

Utah Health Status Update:

Health Status by Race & Ethnicity: 15 Years of Surveillance

August 2015

The first *Health Status by Race and Ethnicity Report* (“Report”) was published in 1999 to highlight health indicators that impact underserved populations in Utah. Subsequent editions of the Report were prepared in 2005, 2010 and 2015. Due to changes in the data collection only data from 2005 reports and later were included in this report. Since 2005, Utah’s racial/ethnic diversity has grown significantly, with the greatest increases seen in Black/African American (84.8% increase), Native Hawaiian/Pacific Islander (73.7% increase), American Indian/Alaska Native (36.3% increase), and Hispanic/Latino (35.7% increase) populations.¹

Given the rapid growth and diversification of our state’s population, the *Health Status by Race and Ethnicity Report* series is an extremely useful source for the most recent health indicator data by race/ethnicity. Not all of the indicators from the 2005 Report were included in the 2010 or 2015 Reports, and some indicators were measured with different survey instru-

ments or methodologies. However, the Reports can help identify general trends in community health status.

For example, in 2005 it was reported that Hispanics/Latinos had the highest rate of no health insurance coverage (24.8%) in Utah. Subsequent editions of the Report indicated that this trend likely persists and may have actually worsened, with the uninsured rate for Hispanics/Latinos reported at 31.3% in 2010 and 32.7% in 2015 (Figure 1).

Another troubling finding from the Reports is the high infant mortality rate among Blacks/African Americans. In 2005, the Black/African American infant mortality rate was 13.8 per 1,000 births. The rate then decreased to 8.4 per 1,000 in 2010 but increased again in 2015 to 10.5 per 1,000 births (Figure 2).

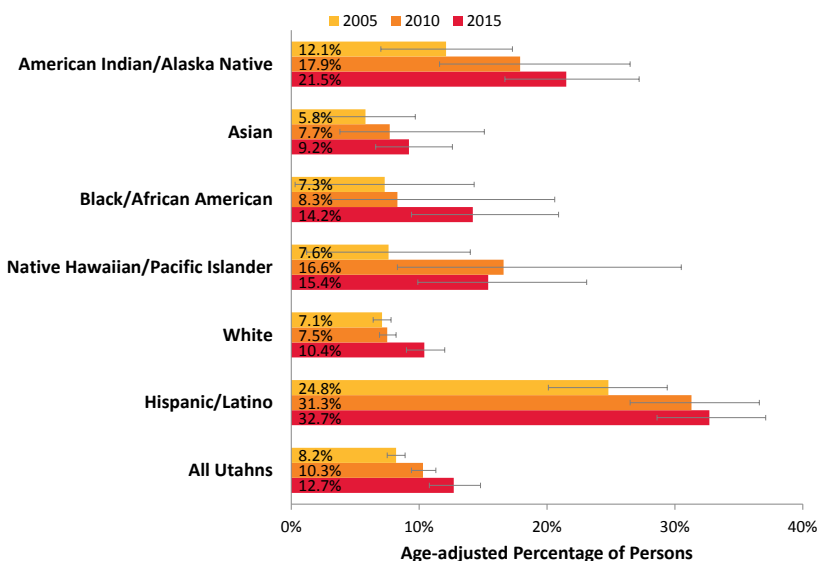
Beside data trends, the 15-year surveillance provided by the Reports also highlights the critical need to separate the Asian and Native Hawaiian/Pacific Islander race categories. In 2005, data was often collected for “Asian/Pacific Islander” as an arbitrary combination of two distinct, highly diverse, and heterogeneous population groups into the same category. The 2010 and 2015 Reports illustrated the “shielding effect” that resulted from this decision, in which generally “healthy” statistics for the Asian community had concealed alarming health disparities among “less healthy” Native Hawaiian/Pacific Islanders. For example, in 2005 the infant mortality rate for “Asians/Pacific Islanders” was 4.6 per 1,000 births, which was actually lower than the state infant mortality rate. Data

KEY FINDINGS

- Given the rapid growth and diversification of our state’s population, the *Health Status by Race and Ethnicity Report* series is extremely useful as a source for data by race/ethnicity and can help identify trends in community health status.
- In the 2005 Report, Hispanics/Latinos had the highest rate of no health insurance coverage (24.8%) in Utah. This trend has likely persisted and may have actually worsened.
- Blacks/African Americans have the highest infant mortality rate of any race/ethnicity group in Utah (10.5/1,000 births in 2015).
- The colon cancer screening rate among American Indian/Alaska Native adults aged 50 and older has increased 70% from 2005 to 2015.

