

# Utah Health Status Update:

## Health Status by Race and Ethnicity

January 1999

Utah Department of Health

Despite much progress in improving the health of Americans, disparities remain in the health of people of different races and ethnicities. The nation has committed to eliminate those disparities by the year 2010 (<http://raceandhealth.hhs.gov>). This Health Status Update presents selected results from a recent report by the Utah Department of Health, *Health Status by Race and Ethnicity*, which assessed health disparities among people of different races and ethnicities in Utah. That report examined health status using the Healthy People 2000 Health Status Indicators, leading causes of death, and selected lifestyles and behaviors from the Behavioral Risk Factor Surveillance System (BRFSS). The findings included:

### Reproductive Health

- Failure to obtain early prenatal care was more common for American Indian, Asian/Pacific Islander, Black, and Hispanic mothers.
- Births to teenage mothers (15-17) were more common for American Indians, Blacks, and Hispanics.
- Low birth weight babies (<2500 g) were more common for Asian/Pacific Islanders, Blacks, and Hispanics.

### Communicable Diseases

- Tuberculosis rates were higher for American Indians, Asian/Pacific Islanders, Blacks, and Hispanics.
- AIDS deaths (age <45 years) were higher for Blacks and Hispanics.

### Chronic Diseases

- Heart disease death rates were lower for American Indians, Asian/Pacific Islanders, and Hispanics.
- Diabetes death rates were higher for American Indians and Blacks.

### Lifestyles and Behaviors

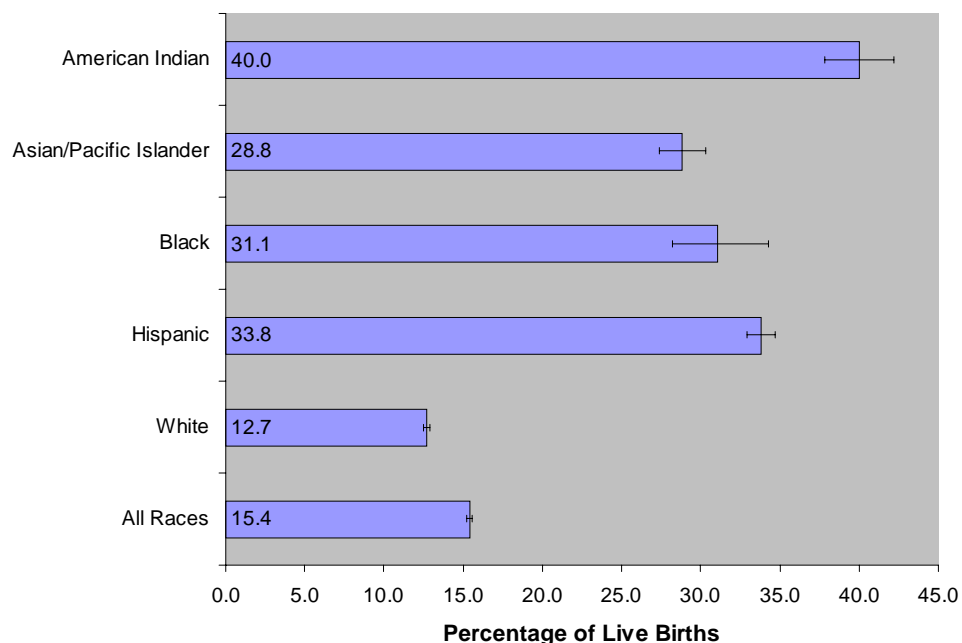
- Tobacco use was higher and seatbelt use and mammogram rates were lower for American Indians.
- Pap smear rates were lower for Asian/Pacific Islanders.

### Injuries and Violence

- Motor vehicle crash and other injury death rates were higher for American Indians.
- Homicide death rates were much higher for American Indians, Blacks, and Hispanics.

