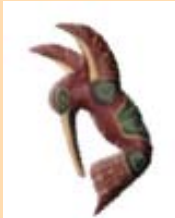


Moving Forward in 2016:

Fifteen Years of Health Data for American
Indians/Alaska Natives in Utah



October 2016



Utah Indian
Health Advisory
Board



UTAH DEPARTMENT OF
HEALTH
Office of Health Disparities



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Overview

This *Moving Forward* profile presents trend 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 five *Moving Forward* profiles which illustrate 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.

It is important to note that, “due to the unique sovereign government-to-government relationship between American Indians/Alaska Natives (AI/AN) tribes and the U.S. federal government and a legacy of legal jurisdiction and rulings, AI/ANs are a minority population which differs from other U.S. racial and ethnic minorities¹.”

Data Notes

The actual years of data analysis vary depending on data availability. The exact years of data analysis and data sources are listed at the bottom of each indicator table. 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.

Data Limitations

“Facing multiple historical, social, economic, and health challenges, the AI/AN population remains a small and often hard to reach population, creating difficulty in accurately including AI/AN data in local, state, and national health status reports¹”. This report uses public health surveillance data and statewide data sources. While the Office of Health Disparities (OHD) is aware of the limitations of these data sources, especially when attempting to describe the health of such a diverse and dispersed population, the OHD recognizes the standard use of these sources to produce public health reports. At the same time, OHD advocates for the improvement in data collection to achieve a more accurate picture of Utah’s AI/AN health status.

Disparity Gap

For the purpose of this report:

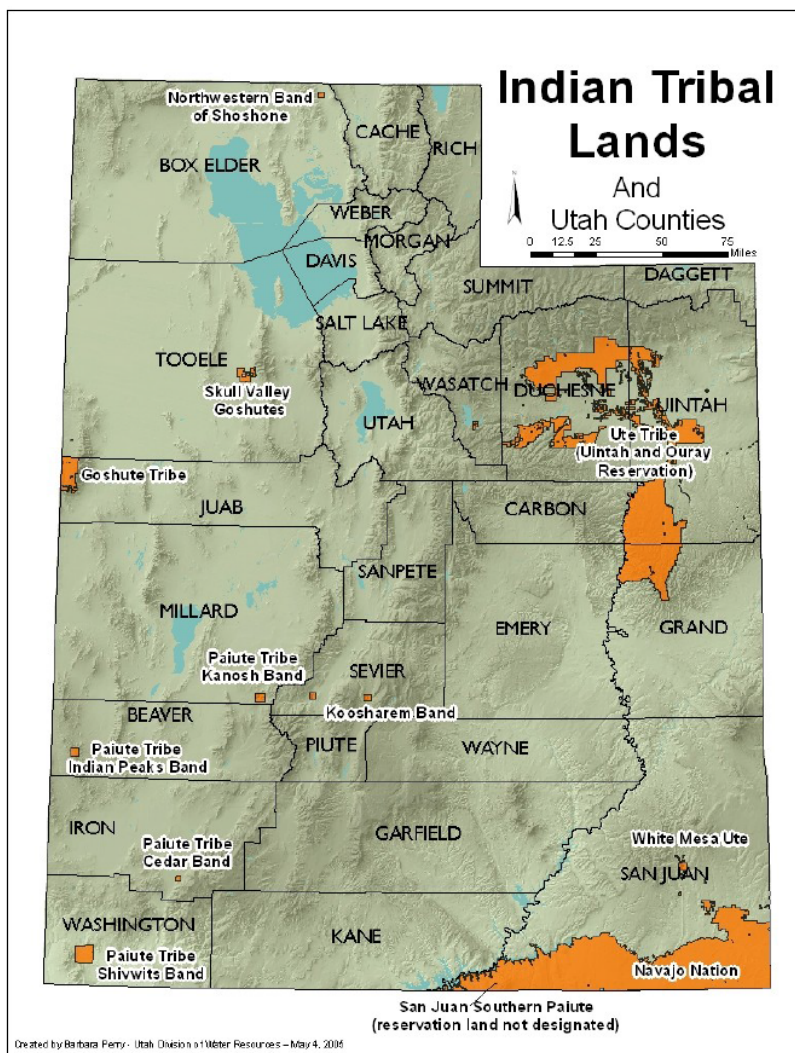
- "Disparity Gap" will be defined as the numerical difference between two values of the same indicator. The first value represents the overall population and the second value represents a specific minority group.
- The disparity gap increases (↑) when the difference between the overall population and the specific minority group for 2013 is higher than for previous years.
- The disparity gap decreases (↓) when the difference between the overall population and the specific minority group for 2013 is lower than for previous years.
- If the minority group is doing better than 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 remain.

¹ Best Practices in American Indian & Alaska Native Public Health: A Report from the Tribal Epidemiology Centers 2013. Retrieved from <http://www.uihi.org/download/TEC-Best-Practices-Book-2013.pdf>

American Indians and Alaska Natives (AIANs) in Utah

The five tribal cultures which inhabit what is now called Utah include Ute, Paiute, Northwestern Shoshone, Goshute, and Navajo. Today, there are eight (8) sovereign tribal governments within Utah: Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of Shoshone Nation, Paiute Indian Tribe of Utah, San Juan Southern Paiute, Skull Valley Band of Goshute, Ute Mountain Ute Tribe, and Ute Indian Tribe. Today, tribal communities in Utah continue to be relevant and contribute to the rich culture and history of the state.



Population

There are about 60,000 AIANs living in Utah². About 46% of Utah's AIAN population lives in urban Salt Lake (14,562), Utah (5,608), Davis (3,269), and Weber (3,150) counties,³ with the remainder on or near the eight reservations within Utah (some of which cross/share borders with neighboring states). Census data show that the largest tribal communities indigenous to Utah are the Navajo Nation, Ute Indian Tribe, and Paiute Indian Tribe of Utah.⁴ Utah is also home to people who self-identify or are enrolled in tribal nations that are not indigenous to Utah- such as the Cherokee and Sioux-Dakota, Lakota & Lakota- as well as Alaska Natives such as Athabascan, Inupiat, Tlingit-Haida, and Yup'ik.⁴

²U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, 2014 Population Estimates, Table PEPA SR5H. ³U.S. Census Bureau, 2009-2013 ACS 5-Year Estimates, Table B02010. ⁴U.S. Census Bureau, 2011-2013 ACS 3-Year Estimates, Table B02017.

