

# Utah Health Disparities Summary 2009

## American Indians

### Infectious Disease, Alcohol Abuse, Mental Health and Violence

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, Center for Multicultural Health 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.

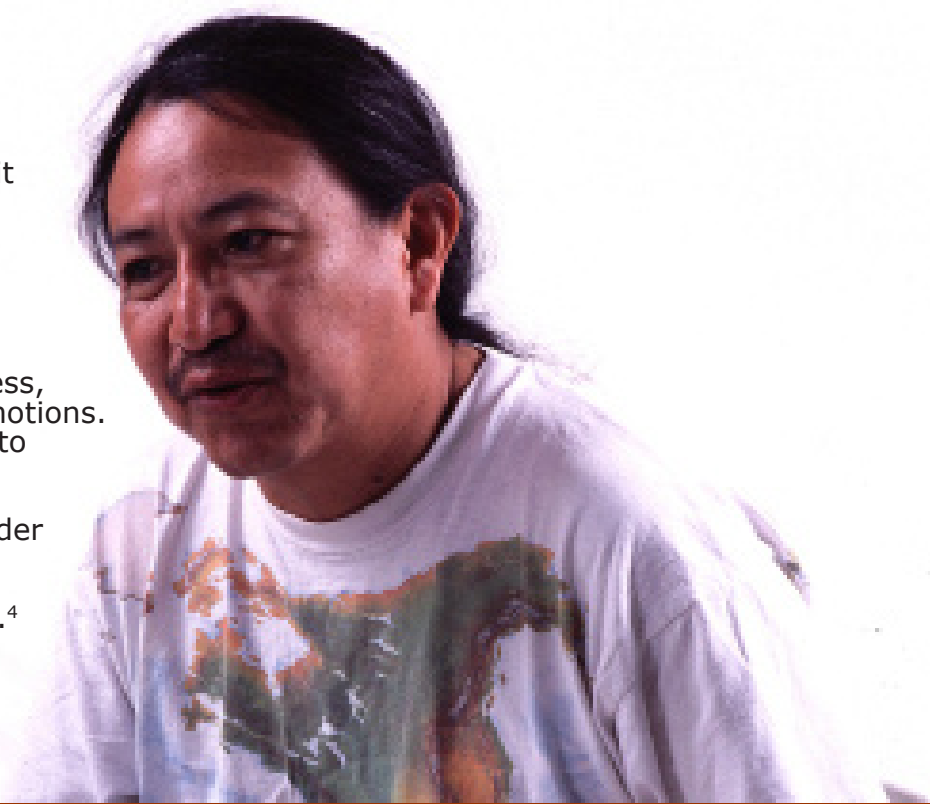
This page provides context for some of the health indicators listed on page 2.

**Chlamydia and gonorrhea** are more prevalent in the American Indian population than among all Utahns.<sup>1</sup> For more information on testing and treatment of sexually transmitted diseases, visit [www.catchtheanswers.net](http://www.catchtheanswers.net) and [www.aidsinfoutah.net](http://www.aidsinfoutah.net).

**Poor mental health** is reported more frequently among American Indians than among Utahns of all races.<sup>3</sup> Mental health includes stress, depression, and problems with emotions. It helps determine how we relate to others and make choices. Mental illnesses include diseases such as depression, phobias, bipolar disorder and schizophrenia. Medicines and therapy can improve the lives of most people with mental illnesses.<sup>4</sup>

**Binge drinking** is more common among Utah American Indians than among all Utahns.<sup>5</sup> Binge drinking can result in impaired brain function, disease, injury, coma or death.<sup>6</sup>

**Violent death rates are higher** for Utah American Indians than for all Utahns.<sup>7</sup> A violent death is defined as "the intentional use of physical force or power against oneself, another person, or against a group or community." This case definition includes suicides, homicides, deaths from legal intervention (a subtype of homicide), deaths from undetermined intent, and unintentional firearm fatalities.



