UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
Measuring Health Disparities: Trends in Utah Racial and Ethnic Minorities

February 2017

Overview

This article illustrates trends in specific health indicators for the five largest minority groups in Utah: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino. This article presents data from the 2005, 2010, and 2015 editions of the *Utah Health Status by Race and Ethnicity* report, published by the Utah Department of Health. It should be noted that throughout these profiles, the years 2005, 2010, and 2015 refer to the publication dates of the reports, and not necessarily the year(s) that the data were collected. The actual years vary depending on data availability. Indicators that were not included in all three reports and data that were collected or analyzed differently in the three reports were not used for comparison and change over time.

The purpose of these reports is to draw attention to the racial and ethnic health disparities trends in order to stimulate data-driven discussions that will facilitate interventions and collaborations to address these disparities (Table 1).

Disparity Gap Definition

For the purpose of this report:

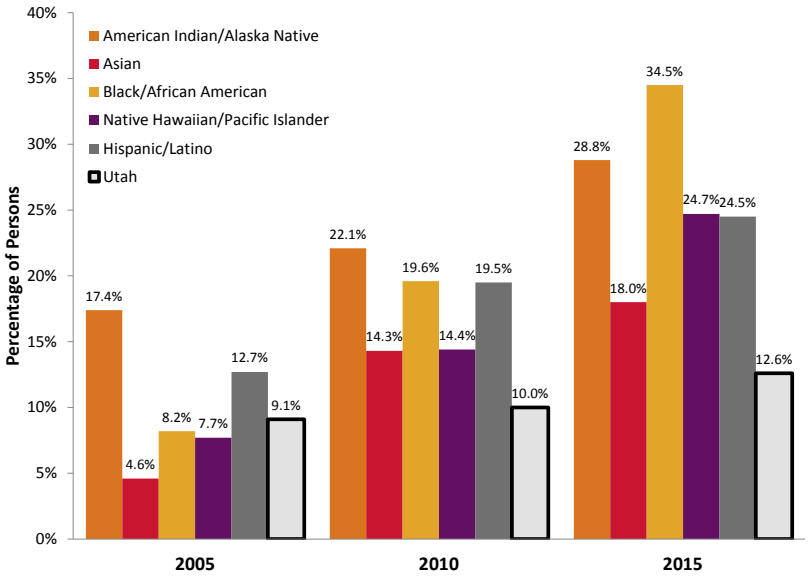
- "Disparity gap" is defined as the numerical difference between the state estimate and the estimate of each minority group for each indicator. If the state value does not fall within the 95% confidence interval of the value for the race/ethnicity group, then it was flagged as statistically different.
- The disparity gap increases (⬆) when the difference between the overall population and the specific minority group for 2015 is higher than for 2005, unless noted otherwise.
- The disparity gap decreases (⬇) when the difference between the overall population and the specific minority group for 2015 is lower than for 2005, unless noted otherwise.
- The disparity gap keeps constant (=) when the difference between the overall population and the specific minority group for 2015 is within three percent of the previous years.
- If the minority group is doing better than the overall population, there is no disparity.

The improvement in a health indicator over the years does not necessarily 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 may still remain.

The specific data from these reports and data sources can be accessed at http://www.health.utah.gov/disparities/data.html#utahhealth.

Poverty Disparity

Figure 1. Percentage of the population living in poverty by reporting year and race/ethnic group, Utah, 2005, 2010, and 2015



Source: U.S. Census 2000 (2005 reporting year) and American Community Survey Years 2006–2008 (2010 reporting year), and 2013 (2015 reporting year)

KEY FINDINGS

- **Poverty was a disparity for all minority groups; the gap for poverty increased for all groups from 2005 to 2015.**
- **Asians had the fewest disparities of any minority group.**

UDOH ANNOUNCEMENT:

Utah Language Data is a report of the most common languages spoken in Utah. It was created to help guide state and local public health and health care professionals plan and provide services for Limited English Proficient patients and clients. Specific reports are also available for Cache, Davis, Salt Lake, Utah, Washington, and Weber counties.