Utahns With No Health Insurance

Figure 1. Age-adjusted percentage of Utahns reporting no health insurance coverage by race/ethnicity, as reported in the *Health Status by Race and Ethnicity Report* series, 2005, 2010, and 2015



Sources: 2005 Report data from 2001 Utah Health Status Survey; 2010 Report data from 2007 Utah Healthcare Access Survey; 2015 Report data from 2011-2013 Utah Behavioral Risk Factor Surveillance System.

for Asians and Native Hawaiian/Pacific Islanders were separated for the 2010 report, which showed the infant mortality rate for Asians as 4.5 per 1,000 births and 8.8 per 1,000 births for Native Hawaiian/Pacific Islanders—the highest rate of any race/ethnicity group in Utah (Figure 2).

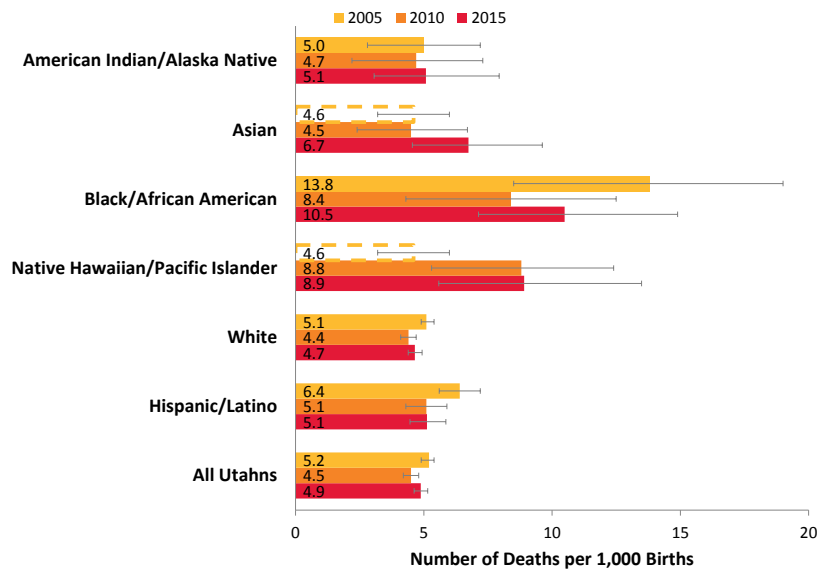
The Reports also demonstrated improvements in health indicators, such as the indication that colon cancer screening may be significantly more common among American Indian/Alaska Native adults aged 50 and older in 2015 than it was 15 years ago. The screening rate for American Indians/Alaska Natives was 37.8% in 2005, 48.0% in 2010, and 64.9% in 2015—an overall increase of 70% (Figure 3).

The Reports can be found online at <http://health.utah.gov/disparities/data.html>.

1 U.S. Census Bureau: General Demographic Characteristics, American Community Survey 2005; Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States, 2014 Population Estimates.