This document highlights selected infectious diseases and problems related to alcohol abuse, mental health and violence.<sup>8</sup> For Utah Health Disparities Summaries regarding demographics, chronic diseases, reproductive health, injuries and lifestyle risk, see <http://www.health.utah.gov/cmh/data/disparitiessummary.html>. Other health data are 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 see statistically significant health disparities. Death records are also subject to variation as they are, in effect, taken from a sample of time (a year).<sup>9,10</sup>



# Health Indicators of Utah American Indians

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.<sup>11</sup> The estimated rates on 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
<b>Alcohol</b>			
Binge Drinking <sup>5</sup>	<b>17.6%</b> (10.8-27.5)	<b>9.0%</b> (8.4-9.5)	↑
Chronic Drinking <sup>3</sup>	<b>6.5%</b> (3.5-11.7)	<b>2.8%</b> (2.6-3.1)	
Driving Under the Influence (DUI) <sup>12</sup>	<b>2.2%</b> (0.7-7.0)	<b>0.7%</b> (0.5-0.9)	
<b>Immunizations</b>			
No Flu Shot <sup>3</sup>	<b>65.4%</b> (58.2-71.9)	<b>64.2%</b> (63.4-64.9)	
No Pneumoccal Vaccine (adults 65+) <sup>3</sup>	<b>36.5%</b> (17.8-60.3)	<b>32.9%</b> (31.4-34.4)	
<b>Infectious Diseases</b>			
Chlamydia Cases per 100,000 Population <sup>1</sup>	<b>373.5</b> (342.6-404.5)	<b>194.7</b> (192.3-197.1)	↑
Gonorrhea Cases per 100,000 Population <sup>1</sup>	<b>42.1</b> (31.7-52.5)	<b>26.9</b> (26.0-27.8)	↑
Tuberculosis Cases per 100,000 Population <sup>1</sup>	* (0.8-7.2)	<b>1.3</b> (1.1-1.5)	
<b>Mental Health</b>			
Major Depression <sup>13</sup>	<b>5.5%</b> (3.9-7.7)	<b>4.2%</b> (3.7-4.8)	
Self-Reported Poor Mental Health <sup>3</sup>	<b>22.5%</b> (16.8-29.4)	<b>15.0%</b> (14.4-15.6)	↑
<b>Violence</b>			
Poisoning Deaths per 100,000 Population <sup>7</sup>	<b>17.1</b> (10.9-25.4)	<b>15.6</b> (14.8-16.5)	
Suicides per 100,000 Population <sup>7</sup>	<b>19.2</b> (12.7-28.0)	<b>13.6</b> (12.8-14.4)	
Violent Deaths per 100,000 Population <sup>7</sup>	<b>49.8</b> (38.9-63.0)	<b>31.4</b> (30.2-32.6)	↑
<b>Overall Health Status</b>			
Activities Limited Due to Physical, Mental, or Emotional Problems <sup>3</sup>	<b>19.7%</b> (14.8-25.8)	<b>18.4%</b> (17.8-19.0)	

\* Due to a low frequency, this rate has been suppressed.

Note: The values in this table are crude rates that represent the number of people affected in the respective population. When appropriate, the arrows in the "Disparity" column use age-adjusted rates to compare populations with different age distributions. See the Appendix (p. 3) for age-adjusted rates and 2010 targets.<sup>10</sup>

## Appendix

The conclusions listed in the "Disparity" and "2010 Target Met" columns were analyzed using rates that were age-adjusted to the U.S. 2000 population for Behavioral Risk Factor Surveillance System (BRFSS) Utah Violent Death Reporting System (UTVDRS) data. Age-adjustment categories were 18-34, 35-49, and 50+ for BRFSS and 0-44, 45-64, and 65+ for UTVDRS.

