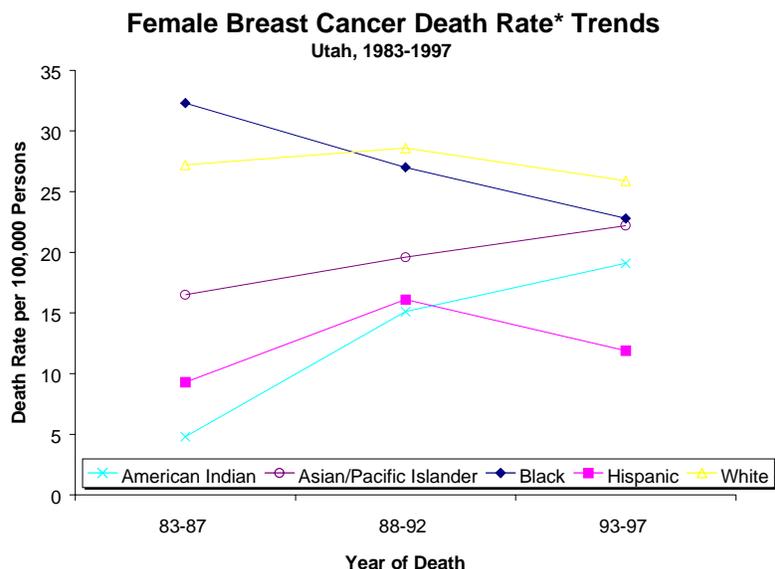
The apparent trends in breast cancer death rates in Utah should be interpreted cautiously as the confidence limits are wide for these rates.



*HP2000 OBJECTIVE 16.3 GOAL: 29.8 DEATHS PER 100,000 WOMEN
(SEE APPENDIX)*

U.S. 1995				
American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	38.3	30.3	30.8

** includes both White Hispanic and White Non-Hispanic



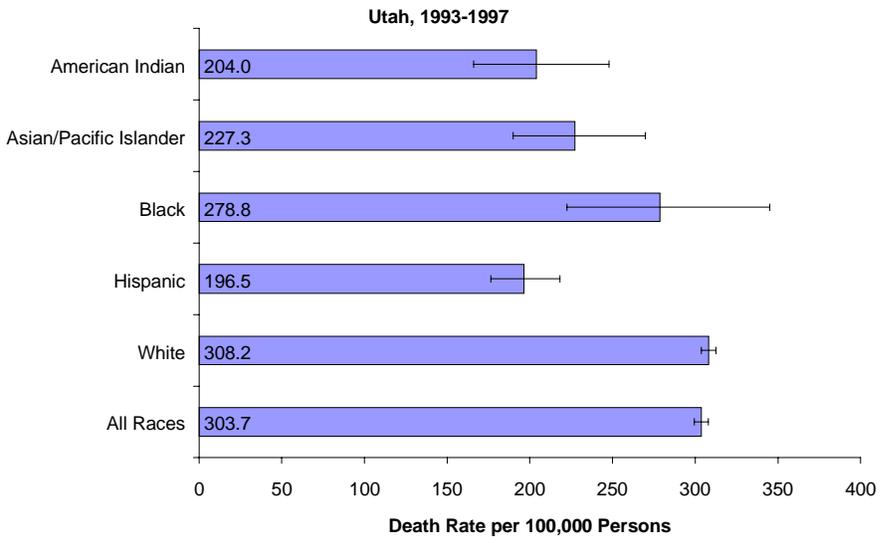
* All mortality rates were age-adjusted to projected U.S. 2000 population.

Cardiovascular Disease Deaths

The main components of cardiovascular disease are heart disease and stroke. Deaths from cardiovascular disease have decreased substantially over the past two decades. Despite that progress, more Utahns die of cardiovascular disease than any other cause. Cardiovascular disease is a major cause of death among all race/ethnic populations in Utah. The highest death rate from cardiovascular disease was found among the White population in Utah, although the Utah White rate was still substantially lower than the U.S. White rate. The death rate from cardiovascular disease in Utah was significantly lower among American Indian, Asian/Pacific Islander, and Hispanic people.

Over the time period 1983-87 to 1993-97, death rates from cardiovascular disease have been decreasing in Utah overall and in all the race/ethnic populations examined in this report.