Infant Mortality

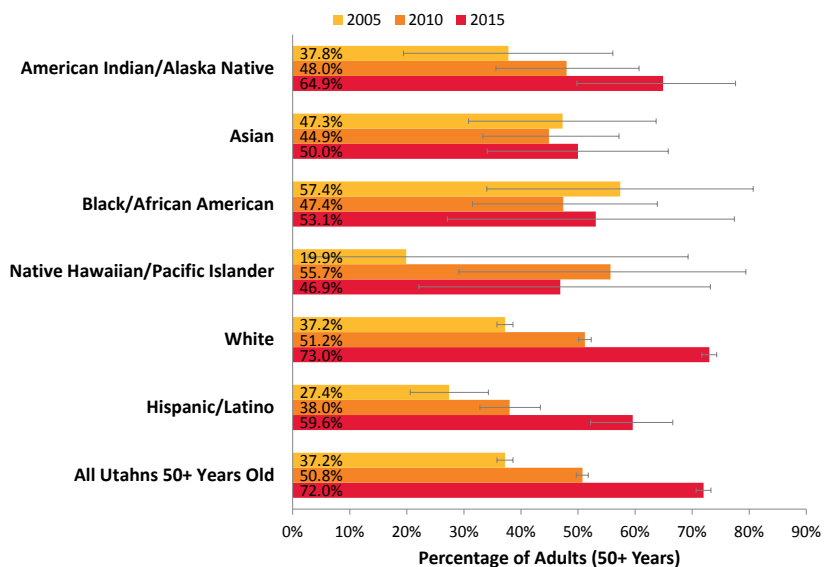
Figure 2. Infant mortality rates by mother's race/ethnicity, as reported in the *Health Status by Race and Ethnicity Report* series, Utah, 2005, 2010, and 2015



Note: In the 2005 report, the Asian and Native Hawaiian/Pacific Islander populations were aggregated. Source: Utah Birth Certificate Database. 2005 Report data represent years 1998-2003; 2010 Report data represent years 2004-2007; 2015 Report data represent years 2008-2012.

Colon Cancer Screening

Figure 3. Percentage of adults aged 50 and older screened for colon cancer within the past five years by race/ethnicity, as reported in the *Health Status by Race and Ethnicity Report* series, Utah, 2005, 2010, and 2015



Source: Utah Behavioral Risk Factor Surveillance System. 2005 Report data represent years 1999-2004; 2010 Report data represent years 2003-2008; 2015 Report data represent years 2012-2013.

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ERRATA: The percentages reported for infant mortality have been corrected in this report since the original publication.

Breaking News, August 2015

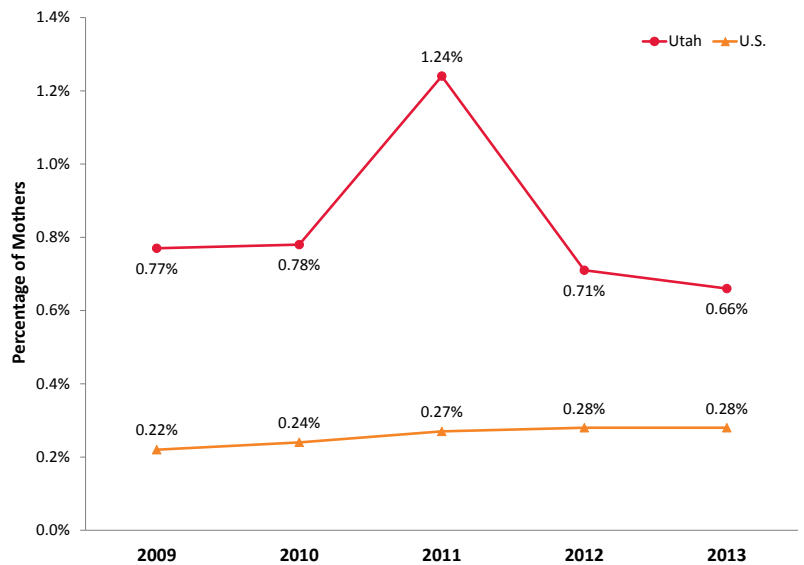
Maternal Transfusion in Utah

In 2013, the National Center for Health Statistics published the report *Newly Released Data From the Revised U.S. Birth Certificate, 2011* with a startling finding: the rate of maternal transfusions in Utah were nearly five times higher than the national average and were the highest in the nation. Data showed the rate in 2011 appeared to be an anomalous year as the rate lowered in 2012; however, Utah's rate continues to be double that of the U.S.

The National Quality Forum notes that a higher rate of maternal transfusions may indicate an inability to prevent or manage blood loss during delivery with severe ramifications including maternal death. They also note that examining these rates should encourage hospitals to review their practices and procedures for preventing hemorrhage. While the number of Utah women receiving transfusions per year is between 300–350, there are more than four times as many hemorrhages reported.

