MOVING FORWARD IN 2016:
Fifteen Years of Health Data for
Blacks/African Americans in Utah

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Overview

This *Moving Forward* report presents data from the 2005, 2010, and 2015 editions of the Utah Health Status by Race and Ethnicity, published by the Utah Department of Health. There are four *Moving Forward* profiles which provide line graphs that illustrate specific health indicators and health risk factors for Asian, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

These profiles can serve as a useful tool for agencies and organizations with an interest in reducing health disparities in Utah, allowing them to make data-supported decisions on their priorities and future activities aimed at improving health status in Utah populations.

Data Notes

The baselines for determining health status change were the point estimates for indicators reported in the 2005 edition of Health Status by Race and Ethnicity. The 2010 indicators were originally reported in Health Status by Race and Ethnicity 2010, and the 2015 indicators were reported in the 2015 edition of Health Status by Race and Ethnicity. It should be noted that throughout this profile, the years “2005,” “2010,” and “2015” refer to the publication dates of the Health Status by Race and Ethnicity report, and not necessarily the exact year that the presented data was collected. The actual years of data analysis varied depending on data availability. To find out the exact years of data collection for each indicator, refer to the *Health Status by Race and Ethnicity 2005, 2010 and 2015* reports (links provided in the last page).

The data sources are listed at the bottom of each graph. Indicators that were not included in the three reports and data that were collected or analyzed differently in the three reports could not be used for comparison and change over time.

Disparity Gap

For the purpose of this report:

- "Disparity Gap" will be defined as the numerical difference between two values of the same indicator. The first value represents the overall population and the second value represents a specific minority group.
- The disparity gap increases (↑) when the difference between the overall population and the specific minority group for 2015 is higher than for 2005.
- The disparity gap decreases (↓) when the difference between the overall population and the specific minority group for 2015 is lower than for 2005.
- If the minority group is doing as well as the overall population, there is not disparity.

The improvement in a health indicator over the years does not imply closing the disparity gap. If the minority group is doing well and the overall population is doing equally well, the health status will improve; however, the disparity gap will persist.
Blacks/African Americans (B/AA) in Utah

Population

There are about 48,000 African Americans living in Utah—with 70% living in Salt Lake (19,892), Davis (5,291), Weber (4,182), and Utah (4,006) counties.² Between 2000 and 2010, Utah’s African American population experienced a 77% growth rate, from 24,382 to 43,209.³

Some of this growth may be attributed to the arrival of African Americans who relocated to Utah from Louisiana and Mississippi in the wake of Hurricane Katrina in 2005, as well as military families living near Hill Air Force Base. Community leaders emphasize Utah’s low cost of living, educational opportunities, and strong jobs and housing markets as factors that continue to draw people to Utah. In part due to the arrival of refugees from different countries, Utah’s Black/African American population has experienced a recent population boom and has grown to include a diverse array of cultures, languages, and nations of origin.

Health Status

Data from the past 15 years indicates that health disparities are still prevalent in Utah's Black/African Americans (B/AA). Out of the thirty-seven indicators summarized for this report, only seven show no disparity between B/AA and the overall Utah population. The other thirty indicators still show persistent disparities among B/AA; however, the disparity gap has been reduced in fifteen of those indicators while it has increased in the other fifteen.

¹U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, 2014 Population Estimates, Table PEPA SRSH. ²U.S. Census Bureau, ACS 2006-2010 Selected Population Tables, Table B01001. ³U.S. Census Bureau, 2000 Summary File 2 (SF 2), Table DP-1; Census 2010 Summary File 2 (SF 2), Table DP-1.
Summary

Out of 37 indicators analyzed, 30 show disparities among Utah's B/AA

**No Disparity - 7 indicators**
- Routine medical check-up
- Pap-test
- Daily fruit consumption
- Unintentional injury deaths
- Suicide
- Arthritis prevalence
- Prostate cancer deaths

**Disparity YES, but disparity gap has DECREASED**
- 15 indicators
  - Cholesterol screening
  - Prostate cancer screening
  - Overweight or obese
  - Daily vegetable consumption
  - Early prenatal care
  - Births to adolescents
  - Low birth weight
  - Infant mortality
  - Cigarette smoking
  - Tuberculosis
  - Diabetes deaths
  - Stroke deaths
  - Lung cancer deaths
  - Colorectal cancer deaths
  - Prostate cancer incidence

**Disparity YES, and disparity gap has INCREASED**
- 15 indicators
  - Poverty rate
  - Child poverty rate
  - No health insurance
  - Fair or poor health
  - Flu shot
  - No physical activity
  - Chronic alcohol drinking
  - Chlamydia
  - Gonorrhea
  - Asthma prevalence
  - Diabetes prevalence
  - Coronary heart disease deaths
  - Lung cancer incidence
  - Colon cancer screening
  - Colorectal cancer incidence
Socio-Demographics

Disparity: **YES**  
Disparity Gap: ⬆️

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in B/AA.
Access to Health Care and Health Status

Health disparity: YES
Disparity Gap: ↑
Reason: Indicator has worsened in both populations but has worsened at a faster pace in B/AA.