Cardiovascular Disease Death Rates*

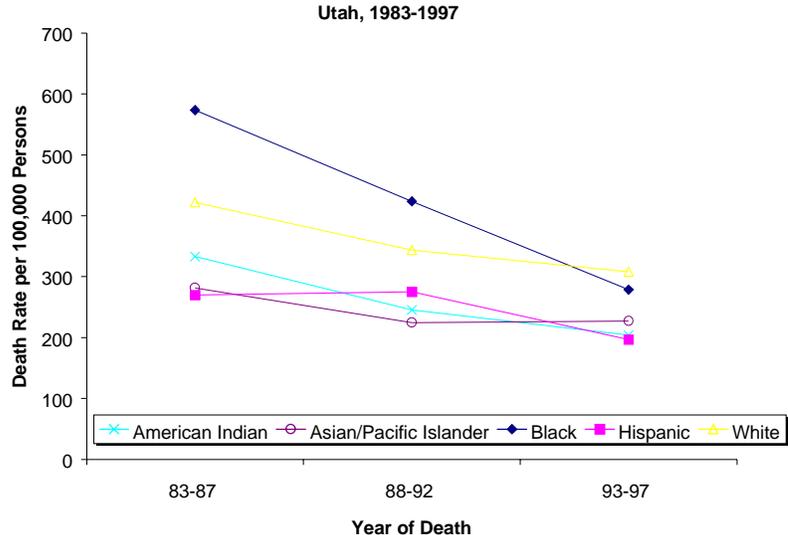


U.S. 1995

American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	485.0	374.4	382.6

** includes both White Hispanic and White Non-Hispanic

Cardiovascular Disease Death Rate* Trends

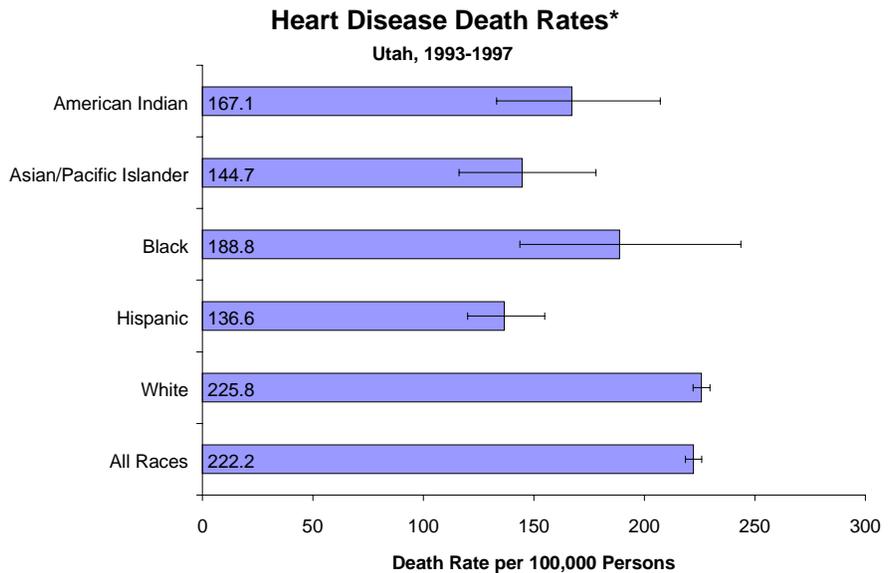


* All mortality rates were age-adjusted to projected U.S. 2000 population.

Heart Disease Deaths

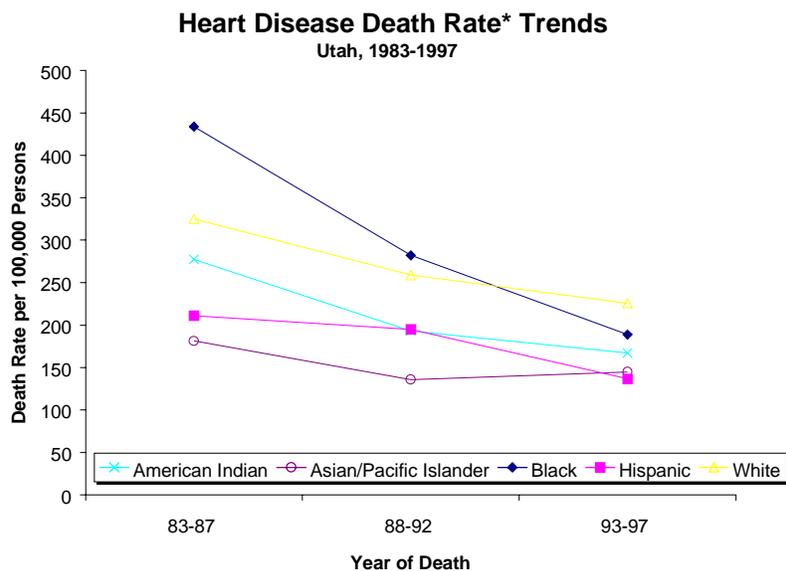
Deaths from heart disease, principally coronary artery disease, make up three quarters of cardiovascular disease deaths. The age-adjusted death rate from heart disease declined by almost 40% from 1980 to 1997 in Utah. The highest death rate from heart disease was found among the White population in Utah. Rates were significantly lower among American Indian, Asian/Pacific Islander, and Hispanic people.

Over the time period 1983-87 to 1993-97, heart disease death rates in Utah declined overall and in all race/ethnic populations examined in this report.



U.S. 1995				
American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	367.2	291.2	296.3

** includes both White Hispanic and White Non-Hispanic



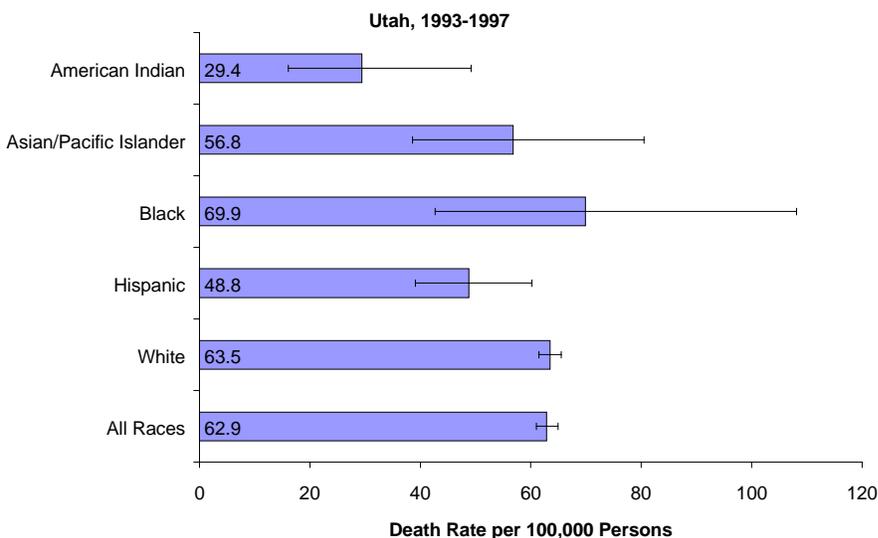
* All mortality rates were age-adjusted to projected U.S. 2000 population.

Cerebrovascular Disease Deaths

Deaths from cerebrovascular disease, or stroke, make up about one fifth of cardiovascular disease deaths. The age-adjusted death rate from stroke decreased by about 33% from 1980 to 1997 in Utah. Among race/ethnic populations in Utah, the stroke death rate was highest for Black people. Rates for Black people in Utah were lower than the U.S. Black rate, however. American Indian and Hispanic Utahns had rates significantly lower than the Utah rate for all races. The Utah rates for White people and all races were about the same as the national rates.

Over the time period 1983-87 to 1993-97, cerebrovascular disease (stroke) death rates in Utah decreased overall and trends suggested decreases in most of the race/ethnic populations examined in this report. The trends in specific race/ethnic populations should be interpreted cautiously.