In 2014, the Utah Department of Health (UDOH) was awarded funding from the Association of Maternal and Child Health Programs to implement strategies to reduce maternal mortality and morbidity. As part of this project, the UDOH will be working with interested hospitals to implement the maternal safety bundle on obstetric hemorrhage from the National Partnership for Maternal Safety, Council on Patient Safety in Women's Health Care. The safety bundle focuses on four key areas: recognition and prevention, readiness, response, and reporting and systems learning. For more information on this project, contact the Maternal and Infant Health Program at 801-273-2871.

Percentage of Women With a Live Birth Who Received a Blood Transfusion, Utah and U.S., 2009–2013



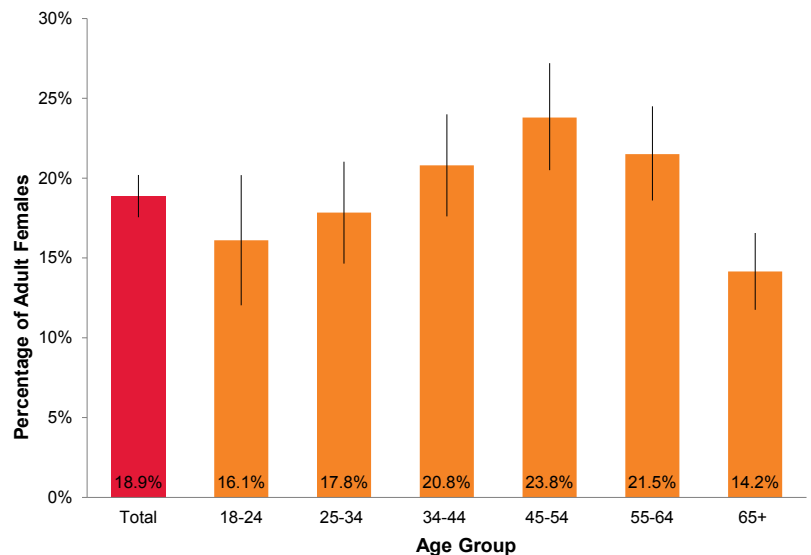
Source: Utah Birth Certificate Data, Office of Vital Records and Statistics

Community Health Indicators Spotlight, August 2015

Intimate Partner Violence and Adverse Childhood Experiences Among Utah Females

In 2013, Utah's Behavioral Risk Factor Surveillance System included questions on intimate partner violence (IPV) and adverse childhood experiences (ACE). Data showed that 18.9% of females reported experiencing an intimate partner pushing, hitting, slapping, kicking, choking, or physically hurting them in any other way. Females 45–54 years of age had a statistically higher reported prevalence of ever experiencing IPV (23.8%); females 65 years and older had a significantly lower reported lifetime IPV prevalence (14.1%) compared to the state lifetime IPV prevalence (see Figure). When looking at the prevalence of ACEs related to physical, emotional, and sexual abuse, females were significantly more likely to report being touched sexually as a child (13.7%), being forced to touch an adult sexually (8.7%), and being raped as a child (5.1%) compared to males (4.9%, 4.6%, and 1.8% respectively). Females who reported experiencing IPV had a significantly higher prevalence of reporting five or more ACEs compared to those reporting no ACEs and those reporting between one and four ACEs. *No More Secrets* is an annual report on intimate partner violence and sexual violence in Utah. The most recent report can be accessed at <http://1.usa.gov/1M5l7sV>.