Note: BRFSS 2015 data is previous to ACA enrollment campaigns.

Health disparity: YES
Disparity Gap: ↑
Reason: Indicator has worsened in both populations but has worsened at a faster pace in B/AA.
Preventive Services

According to these data, there is not disparity in this indicator for B/AA.

The rates of Utah B/AA who have had an annual checkup within the past year of being surveyed have consistently been higher than that of the overall state average.

According to these data, there is not disparity in this indicator for B/AA.

The proportion of Black/African American women who had a Pap test within the past three years of being surveyed was higher than the overall state rate in 2005 and again in 2015.
**Cholesterol Screening**

Percentage of Adults Screened for Cholesterol in the Past 5 Years (Age-adjusted). UT BRFSS.

- **Utah**: 67.6% in 2015, 61.5% in 2005
- **B/AA**: 66.8% in 2015, 56.0% in 2005

Health disparity: YES
Disparity Gap: ↓

Rationale: Indicator has improved in both populations but has improved at a faster pace in B/AA.

**Flu Shot**

Percentage of Adults Who Had a Flu Shot in the Past Year (Age-adjusted). UT BRFSS.

- **Utah**: 35.2% in 2015, 29.0% in 2005
- **B/AA**: 34.1% in 2015, 32.1% in 2005

Health disparity: YES
Disparity Gap: ↑

Rationale: While the indicator has improved in both populations, it has improved at a slightly faster pace in Utah overall.
Colon Cancer Screening

- Percentage of Adults 50+ With Colon Cancer Screening in Past 5 Years (Crude Rate). UT BRFSS
- Health disparity: YES
- Disparity Gap: ↑
- Rationale: While the indicator has improved in both populations, it has improved at a faster pace in Utah overall.

Prostate Cancer Screening

- Percentage of Men 40+ Who Have Ever Had PSA Test (Age-adjusted). UT BRFSS
- Health disparity: YES
- Disparity Gap: ↓
- Rationale: Indicator has improved in both populations but has improved at a faster pace in B/AA.
Physical Activity and Nutrition

Health disparity: YES
Disparity Gap: ↓
Rationale: while the percentage of B/AA who are overweight or obese has decreased, the percentage in Utah’s overall population has increased.

Health disparity: YES
Disparity Gap: ↑
Rationale: Indicator has worsened in both populations but has worsened at a faster pace in B/AA.
According to these data, there is not disparity in this indicator for B/AA.

The daily fruit consumption rate for Black/African Americans has been consistently higher than the overall Utah rate; however, it has been slightly declining since 2005 in both populations.

Health disparity: YES
Disparity Gap: ↓

Rationale: indicator has worsened in both populations but has worsened at a faster pace in Utah’s overall population.
Health of Mothers and Infants

**Early Prenatal Care**

Percentage of Infants Who Received 1st Trimester Prenatal Care (Crude rate). UT Birth Certificate Database.

- **Utah**
  - 2005: 78.0%
  - 2015: 74.2%
- **B/AA**
  - 2005: 57.2%
  - 2015: 54.5%

Health disparity: YES
Disparity Gap: ↓

Rationale: Indicator has worsened in both populations but has worsened at a slightly faster pace in Utah overall.

**Births to Adolescents**

Births per 1,000 Females 15-19 Years Old. UT Birth Certificate Database.

- **Utah**
  - 2005: 17.5
  - 2015: 20.3
- **B/AA**
  - 2005: 29.2
  - 2015: 30.1

Health disparity: YES
Disparity Gap: ↓

Rationale: B/As in Utah have consistently had a higher rate of births to adolescent mothers than the overall Utah rate and has followed the Utah trend since 2005. The indicator has worsened in both populations but has worsened at a faster pace in Utah overall.
Health disparity: YES
Disparity Gap: ↓

Rationale: The proportion of B/AA infants born with low birth weight has consistently been higher than the overall Utah rate and has steadily decreased since 2005 while it has slightly increased in Utah overall.

Health disparity: YES
Disparity Gap: ↓

Rationale: Infant mortality rates among B/AA has consistently been higher than the overall Utah rate. The Indicator has improved in both populations but has improved at a faster pace in B/AA.
Risk Factors

**Cigarette Smoking**

Percentage of Adults Currently Smoking (Age-adjusted). UT BRFSS

- Utah: 28.4% in 2005, 21.1% in 2010, 17.7% in 2015
- B/AA: 12.3% in 2005, 10.6% in 2010, 10.7% in 2015

Health disparity: YES

Disparity Gap: ↓

Rationale: Since 2005, the indicator has improved in both populations but has improved at a faster pace in B/AA.