Unadjusted Indicators	Target <sup>11</sup>	Age-adjusted Indicators	American Indian Utahns	All Utahns	Target <sup>11</sup>
Chlamydia <sup>1</sup>	N/A	Binge Drinking <sup>5</sup>	14.6% (9.5-21.8)	8.5% (8.0-9.0)	13.4%
Gonorrhea <sup>1</sup>	12.5	Chronic Drinking <sup>3</sup>	4.8% (2.7-8.5)	2.7% (2.5-3.0)	N/A
Tuberculosis <sup>1</sup>	0.8	Driving Under the Influence <sup>12</sup>	1.6% (0.5-5.1)	0.6% (0.5-0.8)	N/A
		No Flu Shot <sup>3</sup>	60.4% (53.6-66.8)	62.3% (61.6-63.0)	N/A
		No Pneumoccal Vaccine <sup>3</sup>	36.5% (17.8-60.3)	32.9% (31.4-34.4)	10.0%
		Major Depression <sup>13</sup>	5.9% (2.7-12.7)	4.2% (3.8-4.7)	N/A
		Self-Reported Poor Mental Health <sup>3</sup>	22.9% (17.5-29.3)	14.7% (14.2-15.2)	N/A
		Poisoning Deaths <sup>7</sup>	16.9 (10.6-25.5)	15.3 (14.5-16.2)	0.8
		Suicides <sup>7</sup>	17.4 (11.3-25.5)	12.1 (11.4-12.9)	4.8
		Violent Deaths <sup>7</sup>	45.2 (34.9-57.6)	29.3 (28.1-30.5)	N/A
		Activities Limited <sup>3</sup>	24.3% (18.8-30.8)	19.7% (19.1-20.2)	N/A

### Notes

- 1 Utah Department of Health, Bureau of Epidemiology, 2004-2008. These are incidence data; rates are based on new cases annually.
- 2 Utah Department of Health. (2001). Chlamydia. Available: [http://health.utah.gov/epi/fact\\_sheets/chlamyd.pdf](http://health.utah.gov/epi/fact_sheets/chlamyd.pdf) and Utah Department of Health. (2001). Gonorrhea. Available: [http://health.utah.gov/epi/fact\\_sheets/gonorrhe.pdf](http://health.utah.gov/epi/fact_sheets/gonorrhe.pdf)
- 3 Utah Department of Health, Office of Public Health Assessment. Utah Behavioral Risk Factor Surveillance System (BRFSS) 2003-2008. 'Chronic drinking' was defined as 60+ drinks in the past 30 days for men and 30+ drinks in the past 30 days for women. 'No flu shot' includes adults who report not having a flu shot in the past 12 months. This measure does not include adults who were vaccinated against flu using nasal spray. UDOH began collecting data on nasal spray flu vaccination in 2008. 'No pneumonia or pneumoccal vaccine' includes ages 65 or over who reported never having a pneumoccal vaccination. 'Self-reported poor mental health' is reporting seven or more days of poor mental health in the past month.
- 4 U.S. National Library of Medicine and the National Institutes of Health. (2009). MedlinePlus: Mental Health. Retrieved Oct. 22, 2009, from <http://www.nlm.nih.gov/medlineplus/mentalhealth.html>
- 5 Utah Department of Health, Office of Public Health Assessment. Utah Behavioral Risk Factor Surveillance System (BRFSS) 2005-2008. 'Binge drinking' was defined as five or more drinks on one occasion in the past month for men and four or more drinks on one occasion in the past month for women.
- 6 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2008). Alcohol: Frequently Asked Questions. Retrieved Oct. 22, 2009, from <http://www.cdc.gov/alcohol/faqs.htm>.
- 7 Utah Department of Health, Violence and Injury Prevention Program. Utah Violent Death Reporting System (UTVDRS) 2005-2007. This surveillance system collects detailed information from death certificates, medical examiner records, police reports, crime lab records, and supplemental homicide reports on all violent deaths in Utah. Poison deaths include deaths that are caused by drugs (prescription, street, or alcohol), toxins, chemical substances, or gas (carbon monoxide). Suicides include deaths that result from the intentional use of force against oneself; a preponderance of evidence indicates that the use of force was intentional. Homicides, suicides, deaths of undetermined intent, unintentional firearm-related deaths, and deaths due to legal intervention are all considered violent deaths.
- 8 A more comprehensive report is available at <http://health.utah.gov/cmh/data/healthstatus.html>.
- 9 BRFSS includes data from adults age 18 and over. BRFSS includes 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>.
- 10 For more information about interpreting the data in this report, see <http://health.utah.gov/cmh/data/disparitiessummary/UnderstandingData.pdf>
- 11 See <http://www.healthypeople.gov/>. When Utah-specific targets exist, Utah targets that may differ from national Healthy People 2010 targets are listed. See Appendix.
- 12 Utah Department of Health, Office of Public Health Assessment. Utah BRFSS 2004, 2006, 2008. 'Driving under the influence' was self-reported driving after drinking alcohol during the past month.
- 13 Utah Department of Health, Office of Public Health Assessment. Utah BRFSS 2005-2007. Major depression was diagnosed using the PHQ-9 module.



