Moving Forward in 2010

Progress Toward Health Equity by Race and Ethnicity in Utah

Utah Department of Health

Center for Multicultural Health

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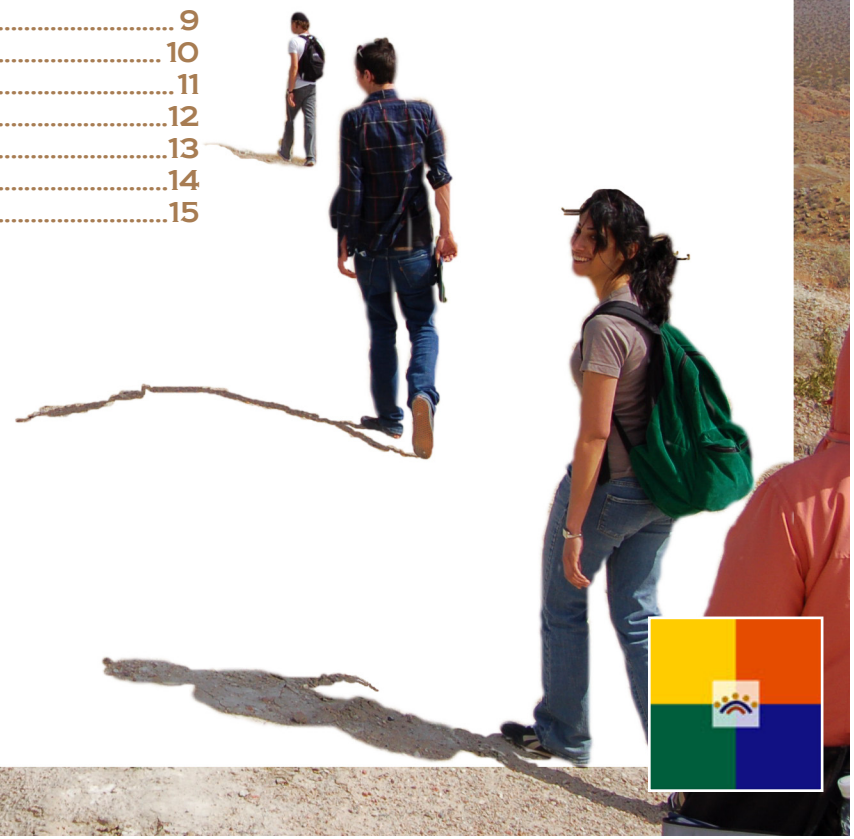


Health Status by Race and Ethnicity: 2005 Vs. 2010

Background

In 2005 and 2010, the Utah Department of Health (UDOH) published editions of *Health Status by Race and Ethnicity*, comprehensive reports of public health data available about Utah racial and ethnic groups at each time period. *Moving Forward in 2010* highlights some of the most pressing minority health issues described in more detail and compares the health status of Utah minorities reported in 2010 to the baselines established in the 2005 report.

Factors Influencing Change

Since 2005, many changes have taken place in Utah that may have influenced health status of racial and ethnic groups. In 2004, the Center for Multicultural Health (CMH) was established to facilitate health programs for Utah racial and ethnic minorities. CMH was funded by the U.S. Office of Minority Health to serve as the state office of minority health in 2005. CMH, other UDOH programs, local, federal and tribal governments, and private and non-profit organizations have conducted health promotion campaigns to encourage healthy lifestyles and environments. Frequently, these efforts have been specifically designed to address disparities highlighted by the 2005 report.

At the same time, the racial and ethnic minority populations of Utah have grown at rates exceeding the growth of the statewide population, largely through migration. A high proportion of newcomers from other states and countries are of racial or ethnic minority status. Therefore, the state racial and ethnic minority populations measured in 2005 and 2010 may be substantially different from each other.

A smaller proportion of Utahns had health insurance coverage at the time period of the 2010 report compared with the 2005 report. Health care costs have risen steadily during this time period and an economic downturn began in 2008.

Methods

The baselines for determining health status change were the point estimates for indicator rates reported in the 2005 edition of *Health Status by Race and Ethnicity*. 2010 rates were originally reported in *Health Status by Race and Ethnicity: 2010*.

The rates reported in the 2005 edition of *Health Status by Race and Ethnicity* are referred to as "2005" rates and rates reported in the 2010 edition are referred to as "2010" rates. However, the actual years of data analysis varied, depending on data availability. The exact years of data analysis are listed in the original reports.

Change was defined as follows: The estimated rate for 2005 Status does not fall within the 95% confidence intervals for 2010 Status.

When appropriate, age-adjusted rates were used to determine if there was a change over time or a difference from the statewide rate, but only the crude rates are listed in this report for purposes of brevity and simplicity. The age-adjusted rates are listed in the original reports.