Cerebrovascular Disease Death Rates*

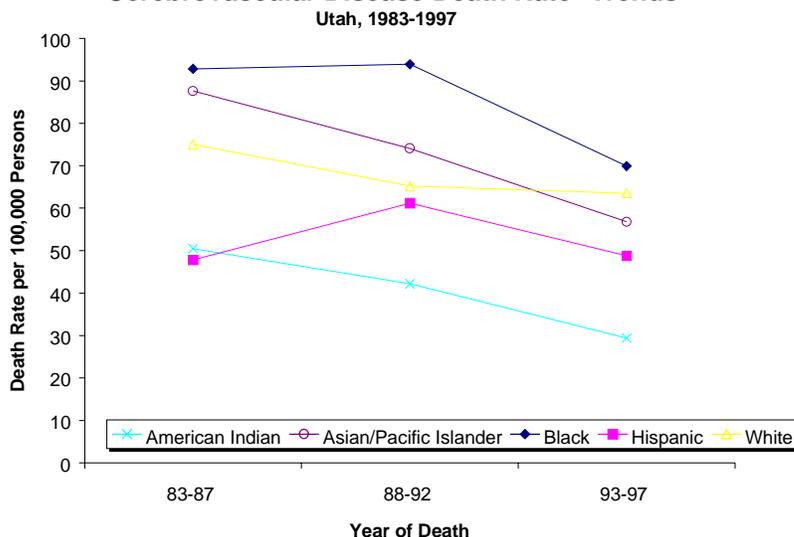


*HP2000 OBJECTIVE 15.2 GOAL: 47.4 PER 100,000 PERSONS
(SEE APPENDIX)*

U.S. 1995				
American Indian	Asian/Pacific Islander	Black	White**	Total
not available	not available	84.0	58.9	61.1

** includes both White Hispanic and White Non-Hispanic

Cerebrovascular Disease Death Rate* Trends

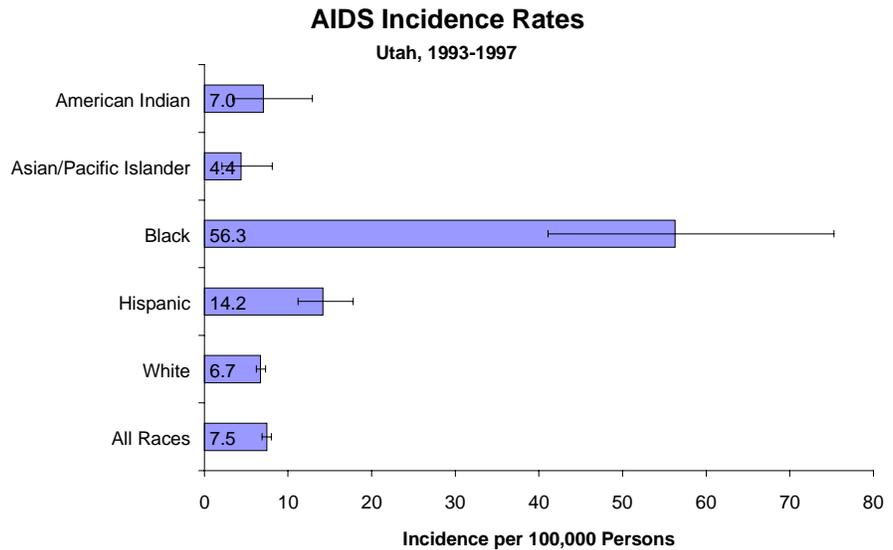


* All mortality rates were age-adjusted to projected U.S. 2000 population.

AIDS (Acquired Immunodeficiency Syndrome)

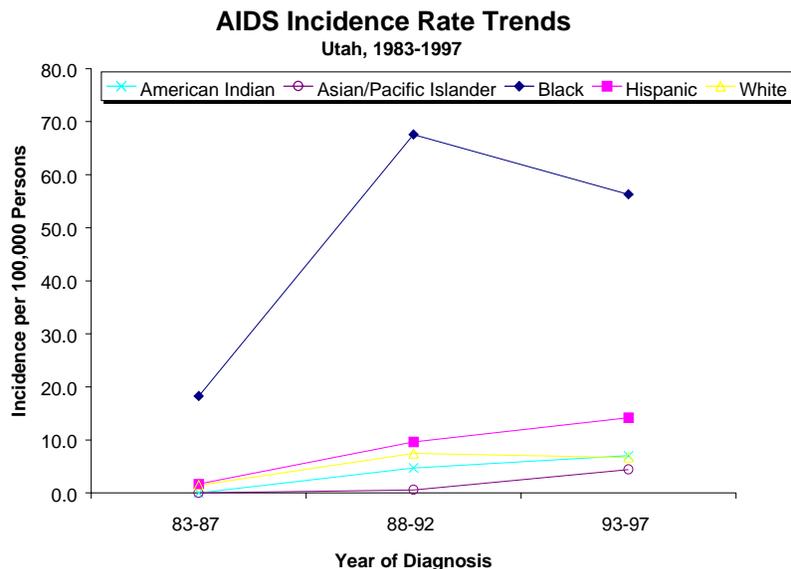
After increasing throughout the 1980's and early 1990's, the incidence of newly reported cases of AIDS has leveled off in the past few years. Utah's incidence rate for AIDS is low compared to the United States. However, rates vary greatly among Utah's racial and ethnic populations. Although about 80% of reported AIDS cases have been in White people, the rate among Black people in Utah is over seven times the Utah rate. In the United States, the incidence rate of AIDS is also disproportionately high among Black and Hispanic populations.

During the time period 1983-87 to 1993-97, rates of reported AIDS increased in Utah overall and in most race/ethnic groups. More recent data suggest that rates have leveled out or have begun to decrease in most populations.



