

Utah Health Status Update:

Utah Health Status by Race and Ethnicity

July 2005

Utah Department of Health

It is a national goal of the U.S. Public Health Service to eliminate health disparities, including those by race, ethnicity, sex, income, education, sexual orientation, disability, and geographic location.¹ This Health Status Update summarizes the findings of the recent *Health Status by Race and Ethnicity* report.

Utah's White population scored the same or better on all 70 measures in the report (Figure 1). Utah's Hispanic and non-White persons had problems with access to prenatal care (Figure 2), higher tuberculosis rates (Figure 3), and higher incidence of overweight/obesity (Figure 4). However, Utahns in minority communities had lower risk for certain problems, such as suicide, and certain cancers.

Hispanic or Latino

Utah's Hispanic or Latino population scored better than the state overall on 5 of the 70 measures and worse on 23. The greatest number of disparities among the 70 measures were found for persons of Hispanic or Latino descent, who had higher risk for the following problems.

- access to care
- lack of preventive care and health screenings
- lifestyle risk factors (overweight, physical activity and binge drinking)
- infant mortality
- adolescent births
- folic acid use and neural tube defects
- infectious diseases (tuberculosis, chlamydia, gonorrhea, and HIV/AIDS)
- homicide
- fair or poor general health

Persons in Utah's Hispanic/Latino community had lower age-adjusted all-cause death rates, including those for coronary heart disease and breast cancer.

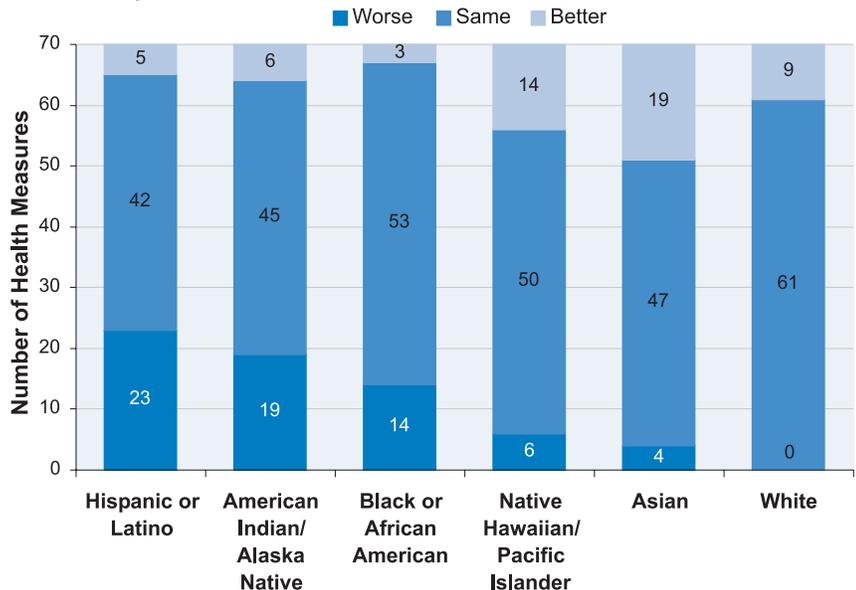
American Indian/Alaska Native

Utah's American Indian/Alaska Native population scored better than the state overall on 6 of the 70 measures and worse on 19. High risk areas included:

- behavioral risk factors (drinking, physical activity, overweight)

Compared to Utah, Overall

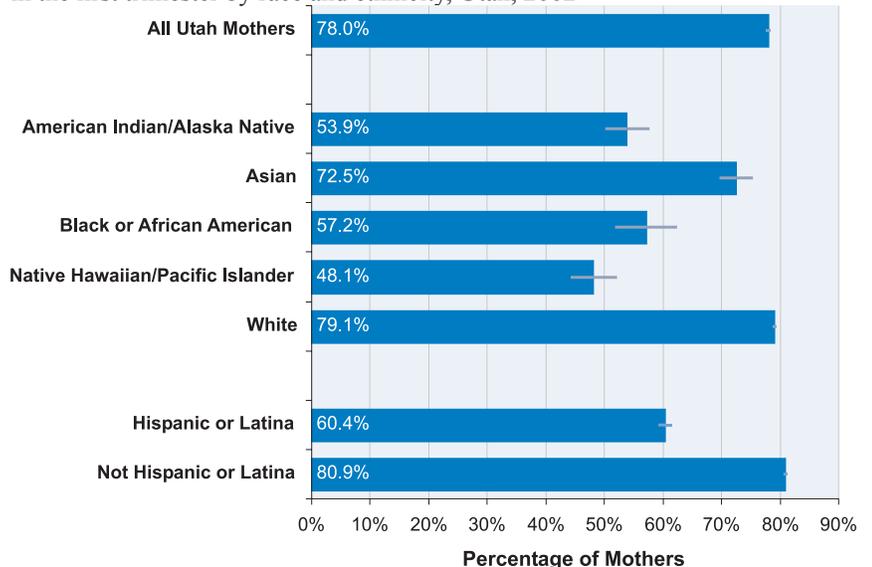
Figure 1. Number of statistically significant differences on 70 measures by race and ethnicity. Utah, 1997–2003



Note: Hispanic or Latino persons may be of any race.

Early Prenatal Care

Figure 2. Percentage of mothers of live born infants who received prenatal care in the first trimester by race and ethnicity, Utah, 2002



Source: UDOH, Office of Vital Records and Statistics, Birth Certificate Database

- injury (unintentional injury, motor vehicle crash deaths, homicide)
- chronic diseases and conditions (fair poor health, mental health, asthma, diabetes, coronary heart disease)

Lower risk for cancer incidence was observed in this group.