Summary of Findings

Table 1. List of health measures analyzed by race/ethnicity and disparity, Utah, 2005 to 2015

	American Indians/Alaska Natives *(25 indicators analyzed)*	Asians *(33 indicators analyzed)*	Black/African American *(33 indicators analyzed)*	Hispanic/Latino *(40 indicators analyzed)*	Pacific Islander/Hawaiian Native *(32 indicators analyzed)*
Disparity gap has INCREASED (worse) ⬆	**7 indicators** • Poverty • No Health Insurance • Pap Test • Mammogram • Daily Fruit Consumption • Cigarette Smoking • Chlamydia	**2 indicators** • Poverty • Prostate Cancer Screening	**7 indicators** • Poverty • No Physical Activity • Chlamydia • Gonorrhea • Lung Cancer Incidence *Indicators measured using only 2010 and 2015 reports:* • Fair or Poor Health • Births to Adolescents	**3 indicators** • Poverty • Child Poverty • No Health Insurance	**4 indicators** • Poverty • Child Poverty *Indicators measured using only 2010 and 2015 reports:* • Diabetes Prevalence • Stroke Deaths
Disparity gap has stayed CONSTANT =	**5 indicators** • Poor Physical Health • Overweight or Obese *Indicators measured using only 2010 and 2015 reports:* • Births to Adolescents • Asthma Prevalence • Diabetes Prevalence	**3 indicators** • Child Poverty • Low Birth Weight • Tuberculosis	**3 indicators** • Child Poverty *Indicators measured using only 2010 and 2015 reports:* • Infant Mortality • Diabetes Prevalence	**12 indicators** • Poor Physical Health • Cholesterol Screening • Prostate Cancer Screening • Flu Shot • Overweight or Obese • No Physical Activity • Low Birth Weight • Motor Vehicle Crash Deaths • Tuberculosis *Indicators measured using only 2010 and 2015 reports:* • Fair or Poor Health • Binge Alcohol Drinking • Diabetes Prevalence	**2 indicators** • Overweight or Obese *Indicators measured using only 2010 and 2015 reports:* • Infant Mortality
Disparity gap has DECREASED (improved) ⬇	**4 indicators** • Poor Mental Health* • Prostate Cancer Screening* • Unintentional Injury Death • Motor Vehicle Crash Death	**No indicators**	**6 indicators** • Poor Mental Health* • Overweight or Obese* • Low Birth Weight • Cigarette Smoking • Tuberculosis • Colorectal Cancer Death	**6 indicators** • Pap Test* • Daily Veg. Consumption* • Folic Acid Consumption* • Chlamydia • Gonorrhea* *Indicators measured using only 2010 and 2015 reports:* • Births to Adolescents	**3 indicators** • Tuberculosis* *Indicators measured using only 2010 and 2015 reports:* • Births to Adolescents* • Chlamydia
No disparity exists	**9 indicators** • Cholesterol Screening • Daily Veg. Consumption • Folic Acid Consumption • Low Birth Weight • Tuberculosis • Gonorrhea • Arthritis Prevalence *Indicators measured using only 2010 and 2015 reports:* • Infant Mortality • Binge Alcohol Drinking	**28 indicators** • No Health Insurance • Poor Physical Health • Poor Mental Health • Pap Test • Mammogram • Cholesterol Screening • Flu Shot • Overweight or Obese • No Physical Activity • Daily Fruit Consumption • Daily Veg. Consumption • Cigarette Smoking • Arthritis Prevalence • Lung Cancer Incidence • Colorectal Cancer Incidence • Breast Cancer Incidence • Prostate Cancer Incidence *Indicators measured using only 2010 and 2015 reports:* • Fair or Poor Health • Births to Adolescents • Infant Mortality • Binge Alcohol Drinking • Unintentional Injury Death • Motor Vehicle Crash Death • Chlamydia • Gonorrhea • Asthma Prevalence • Diabetes Prevalence • Stroke Death	**17 indicators** • No Health Insurance • Poor Physical Health • Pap Test • Cholesterol Screening • Flu shot • Daily Fruit Consumption • Daily Veg. Consumption • Unintentional Injury Death • Suicide • Arthritis Prevalence • Stroke Deaths • Lung Cancer Deaths • Colorectal Cancer Incidence • Breast Cancer Incidence • Prostate Cancer Incidence *Indicators measured using only 2010 and 2015 reports:* • Binge Alcohol Drinking • Asthma Prevalence	**19 indicators** • Poor Mental Health • Mammogram • Daily Fruit Consumption • Cigarette Smoking • Chronic Alcohol Drinking • Unintentional Injury Death • Suicide • Arthritis Prevalence • Stroke Deaths • Lung Cancer Incidence • Lung Cancer Deaths • Colorectal Cancer Incidence • Colorectal Cancer Deaths • Breast Cancer Incidence • Breast Cancer Deaths • Prostate Cancer Incidence • Prostate Cancer Deaths *Indicators measured using only 2010 and 2015 reports:* • Infant Mortality • Asthma Prevalence	**23 indicators** • No Health Insurance • Poor Physical Health • Poor Mental Health • Pap Test • Mammogram • Cholesterol Screening • Prostate Cancer Screening • Flu Shot • No Physical Activity • Daily Fruit Consumption • Daily Veg. Consumption • Low Birth Weight • Cigarette Smoking • Arthritis Prevalence • Lung Cancer Incidence • Colorectal Cancer Incidence • Breast Cancer Incidence • Prostate Cancer Incidence *Indicators measured using only 2010 and 2015 reports:* • Fair or Poor Health • Binge Alcohol Drinking • Unintentional Injury Death • Gonorrhea • Asthma Prevalence