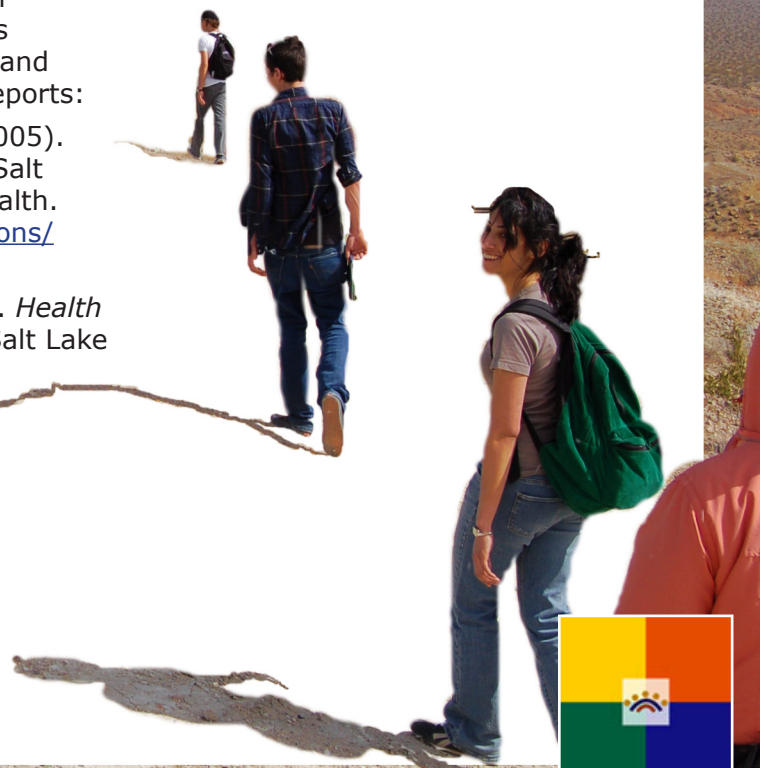
Indicators that were not included in both reports and data that were collected or analyzed differently in the two reports could not be analyzed for change over time. The Asian and Pacific Islander racial groups were combined in some of the data sets for one but not both reports. These indicators could not be analyzed for change over time for these two racial categories only.

Data were compiled using data from birth and death certificates, statewide surveys, and mandated reporting of certain diseases and conditions by health organizations.

For more information about the health indicators, data collection and analysis methodologies, data collection years, and age-adjusted rates, see the original reports:

Office of Public Health Assessment (2005). *Health Status by Race and Ethnicity*. Salt Lake City, UT: Utah Department of Health. http://health.utah.gov/opha/publications/raceeth05/Race-Eth_Report.pdf

Center for Multicultural Health (2010). *Health Status by Race and Ethnicity: 2010*. Salt Lake City, UT: Utah Department of Health. http://health.utah.gov/cmh/data/healthstatus.pdf



Changes in Utah Minority Health since 2005

Positive Progress

Many Utah racial and ethnic minority groups saw improvement in health status since 2005:

- Hispanics saw declines in several diseases, including gonorrhea, tuberculosis, arthritis, and cancer. This ethnic group also had lower rates of death from diabetes, coronary heart disease, and stroke.
- The Black/African American prostate cancer rate dropped.
- Blacks/African Americans reported improvements in overall physical and mental health.
- A lower percentage of American Indian and Black/African American babies had low birth weights.
- The Hispanic and Black/African American infant mortality rates dropped.
- The American Indian motor vehicle traffic crash death rate improved.
- More Asians were physically active.
- Hispanics reported higher rates of prenatal care and colon cancer screening. Pacific Islanders reported higher rates of colon cancer screening and blood cholesterol screening.

Setbacks

In spite of the progress, Utah racial and ethnic minority groups also saw health status decline in other ways since 2005:

- The lung cancer rate rose among Blacks/African Americans.
- The breast cancer rate rose among American Indians and Blacks/African Americans.
- As with all Utahns, all minority groups for whom data were available saw a rise in chlamydia rates.
- The proportion of Blacks/African Americans with recommended physical activity dropped.
- As with Utahns statewide, American Indians had a higher overweight/obesity rate.
- More Pacific Islanders and Hispanics lacked health insurance.
- The proportion of Asians with no usual place of medical care more than doubled.

Utah Minority Health Summary

Access to Health Care

- All racial and ethnic minority groups had higher poverty rates than the statewide population.
- Hispanics had the lowest rate of health insurance coverage in the state, with 35.7% uninsured. Statewide, 11.1% of Utahns were uninsured.
- Only 8.8% of Pacific Islanders lacked health insurance in 2005, but 23.0% were uninsured in 2010. The Hispanic uninsured rate also rose from 25.8% in 2005 to 35.7% in 2010.
- In spite of the decline in health insurance coverage, Hispanics and Pacific Islanders reported improvements in certain kinds of preventive care. Hispanics had higher rates of early prenatal care (from 60.4% to 63.4%) and colon cancer screening (from 27.4% to 38.0%). Pacific Islanders reported higher rates of colon cancer screening (from 19.9% to 55.7%) and blood cholesterol screening (from 44.7% to 54.2%).
- American Indians were least likely to have access to needed medical care, with 38.2% of American Indians reporting that they could not obtain such care, compared to 15.9% of all Utahns.
- The proportion of Asians with no usual place of medical care more than doubled from 2005 to 2010, increasing from 6.6% to 14.1%.