Asian

Utah's Asian population scored better than the state overall on 19 of the 70 measures and worse on 4. The data suggest that the Asian population may be Utah's healthiest. Areas for improvement include:

- early prenatal care
- regular physical activity
- low birth weight
- tuberculosis

Asian Utahns have lower rates for obesity, birth defects, most injuries, several chronic conditions, and cancer.

Black or African American

Utah's Black or African American population scored better than the state overall on 3 of the 70 measures and worse on 14. Black Utahns had the highest death rate of all groups. This community is at higher risk for:

- lifestyle problems (overweight, smoking, binge drinking)
- infant mortality and low birth weight
- infectious diseases (tuberculosis, chlamydia, gonorrhea, and HIV/AIDS)
- homicide
- colorectal cancer

Utah's Black community had lower rates for birth defects, suicide, and breast cancer.

Native Hawaiian/Pacific Islander

Utah's Native Hawaiian/Pacific Islander population scored better than the state overall on 14 of the 70 measures and worse on 6. Health status for this population remains partially obscured because it is often combined with the much larger Asian population. Given that caveat, the weak areas included:

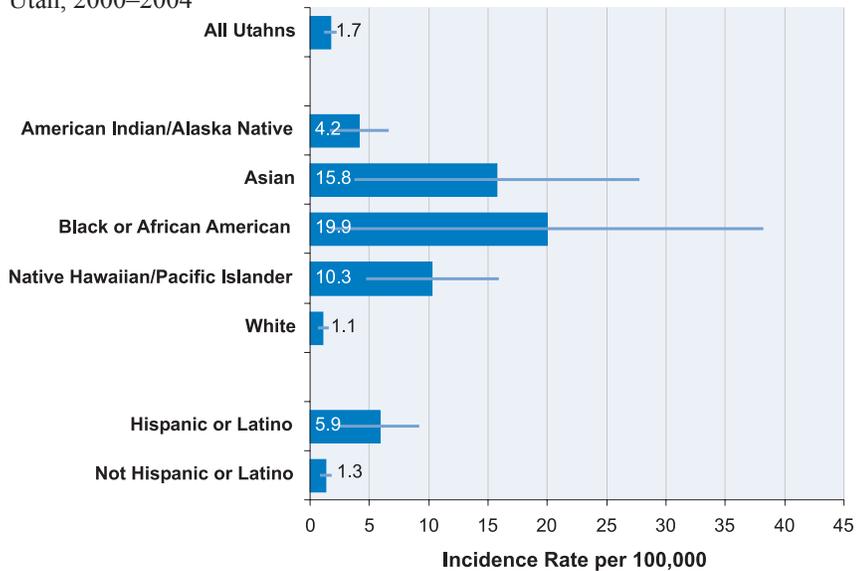
- early prenatal care
- overweight
- births to adolescents
- folic acid consumption
- tuberculosis
- fair or poor general health

Assets for this population included lower death rates from injury, coronary heart disease, stroke, and all-cause death, and lower incidence of breast and prostate cancer.

The report was compiled by staff throughout the Utah Department of Health. Read or download the complete report online at <http://health.utah.gov/opha/publications/raceeth05/RaceEth05.htm>

Tuberculosis

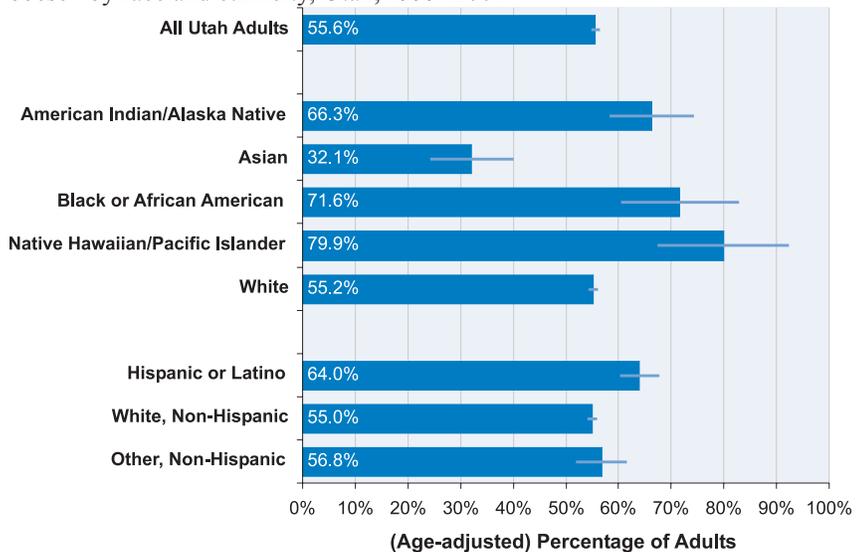
Figure 3. Tuberculosis cases per 100,000 population by race and ethnicity, Utah, 2000–2004



Source: UDOH, Bureau of Communicable Disease Control

Overweight or Obese

Figure 4. Percentage of adults (aged 18 and over) who were overweight or obese* by race and ethnicity, Utah, 1999–2004



*Overweight criteria is BMI ≥ 25 . Obese is defined as a BMI of 30 or more. Body mass index (BMI) is calculated by dividing weight in kilograms by height in meters squared.

Source: Utah Behavioral Risk Factor Surveillance System

References:

1. U.S. Department of Health and Human Services. (2000). *Healthy People 2010: Objectives for Improving Health*. Washington, D.C.: U.S. Department of Health and Human Services, Government Printing Office.

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