Summary

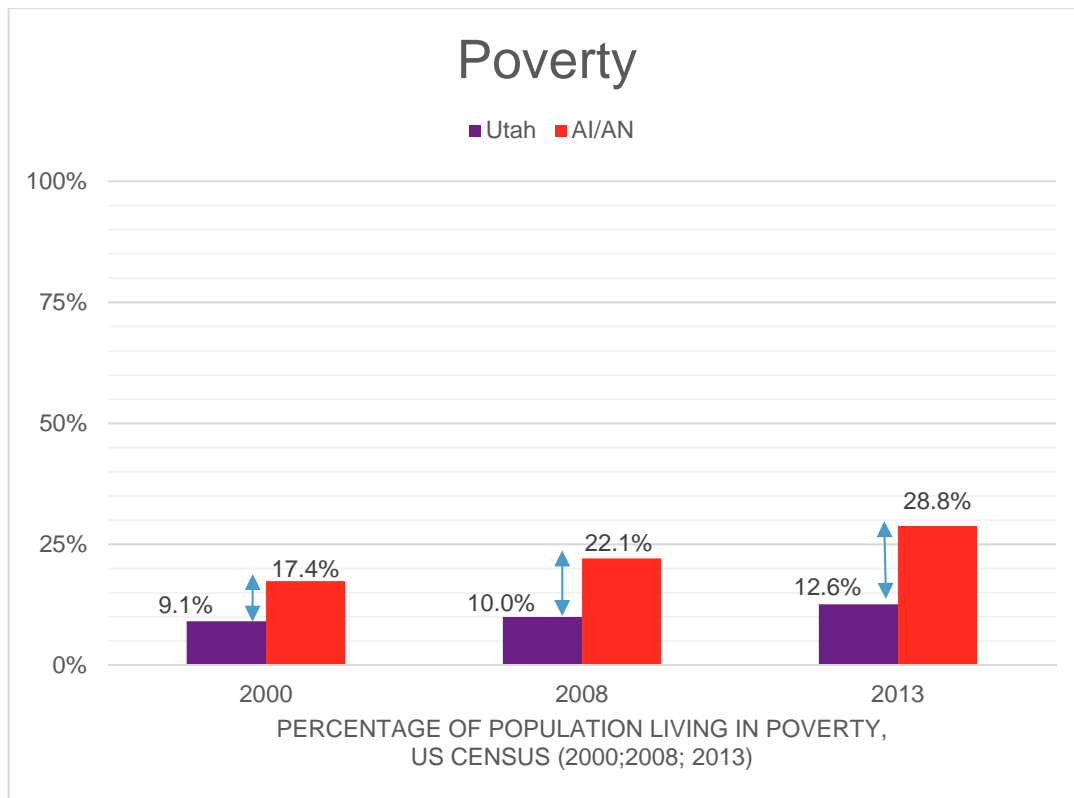
Out of twenty-seven indicators analyzed for this report, only one indicator shows no disparity between AI/AN and the overall Utah population. The other twenty-six indicators still show persistent disparities among AI/AN. The disparity gap has been reduced in eleven of those indicators, remains constant in one indicator, and has increased in the other fourteen.

Out of 27 indicators analyzed, 26 show disparities among Utah's AI/AN			
No Disparity 1 indicators Cholesterol screening	Disparity YES, but the disparity gap has DECREASED ↓ 11 indicators Poor mental health Prostate cancer screening Births to adolescents Early prenatal care Low birth weight Binge alcohol drinking Chronic alcohol drinking Unintentional injury death Motor vehicle crash deaths Arthritis prevalence Asthma prevalence **	Disparity YES and gap keeps CONSTANT = 1 indicator Infant mortality	Disparity YES, and the disparity gap has INCREASED ↑ 14 indicators Poverty No health insurance Poor health status Pap test Mammograms Colon cancer screening* Overweight or obese Daily fruit consumption Cigarette smoking Tuberculosis* Chlamydia Gonorrhea Diabetes prevalence Diabetes deaths*

*Although this indicator has improved in AI/AN, it has improved at a faster pace in Utah's overall population.

**Although this indicator has worsened in AI/AN, it has worsened at a faster pace in Utah's overall

Poverty



↕ = Disparity Gap

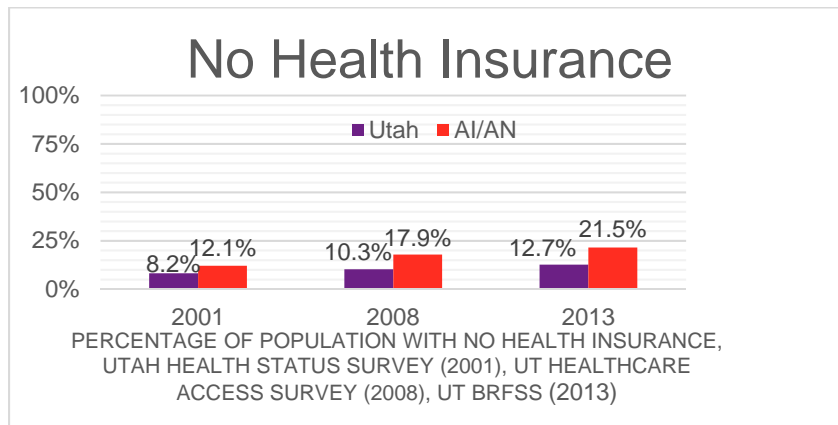
Disparity: YES

Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in AI/AN

Note: For the purpose of this report, poverty is defined according to federal standards of income and family size. From a cultural point of view, it is important to note that the idea of poverty in a tribal community may not be the same as in urban areas; for a tribal community, poverty may be a concept not related to money.