Life Expectancy

- Asians had the highest life expectancy at birth of all Utah racial/ethnic groups. Asians had the lowest obesity rate of all Utah racial/ethnic groups, as well as low rates of chronic disease indicators such as heart disease death, cancer incidence and arthritis.
- American Indians had the lowest life expectancy at birth of all Utah racial/ethnic groups. They had the highest rates of unintentional injury death and violent death in the state. However, the American Indian motor vehicle traffic crash death rate improved greatly, with 20.5 deaths/100,000 people in 2010 compared to 38.5/100,000 in 2005.

Risk Factors for Illness

- Smoking rates for American Indians (19.8%) and Blacks/African Americans (20.0%) were nearly double the smoking rate of the statewide population (10.8%).
- The majority of Utah adults were overweight (56.4%), but American Indian (72.5%), Black/African American (66.3%), Pacific Islander (75.1%) and Hispanic (62.2%) Utahns had even higher rates of overweight. Only 32.4% of Asians were overweight.
- For American Indians, the overweight/obesity rate rose from 63.4% in 2005 to 72.5% in 2010.
- Large proportions of the American Indian (26.5%), Black/African American (28.6%) and Hispanic/Latino (31.1%) populations were physically inactive. Statewide, 18.6% were inactive.
- The proportion of Blacks/African Americans with recommended physical activity dropped from 58.0% in 2005 to 45.5% in 2010.

Moving Forward in 2010

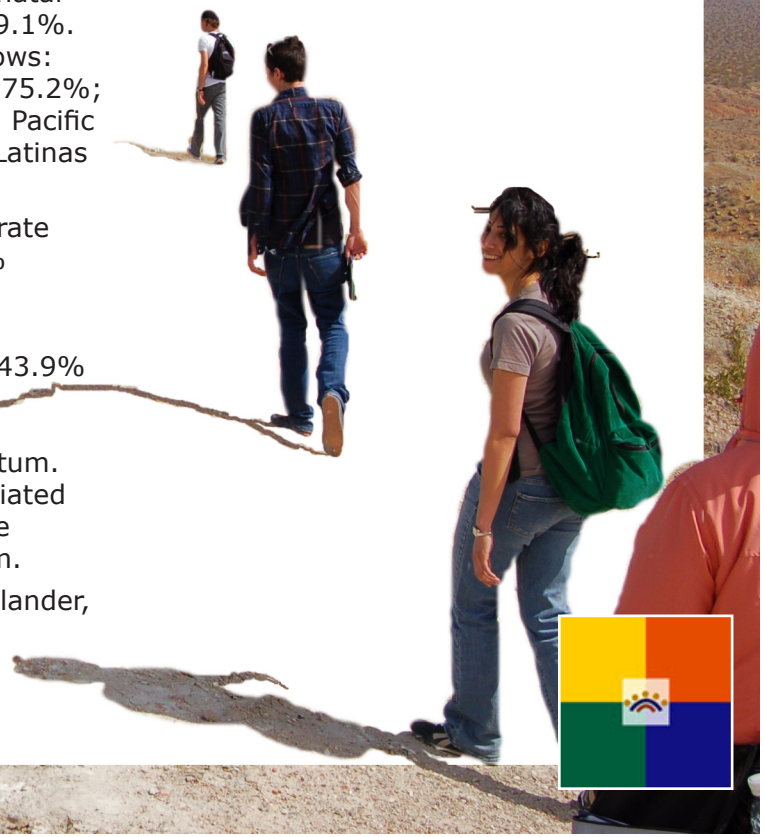
- A higher percentage of Asians reported getting the recommended amount of physical activity in 2010 (51.6%) than in 2005 (45.8%).
- Higher percentages of Asians reported eating the recommended daily servings of fruits (43.9%) and vegetables (29.0%) than statewide (30.5% and 22.7%).

Mother and Infant Health

- Pacific Islander infants under one year had nearly twice the death rate (8.8 deaths/1,000 births) of infants statewide (4.5 deaths/1,000 births). Pacific Islander women had the lowest rate of folic acid consumption (31.8% compared to 46.2% statewide) and early prenatal care (48.1% compared to 79.1% statewide) and the highest rate of obesity during pregnancy (39.5% compared to 15.9% statewide).
- Black/African American infants had the highest rate of low birth weight (11.4%) and preterm birth (13.0%) of all Utah infants. (Statewide low birth weight rate was 6.8% and preterm birth rate was 9.7%). The Black/African American infant death rate was 8.4 deaths/1,000 births.
- Although birth outcomes were still poor for Blacks/African Americans, these rates improved since 2005, when the Black/African American infant mortality rate was 13.8/1,000 births and 14.7% of Black/African American infants had low birth weights.
- The Hispanic infant death rate also dropped (from 6.4/1,000 births to 5.1/1,000).
- Fewer American Indian babies had low birth weights in 2010 (7.8%) compared to 2005 (9.2%).
- All racial and ethnic minority groups had lower rates of receiving early prenatal care than the statewide rate of 79.1%. Rates for the groups were as follows: American Indians 56.2%; Asians 75.2%; Blacks/African Americans 61.2%; Pacific Islanders 48.1%; and Hispanics/Latinas 63.4%.
- Pacific Islanders had the highest rate of postpartum depression (27.0% compared to 13.0% statewide).
- Only 70.3% of American Indians initiated breastfeeding, and only 43.9% of those who initiated breastfeeding were still doing so 2-6 months postpartum. Statewide, 91.1% of mothers initiated breastfeeding and 67.5% of those continued 2-6 months postpartum.
- Black/African American, Pacific Islander, and Hispanic mothers were also less likely to continue breastfeeding 2-6 months postpartum than all Utahns.