* Measures with asterisk are no longer significantly different than the state according to the 2015 report.

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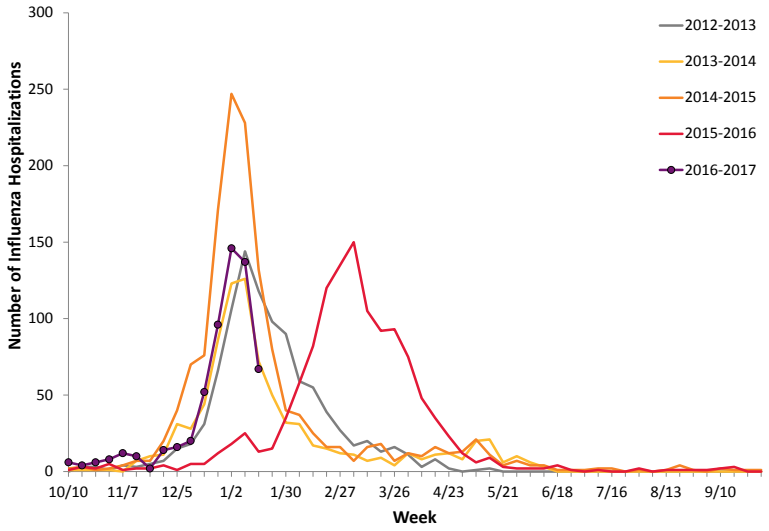
Breaking News, February 2017

Influenza-associated Hospitalizations

Utah outpatient providers report weekly the total number of patients seen for any reason and the number of patients seen with influenza-like illness (ILI) (defined as a fever ≥100° F and a cough or sore throat). These data are used to determine the amount of ILI circulating in the community, and provide insight into regional differences in ILI activity. During the 2016–2017 influenza season, Utah ILI activity increased in December to the "high" category, but decreased to the "low/moderate" level in early January.

Influenza-associated Hospitalizations by MMWR Week and Influenza Season, Utah, 2012–2013 to 2016–2017



Influenza hospitalization is a reportable condition in Utah. A person meets the case definition for influenza hospitalization if he/she is hospitalized for any length of time and has a positive influenza diagnostic test. Influenza hospitalization data allow public health to better understand the specific populations that are most severely affected and to guide prevention messages and interventions. At this point (Morbidity and Mortality Weekly Report week 2) of the present influenza season, 596 influenza-associated hospitalizations have been confirmed, slightly higher than 2012–2013 (364) and 2013–2014 (478) seasons. The number of influenza-associated hospitalizations increased much earlier in 2014–2015, although last season (2015–2016) it increased much later (see Figure).