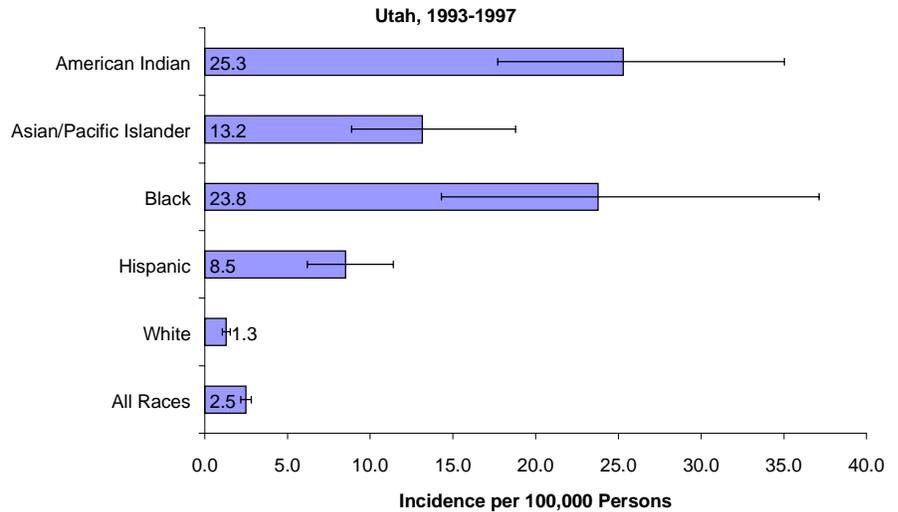
U.S. 1995				
American Indian	Asian/Pacific Islander	Black	White**	Total
12.3	5.8	90.5	13.9	25.7

** includes both White Hispanic and White Non-Hispanic



In Utah, reported tuberculosis incidence rates among American Indian, Black, Asian/Pacific Islander, and Hispanic populations were 3 to 10 times higher than the rate for all races. High rates of tuberculosis among these racial and ethnic groups are due to a combination of factors, including homelessness, poverty, substance use, and persons born in countries with high risk of tuberculosis. For example, most cases of tuberculosis in Asian/Pacific Islanders occur among recent immigrants to the United States. Tuberculosis is a preventable disease, and latent infection can be present for years before active disease occurs. Screening efforts can detect and treat tuberculosis infection before active disease occurs. Screening is most important in high risk populations, such as racial and ethnic groups with high incidence rates.

Reported Tuberculosis Incidence Rates

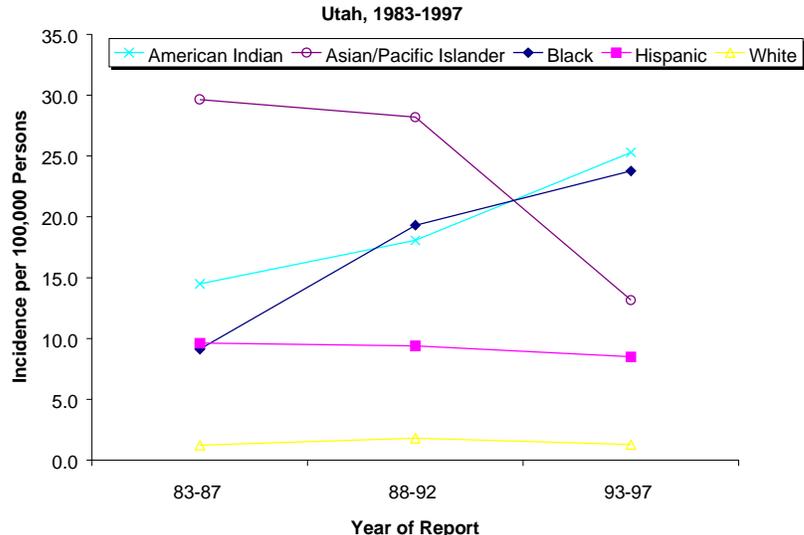


*HP2000 OBJECTIVE 20.4 GOAL: 3.5 PER 100,000 PEOPLE
(SEE APPENDIX)*

U.S. 1995				
American Indian	Asian/Pacific Islander	Black	White**	Total
14.5	43.0	23.5	4.9	8.7

** includes both White Hispanic and White Non-Hispanic

Tuberculosis Incidence Rate Trends

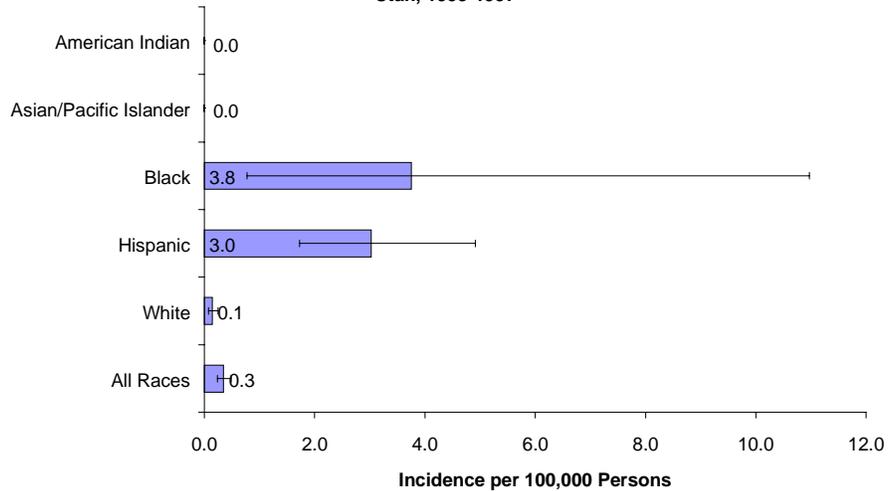


Primary and Secondary Syphilis

Syphilis cases are uncommon in Utah, but rates are higher for Black and Hispanic persons. The disproportionate risk for Black people is less in Utah than nationally. Other sexually transmitted diseases, such as chlamydia and gonorrhea, are much more common than syphilis, and are the primary targets of Utah's sexually transmitted disease program. Infections with chlamydia and gonorrhea can cause infertility and other medical complications.

The small number of syphilis cases in Utah make trends difficult to interpret. However, the apparent decline is consistent with national trends.