Overall Health

- Blacks/African Americans reported improvements in overall health. In 2010, only 8.7% of Black/African American adults reported seven or more days per month of poor physical health, compared to 15.0% in 2005 and just 16.5% of Black/African American adults reported seven or more days per month of poor mental health, compared to 28.0% in 2005.



Moving Forward in 2010

Depression

- Hispanics had a higher rate of major depression (8.2%) than all Utahns (4.2%).

Infectious Diseases

- As with all Utahns, all of the minority groups for whom data were available have seen a rise in chlamydia rates since 2005.
- Hispanics have seen fewer new cases of gonorrhea (from 34.6/100,000 people to 26.4/100,000) and tuberculosis (from 5.9/100,000 to 4.2/100,000).

Diabetes

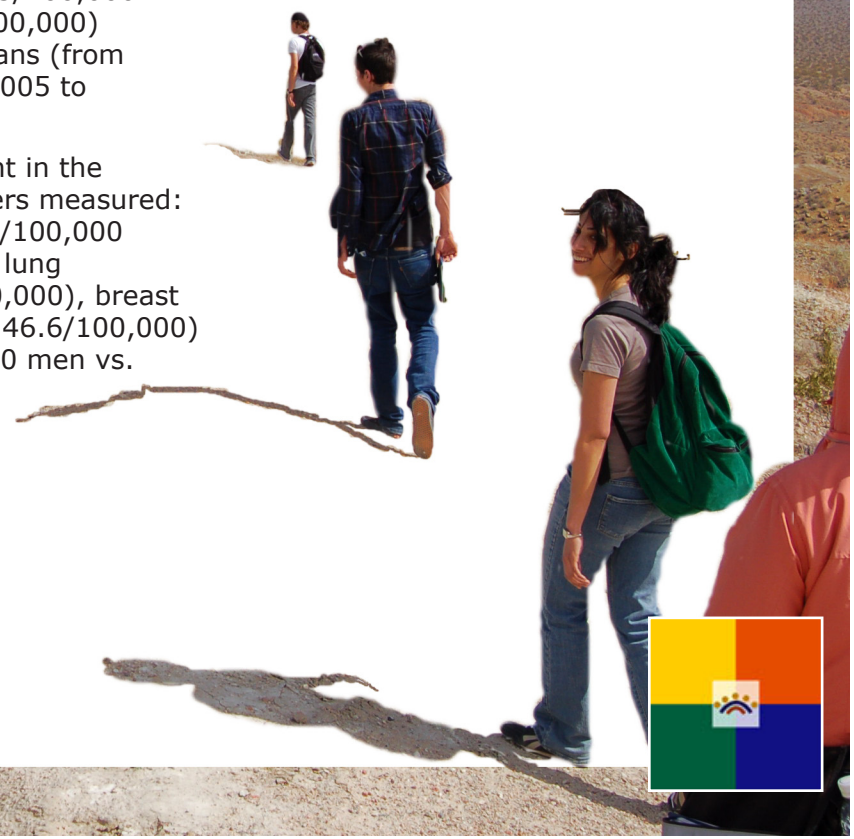
- American Indians had the highest diabetes rate (9.2%) of all Utahns (statewide rate was 5.6%).
- Pacific Islanders had the highest rate of diabetes death (52.9/100,000 vs. 43.5/100,000 statewide).
- The Hispanic diabetes death rate dropped from 24.3/100,000 people in 2005 to 20.8/100,000 in 2010.

Heart Disease

- No minority groups had higher heart disease death rates than the statewide population. American Indians (43.8 deaths/100,000 people), Asians (41.9/100,000) and Hispanics (27.6/100,000) had lower rates of heart disease death than Utahns statewide (110.1/100,000).
- When adjusting for age, the Hispanic coronary heart disease and stroke death rates both declined.

Cancer

- The Black/African American prostate cancer rate dropped from 72.5 new cases/100,000 males to 53.4/100,000.
- Lung cancer is on the rise among Utah Blacks/African Americans: in 2005, the rate was 6.1/100,000, while in 2010 it was 14.1/100,000. This rate was higher than the statewide rate when controlling for age.
- The breast cancer rate rose among American Indians (from 8.3/100,000 females in 2005 to 19.9/100,000) and Blacks/African Americans (from 17.8/100,000 females in 2005 to 32.6/100,000).
- Hispanics saw improvement in the incidence rates of all cancers measured: colorectal (13.6 new cases/100,000 people vs. 14.7/100,000), lung (8.8/100,000 vs. 10.5/100,000), breast (41.8/100,000 women vs. 46.6/100,000) and prostate (33.9/100,000 men vs. 36.7/100,000).