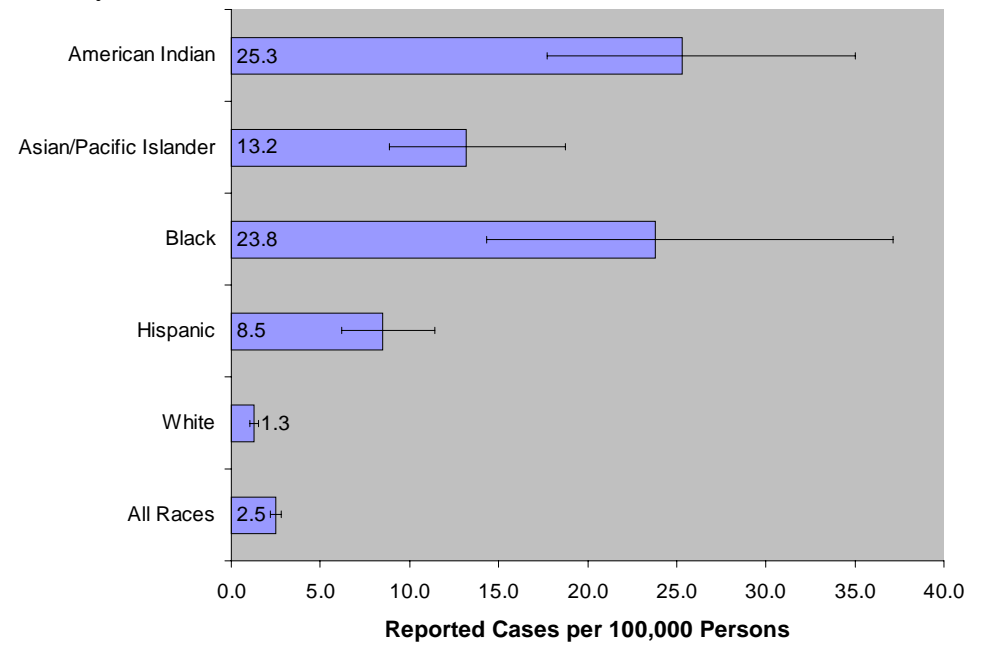
### Inadequate Prenatal Care

Percentage of live born infants whose mothers did not receive care in first trimester of pregnancy by race/ethnicity, Utah, 1993-1997.



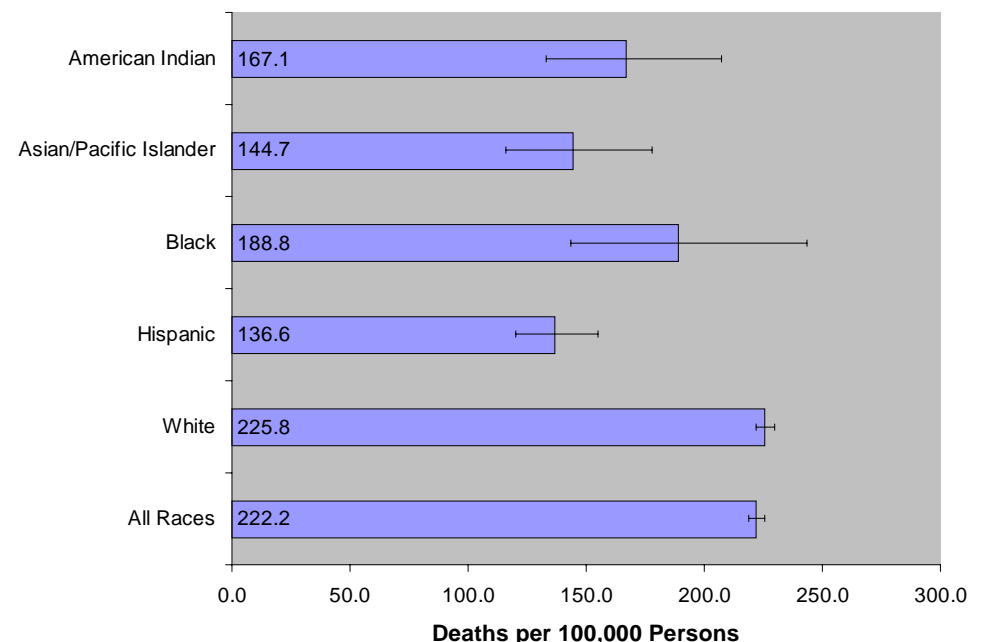
### Tuberculosis

Reported tuberculosis incidence rates per 100,000 persons by race/ethnicity, Utah 1993-1997.



### Heart Disease Deaths

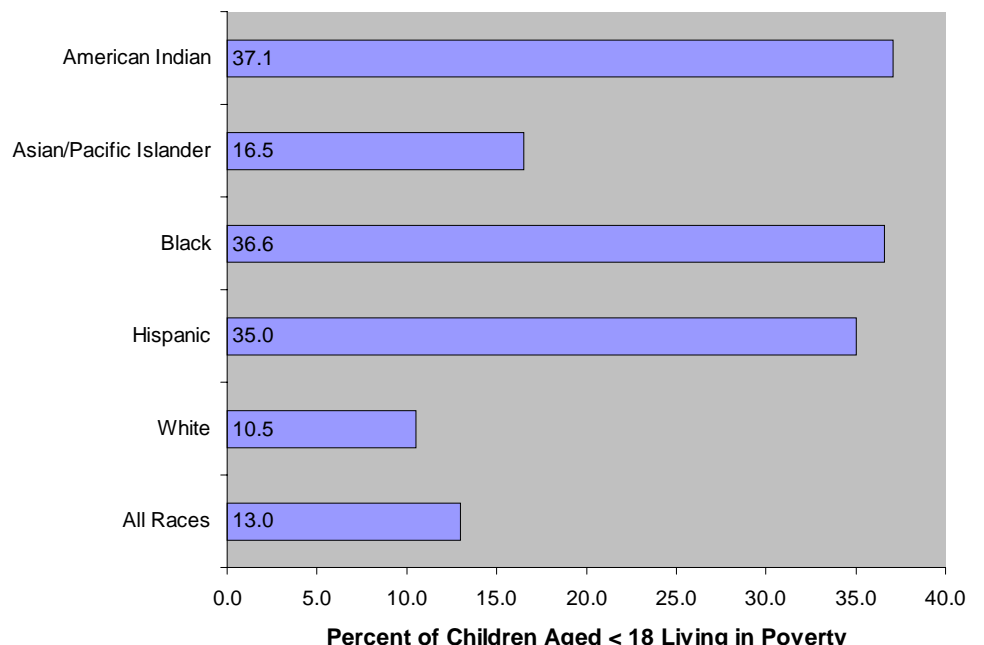
Deaths from heart disease per 100,000 persons in Utah by race/ethnicity, 1993-1997.



\* Death rates were age-adjusted to projected U.S. 2000 population

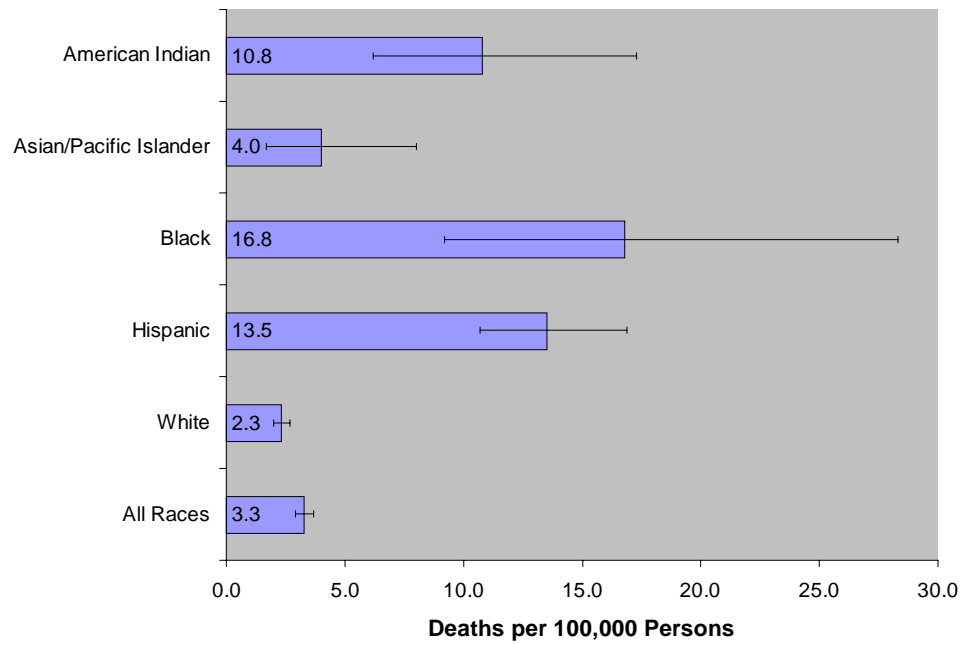
### Childhood Poverty

Percentage of children aged <18 living in poverty by race/ethnicity, Utah, 1989.



## Homicide and Legal Intervention

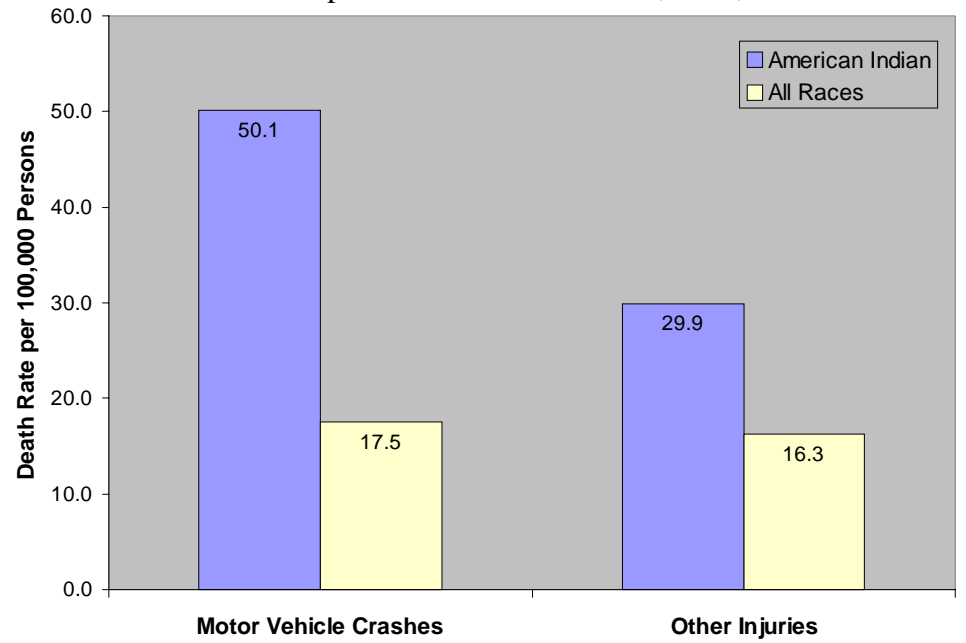
Deaths by homicide or legal intervention per 100,000 persons in Utah by race/ethnicity, 1993-1997.



\* Death rates were age-adjusted to projected U.S. 2000 population

## Injuries Among American Indians

Deaths from motor vehicle crashes and other injuries per 100,000 persons for American Indians compared to rates for all races, Utah, 1993-1997.



\* Death rates were age-adjusted to projected U.S. 2000 population

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The complete report, Health Status by Race and Ethnicity, as well as additional information about this topic are available from the Office of Public Health Data, Utah Department of Health, P O Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947, or email: [phdata@doh.state.ut.us](mailto:phdata@doh.state.ut.us). Please send any comments on this report to the Office of Public Health Data.



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