**Chronic Alcohol Drinking**

Percentage of Adults Reporting Chronic Drinking in the Past Month (Age-adjusted). UT BRFSS

- Utah: 3.7% in 2005, 4.0% in 2015
- B/AA: 3.3% in 2005, 4.7% in 2015

Health disparity: YES

Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in B/AA.
**Injuries**

According to these data, there is not disparity in this indicator for B/AA.

B/AA have had a lower rate of unintentional injury death than the rate of Utah overall. The rate for B/AA has decreased since 2005, while has increased for Utah overall.

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According to these data, there is not disparity in this indicator for B/AA.

B/AA have had a lower rate of suicide than the Utah rate. The rate has increased since 2005 in both populations but has increased at a faster pace in Utah overall.
Infectious Diseases

**Tuberculosis**

Cases of Tuberculosis per 100,000 Population (Crude Rate).

UDOH Bureau of Epidemiology.

Health disparity: YES
Disparity Gap: ↓

Rationale: Since 2005, the indicator has improved in both populations but has improved at a faster pace in B/AA.

**Chlamydia**

Cases of Chlamydia per 100,000 Population (Crude Rate).

UDOH Bureau of Epidemiology.

Health disparity: YES
Disparity Gap: ↑

Rationale: Since 2005, the indicator has worsened in both populations but has worsened at a faster pace in B/AA.

**Gonorrhea**

Cases of Gonorrhea per 100,000 Population (Crude Rate).

UDOH Bureau of Epidemiology.

Health disparity: YES
Disparity Gap: ↑

Rationale: Since 2005, the indicator has remained practically the same in Utah overall while it has worsened at a faster pace in B/AA.
According to these data, there is not disparity in this indicator for B/AA.

The proportion of B/AA adults reporting a diagnosis of arthritis was higher than the overall Utah rate in 2005. The Black/African American rate decreased from 2005 to 2015.

Health disparity: YES
Disparity Gap: ↑
Rationale: Indicator has worsened in both populations but has worsened at a faster pace in B/AA.

Health disparity: YES
Disparity Gap: ↑
Rationale: Indicator has worsened in both populations but has worsened at a faster pace in B/AA.
Coronary Heart Disease Deaths per 100,000 Population (Age-adjusted). UT Death Certificate Database

Health disparity: YES
Disparity Gap: ↓
Rationale: Since 2005, the indicator has improved in both populations but has improved at a faster pace in B/AA.

Coronary Heart Disease Deaths per 100,000 Population (Age-adjusted). UT Death Certificate Database

Health disparity: YES
Disparity Gap: ↑
Rationale: Since 2005, the indicator has improved in both populations but has improved at a faster pace in Utah overall.

Stroke Deaths per 100,000 Population (Age-adjusted) UT Death Certificate Database

Health disparity: YES
Disparity Gap: ↓
Rationale: Since 2005, the indicator has improved in both populations but has improved at a faster pace in B/AA.
Cancer Indicators

**Lung Cancer Incidence**

Health disparity: YES
Disparity Gap: ⬆
Rationale: While the indicator has slightly improved in Utah overall, it has steadily worsened in B/AA.

**Lung Cancer Death**

Health disparity: YES
Disparity Gap: ↓
Rationale: The indicator has improved in both populations but has improved at a faster pace in B/AA.

**Colorectal Cancer Incidence**

Health disparity: YES
Disparity Gap: ⬆
Rationale: Since 2005, the indicator has improved in both populations but has improved at a faster pace in Utah overall.
Colorectal Cancer Death

Health disparity: YES
Disparity Gap: ⬇

Rationale: Since 2005, the indicator has improved in both populations but has improved at a faster pace in B/AA.

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Prostate Cancer Incidence

Health disparity: YES
Disparity Gap: ⬇

Rationale: Since 2005, the indicator has improved in both populations but has improved at a faster pace in B/AA.

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Prostate Cancer Death

According to these data, there is not disparity in this indicator for B/AA

The rate of prostate cancer death among Black/African Americans has steadily decreased since 2005 to approximate the 2015 overall Utah rate.
Acknowledgments

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The complete Health Status by Race and Ethnicity Reports cited throughout this report can be found at:
Utah Health Status by Race and Ethnicity: 2015 Report
Utah Health Status by Race and Ethnicity: 2010 Report
Utah Health Status by Race and Ethnicity: 2005 Report

For a demographic profile of this population visit: