

Utah Health Disparities Summary 2009

American Indians

Chronic Conditions, Reproductive Health, Injury and Lifestyle Risk

Utah American Indians (including Alaska Natives) share many health issues with all Utahns, but also have health problems and strengths unique to their communities. The Utah Department of Health, Division of Community and Family Health Services has compiled this summary to help tribes, community members and health workers:

- Raise awareness of health issues among American Indians in Utah;
- Plan health programs specific to American Indians;
- Partner with tribes to obtain grant funding to benefit American Indians; and
- Eliminate racial health disparities.

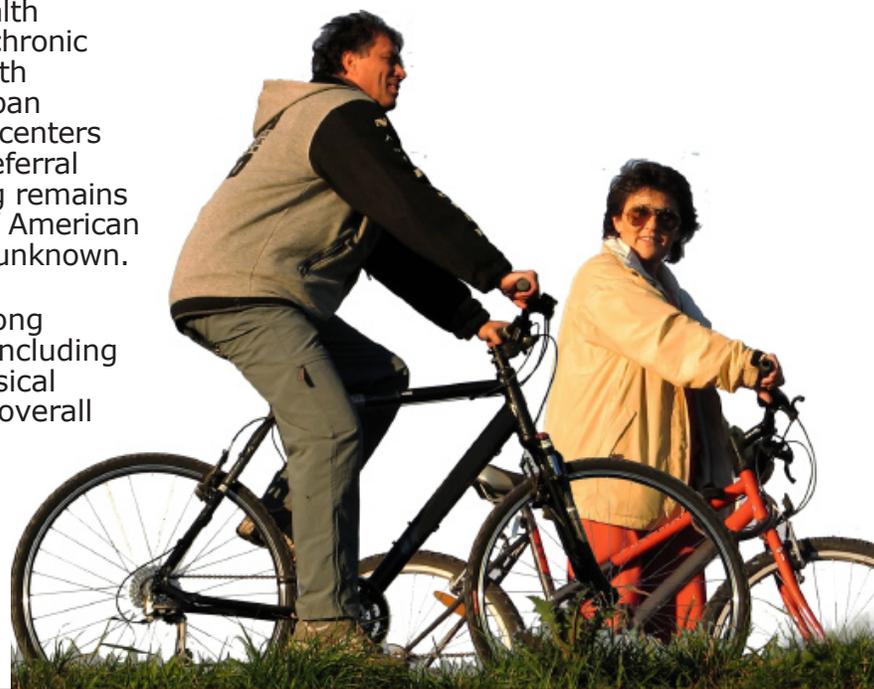
This page provides context for some of the health indicators listed on page 2.

Inadequate health care is a problem for Utah American Indians. Higher percentages are uninsured and lack adequate prenatal care compared to all Utahns.^{1,2} This can result in fewer health screenings, delayed health interventions, and difficulty managing chronic conditions like diabetes. An Indian Health Services clinic in northeast Utah, an urban Salt Lake City center and several tribal centers provide health education, clinical and referral services, but gaps continue and funding remains inadequate nationwide.³ The number of American Indians seeking traditional medicine is unknown.

Overall health status is poorer among American Indians than other Utahns, including both mental and physical health.⁷ Physical activity is an important component of overall health. American Indians report less physical activity than all Utahns.⁷ Socio-economic factors such as education, income and lifestyle also play a large role in American Indian health.¹¹ Disparities continue despite efforts to address these factors.

Utah American Indians die from complications of diabetes at nearly double the rate of all Utahns (147.4 diabetes deaths/100,000 Utah American Indians compared to 73.0 deaths/100,000 statewide).⁶ More than 11% of Utah's American Indian population has diabetes, compared to 6% of all Utahns.⁷ Complications from diabetes can result in loss of vision and leg amputations.⁸ Cigarette smoking presents particular problems for people with diabetes and increases risks of diabetes complications.⁸

Commercial tobacco use is a leading cause of death in Utah and is high among Utah American Indians compared to the general Utah population.⁷ Exposure to cigarette smoke may trigger asthma symptoms and full-blown attacks in adults and children and may contribute to the development of asthma in children.¹³ The adult Utah American Indian asthma rate of 11.5% exceeds the state rate of 7.9%.⁷



This document highlights selected chronic diseases and risks for chronic diseases particularly relevant to community health.¹⁴ Future summaries are planned for other topics. Information on other diseases is available at <http://ibis.health.utah.gov>. Like all data products, these results have limitations. Surveys randomly select a segment of the population and may not include enough people in small population groups to identify statistically significant health disparities. Birth and death records are also subject to variation as they are, in effect, taken from a sample of time (a year).¹⁵ In addition, the health data in this report include individuals who self-identified as American Indian or Alaska Native, non-Hispanic.



Health Indicators of Utah American Indians

The American Indian population has the lowest life expectancy of all racial categories in Utah.¹⁶

This table compares health indicators of American Indians/Alaska Natives in Utah to all Utahns. State targets for these indicators can be found in the Appendix.¹⁷ The estimated rates in this table are followed by the 95% confidence interval (the range within which we can be 95% certain to be correct). The disparity column indicates whether we can be 95% confident that the American Indian rate is **better** (↓) or **worse** (↑) than the rate of all Utahns.

	Utah American Indians	All Utahns	Disparity
Access to Health Care			
No Health Insurance Coverage ¹	16.5% (12.2-22.0)	10.7% (10.0-11.3)	↑
No Usual Place of Care ^{1,18}	12.8% (7.4-18.2)	9.8% (9.2-10.4)	
Inadequate Prenatal Care ²	42.7% (39.1-46.4)	18.6% (18.3-18.9)	↑
Births			
Infant Deaths per 1,000 Births ¹⁹	5.6 (2.8-8.5)	4.4 (4.1-4.7)	
Low Birth Weight ²⁰	8.2% (6.8-9.7)	6.8% (6.7-7.0)	
Preterm Birth ²	11.3% (9.1-13.9)	9.5% (9.2-9.7)	
Gestational Diabetes ²	7.6% (5.6-9.6)	3.2% (3.0-3.3)	↑
Births from Unintended Pregnancies ⁹	50.4% (37.9-63.0)	33.3% (32.3-34.4)	↑
Births to Adolescents per 1,000 Girls 15-17 ¹⁰	28.3 (21.7-34.9)	17.5 (16.7-18.2)	↑
Chronic Conditions			
Coronary Heart Disease Deaths per 100,000 Population ⁴	27.9 (13.6-50.9)	59.4 (56.5-62.4)	
Stroke Deaths per 100,000 Population ⁴	14.4 (4.9-32.8)	27.6 (25.7-29.7)	
Cancer Deaths per 100,000 Population ⁴	39.6 (22.0-65.7)	97.6 (93.8-101.4)	
Diabetes ⁷	8.6% (5.3-13.8)	5.5% (5.2-5.9)	↑
Activities Limited Due to Arthritis ²¹	39.4% (25.9-54.7)	27.1% (25.9-28.4)	
Injury			
Unintentional Injury Deaths per 100,000 Population ^{4,5}	33.3 (17.4-57.8)	27.4 (25.4-29.4)	
Lifestyle Risk			
Cigarette Smoking ⁷	21.1% (15.0-28.7)	11.1% (10.5-11.6)	↑
Obesity ^{7,29}	26.5% (20.3-33.8)	21.3% (20.7-22.0)	
No Physical Activity ⁷	29.0% (22.7-36.2)	18.3% (17.7-19.0)	↑
Fewer than 3 Vegetables per Day ⁷	84.1% (73.2-91.2)	77.3% (76.4-78.2)	
Chronic Drinking ^{7,22}	7.5% (4.0-13.7)	2.7% (2.5-3.0)	↑
Overall Health Status			
Self-Reported Poor Physical Health ^{7,23}	20.5% (15.0-27.3)	13.9% (13.3-14.4)	↑
Self-Reported Poor Mental Health ^{7,24}	22.2% (16.3-29.4)	15.2% (14.6-15.9)	↑

Note: The values in this table are crude rates that represent the number of people affected in the respective population. The arrows in the "Disparity" column use age-adjusted rates to compare populations with different age distributions. See the Appendix (p. 4) for age-adjusted rates and state 2010 targets.

Demographics of Utah American Indians

More than 35,000 Utahns described themselves as of only American Indian race in 2007. More than 45,000 Utahns described themselves as American Indian in combination with another race, totalling about 1.7% of the Utah population.^{25,26}

Tribal Lands

There are seven federally recognized tribal governments in Utah:

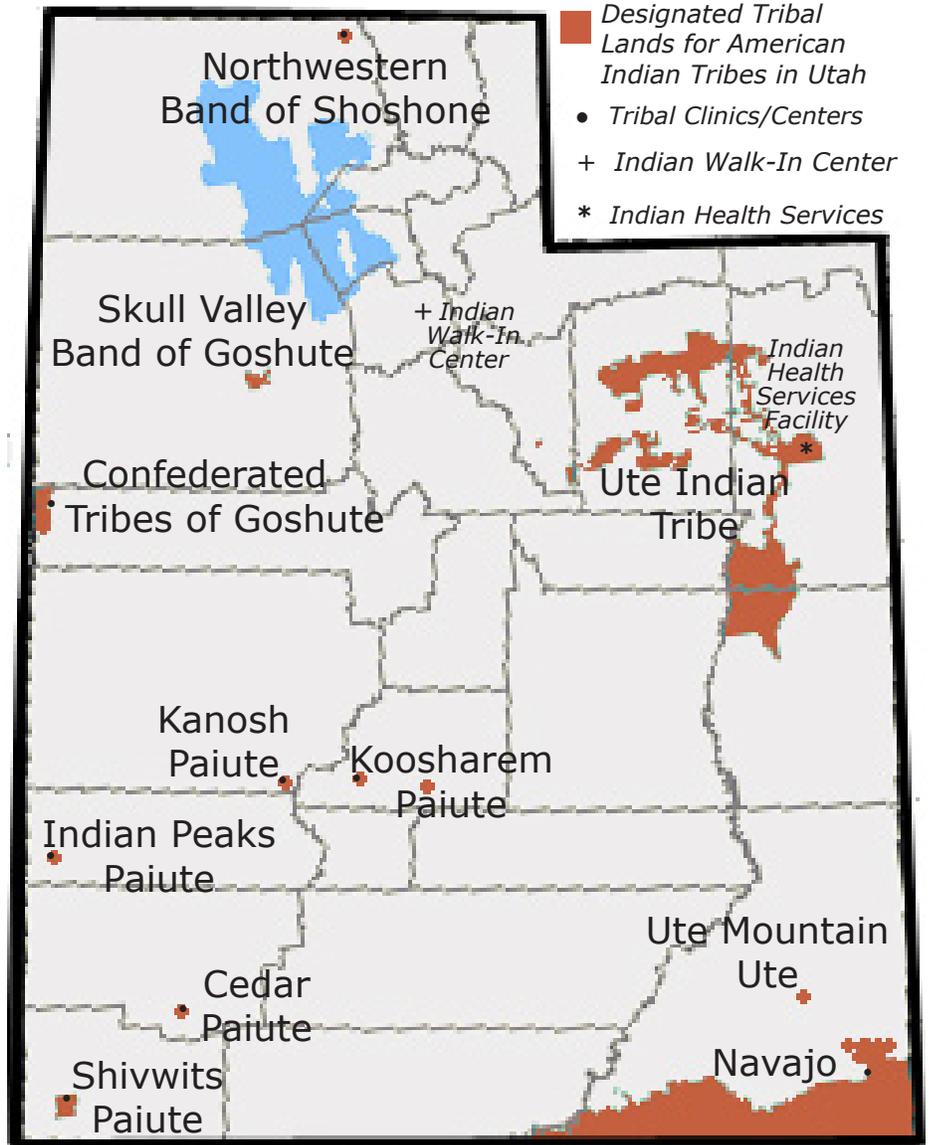
- Northwestern Band of Shoshone
- Skull Valley Band of Goshute
- Ute Indian Tribe
- Confederated Tribes of Goshute
- Paiute Indian Tribe of Utah (5 bands)
- Ute Mountain Ute, White Mesa
- Navajo Nation

Each tribe is a sovereign government and interacts as such with state and federal governments. Tribal sovereignty is based on treaties with the U.S. government that are unique to each tribe.