Access to Health Care and Health Status

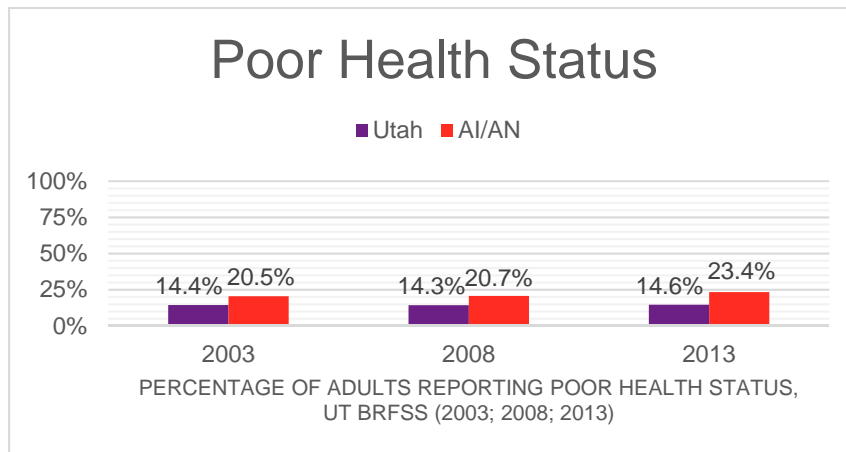


Health Disparity: YES

Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in AI/AN

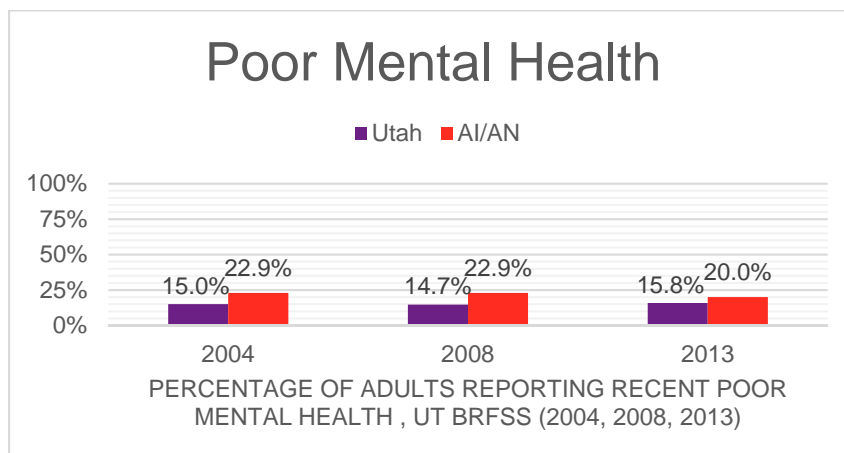
Note: AI/ANs who are enrolled in a federally recognized tribe have access to the Indian Health Service (IHS), although AI/ANs who are non-tribal members do not. These data do not make a distinction between tribal and non-tribal members



Disparity: YES

Disparity Gap: ↑

Rationale: While the indicator remains almost identical in Utah overall, it has worsened among AI/ANs especially in the past years.

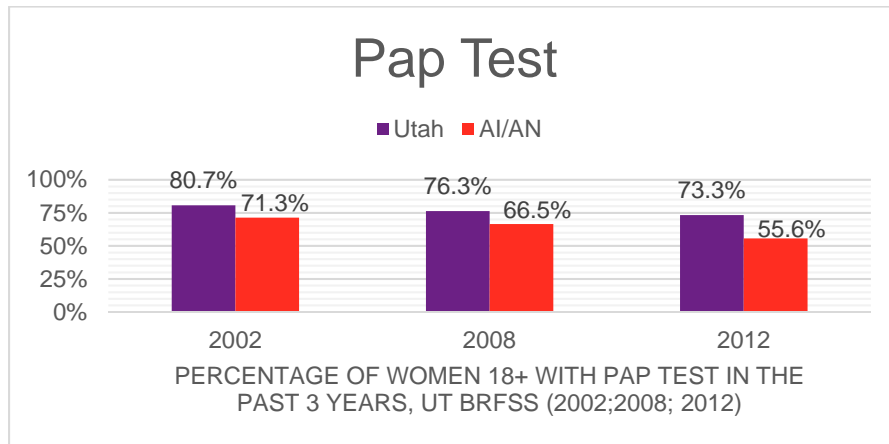


Health Disparity: YES

Disparity Gap: ↓

Rationale: Although the indicator is still higher in AI/ANs, the percentage has decreased since 2008, while it has worsened in Utah's overall population.

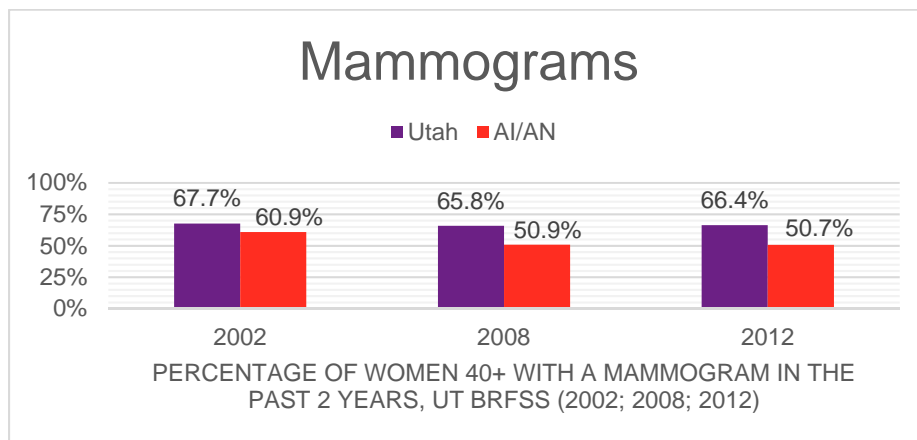
Preventive Services



Health Disparity: YES

Disparity Gap: ↑

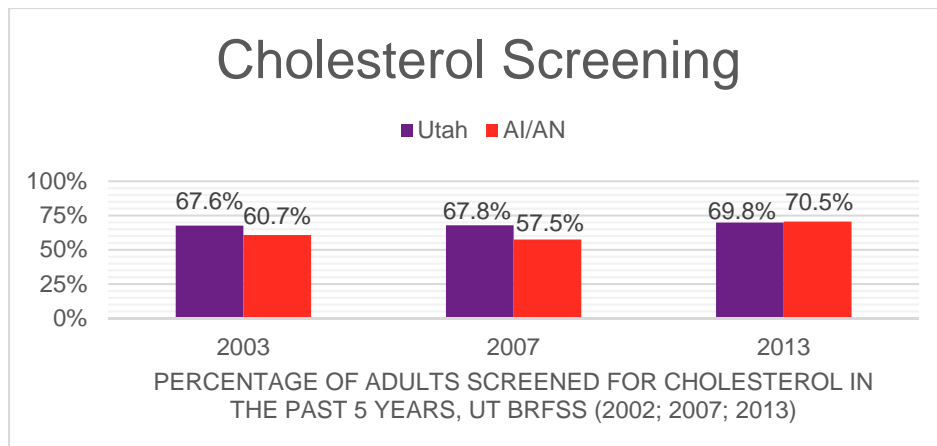
Rationale: This indicator has worsened in both populations but at a faster pace among AI/ANs.