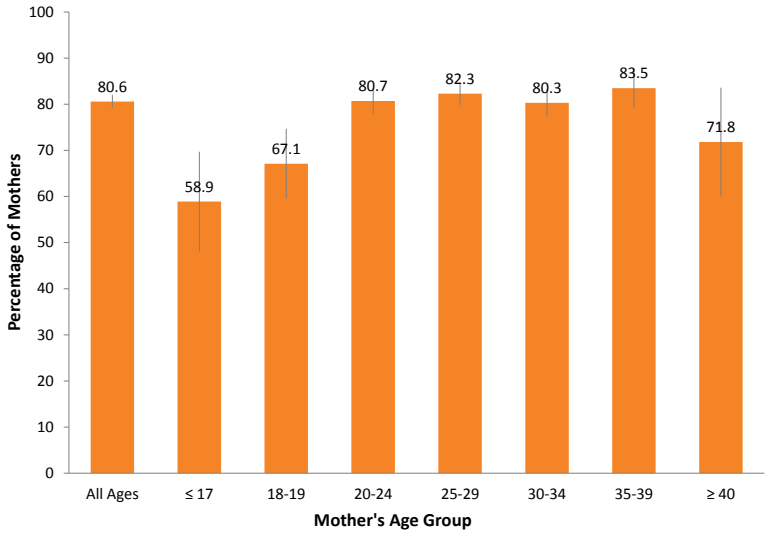
Nationally, and in Utah, influenza A (H3N2) is the predominant circulating strain and appears to be well matched to this season's vaccine virus strains, suggesting that the vaccine should offer protection against the majority of circulating flu viruses. Seasons with A (H3N2) predominating are often associated with more severe illness, especially in young children and people 65 and older. Vaccination is still the best defense against influenza and it is not too late to get an influenza vaccination.

Community Health Spotlight, February 2017

Infant Sleep Position Among Teen Mothers

Since the American Academy of Pediatrics (AAP) made the recommendation that healthy infants be placed on their backs to sleep, the rate of sudden infant death syndrome (SIDS) in the U.S. has declined from 130.3 deaths per 100,000 live births in 1990 to 38.7 in 2014. To determine the extent to which mothers follow safe infant sleep guidelines, the Utah Pregnancy Risk Assessment Monitoring System (PRAMS) asks the question, "In which one position do you most often lay your baby down to sleep now?" The accompanying figure shows the percentage of teen mothers who reported they most often laid their babies down to sleep on their backs was significantly lower than the percentage reported among all age groups in Utah.

Percentage of Utah Mothers Who Most Often Laid Their Babies Down to Sleep on Their Backs, Utah PRAMS, 2012–2014



Maternal age <20 years has been consistently associated with increased risk of SIDS[1] and a recent Colorado study found adherence with safe sleep practices among adolescent mothers was poor despite awareness of the AAP recommendations[2]. These findings indicate the need for innovative approaches to improve safe sleep behaviors in this high-risk group. An updated AAP policy statement and technical report with information for parents on creating a safe sleep environment can be found at: www.healthychildren.org/safesleep.

1. Hakeem GF, Oddy L, Holcroft CA, Abenhaim HA. Incidence and determinants of sudden infant death syndrome: a population-based study on 37 million births. World J Pediatr 2015;1.1:41–7.
2. Caraballo M, Shimasaki S, Johnston K, Tung G, Albright K, Halbower, AC. Knowledge, Attitudes, and Risk for Sudden Unexpected Infant Death in Children of Adolescent Mothers: A Qualitative Study. J Pediatr 2016;174:78–83.

Monthly Health Indicators Report

(Data Through December 2016)