Tribal lands are located in rural and frontier areas of Utah. More than half of Utah's American Indian population lives in rural (24%) and frontier (28%) areas. About 48% live in urban areas. This urban population is comprised of members of Utah tribes and other tribes outside of Utah.²⁶

Urban Salt Lake County has the highest number of American Indians at nearly 10,000. San Juan, a rural county in southeast Utah, has the highest percentage (54%) of American Indians, with nearly 8,000 American Indian residents.²⁶

In Utah, American Indians live in poverty at approximately three times the rate of all Utahns. American Indian chil-



dren live in poverty at more than three times the rate for all Utah children.²⁷ Some numbers suggest poverty rates among tribal members may be even higher.²⁸

As separate sovereign nations, each tribe offers different levels and kinds of services to members. Thus, individual American Indians have different access to health and social services.

This complicates data collection, data reporting and assessment of the relative health status of American Indians in Utah.

Note: For more data on American Indian health please see:

- www.ihs.gov
- <http://www.socwk.utah.edu/pdf/IWIC4.pdf>
- <http://www.uihi.org/ground-breaking-report-on-health-and-health-influencing-behaviors-among-urban-indians/>

The conclusions listed in the "Disparity" column on page 2 were analyzed using rates that were age-adjusted to the U.S. 2000 population for Behavioral Risk Factor Surveillance System (BRFSS), Utah Healthcare Access Survey (UHAS), and Utah Death Certificate Database (UDCD) data. Age-adjustment categories were 18-34, 35-49, and 50+ for BRFSS and 0-44, 45-64, and 65+ for UHAS and UDCD.

Unadjusted Indicators		Target ¹⁷	Appendix			
			Age-adjusted Indicators	AI/AN Utahns	All Utahns	Target ¹⁷
Inadequate Prenatal Care ²	10.0%	10.0%	No Health Insurance Coverage ¹	15.4% (11.4-20.6)	10.0% (9.4-10.6)	0.0%
Infant Death ¹⁹	4.5	4.5	No Usual Place of Care ^{1,18}	11.8% (7.9-17.5)	9.4% (8.9-10.0)	4.0%
Low Birth Weight ²⁰	5.0%	5.0%	Coronary Heart Disease Death ⁴	57.8 (26.6-109.3)	84.3 (80.1-88.6)	98.6
Preterm Birth ²	7.6%	7.6%	Stroke Death ⁴	29.3 (9.0-70.3)	40.1 (37.2-43.2)	49.0
Gestational Diabetes ²	N/A	N/A	Cancer Death ⁴	95.3 (51.6-161.1)	133.9 (128.7-139.3)	144.1
Births from Unintended Pregnancies ⁹	30.0%	30.0%	Diabetes ⁷	11.2% (7.1-17.3)	6.3% (6.0-6.7)	3.9%
Births to Adolescents ¹⁰	16.3	16.3	Activities Limited Due to Arthritis ²¹	38.0% (25.2-52.6)	26.0% (24.8-27.3)	33.0%
			Unintentional Injury Death ^{4,5}	43.7 (20.6-81.2)	31.1 (28.9-33.6)	29.3
			Cigarette Smoking ⁷	20.3% (15.1-26.8)	10.9% (10.4-11.4)	11.0%
			Obesity ^{7,29}	27.9% (21.5-35.4)	22.2% (21.6-22.9)	15.0%
			No Physical Activity ⁷	31.9% (25.3-39.3)	19.0% (18.4-19.7)	15.0%
			Fewer than 3 Vegetables per Day ⁷	84.4% (72.0-92.0)	76.5% (75.6-77.4)	55.0%
			Chronic Drinking ^{7,22}	5.6% (3.1-10.0)	2.7% (2.4-3.0)	N/A
			Self-reported Poor Physical Health ^{7,23}	21.6% (16.2-28.1)	14.5% (13.9-15.0)	N/A
			Self-reported Poor Mental Health ^{7,24}	22.4% (16.7-29.4)	14.9% (14.3-15.5)	N/A

Notes

- Utah Healthcare Access Survey (UHAS, formerly Utah Health Status Survey), Office of Public Health Assessment (OPHA), Utah Department of Health (UDOH), 2003-2007.
- Utah Birth Certificate Database (UBCD), Office of Vital Records and Statistics (OVRS), UDOH, 2007. Inadequate prenatal care is the opposite of "adequate" care. Adequate care is defined according to the Kotelchuck Index, which includes month that prenatal care began, number of prenatal visits, and gestation. Preterm births are less than 37 weeks.
- Barack Obama's Principals for Stronger Tribal Communities, http://obama.3cdn.net/97fc9b7e4879a0eba6_3ew7mv85i.pdf, retrieved 3/9/09.
- Utah Death Certificate Database (UDCD), OVRS, UDOH, 2001-2005; Population Estimates: Utah Governor's Office of Planning and Budget (GOPB), 2008 baseline projections (revised July 23, 2008).
- Unintentional injury death includes non-homicide and non-suicide deaths from drowning, falls, fires or burns, transportation-related injuries, poisoning, suffocation, and other unintended injuries.
- Data and Confidence Limits for Diabetes as an Underlying Cause of Death by Race, Utah, 1998-2003, http://ibis.health.utah.gov/indicator/view_numbers/DiabDthRace.html
- Behavioral Risk Factor Surveillance System (BRFSS), OPHA, UDOH, 2003-2007. Survey includes data about adults only ages 18+.
- American Diabetes Association. "Type 2 Diabetes Complications" <http://www.diabetes.org/type-2-diabetes/complications.jsp> Retrieved Feb. 11, 2009.
- Utah Pregnancy Risk Assessment Monitoring System (PRAMS), Reproductive Health Program, UDOH, 2004-2006.
- UBCD, OVRS, UDOH, 2006-2007. Population Estimates: Utah GOPB, 2008 baseline projections (revised July 23, 2008). Adolescents or teens are ages 15-17.
- Utah Health Status Update: Health Disparities. April 2009. UDOH, Office of Public Health Assessment.
- http://ibis.health.utah.gov/phom/expanded_view/AdoBrth.html (Accessed December 2008)
- U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A report of the Surgeon General -- Executive Summary. Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, Office on Smoking and Health, 2006.
- A more comprehensive report is available at <http://health.utah.gov/opha/publications/raceeth05/RaceEth05.htm>. Indicators were selected as follows:
Step 1. A team from the Division of Community and Family Health Services, Bureaus of Health Promotion, Maternal and Child Health, and Center for Multicultural Health examined data indicators that are tracked by the bureaus. Indicators for other important conditions, such as infectious diseases and mental health, are not included.
Step 2. The team chose indicators with broad implications for health outcomes, with preference for indicators from the Community Health Indicators Report, http://health.utah.gov/opha/publications/CommunityHealth/CHI/CHI_Report.htm
- BRFSS and UHAS include only data from Utahns with residential phones until 2009. For more information about state data sources, analysis techniques, and limitations, see <http://ibis.health.utah.gov/home/Help.html>.
- UDCD, OVRS, UDOH, 2003-2007. Five year population count based on 2005 population estimates. Rates used to calculate life expectancy are per 100,000 population. The life expectancies for several groups are based on small numbers, so they could change noticeably with a few additional deaths overall or with additional deaths in a particular age group. From 2003 through 2007, life expectancy at birth of Utah American Indians was 76.1 years. The statewide life expectancy was 78.7.
- See <http://www.healthypeople.gov/> The Healthy People 2010 targets listed are for Utah and may differ from national targets. Indian Health Services (www.ihs.gov) reports quality of care as required by Federal law for the Government Performance and Results Act (GPRA). A list of these clinical indicators can be found at http://www.ihs.gov/NonMedicalPrograms/quality/index.cfm?module=gpra_list
- No usual source of health care is defined as answering, "no" to the question, "Thinking about medical visits, is there a USUAL place that you go when you are sick or need advice about your health?"
- UBCD, OVRS, UDOH, 2003-2006; UDCD, OVRS, UDOH, 2003-2006. The HP2010 target is for all races/ethnicities and uses death data only. The race/ethnicity data reported here use a linked birth/death file and may underestimate the race-specific infant mortality rate.
- UBCD, OVRS, UDOH, 2006-2007. Low birth weight is less than 2,500 grams (about 5.5 pounds).
- BRFSS, OPHA, UDOH, 2003, 2005, 2007.
- Chronic drinking is defined for women as having more than 30 drinks per month and for men 60 drinks per month.
- Self-reported poor physical health is defined as the percentage of adults aged 18 years and older who reported seven or more days when physical health was not good in the past 30 days.
- Self-reported poor mental health is defined as 7 or more days in the past 30 when mental health was not good, including stress, depression, and problems with emotions.
- U.S. Census population estimates 2007 American Indian/Alaska Native in Utah by single race and race alone or in combination, <http://www.census.gov/popest/states/asrh/>.
- U.S. Census population estimates 2007 by single race, in Demographic and Economic Analysis Section, GOPB, Utah Data Guide Fall 2008. Counties: Urban (Davis, Salt Lake, Utah, Weber) Rural (Box Elder, Cache, Carbon, Iron, Morgan, Sanpete, Sevier, Summit, Tooele, Uintah, Wasatch, Washington) Frontier (Beaver, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, Rich, San Juan, Wayne).
- U.S. Census 2000 and U.S. Census American Community Survey 2005-2007.
- U.S. Census 2000 cited in USFS Forest Plan Revision "Tribal Profiles". GOPB, 2003.
- Obesity is defined as a body mass index of 30kg/m² or higher.