Health Disparity: YES

Disparity Gap: ↑

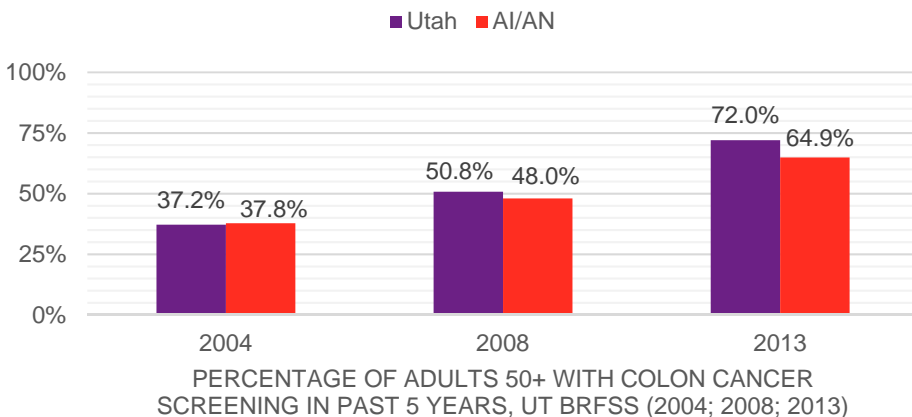
Rationale: While this indicator slightly changed in Utah overall, it worsened in AI/ANs, especially between 2008-2012.



According to these data, there is no disparity in this indicator for AI/ANs.

Rationale: Although this indicator worsened for AI/ANs between 2003-2007, it has improved in both populations since then but at a faster pace among AI/ANs.

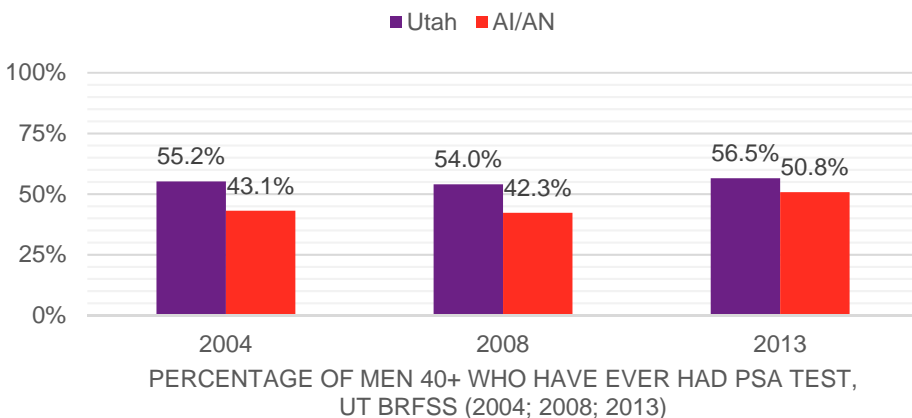
Colon Cancer Screening



Health Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has improved in both populations but at a faster pace in Utah overall.

Prostate Cancer Screening

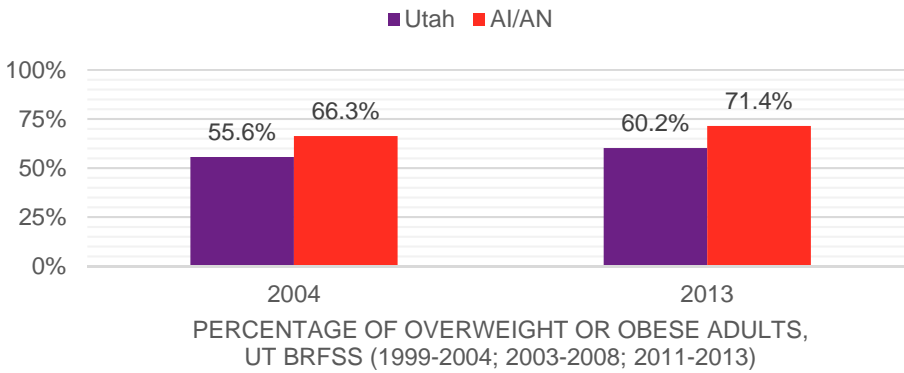


Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has improved in both populations but has improved at a faster pace in AI/ANs.

Physical Activity and Nutrition

Overweight or Obese

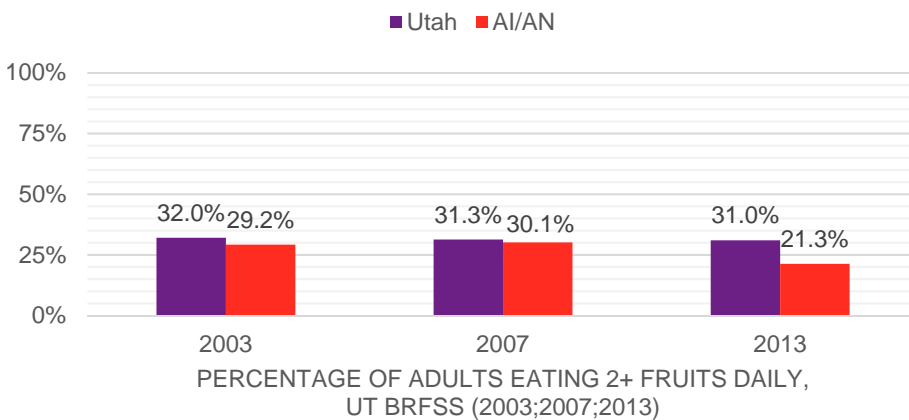


Health Disparity: YES

Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace in Utah overall.

Daily Fruit Consumption



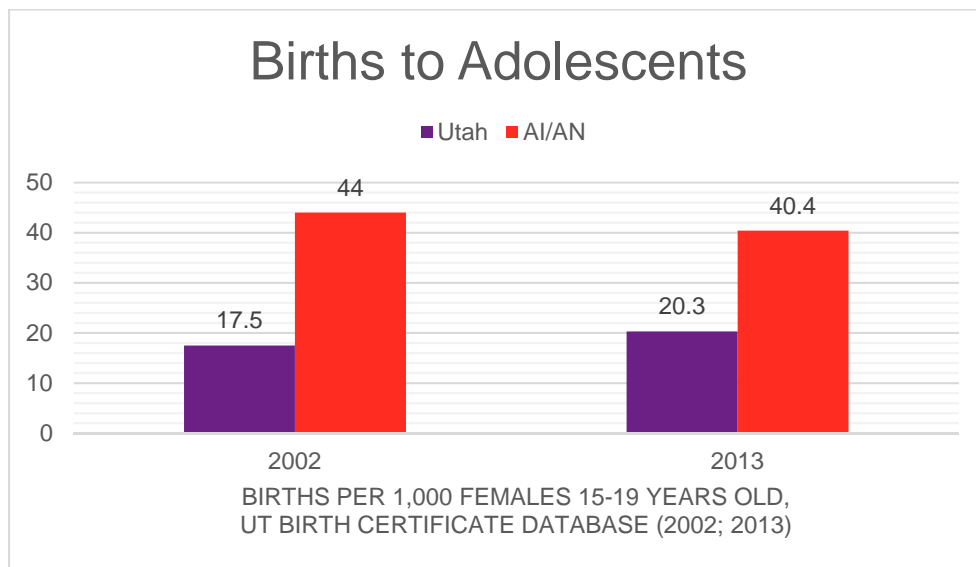
Health Disparity:

YES

Disparity Gap: ↑

Rationale: This indicator is worsening in both populations but at a faster pace in AI/ANs.

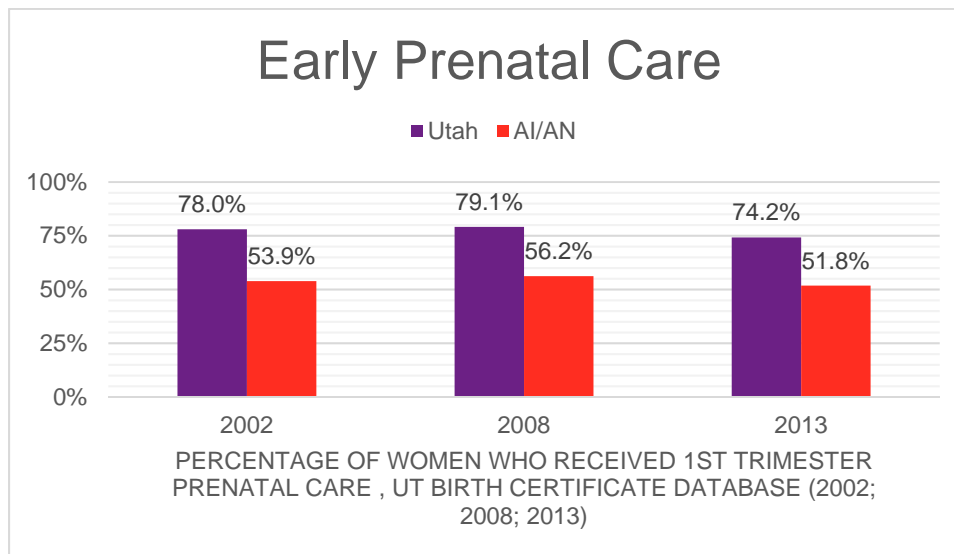
Maternal and Child Health



Health Disparity: YES

Disparity Gap: ↓

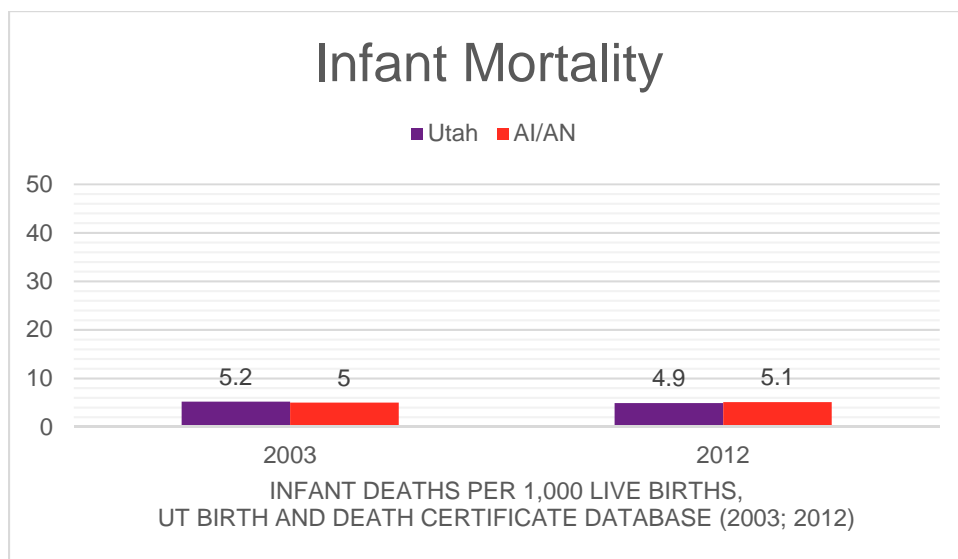
Rationale: The indicator is still higher for AI/ANs; however, while the indicator has improved among AI/ANs, it has worsened in Utah overall.



Health Disparity: YES

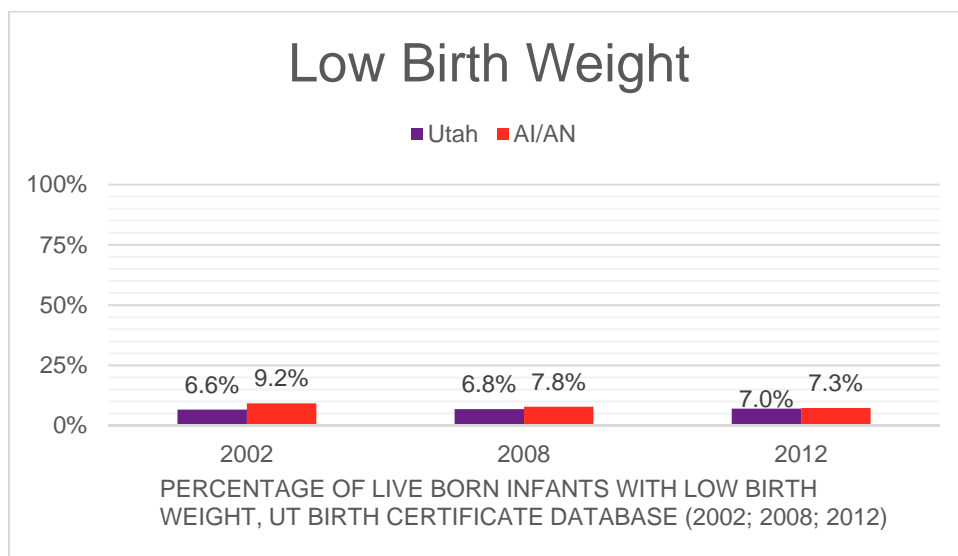
Disparity Gap: ↓

Rationale: This indicator has worsened in both populations but at a faster pace in Utah overall.



Health Disparity YES
Disparity Gap: =

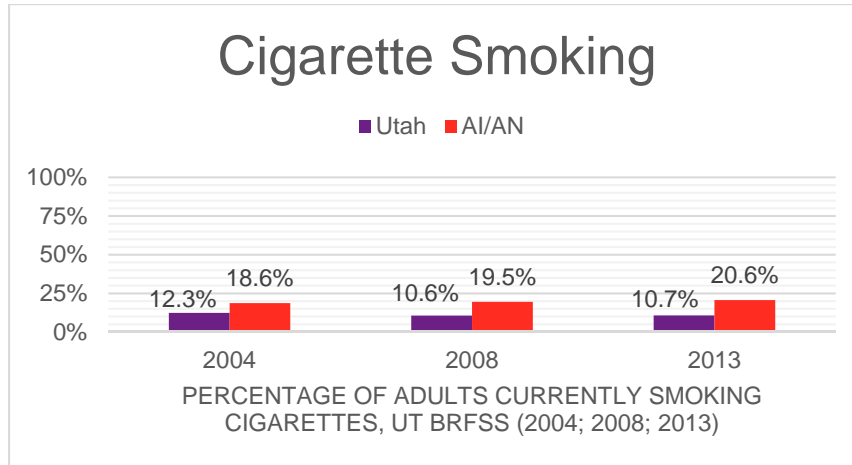
Rationale: This indicator has slightly improved in Utah overall while slightly worsening in AI/ANs.



Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has worsened in Utah overall while improving in AI/ANs.

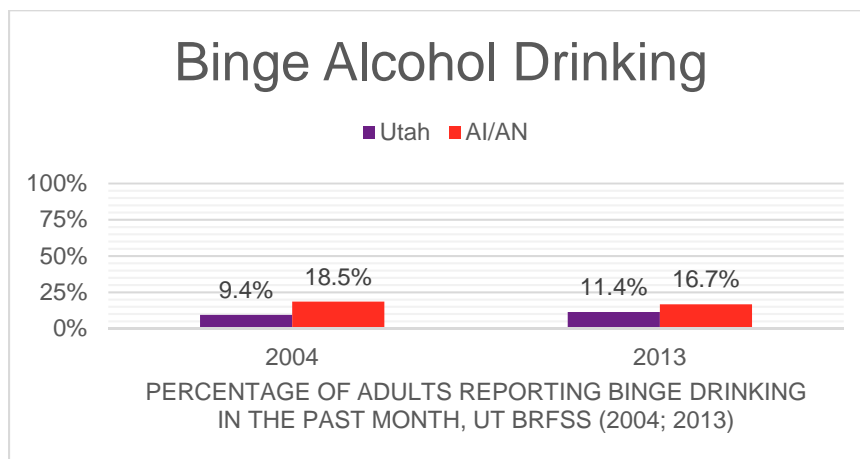
Risk Factors



Health Disparity: YES

Disparity Gap: ↑

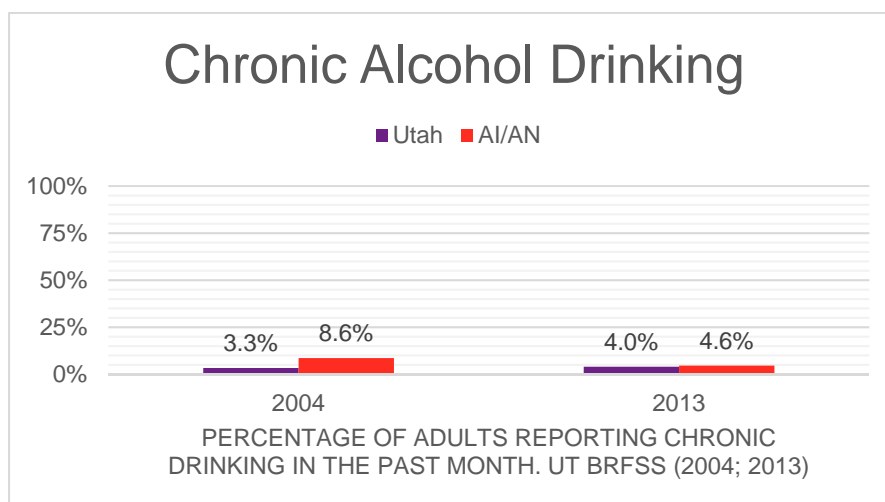
Rationale: This indicator has improved in Utah overall while worsening among AI/ANs.



Health Disparity: YES

Disparity Gap: ↓

Rationale: This indicator has worsened in Utah overall while improving in AI/ANs.