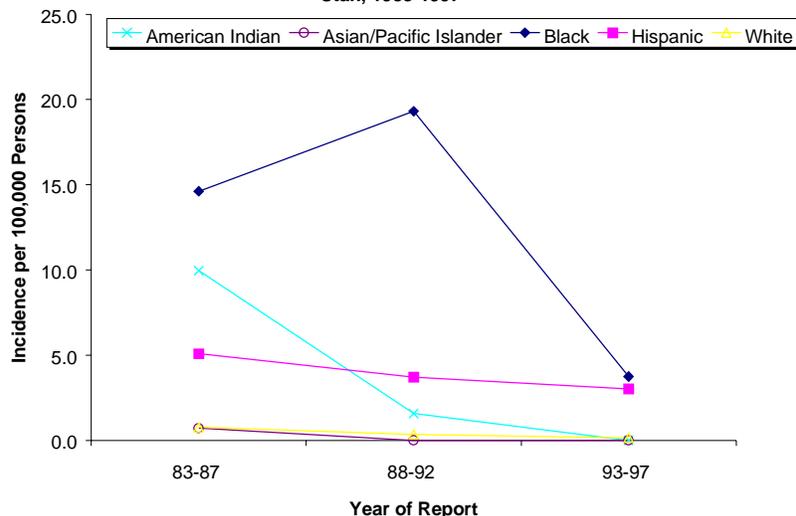
Reported Primary & Secondary Syphilis Incidence
Utah, 1993-1997



*HP2000 OBJECTIVE 19.3 GOAL: ≤10 CASES PER 100,000 PEOPLE
(SEE APPENDIX)*

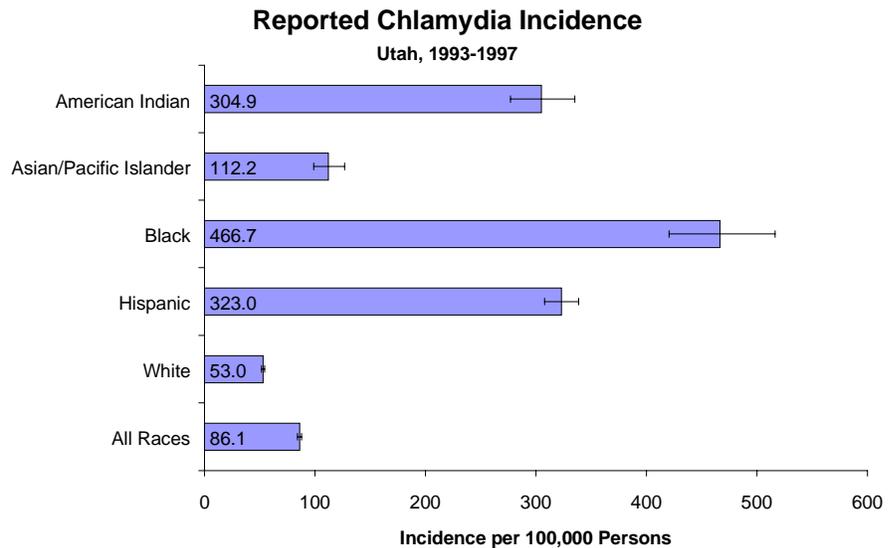
U.S. 1995					
American Indian	Asian/Pacific Islander	Black	Hispanic	White	Total
2.1	0.6	46.2	3.0	0.8	6.3

Primary & Secondary Syphilis Incidence Rate Trends
Utah, 1983-1997

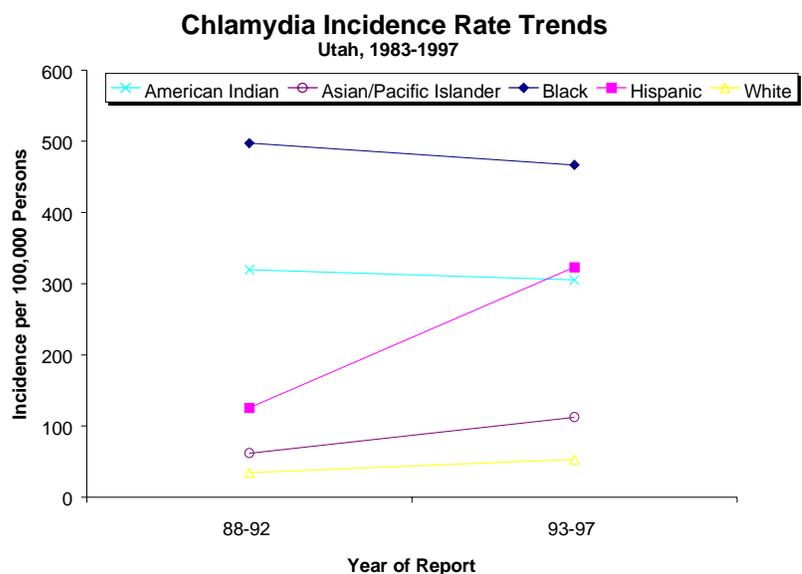


The term, chlamydia, describes bacteria that cause a variety of infections. As used here, chlamydia refers to genital infections caused by *Chlamydia trachomatis*. Most commonly, such infections affect the urethra in males and the cervix in females. Most genital chlamydial infections, especially in females, are asymptomatic. Thus, they are usually detected only by screening tests. If untreated, they can cause serious complications such as pelvic inflammatory disease, ectopic pregnancy, and infertility.

Some of the increases in chlamydial infection rates during this time period were due to increased detection as screening tests became more widely used.