Minority Health Resources



The Utah Department of Health (UDOH), Division of Community and Family Health Services has many **FREE** health resources for community agencies, health care providers, and the public. The following is a short description of the programs and resources available.

Arthritis Program (UAP)

The UAP works to improve the quality of life for people affected by arthritis. The UAP has educational materials, public service announcements, and posters on self management and physical activity in both English and Spanish. The UAP promotes and refers Spanish and English speaking persons with arthritis to several classes, including the Arthritis Self Help Course and a Chronic Disease Self Help Program.

<http://health.utah.gov/arthritis/>

Asthma Program

The Asthma Program works to provide a better quality of life for those with asthma. Educational materials are available on using inhalers correctly, how to control asthma triggers, information on how to find discount asthma medications, as well as community resources that teach asthma management. Many of the materials are available in both English and Spanish.

<http://health.utah.gov/asthma/>

Baby Your Baby (BYB)

The BYB program educates women, families, health care providers, and the community about the importance of prenatal care, postpartum health, and infant care. The program has a website and materials that focus on these issues, such as the Infant Care Newsletters, the Baby Your Baby Health Keepsake, and Pregnancy Weight Gain tables. The website and many materials are available in both English and Spanish.

<http://www.babyyourbaby.org/>

Cancer Control Program (UCCP)

UCCP works to reduce cancer incidence and death in Utah. Available resources include education materials and public awareness campaigns for: breast, cervical, colon, prostate, and skin cancers. Most materials are available in English and Spanish and some prostate cancer materials are specific to African-American men. The UCCP offers free or low-cost breast and cervical cancer screening to qualifying women ages 50-64.

<http://health.utah.gov/utahcancer/>

Center for Multicultural Health (CMH)

CMH is Utah's office of minority health. CMH assists organizations serving racial and ethnic minorities with cultural responsiveness, interpretation and translation, outreach, and data. CMH publishes The CONNECTION, a monthly e-newsletter about minority health, and the Multilingual Library, an online collection of health materials in more than 30 languages.

<http://health.utah.gov/cmh/>

Check Your Health

The Check Your Health campaign educates women, families, health care providers, and the community about fitness, nutrition, and obesity prevention. The program has a website, fact sheets and brochures on healthy eating, healthy snack ideas and portion control, a guide to healthy cooking, and physical activity tracking sheets. The online video series "Workouts on the Web" teaches strength training to beginners and experienced athletes alike.