Utah American Indians

Access to Health Care

American Indians were the least likely of all Utah racial/ethnic groups to have access to needed medical care, with 38.2% reporting that they could not obtain such care, compared to 15.9% of all Utahns. They also had a high poverty rate (22.1% compared to 10.0% statewide) and uninsured rate (17.7% compared to 11.1% statewide).

Early Death

American Indians had the lowest life expectancy at birth of all Utah racial/ethnic groups. They had the highest rates of poor physical health, poor mental health, unintentional injury death, and violent death in the state. However, the Utah American Indian motor vehicle traffic crash death rate improved greatly, with 20.5 deaths/100,000 people in 2010 compared to 38.5/100,000 in 2005.

Smoking

American Indians had nearly double the smoking rate (19.8%) of all Utahns (10.8%).

Diabetes

American Indians had the highest diabetes rate (9.2%) of all Utahns. (Statewide rate was 5.6%.)

Infectious Disease

Like all Utahns, American Indians have seen a rise in chlamydia rates since 2005.

Breast Cancer

The Utah American Indian breast cancer rate rose from 8.3/100,000 females in 2005 to 19.9/100,000 in 2010. Screening for breast cancer did not increase during this time period. At 51.6%, the proportion of Utah American Indian women over 40 receiving a mammogram to detect breast cancer early and improve survival is lower than the state rate (67.6%). The exact causes of breast cancer are unknown, but lifestyle choices that may protect against breast cancer include maintaining a healthy weight, being physically active, and breastfeeding.

Obesity

The majority of Utah adults were overweight (56.4%), but American Indians had an even higher rate at 72.5%, up from 63.4% in 2005.

Breastfeeding

Only 70.3% of American Indians initiated breastfeeding, and only 43.9% of those who initiated breastfeeding continued 2-6 months postpartum. Therefore, only 30.9% of Utah American Indian infants benefited from breastfeeding 2-6 months postpartum. Statewide, 91.1% of mothers initiated breastfeeding and 67.5% of those continued 2-6 months postpartum.

Alcohol Use

Chronic drinking declined among Utah American Indians. Only 6.5% of Utah American Indians reported this behavior in 2010 compared to 9.7% in 2005. Binge drinking remained a problem, with 17.6% reporting it (statistically unchanged from the 2005 rate).

Birth Weight

Fewer Utah American Indian babies had low birth weights in 2010 (7.8%) than in 2005 (9.2%).

Progress Since 2005

Moving in the Right Direction
Chronic Drinking
Motor Vehicle Traffic Crash Deaths
Low Birth Weight

Moving Backward
Breast Cancer Incidence
Overweight or Obese
Chlamydia

Better Than Statewide in 2010

Heart Disease Deaths
Colorectal Cancer Incidence
Colorectal Cancer Deaths
Breast Cancer Incidence
Prostate Cancer Incidence

Note: Fewer American Indians reported high cholesterol than all Utahns, but this is likely due to the low rate of cholesterol screening.

Greater Needs Than Statewide in 2010

No Health Insurance Coverage
Unable to Access Health Care
Early Prenatal Care
Mammogram
Blood Cholesterol Screening
Overweight or Obese
No Physical Activity
Cigarette Smoking
Exposure to Secondhand Smoke
Binge Drinking
Chlamydia
Obesity in Pregnancy
Gestational Diabetes
Births to Adolescents
Unintended Pregnancy
Ever Breastfeeding
Breastfeeding 2-6 Months Postpartum
Orofacial Clefts
Homicide
Violent Deaths
Fair or Poor Health
Physical Health Status
Mental Health Status
Arthritis Prevalence
Diabetes Prevalence

Utah Asians

Access to Health Care
Asians had a high poverty rate (14.3% compared to 10.0% statewide).

Primary Care Provider
The proportion of Asians with no usual place of medical care approximately doubled between 2005 and 2010, increasing from 6.6% to 14.1%. This change may be related to the steady rise in health care costs during the same time period.

Pap Test
The percentage of Asian women receiving a Pap test to screen for cervical cancer dropped from 87.4% in 2005 to 69.1% in 2010. Cervical cancer is one of the most curable cancers if detected early through routine screening. Persons without a usual place of medical care are less likely to receive health screenings than those who have a primary care provider to manage their care.

Tuberculosis
Asians had a higher rate of tuberculosis (14.1 new cases/100,000 people) than all Utahns (1.4/100,000). Most people diagnosed with tuberculosis in Utah were born outside of the United States.

Gestational Diabetes
A higher percentage of Asian infants were born to mothers who had gestational diabetes (6.8% in 2010) than statewide (3.1%).

Physical Activity
More Asians were physically active than in the past; a higher percentage of Asians reported the recommended amount of physical activity in 2010 (51.6%) than in 2005 (45.8%).

Obesity
Asians had the lowest obesity rate of any Utah racial or ethnic group. The majority of Utah adults–56.4%–were overweight, but only 32.4% of Asian Utah adults were overweight. The better nutrition practices of Asians contribute to this difference. Higher percentages of Asians reported eating the recommended daily servings of fruits (43.9%) and vegetables (29.0%) than statewide (30.5% and 22.7%).