U.S. 1996					
American Indian	Asian/Pacific Islander	Black	Hispanic	White	Total
519.1	95.0	754.3	315.8	86.0	186.6



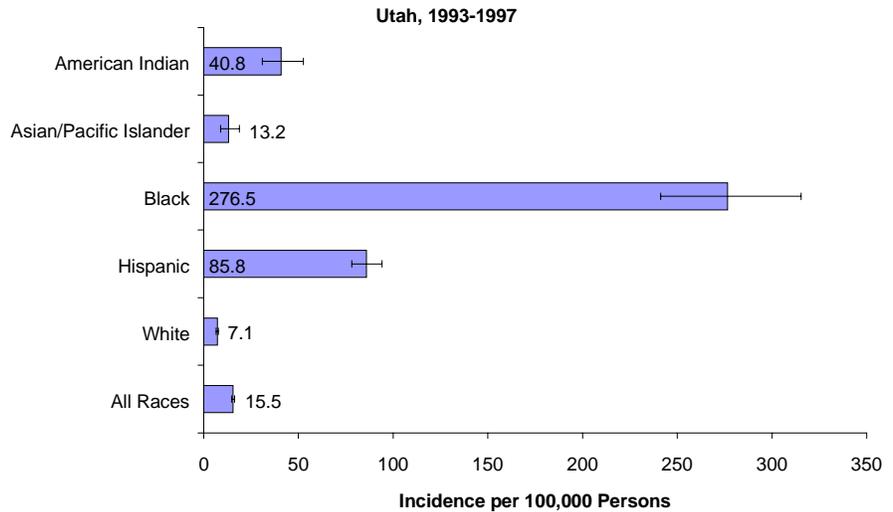
Gonorrhea

Gonorrhea is an infection caused by the bacterium, *Neisseria gonorrhoeae*. Gonorrhea infections most often involve the urethra of males and the cervix of females. Gonorrhea can also cause serious sequelae, such as pelvic inflammatory disease and infertility in infected women, and eye infections in infants born to an infected mother.

In Utah, as in the United States, gonorrhea disproportionately affects Black people and to a lesser extent, Hispanic and American Indian people.

Gonorrhea infection rates have been decreasing in Utah and nationally.

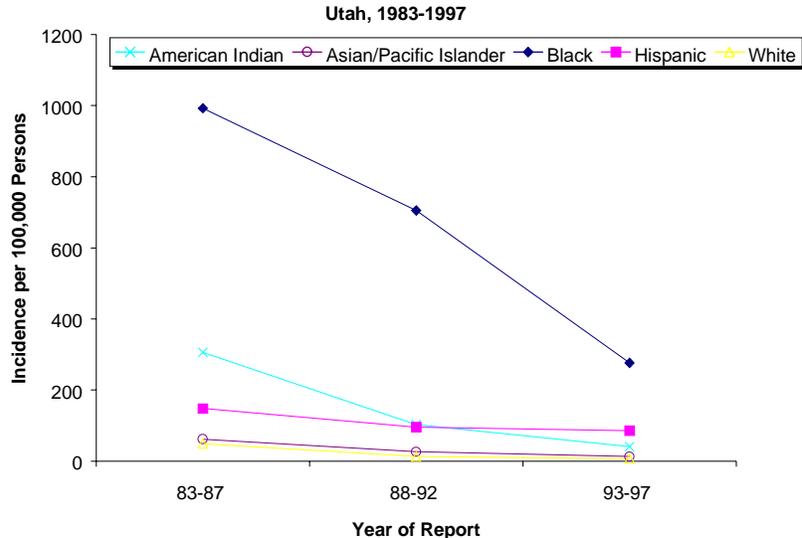
Reported Gonorrhea Incidence



HP2000 OBJECTIVE 19.1 GOAL: ≤225 CASES PER 100,000 PEOPLE (SEE APPENDIX)

U.S. 1995					
American Indian	Asian/Pacific Islander	Black	Hispanic	White	Total
80.4	18.9	1086.9	90.6	29.1	149.9

Gonorrhea Incidence Rate Trends

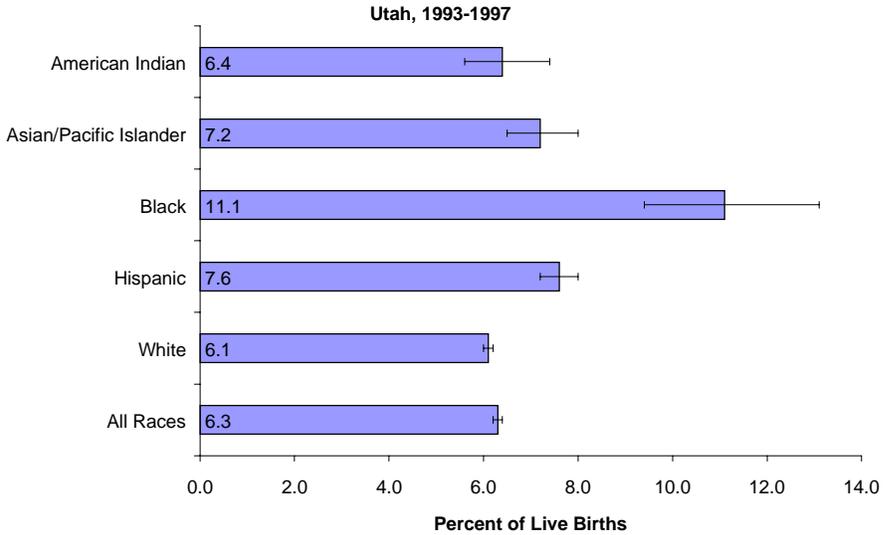


Low Birth Weight

Low birth weight, defined as the birth of an infant weighing less than 2,500 grams (about 5 1/2 lb.), is a major determinant of infant mortality and morbidity. Low birth weight can be caused by prematurity, inadequate fetal growth, or a combination. The rate of low birth weight was highest for Black infants in Utah and in the U.S., although the risk was lower for Black infants in Utah than in the U.S. Among White infants, the prevalence of low birth weight was similar for Utah and the U.S. Additionally, Asian/Pacific Islander and Hispanic infants in Utah were at increased risk of low birth weight.

During the time period 1983-87 to 1993-97, low birth weight rates increased somewhat in Utah overall. Although rates did not appear to increase for Black infants, they remained at highest risk.