Percentage of Adult Females Reporting Ever Experiencing Intimate Partner Violence (IPV) by Age Group, Utah, 2013



Source: Utah's Behavioral Risk Factor Surveillance System

Monthly Health Indicators Report

(Data Through June 2015)

Monthly Report of Notifiable Diseases, June 2015	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)	53	65	181	232	0.8
Shiga toxin-producing Escherichia coli (E. coli)	10	9	31	25	1.3
Hepatitis A (infectious hepatitis)	1	1	4	4	0.9
Hepatitis B, acute infections (serum hepatitis)	1	2	5	5	1.0
Meningococcal Disease	0	1	1	4	0.3
Pertussis (Whooping Cough)	17	91	232	488	0.5
Salmonellosis (Salmonella)	33	33	168	159	1.1
Shigellosis (Shigella)	9	3	19	16	1.2
Varicella (Chickenpox)	5	9	97	180	0.5
West Nile (Human cases)	0	0	0	0	0.0

Quarterly Report of Notifiable Diseases, 2nd Qtr 2015	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†	18	28	44	57	0.8
Chlamydia	2,056	1,790	4,169	3,663	1.1
Gonorrhea	322	154	664	292	2.3
Syphilis	11	15	22	25	0.9
Tuberculosis	10	10	14	17	0.8

Medicaid Expenditures (in Millions) for the Month of June 2015	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 18.3	\$ 13.9	\$ 174.2	\$ 165.8	\$ 8.5
Inpatient Hospital	\$ 9.3	\$ 9.7	\$ 131.6	\$ 135.6	\$ (4.0)
Outpatient Hospital	\$ 4.5	\$ 5.0	\$ 62.4	\$ 62.0	\$ 0.3
Long Term Care	\$ 18.7	\$ 20.0	\$ 179.8	\$ 175.8	\$ 4.0
Pharmacy	\$ 11.0	\$ 10.1	\$ 120.8	\$ 114.3	\$ 6.5
Physician/Osteo Services	\$ 4.6	\$ 5.1	\$ 60.5	\$ 63.7	\$ (3.2)
TOTAL MEDICAID	\$ 214.4	\$ 214.3	\$ 2,357.0	\$ 2,361.2	\$ (4.2)

Program Enrollment for the Month of June 2015	Current Month	Previous Month	% Change* From Previous Month	1 Year Ago	% Change* From 1 Year Ago
Medicaid	288,599	287,732	+0.3%	276,879	+4.2%
PCN (Primary Care Network)	13,225	14,587	-9.3%	12,229	+8.1%
CHIP (Children's Health Ins. Plan)	16,273	16,338	-0.4%	15,563	+4.6%

Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change* From Previous Year	Total Charges in Millions	% Change* From Previous Year
Overall Hospitalizations (2013)	279,393	9.0%	-2.8%	\$ 6,513.8	+5.9%
Non-maternity Hospitalizations (2013)	177,191	5.6%	-2.5%	\$ 5,554.8	+6.6%
Emergency Department Encounters (2013)	683,415	22.3%	-1.5%	\$ 1,555.4	+7.1%
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+)	2014	523,600	25.7%	+6.5%	9 (2013)
Cigarette Smoking (Adults 18+)	2014	197,600	9.7%	-6.1%	1 (2013)
Influenza Immunization (Adults 65+)	2014	167,200	58.0%	+1.0%	39 (2013)
Health Insurance Coverage (Uninsured)	2013	336,500	11.6%	-12.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2013	192	6.6 / 100,000	-7.8%	9 (2013)
Poisoning Deaths	2013	630	21.7 / 100,000	-6.2%	47 (2013)
Suicide Deaths	2013	570	19.6 / 100,000	+2.9%	49 (2013)
Diabetes Prevalence (Adults 18+)	2014	144,700	7.1%	-0.1%	10 (2013)
Poor Mental Health (Adults 18+)	2014	324,000	15.9%	-3.0%	21 (2013)
Coronary Heart Disease Deaths	2013	1,515	52.2 / 100,000	+1.0%	1 (2013)
All Cancer Deaths	2013	2,961	102.1 / 100,000	+1.9%	1 (2013)
Stroke Deaths	2013	831	28.6 / 100,000	+3.1%	18 (2013)
Births to Adolescents (Ages 15-17)	2013	573	8.6 / 1,000	-16.3%	11 (2013)
Early Prenatal Care	2013	38,905	76.4%	+1.2%	n/a
Infant Mortality	2013	262	5.1 / 1,000	+6.7%	9 (2012)
Childhood Immunization (4:3:1:3:3:1)	2013	40,600	80.5%	+7.5%	16 (2013)

† 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 has ended for influenza until the the 2015-2016 season.