# Minority Health Resources

## Utah Department of Health Programs



The Utah Department of Health (UDOH) 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.

### 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/>

### Immunization Program

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.

<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 queriable data sets.

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

### 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, comprised of tribally appointed health representatives providing counsel to UDOH and others involved in improving the health of AI/AN's in Utah.

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

### HIV, STD and Viral Hepatitis C Program

The HIV (Human immunodeficiency virus), STD (sexually-transmitted disease) and Viral Hepatitis C Program offers prevention and treatment information and coordinates testing clinics throughout the state.

<http://health.utah.gov/cdc/std.htm>

### TB Control and Refugee Health Program

The TB (Tuberculosis) Control and Refugee Health Program provides screening and treatment for those with TB infection or disease and comprehensive health exams to all refugees within the first 30 days after arriving in the US. The Program also offers medical interpreter training free of charge to qualified interpreters working for health-related non-profit agencies throughout the state.

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

### Use Only As Directed

This program provides information to help patients and health care providers prevent prescription pain medication overdose.

<http://www.useonlyasdirected.org>

### Violence & Injury Prevention Program (VIPP)

Unintentional injuries, motor vehicle crash deaths, and homicides affect some ethnic communities significantly. 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/>

# Minority Health Resources

## Crisis and Referral Hotlines and Websites

Many state, national and private organizations offer free, confidential crisis intervention or referral and information services by phone or Internet. If there is a life-threatening emergency, or if you fear danger, immediately **CALL 911**.

### 2-1-1 Information & Referral Search

211

Find help with food, housing, employment, health care, counseling and more.

<http://211utah.org/>

### goLocalUtah

Information about clinics, hospitals, and nursing homes, plus food pantries and domestic violence shelters

<http://golocalutah.org/>

### Immunization Hotline

1-800-275-0659

Find vaccine providers near you.

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

### Mental Health Crisis Lines

Crisis counseling and mental health information and referrals

**Box Elder County** (435) 452-8612

**Cache County** (435) 752-0750

**Central Utah** (877) 386-0194

**Davis County** (801) 773-7060

**Four Corners** Call 911, page on-call worker

**Heber Valley** (801) 318-4016

**Northeastern Utah** (435) 828-8241

**Salt Lake County** (801) 261-1442

**Southeastern Utah** (800) 502-3999

**Southwestern Utah** (435) 634-5600

**Utah County** (801) 373-7393

**Weber County** (801) 625-3700

### National Suicide Prevention Lifeline 1-800-SUICIDE (784-2433) or 1-800 273-TALK (8255)

Hotline available to anyone in suicidal crisis or emotional distress

<http://www.suicidepreventionlifeline.org>

### Rape Recovery Center

801-467-RAPE (7273)

Assists survivors with emergency sexual assault crisis intervention, advocacy, questions, concerns, and referrals

<http://raperecoverycenter.com/>

### Utah Cares

Search for state and community services such as housing, food, childcare, medical, transportation and financial assistance.

<http://www.utahcares.utah.gov/>

### Utah Domestic Violence Link Line

1-800-897-LINK (5465)

Linking individuals with counseling, shelters, safe houses, support groups, police, mental health services, human service agencies, legal services, victims assistance groups and more

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

### Utah Poison Control Center

1-800-222-1222

Poisoning emergency help and poisoning prevention information

<http://uuhsc.utah.edu/poison/>