<http://www.checkyourhealth.org/>

Diabetes Prevention & Control Program (DPCP)

Diabetes disproportionately affects racial and ethnic minority populations. The DPCP has education materials available in 14 languages about diabetes management, nutrition, and physical activity. The DPCP works with community partners to provide diabetes self management education to Spanish and English speaking persons with diabetes. Also, the DPCP works closely with minority populations to help them determine diabetes risk and burden, increase capacity to address diabetes, and implement community programs to decrease the burden of diabetes among their community members.

<http://health.utah.gov/diabetes/>

Minority Health Resources

Heart Disease and Stroke Prevention Program (HDSP)

Heart disease is the number one killer in Utah and stroke is number three. The HDSP program has English and Spanish-language materials on risk factors and signs of heart disease and stroke, including a magnet with the signs of stroke. A Spanish information web page will be online in early 2009.

<http://www.hearhighway.org/>

Immunizations

The Utah Immunization Program seeks to improve the health of Utah's citizens through vaccinations to reduce illness, disability, and death from vaccine-preventable infections. There are a variety of print, online and training resources for the general public and health care providers regarding such topics as immunizations, vaccines, and vaccine safety. Most print materials are available in English and Spanish. Immunization Hotline: 1-800-275-0659.

<http://www.immunize-utah.org/index.html>

Indicator-Based Information System for Public Health (IBIS)

IBIS is the online source for UDOH data publications, indicator reports describing Utah health status by race and ethnicity, and queryable data sets.

<http://ibis.health.utah.gov/home/Welcome.html>

Physical Activity, Nutrition and Obesity Program (PANO)

The purpose of the PANO program is to improve eating and physical activity behaviors and to prevent and control obesity/other chronic diseases by building and sustaining statewide capacity to implement population-based interventions. The six target areas are: increase physical activity; increase consumption of fruits and vegetables; decrease consumption of sugar-sweetened beverages; increase breastfeeding initiation, duration and exclusivity; decrease consumption of high-energy-dense foods (high in fat or low in water); and decrease television viewing.

<http://health.utah.gov/obesity/>

Program for Indian Health and Indian Health Policy

The mission of the Indian Health and Indian Health Policy Program is to raise the health status of Utah's American Indian/Alaska Native (AI/AN) population to that of Utah's general population. The program works to improve health policy through consultation with Tribal, state and federal governments. The program provides education, training and technical assistance upon request. In addition, the program coordinates the Utah Indian Health Advisory Board (UIHAB), comprised of tribally appointed health representatives providing counsel to UDOH and others involved in improving the health of AI/ANs in Utah. Current goals of the UIHAB include increasing Medicaid enrollment for AI/ANs living in Utah, addressing mental and behavioral health disparities that exist in tribal and urban AI/AN communities, and improving access to quality health care services for all AI/ANs in Utah. More information about the Program and the UIHAB is available at 801.273.6644 and our website.

<http://health.utah.gov/indianh/>

Reproductive Health Program (RHP)

The RHP works to educate women, families, health care providers, and the community about reproductive health issues. The program has fact sheets and brochures on pregnancy-related topics such as preconception health, preterm birth, postpartum depression, pregnancy spacing, and family planning. Many of the materials are available in both English and Spanish.

<http://health.utah.gov/rhp/>

Tobacco Prevention & Control Program (TPCP)

Utah's ethnic minorities are at increased risk for tobacco use and are more aggressively targeted by tobacco industry marketing. Tobacco is the leading cause of preventable death in Utah and the U.S. The TPCP provides free quit services, including personal quit plans and free Nicotine Replacement Therapy through the Utah Tobacco Quit Line at 1.888.567.TRUTH (all languages) and utahquitnet.com. Population-specific educational materials are also available by calling 1.877.220.3466.

<http://www.tobaccofreeutah.org/>

Violence & Injury Prevention Program (VIPP)

Unintentional injuries, motor vehicle crash deaths, and homicides significantly affect some ethnic communities. VIPP studies data and writes reports on injuries and violence. VIPP has brochures in English and Spanish on car seat safety, pedestrian safety, and bike safety. Safe Kids Utah and Local Health Departments also provide free child safety seat inspections.

<http://health.utah.gov/vipp/>