Life Expectancy
Asians had the highest life expectancy at birth of all Utah racial/ethnic groups. Asians had low rates of chronic disease indicators such as heart disease deaths, cancer incidence and arthritis. A low obesity rate reduces risk for chronic disease.

Progress Since 2005

Moving in the Right Direction
Recommended Physical Activity

Moving Backward
No Primary Care Provider
Pap Test

Note: A higher proportion of Asians reported chronic drinking in 2010 than 2005, but both rates were very low.

Better Than Statewide in 2010

Overweight or Obese
Daily Fruit Consumption
Daily Vegetable Consumption
Obesity in Pregnancy
Births to Adolescents
Major Structural Birth Defects*
Poisoning Deaths
Violent Deaths
Mental Health Status
Activity Limitation
Arthritis Prevalence
Asthma Prevalence
Heart Disease Deaths
Coronary Heart Disease Deaths
Colorectal Cancer Incidence*
Breast Cancer Incidence*
Prostate Cancer Incidence*

* This indicator combined the Utah Asian and Pacific Islander populations.

Greater Needs Than Statewide in 2010

Early Prenatal Care
Knowledge of Stroke Symptoms
Low Birth Weight
Gestational Diabetes
Tuberculosis
Homicide

Utah Blacks/African Americans

Access to Health Care

Blacks/African Americans had a high poverty rate (19.6% compared to 10.0% statewide) and poor access to health care (21.9% lacked access to needed care compared to 15.9% statewide).

Births

Black/African American infants had the highest rates of low birth weight (11.4%) and preterm birth (13.0%) of all Utah infants. Statewide, the low birth weight rate was 6.8% and the preterm birth rate was 9.7%. The Black/African American infant death rate was 8.4 deaths/1,000 births. Although birth outcomes are still poor, these rates have improved since 2005, when the Black/African American infant mortality rate was 13.8/1,000 births and 14.7% of Black/African American infants had low birth weights.

Physical Health

Only 8.7% of Black/African American adults reported seven or more days per month of poor physical health in 2010, compared to 15.0% in 2005.

Lung Cancer

In 2005, the Black/African American lung cancer rate was 6.1/100,000 but in 2010, it rose to 14.1/100,000 and was higher than the statewide rate when controlling for age. (The age-adjusted Black/African American lung cancer rate was 46.3 vs. 29.7 statewide.) Black/African Americans had nearly double the adult smoking rate of the statewide population (20.0% compared to 10.8%).

Breast Cancer

The Black/African American breast cancer rate rose from 17.8/100,000 females in 2005 to 32.6/100,000 in 2010. Screening for breast cancer did not increase during this time period. Lifestyle choices that may protect against breast cancer include maintaining a healthy weight, being physically active and breastfeeding. Blacks/African Americans were less likely to continue breastfeeding 2-6 months postpartum than all Utahns.

Prostate Cancer

The Black/African American prostate cancer rate dropped from 72.5 new cases/100,000 males to 53.4/100,000.

Obesity

The majority of Utah adults were overweight (56.4%), but Blacks/African Americans had an even higher rate at 66.3%. Meanwhile, the proportion of Blacks/African Americans who were physically active dropped from 58.0% in 2005 to 45.5% in 2010.

Infectious Diseases

As with all Utahns, Blacks/African Americans have seen a rise in chlamydia rates since 2005. The gonorrhea rate for Blacks/African Americans has also risen.

Mental Health

Blacks/African Americans had lower rates of major depression (2.6% of adults) and suicide (6.6/100,000 people) than all Utahns (4.2% and 13.6/100,000). In 2010, only 16.5% of Black/African American adults reported seven or more days per month of poor mental health, compared to 28.0% in 2005.

Progress Since 2005

Moving in the Right Direction
Infant Mortality
Low Birth Weight
Physical Health Status
Mental Health Status
Prostate Cancer Incidence

Moving Backward
Physical Activity
Chlamydia
Gonorrhea
Lung Cancer Incidence
Breast Cancer Incidence

Better Than Statewide in 2010

Activity Limitation
Major Depression
Suicide

Note: Fewer Blacks/African Americans reported high cholesterol than all Utahns, but this is likely due to the low rate of cholesterol screening.

Greater Needs Than Statewide in 2010

Unable to Access Health Care
Early Prenatal Care
Overweight or Obese
No Physical Activity
Cigarette Smoking
Knowledge of Stroke Symptoms
Low Birth Weight
Preterm Birth
Unintended Pregnancy
Breastfeeding 2-6 Months Postpartum
Tuberculosis
Chlamydia
Gonorrhea
Homicide
Lung Cancer Incidence

Utah Pacific Islanders

Poverty
Pacific Islanders had a high poverty rate (14.4% compared to 10.0% statewide). This problem is likely to affect health status.

Health Insurance Coverage
Only 8.8% of Pacific Islanders lacked health insurance in 2005, but 23.0% were uninsured in 2010. This change may be related to the steady rise of health care costs during the same time period.