Monthly Report of Notifiable Diseases, December 2016	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (*Campylobacter*)	5	22	451	496	0.9
Shiga toxin-producing *Escherichia coli* (*E. coli*)	5	3	80	104	0.8
Hepatitis A (infectious hepatitis)	1	1	10	8	1.2
Hepatitis B, acute infections (serum hepatitis)	0	1	3	10	0.3
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	0	1	3	5	0.6
Pertussis (Whooping Cough)	4	70	213	999	0.2
Salmonellosis (*Salmonella*)	20	22	331	350	0.9
Shigellosis (*Shigella*)	0	3	77	38	2.0
Varicella (Chickenpox)	10	21	217	273	0.8
Quarterly Report of Notifiable Diseases, 4th Qtr 2016	**Current Quarter # Cases**	**Current Quarter # Expected Cases (5-yr average)**	**# Cases YTD**	**# Expected YTD (5-yr average)**	**YTD Standard Morbidity Ratio (obs/exp)**
HIV/AIDS†	23	29	108	113	1.0
Chlamydia	2,385	1,989	9,487	7,817	1.2
Gonorrhea	527	283	2,102	943	2.2
Syphilis	17	12	86	49	1.7
Tuberculosis	6	7	20	34	0.6
Medicaid Expenditures (in Millions) for the Month of December 2016	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Capitated Mental Health	$ 10.6	$ 10.1	$ 73.1	$ 75.9	$ (2.8)
Inpatient Hospital	$ 5.8	$ 5.1	$ 56.5	$ 58.3	$ (1.8)
Outpatient Hospital	$ 5.2	$ 4.9	$ 23.1	$ 22.7	$ 0.3
Long Term Care	$ 39.5	$ 39.7	$ 114.1	$ 114.9	$ (0.8)
Pharmacy	$ 12.2	$ 10.3	$ 52.7	$ 53.0	$ (0.3)
Physician/Osteo Services	$ 4.1	$ 4.6	$ 19.6	$ 21.9	$ (2.3)
TOTAL MEDICAID	$ 272.9	$ 273.1	$ 1,289.6	$ 1,291.5	$ (1.9)

Program Enrollment for the Month of December 2016	Current Month	Previous Month	% Change‡ From Previous Month	1 Year Ago	% Change‡ From 1 Year Ago
Medicaid	288,817	288,797	+0.0%	290,211	-0.5%
PCN (Primary Care Network)	14,572	15,050	-3.2%	17,096	-14.8%
CHIP (Children's Health Ins. Plan)	18,847	18,696	+0.8%	16,815	+12.1%
	Annual Visits			Annual Charges	
Health Care System Measures	**Number of Events**	**Rate per 100 Population**	**% Change‡ From Previous Year**	**Total Charges in Millions**	**% Change‡ From Previous Year**
Overall Hospitalizations (2014)	281,302	8.9%	-0.8%	$ 7,281.6	+11.8%
Non-maternity Hospitalizations (2014)	177,881	5.5%	-1.1%	$ 6,200.8	+11.6%
Emergency Department Encounters (2014)	710,266	22.9%	+2.6%	$ 1,760.5	+13.2%
Outpatient Surgery (2013)	404,303	13.1%	+7.3%	$ 2,167.9	+11.5%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/ Rate**	**% Change‡ From Previous Year**	**State Rank§ (1 is best)**
Obesity (Adults 18+)	2015	510,400	24.5%	-4.7%	8 (2015)
Cigarette Smoking (Adults 18+)	2015	189,600	9.1%	-6.2%	1 (2015)
Influenza Immunization (Adults 65+)	2015	181,600	59.0%	+1.9%	36 (2015)
Health Insurance Coverage (Uninsured)	2015	263,600	8.8%	-14.6%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2015	247	8.2 / 100,000	+3.7%	19 (2015)
Poisoning Deaths	2015	697	23.3 / 100,000	+6.8%	43 (2015)
Suicide Deaths	2015	609	20.3 / 100,000	+7.8%	47 (2015)
Diabetes Prevalence (Adults 18+)	2015	145,800	7.0%	-1.4%	10 (2015)
Poor Mental Health (Adults 18+)	2015	333,300	16.0%	+0.6%	18 (2015)
Coronary Heart Disease Deaths	2015	1,619	54.0 / 100,000	+1.0%	2 (2015)
All Cancer Deaths	2015	3,091	103.2 / 100,000	+0.1%	1 (2015)
Stroke Deaths	2015	887	29.6 / 100,000	+2.0%	18 (2015)
Births to Adolescents (Ages 15-17)	2015	489	6.9 / 1,000	-11.7%	13 (2015)
Early Prenatal Care	2015	38,803	76.4%	+0.2%	n/a
Infant Mortality	2015	257	5.1 / 1,000	+3.2%	13 (2014)
Childhood Immunization (4:3:1:3:3:1)	2015	37,400	73.6%	-1.3%	35 (2015)

* Influenza-like illness activity is low/moderate in Utah. As of January 7, 2017, 493 influenza-associated hospitalizations have been reported to UDOH since the start of the influenza season on October 2, 2016. More information can be found at http://health.utah.gov/epi/diseases/influenza/surveillance/index.html.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Relative percent change. Percent change could be due to random variation.

§ State rank based on age-adjusted rates where applicable.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2017 season.