

This label describes the measure being addressed on the current page.

The section heading appears at the top of each page.

This graph displays the age-adjusted rate (when available) by race and ethnicity.

This text further defines and describes the measure being addressed and why it is important.

This text summarizes overall findings as well as racial and ethnic disparities for the measure using data from the table.

 **Demographic Context**

Death Rates

Why Is It Important?
The overall death rate of a population is the ratio of persons who died over a certain period, from any cause, to the number of persons remaining in the population. A lower death rate indicates better overall health status and longer life expectancy.

How Are We Doing?

- Utah has enjoyed low death rates compared to other states, probably due to healthy lifestyles (especially low rates of tobacco, alcohol, and substance use), lower rates of poverty, and better access to excellent health care.
- Lower overall death rates were found from 1998–2003 for Asian/Pacific Islander and Hispanic/Latino Utahns. The overall death rates among Utah’s Black population was statistically significantly higher than the overall rate.

How Can We Improve?
Race and ethnic disparities in the all-cause death rate exist because there are disparities in the leading causes of death. The leading causes of death are similar for all Utahns: heart disease, cancer, stroke, diabetes, pneumonia and influenza, and motor vehicle crash deaths. Interventions that focus on prevention and appropriate treatment of those diseases will improve all-cause death rates.

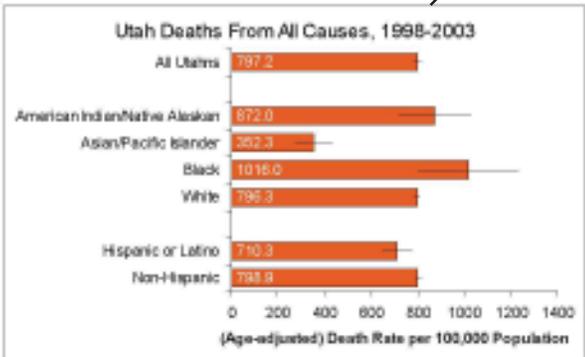
Evidence of race and ethnic disparities have been documented at various points in the U.S. health care system, including having a usual source of care, getting an accurate diagnosis, getting appropriate treatment, and use of prescription medications. Such differences persist, even after controlling for health insurance coverage and sociodemographic characteristics. Suggested interventions to ensure that all patients receive effective, understandable, and respectful care include cultural sensitivity training for medical and front office staff, recruitment of more diverse and locally appropriate staff and leadership, and provision of language assistance.¹

Utah Deaths From All Causes, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate	Age-Adjusted Rate*
All Utahns	12,515	2,233,169	560.3 (550.5 - 570.1)	797.2 (782.2 - 811.1)
American Indian/Native Alaskan	120	33,733	356.7 (293.0 - 420.5)	872.0 (716.2 - 1028.0)
Asian/Pacific Islander	75	59,348	131.4 (102.3 - 160.6)	352.3 (274.1 - 430.5)
Black	87	23,063	375.1 (296.0 - 454.1)	1015.0 (802.2 - 1231.0)
White	12,125	2,117,026	572.7 (562.5 - 582.9)	796.3 (782.1 - 810.4)
Hispanic or Latino	455	201,558	230.8 (209.8 - 251.8)	710.3 (646.8 - 774.8)
Non-Hispanic	12,045	2,031,610	583.0 (582.4 - 603.6)	795.9 (784.7 - 813.2)

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database
*Age adjusted to the U.S. 2000 standard population

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This table contains the data used to create the graph. It also includes the sample size (where applicable), total number of adults in the relevant population, and the estimated number of those adults who were affected by the measure.

Utah Department of Health program information related to the measure is included in this text.