Preventive Screening
Pacific Islander adults had the highest percentage of receiving routine medical check-ups of all racial groups (79.5% compared to 71.3% statewide). Screenings for blood cholesterol levels (54.2% of Pacific Islander adults) and colon cancer (55.7% of Pacific Islander adults age 50+) have increased since 2005 (44.7% for cholesterol and 19.9% for colon cancer). However, a smaller proportion of men age 40+ received prostate cancer screenings (35.5% in 2010 vs. 46.5% in 2005).

Pregnancy
Pacific Islander women had the lowest rate of folic acid consumption (31.8% compared to 46.2% statewide) and the lowest rate of early prenatal care (48.1% compared to 79.1% statewide). Women who were obese during pregnancy gave birth to 39.5% of Pacific Islander infants, compared to 15.9% statewide. Pacific Islanders had the highest rate of obesity during pregnancy of all Utah races/ethnicities.

Infant Deaths
Pacific Islander infants under one year had nearly twice the death rate (8.8 deaths/1,000 births) of infants statewide (4.5 deaths/1,000 births). While only 1.3% of all Utah infants were born to Pacific Islander mothers, their babies made up 2.5% of all infants who died.

Postpartum Depression
Pacific Islanders had the highest rate of postpartum depression (27.0% compared to 13.0% statewide).

Diabetes
Pacific Islanders had the highest rate of diabetes death at 52.9/100,000. The statewide rate was 43.5/100,000. Maintaining a healthy weight can help prevent type 2 diabetes and complications from diabetes, including death.

Obesity
The majority of Utah adults were overweight (56.4%), but Pacific Islanders had an even higher rate at 75.1%.

Overall Health
The majority of 4.7% of Pacific Islander Utahns reported that overall, their health was not good, compared to 11.8% of all Utahns.

Progress Since 2005

Moving in the Right Direction
Colon Cancer Screening
Blood Cholesterol Screening

Moving Backward
No Health Insurance Coverage
Prostate Cancer Screening

Note: A higher proportion of Pacific Islanders reported chronic drinking in 2010 than 2005, but both rates were very low.

Better Than Statewide in 2010

Unintended Pregnancy
Routine Medical Check-Up
Major Structural Birth Defects*
Fair or Poor Health
Activity Limitation
Major Depression
Colorectal Cancer Incidence*
Breast Cancer Incidence*

* This indicator combined the Utah Asian and Pacific Islander populations.

Greater Needs Than Statewide in 2010

Early Prenatal Care
Overweight or Obese
Infant Mortality
Obesity in Pregnancy
Gestational Diabetes
Folic Acid Consumption
Births to Adolescents
Breastfeeding 2-6 Months Postpartum
Postpartum Depression
Tuberculosis
Chlamydia
Homicide
Diabetes Deaths

Utah Hispanics/Latinos

Access to Health Care

Hispanics had a high poverty rate (19.5% compared to 10.0% statewide) and poor access to health care (21.3% lacked access to needed care compared to 15.9% statewide).

Health Insurance Coverage

Hispanics were the least likely of all Utah racial/ethnic groups to have health insurance coverage. 35.7% reported being uninsured, compared to 11.1% of all Utahns. This rate has risen since 2005, when it was 25.8%.

Depression

Hispanics had a higher rate of major depression (8.2%) than all Utahns (4.2%).

Colon Cancer Screening

More Hispanic adults age 50+ obtained screenings to detect or prevent colon cancer than in the past (38.0% compared to 27.4% in 2005), but not as many as statewide (50.8%). The Hispanic colorectal cancer rate dropped from 14.7 new cases/100,000 people to 13.6/100,000.

Cancer

The rates of all cancers measured have declined among Utah Hispanics, including lung (8.8 new cases/100,000 people vs. 10.5/100,000), breast (41.8/100,000 vs. 46.6/100,000) and prostate (33.9/100,000 vs. 36.7/100,000).

Births

More Hispanic infants were born to mothers with early prenatal care (63.4% vs. 60.4% in 2005), but still fewer than statewide (79.1%). Hispanic infant deaths dropped from 6.4/1,000 births to 5.1/1,000. However, 7.4% of Hispanic babies had low birth weights, compared to 6.6% in 2005.

Obesity

The majority of Utah adults were overweight (56.4%), but Hispanics had an even higher rate at 62.2%. Many Hispanics were physically inactive (31.1% vs. 18.6% statewide) and few Hispanics consumed the recommended daily servings of vegetables (14.2% vs. 22.7% statewide).

Diabetes

The Hispanic diabetes death rate dropped from 24.3/100,000 people in 2005 to 20.8/100,000 in 2010. However, diabetes continued to be more prevalent among Hispanics than all Utahns when adjusting for age.

Heart Disease

Hispanics had a lower rate of heart disease death (27.6/100,000) than Utahns statewide (110.1/100,000). When adjusting for age, the Hispanic coronary heart disease and stroke death rates both declined.

Arthritis

Fewer Hispanic adults (11.0%) suffered from arthritis in 2010 than in 2005 (14.4%). Hispanics had a lower prevalence of arthritis than all Utahns (22.3%).