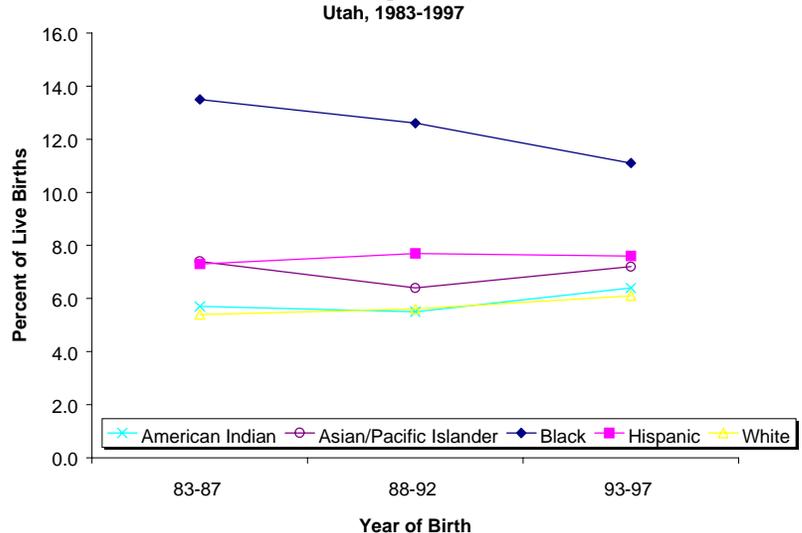
Low Birth Weight Rates



HP2000 OBJECTIVE 14.1 GOAL: ≤7/1,000 LIVE BIRTHS (SEE APPENDIX)

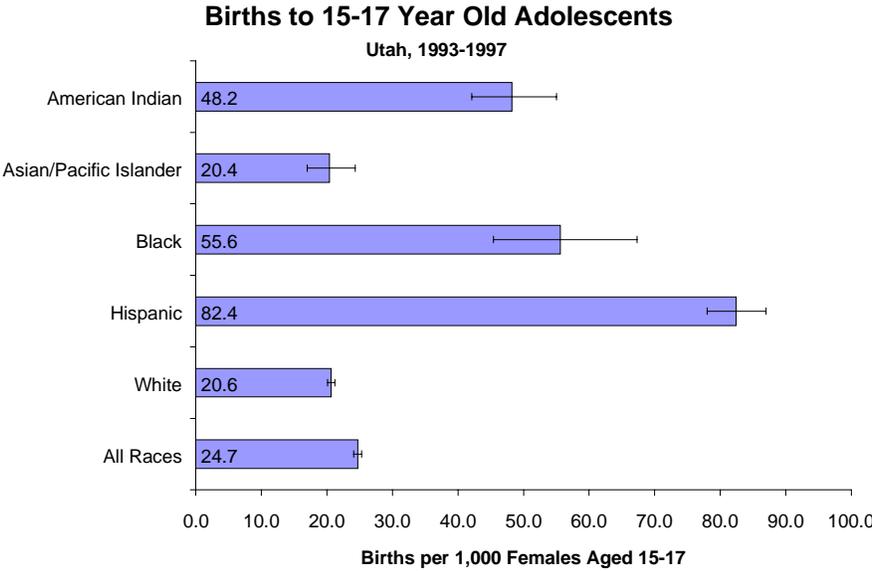
U.S. 1995					
American Indian	Asian/Pacific Islander	Black	Hispanic	White	Total
6.6%	6.9%	13.1%	not available	6.2%	7.3%

Low Birth Weight Rate Trends



Adolescent Births (Age 15-17)

Pregnancy during adolescence poses health problems for mothers and their infants. Teen pregnancy increases a family's chances of living in poverty, and results in high costs for health care and public assistance. Utah's adolescent birth rate has been lower than for the U.S. since about 1982, but many states have even lower rates. Utah's adolescent birth rates were much higher for Hispanic, Black, and American Indian people than for the state overall.

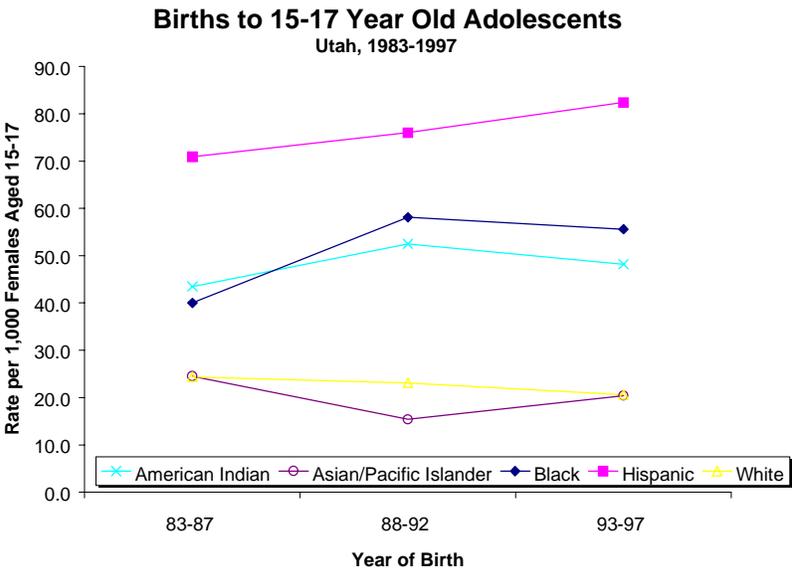


During the time period 1983-87 to 1993-97, adolescent birth rates in Utah decreased overall and for White mothers. However, rates increased for Hispanic mothers. A similar increase occurred for Black mothers, but that trend should be interpreted cautiously.

HP2000 OBJECTIVE 5.1 GOAL: 50 BIRTHS PER 1,000 ADOLESCENT FEMALES AGE 17 AND UNDER (SEE APPENDIX)

U.S. 1995					
American Indian	Asian/Pacific Islander	Black	Hispanic	White	Total
47.8	15.4	69.7	not available	22.0	36.0