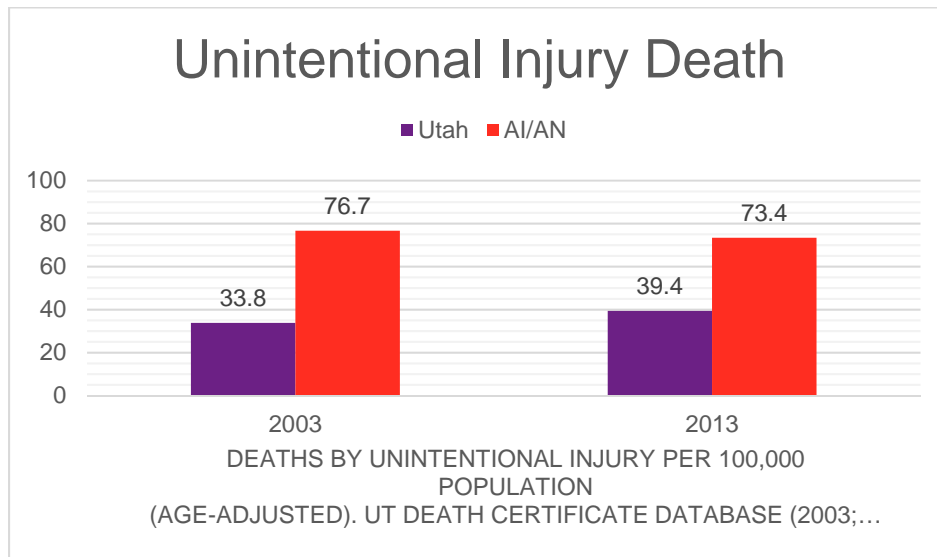


Health Disparity: YES

Disparity Gap: ↓

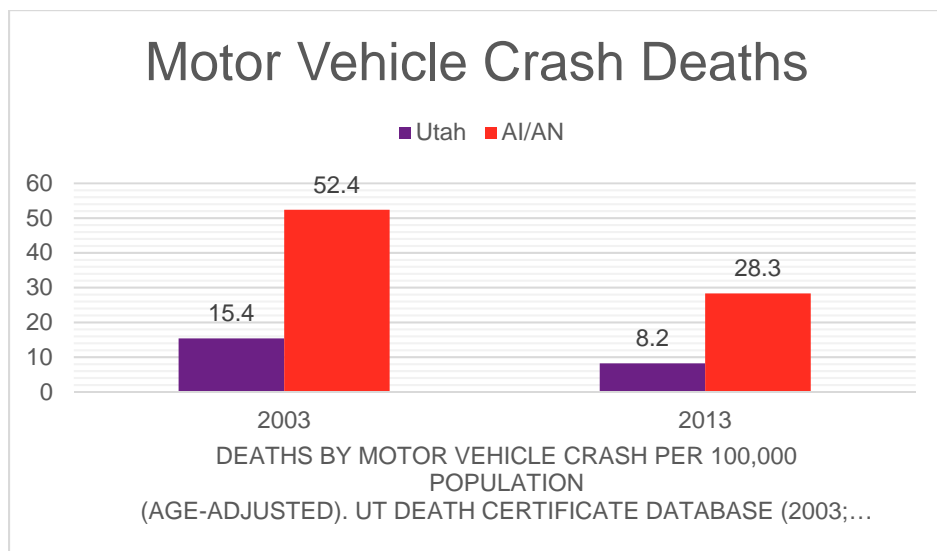
Rationale: This indicator has worsened in Utah overall while improving in AI/ANs.

Injuries



Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has worsened in Utah overall while improving among AI/ANs.

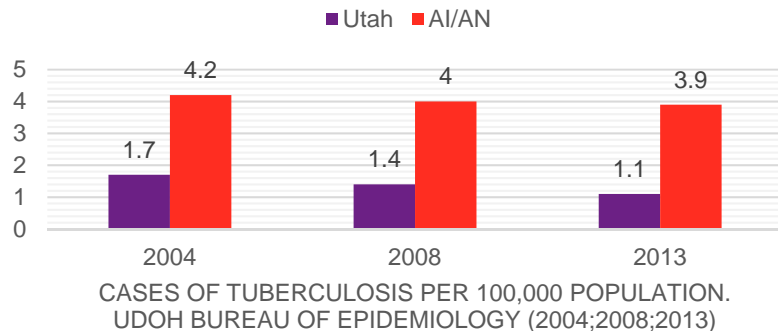


Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has improved in both populations but at a faster pace among AI/ANs.

Infectious Diseases

Tuberculosis

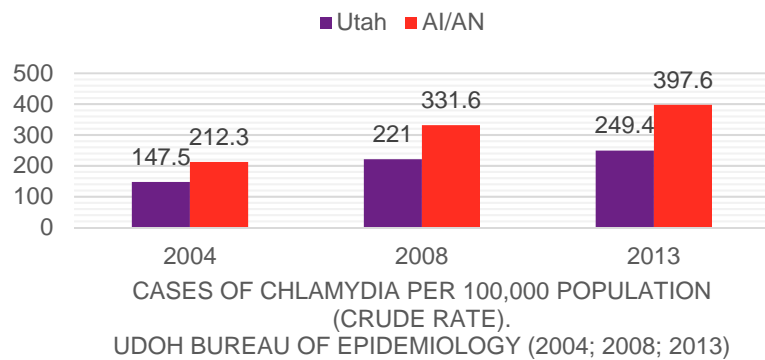


Health Disparity: YES

Disparity Gap: ↑

Rationale: This indicator has improved in both populations but at a faster pace in Utah overall.

Chlamydia

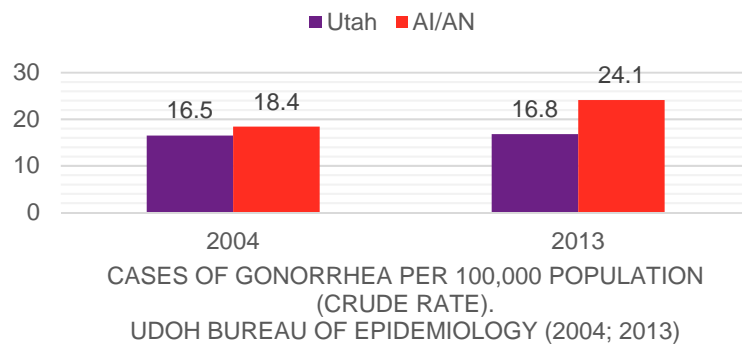


Health Disparity: YES

Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace among AI/ANs.