Infectious Diseases

Like all Utahns, Hispanics have seen a rise in chlamydia rates since 2005. However, this group has seen fewer new cases of gonorrhea (from 34.6/100,000 people to 26.4/100,000) and tuberculosis (from 5.9/100,000 to 4.2/100,000).

Progress Since 2005

Moving in the Right Direction
- Colon Cancer Screening
- Early Prenatal Care
- Chronic Drinking
- Infant Mortality
- Gonorrhea
- Tuberculosis
- Arthritis Prevalence
- Diabetes Deaths
- Coronary Heart Disease Deaths
- Stroke Deaths
- Colorectal Cancer Incidence
- Lung Cancer Incidence
- Breast Cancer Incidence
- Prostate Cancer Incidence

Moving Backward
- No Health Insurance Coverage
- Routine Medical Check-up
- Low Birth Weight
- Chlamydia

Better Than Statewide in 2010

- Smoking During Pregnancy
- Major Structural Birth Defects
- Poisoning Deaths
- Suicide
- Violent Deaths
- Activity Limitation
- Arthritis Prevalence
- Asthma Prevalence
- Heart Disease Deaths
- Coronary Heart Disease Deaths
- Breast Cancer Incidence
- Breast Cancer Deaths
- Prostate Cancer Incidence

Note: Fewer Hispanics/Latinos reported high cholesterol than all Utahns, but this is likely due to the low rate of cholesterol screening.

Greater Needs Than Statewide in 2010

- No Health Insurance Coverage
- Unable to Access Health Care
- No Primary Care Provider
- Early Prenatal Care
- Colon Cancer Screening
- Prostate Cancer Screening
- Blood Cholesterol Screening
- Influenza Immunization
- Pneumonia Immunization
- Overweight or Obese
- Cigarette Smoking
- Binge Drinking
- Physical Activity
- Daily Vegetable Consumption
- Knowledge of Stroke Symptoms
- Knowledge of Heart Attack Symptoms
- Tuberculosis
- Chlamydia
- Gonorrhea
- Low Birth Weight
- Obesity in Pregnancy
- Gestational Diabetes
- Folic Acid Consumption
- Births to Adolescents
- Unintended Pregnancy
- Breastfeeding 2-6 Months Postpartum
- Postpartum Depression
- Homicide
- Fair or Poor Health
- Poor Physical Health Status
- Major Depression
- Diabetes Prevalence

Utah Whites

Access to Health Care

Whites had the lowest poverty rate (9.2%) of all racial groups. A lower proportion were uninsured (8.0%) compared to the state rate (11.1%). Fewer Whites lacked a primary care provider (9.0%) than statewide (10.9%) and more White infants were born to mothers who had early prenatal care (80.5%) than statewide (79.1%).

Correlation with Statewide Rates

Because Whites make up 91.8% of the Utah population, changes in statewide rates usually reflected changes in the White rates.

Infant Mortality

Among Whites, the infant death rate dropped to 4.4/1,000 births in 2010 from 5.1/1,000 in 2005. This may be related to health care interventions in early pregnancy as Whites have the highest rate of early prenatal care (80.5%) of all Utah races.

Obesity

Overweight and obesity continued to rise, with 55.9% of Utah Whites overweight in 2010 compared to 53.9% in 2005.

Heart Disease

The White coronary heart disease death rate (61.2/100,000 people) was lower than in 2005, when it was 68.9/100,000. Stroke deaths also declined from 38.3/100,000 in 2005 to 28.8/100,000 in 2010.

Cancer

Although prostate cancer incidence increased slightly among Utah Whites (from 115.5/100,000 people to 124.9/100,000), there were small drops in colorectal, lung, and breast cancer incidence. More Whites aged 50+ obtained screening to prevent or detect colon cancer (51.2% in 2010 vs. 37.2% in 2005) and fewer Whites smoked (10.3% in 2010 vs. 12.2% in 2005), reducing cancer risk.

Progress Since 2005

Moving in the Right Direction	Moving Backward
Routine Medical Check-up	No Primary Care Provider
Influenza Immunization	Pap Test
Early Prenatal Care	Mammogram
Colon Cancer Screening	High Cholesterol
Infant Mortality	Overweight or Obese
High Blood Pressure	Low Birth Weight
Cigarette Smoking	Tuberculosis
Driving Under the Influence	Gonorrhea
Chronic Drinking	Chlamydia
Daily Vegetable Consumption	Arthritis Prevalence
Motor Vehicle Traffic Crash Deaths	Prostate Cancer Incidence
Diabetes Deaths	
Coronary Heart Disease Deaths	
Stroke Deaths	
Colorectal Cancer Incidence	
Lung Cancer Incidence	
Breast Cancer Incidence	

Better Than Statewide in 2010

- Health Insurance Coverage
- Primary Care Provider
- Early Prenatal Care
- Blood Cholesterol Screening
- Physical Activity
- Knowledge of Stroke Symptoms
- Knowledge of Heart Attack Symptoms
- Fair or Poor Health

Greater Needs Than Statewide in 2010

- Major Structural Birth Defects
- Violent Deaths
- Activity Limitation

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