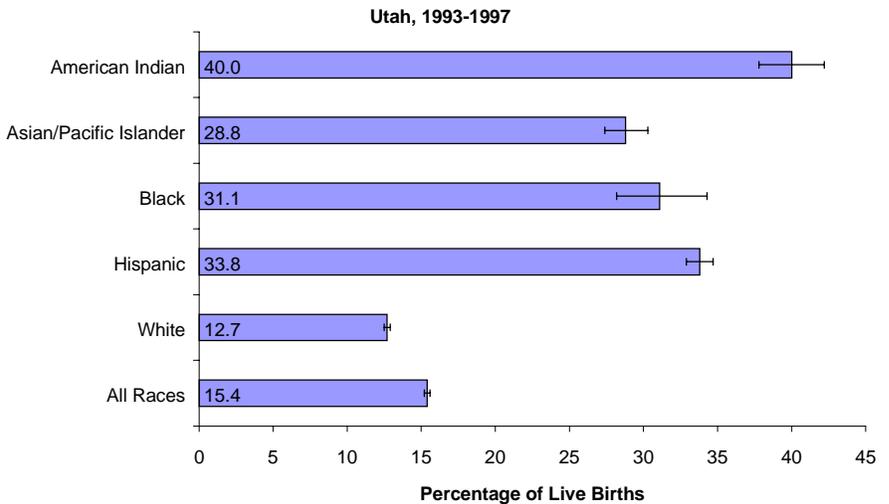
Note: These national data were calculated differently than the Utah data and the national rates cannot be compared to these Utah data. The national data can be used to compare the pattern of rates by race/ethnic group for the nation to the pattern in Utah, but not the actual rates.



Inadequate Prenatal Care

Prenatal care is an important means of improving pregnancy outcomes and the prenatal care rate is an important measure of the adequacy of the public health and health care delivery systems. Overall, 15.4% of women delivering babies in Utah from 1993-97 did not receive prenatal care in the first trimester. However, the percentages of American Indian, Hispanic, Asian/Pacific Islander, and Black women who did not receive care in the first trimester were much higher. For both, American Indian and Asian/Pacific Islander people, Utah rates were poorer than national rates for this measure. However, improvement is needed in all groups; the Healthy People goal for the Year 2000 for this indicator is 10%.

Percentage of Mothers (of Live Births) Who Did Not Receive Prenatal Care in the First Trimester

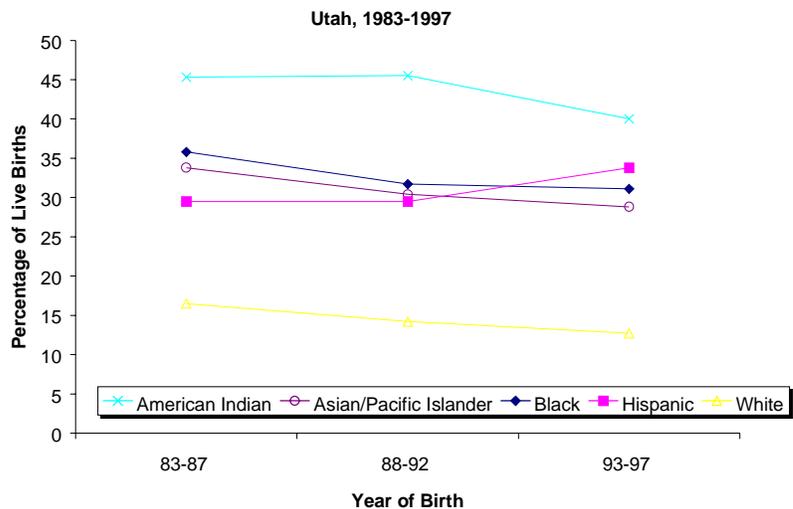


HP2000 OBJECTIVE 14.11 GOAL: 90% OF MOTHERS RECEIVING PRENATAL CARE IN THE FIRST TRIMESTER OF PREGNANCY (SEE APPENDIX)

U.S. 1995					
American Indian	Asian/Pacific Islander	Black	Hispanic	White	Total
33.3%	20.1%	29.6%	not available	12.9%	18.7%

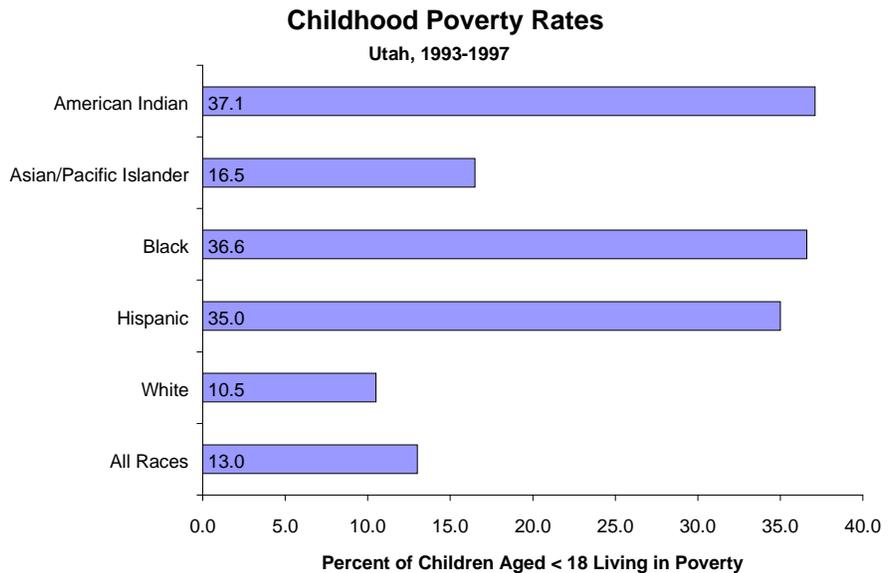
During the time period 1983-87 to 1993-97, the percentage of mothers not receiving adequate prenatal care in Utah decreased overall and for White Asian/Pacific Islander, and American Indian mothers, but increased for Hispanic mothers.

Percentage of Mothers (of Live Births) Who Did Not Receive Prenatal Care in the First Trimester



Childhood Poverty (age <18)

This is an important indicator of child well being. The proportions of children living in poverty were much higher for American Indian, Black, and Hispanic children than for Utahns overall. More than one third of American Indian, Black, and Hispanic children were living in poverty. The state average of 13.0% compares favorably with the U.S. average of 20.2; however, it is clear that children in three of Utah's ethnic populations have not fared as well as the rest of Utah's children.



U.S. 1995					
American Indian	Asian/Pacific Islander	Black	Hispanic	White	Total
not available	18.6%	41.5%	not available	10.6%	20.2%