Gonorrhea

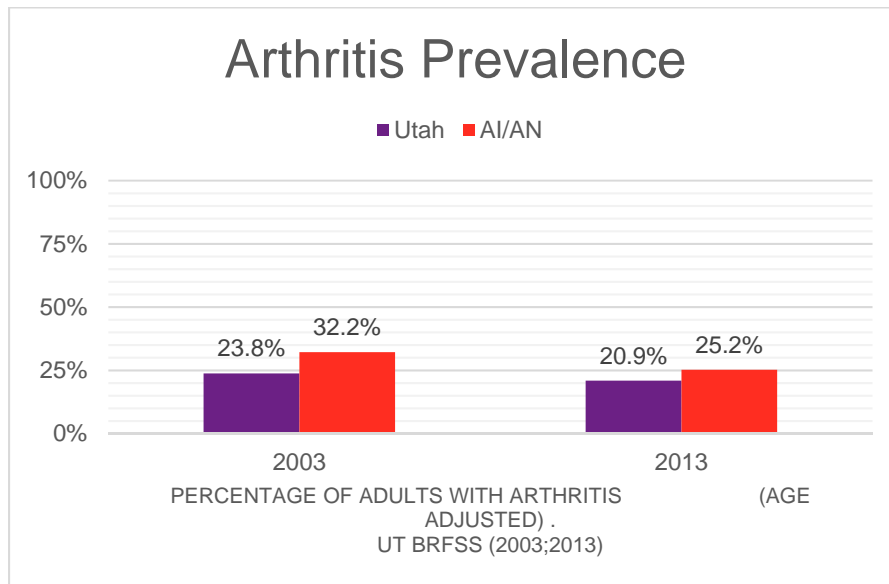


Health Disparity: YES

Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace in AI/ANs.

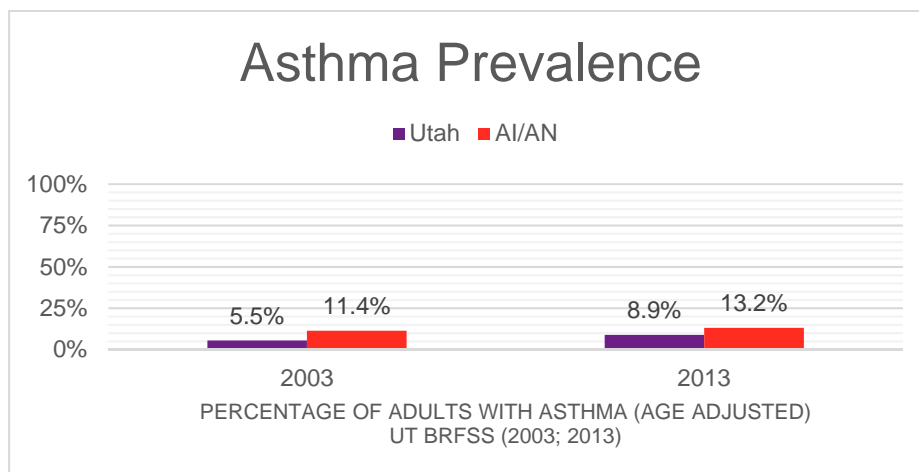
Chronic Diseases



Health Disparity: YES

Disparity Gap: ↓

Rationale: This indicator has improved in both populations but at a faster pace among AI/ANs.

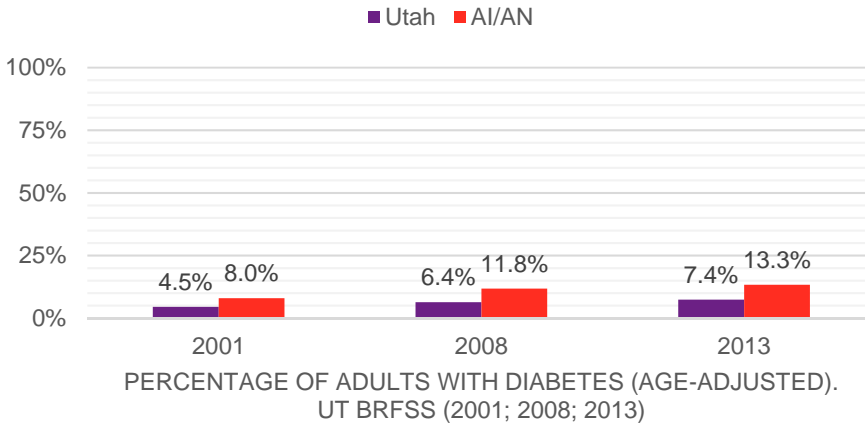


Health Disparity: YES

Disparity Gap: ↓

Rationale: This indicator has worsened in both populations but at a faster pace in Utah overall.

Diabetes Prevalence

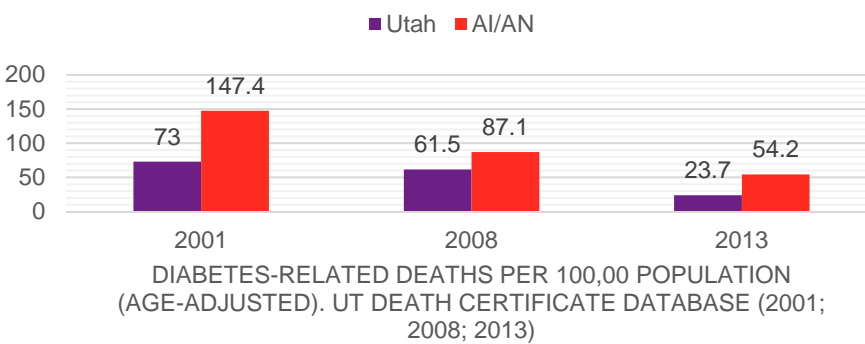


Health Disparity: YES

Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace among AI/ANs.

Diabetes Deaths



Health Disparity: YES

Disparity Gap: ↑

Rationale: This indicator has improved in both populations but at a faster pace in Utah overall.

Current Strategies

- The Utah Indian Health Advisory Board (UIHAB) provides ongoing review for impacts to AI/AN communities, and reports to tribal councils and UIO Board of Directors.
- Development, review, and finalization of data sharing agreements between the Utah Department of Health (UDOH) and Tribal Epi Center's (TEC).
- Seeking funding and legislative opportunities at the state, tribal, regional, and national levels to improve data collection, sampling, and reporting in AI/AN communities.

Recommendations from the Utah Indian Health Advisory Board

- Utilizing data report(s) by sharing information with the tribal communities and reviewing the reports for potential impacts. Establish priority areas to address at the community level, and then bring back to UDOH to access UDOH programs.
- Develop a system of bidirectional reporting. Process data provided by the tribes and Indian Health Service (IHS) to the state, back to the tribes and IHS.
- UDOH should dedicate an epidemiologist specifically for AI/AN data collection, analysis, and reporting.

Acknowledgments

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Revised and Approved by the Utah Indian Health Advisory Board

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:

<http://www.health.utah.gov/disparities/utah-minority-communities/american-indian-alaskan-native.html>

